MULDERSDRIFT CLINIC

Muldersdrift is a farming area 40 km north east of Johannesburg. A clinic run by Wits medical students during the 1970's and early 1980's, was forced to close, and a completely inadequate health service for people in the area existed until a new clinic was opened in 1984.

The report that follows was written by the students involved in this project. It discusses the approaches, the difficulties, and the successes in the attempt to get the people of Muldersdrift involved in running their own health service.

Muldersdrift clinic is staffed by a rotating group of doctors and medical students

Poor wages, poor living conditions, poor health

About 39 000 people (8 000 whites and 31 000 blacks) live in the magisterial district of Muldersdrift. The area is divided up into about 700 small-holdings. Most of the black people in the area are farm labourers and are very poor. Some of them earn as little as R20.00 per month. An average of six people share a hut or shanty, but in some cases there are as many as fifteen.

Most of the diseases that these people suffer from are related to poverty: marasmus, kwashiorkor, small-for-age babies, gastro- enteritis, and other infections.

Until recently, the Transvaal board for the development of peri- urban areas (now the regional services council for the area) was responsible for health services in Muldersdrift. However, before the clinic was opened, the only health service within 20 kilometers was one nurse, who immunised at schools and a few farms.

A recent study shows that before opening the clinic, only 29 percent of the children in the area had ever received a diphtheria/polio vaccination. Figures for the other vaccinations were just as low. The nearest hospital is 20 kilometres away in Krugersdorp.

This gives some idea of the inadequacy of health services before the new clinic service opened. It also shows how badly resources are distributed. Right on the doorstep of the metropolitan area of Johannesburg, farm labourers did not have access to the most basic health services.

The new Muldersdrift Clinic

In April 1984, the new Muldersdrift Clinic opened with the aid of private funding. It is open each Saturday morning and is staffed by a rotating group of medical students and doctors.

The clinic provides a paediatric service and family planning facilities.

The clinic staff realised that a problem with student-initiated projects was that these often ran out of steam. That is one of the reasons why it was important to involve the community in the clinic project. Community volunteers could be taught to staff the clinic and to take over much of the administration. In this way, the clinic could carry on in the long run even if individual students withdrew from the project.

Discussions with groups of women were held to find out their needs, criticisms and suggestions regarding the clinic. At the same time, individuals were encouraged to take part actively in all aspects of its functioning.

One woman became the mainstay of clinic operations almost immediately. She said she needed to be paid if she was to help. Although we hoped the clinic could be run by unpaid volunteers, we decided to pay her.

Meanwhile, another woman who had been working in the area, went for training as a family planning motivator by State Health. Although we had hoped she would provide broader services such as health education, growth monitoring

and immunisation recall, she has only been involved in family planning. This is because she had to fill her "quota" of new clients and perhaps also because of limited skills, confidence and back-up support.

Problems with our approach

At this stage, we found out that there were several poblems with our approach. Firstly, we only focused on the clinic itself. Secondly, we did not leave enough opportunities for the community to become fully involved in decision-making and guidance of the health care which we delivered.

There is no real community organisation which could challenge any of the social, economic and political factors affecting health. Only a few volunteers came forward and those that did, did not stay long. It became more and more questionable whether we could expect members of such a poor community to volunteer to work at the clinic without being paid.

We also got very frustrated at not being able to change the overall health of the community, to establish a good working relationship with the community and to find out exactly what its needs and opinions were.

Now we see that we need to pay clinic workers if we are to keep their support. We also started a new approach to community participation.

Forming a clinic committee

Several studies on the clinic showed that the clinic in itself could not tackle problems which caused ill health in the first place - namely, problems of unemployment, low wages, and poor living conditions.

Bearing this in mind, we had to rethink and change our approach to community involvement.

The idea of forming a committee was put forward. This committee, we hoped, would represent the various geographical areas, classes and sexes of the community, and would thus represent its needs adequately. We thought the committee might canvass the needs and opinions of the community and work with the students towards solving various problems.

These problems related to all matters of daily life which affect health, for instance living conditions, income, etc.; and to matters of the delivery of health care in the clinic and the mobile family planning service (run by State Health).

The idea was discussed at the Saturday morning clinic over some months. People generally agreed that it was a good idea to form such a committee.

At two meetings (which were both attended by about 20 people), our idea of looking at health in terms of people's living and working conditions was discussed. We also discussed general health problems, and the possible role of the committee.

It was decided that two things needed to be done in the near future:

- the community would have to put forward its feelings about the working of the clinic

- we would try to extend the clinic's opening hours to include a morning in the middle of the week for those mothers who worked on Saturdays.

A date was set for the third meeting but before it occurred, we realised that there were a number of problems. We called the meeting off, with the agreement of committee members of the clinic. The major problems that we saw were:

- The committee was too small and did not represent the whole community in terms of class, age and area; (also, committee members were not elected).
- The committee was not democratic; it was dominated by clinic workers, a priest and a schoolmaster.
- In the six weeks of its existence, the committee had made very few gains; members of the committee had not managed to communicate at all with each other. Without phones or transport, and without resources, information, contacts, or organizational skills, our group could not possibly work properly.

In addition, students had very little contact with the community, which meant support and exchange of ideas would have been very limited.

A new approach

So, in order to involve more people, we prepared for a "mass" meeting. About 70 women attended the meeting and it turned out to be very constructive in many ways:

- People could exchange ideas and express grievances freely.
- By doing so in the large group, a sense of community may have begun to form, something which hadn't happened before because the people live far distances from each other and have no forms of organisation.
- We, the students, learned a great deal about people's lives and hardships.
- Many people felt that unity amongst the community and with the students was a starting point towards solving problems.

We ourselves can address only very few of the problems. People know this. They feel that despite this, it would be very useful to continue with the project and the new approach.

Many people are prevented from attending the clinic by employers. Outspokeness makes people lose their jobs on the spot, so taking part in this project is very dangerous for the very people we wish to help.

Comments, criticism and assistance would be warmly welcomed.

Muldersdrift Clinic Student Committee,
c/o MSC Office,
Room 4A:07, Level U4,
Medical School,
University of the Witwatersrand,
York Road,
2193 Parktown,
Johannesburg.
(011) 647-2451