

COMMUNITY HEALTH WORKERS: UNOMPILO IN THE VALLEY OF A THOUSAND HILLS

By Irwin Friedman

In the rural areas of the world it is clearly evident to most that Medicine has failed. It has failed for several reasons, but perhaps the most poignant has been that in its attempts to personalize and humanize medicine by providing "only the best", it has placed itself out of reach of nearly all poor rural people.

In order to tackle some of the most basic shortcomings and inequities in care among rural populations, it has been suggested that the people themselves could help to provide for their own health care and thus decrease their dependency on outside health care systems with their high costs. While this idea met with an initial howl of protest from most professional groups, it has nevertheless become evident that community groups are keen to play an increasing role in the promotion of their own health. Members of communities who have become involved in these health activities are known by many different names including titles such as Village Health Agents, Village Health Workers, Community Health Aides, etc. The generic name for all these types of health workers is Community Health Worker. In the Valley of a Thousand Hills the Community Health Workers have elected to call themselves ONOMPILO, a name derived from the Zulu word PHILA to "be in good health."



Regular monthly weighing.

There are several reasons for believing that Community Health Workers can be successful in health promotion. In the first place, the Community Health Workers are of the community and live among the people. They are easy for people to contact, are familiar with the terrain, culture, language and specific problems of the area. With their special sympathies for the members of their own community and provided the Community Health Workers themselves believe in the value of the health programme, they seem more able than trained professionals to elicit support for the programme. This has had particular significance in the field of health education where previous approaches have not been particularly successful. As they are either volunteers or paid by the local community, they are always accountable locally for their behaviour, not to a remote bureaucratic government. Compared to other professions, their remuneration, if they receive any remuneration at all, is low, keeping the cost of health care within the means of the poor. Furthermore it is possible for many more individuals to participate, providing better coverage, particularly in remote areas. This has meant that health issues previously felt to be problematical, even impossible, have become manageable. When these benefits are weighed against the enormous cost of training skilled professionals, such as doctors and nurses, the recurrent cost of their salaries, and the reluctance of highly-trained professionals to work in rural areas once trained, it is evident that the training of large numbers of Community Health Workers should be a high priority in the developing world.

ONOMPILO IN THE VALLEY OF A THOUSAND HILLS

For those unfamiliar with the area, the Valley of a Thousand Hills is an area of KwaZulu bordering the Pietermaritzburg-Durban corridor. It is an area famed for its scenic beauty and renowned as the area of operation of the Valley Trust Socio-Medical Project, which for over three decades has been a nucleus of health promotion in the area.

The landscape is characterized by numerous plateaus, hills and valleys, the steep hills being broken in places by granite outcroppings and steep ravines. Prominent in the area is the Nyuswa plateau, referred to in Zulu as InKangala, and said once to have been fertile and to have produced tall and soft grass which was a delicacy to stock and also used for thatching. This has given way, however, to a stunted hard grass known as Ingongoni, said to be evidence of impoverished soils. The life of the people has in many ways mirrored the changes in the veld. The abundant life of yesterday has given way to the harsh realities of poverty and underdevelopment in the twentieth century. Until the arrival in 1951 of the socio-medical complex comprising the Botha's Hill Health Centre, Valley Trust and Don McKenzie Centre



Sister Shange and Onompilo including Isangomas

(a TB Hospital), malnutrition, tuberculosis and other diseases were rife. While these diseases still occur in the area, there appears to have been a decline since these projects were initiated. As an extension to the work and to further consolidate the philosophy of securing active involvement from the local people, the Community Care project, aimed at training Community Health Workers was launched as a joint project in 1980.

As with most new ideas, several people, mostly professionals, felt sceptical about the idea of Community Health Workers in the Valley of a Thousand Hills. It was argued for example that the idea had been tried elsewhere and failed, that people would not work without being paid and that it probably required the training of a nurse at the very least to promote health. So strong, however, has been the response of the Community to the introduction of the modest training programme, that it seems most of the misgivings will prove to be baseless.

From several studies that have been undertaken in the area to determine the major health problems and the needs of the people, it has been established that gastro-enteritis, respiratory diseases (including tuberculosis), other infectious diseases, injuries and accidents are common causes of illness and death in the area. Malnutrition, although less overtly present than was previously the case, still appeared to be an associated factor in the severity of much of the illness. These illnesses are further compounded by related problems such as illiteracy, poor knowledge of agriculture, water and soil conservation, poverty, inadequate technology and potentially harmful traditional practices and the inequity of the society at large.

It was clear that if Community Health Workers were to assist they would need a very broad background. It was also clear that most of the major problems were virtually completely preventable by improving conditions and

knowledge in the community. Better and more abundant food, clean, plentiful water supplies, and improved living conditions would probably be of greater utility than would increasing the availability of medicines and traditional medical services. Hence it did not seem a priority to incorporate into the idea of the Community Health Worker the therapeutic role of other 'barefoot doctors' whose major role was to dispense medicines and other curative treatments. Not that these skills should not be taught, but to emphasize their importance in contrast to the importance of promotive skills would merely result in mimicking the worst aspects of modern medicine, which has consistently failed to deal satisfactorily with diseases that have simply remedial causes.

AVAILABLE RESOURCES

It has been the feeling that considerable impact can be made on the occurrence of many common diseases, by teaching the community strategies of dealing with these devastating illnesses by improved use of locally available resources. Malnutrition, for example, has been tackled by encouraging breast feeding, promoting knowledge of what constitutes a well balanced diet, and giving advice on how this can be achieved using foods that are readily available locally. Gastro-enteritis, the major killer in the area, has been attacked by attempting to improve water supplies, hygiene and sanitation. Furthermore, in an attempt to reduce the mortality from the disease, the early use of oral rehydration solutions, made in the home using simple substances such as glucose or sugar, salt and fruit juice has been encouraged. Tuberculosis has been confronted by the introduction of sound nutrition and a strenuous effort made to achieve adequate early treatment of infected individuals.

Community Health Workers have therefore been trained initially in simple health promotion skills. To this has

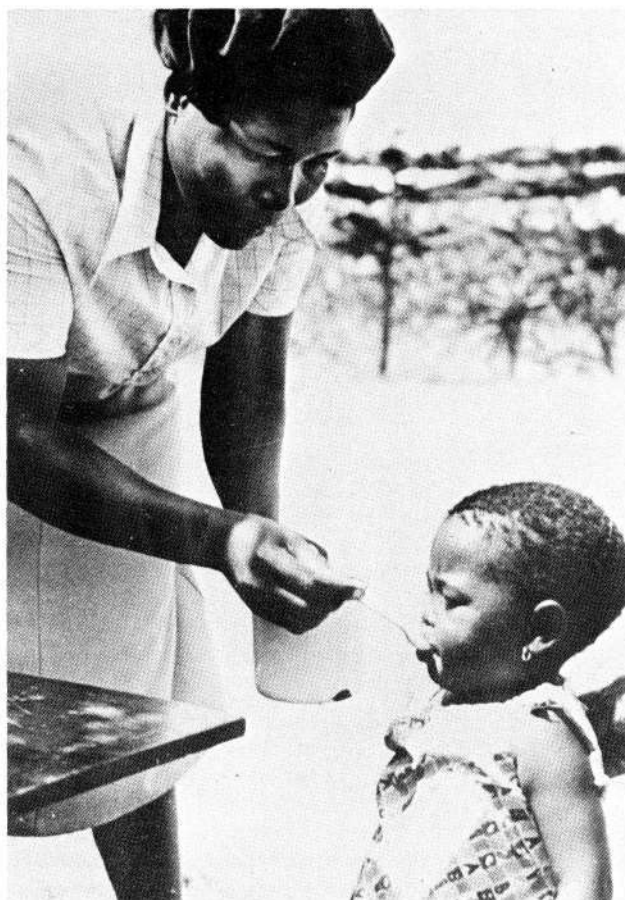
been added a knowledge of how to teach literacy. First Aid was also taught, as well as how to deal with social problems. Not only has each new skill taught been of value in that it could be used to assist members of the community, but it has been a very real step forward in the education of the individuals concerned, most of whom have lacked previous opportunities for advancing their own education as adults. For the majority, this was the first available adult education programme and their first opportunity to acquire a basic training. Added to this incentive was the knowledge that health in the family and community would improve and particularly that the lives of children could be saved. Remuneration for work undertaken, has therefore never become an issue. Quite the reverse, the voluntary nature of the work has dignified the status of the Community Health Worker and removed the stigma of any surreptitious motives being behind the programme.

There are currently about two hundred voluntary Community Health Workers organized among themselves into eight different care groups in an area of about two hundred and fifty square kilometers. It is of interest that the majority of Community Health Workers are women, particularly middle-aged women with families, indeed some of the most influential women in the community. They have the time and maturity to appreciate the significance of caring for their families. As housewives rather than breadwinners, it is not their primary responsibility to earn income. They are also relatively deprived of educational experiences and the opportunity to expand their functions as their families leave home, provides an outlet for their desire to be useful. There are nonetheless, also many younger women and some men. Community Health Workers are therefore not exclusively women. In some of the areas, the men have begun to participate by assisting the women to build a literacy school and centre for the activities. In other areas, men have participated directly by assisting with water supply and sanitation.

TYPES OF PEOPLE

Some of the Community Health Workers are of great interest in that they represent examples of the types of people that have become deeply involved and committed to the project. One such person, is Mrs Alvina Bhengu, an Isangoma or traditional practitioner who has incorporated very successfully the knowledge she has acquired into her practice. What is of great importance is that she has, by personal demonstration, convinced herself of the efficacy of using the home-made oral rehydration solution to treat diarrhoea and abandoned the traditional idea of using an enema to "wash the poison out". She does this now not because she believes what she was told in this regard, but because she observed that several dehydrated children with sunken eyes and depressed fontanelles recovered when given oral rehydration fluids. Furthermore she has noted that children with Kwashiorkor improve when given a diet rich in body building and protective foods. (i.e. proteins, vitamins and minerals respectively.)

Another interesting personality, Mrs Magdalen Dladla, the matron of a successful creche, has used her knowledge to the benefit of the children, while at the same time popularizing the idea of creches in the area, not only to improve the diet of the children of working mothers, but to provide an environment to stimulate the intellectual development of children in the pre-school age groups.



Oral rehydration therapy.

Several others, housewives such as Mrs Mweli and Mrs Nxele have become inspired literacy teachers. One of the Onompilo, a rural woman with a mild mental disability, has surprised even her teachers by her determination and has become a very patient literacy teacher, teaching not only members of the community to read and write, but some of her own colleagues to do so as well. It is a credit to her courage, that the chairlady of her own group has been taught by her to write, gaining a sense of dignity and pride in the process.

Currently the Community Health Workers are learning home nursing while they assist practically in the Health Centre, Medical Ward at the Don McKenzie Centre and Valley Trust. They are also, on an increasing scale assisting the community by advising on a wide range of matters. They weigh children and monitor their growth, advise mothers on infant feeding and immunization, provide simple first aid and rehydrate children who have diarrhoea.

While it is impossible to trace the success of the project to any one individual or organization it is difficult to imagine that there could have been any success whatsoever without the dedicated and imaginative professional work of the first two sisters who initiated the project and carried through the ideas, Sisters Doris Mbhele and Beauty Shange. Similarly without the faith and funding by TOC H, a humanitarian group of war veteran workers, the project would be little more than an idea. But in the final analysis it is the volunteers from within the community itself, that have outstripped all expectations and set in motion a project that appears to have a significant potential for the promotion of health in the area. □

UNOMPILO

Magciwane nawe kufa
Sengi uNompilo manje
Bengisithekile iminyaka
Nizitika ngegazi labafowethu
Ngingakafundi ngezempilo

Gciwane lofuba
Thatha ezakho izikhali
Nami ngithathe ezami
Ngiqinile ngihlakaniphile
Sengiyazi ngezimpawu zakho

Kufa ake ume kude
Kengifundise umphakathi
Ukuze ungibonge ngobuqhawe bami
Ngizobafundisa ngezenhlanzeko
Hawu kumnandi ukuba uNompilo

Bumnyama nawe kungazi
Hlukanani nami manje
Angiyena owakwenu
Sibane kuphela kithi
uDOKOTELA, uMHLENGIKAZI, UMLIMISI,
NAMI u"NOPHILO"

Magdalen Dladla

THE HEALTH WORKER

Listen Germs, and you as well Death,
I am now a Health Worker.
For years I've been in hiding,
You were living off our brothers' blood
While I hadn't yet learned about Health.

Germs of the chest,
Take your weapons!
I, as well, will take my own,
I am strong and I am wise,
I know about your signs now.

And you Death keep off!
Let me teach the community
Who one day will praise me for my
endeavour,
I will teach them about cleanliness,
Oh! It's good to be a Health Worker.

Darkness, and you as well Ignorance,
Away with you now!
I am no longer one of your people,
There are just four of us in our area,
The Doctor, the Nurse, the Agricultural
Adviser,
and me, the Health Worker.

Magdalen Dladla

AMONG OUR CONTRIBUTORS

- Irwin Friedman:** Director (Medical) and Community Medical Officer, The Valley Trust.
Jeff Guy: Senior Lecturer in History, National University of Lesotho.
Kenneth Ingham: Professor of History, University of Bristol.
Leonard Koza: Cape Town poet who has published work in anthologies and numerous literary journals.
A.W. Stadler: Professor and Head of Department of Political Studies; Chairman of Senate Academic Freedom Committee, University of the Witwatersrand.

EDITORIAL BOARD

Chairman: Peter Brown

Vice-Chairman: Alan Paton

Members: F. Antonie, J. Arnott, T.V.R. Beard,
N. Bromberger, M. Dyer, C. Gardner,
P. Rutsch, J. Unterhalter, M.G. Whisson.

RATES (6 issues - published every two months)

ORDINARY SUBSCRIBERS

S.A. R5.00 p.a.
U.K. £3.00 p.a.
U.S.A. \$6.00 p.a.

DONOR SUBSCRIBERS

S.A. R20.00 p.a.
U.K. £10.00 p.a.
U.S.A. \$20.00 p.a.

REALITY, P.O. Box 1104, Pietermaritzburg 3200 R.S.A.