
Setbacks and partial victories for community health workers

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Mondli Hlatshwayo outlines how the working conditions of community health workers employed by the government to deal with the COVID-19 pandemic has inspired organised protest action. They are calling for an end to decades of exploitation during which these frontline carers for those afflicted with TB and HIV (AIDS) have been marginalised as outsourced ‘volunteers’ and paid a minimal stipend by subcontracted non-governmental organisations.

INTRODUCTION

Community health workers (CHWs) can be regarded as precarious workers, who Guy Standing refers to as the “precarariat”.¹ They perform crucial functions in the public health care system of South Africa. These workers

tend to be black women who are single parents, earning low wages, working under poor working conditions and without job security. Campaigns and struggles waged by CHWs before the emergence of the COVID-19 pandemic and the subsequent national lockdown have been documented extensively by various scholars.² However, the pandemic has turned the spotlight on the role of CHWs as part of the core health workforce that has been neglected by the state in its pursuit of neoliberal policies, which have had disastrous effects on the public health care system, its workforce and infrastructure.

Firstly, this article provides an overview of the working conditions of CHWs and their struggles before the pandemic. The argument here is that CHWs are generally black women who carry most of the social and economic burden by subsidising the public health system through their cheap labour. They also conduct unpaid social reproductive labour by looking after their own children and families in their households. Despite their deplorable conditions of work, they have managed to highlight their plight by working with progressive non-governmental

organisations (NGOs), some trade unions, and the Treatment Action Campaign, a national organisation struggling for treatment of Human Immunodeficiency Virus (HIV)-positive people in South Africa. Their demands include the need for permanent employment by the state, increased wages and better working conditions.

The main section of the article examines how CHWs responded to their working conditions during the lockdown and in the context of the COVID-19 pandemic. Paradoxically, the pandemic, which destroyed lives and the economy, presented CHWs with the rare opportunity to intensify their struggles for permanent employment and better wages. This is partly because the state saw them as a strategic workforce in the battle against COVID-19. Mainstream unions that did not lend full support to CHWs before the pandemic were compelled to incorporate the demands and issues of the CHWs into their agenda. There is now a possibility for building a national movement of CHWs and winning justice for people who are keeping life going through the COVID-19 pandemic.

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CHWS' STRUGGLES BEFORE THE NATIONAL LOCKDOWN

President Cyril Ramaphosa announced South Africa's national lockdown on 23 March 2020. The lockdown began on 27 March 2020 and was on-going at the time of writing, albeit on level one with fewer restrictions.³ It became clear right from the start of the lockdown that the CHWs were to play a crucial role in the struggle against the spread of the coronavirus, as they had done in contributing to active campaigns against diseases such as tuberculosis (TB) and HIV.⁴

The role of CHWs in the public health system dates back more than 50 years. Public health systems in Africa, Asia and South America used health workers as part of a progressive agenda in post-liberation contexts. For example, in the 1950s and 1960s in China, Sri Lanka and Pakistan, CHWs serviced poor communities who urgently needed primary health care services and helped to combat diseases. Under conditions of neoliberalism, which entailed budget cuts for public health services, the burden of care tended to shift to CHWs.⁵ In South Africa, budget cuts led to shortages of nurses and health care equipment, and the increased use of home-based care. All these factors led to CHWs taking on more responsibilities



in the health care system, as they had to compensate for staff shortages in the public health sector. For example, in 2018 there were 38,000 vacant nursing posts due to austerity measures, leading to chronic shortage of health employees in state facilities.⁶

CHWs are those health workers who are involved in providing health care services to all who are vulnerable and need health care in communities.⁷ While CHWs provide core health services — like administering HIV testing, counselling, health education, home-based care, looking after the elderly, and are now part of initiatives to combat the spread of COVID-19 and support those infected with COVID-19 — these workers earn low wages and work long hours. They tend to have no permanent employment and no benefits. All health workers, including the nurses, have been negatively affected by COVID-19,

but the CHWs are at the bottom of the employment hierarchy. Their employment relations are defined by extreme forms of precariousness, as their working conditions have always been deplorable compared to the nurses who are their counterparts.⁸

In 2019, Oxfam South Africa revealed that although CHWs were trained to perform crucial duties in the health care system, they earned 5.5 times less than nursing assistants who were immediately above them in the ranking system. In actual amounts, the CHWs earned R42,000 per year and nursing assistants R227,965 per year. What they earn is nowhere near a living wage. As mostly black women who are single parents and also conduct unpaid work in the form of social reproduction, looking after their children and other family members, they have to use the little income they earn to purchase >>

food and cover transport, housing and schooling costs. Oxfam South Africa described the working conditions of CHWs as appalling even before the COVID-19 pandemic and the subsequent lockdown restrictions. A recent report by Oxfam South Africa on health workers confirms that the black women are the overwhelming majority of CHWs. Thus, their struggles are about challenging the cheap labour system, structural racism, and patriarchy, which tend to undervalue the work carried out by women.⁹

Statistics on CHWs are not generally available or reliable. However, in 2014 it was estimated by Maregele that there were 70,000 CHWs in South Africa, employed by NGOs, private companies and the state.¹⁰ According to the South African Nursing Council (SANC), in 2020 South Africa had more than 400,000 registered nurses. Therefore the CHWs make up almost a quarter of the registered nurses, and that means CHWs have a significant presence in the health sector.¹¹

AUSTERITY AND CORRUPTION

The public health crisis has been caused primarily by chronic underfunding of the public health system, which is driven by the state's commitment to austerity measures. Before the emergence of the COVID-19 pandemic, the Institute for Economic Justice and SECTION27 showed that the budget proposal delivered by Finance Minister Tito Mboweni in February 2019 was R0.7 million less than what was approved in the Medium Term Budget Policy Statement adopted by Parliament in October 2018. This was despite the fact that the White Paper of 2015 on the proposed National Health Insurance system called for the state to invest more resources into the public health system to improve the health outcomes of South Africans, especially those who were from working class and poor communities.¹²

At least R20 billion was promised by the President in April 2020 to fund the health system. Commenting on the Supplementary Budget presented by Minister Mboweni in the middle of the lockdown, the Budget Justice Coalition, a coalition of NGOs, said, "... only R2.9 billion of the R21.5 billion that the health sector is projected to spend on coping with COVID-19 is extra funding from the Treasury. Provinces must find about R15 billion from within their existing 2020 budget baselines, which made no provision for dealing with this pandemic".¹³

Even in the middle of the COVID-19 pandemic in June 2020, the state continued its austerity measures. Provinces that were already facing funding problems were asked to somehow find funds within the existing budget constraints. Orders placed by the Gauteng Department of Health (GDH) for personal protective equipment (PPE) may have seen taxpayers being ripped off to the tune of at least R500 million. To add salt to the wound, it was unearthed through the investigation conducted by investigative journalists Scorpio that the GDH's officials procured health products and equipment from suppliers whose mark-ups exceeded 200% in some instances. The taxpayer and the state paid close to R500 million too much.¹⁴ What was even more disturbing is that eight doctors employed by the GDH, whose responsibility was to save lives, succumbed to the virus at the height of the COVID-19 pandemic. Health workers put the blame for their deaths squarely on the poor quality PPE provided by the department.¹⁵

THE CONDITION OF CHWS DURING THE LOCKDOWN

The CHWs were ready to assist the state in making sure that the spread of the virus was curtailed. However, what was worrying was that there was no proper sharing of information or training of CHWs to ensure that they

were equipped to minimise the spread of the virus. Access to PPE for CHWs and the sharing of standard operating procedures were other major concerns for CHWs.¹⁶

Without responding seriously and directly to the demands and concerns of CHWs during the lockdown in April 2020, the Department of Health stated that it would use CHWs as its core workforce in the fight against COVID-19 because these workers were directly in touch with communities. In concurring with the position of the Department of Health, in April Professor Salim Abdool Karim, who chairs the Ministerial Advisory Committee on COVID-19, stated that the role of CHWs would be increasing the tracing and testing of community members as well as providing medical support and care of those who are positive with COVID-19. It was also reported by the Department of Health that 28,000 additional CHWs were to be used in the campaign to minimise the spread of COVID-19 by visiting households for screening and testing, as articulated by Karim.¹⁷ Yet the Department of Health and Karim said nothing about the inadequate working conditions of CHWs, their "foot soldiers" in the fight against COVID-19.

CHWS' RESPONSES TO THEIR CONDITIONS DURING THE LOCKDOWN

The struggles of CHWs — which took the form of active protests led by black working class women and several court battles, among others — compelled the GDH to announce, in the middle of the lockdown, that 8,500 CHWs were to be absorbed as employees of the Gauteng department by 31 July 2020.¹⁸ Subsequently it was reported that the signing of long-awaited permanent contracts was taking place in clinics to ensure compliance with COVID-19 regulations. Under the new dispensation, CHWs in Gauteng were to earn R8,544.50 per month, with medical aid, a housing allowance and pension.

This was an important victory welcomed by all CHWs.¹⁹ Many CHWs were earning R2,000 per month before 2018 and this amount was increased to R3,500 just before the COVID-19 outbreak.²⁰ It was organisations of CHWs like the Gauteng Community Health Care Forum, led by black women and health workers, that achieved this victory.²¹

However, the process of absorbing CHWs into the GDH was not smooth because close to 40 CHWs were not paid full wages in July and August. It was also reported by Right2Know (R2K), an organisation campaigning for access to information in South Africa, that despite the announcement by the GDH, some CHWs were still receiving R3,500 per month and some had not received their wages for two months.²²

The state responses to the conditions of CHWs were not uniform, creating a challenge for the harmonisation and the standardisation of the working conditions for all CHWs in South Africa. CHWs and organisations supporting them responded again by organising protests in support of their demands. The National Union of Public Service and Allied Workers (NUPSAW), a union that organises CHWs, and Masincedane, another organisation of CHWs, were part of a protest of about 50 CHWs in Khayelitsha, Cape Town in September 2020. The protesters wanted to be paid an additional R2,000 per month as “danger pay” (remuneration for working under risky conditions imposed by the pandemic) as they were in the forefront of the state’s attempts to curtail the spread of COVID-19. The union welcomed the decision of GDH to employ CHWs in that province as permanent workers, and called for all provinces to follow suit.

During the same protest, a leader of NUPSAW in the Western Cape, Cynthia Tikwayo, indicated that the Western Cape government was far behind in terms of absorbing CHWs, most of whom were still employed by the NGOs contracted by the provincial department

of health.²³ The protesters also demanded safer working spaces and PPE to protect themselves from contracting the virus. Tikwayo, who is also a CHW, told the protesters that she contracted COVID-19 because the government did not provide CHWs like herself with PPE. She further indicated that they were earning R3,600 per month and had to spend R500 on transport, leaving them with little money to support their families. Other CHWs also indicated that as women they were vulnerable as they tended to be robbed by thugs when conducting their duties to save lives.²⁴

Similarly, CHWs in the Eastern Cape protested against their working conditions, health and safety issues, and wages. As part of a response to COVID-19, the Eastern Cape government allocated R175 million for CHWs who contracted the virus. Unlike Gauteng, where the response to CHWs involved in the fight against COVID-19 was to make them permanent employees of the department, in the Eastern Cape and the Western Cape provincial governments largely continued to source the services of CHWs from NGOs. Representatives of CHWs in the Nelson Mandela Bay Metropolitan municipality in the Eastern Cape reported that about 80 of these workers contracted COVID-19 due to lack of PPE.²⁵ CHWs in the Eastern Cape were concerned that the Eastern Cape government spent millions on expensive “ambulance scooters” that were supposed to reach isolated areas in the Eastern Cape. CHWs argued that they were able to reach those isolated areas, but the department did not spend money on them to ensure marginalised citizens in these areas were taken care of, especially in the context of COVID-19.²⁶

According to journalist Mkhuseli Sizani, in August 2020 CHWs in the Nelson Mandela Bay area, led by Young Nurses Indaba Trade Union which also represents CHWs, protested outside the Eastern Cape department of health district offices in Port Elizabeth and in

Bisho, the headquarters of the provincial government. CHWs in the Eastern Cape embarked on a provincial strike to highlight the fact that they were earning low wages (R3,500 a month), had inadequate PPE, had been infected with COVID-19 in the process of managing the virus due to poor supply of PPE, and that their integration into the department of health in the province as employees had not yet materialised. The union indicated that the bargaining council, which also includes the CHWs, had agreed that these workers had to be employed as permanent employees in 2018, and this resolution was to have been implemented on 14 June 2020. What was really worrying, according to the union, was that there were CHWs who had been working as volunteers and as contract workers for more than two years and still had no pension fund or other benefits.²⁷

What COVID-19 and the lockdown have done, to some extent, is to compel the National Education, Health and Allied Workers’ Union (NEHAWU), the largest public sector union in the country, to respond directly and publicly to the needs and aspirations of CHWs. Towards the end of September 2020, NEHAWU members embarked on a nationwide protest calling for adequate PPE for frontline workers, wage increases, “danger pay” for health care workers involved in the struggle against the virus, and the employment of CHWs directly by the state.²⁸

NEHAWU issued a statement in which the union stated that since the 11th of November CHWs have engaged in national strike action to compel the national Department of Health to hire CHWs as permanent workers with benefits. CHWs in various districts and provinces have been protesting and delivering memoranda of demands to health authorities, despite widespread intimidation by the employers, according to NEHAWU.²⁹ The union also emphasised that in the townships, informal settlements and rural areas, ►►

CHWs are part of the core of the public health system and have also been leading the fight against the virus. However, the state continues not to employ these workers and they still earn low wages. The union said, “The national union will do anything in its powers to ensure that Community Health Workers are employed permanently and that they are paid at salary level 3 with all other benefits that are enjoyed by other public servants”.³⁰

CONCLUSION

CHWs play a major role in the public health system of South Africa as they are in direct contact with communities and patients. During the pandemic and the lockdown, CHWs have been in the frontline conducting tracing, testing, screening and taking care of those infected by the virus. The state has failed these workers over decades by not remunerating them fairly and not employing them like other health workers who enjoy other employment benefits. In their campaigns for improving their working conditions, these workers scored some victories, especially in Gauteng. Strategically, workers in other provinces are demanding that they also be granted employment contracts similar to or better than those of workers in Gauteng. Another positive development which emerged in the context of COVID-19 is that CHW organisations, unions and progressive NGOs are united in demanding permanent employment, improved working conditions, and better wages. COVID-19 has forced the state to appreciate the importance of public health and the role of frontline health workers like CHWs. Justice demands full recognition of the contribution of CHWs as a permanent and integral part of the future national health system.

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