

Primary health care

Reaching out

The last two years have seen considerable steps being undertaken in the introduction of primary health care workers in KwaZulu.

A draft policy for KwaZulu is currently being finalised for formal consideration by the Cabinet, while training programmes have already begun.

The primary health care programmes in KwaZulu will endeavour to directly address the following issues:

1. Adequate nutrition.
2. Safe adequate water supplies.
3. Safe water disposal.
4. Maternal and child health and family planning services.
5. Prevention and control of local endemic diseases.
6. Diagnosis and treatment of common diseases and injuries.
7. Provision of adequate drugs and supplies for all the above elements of primary health care.
8. Health education.

In order to ensure the maximum effectiveness of the approach, elaborate plans have been drawn up which make provision for the appointment of specially trained primary health care staff from the level of deputy director at Head Office to a grassroots community health worker at local level.

As community participation is a key issue in the success of primary health care, provision is made for local level community health committees as a means of involving local people in determining priorities in health needs as well as promoting dialogue about health issues.

Many small-scale projects have been started in various areas of KwaZulu. The Department of Health does not intend imposing on the older projects but, rather, is taking time to facilitate upgrading the skills of the workers to enable them to participate fully in

the new scheme.

Clarion Call visited the Hlokozi area near Highflats and interviewed two grassroots community health workers serving the area.

Both Mrs Ethel Mazibuko and Mrs Claudia Majozi are retired school teachers who put in several hours a day reaching out to the community with their health message.

They have no illusions about the problems the community faces and unlike many professional workers who so readily "blame the victim", they both display great sensitivity to the difficulties that people face in their struggle

to maintain health standards.

Asked about whether the people in the community accepted them as partially trained lay workers, both Mrs Mazibuko and Mrs Majozi emphasised that they had no problems about being accepted in the community.

They pointed out that, particularly in poorer communities, people tended to be afraid of professionally trained health workers.

They believed their high level of acceptance in the community derived from the fact that they were older women themselves with a great deal of "life" experience.



Mrs Ethel Mazibuko, Community Health Worker, welcomes a mother and a child to the "Under Fives" clinic run at Hlokozi

"We are well aware of the difficulties that we ourselves have had to work through in our own lives and in our own homes.

"We want people to communicate with us and to know we understand them. We do not want them to be afraid of us.

"We know we have to work hard at reaching out to people to make sure they feel supported and encouraged in these difficult times. We believe we do this successfully which is why people in the community are always happy to see us."

The work undertaken by the two ladies is mostly motivational.

Homes are visited and information is disseminated about basic hygiene, the importance of immunisation, making water safe to drink as well as environmental health issues.

People are also informed about services available at the local clinic.

Asked whether the community expected more than just advice, both community health workers agreed that their limitations in terms of resources and skills were an obstacle to progress.

"Particularly in terms of the malnutrition we see as a result of ill health in the family or unemployment.

"Words are simply not enough and some of the people feel very bad when we advise them about correct foods and there is no money or means of

obtaining that food.

It would appear that while, at times, food supplements are available at the clinic, the supply is sporadic.

Both workers believe far more needs to be done to improve the overall standard of living in the area. They both would like to see more food production projects as well as more attention being directed to two other problems that exacerbate the poverty of the area — chronic heavy drinking and teenage pregnancies.

Both workers are paid by World Vision and when told about the debate in primary health care about whether people should be voluntary workers or not, both workers expressed grave reservations about expecting people to work voluntarily.

They pointed out that, traditionally, mutual care was a cornerstone of community life. They explained the practice of "ilima" whereby communities would rally to help a family with some special tasks.

However this was a sporadic occurrence and could not be compared with the full time nature of the activities required to promote primary health care.

They also believed that people often fail to appreciate the demands made on rural women's time in terms of gathering firewood, fetching water and working in the fields.

They found that the work they did as

primary health care workers required a lot of their time and felt it was unrealistic to expect people to make the same kind of commitment as voluntary workers.

Asked about what they felt their real strengths were as community health workers, they said they believed they had a particularly good relationship with mothers and, equally important, grandmothers.

"Grandmothers take a lot of responsibility for the care of young children.

"Very few of them have any proper understanding of modern child care and therefore do not believe in immunization.

"We visit them and urge them to make use of the clinic facilities. We feel we have really been able to get through to them and help them with their problems."

Both workers welcomed the new primary health care proposals in Kwa-Zulu. They hope that as the programme develops, their skills and roles will be expanded to meet broader health needs of the community they serve.

They also hope that professional health workers will eventually accept them as full and equal partners in the health team and not keep them on the periphery as sometimes happens now.



Mrs Claudia Majenzi chats to a breast-feeding mother waiting at the clinic



Mrs Mazibuko advising mothers on diets for their children