



Report

**2011 Community Care Worker (CCW)
Assembly**

**Theme: Recognition now! Forward to
a Carers' Movement.**

November 2011

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Executive Summary

The 2011 Community Care Worker **Assembly** under the theme: “Recognition now! Forward to a Carers’ Movement!” seeks to:

- Create a platform where Care Workers can engage with policy and decision makers about matters which affect them;
- Build unity among Community Care Workers (CCW) by connecting this currently fragmented sector, in which carers feel isolated and unprotected;
- Encourage formal unifying actions, such as developing a Carers’ Charter, establish a representative body and consider options for further organisation within the sector;
- Provide an opportunity to consolidate and evaluate activities undertaken and;
- Plan strategically for the year ahead.

AIDS Response Director, Bernice Roeland, isolated four lessons from Wendy Pekeur’s presentation on the challenges and achievements of **organising farm workers**:

- Freedom of association becomes a fundamental right enshrined in the principles of the International Labour Organisation (ILO). This incorporates the freedom to be in solidarity.
- The Sikhula Sonke movement becomes an educational vehicle / a school for its members/workers. The movement is seen a place for learning and sharing.
- Farm workers have the power to decide who they want to be and what they want to be part of – be it a trade union, a social movement, a women’s organisation or an opportunity to form something very new.
- The recognition of the power that comes with speaking with a collective voice. There is uncertainty at a government policy level. Both user and providers of the primary health care system are going to be fundamentally affected by these changes. Workers can stand together as a collective and chose people who can go out and protect their voice with honour and integrity.

A careful study has to be made of the Pekeur presentation to isolate important lessons for incorporation into the work of organising and mobilising Care Workers.

The 2010 CCW Assembly focussed on three areas:-

- To develop a Care Workers’ Charter that would outline issues such as working conditions, benefits, health and safety and training.
- To develop responses to government’s proposed Community Care Worker Policy and to win the struggle for recognition
- To develop a cartoon to highlight the existence, relevance and importance of Care Work

The first steering committee for the 2010/11 period, reported on the following

Achievements:

- Represent and be the “voice” of Care Workers at the policy making level: Various submissions were made to the Department of Health’s working group and the civil society working group who drafted the policy framework that has since become an integral part of the re-engineering of the PHC. A written submission was made to the Department of Labour with regard to the Care Workers Labour Relations issues. The submission specifically requested that Community Care Workers be recognised as a vulnerable group. The new committee will have to monitor the progress.
- Mobilise and organise care workers and around the issues of care work: The Care Workers Charter was presented at a symposium on care work in Johannesburg. Anna Genu expressed the view that she never imagined government would begin to engage with Care Workers about the significance of their work. Carers were also encouraged to participate in various share shops and the AIDS Response mass meeting, exposing them to a range of topics.

Develop an alternative narrative around care work and care workers – tell their stories: The poster, CCW Charter and the cartoon comic produced at the 2010 Assembly were widely distributed and shared with a range of stakeholders. The steering committee’s participation in platforms previously closed to them such as national meetings to discuss policy, succeeded in reframing care work and care workers in a more positive, assertive and inclusive manner.

Congratulations go to the newly elected Community Care Workers’ Forum **Executive Committee** for the Cape Town Metropole: Anna Genu (chairperson), Mzamo Ngemntu (Deputy Chairperson), Loyiso Mahomba (Secretary), Rozete Adams (Treasurer), Tougieda Domingo (Organiser), Raymond Bokako (Organiser), Mildred Sigwadhi (additional Member) and Sibusisiwe Nzimande (additional Member).



The **recommendations** of the three commissions were consolidated and passed on to the new Executive Committee for implementation.

1. Support and strengthen the CCW Forum (explore and finalise options of form – social movement, women’s movement, trade union, professional association or new form)
2. Continue to popularise the adopted Care Workers’ Charter in appropriate forums and with key stakeholders
3. Use the Care Workers’ Charter as the basis from which to formulate demands and options for negotiating with government particularly the Department of Health (DoH). Ensure that government policy addresses the issues of decent work, wages and Conditions of Employment, among other concerns. Be prepared to flex muscles strategically if necessary.
4. Take the Care Workers’ Charter into the NSP, NHI, Decent work and any other Reengineering of PHC conversations
5. Link-up with (and perhaps support) one International Campaign around the contents of the Care Workers’ Charter (see International Labour Organisation)

1. Background

Integral to the AIDS Response's Linking, Learning and Lobbying programme is a strategy to build a collective voice for Care Workers. On 17 and 18 November 2011 the second Community Care Worker Assembly under the theme: "Recognition now! Forward to a Carer's movement!", took place. The Assembly seeks to:

- Create a platform where Care Workers can engage with policy and decision makers about matters which affect them;
- Build unity among Community Care Workers (CCW) by connecting this fragmented sector in which carers feel isolated and unprotected;
- Encourage formal unifying actions, by for example, developing a Carers' Charter, establishing a representative body and considering options for further organisation within the sector; and
- Provide an opportunity to consolidate and evaluate activities undertaken and;
- Plan strategically for the year ahead.

The Assembly was attended by 112 participants from 33 organisations of which 88 were women.

This report zooms in on specific aspects of the Community Care Workers' Assembly Programme (see Appendix 1) and seeks to highlight issues to be taken forward.

2. Lessons: Organising Women Farm Workers

(See Appendix 2 for an edited version of Wendy Pekeur's inspirational speech)

In her opening remarks AIDS Response Director, Bernice Roeland, isolated four lessons from Wendy Pekeur's input:

- **Freedom of association, as a fundamental right is enshrined in the principles of the International Labour Organisation (ILO).** The freedom to be in solidarity with those who are important to us, such as our fellow care workers. Often we hear of Community Care Workers who are victimised by co-ordinators and managers and prevented from attending meetings because there is fear that they will come back to work "cheeky" and with the intention to undermine. There is fear on the part of some supervisors / managers that they themselves will lose power if community care workers join a movement of their own to campaign for decent jobs. We need to be disciplined about how we go about securing these improved working conditions. Community Care Workers want decent salaries because they believe in quality primary health care for all.

- **The Sikhula Sonke movement became an educational facility / a school for its members/workers.** The emerging carers movement is and should be a place of learning and sharing, where carers are experts in their own rights. We need to use existing platforms and create new platforms for building our knowledge and skills to mobilise and organise, to be part of decision-making and to be the change we want to see in the world.
- **The importance of not giving power away to other people.** AIDS Response does not want to do things on behalf of care workers. That is not the way we work and neither do we have the capacity to do so. As Care Workers you have the power to decide who you want to be – a trade union, a social movement, a women’s organisation or are you/we going to form something very new. This is very powerful stuff.
- **There is power that comes with speaking with a collective voice.** There are, as we speak, lots of changes at policy level that directly affect care workers as users and providers of services. We can let things happen to us, or we can say, “What is going on” and then actively stand together as a collective and choose people who can go out and protect our voice and rights with honour and integrity. When later we choose our representatives, let’s do so with careful consideration of what needs to be done and how we would like it to be done.

This inspirational conversation requires further discussion and consideration, particularly when it comes to institutional form.

3. Walking the Talk: Report on achievements and lessons

The Steering Group presented their work by means of a DVD presentation titled *Walking the Talk: Steering Committee report back to 2011 CCW Assembly*.¹

AIDS Response, through its Care for the Carer programme, provided a space for Community Care Workers to relax and learn skills and tools for self-care and emotional wellbeing. The programme also helped Carers to express a lot of pent-up feelings and frustrations about their work including the lack of recognition.

The first Care Workers’ Assembly was held in November 2010 in Parow, Cape Town. Sixteen participants attending the 2011 Assembly indicated that they had been present. The 2010 Assembly, supported by AIDS Response, was the genesis of Carers beginning to organise themselves as a collective. A volunteer steering group of 10 was established. Of the original steering committee some did not participate and in the end Rozete Adams Langa, Anna Genu, Charles Rosant, Raymond Bokako, Frank Abrahams and Tougieda Domingo took the work of the committee forward. They subsequently co-opted Deborah Qhashani, Maneo

¹Based on the DVD with the same name.

Mphafane, Nwabisa Mbewana and Hazel Marco. The 2010 CCW Assembly focussed on three areas:-

- A group was responsible for drafting the Care Workers' Charter that would outline amongst other issues: working conditions, benefits, health and safety and training. The draft was tabled for adoption at the 2011 Assembly.
- A second group developed responses to government's proposed Community Care Worker Policy in relation to progress and challenges. In addition to developing the framework for what later became a formal submission to the working group who drafted the policy, participants also considered the following questions: What questions to ask? How does one develop an action plan around it? How can we win this struggle for recognition for Care Work as a much needed service in the communities? A further section dealt with identifying what opportunities existed for public participation.
- A third group developed a cartoon to highlight the existence of Care Work and its relevance and importance. At the 2011 CCW Assembly, Anna Genu said that Carers are so accustomed to saying "Thank You Baas" and "Yes Baas" that they do not stand up for their rights. While nurses and doctors bring a particular skill to the health system, Carers also bring something special – i.e. "they know how to care for their community". Patricia de Lille in her speech echoed Anna's sentiment that "Care Workers are not shown the recognition and appreciation for the work they have done", she further said "carers are the Mother Teresa's in our society".

During the 2010/11 period the steering committee, with the support of AIDS Response embarked on the following:

- A submission was made to the Department of Labour with regard to the Care Workers Labour Relations issues. The submission specifically requested that Community Care Workers be recognised as a vulnerable group. The new committee will have to monitor the progress.
- The Care Workers Charter was presented at a symposium on Care Work in Johannesburg.²

²This story of getting to the symposium is hilarious. AIDS Response only has enough funds for two people to attend. The steering committee was adamant that five should attend. The members made an investigation of cheaper travel options. First they were to travel by train, but a train accident in De Aar foiled this venture. Second, they were to travel by bus. Carers forked out the additional cost from own resources. The bus was full and they were left high and dry. The sales person informed them that they would have to wait for the next bus and that it would cost more. After a struggle with the bus company management the steering committee members not only secured a place on the bus but also they travelled paying the original amount. (An account by Anna)

- Carers were also encouraged to participate in various share shops and the AIDS Response mass meeting, exposing them to a range of topics. Specifically, various submissions were made to the civil society working group CCW Symposium 2011.

Anna Genu expressed the view that she never imagined government would begin to engage Care Workers about the significance of their work. Rozete Adams concluded with the following remarks: “We volunteered to represent Care Workers. We had to face challenges. We were initially afraid and not able to speak out. You must have hair on your teeth. You need to be sure (that you want to stand), and you must be in a good space ...”

Bernice Roeland also made the Assembly aware of some of the contextual changes and processes underway. These represent opportunities for the CCW Forum to put forward the challenges and demands of Community Care Workers:

- The government is in the process of re-engineering the primary health care system with the view to making greater use of Community Care Workers (see Appendix 3).
- The HIV, TB and SDIs National Strategic Plan (NSP) for the period 2012 to 2016 is being finalised for adoption in December 2011. The space for Care Workers to still input into the NSP is limited.
- According to research, government is currently spending 44% of the health care budget is spent on 16% of the population, many of whom are struggling to afford the escalating costs of private care. This leaves the vast majority of South African (84%) dependent on the public health care sector with 43% of the health care budget³. As a result there are limited resources to deal with preventable diseases. Scores of children under the age of five are dying of preventable diseases and mothers are dying in child birth. The proposed National Health Insurance (NHI) is on the cards with implications for Care Workers (as users and service providers) and the people they work with, particularly the poor.
- Government has launched the National Development Plan 2030 that, among other objectives, seeks to create jobs; provide quality health care; provide equal and quality education and transform urban and rural spaces. There is an opportunity to engage government around the broad deliverables (particularly in the health care category) that include: the recruitment, training and deployment of between 700 000 and 1.3 million Community Health Workers to implement Community-based health care; a broader coverage of antiretroviral treatment to all HIV-positive people and the implementation of the National Health Insurance in a phased-in manner.

³ Quote by the Black Sash in an article on Sangonet

4. Commissions: What about decent work, the NSP and NHI?

The assembly was divided into three groups namely the i) Decent Work Campaign (facilitated by Bernice Roeland, AIDS Response and Mzimasi Mngeni), ii) National Health Insurance (facilitated by Dr Alex Miller), and iii) National Strategic Plan 2012 – 2016 (facilitated by Ntombozuko Kraai, AIDS Response and Hannerie White, NACOSA). The salient points from the discussions are detailed below:

Decent Work Campaign

- Two base documents provided direction for the discussion namely, the draft *Care Workers' Charter* (Appendix 4) and *Decent Work Campaign* handout (Appendix 5)
- The International Labour Organisation (ILO) argues that productive employment and decent work are key elements in achieving poverty reduction, social cohesion, social justice and sustainable development.⁴ Five organisations (including the International Trade Union Confederation and the European Trade Union Confederation) launched the Decent Work, Decent Life Campaign at the World Social Forum held in Nairobi in 2007. COSATU supported this call. The ILO 12th African Regional meeting held in South Africa in 2011 expressed concern that despite progress having been made, gender inequality nevertheless continues along with wide spread discrimination.
- The draft Care Workers' Charter developed during and after the first Assembly, provides guidelines for broad rights.
- One of the first aspects covered by the Charter is a decent living wage. Most care workers are employed by NGOs on a year-by-year basis, funding permitting. Care workers sign annual contracts with NGOs. Several participants spoke about the lack of job security and about the adhoc nature of their employment. Government officials often expect Care Workers to perform work without talk of decent wages, working conditions and decent jobs. In KZN and Gauteng Government took over the management of Community Care Workers. This move resulted in funding being directed away from NGOs, which severely hamstrung their operation. Asking for a decent living wage therefore presupposes decent and sustainable jobs for Care Workers.
- NGOs (as "labour brokers") develop job specifications and engage and manage Care Workers. Care Workers are paid a stipend. Participants said that the Department of Health provides a flat fee to the conduit NGO for Community Care Workers they recruit. Participants reported examples where the fee is graded according to the level of education and competence. Sometimes NGOs, with funds from other donors, would add to this basic stipend. Some NGOs only pay the basic stipend provided by government.

⁴ See Appendix 3: Decent Work Campaign handout dated 1 November 2011, prepared by AIDS Response

Many Carer Workers spoke about the dry funding spell over the December period when for some unexplained reason Government does not timeously transfer funding to NGOs.

- Many Care Workers spoke about the need for a safe and conducive work environment, with the appropriate tools. Participants acknowledged progressive NGO management who did empower and support Care Workers and who appreciated their right to advocate for better employment conditions.

Recommendations:

- Write up different stories on the working conditions and management experienced by Care Workers. Ensure that these are disseminated and used in engagement with government and other stakeholders to advocate for considerably improved conditions.
- The Care Workers' Charter is a broad statement of intent. Specific demands will have to be formulated for engagement with government and other significant role players. For example, what amount in rands will constitute a decent living wage? This implies that Care Workers educate themselves about the SA Constitution, applicable legislation and policy frameworks, research studies to better understand and articulate their demands and find ways of engaging government effectively.
- Monitor and make input into: the re-engineering of the primary health care system particularly with regards to the creation of the Home Based Carer's job category; employment arrangements and whether Care Workers will be employed directly by government; the extent to which government offers job security and; the grade/rate for the job.
- Investigate what strategic partnerships should be forged to help promote the rights of Community Care Workers? For example, how can NACOSA help Community Care Workers gain access to decision making forums? Support the campaigns initiated by organisations to advance the Rights of Care Workers.
- As in the case of the farm workers, Community Care Workers (if their demands are not met) will have to flex muscle i.e. take to the streets, picket etc. A collective stand will have to be taken. Clear slogans must be developed. Care Workers will have to carefully consider at what point such collective mass action will become necessary. Strategy and tactics are necessary.
- Several Care Workers spoke about being victimised by their employers for standing up for their rights. Strategies will have to be found for dealing with this.

National Strategic Plan 2012 to 2016⁵

- The NSP was developed by the South African National Aids Council (SANAC) comprising government, civil society, trade unions, faith based and private sector role players with the support of researchers and other experts.
- It is a plan to guide the work of all organisations working in the area of HIV, sexually transmitted infections (STIs) and TB in South Africa.
- The strategic plan (among other strategies) outlines plans for both prevention and care interventions that will reduce the rate of infections and deaths from HIV in particular and also TB. The plan will also ensure that those eligible for treatment receive it; that the rights of those with HIV are protected and; that stigma is reduced by 50%.
- Operational Plans with budgets will be developed for National and Provincial levels. The effective implementation of the plan will be monitored by a restructured SANAC.

The NSP session focussed primarily on how participants understand stigma and how their actions contributed to stigma.

It is imperative that Community Care Workers (CCWs) mobilise and organise to ensure that their issues, as outlined in the Care Workers Charter, are reflected in the NSP. Care Workers may also have to be briefed periodically on the effectiveness of the implementation of the plan.

National Health Insurance

From the presentation during the session and a handout prepared by the Treatment Action Campaign (TAC) titled *Guide to National Health Insurance (NHI – see Appendix 7)* the following can be observed:

Health system challenges:

- South Africa spent very little on health care, in comparison to other developing countries such as Brazil, China and Cuba.
- One reason for creating the NHI is to deal with the massive inequality that exists between public and private health. 8.3% of Gross Domestic Product (GDP) is spent on health, of which 50% is spent on 42 million people (84% of the population) in the public system and 50% on 8.2 million people (16% of the population) in the private sector. According to the World Health Organisation (WHO) South Africa should budget 13% of GDP.

⁵See Appendix 6: The South African National Strategic Plan (NSP) at a glance, an AIDS Response handout

- Many South Africans die of preventable diseases. SA has one of the highest infant mortality rates (children dying under the age of five years). Life expectancy is 47 years compared to Cuba with 76 years.
- Unemployment levels are high - between 25% and 40% - compared Germany with 8% and France at 6%.
- There are a lot of unfilled posts in the SA Health system. 26% of posts in the public health sector are not filled. 50% of these posts are located in the Eastern Cape. 30% of the vacancies are for doctor positions and 40% for nurses. More doctors and nurses work in the private sector. Many doctors and nurses are highly mobile and are leaving the country in search of better opportunities and rewards.
- There is often an assumption that private health care offers a better quality of care than the public health system. This is however, not the case. Furthermore private health care is expensive with a heavy emphasis on making a profit. For example the cost of an X-ray in a private facility is R400 while the same X-ray will cost R100 at a public hospital.
- The private sector health care system is built on the back of investments by government. For example, all doctors are trained through the public health care system and academic hospitals. Medical Aid contributions are tax deductible.
- The infrastructural / environmental factors such as access to water and sanitation, lack of housing and access to food, impact directly on people's health.
- In 1994 government decided to turn the health system around: to promote health and to work on prevention of disease. Government was going to prioritise rural areas and in urban areas concentrate on the townships and informal settlements and also increase community participation.

The proposed NHI

- The NHI system aims to provide universal access to health care for all South Africans, as well as to refugees and asylum seekers as per the Refugees Act. Contributions to the NHI will be pooled to provide a free "comprehensive package" of health services to everyone across the public and private sectors regardless of a person's ability to pay. It also seeks to improve service delivery in the public health care system and to encourage equal distribution of health resources.
- The NHI Green Paper does not spell out what is meant by a "comprehensive health care package". Care Workers need to perhaps comment on what they understand by a comprehensive health care package.

- An estimated 30% of South African doctors service 84% of the population. It is anticipated that more Health Care Workers will make themselves available to provide services under the NHI
- Once the NHI is passed into law, it will be phased-in over a period of 14 years, with full implementation by 2025.
- Risks to effective implementation of the system include: wastage and corruption, weak management structures and migration of Health Care Workers.
- The Department of Health worked on the NHI Green Paper but the National Treasury has still to cost the framework

Recommendations: Feedback on the NHI Green Paper has to be submitted by 31 December 2011. Use the opportunity, to enable Community Care Workers to make a submission and give input into for example: how they can be incorporated into the primary health care system? What does a decent living wage and working conditions mean? What kind of accreditation and training are required? What kind of services do Care Workers want?

5. New CCW Forum Executive Committee

At the start of the Assembly proceedings, Lorna Houston welcomed all delegates and in particular those from other provinces such as the Northern Cape, Eastern Cape and the rest of the Western Cape. She explained that these delegates have an important role to play. Firstly, they are present to learn. Secondly, they are required to help mobilise Carers in their locale and encourage them to join the movement to advance and defend the interest of Community Care Workers. Thirdly they are to act as observers (together with the AIDS Response staff) during the election proceedings of a new CCW Forum Executive Committee for the Cape Town Metropole.

With the help of the Independent Electoral Commission a new Steering Committee was put elected place.

Position	Nominations	Gender	Elected
Chairperson	Anna Genu Rozete Adams	Female Female	Anna Genu
Deputy Chairperson	Mzamo Ngemntu Charles Rosant	Male Male	Mzamo Ngemntu
Secretary	Loyiso Maxwell Mahomba Zimaza Bokolo	Male Female	Loyiso Maxwell Mahomba
Treasurer	Rozete Adams Ncediswa Maseti	Female Female	Rozete Adams
Organiser 1	Tougieda Domingo Daphaney Mashinini	Female Female	Tougieda Domingo
Organiser 2	Raymond Bokako	Male	Raymond Bokako

	Ayaka Jazi	Female	
Additional Member 1	Noluthando Mazwi Mildred Sigwadhi	Female Female	Mildred Sigwadhi
Additional Member 2	Thami Deborah Qhashani Sibusisiwe Nzimande	Female Female	Sibusisiwe Nzimande

6. A mandate to the new CCW Forum Executive Committee

The recommendations of the three commissions were consolidated and passed on to the new CCW Forum Executive Committee for implementation.

1. Support and strengthen the CCW Forum (explore and finalise options of form – social movement, women’s movement, trade union, professional association or new form)
2. Continue to popularise the adopted Care Workers’ Charter in appropriate forums and with key stakeholders
3. Use the Care Workers’ Charter as the basis from which to negotiate with government. Take the demands to the Department of Health (DoH) and Department of Social Development (DOSD) and link it to the lack of service delivery. Where appropriate, arrange pickets and/or other protest action. Ensure that government policy speaks to decent work, wages and Conditions of Employment.
 - a) Sharpen the negotiation demands and ensure that these are presented at the appropriate forums. Further think through the issues regarding the following:
 - As employees earning a decent living wage (not a stipend)
 - What is decent living wage? What criteria should be taken into account in determining a decent or living wage? Determine a figure for the job.
 - Separate basic working conditions from benefits. Should the Basic Condition of Employment be the same as that contained in the Department of Labour’s Basic Condition of Employment?⁶
 - Proper Employment Contracts
 - The working hours (per day, per week, per month – bearing in mind the nature of Care Work. There needs to be a proposal around the standardisation of hours)
 - Sick leave,

⁶ There are also special provisions for categories of workers such as farm and domestic workers contained in a Sectoral Determination

- Annual leave,
 - Maternity and paternity leave, family responsibility leave, study leave
 - What should the initial basic benefits consist of (value)
 - Transport allowance,
 - Medical Aid (taking account of movement in the National Health Insurance),
 - Annual bonus
 - Housing Allowance
 - Pension and Provident fund
 - Health and Safety provisions
 - What should, for example, the basic set of clothing consist of - bearing in mind the conversation around stigmatisation (uniforms, gloves and other protective clothing)?
 - How to deal with the security / safety provisions?
 - What allowances have to be made in the budget / have to be made in the state budget)
- b) Continuous education remains critical.
4. Take the Care Workers' Charter into the NSP, NHI, Decent work and any other Reengineering of PHC conversations
 5. Link up with (and perhaps support) one International Campaign around the contents of the Care Workers' Charter (see International Labour Organisation)

7. A matter of emphasis:

It is recommended that AIDS Response and the new CCW Forum Executive Committee work very carefully through the content of this report with the view of consolidating the immediate tasks at hand.

Currently the context is very fluid with plenty of opportunities. These include the finalisation of the National Strategic Plan for 2012 to 2016 (adoption December 2011), National Health Insurance Green Paper (deadline 31 December 2011) and the National Development Plan 2030 (before May 2012). Apart from the need to popularise the Care Workers' Charter, a plan will have to be created for coherent and systemic input that will advance the rights

contained in the Care Workers' Charter and their specific demands around decent work, remuneration and working conditions among other issues.

Another big challenge is how to grow a movement (organisational form) that gives voice, has weight, can enforce rights, can radically impact on policy, planning frameworks and can ensure resource mobilisation that benefits Care Workers in significant ways. A lot of thinking and discussion should go into an institutional form that Care Workers can maintain themselves and can be utilised to act in their best interests. It should also serve the purpose of an educational vehicle. The recommendation from the Assembly does not include the growth of the movement, although it was hinted at. Perhaps a special task team should be established for this purpose, so that by the third Assembly an outline of Aims and Values for such a movement will be in place.

APPENDIX 1: Community Care Workers' Assembly 2011 Programme

17 and 18 November, Jubilee Hall, Observatory

Objectives

1. To account for progress with mandate developed at CCW Assembly 2011 – in a creative and accessible manner
2. To formally establish the CCW Forum as a representative structure for community care workers with a clear mandate and the CCW Charter as its guiding document
3. To give feedback about developments and decisions from the recent civil society CCW Assembly
4. To further strengthen the enabling platforms for Carers to build solidarity as a sector, locally, nationally, regionally and internationally
5. To facilitate networks of mutual benefit within the sector and where appropriate, between sectors
6. To raise awareness among Carers and decision-makers about issues affecting working conditions and wellbeing of Carers

Expected Outcomes

1. Both AIDS Response and the interim steering committee account for progress with mandates from Assembly 2010
2. The establishment of a representative body, which will represent the interests of carers on the range of policy and academic platforms, most immediately where the restructuring of the Primary Health Care system is considered
3. Participants are informed of the key developments and recommendations from the recent CCW Symposium
4. Concrete resolutions capturing the carers' plan of action that inform the way forward (action plan) for the Carers' campaign and the AIDS Response Linking, Learning and Lobbying programme

Day 1: 17 November

Focus: Report back and surfacing issues to consider when developing a mandate for the way forward

Time

9am-9h30
9h30-9h45
9h45-10h00
10h00-10h30

10h30-10h50
10h50-11h30

Session

Registration and settling in
Introductions and ice-breaker
Welcoming address
Presentation 1 – AIDS Response team and the interim steering committee. This session will look at what gains have been made since the last CCW Assembly, as well as new developments over the last year.
TEA
Presentation 2: CCW Symposium 2011 feedback

11h30-12h30	The CCW Assembly, amongst others, looked at the role and responsibilities, as well as the working conditions of CCWs as part of proposed changes to the primary health care system.
12h30-13h30	CCW Forum – nominations for elections – Independent Electoral Commission (IEC)
13h30-15h00	Break for Lunch Break-away groups: Theme 1: National Health Insurance 101. A basic introduction to how health care is set to change in this country and making linkages with the role of community care workers. Theme 2: Decent Work Campaign 101. We look at the meaning of global campaign for a decent, living wage Theme 3: National Strategic Plan 2012-2016. This country plan, currently being developed, is an important plan that affects the work of CCWs. We will look at its main features and see how visible care work is in this new draft plan.
15h15-15h30	Evaluation and closure

Day 2: 18 November 2011

Focus: Finalising the mandate and elections of representative committee to take forward the mandate

Time

8h30-9h30

Session

Free health screening during registration, complements of Old Mutual, Come test your blood pressure and establish your real weight!

9h30-9h45

Care for the Carers session to teach simple tools for better taking care of ourselves including importance of finance planning – Old Mutual

9h45-10h00

Setting the scene – recap of previous day and programme for the rest of the day

10h00-10h20

Feedback from parallel breakaway groups dealing with the various themes to inform the development of a mandate for the new to be elected CCW committee.

10h20-10h45

TEA (Free Health Screening)

10h45-12h00	CCW Forum: Executive Committee Elections - IEC Elections – The gathering will be able to elect an executive committee to take forward the mandate developed in previous sessions on behalf of the CCW Forum.
12h00-13h00	Lunch – Free Health Screening
13h00 -14h00	Care for the Carer Session: Presentations on the importance of women’s reproductive health screening – Marie Stopes Clinic
14h00 -14h30	Election results announcements - IEC
14h30-15h00	The way forward including date for next CCW Assembly Vote of support Damaris Kiewiets Evaluation and acknowledgements
15h00	End of Assembly

APPENDIX 2: Lessons: Organising Women Farm Workers

Below an edited version of Wendy Pekeur's (former General Secretary of Sikhula Sonke) address to the Assembly.

Introduction

Care Workers look after the most vulnerable in our communities.... It is primarily women who care for those living with HIV/ AIDS. It is women who carry the burden of care for the HIV pandemic. Carers are the hands and feet of government.....

Carers should be treated with respect....Carers should be given status. Carers should have decent work and enjoy decent lives.... But this is not currently the case. Carers are not enjoying decent living wages. They are not enjoying paid maternity leave. They are not enjoying social protection. They are not enjoying the rights enshrined in the South African Constitution (claimed to be one of the best in the world). But why is it like that? Carers are largely unorganised. Carers need to exercise their right to freedom of association, a core principle for the International Labour Organisation (ILO).

You (delegates present) are at a very interesting phase / period of the history of your movement...You are leaving behind a legacy. Your children and grandchildren will say that you decided.....what is going to happen to the future of Care Givers in this country. They will say that you changed the fate and future of Care Workers to be treated with respect, dignity and equality. They will say that you fought for Carers to have a say like any other employees in the government.

Unprotected farmworkers

Wendy then shared her experiences at Sikhula Sonke (meaning "We grow together" Afrikaans translation "Ons groei saam").

We came together as farm women, to form our own organisation. I was a farm worker. I was born on a farm. I live on a farm. My first job was on a fruit farm. Traditionally the trade union model in our country is organised along industrial lines and caters for the needs of a large permanent work force. As a seasonal worker I could not join the trade union on my farm. One result of being unorganised is that you are exploited. You get paid next to nothing. You do not receive benefits. They do not respect you as a worker. You are unable to confront the employer about your rights. You do not have the back-up or an organisation that can stand behind you. There is no collective voice. As seasonal women farm workers, we needed to belong somewhere. It was not an easy decision to make.

What organisational form would best serve the interest of women farm workers?

There are many different kinds of organisations. There are social movements. The Treatment Action Campaign (TAC) is one of the biggest, very progressive social movements.

TAC is a large social movement that organised for ARV roll out and treatment plans for those living with HIV. TAC took to the streets. TAC organised massive marches including to parliament. It took on government in many acts of civil disobedience. We can see some of the benefits of their campaigning and lobbying. But a social movement does not have the same powers as a trade union. As Sikhula Sonke we had to decide what type of organisation we will form. Should we form a social movement, a women's movement or a trade union to be the vehicle for farm women's voices?

Farm workers from all over the Western Cape met at the Ritz hotel. At this workshop a research report on the different organisational types was presented. COSATU officials spoke about the pros and cons of becoming a trade union. Sikhula Sonke looked at the self-employed women's organisations in South Africa and India. They asked - if we register as a social movement, how strong will our voice as workers be? We looked at the women's movement. If we exclude men from the movement, how will this impact on our collective bargaining power – will we be able to negotiate for better working conditions? We took a long time to understand the pros and cons of these different organisational forms. We had to educate the women, as most were never part of a trade union before. Some farms were organised by trade unions, but only permanent males were members.

Trade Unions come with the right and power to bargain – a very important right for workers. At the time, there was no minimum wages or defined working hours particularly for seasonal farm workers. Farm work (in the Agricultural Sector) was not regulated. We took to the streets. We lobbied government and made submission for a minimum wage. The demand for a minimum wage was only the start. We vowed to work towards a living wage that all workers in the country should benefit from.

A committee was established with various sub committees to flesh out the operational plan for the creation of a trade union including: finding a name, designing a logo, finding an office, establishing a collective bargaining team, educating on the rights of workers. The Committee had to find out how many signed up members were needed to register as a trade union and to represent workers at disciplinary hearings and at the Commission for Conciliation, Mediation and Arbitration (CCMA) in for example, unfair labour practices or dismissal cases.

While we decided to form a trade union we were very aware of the problems with this institutional form. Trade Unions tend to be dominated by males. They tend to be dominated by permanent workers with secure jobs. A large percentage of those employed in the agriculture sector (and on farms) are women. The majority of women are seasonal workers. We decided to form a trade union - a home for seasonal workers and a vehicle of women's voices to be heard. We will not be a trade union based on permanent employment only. Sikhula Sonke will be the school that educate its members.

How to protect the rights of women?

We developed core principles (bearing in mind that we have to adhere to the legal requirements):

- The union would be *women-led* to ensure that issues affecting women do not fall off the negotiating table. These issues include paid maternity leave, improved working conditions and benefits for seasonal workers and day and after care facilities for children, so that women can have peace of mind. Men were the husbands, partners and spouses of the women living on farms. They could become union members, but would have access to limited leadership positions.
- The union was to be *member controlled*. Members decide who should lead. Members decide the direction the trade union should take and how resources should be managed.
- The union will encourage *community involvement*.

Achievements to date

In 2004, Sikhula Sonke was registered as the first women-led trade union in the country. Many women employed on farms organised by Sikhula Sonke now enjoy paid maternity leave. Many women farm workers can work, knowing that their children are safe in day and after care facilities. Women are paid much more than the minimum wage and they also enjoy benefits such as medical contributions and paid transportation. A lot has been achieved given the paternalistic, almost slave-like, relationship that exists between farmers and farm workers. The law provides the right to go on strike and to enter into collective bargaining. Sikhula Sonke is the biggest farm worker trade union in the Western Cape.

Local Pressure

Sikhula Sonke members resisted farm evictions and were prepared to face being jailed, to force change. The farmers in Stellenbosch said that they saw another Zimbabwe coming following the occupation of land. Our actions forced the farmers in Jonkershoek to sign a declaration to place a moratorium on evictions. We slept outside parliament, in the open, last year in solidarity with one million farm workers evicted during the first 10 years of our democracy. We were resolute that evictions must stop. Sikhula Sonke also supported the land invasion at Rawsonville to draw attention to the land and food security needs of farm workers. On that day, the women were surrounded by police. The public demonstrations against evictions and the lack of land and housing provision for farm workers, forced government to review the Extension of Security of Tenure Act (ESTA), currently used to aid evictions rather than protect the rights of workers. Constant pressure, mobilising and organising is necessary to force government's hand to radically change the legislation and policies.

International Pressure

“Workers are not tools” is a slogan used in Belgium as part of a decent work campaign. Many farm workers live under appalling conditions on farms. Farm workers, responsible for feeding the nation, often do not have food and go to bed hungry. Something had to be done. Sikhula Sonke believes in trade justice. During the struggle against apartheid South African products, popular wines and fruit were boycotted.

In 2006 a brave seasonal worker named Gertruida, with only a Grade 3 education, agreed to attend the annual general meeting (AGM) of TESCO, the biggest fruit retail outlet in the United Kingdom. In 2009 TESCO generated approximately 3 billion pounds profit five months into the financial year, including the sale of fruit and wine. The profit is generated from the labour of farm workers, like Gertruida, who earn very little and have to endure often appalling and sub-human living conditions. Gertruida went to England knowing that she might lose her job. She decided that the effort was worthwhile for the sake of her children, seasonal farm workers and farm workers in general, to speak out about the working and living conditions on her farm. Gertruida was empowered enough to risk everything she had and confront the rich of the rich. Gertruida told the TESCO AGM that while they subscribe to ethical trade, they are expecting her to risk her health and work with her bare hands in orchards sprayed with hazardous pesticides. She also said that she earned too little to put food on her table. Gertruida’s story made the front page of the famous Daily Mirror.

Since the AGM, occupational health and safety on the TESCO supply farms has improved a lot. Protective clothing was introduced. Farm workers were removed from the orchards during pesticide spray routines. Toilets in the orchards were introduced as many women relieved themselves in the bushes. The housing conditions were also addressed. Bosses are making huge profits. There is enough money in South Africa for people to earn decent wages.

Next Steps for Care Workers?

Currently there is no trade union organising for the rights of Carers. Carers have experience on the ground and know their situation best. Care workers, with support from AIDS Response in the Cape Town Metro, have initiated the process of organising themselves. The Carers from the Eastern Cape, Northern Cape and the rest of the Western Cape need to organise with a view to building one single collective voice.

A campaign was launched to secure a minimum wage for farm workers. This came into effect in 2003 via a Department of Labour Sectoral Determination. The Sikhula Sonke as a trade union was not in existence when the Sectoral Determination took effect, but this did not stop farm workers from making those in power aware of their demands and needs. Carer Workers must do likewise. They must mobilise and organise towards an agreement

that recognises their employment rights. You are here today because you believe in a common cause. I believe you are here because you are strong. You are here because you want to see change. You are here because you want to make a difference. It is important that Care Work is properly recognised. Persevere and in the end you will reap the fruits. The struggle continues. I volunteer my support.

APPENDIX 3: Re-engineering of the SA Primary Health Care system

Evidence from many countries suggests that provision of home and community based health services and their links with the fixed Primary Health Care (PHC) facilities in particular are critical to good health outcomes, especially child health outcomes (4). The role of Community Health Workers (CHWs) in many countries has contributed to better health outcomes (5).

Although South Africa already has around 72 000 CHWs, health outcomes are generally accepted to be sub-optimal especially in the areas of maternal and child health. Reasons for this include a number of factors related to CHWs. These include inadequate training; inadequate support and supervision; random distribution with poor coverage; no link between the community based services and services offered by fixed health facilities; funding being channeled through Non-Governmental Organisations (NGOs) with inadequate accountability; limited or no targets for either coverage or quality to be reached. The impact of HIV on key impact indicators has also contributed considerably to the relatively poor health indicators and is independent of interventions made by CHWs or other health workers and interventions.

Many of these factors can be corrected if CHWs were part of a team, were well trained, supported and supervised with a clear mandate both in terms of what they are expected to do, as well as the catchment population for whom they are responsible. The ward based Primary Health Care outreach team is designed to correct these limitations regarding the way Community Based Health Services are currently provided in the country.

Each ward should have one or more PHC outreach teams. These teams are composed of a professional nurse, environmental health and health promotion practitioners as well as six CHWs. The main functions of these teams is to promote good health and prevent ill health through a variety of interventions based on the concept of a healthy community, a healthy family, a healthy individual and a healthy environment.

Each team should also be linked to a PHC facility through the professional nurse who is the team leader. The team leader is responsible for ensuring that their work is targeted and linked to service delivery targets and that they are adequately supported and supervised.

The National Department of Health (DoH) has finalised an interim curriculum for CHW training (and PHC outreach team orientation) and this curriculum and training material has now been made available. The target is to re-orient 5 000 existing CHWs by December 2011. This process started in early October with the National DoH working in conjunction with development partners and Provincial DoH.

Ideally each ward within the district should be covered with a PHC outreach team. There are 4 277 electoral wards in South Africa. The population sizes of wards are variable as is the geography and density of each ward. Urban wards are highly populated with high density whilst rural wards are sparsely populated and often with poor road and other infrastructure. This means that ward populations may range from less than 1 000 in some wards to more than 20 000 in others. This means that district management must work out what is the best

way to distribute the PHC outreach teams. As additional resources become available, priority must be given to hard to reach areas, and to vulnerable communities and homes within the district. Over time all wards should be covered.

To achieve success will require that all stakeholders and partners of government work together to achieve the same aims. To this extent the National DoH has had a number of meetings with civil society organisations and developmental partners to ensure that everyone is pulling in the same direction.

APPENDIX 4: Draft Care Workers' Charter

THE CARE WORKERS' CHARTER

We, the carers working in South Africa, want all of our country and world to know:

Strong women do this work, yet the work done in the home as part of social reproduction – usually thought of as 'women's work' – is invisible, undervalued and underpaid.

- ❖ that the majority of care work for chronic and other diseases takes place in the home, is thought of as part of women's domestic duties and is unpaid
- ❖ that our government depends on unpaid community and home-based care to sustain the public health service
- ❖ we are the backbone of the health system which will collapse without us
- ❖ that the gendered nature of care work negatively affects the capabilities, development opportunities and quality of life of women and men who perform it
- ❖ We experience and assess the social problems encountered by the community at large

We demand

1. A DECENT LIVING WAGE AND BENEFITS for all care workers, including:

- ❖ Family and responsibility leave
- ❖ Annual leave and leave pay
- ❖ Maternity and paternity leave
- ❖ Annual bonus and incentives
- ❖ Transport allowance
- ❖ Sick leave
- ❖ Study leave
- ❖ Housing allowance
- ❖ Medical aid
- ❖ Pension and provident fund

2. OCCUPATIONAL HEALTH AND SAFETY, including:

- ❖ Being registered under the Compensation of Injury and Diseases Act or COIDA (workman's compensation for injury and disease)
- ❖ Appropriate equipment and supplies to support the work
- ❖ Protective clothing
- ❖ The acknowledgement that self care is a right and care workers wellness a priority
- ❖ Adhering to health risk and infection control for carer's
- ❖ The safety in movement and safety of carers on the job.

3. TRAINING AND DEVELOPMENT, including:

- ❖ Carework must be recognised as work in its own right
- ❖ Training and allied skills development formulated to meet the needs of care workers
- ❖ Capacity building programmes for carers

- ❖ Equitable access to recognised and accredited training
- ❖ The recognition of prior learning
- ❖ Skills transfer on the care for care workers programme
- ❖ The popularisation of health and safety regulations so that its accessible to all

4. POLICY ADVOCACY AND LOBBYING GOVERNMENT, including

- ❖ A consultative process to inform policy development
- ❖ Care givers must be included in decision making processes
- ❖ A review of policy mechanisms in place that impact on the work and wellbeing of carer's
- ❖ The rigorous monitoring of policy implementation
- ❖ Budgetary allocation to indicate political will to recognise care work as work.
- ❖ Accredited council to register caregivers

5. DEMOCRATIC AND COLLECTIVE ORGANISING, including:

- ❖ The right to speak and act together
- ❖ The right to demonstrate, march, picket and strike without threat or fear.
- ❖ Paid time off for organising work
- ❖ Unionisation
- ❖ Access to information
- ❖ Advice centre for concerns / complaints

In our struggle as care workers we are guided by the following PRINCIPLES AND POLITICS, including:

- ❖ Recognition and respect
- ❖ The promotion of health and wellbeing in our communities
- ❖ The recognition and awareness of the contexts within which we work
- ❖ The recognition of the rights of carers
- ❖ The destigmatisation of HIV
- ❖ Women's and men's work must have the same recognition
- ❖ Acknowledgement of diversity. No discrimination on the basis of gender, age sexual orientation, disability etc
- ❖ No exploitation
- ❖ Transparency – no nepotism
- ❖ Challenging of gender roles and the encouragement of men to become care givers
- ❖ Care givers decide for care givers

We resolve,

1. To stand together as care workers from all sectors. An injury to one is an injury to all!
2. To take action in solidarity with care workers who experience any unfair or discriminatory treatment, such as unfair dismissal, withholding of stipends, etc.

3. To promote solidarity and communication by informing our fellow care workers of all information pertaining to care worker policy processes, organising, meetings, mobilisation, etc.
4. To mobilise and take action regularly and frequently through public protest until our demands are met!
5. To stand in solidarity with all care worker bodies demanding their rights across the region and world.

Nothing about us, without us!

APPENDIX 5: Decent Work Campaign handout dated 1 November 2011

The Decent Work concept was launched by the International Labour Organisation (ILO) in 1999. During this time the organisation proposed the need for *“securing Decent Work for women and men everywhere”* as the organisation’s primary goal. Ten years later, the concept led to an international consensus that productive employment and Decent Work are key elements to achieving poverty reduction, social cohesion and social justice (SOLIDAR, 2009:1).

In September, 2005, in the final outcome statement of the UN World Summit, 150 global leaders agreed to place full and productive employment and Decent Work as a central objective of relevant national and international policies. A few months later, in July 2006, governments at the UN Economic and Social Council adopted a Ministerial Declaration whose first article states that *“There is urgent need to create an environment at the national and international levels that is conducive to the attainment of full and productive employment and Decent Work for all as a foundation for sustainable development”* (SOLIDAR, 2009:1).

In October 2007 as part of the campaign, the Call to Action for Decent Work was launched at the International Labour Organisation’s Forum on a fair globalisation in Lisbon. The Call to Action is an international petition urging governments to ratify and implement the International Labour Organisation’s Standards and to put Decent Work at the heart of their policy making (SOLIDAR, 2009:9).

In Africa, to encourage nations to live up to their statements of implementing ILO’s standards, five organisations – the International Trade Union Confederation, the European Trade Union Confederation, Social Alert International/World Solidarity, the Global Progressive Forum and SOLIDAR launched the Decent Work, Decent Life Campaign at the World Social Forum held in Nairobi on January 2007. The Campaign’s objectives focus on building awareness of decent work and on promoting decent work as the only sustainable way out of poverty, democracy and social cohesion (International Trade Union Confederation, 2006:1).

The launch of the campaign was supported by different African civil society organisations such as the trade union COSATU and international networks such as Streetnet. Moreover Global Network partners in Latin America, Africa and Asia also strongly supported the campaign. This mobilisation of actors demonstrated that Decent Work was a joint call from Southern as well as Northern civil society organisations (International Trade Union Confederation, 2006:1).

The campaign aims for a world where...

- Economic growth and human dignity go hand in hand.
- Workers' rights are considered as a cornerstone of development, economic, financial, trade and social policies.
- Decent Work is not considered the domain of rich countries but an opportunity for sustainable human development worldwide.
- Core labour standards as mandated by the UN specialised agency the International Labour Organisation, are upheld by each and every country.
- Decent Work strategies are developed and implemented at the national and international level.
- Decisions at local, national and international level are publicly discussed and taken with the involvement of those affected by them;
- Companies recognise Decent Work as an essential component of their business strategies.
- Civil society organisations from developing countries are heard by EU decision makers on the relevance of Decent Work as a fundamental step towards living in dignity; achieve a better standard of living and the opportunity to raise themselves out of poverty.
- Decent Work is understood, discussed, and claimed as a right in developing and developed countries.

South Africa in October 2011, as part of the campaign, hosted ILO's 12th African Regional meeting. The theme for the meeting was '*Accelerating the Decent Work Agenda in Africa*'. Ministers and representatives of governments and leaders of employers' and workers'

organizations participated, including the South African President Jacob Gedleyihlekisa Zuma. Among other things the Meeting expressed concern that, in spite of progress being made, there was still much gender inequality and wide spread discrimination. Women were largely confined to low income and low quality jobs. There is need to close the gender pay gap. Governments should continue to give priority to gender equality especially in education as this is a primary condition for women's empowerment. There were already a number of Commitments on Gender Equality which should be respected and implemented as a matter of urgency (ILO, 2011:1). The Meeting called for the need to avoid a discriminatory crisis response, governments should pay due attention to gender issues when designing recovery packages, and take measures that ensure that it was not only the "male dominated" sectors that benefitted.

Reference

- International Labour Organisation (ILO), 2011, 12th African Regional meeting: Accelerating the Decent Work Agenda in Africa, available on:<http://www.ilo.org/public/english/region/afpro/pretoria/pdf/armconclusions.pdf>, viewed on 10/21/11
- International Trade Union Confederation,2006, Decent work, available on <http://www.ituc-csi.org>, viewed on 10/21/11.
- SOLIDAR, 2009, Decent work, Decent life: the campaign so far, available on www.solidar.org, viewed on 10/21/ 11.

APPENDIX 6: The South African National Strategic Plan (NSP) at a glance

The South African National Strategic Plan (NSP) at a glance

What is the NSP?

The NSP is a framework to guide the activities of all partners whose work is relevant to HIV, sexually transmitted infections (STIs) and TB in South Africa. It provides goals and strategies for the country's response to the three diseases during the period 2012 to 2016. The NSP will guide the development of provincial strategic implementation plans as well as sector implementation plans.

What does this mean for Community Care Workers (CCWs)?

This plan is a map for all our efforts to address HIV, STIs and TB, including the work of community care workers and their organisations. It gives direction for who we work with, how we work with them, what our priority areas should be and how we will know if our efforts are working.

What the NSP is not

The NSP aims to focus the country on the most important interventions or activities that SANAC believes will bring about important changes in the incidence and prevalence of HIV, STIs and TB.

The NSP does not outline every intervention that must happen in South Africa to manage these diseases. It is **not** an operational plan. Provinces and other partners will develop their own operational plans in advance of the implementation start date of 1st April 2012. The NSP does not replace or duplicate development plans, it will work alongside them.

Who developed the NSP?

The process of writing the NSP was guided and coordinated by the South African National AIDS Council (SANAC). SANAC represents all the national and provincial government departments, civil society organisations, trade unions, private sector bodies and faith-based organisations that are working to reverse these epidemics. SANAC structures also include the country's top researchers and experts on HIV, STIs and TB.

CCWs need to understand how their contributions help this plan to work. Although our individual contribution seems small, as a sector we are important building blocks of the implementation. All sectors need to be part of developing and implementing this plan. CCWs are a sector on their own. We must mobilise and organise to have our voices heard and reflected in this plan and all future NSPs. The representatives of people who do the work should also be included in this plan.

What does the NSP aim to achieve by 2016?

The NSP has five goals:

- Halve the number of new HIV infections;
- Ensure that at least 80% of people who are eligible for treatment for HIV are receiving it. (At least 70% should be alive and still on treatment after five years.);
- Halve the number of new TB infections and deaths from TB;
- Ensure that the rights of people living HIV with are protected; and
- Halve stigma related to HIV and TB.

Do you see yourself and your work in these goals? If you do prevention work, you are contributing to these goals. If you are doing adherence and support work, you are in this plan. If you do any kind of care and support to people living with HIV and AIDS and related conditions, you are in this plan. If you deal with chronic illnesses and other health and wellness-related conditions, you are in this plan. If your work is about the rights of people and communities affected and infected, you are in this plan. If you do education and raising awareness on dealing and addressing issues around HIV, AIDS and TB, you are in this plan.

How well do you know this plan? How well should you know this plan?

How will these goals be reached?

The NSP has identified a number of strategic objectives that will help South Africa to reach these goals. These are:

1. Address social and structural factors that drive these epidemics, that influence their impact, and that affect the way we care for affected people;

Which factors in your home, workplace and broader society make you more likely to be affected/put your health (body, mind and spirit) at risk to amongst others HIV and AIDS, STIs, TB, chronic illnesses)

2. Prevent new HIV, STIs and TB infections through a combination of interventions;

For example: a lack of clean, available running water is not helping community care givers to do their job properly. Making sure that all households have access to clean, running water will help community care givers to keep communities safe against infections and illness.

3. Sustain health and wellness, primarily by reducing deaths and disability from HIV and TB; and

Government should take care of community care givers to ensure that we deliver the best services to our communities for the health and wellbeing of everyone.

4. Protect the human rights of people living with HIV and improve their access to justice.

Do you see yourselves in this goal? What are the obstacles to reach it in your own experience in the field? What can you do to also make the NSP work for community care workers?

What happens next?

- Provincial AIDS Councils will co-ordinate the drafting of implementation plans that describe exactly how they will implement the four strategic objectives listed above. These plans will also cover activities that have been previously committed to and must continue. The costed implementation plans will be complete by the end of March 2012.
- Sectors represented within SANAC will work together to ensure that their work contributes to the achievement of the goals of the NSP.
- SANAC will use the NSP as a framework to coordinate and monitor this work.
- SANAC, Provincial AIDS Councils and all sectors of SANAC will cost their implementation plans.
- SANAC and the South African government, together with stakeholders and partners, will develop a plan to mobilise the funds to finance the implementation of the NSP at every level.

How will the NSP be implemented?

The implementation of the NSP will be a combined effort of all national and provincial sectors working towards the same goals. A restructured SANAC and Secretariat will oversee the implementation of the plan by coordinating the work of SANAC members at national level. Provincial AIDS Councils will oversee the work at provincial and sub-provincial levels. Implementation will begin on April 1, 2012.

How will progress be tracked?

A detailed plan to monitor and evaluate progress towards NSP goals will be drawn up by the Monitoring and Evaluation unit of SANAC, with input from the SANAC sectors. Implementation and measurement will be “bottom-up”. The SANAC Monitoring and Evaluation unit will produce reports based on regular input from Provinces and all sectors represented in SANAC. SANAC will review these reports regularly. At a minimum, there will be: an annual monitoring report; a comprehensive evaluation report at the midpoint of the

NSP and a final evaluation report at the end of the NSP. All reports will be posted on the SANAC website www.sanac.org.za.

Information taken from SANAC National Strategic Plan 2012-2016 summary document, www.info.gov.za

Appendix 7: Guide to the National Health Insurance (NHI) drafted by TAC

What is National Health Insurance (NHI)?

The government plans to implement a National Health Insurance (NHI) system to provide universal access to health care in South Africa. Under the NHI system, money will be collected into a National Health Insurance Fund. The government will use this money to contract with health care service providers and provide a free comprehensive package of health services to everyone, regardless of their ability to pay. The NHI will operate across both the public and private sectors and the national, provincial and district levels.

Why is it important to be involved in the development of NHI?

NHI is currently in the planning stages. The Government has produced a Green Paper to serve as a discussion document for stakeholders and communities to discuss and comment upon. This Green Paper is the first step towards developing legislation that would modify existing laws and create an NHI system. As both health activists and future beneficiaries of NHI, our views are important; therefore, we must monitor and engage with the contents of NHI policy documents and legislation so that we can get an NHI that works for us and addresses the problems of our health system.

Why is the NHI being proposed?

Massive inequalities exist in South Africa between public and private healthcare. Although South Africa currently spends 8.3% of Gross Domestic Product (GDP) on health, a higher percentage than in many similar countries, funding is not distributed fairly and equally. Nearly half of this amount goes towards 8.2 million people in the private sector (16% of the population), leaving the other half for the remaining 42 million people (84% of the population) in the public sector. This system leaves the majority of the population, and particularly women, children, sickly and the elderly, who are all particularly at risk, without access to adequate health care.

NHI creates a single, larger pool of money to spend on health services for everyone. This means NHI can provide everyone with better access to quality free healthcare, regardless of whether they can afford to pay.

Who will benefit from NHI?

The Green Paper states that NHI will cover all South Africans and legal and permanent residents. It will also cover refugees and asylum seekers in line with the provisions of the *Refugees Act*. However, the current proposal does not include undocumented migrants and is not clear about asylum seekers who have not been granted refugee status. This may be problematic.

NHI users will be required to carry an NHI card, and their information will be entered in a national database.

What services will be available under NHI?

The Green Paper refers to a “comprehensive package” of health care services. It is unclear exactly what services will be covered by NHI. This will need to be more clearly defined.

How will these services be purchased?

For services falling within the comprehensive package covered by NHI, patients will not have to make any payments when accessing health services. The government will contract with health care service providers on behalf of the users and reimburse these service providers directly from the NHI Fund. Health care providers – facilities and/or healthcare workers – will need to be NHI accredited in order to be reimbursed. Public as well as private facilities and healthcare workers will be able to be accredited under NHI.

Only services not included in the comprehensive package will require user fees or co-payments.

How will the NHI be paid for?

Some funding will be raised through existing taxes. A specific NHI tax, to be paid by employed people, will also be implemented to raise money for NHI. By placing the burden of payment onto those that can afford it, NHI seeks to create a more equitable and accessible health care system.

What will happen to private medical schemes and their users?

Medical schemes will still be allowed to exist alongside NHI. Medical scheme users that choose to purchase private medical coverage will be able to do so, but they will still be required to make their NHI contribution. Changes to government subsidies for private medical schemes will, however, increase the costs of private medical coverage.

How will NHI affect the availability of health workers?

It is estimated that only 30% of South Africa’s doctors work in the public sector which services 84% of population, with the remaining 70% serving the 16% of the population with private medical coverage. As the government sets up a system whereby it can purchase services from health professionals in the private sector, it is anticipated that more healthcare workers will make themselves available to provide services under the NHI.

What is the timeline for NHI?

Passing the necessary laws to establish NHI will require extensive consultation and planning. Once the Government has received feedback on the Green Paper, it will draft a detailed policy plan called a White Paper, setting out the necessary steps to implement NHI. Government can then develop a Draft Bill to be approved by Cabinet. The Bill will then be

sent to Parliament where the relevant Parliamentary Portfolio Committee will once again ask for public comment. If the Draft Bill is passed by Parliament, then it becomes law, and National Health Insurance will come into effect. Provision is made for public participation and consultation at each of these stages. It is important to be involved in this process.

Once the necessary laws have been passed, NHI will be phased in over 14 years. During 2012, the government aims to pilot NHI in 10 health districts. The first 5 years of NHI will include piloting and strengthening of health systems to provide NHI. Government aims to begin phasing in NHI incrementally in 2016 with full implementation by 2025.

What are potential pitfalls for NHI?

While NHI is a positive step, there are many ways in which implementation may go wrong. These are some areas in which we must be particularly vigilant in order to ensure NHI works for us.

- ⤴ *Wastage and corruption:* The NHI Fund will funnel more money to government for health care delivery. We will not have a successful NHI if current levels of corruption and wastage continue. The Treasury and the Department of Health must set up systems to guard against this and make budgets, expenditures and contracts under the NHI transparent.
- ⤴ *Weak management structures* Currently, many hospital managers were employed because of political connections and do not possess the necessary skills to manage hospitals; hospitals are dirty and lack essential supplies. Strengthened and accountable management is needed to ensure an effective NHI; the proposed Office of Health Standards Compliance is crucial in this regard, and must be independent and be given the resources to carry out its job effectively.
- ⤴ *Migration of health care workers* Doctors and nurses are a highly mobile population. If providing health care through the NHI system is unappealing to health care workers, many of them will leave South Africa. Many doctors report that they choose not to work in the public sector not only due to lower compensation but also because facilities are not equipped with the medicines, essential supplies and technologies to allow them to do their jobs. Government therefore must listen to the needs of health care workers in implementing NHI.

How can feedback be provided on NHI?

Communities have until 31 December 2011 to comment on the document. Comments should be put into a document (submission) which can be emailed to nhi@health.gov.za. Submissions can also be mailed to the Director General at Health, Private Bag X828, Pretoria, 0001.