

# HOSPERSA TODAY

ISSUE 80

## DAY OF ACTION

**COVID-19  
COMPLICATIONS**  
For Healthcare Workers

**UPDATE: PSCBC  
SALARY INCREASE**

**CHWs  
Permanent  
Absorption**





# HOSPERSA

DOWNLOAD  
THE HOSPERSA APP  
AND GROW THE GREEN REVOLUTION

AVAILABLE ON  
IOS AND ANDROID



**Viva Hospersa Viva**

**#greenrevolution #hospersa**

# HOSPERSA TODAY

Hospersa Today Issue 80

## Editor

Noel Desfontaines

## Communications Department

Christa van Veenhuyzen

Mashudu Nkosi

Kevin Halama

## Publisher

Health and Other Service Personnel

Trade Union of South Africa

(Hospersa)

PO Box 231

Kloof

3640

## Design and Printing

Double Option Print & Design Studio

## Disclaimer

The views expressed in the editorial, advertorials and advertisements are not necessarily those of the owners, publishers and editorial staff. Readers following any advice contained in the magazine do so at their own risk.

## Comments and Suggestions

Please send any comments and suggestions to [media@hospersa.co.za](mailto:media@hospersa.co.za).



[www.hospersa.co.za](http://www.hospersa.co.za)



Hospersa is a trade union affiliated to the Federation of Unions of South Africa (FEDUSA)

# CONTENTS

## 8 Day of Action



**COVID-19 and its economic toll on women:**  
The story behind the numbers

24

## 33

**AMBULANCE**  
**ATTACKS ESCALATE**

### Message from the General Secretary

The year 2020 has been a very difficult year as the Coronavirus pandemic made its way to our shores. This deadly virus not only ...

5

### Update on Public Service Salary Increases

This update follows the employer's failure to implement the salary increases for public service employees...

12

### Update on the permanent absorption of Community Health Workers

Hospersa and other trade unions represented at the Public Health and Social Development Sectorial Bargaining Council (PHSDSBC) have been tirelessly negotiating...

15

### COVID-19 Complications for Healthcare Workers

The majority of the nurses in South Africa are women and many of them members of Hospersa...

16

# CONTENTS

19

## Hospersa march against GBV

20

## Membership focus

To assist with the fights against COVID-19, Hospersa procured masks for each and every one of its members...

24

## COVID-19 and its economic toll on women: The story behind the numbers

The impacts of crises are never gender-neutral, and COVID-19 is no exception...

25

## Gauteng PPE Covid-19 Corruption Case

The matter is expected to be heard some time in November. From what I heard, they were saying it needs to be moved to 20 November. It also depends on the availability...

26

## Hospersa and Old Mutual Sanitary Towels Campaign

Hospersa in the Limpopo Province and Old Mutual embarked on the distribution of sanitary towels to learners of two schools in the province...

28

## Successful cases dealt by Legal Services

Legal services is currently members in a number of dispute resolution forums, such as the CCMA, Labour Court...

33

## WC Health Department seeks bodycam vendor as ambulance attacks escalate

The Western Cape Health Department has placed an advert for service providers to tender for body cams...

40

## Hospersa App installation instructions

Hospersa is going digital to improve the servicing of its members. The new Hospersa App has the following benefits at your finger tips.

42

## New Hopersa Benefit - Holiday Resort

45

## Application Form for Hospersa membership

46

## Application Form for Registration as a Recruiter



*President*  
*Simon Mahlangu*



*National Treasurer*  
*Tselane Mbotshane*



*Vice-President*  
*(Gender & HIV/Aids)*  
*Thabo Raphadu*



*Vice-President*  
*(Education and Training)*  
*Basil Pillay*



*Vice-President*  
*(Structures & Recruitment)*  
*Gregg Rafferty*



*General Secretary*  
*Noel Desfontaines*



*Hospersa General Secretary  
Noel Desfontaines*

## Message from the General Secretary

Dear Colleagues and Comrades

The year 2020 has been a very difficult year as the Coronavirus pandemic made its way to our shores. This deadly virus not only forced Government to declare a national state of disaster in March 2020, but also introduced a number of restrictions and regulations to curb the spread of the virus. Economically, the Coronavirus pandemic has had devastating effects on South Africa with many companies unable to keep their doors open and many workers losing their jobs. Companies that have been able to keep their doors open now face an uncertain future of balancing their workforce in an environment where salary increases will be impacted against the difficult economic times which lie ahead.

We have seen countless reports where employers failed to provide sufficient Personal Protective Equipment (PPE) for their workers and thereby putting their lives at risk. We have also seen reports of PPE corruption taking place in government departments while healthcare workers stood at the cold face of the pandemic without support and appreciation. We have lost many brave comrades, colleagues, friends and family members during this very difficult time. Hospersa honours the many women and men in our public and the private healthcare sector for their bravery during the fight against this deadly pandemic.

Hospersa continues to fight for the implementation of the PSCBC Resolution 1 of 2018 which speaks to 2020/2021 salary increases for public service employees. Hospersa continues to fight for the absorption of Community Health Workers in the Department of Health. We also continue to fight for improved remuneration and working conditions for all our members including those at SANParks and Ezemvelo KZN Wildlife whereby the tourism industry has been one of the most affected industries due to the pandemic.

If there was ever a time for workers to belong to a trade union, it is now. Now is the time to belong to a workers' movement to ensure your rights are protected and not infringed upon by the employer using the Coronavirus pandemic as an excuse. Now is the time for workers to grow the "green revolution" and ensure that we have a bigger voice in fighting for fair remuneration.

KE NAKO, now is the time to unite and grow Hospersa to new heights.

**Amandla!**

HOSPERSA  
SALUTES ALL THE  
ESSENTIAL WORKERS  
WHO STAND AT THE  
FRONTLINE OF THE  
COVID-19 PANDEMIC

HOSPERSA  
+



# RETIREMENTS

## Farewell Comrades



### Retirement at Stellenbosch Hospital.

*From the left to right: Shop Steward Stevan Barnard, Mrs MJ Joseph, LRO Tsholo Ramakoatsi.*



### Huis Sorgvry Branch

*Chairperson handing over a token of appreciation to the retiree members from Hospersa.*



### Huis Sorgvry Branch

*Chairperson handing over a token of appreciation to the retiree members from Hospersa.*



### Alexandra Hospital

*retirement of SN Tulumane Mayekisa with shop steward Michael Paulsen.*



**Mseleni Provincial Hospital** *Mseleni Provincial Hospital Branch Chairperson Israel P. Mbazini, KZN Provincial Vice-Chairperson (Structures and Recruitment) Mduduzi Nxumalo and LRO Bonga Ndamane handing over retirement packs to retiree members as a token of appreciation.*

# DAY OF ACTION

## 07 OCTOBER 2020

Hospersa joined the nationwide **protest against corruption** headed by some FEDUSA, COSATU and SAFTU affiliated unions. The marches also provided an opportunity for union federations to raise their voices against **Government's undermining of collective bargaining platforms** whereby in recent months agreements signed at the various collective bargaining councils are not being implemented.











# TO ALL PUBLIC SERVANTS

## JOIN HOSPERSA TODAY AND RECEIVE:

1. Individual **Indemnity cover** of up to **two million rand** for health workers
2. **Death Benefit** for principal members after 6 months of membership
3. **Professional legal assistance** for labour-related issues at the bargaining council, CCMA and Labour Court
4. Collective bargaining **negotiating salaries** and other substantive conditions of employment
5. Trained, democratically-elected **shop stewards**
6. Representation at **disciplinary hearings**, grievance, procedures and incapacity processes
7. Representation on **various committees**, including Employment Equity and OHS
8. **General meetings** with members
9. Bilateral **meetings with management**
10. Service provider benefits including **discount on services** and stays at holiday resorts

- \* Hospersa is led by a **democratically elected leadership** that operates without political affiliation. In other words, Hospersa exists entirely to **serve the interests of workers**.
- \* As an affiliate of **FEDUSA** (the Federation of Unions of South Africa), Hospersa is not required to serve the goals of any political party.
- \* Hospersa has implemented sound fiscal discipline, earning a clean "bill of health" in successive audits. This means that we spend our members' money **wisely and efficiently**.



We represent public service employees at the various Bargaining Councils: (PSCBC, PHSDSBC and GPSSBC)

# UPDATE ON PUBLIC SERVICE SALARY INCREASES

## FOR 2020/21

This update follows the employer's failure to implement the salary increases for public service employees as contained in clause 3.3 of the Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2018 (Agreement on the Salary Adjustments and Improvements on Conditions of Service for the period 2018/2019; 2019/2020 and 2020/2021).

HOSPERSA, NAPTOSA, PSA and SAOU lodged an application in the Labour Court stating that the employer is in breach of the contract of employment due to the non-implementation of the salary increment.

NEHAWU, SADTU, POPCRU, DENOSA and SAPU declared a dispute on the interpretation and application of the agreement and went through a lengthy conciliation process. The conciliation was not successful resulting in NEHAWU, SADTU, POPCRU and DENOSA referring the matter for arbitration while SAPU opted not to pursue the dispute in arbitration.

At the end of August 2020, the employer launched an application at the Labour Court, asking it to declare the enforcement of the wage agreement "unconstitutional".

This has forced ongoing engagements with the employer to be postponed, pending the conclusion of the recently launched Labour

Court application. The application also means that negotiations between the employer and trade unions about the 2021/22 salary increases of public service employees might be delayed. These negotiations usually start in October.

Organised labour at the PSCBC have now joined forces. COSATU affiliated unions have joined forces with FEDUSA unions arguing that how can the employer want to declare a three-year wage agreement unconstitutional when it signed and agreed to its terms in 2018. Furthermore, the employer was happy to pay public service salary increases over the past two years under the same agreement that it now wants to declare unconstitutional for its last leg.

The employer has also used the COVID-19 pandemic to justify its poor planning in implementing the last leg of the agreement.

As part of organised labour at the PSCBC, Hospersa vows to fight for its members to receive their duly and well deserved salary increases backdated to April 2020. FEDUSA and COSATU have also agreed to embark on joint programme of opposition whilst waiting for a Labour Court ruling. We will keep members up to date with any developments

**AMANDLA!**



# RALLIES ITS MEMBERS IN THE PUBLIC SERVICE TO EMBARK ON NATIONWIDE PROGRAMME OF PROTEST ACTION AGAINST THE EMPLOYER

In February 2020, a day before the Minister of Finance [Mr Tito Mboweni] delivered his budget vote, government made a presentation to labour organisation at the Public Service Coordinating Bargaining Council (PSCBC) regarding the public wage bill. At the crux of the presentation, government put forward a request for parties to review clause 3.3 of the PSCBC Resolution 1 of 2018 (Agreement on the Salary Adjustments and Improvements on Conditions of Service for the period 2018/2019; 2019/2020 and 2020/2021) which talks to public service employees salary adjustment for period 1 April 2020 to 31 March 2021, effective from 1 April 2020 as follows:

- Level 1 to 7: Projected CPI + 1.0%
- Level 8 to 10: Projected CPI + 0.5%; and
- Level 11 to 12: Projected CPI

Hospersa rejected this proposal and criticised government for its failure to plan for the 2020/2021 salary adjustment as per the 2018 signed agreement.

Fast forward to September 2020, government has still not implemented the agreement citing lack of funds due to the COVID-19 pandemic. Furthermore, government has now launched an application at the Labour Court asking it to declare the enforcement of the wage agreement unconstitutional. Hospersa has taken exception to this latest move and has now started rallying its members, made up of predominately healthcare workers, to embark on a nationwide programme of opposition against the employer from October to November 2020. Hospersa has joined forces with other public sector unions in making their voices heard and look to escalate their action should the employer fail to implement the agreement by the end of November 2020.

“Hospersa has started mobilising its members in preparation for a national wide strike,” said Hospersa General Secretary Noel Desfontaines. “Our members have been very patient with their employer since 1 April 2020 when their salary increases should have been implemented. The majority of our members are healthcare workers who put their lives on the line during the peak of the Coronavirus pandemic without any recognition from their employer. Not implementing their duly deserved salary increases is a slap in their face and we cannot turn the other cheek,” added Desfontaines.

“What is even more alarming is government’s failure to deal with the corruption and maladministration which led to corrupt tender dealings of Personal Protective Equipment (PPE) and the squandering

of the allocated COVID-19 relief funds,” said Desfontaines. “To date, no one has been formerly charged for the looting of state funds which took place during the country’s lockdown. In fact, instead of recovering the looted funds from perpetrators, government pleads poverty and spits at the effort made by our members at the peak of the pandemic where they worked without sufficient PPE, lack of support and watched some of their colleague lose their lives at the hands of COVID-19,” argued Desfontaines.

“The World Health Organisation has labelled PPE corruption as criminal and akin to murder due to the unnecessary death of healthcare workers who contracted COVID-19 at their workplaces when sufficient PPE was not provided,” said Desfontaines. “Hospersa supports this statement and calls for the harshest punishment for those that stole from the public purse during the pandemic as their actions contributed to the loss of many lives. Furthermore, we do not expect another marathon commission which will cost tax payers millions of rands while perpetrators roam free with blood on their hands,” added Desfontaines.

The delayed implementation of the 2020/2021 salary increases for public service employees is also likely to delay salary negotiations for 2021/2022. Unions at the PSCBC are due to submit their demands while there is a hanging cloud on the current agreement. Hospersa has highlighted that it will submit its demands as mandated by its members and will look at protecting its members’ pension fund from being abused by government under the disguise of rescuing corrupt state-owned enterprises (SOEs).

“Hospersa aims to submit its 2021/2022 salary increase demands on time to allow parties to deliberate before next year’s budget vote in February 2021,” said Desfontaines. “Over and above the salary increase demands, we will also look at proposing that government employees be allowed to access a percentage of their savings in the Government Employees Pension Fund (GEPF) for those who may need financial relief. We will also voice out against any proposals which looks at abusing our members’ pension fund to bail out corrupt-ridden SOEs,” added Desfontaines.

“Hospersa urges its members to prepare their marching sneakers as we mobilise for a national shutdown in the public sector should the employer continue to undermine collective bargaining agreements and not implement the signed PSCBC Resolution 1 of 2018,” concluded Desfontaines.

# VIVA COMMUNITY HEALTH WORKERS COMMUNITY CARE GIVERS



**Hospersa will continue fighting for better working conditions  
and improved remuneration for Community Health Workers  
and Community Care Givers.**

**JOIN HOSPERSA TODAY...  
YOUR VOICE AGAINST THE EMPLOYER!**

# HOSPERSA FIGHTS FOR THE PERMANENT ABSORPTION OF COMMUNITY HEALTH WORKERS

Hospersa and other trade unions represented at the Public Health and Social Development Sectorial Bargaining Council (PHSDSBC) have been tirelessly negotiating with government representatives for the permanent absorption of Community Health Workers (CHWs). Trade unions represented at the PHSDSBC have already presented a draft agreement to government representatives stipulating proposed conditions of employment for the CHWs. These negotiations are also taking place at the backdrop of the PHSDSBC Resolution 1 of 2018 (Agreement on the Standardisation of Remuneration for Community Health Workers in the Department of Health) where parties agreed to address the permanent absorption of CHWs in the Department of Health (DoH) and their conditions of employment. Hospersa is pleased that parties at Council are finally deliberating on this matter and pushing for CHWs to be recognised for the important work they do.

“We are looking forward to finally engaging with government on the permanent absorption of CHWs,” said Hospersa Chief Negotiator, Suzan Ntlatleng. “CHWs play an important role in the DoH where their function includes clinical work, assisting with visiting patients in their homes, ensuring patients are adhering to taking their chronic medication, COVID-19 screening in communities as well as in various health institutions and schools, added Ntlatleng.

“Amidst all their contribution in the delivery of health care to communities, they are currently being remunerated a minimum wage stipend without any benefits and this needs to be urgently addressed,” said Ntlatleng. “In the draft agreement, we have proposed that they be permanently absorbed on entry level 5 of the public service salary levels due to the nature of their work,” argued Ntlatleng.

“Hospersa has also noted that the Gauteng DoH has started with the process of permanently absorbing CHWs on salary level two (2),” said Ntlatleng. “We commend the Gauteng DoH for noting that this category of employees deserves to be permanent employees of the DoH but do not encourage the disregarding of PHSDSBC processes where more favourable conditions of employment for these employees are being negotiated at a national level,” added Ntlatleng.

“The crucial role played by CHWs during the fight against COVID-19 was clearly evident where they became important foot soldiers in assisting with screening and delivering home-based healthcare. It is high time that government recognises CHWs as passionate, dedicated public service employees by permanently absorbing them and improving their conditions of employment,” concluded Ntlatleng.

# COVID-19 COMPLICATIONS

## For Healthcare Workers



Baby Moipane is pictured centre, with healthcare worker representatives at a 2019 LRS peer learning workshop.

Nurses on the front lines of the health care response to covid-19 pandemic have found themselves in a tricky position, making difficult decisions about their own lives and that of patients.

### Article by the Labour Research Council (LRS)

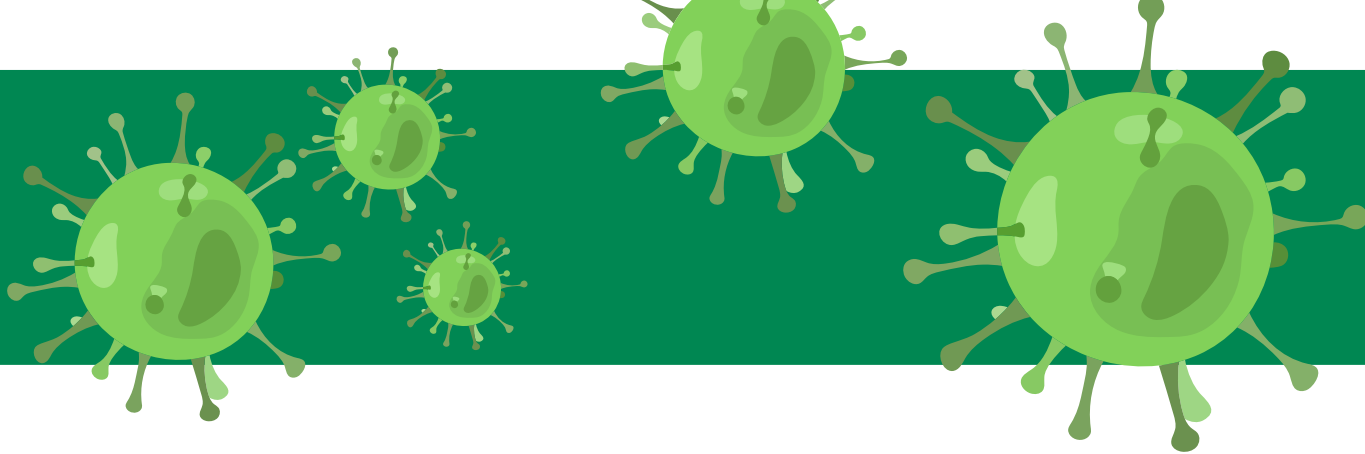
The majority of the nurses in South Africa are women and many of them members of Health & Other Services Personnel Trade Union of South Africa, (HOSPERSA). From 2015 we partnered with Gender at Work and HOSPERSA to pilot a multi-year collective impact project for reducing gender-based violence at Meadowlands Clinic in Gauteng. The project helped to improve conditions for workers at the clinic, as well as the frosty relationship between the clinic and the local community members.

Amid the novel coronavirus, Nina Benjamin spoke with Baby Moipane Ntola, HOSPERSA shop steward and Nurse Clinician at Meadowlands Clinic, about the conditions and decisions faced daily by the nurses dealing with healthcare challenges posed by the pandemic.

### What has been your experience since South Africa began to confront the covid-19 pandemic?

President Cyril Ramaphosa announced the lockdown in March 2020. As essential workers, we'd continue to work as normal. The District Manager convened an urgent meeting with shop stewards to tell us about the operational guidelines for covid-19, such as changes to the workplace environment and how to adapt to the changes. We shared the information with the workers. As a HOSPERSA shop steward representing workers at Meadowlands Clinic, the first thing I thought about was the transportation situation of colleagues. I wasn't confident that management would provide the platform to discuss key concerns for workers, for example, adequate protective equipment (PPE) and safety. I took the initiative to seek advice from the union, and our general secretary communicated our concerns to





the Department of Health. However, the department didn't respond directly to the union. In April 2020 we found out from the sub-district transport department that transport has been made available, yet it wasn't announced.

### How did the clinic change in the light of covid-19 pandemic?

The set up has changed as per the new directives. Most patients except the urgent cases must queue outside for mandatory screening by the two or three staff members stationed at the gate for screening purposes. One individual is screened at a time and ten people are ushered while maintaining social distancing. It can be challenging to maintain social distancing. Some patients don't understand and others don't want to, but we are trying to adhere.

Four containers have been set in the clinic compound to act as chest clinic, HIV, TB, and COVID-19 testing sites. Patients who've been screened are directed to a different department. For directions, the clinic has been marked blue and red or orange. Blue zone is for normal alert, red or orange zone is for danger. Chronic patients, mother and child and psych patients have their designated waiting areas for not more than twenty patients at a time to maintain social distancing measure.

### Would you tell us more about the screening process?

The following questions are asked: Have you recently been coughing? Have you been coughing for more than two weeks? Do you have a sore throat? Do you have a recent loss of taste and smell? The temperature of every person is checked. Patients who answered yes to one of the questions or have high temperature are known as a patient under investigation. They are sent to the chest clinic.

The chest clinic is like a normal examination room. It has medicines and emergency equipment such as oxygen cylinders, masks, pulseoximeter and BP machines. The clinicians dress in plastic apron disposable caps, gloves, masks and boots when examining the patients and taking proper history. HIV testing is mandatory, but patients are not obligated. If a patient tests positive they get treatment immediately. The patient moves to TB testing and lastly to the covid-19 testing.

The clinicians who test for covid-19 are in full protective equipment; cap, face shield, disposal gown, and gloves and boots. Not every patient who goes to the chest clinic ends up being tested for covid-19.

Patients don't touch their files during this whole process. Also, each patient uses the same chair throughout the whole process and leaves it at the clinic gate on their way out. The chairs are sanitised by a cleaner who doubles up as a runner, handling the files between the clinicians and staff doing the HIV testing. The staff assigned to work in the sites at the compound can't enter inside the clinic expect to use ablution facility or to get their food.

### It is amazing to hear Meadowlands Clinic is well prepared to respond to the pandemic. How did it happen?

We weren't organised at the beginning. The covid-19 is new and we didn't know what to expect. Workers were confused about many things, for example, if it was sensible to wear masks only considering how the virus spread. All workers wanted to dress like they were going to the moon - with the full bodysuit. But we made peace with the situation and protected ourselves as per the issued guidelines.

PPE is a thorny issue. In March we only had enough handwashing soap and not enough toilet paper and hand towels. The few sanitisers got finished fast due to covid-19 and it was difficult to replenish. Luckily I got sanitisers from FEDUSA and shared with the workers. Those who would afford it bought their own, but it was a struggle. Orders for cleaning materials were placed but the deliveries took long. I worked closely with the institutional manager and added the weight of organised labour in the effort to push for quick deliveries. We'd get the stock eventually but it wasn't enough. Fortunately, we now have enough stock.

Healthcare workers are having to deal with many unexpected issues. Labour found an ally in the health department manager who was present during the covid-19 response meeting. This manager has a reputation for getting the work done and providing what is needed to sustain the work. For example, within a day this official organised a new geyser to replace the malfunctioned one that we first reported in October 2019.



# COVID-19 COMPLICATIONS

## For Healthcare Workers

### What items are considered as PPE?

Some examples of personal protective equipment are disposal caps, boots, surgical masks, N95 masks, plastic apron, visors/face shields, gowns and goggles. The Department of Health has guidelines on the use of PPEs. The screening staff wear masks only, practise social distancing, use hand sanitiser before and after handling patients' appointment cards. Triaging staff have masks and plastic aprons, and gloves when they need to touch patients, while the staff in consultation rooms have masks and plastic aprons, and gloves to use when touching patients. At the covid-19 testing site, the staff have masks, disposal gown, caps, boots, gloves, goggles, face shields/visors and plastic aprons.

### How do you think the community view the pandemic?

In Meadowlands, life appears to be normal. Everybody was in the street conducting their business. The long queue at Pick n Pay Centre may be the different thing because the security was controlling the queue. Most of the people are poor and imposing a total lockdown and telling them to stay indoors when many live in confined spaces without any form of entrainment, becomes a huge struggle. From what I can see, patients at the clinic seem not to be afraid of covid-19 as some feel they are still going to die of the cold and other diseases.

### What challenges have you encountered personally?

Covid-19 has affected everybody. We are working in areas which are not our speciality. We were afraid that some of the gains we had made through the gender-based violence pilot project with Labour Research Service would scatter. The long queues and waiting time that the patients are subjected to made them start complaining that we are evil again. The infrastructure outside the clinic gate where a queue is currently formed worsens with the rains. On the day it rained we found it difficult to work outside and to maintain social distancing in the clinic's small shelter. The patients said we didn't care and swore at us.

### How did you handle the situation?

We told the patients that the pandemic is beyond our control and we can only do our best. We made them aware we aren't to blame for the new changes issued by the Department of Health. Some of the patients called the covid-19 number and the complaints toll-free number to report 'bad behaviour', only to learn the new approaches are the norm for now. This calmed the situation somehow. As for the staff, we weren't comfortable with the situation. Workers weren't happy regarding the guidelines about PPE. We had a lot of questions thrown at shop stewards and we didn't have answers. We didn't always know what to ask in management meetings as the pandemic is new.

### Has department increased education about the covid-19 and the measures for tackling it?

We get guidelines and protocols but they change frequently. On any given day, we receive different information but I don't always have the time to read the guidelines because I also work as a clinician. The planned training on guidelines didn't happen so we are learning as we go along. One such meeting involving the institutional manager and labour didn't go well. We didn't get to the guidelines, which was the reason for the meeting. Instead, facilitators were bombarded with the concerns in workplaces. Workers used the platform to talk about the issues that are affecting them.

### How did the pandemic affect you personally?

I didn't want to go to work. I would have palpitations in the mornings after getting ready to go to work. The slight tremor in my right hand worsened and made it difficult to hold a pen sometimes. I would phone my manager to say I wouldn't make it to work, and not because I was sick. I simply couldn't muster the strength. Unfortunately, I seem to be the only one at work who is outspoken about the anxiety, which sometimes causes tense moments among ourselves. Clinic staff don't understand that health facilities can't be shut down if a colleague has tested positive for covid-19.

*This interview was conducted by Nina Benjamin and written by Nelly Nyagah.*

# HOSPERSA MARCH **AGAINST** **GENDER BASED VIOLENCE**

Hospersa in the KwaZulu-Natal Province held a peaceful march to the Plessislaer Police Station to raise awareness against the scourge of Gender-based Violence.



# MEMBERSHIP FOCUS

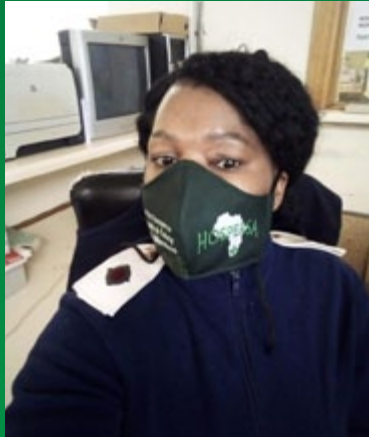


To assist with the fight against COVID-19, Hospersa procured masks for each and every one of its members. Furthermore, the Union received masks donations from some of its social partners namely: Old Mutual, Metropolitan and Sanlam. AMANDLA!





# MEMBERSHIP FOCUS



# MEMBERSHIP FOCUS



# COVID19 and its economic toll on women:

## The story behind the numbers

Article by The United Nations – 16 September 2020

The impacts of crises are never gender-neutral, and COVID-19 is no exception.

For the single mother in South Sudan, COVID-19 lockdown measures have paused her small business that brings food to the table. For the domestic worker in Guatemala, the pandemic has meant no job and no unemployment benefits or other protection. For countless women in economies of every size, along with losing income, unpaid care and domestic work burden has exploded. While everyone is facing unprecedented challenges, women are bearing the brunt of the economic and social fallout of COVID-19. Women who are poor and marginalized face an even higher risk of COVID-19 transmission and fatalities, loss of livelihood, and increased violence. Globally, 70% of

health workers and first responders are women, and yet, they are not at par with their male counterparts. At 28%, the gender gap in the health sector is higher than the overall gender pay gap (16%).

### At a glance:

Economic crises hit women harder. Here's why: Women tend to earn less.

- Women have fewer savings.
- Women are disproportionately more in the informal economy.
- Women have less access to social protections.
- Women are more likely to be burdened with unpaid care and domestic work, and therefore have to drop out of the labour force
- Women make up the majority of single-parent households.

*Riya Akter, 22, is an apparel worker. Asked if she was afraid of becoming infected with COVID-19, she said work came first and needed to be done, otherwise there would not be food on the table. She works while maintaining social distance with other workers as ready made garment (RMG) factories reopened amid the Covid-19 pandemic in Dhaka, Bangladesh. May 2020. Photo: UN Women/Fahad Abdullah Kaizer*





# Gauteng PPE Covid-19

# CORRUPTION CASE

set to be heard in November



*Advocate Andy Mothibi, the Head of the Special Investigating Unit.*

*Picture: YouTube*

Article by The Citizen – 6 October 2020

“The matter is expected to be heard some time in November. From what I heard, they were saying it needs to be moved to 20 November. It also depends on the availability, because this involves 40 legal teams. The lawyers have to negotiate on their availability,” says Kganyago. The civil case against 40 companies – which are accused of corruption involving personal protective equipment meant to deal with the spread of Covid-19 in Gauteng – has been postponed to next month. This emerged during a sitting by the Special Tribunal of South Africa at the High Court in Johannesburg. The companies were asking for dates for the matter to resume in late November to ensure the availability of their legal teams, according to tribunal spokesperson Selby Makgotho.

“We agreed on Friday and Saturday, the 20th and 21st of November, because the judges raised concerns that some parties had yet to file vital court documents,” said Makgotho.

“Secondly, they expressed the desire for the matter to be postponed because some of the lawyers were indicating they were not available, hence we compromised to do it on a Friday and Saturday.” The deadline for all heads of arguments to be submitted was set for 4 November.

Special Investigating Unit (SIU) spokesperson Kaizer Kganyago said the civil case to extend the interim order to freeze the bank accounts of the 40 companies was to assist in their investigation.

“Remember, we asked for an order because we are following the money trail. Money which was channelled through various bank accounts. We asked for an interim order which was granted, but now we are seeking to make the order final,” said Kganyago.

According to Makgotho, the interim order was extended to 20 and 21 November.

Judge Billy Mothle granted an interim order to freeze the bank accounts, interdicting the Gauteng department of health from making further payments to Ledla Structural Development and 39 other companies.

Papers before the tribunal state that the company was awarded a contract by the department for the supply of Covid-19 items, which the SIU contended, was unlawfully, irregularly and corruptly awarded, and at prices which were grossly inflated.

The last order also interdicted the Government Employee Pension Fund from releasing the pension money and benefits to the former departmental chief financial officer Kabelo Lehloenyana, pending the institution of a civil suit against him by the SIU.

Lehloenyana, who was cited as one of the respondents, has since resigned from the public service. The special tribunal held that the bid for recovery proceedings against Lehloenyana be instituted within 15 days of the granting of the order.

# Hospersa and Old Mutual SANITARY TOWELS CAMPAIGN

Hospersa in the Limpopo Province and Old Mutual embarked on the distribution of sanitary towels to learners of two schools in the province namely, Dennis Mathlaba High School in Waterburg District and Muhanelwa Secondary School in Vhembe District. The South African Human Rights Commission notes that the lack of sanitary towels not only has adverse effect on school attendance but it also has ripple effects on the economic development of communities and countries as a whole. The partnership by Hospersa and Old Mutual on this programme will go a long in addressing this societal issue.



Sanitary towels donated to school learners.



School teacher at Dennis Mathlaba Secondary School handing out sanitary towels to learners.



Donated sanitary towels handed over by Hospersa official to the school.



School learners at Dennis Mathlaba Secondary School.



Limpopo Provincial Chairperson, BJ Ngwenya, gives an address on the programme.



School teachers at Dennis Mathlaba Secondary School also received face shields to assist with the fight against the spread of COVID-19.



Limpopo Vice-Chairperson (HIV/Aids and Gender), N Netshakhuma, handing out sanitary towels to learners of Muhanelwa Secondary School.



School teacher at Muhanelwa Secondary School gives a vote of thanks to Hospersa and Old Mutual.



Mpumalange Provincial Chairperson, Wanga Nenungwi, assists with handing out Old Mutual bags to school teachers.



Hospersa, Old Mutual and teachers of Muhanelwa Secondary School pose for a group photograph.

# HOSPERSA

Successful cases dealt with by



## LEGAL SERVICES

Legal Services is currently representing members in a number of dispute resolution forums, such as the CCMA, Labour Court and various bargaining councils. We have a case log of approximately 150 current cases which involve both individual and collective issues. We are currently engaged in litigation in high profile cases involving, amongst others, membership in South African National Parks relating to Sunday and Public Holiday pay and unlawful housing deductions; Netcare and South African National Blood Services regarding post retirement medical aid and agency shop fee issues.

## Recent legal victories for Hospersa

### Boyi & 86 Others vs NW Department of health

This case has the potential to make law and become a landmark case. The members in this matter are Data Capturers employed by the North West Department of Health. They are appointed at Salary Level 4. In terms of the national DOH's National Health Policy, Data Capturers should be at Level 5 and 7. Eastern Cape and Northern Cape have complied and remunerate their Data Capturers at Level 5 in compliance. Hospersa lodged a discrimination dispute in the CCMA on the basis that our members in NW were being discriminated against on geographical grounds. After a lengthy arbitration, the matter was ruled in favour of the union and its members. Regrettably the award has been taken on review by the employer to the Labour Court. Hospersa has however obtained legal advice to the effect that the grounds for review and prospects of success for the employer are not good. Depending on the outcome of the review, action will be taken in the remaining provinces which employ Data Capturers, seeking the same relief.

The matter is groundbreaking in that the arbitration award establishes a number of principles regarding the concept in the Employment Equity Act with regards to the fact that it is discriminatory for an employer not to pay the same for equal work of equal value.

The public service, in essence, is one employer and it simply cannot be correct that employees doing the same job in one province get paid less than their counterparts in other provinces. Hospersa will work tirelessly to take errant employers to task in such matters and we are vigorously defending the review process instituted by the employer, which we view as nothing more than a face saving exercise and waste of taxpayers hard earned money!

### Member M – Melomed Hospital

This member was charged with misconduct by the South African Nursing Council relating to the alleged theft of pethedine at one of the Melomed hospitals. The member faced an almost certain a dismissal; however, it was successfully established by the member's Hospersa representative that she and a colleague were actually fooled by an Enrolled Nurse whose intention was to steal, and the member was only cautioned.

## Ethekweni Heart Center vs HOSPERSA

Having recruited more than 100 members at the institution, organisational rights were sought by the union which would require the employer to recognise Hospersa as one of its social partners. The employer, which we view as anti-union, refused and a dispute was lodged at the CCMA. The award was in Hospersa's favour and organisational rights, including access and stop order facilities were granted. Management of the hospital, unlawfully so, refused to implement the award. The employer has subsequently taken the award on review but failed to apply to have the award stayed pending the outcome of the review. Hospersa then launched a contempt of court application against the Hospital manager and the HR Manager for failing to implement the award, which was earlier made an order of the Labour Court. Court papers were served on the two managers, which immediately sent shock waves through the hospital and sent them frantically engaging their lawyers to get them out of the predicament their arrogant attitude had created. In response, the employer then belatedly brought an application to stay the award in an attempt to avoid its managers being prosecuted for contempt. At the Labour Court, a consent order was reached to the effect that the employer must deduct union levies and pay them into the trust account of our attorney. Should the review fail, as we anticipate it will, the monies will be paid over to the union and we will go forward enjoying the rights granted by the CCMA in the arbitration award.

## Member MM

The member from Limpopo Department of Health was not assessed for two financial years as she was suspended at some point for alleged misconduct. HOSPERSA successfully challenged the outcome of the disciplinary hearing at arbitration. We then referred a case for payment of the outstanding EPMDS pay progression. The parties entered into a settlement agreement that the employer was going to assess her using her previous assessments wherein she even got a performance bonus.

## R Luyt – Uitenhage Hospital

This case involved a 2016 award however since it was not quantified, we had to apply for condonation for late application for variation which was caused by the employer playing hide and seek with the implementation of the 2016 award. The condonation application was successful and the 2016 award was varied to include an amount. The process is now at the CCMA for certification. Once done, we can then attach the property of the Eastern Cape Department of Health.

## Northern Cape EMS

The Emergency Medical Services Excess Hours dispute was settled by the Union and the Department of Health. The agreement allows for the members to submit all overtime not paid as from July 2007 to date. The department is required to verify and pay the outstanding overtime within 60 days.

## Woodridge College Port Elizabeth

Subject to the signing of a recognition agreement, the employer has agreed in principle for the granting of organisational rights and the union represented members for the first time in wage negotiations during March 2020.

# NETCARE / MEDICROSS

## Case Handling Training



# TO ALL PRIVATE SECTOR WORKERS

## JOIN HOSPERSA TODAY AND RECEIVE:

1. Individual **Indemnity cover** of up to **two million rand** for health workers
2. **Death Benefit** for principal members after 6 months of membership
3. **Professional legal assistance** for labour-related issues at the bargaining council, CCMA and Labour Court
4. Collective bargaining **negotiating salaries** and other substantive conditions of employment
5. Trained, democratically-elected **shop stewards**
6. Representation at **disciplinary hearings**, grievance, procedures and incapacity processes
7. Representation on **various committees**, including Employment Equity and OHS
8. **General meetings** with members
9. **Bilateral meetings with management**
10. Service provider benefits including **discount on services** and stays at holiday resorts



- Hospersa is the majority union at various institutions of the **Netcare** Group, including **Medicross** and **Netcare 911**
- Hospersa is the majority union at the South African National Blood Service (**SANBS**)
- Hospersa is the majority union at various old age homes, including the Suid-Afrikaanse Vrouefederasie (**SAVF**)
- Hospersa has secured additional organisational rights at **Life** hospitals
- Hospersa new branches include **BusaMed Private Hospitals**, **KwaDukuza Private Hospital (KZN)** and **Midlands Medical Centre (KZN)**

# VIVA EMS WORKERS VIVA



## HOSPERSA CONTINUES TO FIGHT FOR IMPROVED WORKING CONDITIONS FOR EMS PERSONNEL

- We have claimed victory in the Eastern Cape Province on the excess hours payment;
- We have claimed victory in the Limpopo Province on 13 Hours Dispute with the employer;
- We are raising the alarm bells in the Northern Cape Province on the one-man ambulance crews issue; and
- We are putting pressure on the employer to prioritise the safety of EMS Personnel in all provinces, especially in the Western Cape.



# WC HEALTH DEPT SEEKS BODYCAM VENDOR AS AMBULANCE ATTACKS ESCALATE

Article by Eye Witness News

The Western Cape Health Department has placed an advert for service providers to tender for body cams to be worn by Metro EMS officials while responding to calls.

CAPE TOWN - The Western Cape Health Department has placed an advert for service providers to tender for body cams to be worn by Metro EMS officials while responding to calls.

The advert was placed earlier this month and the procurement process is currently under way.

This as attacks on ambulance crews continue unabated in communities across the province.

The Western Cape Health Department said that the procurement of suitable bodycams with GPS and panic alert features comes as

ambulance crews continue to come under attack while responding to calls.

Metro EMS spokesperson Deanna Bessick said: "The intent is to equip all EMS personnel. At this stage, the procurement process has to run its course and the Western Cape government will have to determine if it can identify a vendor who is able to meet the specs."

In the latest incident last week, two paramedics were targeted by armed men after loading a patient into their ambulance in Ocean View.

The crew managed to escape and get their patient to False Bay Hospital for further treatment, but they were left severely traumatised. Bessick said in 2019, officials recorded 30 attacks on ambulance crews in the province.

Between January and now, 46 attacks have been reported.



# Many South Africans surveyed say they will not accept a **COVID VACCINE**



Article by *The Daily Maverick* - Adele Baleta

## **A recent global online survey suggests that more than a third of South Africans would not want a Covid-19 vaccine if and when it becomes available.**

Less than two-thirds or 64% of South Africans would accept a Covid-19 vaccine when and if it becomes available, a recent Ipsos survey has found. Of that 64%, only 29% “strongly agreed” to a vaccine while the rest “somewhat agreed”.

This is lower than the average of 74% of about 20,000 adults surveyed in 27 countries who said they would agree to get a vaccine.

The survey conducted on behalf of the World Economic Forum (WEF) found that most adults (59%) did not believe a vaccine would be available before the end of the year and the number one reason for rejecting a Covid-19 vaccine was fear of adverse events (side effects) followed by concerns about the effectiveness of a vaccine against Covid-19.

Arnaud Bernaert, Head of Shaping the Future of Health and Healthcare at the WEF, said in a statement that “the 26% shortfall in vaccine confidence is significant enough to compromise the effectiveness of rolling out a Covid-19 vaccine”. The forum urged governments and the private sector to build confidence and ensure that manufacturing

capacity meets the global supply of a Covid-19 vaccination programme. This would require public funding arrangements that remove restrictions to vaccine access.

South Africa falls in the group with the least intention to get vaccinated (below 70%) which includes Russia (54%), Poland (56%), Hungary (56%), France (59%), South Africa (64%) and Italy, Germany, the US and Sweden (all at 67%). The group most willing to get a Covid-19 vaccine includes China (97%), Brazil (88%), Australia (88%) and India (87%).

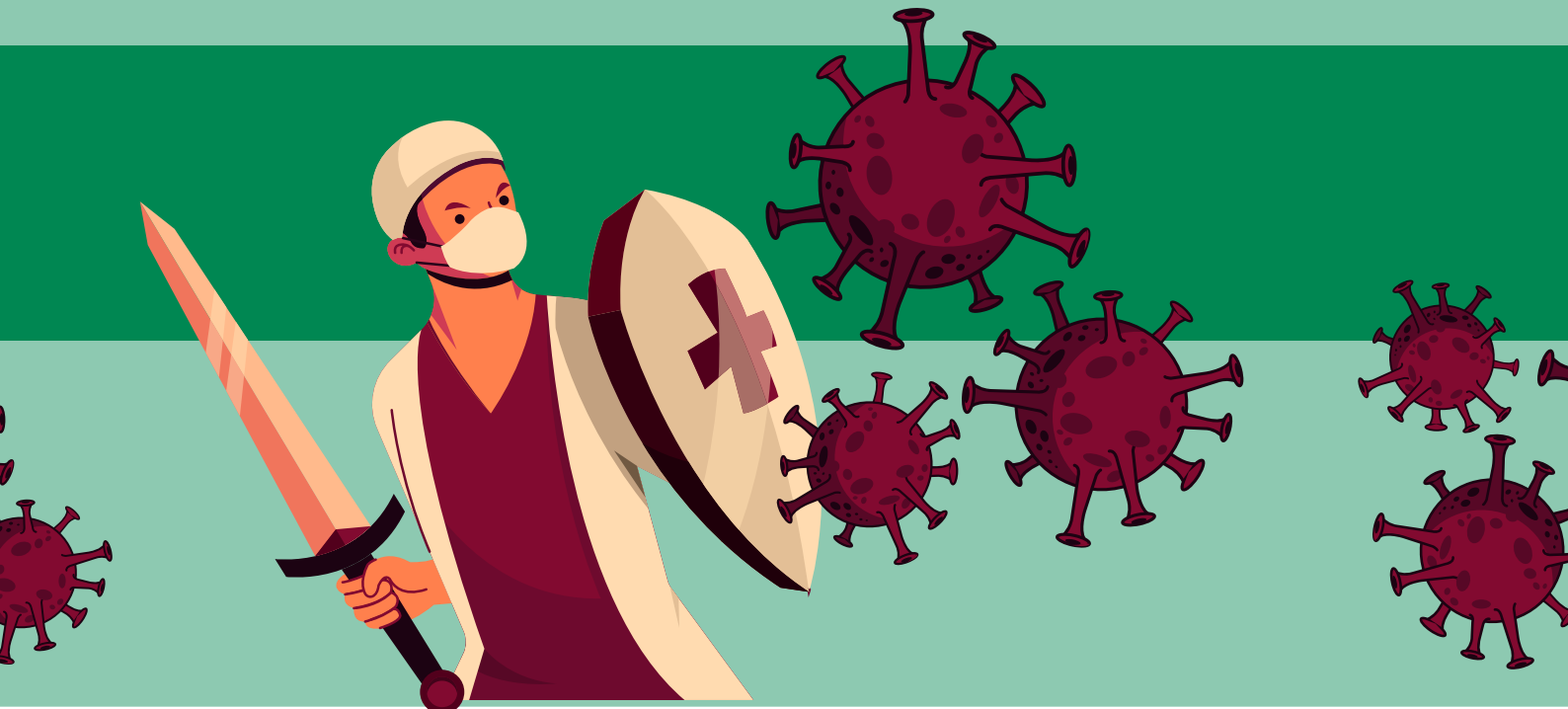
Of the 5,000 study participants globally who would reject a Covid-19 vaccine, 56% said they were worried about adverse events. Over half (53%) of the 180 South Africans who would not accept a Covid-19 vaccine, were also concerned about safety. It is not clear how representative of the general population the South African study participants are.

### **Initial target group**

Professor Rose Burnett, a scientist, and head of the South African Vaccination and Immunisation Centre (SAVIC) at the Sefako Makgatho Health Sciences University in Pretoria, points out that the initial target group for a Covid-19 vaccine will be frontline healthcare workers, the elderly, and those with comorbidities putting them at high risk.

“This is more or less the same target group for influenza vaccination, for which coverage is dismal worldwide,” she says.

South Africa has shown consistent low uptake of seasonal influenza



vaccine with published surveys estimating 25% to 34% of healthcare workers receiving influenza vaccination in the previous season. Burnett says SAVIC's yet to be published surveys on healthcare workers, have shown low coverage is mostly because employers do not provide free flu vaccines, so access is limited by cost, time constraints and stock-outs. There is also misinformation about vaccines, which results in vaccine hesitancy.

The National Department of Health has prioritised healthcare workers to receive free flu vaccines this year because of Covid-19, she says, adding, "I think healthcare workers, especially those working at the frontline, are likely to be more willing to accept the future Covid-19 vaccine because they have first-hand experience of the severe outcomes of the disease among their patients and colleagues."

The Ipsos survey results show that the 19% of South Africans (just more than half of the 36% who said they would refuse a Covid-19 vaccine) who do not want a vaccine and who say they are worried about vaccine safety, correlates with the vaccine confidence findings of the Wellcome Global Monitor 2018 report on public attitudes to science published last year.

Only 82% of South Africans said they thought vaccines were safe, compared to 94% of Rwandans and 91% of Nigerians, according to the UK-based Wellcome Trust survey of 144,000 people in 140 countries. The African average was 87%. In Western Europe, only 59% of people expressed trust in vaccines. Vaccine hesitancy led to major measles outbreaks in that region.

#### **Mirrors low confidence in public institutions**

The survey found distrust of vaccines mirrors low confidence in public institutions. In South Africa, 32% of citizens said they had no confidence in hospitals and clinics compared to 27% in Africa and 24% globally.

South Africa is also well below the World Health Organization's Global Vaccine Action Plan 2020 target of 90% coverage for all vaccines in the immunisation programme. The WHO World Health Statistics 2020 report, using the third dose of the combined diphtheria, tetanus and pertussis (DTP3) vaccine as a measure, puts South Africa's vaccine coverage at 76% compared to Rwanda (97%), Uganda (93%) and Zimbabwe (89%). By 2019, 125 WHO member states had reached at least 90% coverage of the DTP3 vaccine, according to a WHO statement.

The most recent Department of Health figures previously released to Spotlight show that national immunisation coverage of children under five years of age (which includes measles second dose) dropped from 82,3% in April last year to 61.5% in April this year when Level 5 of the lockdown was in place.

Burnett says introducing a Covid-19 vaccine in South Africa, which will target adults, at least initially, is unlikely to affect the implementation of infant vaccination programmes. However, "declining trust in government and public institutions", she says, "can affect the uptake of vaccines and this has been further eroded by the social media misinformation frenzy around Covid-19".

"Even if we never introduce a Covid-19 vaccine, we may see an increase in overall vaccine hesitancy, and a negative impact on infant immunisation coverage rates because of the deepening of mistrust," says Burnett.

She points to a Human Sciences Research Council survey in July, which found an increase of mistrust in the ability of government leadership to manage the pandemic — a polarising effect from lockdown restrictions (related to alcohol and tobacco) — and public dismay at wide-scale theft of pandemic relief funds.

### **Different income groups**

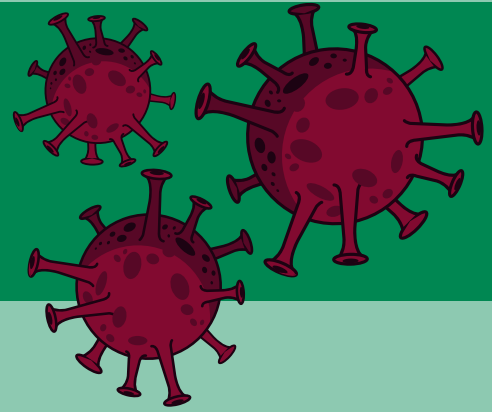
The Wellcome Global Monitor report found lower rates of vaccine hesitancy in low- and middle-income countries than in high-income countries, suggesting wealthier people are more vaccine-hesitant. Burnett says there is no data available yet for different income groups in South Africa.

"Unfortunately, caregivers living in homes in leafy suburbs have proven to be inaccessible when conducting household surveys, so all SAVIC's infant vaccination coverage surveys have been based on poorer communities where we have found almost no evidence of vaccine hesitancy," she says.

Missed vaccinations were mainly caused by vaccine stock-outs and other health-facility obstacles in these communities, Burnett says. In contrast, SAVIC's online human papillomavirus (HPV) vaccination coverage survey of caregivers of age-eligible girls (9 years and older in Grades 4 to 7) attending private sector schools, found that caregivers' reasons for not vaccinating their daughters were mainly related to vaccine hesitancy.

Many South Africans surveyed say they will not accept a

# COVID VACCINE



“Being an online survey, clearly all caregivers had access to the internet, and we found that caregivers of unvaccinated girls were statistically significantly more likely to have based their decision on online articles than caregivers of vaccinated girls,” says Burnett.

The HPV vaccination survey also found that caregivers of unvaccinated girls were more likely to have taken advice on vaccines from alternative rather than allopathic medical practitioners.

This, Burnett says, is supported by a 2015 article on South African internet-based anti-vaccination lobbying which found that the authors of webpages discrediting vaccination included complementary/alternative medicine (CAM) practitioners (23.1%), medical professionals practising CAM (7.7%) and medical professionals practising only allopathic medicine (5.8%), with many of these people having financial interests in discrediting vaccines, since they make their living selling products/services as “alternatives” to vaccination or that “heal” the so-called “vaccine-injured” child.

## Vaccine safety

The suspension last month of the Oxford/AstraZeneca Covid-19 candidate vaccine trials after a volunteer developed a neurological problem while on the trial may have added to concerns about vaccine safety.

Professor Hannelie Meyer, acting head of the Division of Public Health Pharmacy and Management at Sefako Makgatho Health Sciences University, attributes vaccine safety concerns, in part, to a general lack of scientific literacy and understanding of vaccine development.

She says the suspension of the trial by the University of Oxford researchers “shows that the safety of the vaccine is considered very important, taken very seriously and that the trial is not being rushed”. The trials of the candidate vaccine in the various countries including in South Africa were resumed soon after an independent expert safety committee found that the condition was not caused by the trial vaccine and was unrelated to the vaccine.

Meyer, who is also Chair of the National Immunisation Safety Expert Committee which advises the National Department of Health on vaccine safety issues, says that because vaccines are administered to healthy individuals, safety is a major issue in clinical trials — which are conducted under very strict guidelines and regulations.

“All vaccines need to go through the three phases of a clinical trial and will only be licensed for use by the national regulatory authority in the country where it is manufactured after adequate clinical studies have been conducted to confirm that the vaccine is effective and safe for use,” says Meyer.

“Monitoring adverse vaccine reactions is a major safety component of clinical trials. Pre-licensure studies often identify common and acute undesirable adverse reactions. However, the sensitivity to detect uncommon, rare events or those with delayed onset is low in these trials. Even large, Phase III clinical trials with several thousands of participants are not generally designed to detect these very rare, vague, or delayed onset reactions.”

For this reason, she says continuous monitoring of vaccine safety post-marketing is needed to detect and evaluate such rare adverse events that might be related to the new vaccine.

She says it is essential that the public and healthcare workers understand that adverse outcomes or disease events can be expected when large numbers of people are vaccinated, as will be the case with a possible Covid-19 vaccine.

Adverse outcomes that would have occurred even in the absence of vaccination will raise public concern, she says.

“These events may occur coincidentally to the vaccination and should not be misinterpreted as being caused by the vaccine, as it can really harm public confidence and the implementation of the vaccine. Having background (expected) incidence rates of these events available will assist when reviewing safety data to assess whether there is a causal link to the vaccine.”

Meyer says any vaccine safety signals should therefore be thoroughly investigated and interpreted to differentiate between events temporally related — one event coincidentally follows another event — to the vaccine, but not caused by the vaccine, and real adverse reactions to the vaccine.

“When any events occur that are temporally associated with the vaccine, but these events have other causes and they appear at the expected background incidence rate, communication reassuring the public regarding the safety of the vaccine is of utmost importance to maintain confidence in the vaccine,” she says.

“Systems for vaccine safety surveillance and assessment of safety data should be part of the planning and preparation for the roll-out of a possible Covid-19 vaccine. The vaccine will most probably be introduced while Covid-19 is still circulating.

“Therefore, any safety concerns and adverse events following immunisation,” Meyer says, “need to be rapidly assessed to distinguish between health outcomes as a result of the disease itself, adverse events caused by the vaccine and coincidental events”. DM/MC

*\*Adele Baleta is an independent science writer, WHO vaccine safety communications advisor, and Internews pandemic advisor.*



# ROAR... Hospersa ROAR!

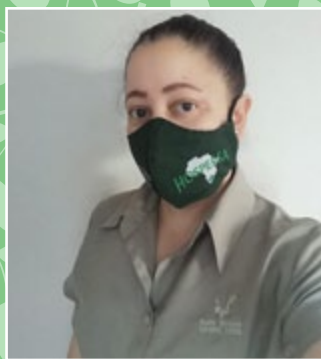
Hospersa continues to unite all workers at South African National Parks (SANParks) and at Ezemvelo KwaZulu-Natal (KZN) Wildlife in improving their remuneration and working conditions



**Majority Union at SANParks  
and at Ezemvelo KZN Wildlife**

# MEMBERSHIP FOCUS

# SANPARKS & EZEMVELO KZN WILDLIFE







# MOBILE APP: HOW TO USE IT

Hospersa is going digital to improve the servicing of its members. The new Hospersa App has the following benefits at your finger tips:

- Easily keep up to date with the latest Hospersa membership benefits
- Find out about promotions by our social partners exclusively for Hospersa members
- Access your digital membership card
- Easily join Hospersa
- Update your membership details
- Easily connect to all Hospersa social media platforms



## 1. INSTALLATION

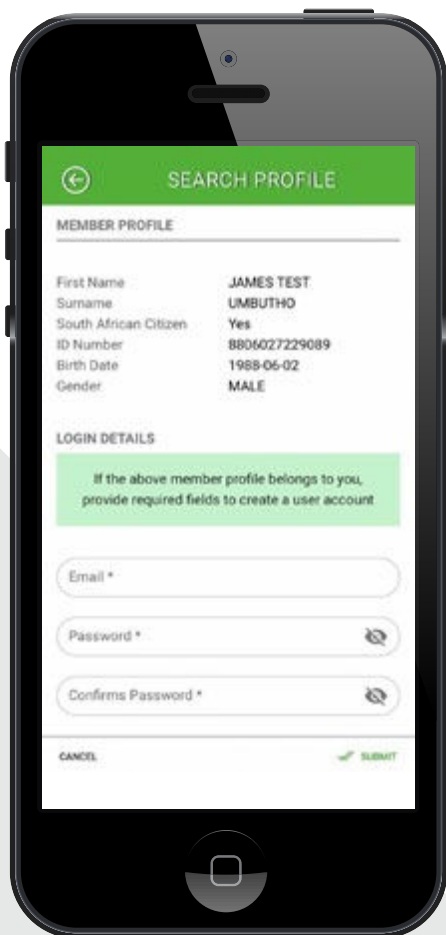
Go to Google Playstore or Apple Store and search for Hospersa, once you find the HOSPERSA App then click on install and wait for it to be installed in your device. Once the App has been installed, click on it and set-up login details.

## 2. CREATING APP USER ACCOUNT (EMAIL ADDRESS AND PASSWORD)

Click on Login and you will see the screen below, a HOSPERSA member can click on "Already a member? Create user account" to create the App email address and password.

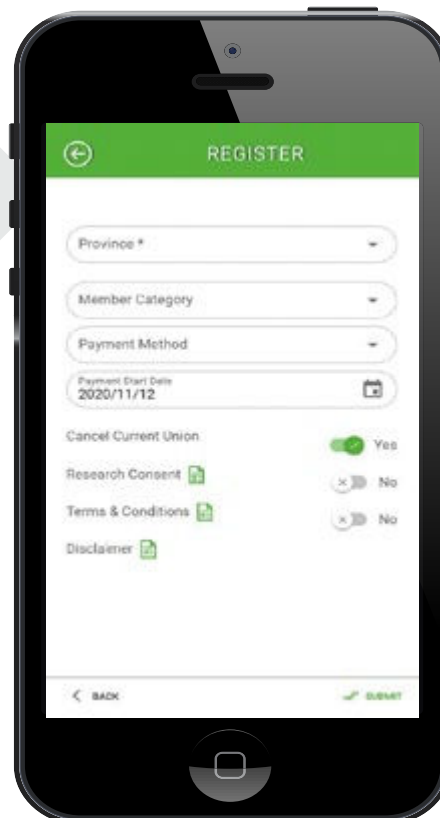
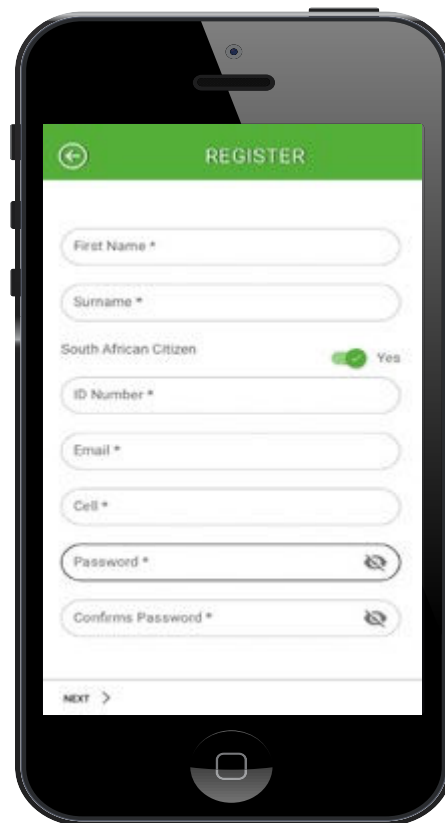
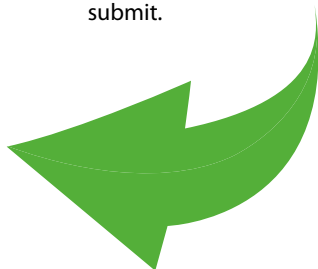






Once you click on “Already a member? Create user account” you will see a screen to search your membership profile by either entering your Member number, ID number or Passport number and then click search at the bottom right corner.

After searching for your profile as a member, you will see the screen below to create your App email address and password, confirm password then click submit.



### 3. REGISTER TO BE A HOSPERSA MEMBER

On the App Home screen, click on “New member? Register”

Once you click on Register you will fill in your information required as the screen below shows and also create your App password, then click next to take to a second page to complete filling in the form before you submit. A HOSPERSA representative will call you to confirm your details then you become a member.

### 4. LOGIN

Once you have created your password or registered as new member and created a password, you can simply login to the Hopersa App using your email address and password on the Home page.

Contact the Membership Department on 012 664 6353 for technical support.



NEW EXCITING BENEFIT FOR HOSPERSA MEMBERS

UNTU  
**PALMS**  
JEWEL OF THE SOUTH COAST

**NEWS**



# RELAX & REJUVENATE

Are you looking for the perfect destination for that well-deserved family holiday? Look no further than UNTU Palms. Here is a guide to everything you need to know about the famous Jewel of the South Coast.

**U**NTU Palms is a beautiful family seaside holiday resort in Sunwich Port in Kwa-Zulu-Natal. It offers direct access to the beach from its 54-stand tent and caravan park, chalets and cabanas.

The United National Transport Union (UNTU), the majority trade union in Transnet and the Passenger Rail Agency of South Africa (Prasa), acquired the holiday resort in 1991 when it was still known as Voetplaatspark.

The Union decided to keep the holiday resort on the shores of the Indian Ocean as a benefit to its 38 000 members, but that the public could also enjoy the facilities at this magnificent venue, popularly known as the Jewel of the South Coast, with its subtropical forests and stunning birdlife.

Compared to similar facilities in the surrounding area it is safe to say that UNTU Palms can be regarded as the best of the best. It boasts a variety of self-catering accommodation to suit every possible need – you can choose to camp in your own tent or rent one from UNTU Palms, park your caravan at one of three different camping stands in the caravan park, or enjoy the luxury of either a double story cabana that can accommodate a family of six or a simplex chalet fit for up to eight people.

The tidal pool on the beach is ideal for kids that are too young to brave the wild waves, but adrenaline junkies can look forward to some surfing, diving and fishing. UNTU Palms hosts one of the best surfing and rock fishing spots on the South Coast.

The resort has a large playground for children, a volleyball court, a swimming pool, a putt-putt course and a games room.

There are two laundry facilities, one situated close to the caravan park and chalets and one near the cabanas. UNTU Palms has access control throughout the premises of the resort



Various affordable accommodation options to choose from

#### SELF-CATERING UNITS

The cabanas and the chalets are fully-equipped self-catering units with full DSTV and air conditioners. The cabanas have a communal braai area with a playground while each chalet has its own private braai area. The cabanas cater for up to six people and the chalets for up to eight people. These units are cleaned daily. There is undercover parking available for one vehicle, and ample parking for a second vehicle at the cabanas and at the chalets. UNTU Palms provides all its units with clean linen, but guests must bring their own towels and dishcloths.

#### CAMPING FACILITIES

To accommodate backpackers, UNTU Palms has four sleeper tents with extensions available for rent. The staff will set up your tent on any of our 50 stands. UNTU Palms will provide the tent and two single beds. Bring your stretcher or sleeping bags along if you want four people to share the tent. All camping sites have a braai area.

#### A SELECTION OF STANDS

UNTU Palms has 18 regular sites available where you use the communal ablution block, 24 luxury stands with private ablution consisting of a private kitchen and bathroom, and 8 super luxury stands consisting of a private kitchen and bathroom and a bit more privacy. The stands have a communal braai area.



Not in the mood to set up your own camp? No problem – UNTU Palms has sleeper tents available and will set up your tent and provide two single beds.



## Diverse fauna and flora



The South Coast of KwaZulu-Natal is famous for its hardy coastal gardens that can withstand strong winds and high seasonal rainfall while flourishing in sandy soil. The gardens of UNTU Palms are no exception, and have their own diverse plant and flower species for visitors to explore. At UNTU Palms, gazanias are used as a groundcover. It is wind and sand tolerant and provides a cheerful bright yellow flower, adding colour to the garden. You will find hibiscus varieties in different colours only at UNTU Palms, situated on the Hibiscus Coast in Sunwch Port near Port Shepstone. UNTU Palms also has many interesting insects for nature lovers, and it supports the conservation and restoring of the indigenous flora and fauna of the South Coast.

## Loads of fun for the whole family

UNTU Palms hosts a variety of fun entertainment programmes over weekends and during holidays to entertain our guests. Guests are also welcome to make suggestions on how UNTU Palms can make their stay even better.

- Children's face painting
- Family sandcastle competition
- Street braais
- Treasure chocolate hunt
- Putt-putt competitions
- Pool boerewors braai
- Daily jumping castle next to the swimming pool area
- Crappie jig on the beach
- Water cascades
- Mr & Mrs UNTU Palms
- Master Chef – who can make the best potjie?
- Boeresport
- UNTU Palms Karaoke
- Kiddies UNTU Palms photo competition.

“Vacation is about having nothing to do and all day to do it.”



## Plenty to do on the South Coast

- River rafting and tubing in the mouth of the Umzimkulu River
- Umtamvuna and Vernon Crookes Nature Reserves
- Onibi Gorge – a gorge 27 km long and 400 m deep that cuts its way through 365-year-old rock is a haven for thrillseekers. The world's highest bungee swing is located here. You can also do the world's highest natural commercial abseil at Onibi, take the Wild Slide, white-water raft or hike.
- Crocworld, home to the Nile crocodiles, at Scottburgh or the Riverbend Crocodile Farm
- Hlanganani Amusement Park in Margate
- Butterfly Farm at Ramsgate
- Port Shepstone Cultural History Museum
- Margate Municipal Art Museum
- Munster Motor Museum of vintage cars
- There are eight golf courses in the area. San Lameer is rated among South Africa's top 30 courses.
- Beaver Creek Coffee Estate in Port Edward
- MacBanana Lifestyle Centre is the perfect place for a family day outing for adults and children
- Ster-Kinekor at Shelly Centre in Margate
- The famous Waffle House in Ramsgate
- Pistols Saloon and Wild West Museum in Ramsgate
- Pure Venom Reptile Park in Shelly Beach.



## From scrumptious food to sundowners

### AUNTY BETTY'S CAFÉ

The South Coast of KwaZulu-Natal is known for its curry dishes, and Kayshenie at Aunty Betty's Café prepares some of the best curries in South Africa. After Kayshenie and her husband, Clint Dippenaar, bought the beloved take-away – well-known nationwide for its typical United Kingdom style fried fish – they revamped the café and added much more spice to the place. Now Aunty Betty's prepares mutton, chicken and vegetable biryani; mutton, chicken and bean curries; mutton, chicken, bean and sambal/vinegar chillies; bunnies; and potato, mince and sweetcorn samosas. For those who don't like the extra spice in life, Aunty Betty's also serves its famous fish and chips, battered calamari, pap, gravy and wors, a variety of burgers and rolls, salads, sandwiches, breakfast and snack platters.

### ORCA'S PUB AND GRILL

Situated on the beachfront, this popular restaurant and bar attracts people from all over South Africa who want to sample some of Orca's Pub and Grill's great food. Orca's has a magnificent view of the dolphins and whales that pass by in the Indian Ocean. "Our atmosphere is the best. We are a genuine home away from home," says owner Joey Roberson. Her extensive menu includes a selection of breakfasts, light meals like salads, toasted sandwiches, rolls and burgers, starters like chicken livers, cheesy garlic rolls, fried haloumi and a mussel bowl. The main meals include chicken cordon bleu, eisbein, schnitzels, a seafood platter; prawns, hake and fish, rump, T-bone, ribs and beef, and chicken or vegetable curries. Those with a sweet tooth can enjoy chocolate mousse, ice cream and chocolate sauce. Joey is the mother of Bafana Bafana soccer legend Eric Tinkler.

Aunty Betty's Café prepares some of the best curries and UK style fried fish and chips in South Africa.



The Waffle House in Ramsgate is a must!

Tel: 039 681 3325 • E-mail: [reservations@untupalms.co.za](mailto:reservations@untupalms.co.za) • [www.untupalms.co.za](http://www.untupalms.co.za)

HOSPERSA MEMBERS ENJOY DISCOUNTED BOOKING RATES



# Death Benefit

The Death Benefit is available to assist the family members when a member dies. **To qualify for a claim, members must have paid at least six months' membership fees.** For more information or assistance with a claim

Simply  
SMS **“Death Benefit”**

to 082 896 7890

and Hospersa will call you.



[www.hospersa.co.za](http://www.hospersa.co.za)



Eastern Cape  
043 722 3776

Kwa-Zulu Natal  
033 342 6847

Northern Cape  
053 842 2001

FORM 8.3 A / VERSION 03 / 2019

Free State  
051 448 4659

Limpopo  
015 295 3272

North West  
018 462 3692

## MEMBERSHIP APPLICATION

Gauteng  
011 791 2243

Mpumalanga  
013 752 6199

Western Cape  
021 591 9283

www.hospersa.co.za

I HEREBY APPLY TO BE ADMITTED AS A MEMBER OF THE HEALTH AND OTHER SERVICE PERSONNEL TRADE UNION OF SOUTH AFRICA (HOSPERSA) AND I SHALL ABIDE BY THE CONSTITUTION AS WELL AS ANY AMENDMENT THERETO.

### PERSONAL DETAILS

TITLE:  FIRST APPLICATION:  REJOIN:  MEMBERSHIP NUMBER:

FIRST NAMES:  INITIALS:

SURNAME:  GENDER:  F  M

POSTAL ADDRESS:  CODE:

PLACE OF EMPLOYMENT / WORKPLACE:

JOB TITLE:  DATE OF BIRTH:  Y  Y  Y  M  M  D  D

ID NUMBER:  PERSAL / SALARY NUMBER:

CELL PHONE:  TELEPHONE

E-MAIL ADDRESS:

PERMANENT  TEMPORARY; PERIOD: FROM  TO   CARE WORKER  STUDENT NURSE

STOP-ORDER AUTHORISATION (SALARY DEDUCTION)  DEBIT-ORDER AUTHORISATION (SALARY DEDUCTION)

### MEMBERS BANKING DETAILS

BANK:  BRANCH CODE:  ACCOUNT TYPE:  CHEQUE ACCOUNT  TRANSMISSION ACCOUNT  SAVINGS ACCOUNT

ACCOUNT NUMBER:

ACCOUNT HOLDER NAME:

CONSENT: I consent to HOSPERSA marketing products, services and special offers to me. HOSPERSA may share my personal information within HOSPERSA and with businesses that provide special advances to HOSPERSA members, for marketing purposes. HOSPERSA may also contact me for research purposes.

YES  NO  HOW SHOULD WE CONTACT YOU?  SMS  TEL  EMAIL

#### STOP-ORDER AUTHORISATION

I, the undersigned, hereby authorise HOSPERSA / MY EMPLOYER to implement the following deduction on the Persal / Salary system and to deduct my monthly membership fees calculated as follows: 1.1% of gross salary; minimum of R62.00 and a maximum of R102.00 or a fixed monthly fee of R35.00 for Care Workers and Student Nurses only (or any such amount as may be determined by the National Executive Committee of the Trade Union) from my salary (above salary/Persal number), as from ..... - 20.....

I understand that three (3) months' (for Public Sector); or one (1) month's (for Private Sector) written notice of resignation to my employer and HOSPERSA is required prior to terminating my membership and this stop order. I understand that membership fees are due and collectable by HOSPERSA while I am a member of HOSPERSA.

PRIVATE PAYMENTS: A fee of R102.00 pm or R35.00 pm for Care Workers and Student Nurses only, is applicable with a minimum payment for 6 months. Proof of all payments/ bank deposits must be faxed to 031 755 8455, clearly reflecting the following information: Name, Surname, Membership Number, Identity Number, Contact Details and period for which payment is made.

Bank: ABSA  
Account Name: HOSPERSA CASH COLLECTION  
Account Number: 4091574717  
Branch Code: 632005

DATE:  SIGNATURE:

#### DEBIT-ORDER AUTHORISATION

I, the undersigned, hereby authorise HOSPERSA / MY EMPLOYER to deduct from my account at the above bank the sum of R..... per month/per annum with effect from ..... - 20..... which covers my membership fee to HOSPERSA and to continue deducting the said amount every month / annually until receiving further written notice.

I authorise the deduction of any banking costs arising from these instructions. I agree to any banking costs arising from these instructions. I agree to any adjustments of the membership fees without prior notice. I understand that membership fees are due to and collectable by HOSPERSA while I am a member of HOSPERSA.

DATE:  SIGNATURE:

#### AUTHORISATION TO BANK

I / We hereby request and authorise you or your authorised agent to draw against my/our account with the above mentioned bank (or any bank/branch to which I/we may transfer my/our account) the amount necessary for the monthly premium due in respect of the above mentioned membership. All such withdrawals from my/our bank account shall be treated by you as though they have been signed by me/us personally.

I / We agree to pay the bank charges in connection with these instructions and the costs thereof in accordance with the South African clearing bank's tariff in force at the time.

I / We understand that:

- The withdrawals hereby authorised will be processed by computer;
- details of each withdrawal will be reflected on my/our bank statement or the accompanying voucher; and
- the obligation to ensure that you receive my/our monthly premiums remains with me/us, despite this debit order authorisation which is granted to you.

I / We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premium due in respect of the above mentioned membership is duly drawn by you in terms of this debit order authorisation, and I/we hereby record that your acceptance of this debit order authorisation in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made. This authorisation shall be in force and effect until it is cancelled by me/us by giving you 30 days' written notice by the registered post, but I/we understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force, unless I/we can prove that any such amount were not legally owing to you. Receipt of this notice by you shall be regarded as receipt of the notice by my/our bank.

#### Recruiter Details

Please complete a Recruiter Registration Form if you are a first-time recruiter or if your banking details have changed

Recruiter's Full Name:  Recruiter Member No.:

ID number:  Recruiter Contact Number:



# BECOME A RECRUITER AND EARN AN EXTRA INCOME



**Earn an excellent supplementary income from recruiting members!**

Hospersa recruiters receive the following rates:

- Up to 99 members in a calendar year = R75 per member
- From 100 members and more in a calendar year = R100 per member

**Requirements:**

Recruiters have to be Hospersa members and registered taxpayers

# Health and Other Service Personnel Trade Union of SA

## JOIN US NOW: 0800 006 145

### NATIONAL OFFICE - HILLCREST

Strangeways Office Park, 6 Delamore Road, Hillcrest, Durban, 3610  
PO Box 231, Kloof, 3640. Tel: 031 765 4625 | Fax: 031 765 4629  
email: officegs@hospersa.co.za

### NATIONAL OFFICE - PRETORIA

Building C, 242 Jean Avenue, Die Hoewes, Centurion, 0157  
PO Box 17474, Lyttelton, 0141. Tel: 012 664 6353 | Fax: 012 664 6366  
email: admem@hospersa.co.za



#### Eastern Cape

Tel: 043 722 3776  
Fax: 043 722 3766

#### Mpumalanga

Tel: 013 752 6199  
Fax: 013 755 2680

#### Gauteng

Tel: 011 791 2243  
Fax: 011 791 2244

#### KwaZulu-Natal

Tel: 033 342 6847  
Fax: 033 394 5768

#### Northern Cape

Tel: 053 842 2001  
Fax: 053 842 2003

#### North West

Tel: 018 462 3692  
Fax: 018 462 1362

#### Limpopo

Tel: 015 295 3272  
Fax: 015 295 4514

#### Free State

Tel: 051 448 4659  
Fax: 051 448 4670

#### Western Cape

Tel: 021 591 9283  
Fax: 021 591 3803