CHARLOTTE MAXEKE HOSPITAL ("JO’BURG GEN")
Johannesburg (Charlotte Maxeke) Hospital is an accredited central hospital with 1088 beds serving patients from across the Gauteng province and neighbouring provinces. According to recent newspaper reports, the hospital is so severely under-funded that it is in a “financial quagmire”. Our aim as a charity is to provide comforts, nutrition and transportation aid to patients, whilst undertaking necessary refurbishments for the benefit of patients, where the government is unable to supply these.  Note: photos in this report are mainly published photos.
BHCC is involved in several areas at this hospital, affectionately known as “the Gen”. These include the Bread for Life feeding schemes, the transportation of patients to and from the hospital where necessary, once-off and ongoing refurbishment projects and general comforts for needy patients. For most of our work at the hospital, we deal with a very dynamic sister by the name of Sister Funi, who coordinates the needs of all the departments, clinics and wards in Blocks 1 to 5 of the hospital.

A) Bread for Life
Bread for Life was established to answer to the very vital need for nutrition of patients at outpatient clinics. The challenges facing this country’s sick people are enormous. The prevalence of HIV and cancer, further exacerbated by the growing number of employment-age adults contracting TB (often as a result of full-blown AIDS), has caused a health problem in this country which is tantamount to a national crisis. Most sick people quickly become unemployable, thus destitute and often homeless, and with ARV, cancer and TB treatment plans being not only extremely long in duration (often for the rest of their lives) but also requiring drugs to be taken daily, on a full stomach, compliance with these extremely vital programmes becomes a virtual impossibility for these patients. By establishing soup kitchens at the major outpatient clinics in the Johannesburg area, we are hoping to encourage patients to report daily to the clinics for their soup, and thus to keep them compliant with their treatment programmes.

The charity is involved in a feeding scheme at “the Gen” at the various clinics run from the hospital, including the new Oncology clinic. The charity is currently providing bread on a daily basis plus soup, peanut butter, vitamin-enriched juice, etc. Additionally, super-nutritional porridge is handed out to extremely needy families to provide nutritional support between visits to the clinic. The Oncology clinic alone is treating 200 to 250 patients per day, and patients at the Chemotherapy clinic are also benefiting from the feeding scheme.

In addition to Oncology/Chemotherapy, the bread, soup and peanut butter being supplied by us also needs to be extended to the ARV clinic (HIV) (approximately 70 patients per day). The clinic has been renovated and we are currently monitoring how the new system will work efficiently, as the soup is cooked and distributed by counsellors who fall under NGOs associated with the hospital, who are often not paid for months on end due to lack of funding. Nevertheless, it is our aim to work with the social worker so that not only will the counsellors be available for soup distribution once the clinic is back up and running, but also there will be regular checks by the social workers to ensure that those most in need are receiving the nutrition we are providing
to keep them compliant with their ARV treatment plans. We have also started another feeding scheme at the Paediatric HIV clinic, providing bread, peanut butter and soup, as well as all the cups for this clinic, which is operated on a Tuesday, Wednesday and Thursday. Patient numbers here are approximately 100 children a week, sometimes 50 to 75 in any single day, and there is a severe need for food for this clinic. The Adolescent HIV clinic also operates once per week, with about 70 patients.

The amount of bread, soup, peanut butter and juice we are supplying to this hospital in total has in the past been hopelessly insufficient for the needs and we have recently received welcome support from Premier Foods, who are now supplying Blue Ribbon bread to this hospital on a daily basis. We will be looking to source donors of peanut butter, soup, juice, nutritional porridge and other foodstuffs in the very near future.

B) Transportation

Compliance with treatment plans is further endangered when patients are unable to report regularly to the clinics for their daily or weekly repeat drug prescriptions and treatments at the various outpatient clinics due to their inability to pay for the taxi or bus they need to report for treatment. Many of the patients travel from remote areas such as Sebokeng and other outlying regions, and cannot afford transportation from such distances.

Some of the outpatient clinics requiring money for taxi fares include: Cerebral Palsy children (reporting weekly for Occupational Therapy); Stroke Patients; Stoma Patients; Oncology (patients reporting for chemotherapy); Renal Dialysis patients, and patients reporting to the HIV, TB and other specialist clinics. Additionally, patients are often admitted to the hospital (for example, to casualty) who are destitute or without family to provide basic comforts or their transportation home. These would include rape and abuse victims, victims from motor vehicle accidents (often unconscious and unable to contact family) and crime victims. On discharge, some of these patients are unable to return to their homes, and require just a basic taxi fare to do so.

A sum of R800 per month is currently provided to this hospital on a monthly basis, for purposes of distribution to those patients who are unable to transport themselves. The money is administered by social workers, therapists and matrons, who ensure that taxi fares are provided as and when needed to the truly destitute. We receive a full and detailed analysis of all the patients who have received transport fares, how much they have received and when the money was issued to them, complete with the patient’s bar-coded file sticker. We are pleased to report that there has
been a marked increase in the number of patients attending their various clinics since transportation money has been provided.

**C) Refurbishment Projects**

In the last year or so, a number of once-off and ongoing projects have been undertaken at “the Gen”. Lack of funds is an ongoing problem at all of our major hospitals, and certain wards and treatment clinics tend to be overlooked as far as refurbishment is concerned, due to more pressing and visible needs elsewhere at the hospitals. When lack of facilities or dilapidated conditions involve the wellbeing of patients (especially long-term patients), the success of whose treatment is affected by the conditions under which they are hospitalised (for example, psychology patients, or patients attending occupational therapy centres with insufficient equipment), this lack of funding negatively affects their chances of ever making a timely recovery, and puts further strain on the health system due to treatment plans having to be extended. Staff morale is also negatively impacted due to working conditions and lack of success in treating the patients, and occasionally basic human rights are violated due to lack of safety measures or other needs remaining unmet, so we as a charity feel that refurbishments form a vital part of our work, if the budgets of the hospitals cannot see to these important and imminent requirements. Some of the projects we have undertaken are as follows:

**Psych in-patients ward (487)**

As a ward aiming at treating patients, many of whom suffer from severe depression, ward 487 was originally a hostile environment in which to try to attempt such a venture. The surroundings were depressing, and patients had no seating, so were reduced to sitting or lying on the bare floors in the general areas. With funding from BHCC, the ward was fully repainted, curtained and carpeted. Pictures were put up on the walls and no less than five couches were provided. A large dining room table and tablecloths for the canteen area were provided. A second TV/lounge area was also fully refurbished. Though this was a finite project which has now been completed, BHCC’s involvement continues with the upkeep of the refurbished areas – such as carpet cleaning, etc.

**Psych outpatients**

The waiting area of the outpatients clinic was fully refurbished, making the area more welcoming and prone to facilitate a feeling of hope amongst the patients.

**Occupational Therapy**

The OT ward has been fully stocked with educational games and OT aids – this is an ongoing project.

**Paediatric Ward**

Other than providing general comforts (see below) to the children, and distributing gifts to the in-patients at Christmas time, basic needs, such as crayons and educational materials and gameboys for the long term children, to keep them occupied during their protracted stays, have been provided.

**General Improvements**

Often, working at a busy hospital that is severely under-funded leads to demoralisation of the staff. Small improvements to the daily lives of the nurses and doctors can make a large impact on their motivation and general enthusiasm for their work, which then spills over to the patients. BHCC regularly improves the day-to-day existence of valuable nursing staff, by supplying microwaves, kettles, toasters, sandwich makers and suchlike. Small gifts such as these do not fall
within the budget of the government but can make huge differences, and we feel privileged to be able to help in these areas.

**Mother’s ward**
Mothers needing to stay with their babies and children admitted as inpatients have recently been given a ward in which to sleep, but it was severely overcrowded with patients sharing beds and bedding. We have undertaken a refurbishment there, with a generous donation from Wireforce Steelbar (Pty) Ltd of metal bunk beds, to which we added bedding, and a washing machine and tumble dryer.

![Image of mother's ward](image)

**D) General Comforts**
The patients at the major government hospitals are typically not wealthy, are often homeless or without family or contacts in the Johannesburg area. Many patients are admitted to hospital as emergency patients, and are unable to contact family, either because there is none available to them, or because they are unconscious or have had a tracheotomy and are not able to communicate.

Basic needs are unable to be supplied by the government. These include toothbrushes, toothpaste, deodorant, wash cloths, shampoo and other toiletries. Not only do these toiletries improve the patients’ wellbeing and help uplift their spirits and general hygiene, but the nursing staff is always extremely grateful for the provision of such goods to the patients, as their work is already extremely taxing, and it is additionally exacerbated if they have to tend to patients reeking of body odour or bad breath.

![Image of toiletries](image)

Another important area of hospital comforts is the provision by the charity of regular donations of new and used clothing, for needy patients to be issued on discharge: casualty patients and rape victims regularly have damaged or bloodied clothing, or injuries requiring clothing to be cut from them in order to provide urgent treatment.
Many maternity patients are also admitted as “surprise” patients, and arrive without basic toiletries, and many cannot afford to clothe their newborns, so baby clothing, blankets, and where possible, bottles and formula (aimed at preventing mother-to-baby HIV transmission) are supplied regularly to the hospital. Tiny knitted jerseys are also provided for premature babies, along with small blankets for these. Other than the monthly supply of clothing and basic needs to maternity and paediatric patients, the charity also makes up two large layettes annually which are presented to the maternity staff and to be given to two very special deliveries: the first Christmas baby and the first baby born on New Year’s Day each year.

Additionally at Christmas time it is customary for the charity to distribute toys and gifts donated by some of our local schools. We encourage our country’s privileged children to involve themselves in charitable and community-oriented work, and local schools regularly donate large supplies of gifts, wrapped and labelled by age and gender of the child for whom it is intended, and then the gifts are distributed by the charity at the children’s Christmas parties.

The Oncology staff also run a “Look Good Feel Good” workshop for cancer patients on a regular basis, and BHCC is supporting this venture by providing cakes on a regular basis. Our representatives have also recently become involved in a cancer awareness week, and are striving to improve their involvement in other areas and initiatives at the hospital.

These and other comforts as the need arises are provided on a monthly basis to the Johannesburg (Charlotte Maxeke) Hospital, and we will always strive to obtain sufficient funding to increase our contribution to this busy and cash-strapped hospital.