Rural Child Health

A Case Study in Negligence and Social Injustice

Franz Reiger

Northern Zululand, a holiday paradise for some, is hell for a large number of its inhabitants, particularly children. Unsafe water, insufficient food, widespread poverty, a low level of education and a poorly functioning health service form the background to a scenario where most child deaths at Bethesda hospital, a district hospital in northern Zululand, are due to diseases that can be prevented (see fig. 1).

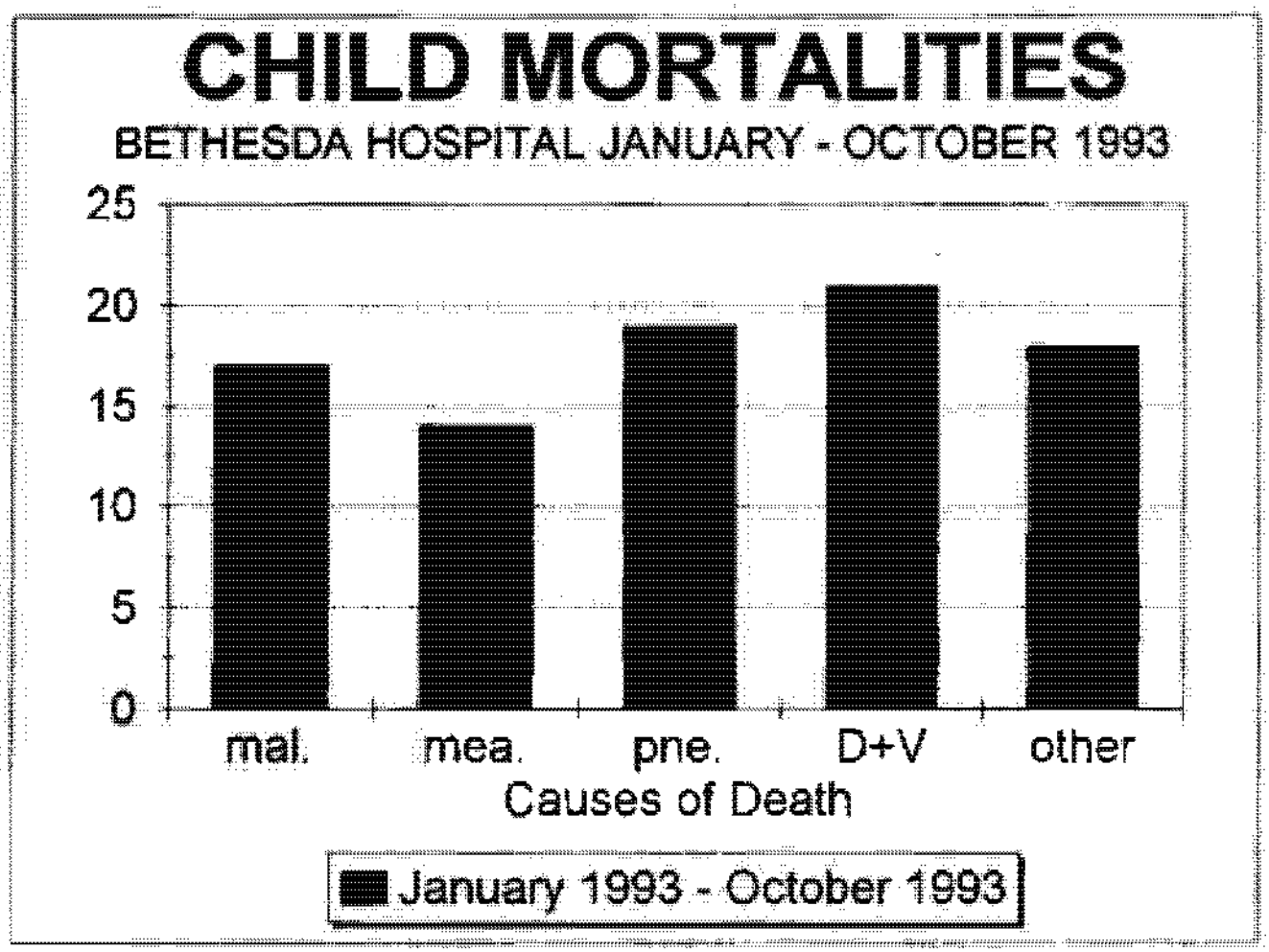


Fig. 1: Infant Mortality Rate due to preventable diseases
key: mal = malnutrition, mea = measles, pne = pneumonia, D & V = Diarrhoea & Vomiting

The extreme vulnerability of children in this area was highlighted during the recent drought, during which there was a more than two fold increase in child mortalities at Bethesda Hospital. From figure 2, it can be seen that we expect a 200% to 300% increase in deaths, from 44 deaths in 1991/92 to about 100 in 1993.

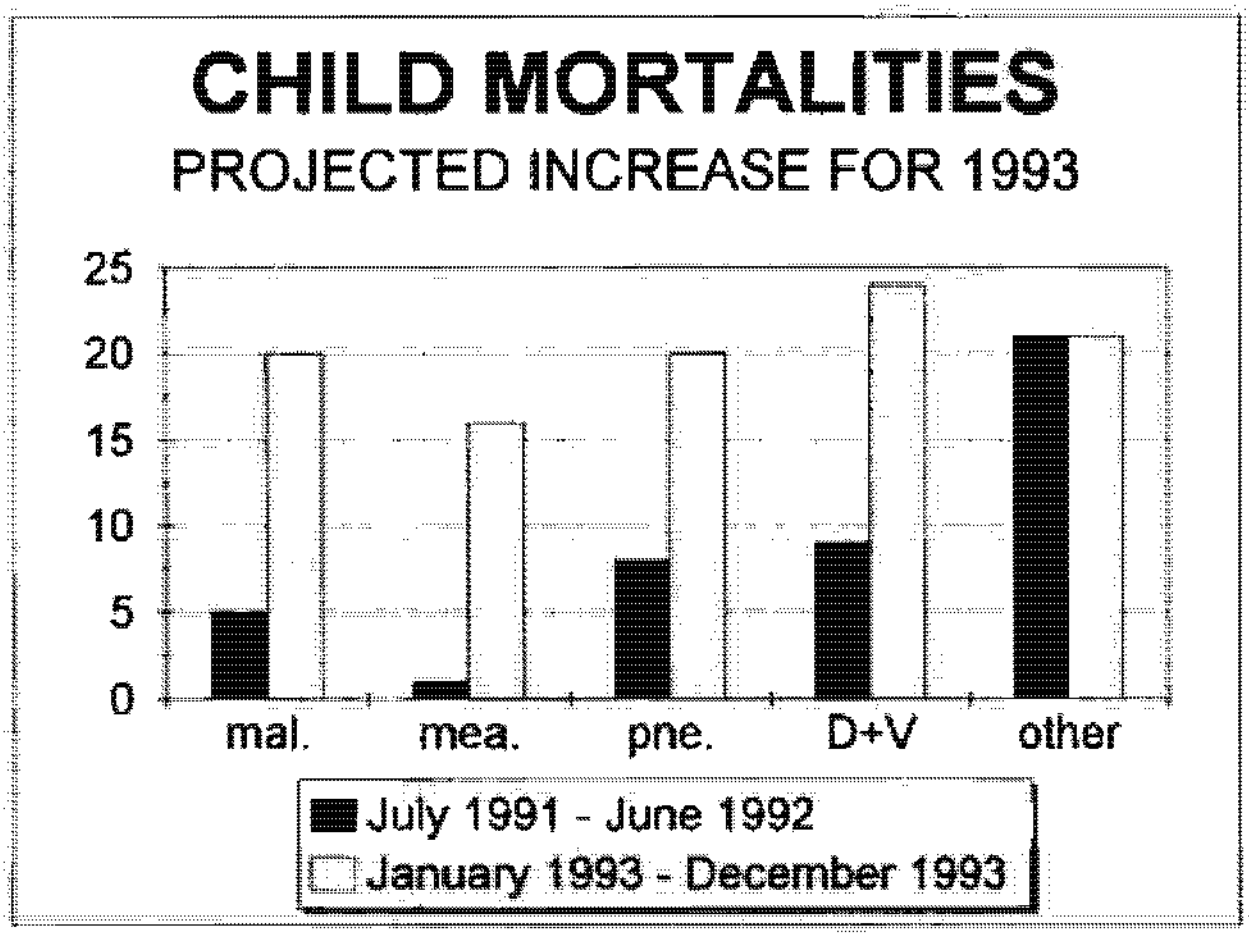


Fig. 2: Expected increases in Child Mortality for 1993

At the same time, resources in the Bethesda health ward were not allocated according to priority health problems. Instead, they were apportioned to meet the personal interests of individual managers. In the face of rising child mortalities, new, expensive vehicles were allocated to the administrative section instead of outreach services. New air conditioners were put into offices at the district hospital, but the appalling working and living conditions in the community services were overlooked.

Inappropriate Hospital Based Curative Work

The Bethesda health service is a prime example of a health service that has shown little commitment to primary health care as laid out in the Alma Ata declaration. Even selective primary health care measures, like GOBI-FFF, are

not effectively implemented. Monitoring of the cold chain is non existent and immunisation coverage is only about 60%. Growth faltering is often only detected when children present with symptomatic malnutrition to the health service.

Provision of sufficient numbers of scales to health workers was obstructed by local and head office management. Four million rand was allocated to erect new out-patient and office buildings at the district hospital, while peripheral clinics have no electricity and leaking roofs. Health services are centred around the hospital and strong emphasis is placed on relatively expensive curative procedures which have no lasting impact on the health of the community. Doctors and nurses, the most expensive component of the health ward budget (their salaries account for 74% of the total allocation), spend most of their time on curative work. Sporadic attempts by individuals to provoke a real change towards primary health care have met great resistance from local and national health service managers. Local management is not visibly accountable for the success or failure of its health programmes, either to the community, or the national managers.

Bethesda No Exception

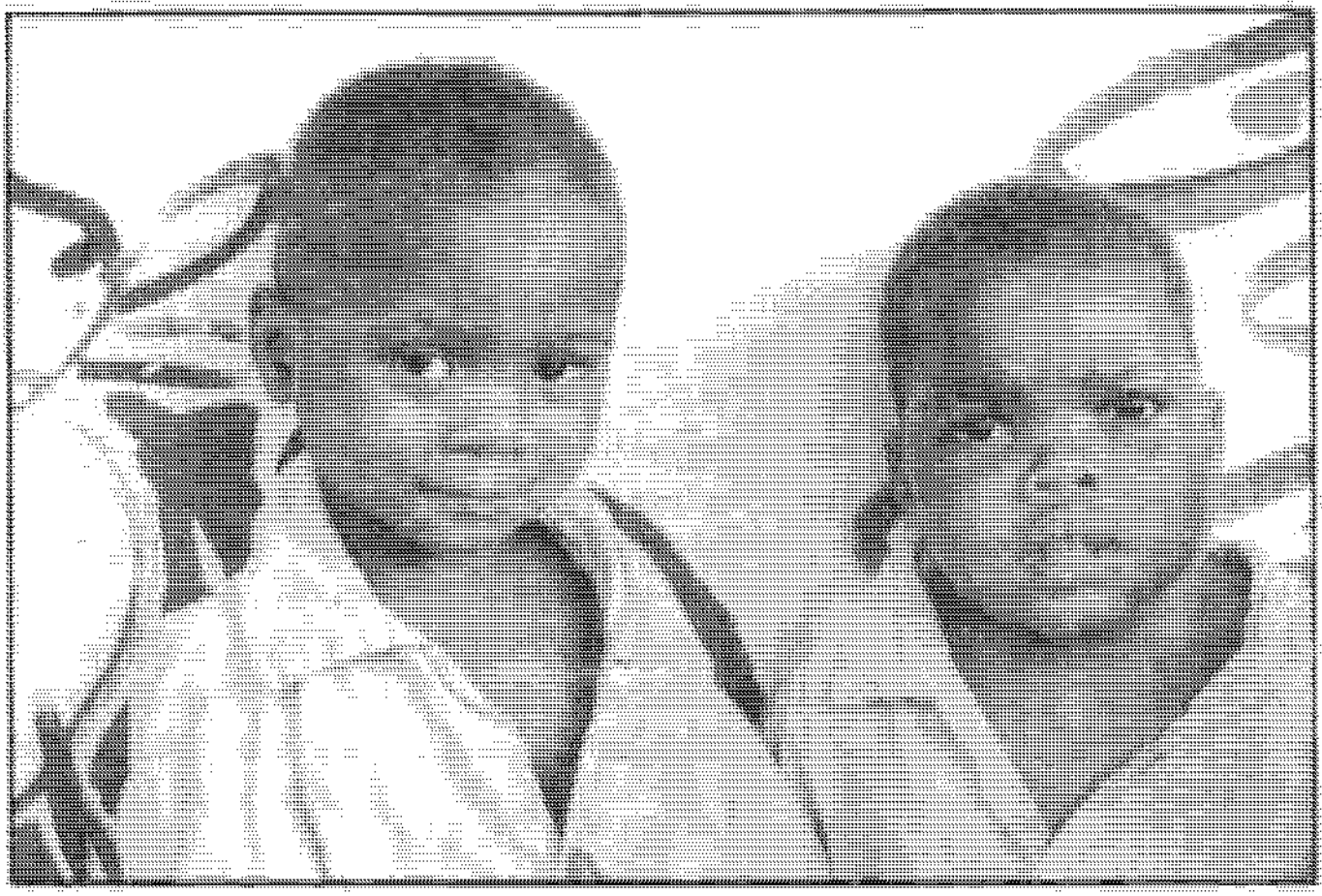
Is the Bethesda health ward just an unfortunate exception in a country that looks after its children's health? South Africa has an under five mortality rate similar to that of Burma, a country ten times as poor. Countries like Sri Lanka and Costa Rica are also poorer than South Africa, but have achieved far lower under five mortality rates.

Does this gloomy picture painted by national statistics and observations from the Bethesda health ward call for resignation? Is it just 'natural' that twice as many children die in years of drought? Is poverty and poor child health a reality that is here to stay?

There is reason for hope. The causes of poor child health in South Africa are not a mystery. The lack of basic necessities, such as food, clean drinking water, adequate education and accessible health services, are responsible for most illnesses. Comparison with other countries shows that it is possible for a country with less than half the wealth of South Africa to have a far higher level of child health.

Health Management Support Programme

However, only a firm commitment to primary health care, in a climate of social and economic justice, will allow children the health they are entitled to. Will the



Clinical signs of malnutrition, northern Natal, 1993.

new government be able to translate a theoretical commitment to a more just society into real change?

National or regional managers from the apartheid days who created or sustained government services that proved grossly inefficient will inevitably have to be replaced by people genuinely committed to a more equitable society.

However, one of the most difficult challenges will be to take many of the other people working for the present government along on the path towards a more equitable society. Will it, for example, be possible to persuade mid level managers, like administrators of district health services, to change a system they identify with and have greatly benefited from in the past? Whatever the decision, both old and new managers will initially need a strong structure that is able to provide training, ongoing supervision and support. A health management support programme should be organised as soon as possible. Considerable amounts of funds and trainers from national and international resources will be required.

Franz Reiger is a paediatrician at Besthesda Hospital in northern Zululand

According to the Medical Superintendent

Dr Reid, in the six months that you have been the Superintendent of the Bethesda Health Ward, you have tried to change the curative hospital centred service into a more decentralised primary health care based service. What were the greatest obstacles?
I would say lack of local control. Most strings are held by a central administration and decisions do not seem to take local needs into account. Let me give you an example. The Department of Works decides which building projects get given priority. Bethesda Hospital will soon have new offices and an outpatient building. The local need is to upgrade buildings in the community services.

What are the priority child health problems in the Bethesda health ward?
Malnutrition, diarrhoea, pneumonia and poor maternal education.

Is there anything that gives you hope that child health will improve over the next few years?
Meeting sincere and committed people in the health services. The community health worker structure is another source of hope for me. In our area specifically, it gives me hope to see community leaders who are prepared to actively participate in an attempt to improve the health of children.

What, in your opinion, are the most important changes that have to be made to the present health service?
A new health service must have an in built system of accountability to the community. It will be very important to decentralise power to district health services. Administration will have to be rationalised as much as possible.