MANZIMAHLE VILLAGE HEALTH WORKER PROJECT - CALA DISTRICT TRANSKEI

The Health Care Trust, a Cape Town based group of health workers, talks about its project in the Cala district of Transkei.

Introduction

Village Health Worker (VHW) projects became popular mainly through the success of the Chinese "barefoot doctor" schemes. We must, however, remind ourselves that in a country such as China, the training of barefoot doctors to work in their rural village, was part of a total restructuring of society and not merely the health care system.

This is obviously not the case in South Africa. Therefore when setting up such schemes, we should bear the following in mind:

- VHWs should not be used to patch up a government's inadequate services
- VHWs should not be seen as a second best substitute for doctors. They should be part of a health team whose work is equally important and often more difficult and varied than the conventional doctor's, as is preventive work in the broadest sense.

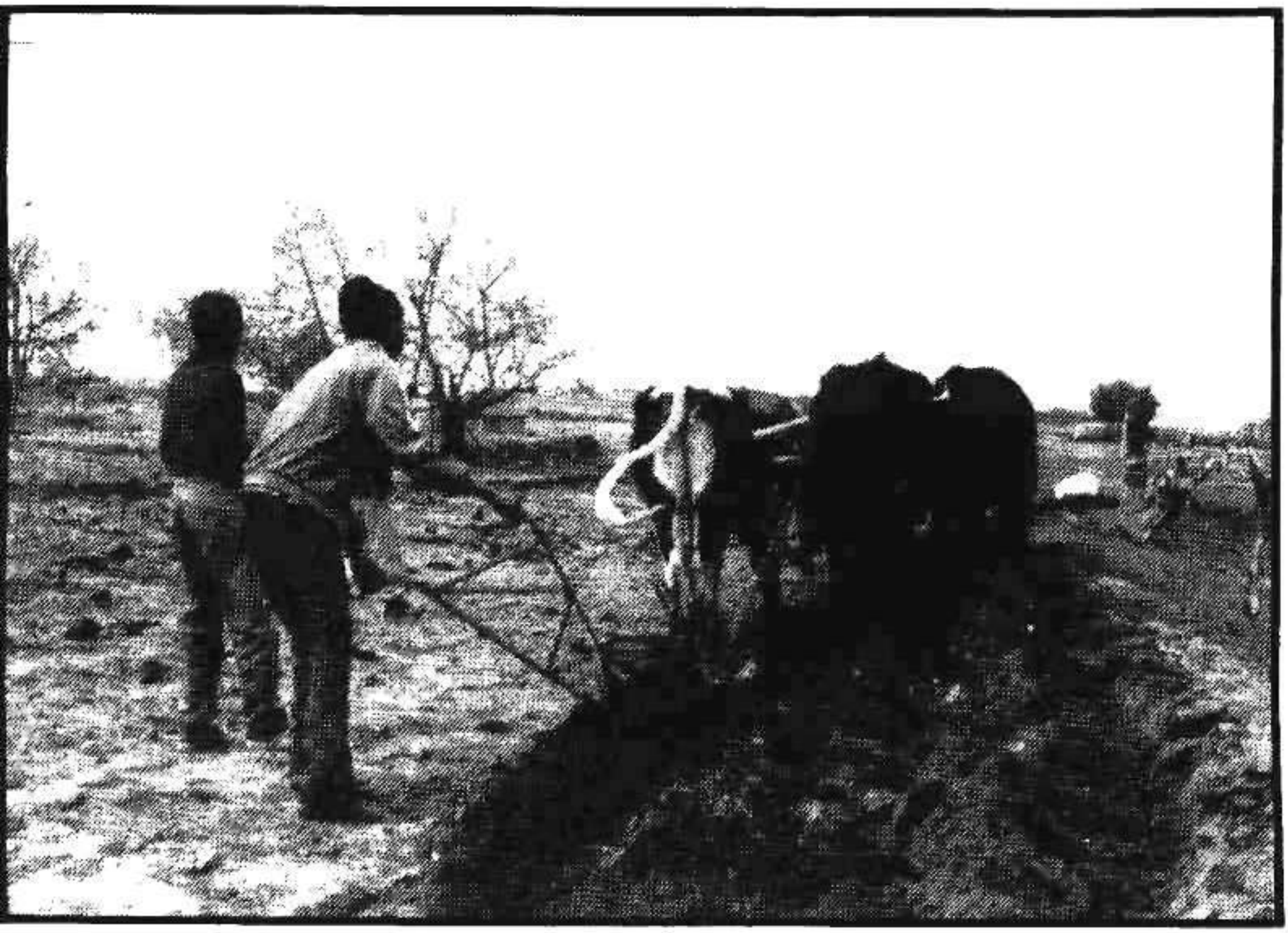
In our country VHW projects operate where few, or no health care services are provided. In these areas, there is little, if any possibility of meeting the basic needs of people such as water supplies, sanitation, housing, food or adequate land to cultivate, education in the form of schooling and literacy or work opportunities.

In other words, VHS projects work mainly within the limitations of South Africa's "bantustan" system.

It is well known that the health of people is far more determined by politics and power groups, by distribution of land and wealth, than it is by the knowledge and treatment of disease. Health workers and health projects that hope to provide for healthy lives must be committed to bringing about a healthier distribution of wealth and power.

When the Health Care Trust (HCT) started this project, people involved never believed that it could change the health care situation in South Africa or contribute towards political change.

Its main aim was to try to work towards alternative approaches in the broad field of health. Through involvement in projects, HCT wanted to test whether and how these approaches would work in practice. With this in mind, we will look at the problems our project has encountered in the six years of its existence.



There is little, if any possibility of meeting people's basic needs

Why did the project start?

After a conference at the University of Cape Town on the "Economics of Health Care in South Africa", which focused on health conditions in the rural areas, health professionals felt that something more practical should be done about the situation.

Therefore the idea of training health auxiliaries in the form of VHWs was considered. HCT was set up by SAMST to employ a doctor to choose a village in a rural area where a pilot VWH project could be started.

The idea was to set up similar projects in other areas if this prior project was successful. At the time there were other health projects in existence e.g. the Valley Trust, Elim Care Groups and some VHW projects in Ciskei and Kwazulu.

Most of these projects, except for the Valley Trust, were extensions of government run health services. The policy of the HCT was to remain independent of the state health service's control and give " ... a new direction in medical care". We will see whether this was accomplished.

How did the project operate?

A village called Manzimahle in the Cala district of Transkei was chosen for the pilot project. Manzimahle is about 20 km from Cala, and has about 3 000 inhabitants. It has a clinic built by the community and run by the Transkei Health Department. There is one primary school.

Permission was granted by the Health Department of Transkei for HCT to work in the area. The Medical Superintendent and matrons of Cala Hospital had shown interest in supporting the project. The headman of Manzimahle gave his permission and the community agreed to the project.

Fourteen VHWs were elected at a community meeting. At first glance this looks like a democratic process; but it turned out that most were of a "higher class" and "respected" in the community or were relatives or friends of the headman and sub- headmen.

A co-ordinating committee consisting of the hospital hierarchy, representatives from the VHWs, the clinic sisters and the VHW trainers was set up. The role of this committee was:

- to give support to the trainers in the form of lesson preparation and reading and discussion in relation to the project
- to help with evaluation for the project and of the VHWs
- to plan future projects and strategies together with the trainers and VHWs

VHW projects operate where few, or no health care services are provided

Training of VHWs

The work of the VHWs was to be mainly preventive. The Transkei Department of Health tried to enforce this by laying down, in a written document, limitations on what curative skills the VHWs could carry out and what they could stock in their First Aid boxes.

The training was carried out by the doctor and the staff nurse employed by HCT. The VHWs were divided into three groups geographically, because Manzimahle is a very scattered village.

Weekly lessons were given to each group on common diseases in the area e.g. malnutrition, diarrhoea, TB, ringworm, scabies, headaches, upper respiratory tract infections, strokes, heart attacks, infectious diseases of childhood, tetanus, meningitis, fractures, poisoning, fits and also on immunisation and the road to health chart.

The VHWs have created their own songs on various diseases for teaching and learning purposes. Each VHW has a file of handouts and notes on lessons.

Apart from the lessons, the VHWs do home visits where they give advice about personal hygiene and prevention of disease. They treat some of the minor ailments and refer others to the clinic or hospital.

The VHWs played an important part in organising and encouraging the building of pit latrines and vegetable gardens. A rotating fencing loan system was started with financial aid from HCT. A spring protection project is still in progress.

Up until this point, on the surface, the project seemed to be going very well.

The Transkei Department of Health was happy that an agency was helping to improve its inadequate health services. The hospital administrative staff were being given credit for this.

The headman and sub-headmen were satisfied that their village was being improved and the VHWs were genuinely enjoying their newly acquired knowledge and status. None of the existing power structures were being threatened. In fact their status and credibility were being enhanced.

Problems started to surface after both the Medical Superintendent and the HCT doctor left the project at about the same time. The two staff nurses who had worked with the HCT doctor left soon afterwards and a new staff nurse was employed to run the project. HCT had by this stage appointed an independent outsider to evaluate the project.

The evaluation

The main problems that emerged were the following:

- There was a great deal of tension between the VHWs and the clinic staff. This was largely due to the common attitude of "professionals" who did not accept and recognise the capabilities of "non-professionals".

- There was not enough support and training for the newly employed trainer from the hospital staff or from HCT.
- The co-ordinating committee was not functioning at all. After the Medical Superintendent and the doctor left, the matrons were overtly obstructive and hostile towards the staff nurse.
  This was probably because the matrons resented a staff nurse, trained by them, having relative autonomy over a project which was not directly under their control. Previously the project had been, in their eyes, under the control of a doctor and this was acceptable to them.
- The fining system of the headman especially when related to health issues e.g. the building of toilets, could turn the VHWs into "rural police".
- The HCT policy was regarded by most people i.e. hospital staff villagers and the trainer, as being vague with no clear direction.
- The project was largely isolated from other community projects and progressive organisations.

Some of these problems remain unsolved e.g. the attitude of the matrons and the establishment of an effective co-ordinating committee.

The autocratic rule of the headman and his Tribal Authorities Board remains unchallenged. The "board" had exploited the issue of building toilets for its own purposes and fined people R20 for not having toilets.

The trainer and the VHWs challenged this fining system. They argued that this defeated their purpose. People who are already impoverished would have even less money to buy material for building a toilet as well as less money for food, seeds, clothing, etc. Therefore they would end up less healthy than before.

Another useful tactic used by the trainer and VHWs was to include sub-headmen actively in the committees e.g. fencing and spring protection committees. We have noticed that since they have been actively involved in the project, they have become more amicable and are supportive rather than hostile towards the project.

The relationship between the clinic staff and VHWs improved after a number of discussions between the two groups had taken place in the presence of the evaluator and trainer. There is still a good working relationship between them.

The HCT policy was redrafted by Trustees and employees and explained and discussed in detail with the VHWs, the hospital staff and villagers at a community meeting. There seemed to be no problems or objections.

A co-ordinator was employed to draw up and carry out a relevant training course for the trainer and to give support in the form of working with her and helping with problem solving. Later a co-worker was employed as well.

The project is no longer totally isolated. Visits have been made to other projects and vice versa. There is also a network of community workers from various non-governmental organisations in Transkei which has been meeting on a regular basis for about two years.

The purpose is to share ideas, knowledge and skills and to discuss problems and possible solutions. Although this group is not without problems, it has served well to break the feeling of isolation.

Problems experienced since the evaluation

The hospital hierarchy blocked and prevented our first attempt to expand to another village and tried to put an end to the Manzimahle project. This however, was strongly opposed by the community as well as the VHWs and clinic sisters. As a result, the attempt failed.

This was a high point of the project as HCT did not itself intervene. It was entirely the decision of the villagers. The project at this stage seemed to be making some headway in getting greater community participation.

VHW's played an important part in encouraging and organising vegetable gardens

The murder of Batandwa Ndondo

Our most devastating setback was the murder of Batandwa, the new VHW co-ordinator, in September 1985. This came at a time when the project was gaining strength daily and was ready to expand again.

The project now continues on a day to day basis, but the strength that had been built, has suffered. The plans to expand have been thwarted for a while.

Probably because of the type of person Batandwa was, and because of the complete unexpectedness and the extreme brutality of his murder, we have been too shocked and slow to replace him. We have finally decided that the previous co-ordinator should return to bridge the gap until a new co-ordinator is employed.

The trainers and villagers are too fearful and suspicious to discuss the issue of his murder in depth. They have responded by continuing with the spring protection and their daily living. His death has also, obviously, had an effect at a broader political level.

Conclusion

This paper has attempted to show the difficulties of putting ideas for an alternative health system into practice, especially in an extremely repressive system. All went well until a section of the ruling class was threatened. The clearest example of this is the response and actions of the hospital hierarchy.

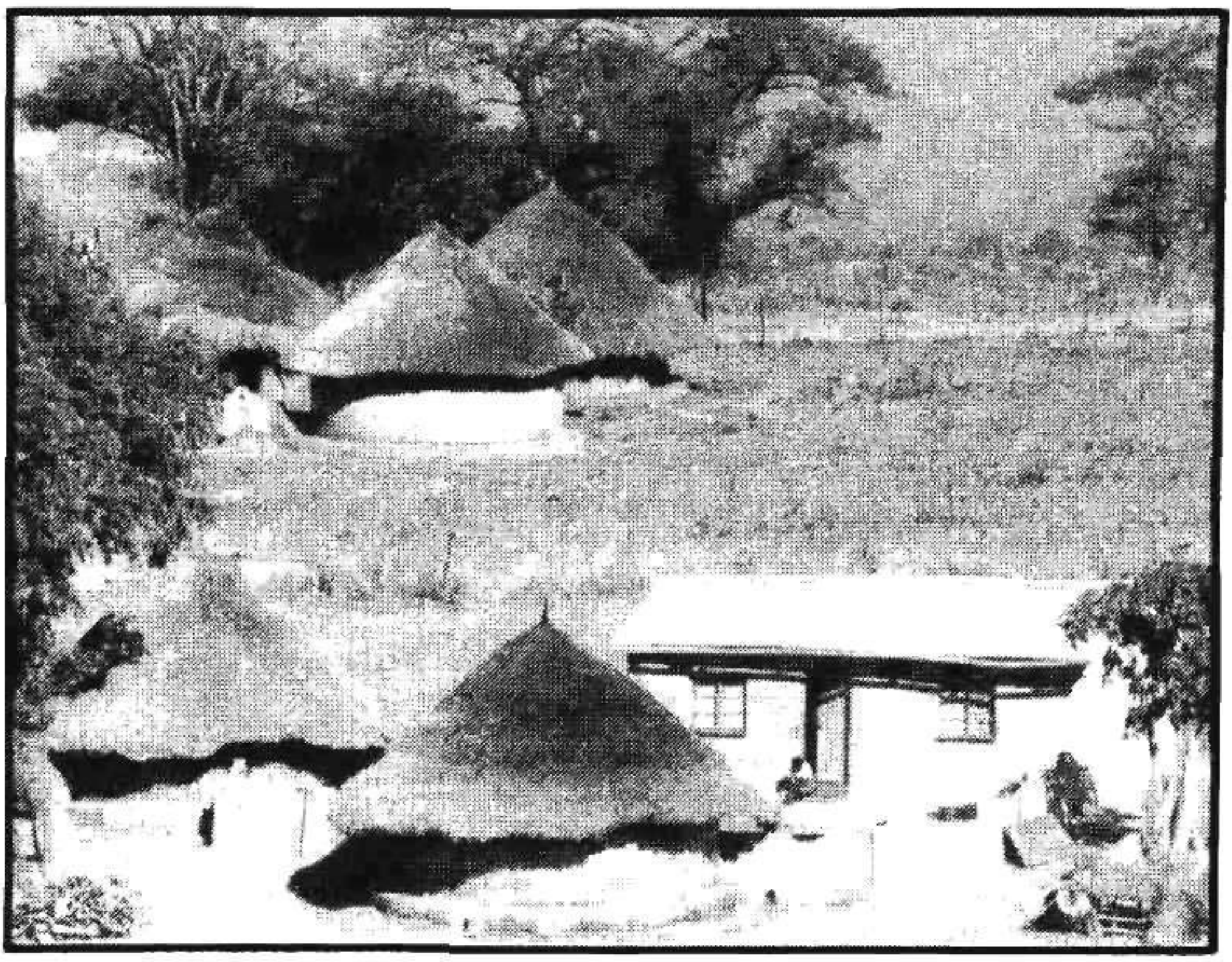
Although the project has experienced many problems, and although HCT was not too clear on its ideas in the beginning, ideas have developed and evolved as conditions in the country as a whole have developed.

Although many of us try to ignore the "independence" of the Transkei and other bantustans, over the years this has affected the way in which organisations relate to the bantustans.

Greater attention needs to be given to forging closer links with the rural areas. Rural health or "development" projects are one way of strengthening such links.

VHW projects that do not address the socio-economic problems, but extend health knowledge and skills into the community, are important and should exist.

They become a problem and a reactionary force when they use their skills and position to become yet another oppressive force within an already oppressive system. This can easily happen if aims and objectives are not clear in the first place and if we are not aware that this problem can develop.



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