

People's Health Movement South Africa (PHMSA) supporting Community Health Workers (CHWs) through knowledge and skills sharing by means of South African People's Universities, meetings, webinars and a national CHW summit – pre and during COVID 19 (2013 to date).

Introduction

This case study will focus on People's Health Movement South Africa's (PHMSA's) advocacy and activism in relation to Community Health Workers (CHWs). Firstly, as crucial to the implementation of comprehensive Primary Health Care (PHC) in their communities, and secondly, in support of CHWs as advocates and activists in organising themselves for the recognition of the important work they do within the health system; their rights to decent working conditions; appropriate payment with benefits; and a career path within the health system pre and during COVID 19. CHWs are not a new phenomenon in South Africa and many other parts of the world. Their struggle for recognition of the role they play in bringing health and health care to their communities, for decent working conditions, appropriate pay with standard benefits, quality education and a career path is an ongoing battle. The case study draws on PHMSA's interaction with CHWs, partner organisations and policy documents.



Introduction to the South African People's Health University (SAPHU) focussing on CHWs

In 2013 PHMSA launched its first South African People's Health University (SAPHU) adapted for South Africa's context from the Global PHM's International People's Health University (IPHU). Initially PHMSA ran two SAPHUs. The first SAPHU in 2013 included a mixture of health activists such as CHWs, health committee members, social justice activists and health sciences students and professionals. Since 2014 the focus has been only on CHWs. The purpose of the SAPHUs is to build activists who can contribute to the building of a social movement for Health for All. After the 2014 SAPHU an extensive evaluation was conducted with CHWs who attended, and based on the feedback from the evaluation, we implemented a new extended curriculum with support from the organizations of the participants, mentors and others from PHMSA. This new process continues to focus on CHWs. It has included CHWs in four out of nine provinces in South Africa (SA) namely Gauteng, Eastern, Western and Northern Cape, from 2016 – 2020. We feel that this new process minimizes the gap between education and the learning environment on the one hand, and practical implementation in communities on the other. Through this we believe we will help strengthen the individual organizations, both health service facilities and not-for-profit organisations (NPOs) and communities, and together build a social movement for Health For All, with CHWs forming a strong foundation. CHWs fulfil a crucial foundational role in bringing health to their communities. This role needs to be strengthened within the present government policy of re-engineering of PHC as part of the National Health Insurance (NHI) plans. The aim of SAPHU is to strengthen the knowledge and skills of CHWs in policy and political analysis, and in advocacy, mediation and activism. Examples are the development of deeper analysis of challenges faced by individuals, families and communities in improving their health, and the learning of skills such as advocacy, mediation, conflict management and planning projects and campaigns that can be used in organizations and communities for developing appropriate strategies to achieve Health For All.

Background to SAPHU for CHWs.

The South African Government has embarked on the establishment of National Health Insurance (NHI) to ensure access to quality, essential health care with financial protection for all. Since the adoption of the NHI policy by the governing African National Congress at its National Conference in 2007, progress towards implementation of the NHI has been slow and non-transparent. The NHI Bill was tabled and approved by the cabinet in 2019; it is still to be approved by parliament.

The underlying principles of the NHI are (a) the constitutional right of everyone to have access to affordable and acceptable quality health care including reproductive health care, b) the responsibility of the state to ensure the progressive realisation of this right by providing Universal Health Coverage, and (c) the promotion of social solidarity.^[1] These principles are also in line with the Sustainable Development Goal of Universal Health Coverage^[2].



To strengthen the public health sector in preparation for NHI, the department of health has started a programme to re-engineer PHC, which includes the introduction of Ward-based Primary Health Care Outreach Teams (WBPHCOTs). In the latest policy and framework for WBPHCOTs (2018/19 – 2023/24), the teams include six to ten CHWs supervised by an Outreach Team Leader (OTL) who is in most cases an enrolled nurse, as well as a data capturer.

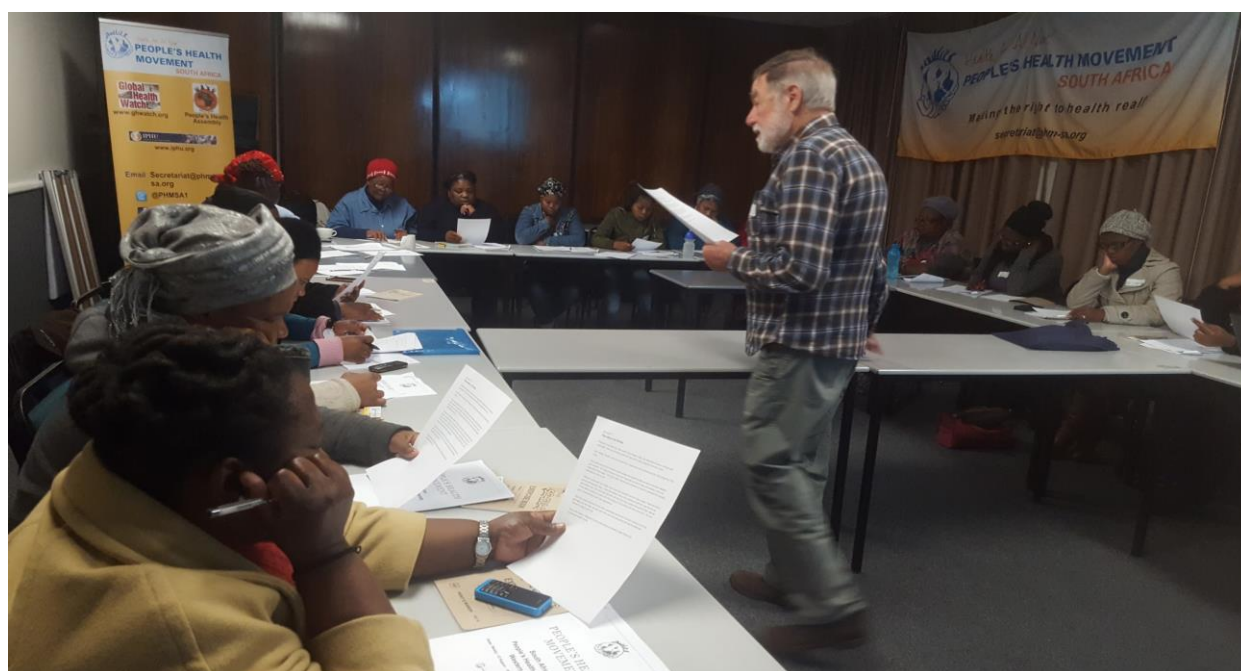
However, at present, in all nine provinces in South Africa, CHWs are either volunteering or are employed under different, uncertain, unstandardized and tenuous conditions of service either through the provincial department of health, or by not for profit organisations (NPOs). Since 2018, a few provinces started incorporating CHWs into the health system, still on annual contracts. Only Gauteng Province has formally employed CHWs in the health system as permanent employees. On 19 June 2020, Gauteng Health MEC, at the time, Dr Bandile Masuku, announced that 8,500 Community Healthcare Workers (CHWs) will be converted into permanent level two employees in the Department of Health by the beginning of following month.^[3] It took a number of months for this announcement to be realised, with some CHWs not being paid for a few months initially, and some CHWs — mainly those near retirement — are still struggling for inclusion. To adequately implement the policy there is an urgent need for the 8 other provinces to follow suit and ensure further improvement in CHWs economic, legal and professional conditions of services, and to build on their competence in a comprehensive Primary Health Care national health system.

The policy document on CHWs^[4] specifies that the role of CHWs in the re-engineering of PHC includes action on the social and environmental determinants of health. However, it does not include training on measures to implement this part of the policy.

PHMSA aims to fill this gap through the SAPHU program. The SAPHU's innovative approach includes strengthening the capacity of CHWs to act on the social and environmental determinants of health and not only to focus on the biomedical aspects of disease and service delivery. The SAPHU aims to empower CHWs with capacity as agents of change, and the curriculum includes a focus on advocacy, which is intended to strengthen their role as community mobilisers, bringing together stakeholders from communities, NPOs, health services

and other government sectors in their local environment. CHW employers and trainers are not familiar with this approach however, and minimal government support is provided for developing these skills.

PHMSA's belief in SAPHU having the desired effect is based on the assumption that CHWs live in the same community where they work and experience the same conditions that promote or hinder health. There is more chance of building community participation and intersectoral collaboration, two principles of PHC essential for improving the socio-economic determinants of health, if CHWs initiate the process. Success in achieving this has been evident from the projects resulting from the SAPHUs. All projects arising from the SAPHUs have included campaigns to raise awareness in their communities and to encourage communities to take action. Some have brought together a range of stakeholders to assist in the campaigns, advocacy and actions. All include identifying and acting on different social determinants of health such as housing, water and sanitation, food security, living and work environments, health services and sexual and reproductive health and rights.



The quotes below from CHWs' evaluations highlight how the SAPHU has influenced change in their knowledge and practice:

"I will now look at the causes of the causes when I come upon a problem and not only for the cure."

"It helped us to know more about our challenges from our fellow CHW"

"Before SAPHU we worked in the community and now we work with the community".

"Opening my eyes to the fact that I should tackle challenges head on by going to the relevant people. I am empowered by this course because it made me realise that I too

matter, no one must make me feel inferior or make me feel like I don't make a difference in the world, or in other people's lives."

Supporting and advocating for CHWs and the challenges they face pre and during COVID- 19

SAPHUs were held for CHWs covering five out of nine provinces:

2016, held in Cape Town for CHWs from Eastern Cape (EC), Western Cape (WC) and Gauteng Provinces (GP);

2017 for CHWs in Northern Cape (NC), held in NC;

2018 for CHWs in WC, held in WC;

2019 for CHWs KwaZulu-Natal (KZN), held in KZN, and

2020, CHWs in EC held online with a follow up session held in the EC

In February 2020, we did two specific visits to Gauteng and Northern Cape provinces to follow up with SAPHU Alumni. The purpose of the visits was to evaluate any longer lasting effects of SAPHU, what further education workshops would be helpful, and how successful self-organising of CHWs was proceeding in their local, provincial and the national context. This last visit was not very long before COVID-19 hit South Africa and the hard Level 5 lockdown was implemented. One group asked for a workshop on managing an outbreak and at that stage COVID-19 was not part of our conversations or consciousness. Possibly a premonition?

During all SAPHU's we always provided space for CHWs to voice their challenges and concerns. Time is also given to brainstorm possible solutions to the challenges. What is interesting is that the challenges mentioned pre-COVID-19 and during COVID-19 are much the same except that with COVID-19 they are much starker and more widespread. The COVID-19 pandemic has highlighted the dire circumstances that place barriers for CHWs to function efficiently and effectively. For many years CHWs, from their lived experience, have been making demands and **the COVID-19 pandemic has increased the urgency for the following demands:**

1. Recognition by integration into the health system in terms of employment, supervision, support and career development
2. Quality, appropriate and standardised education and training, with a career path
3. Safety and security

1. Recognition by integration into the health system in terms of employment, supervision, support and career development

At present CHWs in all except one of the nine provinces in South Africa are in the precarious situation of neither being employed, nor being a volunteer. They are paid a minimal stipend of R3500 per month with no benefits and no career path or further development. In this respect, CHW's are predominantly informal workers, and have little to no benefits or protection for work, such as pension, job security, a stable and living wage, maternity leave, workman's compensation. Informal work leaves workers vulnerable to changes, and to workplace tensions, such as unfair dismissal, bullying or abuse by seniors.

Where PHC WBOTs have been established, the outreach team leader (OTL) is the supervisor and is supposed to spend 70% of their time in the community supervising the CHWs. The OTL, because of staff shortages, often has a dual role of clinical work in the primary care (PC) facility and supervision of CHWs. Initially it was envisaged that OTLs would be professional nurses, but due to a severe shortage of both doctors and professional nurses at the PC level, enrolled nurses are now employed as OTLs. The concern is that many enrolled nurses do not have experience of working in communities and will need supervision from registered nurses and facility managers.

CHWs call for the NDOH:

- To expedite the permanent employment of all CHWs with all benefits including grading their job for appropriate pay
- Develop a clear scope of practice and work for CHWs, to be implemented by all provinces
- Ensure that there are clear local, district, provincial and national DOH platforms to engage with the department on their issues affecting the workers

(Demands from the National Community Health Worker Summit, 1 March 2019)

2. Quality, appropriate and standardised education and training, with a career path

Education and training of CHWs is not only unstandardized across provinces but also from one PC facility or NPO to another. From meetings with CHWs in different provinces, some have training every Friday afternoon on different topics in a manual they are given, but this is not a common experience. If all CHWs do not attend the same training and are meant to share what they have learnt, very little time is given for them to give adequate report back to the rest of the team. Training is therefore unstandardised, with some gaining more than others, but expected to do the same work.

“Some of us had initial 10 days training, but others missed that and join the Friday training or in some places where there is no ongoing training, you learn from another CHW.”

“We only have training every few months. Some of us are sent to attend different training, but not all.”

CHWs call for the NDOH to

- Standardise training and implementation of the PHC WBOT policy across all Provinces and the Departments of Health and Social Development,
- Only provide or recommend accredited training (Phase i, ii, iii) for CHWs with clear career paths within the health system

3. Safety and security

CHWs walk on their own, often in dangerous areas. Since most are women, they are vulnerable. CHWs have been violently and sexually assaulted and in some areas have to

do their work in pairs for protection. The situation is worse when they are not supplied with identity badges.

“ It is unsafe for us. Even when you go into a home you don’t know what can happen. We have no protection.”

CHWs call for the DOH to:

- Prioritize the safety and security of CHWs during their field work, and ensure that CHWs have access to
 - vaccination and prophylaxis treatment for HIV, TB, Hepatitis B and are counted as frontline workers for the COVID-19 vaccine
 - working equipment and personal protective equipment (PPE)
 - safe transportation,
- and are
- covered by Occupational Health and Safety Act and this is enforced across the country.
 - included in the infection control plan

(Demands from the National Community Health Worker Summit, 1 March 2019)

Apart from capacity building, encouraging action on the social determinants of health through community participation and intersectoral collaboration and challenging government, both the SAPHU and these visits created a space for social dialogue and sharing between different groups of CHWs encouraging unity and standing together for their rights and the rights of their communities. PHMSA also works with partners to support CHWs in the fight for their rights.

Bloemfontein National Community Health Worker Summit: 28 February – 1 March 2019

The National CHW summit, from which the demands mentioned above were derived, was a highlight in the organization of CHWs. PHMSA, Section27, SINANI, Khanya College and the Wellness Foundation, partners in a CHW network funded by MEDICO International, brought together 160 CHWs from all 9 provinces in South Africa in Bloemfontein for a National Community Health Worker Summit. The goal of the summit was to work together to discuss challenges and celebrate the successes of CHW advocacy work and to further CHW aims of attaining permanent employment with appropriate remuneration, acknowledgement, respect and proper working conditions. Key representatives from national and provincial Departments of Health, the Department of Social Development, unions representing CHWs and NGOs employing CHWs were invited to exchange ideas. The Resolutions adopted at the National Community Health Worker Summit are available if you [click here to download the pdf version](#).

[5]



A number of CHWs who had attended a SAPHU mentioned that the SAPHU had prepared them for the summit and particularly given them the confidence to raise their voices in public.

COVID-19 catapulted PHM further into a coordinating role for social dialogue with a wider circle of organisations and individuals under the banner of the C-19 People's Coalition.

The C19 People's Coalition was formed in early March 2020 and currently has 393 organisations nationally endorsing the programme of action. PHMSA took on the role of coordinating the [C-19 People's Coalition](#)^[6] Health Working Group, consisting of approximately 25 diverse organisations. This group was further divided into the Health Systems strengthening sub-group and the CHW sub-group. The CHW sub-group includes about 7 of these organisations and the main activities of the group is to gather information from the various provinces and use this information to lobby the government regarding proper training for CHW on COVID-19, for supplying PPE to CHWs as they were the most neglected of health workers in this respect.

PPE was extremely important for CHWs as they were playing a vital role of screening and educating in their communities. With our partner organisations we managed to get a meeting with national leaders who coordinate CHWs and Community based PHC. Unfortunately, as

the government often does, they assured us that they were taking our concerns seriously and were already acting on them. In contrast, information on the ground from CHWs contested their claims. Holding the government accountable will be an ongoing process.

The Health Working Group also developed educational materials for CHWs to use in their communities. PHMSA used a SMS platform for collecting questions from CHWs and distributing the answers. This platform accommodated those who did not have smartphones or access to data to access WhatsApp and other forms of communication that rely on data. Webinars on Zoom on issues affecting CHWs were organised by PHMSA specifically to involve CHWs and have their voices heard. PHMSA supplied data for these webinars.

PHMSA [and other partners](#)^[7] in the group [wrote articles and opinion pieces to highlight the plight of CHWs](#).^[7] CHWs themselves, through their self-organising forums and unions, have begun strikes and protests, fighting for their rights. PHMSA has been supporting the South African Care Workers Forum through regular online meetings and dialogue and helping manage their budgets.

CHWs have been at the bottom of the pile for receiving PPE during this time. While putting pressure on the government, at the same time PHMSA is currently in the process of procuring and distributing PPE for CHWs in the Eastern Cape Province. This province has been severely hard hit and is one of the provinces in South Africa with the least developed health system.

Conclusion

During this time of COVID-19, the already existing fault lines in the system to support the role of CHWs became an obvious reality and in a sense, possibly with the support given by PHMSA and partners in the group, assisted in heightening their confidence to protest for their rights. The kudos, however, must go to the strength of the CHWs themselves, mostly strong women. From the women's march in 1956 to Pretoria we can repeat "You have struck the women, you have struck a rock, you will be crushed!" (Wathinta abafazi, wathinta imbokodo, uzakufa). We can only continue this battle for recognition of CHWs for proper work, proper pay with benefits, and a career path.

References

^[1] Department of Health (2009) Establishment of the National Health Insurance Advisory Committee. Government Gazette 32564. Pretoria: Government Printer. 11 September.

^[2] <http://www.who.int/sdg/targets/en/>

^[3] Department of Health draft policy on CHWs

- [4] <https://karibu.org.za/community-health-workers-to-sign-a-permanent-contracts/>
- [5] <https://phm-sa.org/wp/wp-content/uploads/2019/04/National-CHW-Summit-Resolutions-Bloemfontein-01-March-2019.pdf>
- [6] <https://c19peoplescoalition.org.za/>
- [7] Discontent among Community Health Workers on the frontlines. By Alicestine October for Spotlight, 3 April 2020: <https://www.dailymaverick.co.za/article/2020-04-03-discontent-among-community-health-workers-on-the-frontlines/>
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