

# **The Sarmcol Workers Co-operative health project**

In the Sarmcol Workers' Co-operative, structures of progressive worker organisation have been carried over from the workplace into the community. The following project description focuses on the role of health within those organisational strategies, structures and objectives.

The Sarmcol Workers' Co-operative is based in the Howick district (Natal). It was formed in 1985 when workers were dismissed on a mass scale after a dispute with the management of the BTR Sarmcol factory. The health project is only one of the projects of SAWCO. The others include culture, media, bulk-buying, agriculture and a T-shirt printing production unit. All the projects function on a co-operative basis.

SAWCO is affiliated to MAWU - Metal and Allied Worker's Union, (now part of NUMSA - National Union of Metalworkers of South Africa) and hence to COSATU. SAWCO is represented at the local union branch, which in turn is represented both regionally and nationally within NUMSA'S structures.

## **Health problems in the area**

Mpophomeni, a township outside of Howick, forms the centre point of the activities of SAWCO, but the projects extend far beyond this area. The homes of most of the workers are in the rural areas which surround Howick, extending as far as Impendle and Wartburg.

The causes of ill health in the area are similar to the causes of ill health in many other areas. Factors such as the maldistribution of health care, low standard of any primary health care programmes in the area, and the inaccessibility of health care services contribute to poor health. The particular conditions in the region may have added another dimension to the determination of the health status of the community.

## **Unemployment**

In May 1985, approximately 950 workers from BTR Sarmcol were dismissed. The mass dismissals resulted in loss of income to some 950 families. With the average size of a family being 7, approximately 6 650 people have been affected directly by the dismissals.

There is little or no other employment - as BTR Sarmcol is the major employer in the area. The population of Mpophomeni itself is in the region of 15 000 and by far the majority of people in the township are unemployed.

Thus health problems in the area are related to the dismissals and their wider consequences.

## **Poor nutrition and stress**

For the strikers and their families, the only access to food has been a weekly food parcel issued by the union. The nutritional status of the community at large is poor. A study carried out by the union showed that 25% of children under 12 years of age are undernourished. A "road to health" programme and a supplementary feeding programme is being carried out by SAWCO.

The political and economic environment in which the people of Mpophomeni and the surrounding areas live, contributes to a high level of psychological stress. The stresses of poverty are exacerbated by fears of physical attack - either in the form of arbitrary detention by police or armed attacks by Inkatha vigilantes. Following an attack on Mpophomeni in which 4 people were killed and over 20 injured in December 1986, the health committee has dealt with several stress-related mental problems affecting family members of those killed or threatened. Approximately 30% of Sarmcol strikers screened in October 1986 were found to have elevated blood pressures.

## **Principles in organising around health issues**

The principles on which the health project is based are in line with those of NUMSA and COSATU i.e. democratic control by workers and people who constitute the co-operative.

The objectives of the health programme are to organise around health issues, creating the space for members of the community to take control over their own health care. It is necessary to distinguish between a "self help" primary health care programme, which improves standards of living and health status, and a progressive health care programme which improves standards of living, health status and increases people's control over their own health conditions and the delivery of





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health care. It is with the latter approach that structural changes in the health care system can be made.

## **The Health Committee**

Initially, the health committee was formed to co-ordinate screenings for malnutrition amongst the families of unemployed workers. The aim was to identify and control malnutrition in the area. A longer term objective was to develop a "community health worker" scheme.

During 1986, screenings were held. The health committee has a monthly follow-up programme currently in progress, and has also taken responsibility for other aspects of the communities' health. A portion of the adults were screened and, where necessary, referred and/or treated. Other activities of the health committee include home and hospital visits, referrals to the clinic/hospital and so on. A supplementary feeding programme has been started for children who have been identified as undernourished and the follow-up programme is co-ordinated by the health committee.



## Training and experience of the Health Committee

The health committee has been trained in various aspects of health care and has gained experience in a broad variety of health issues. The foundation for developing a scheme involving community health workers has been laid. More importantly, members of the community have begun to entrust the health committee with their health problems.

The functioning of the existing project has given people the confidence to draw up immediate and future plans and strategies. This was done through a series of workshops and meetings of the SAWCO committee. Initial plans involve training a core group of health activists in two specific areas: organisational skills and health-related issues. It is clear that without an organisational base, health programmes could (and do) disappear into a vacuum.

## Health within worker and community organisation

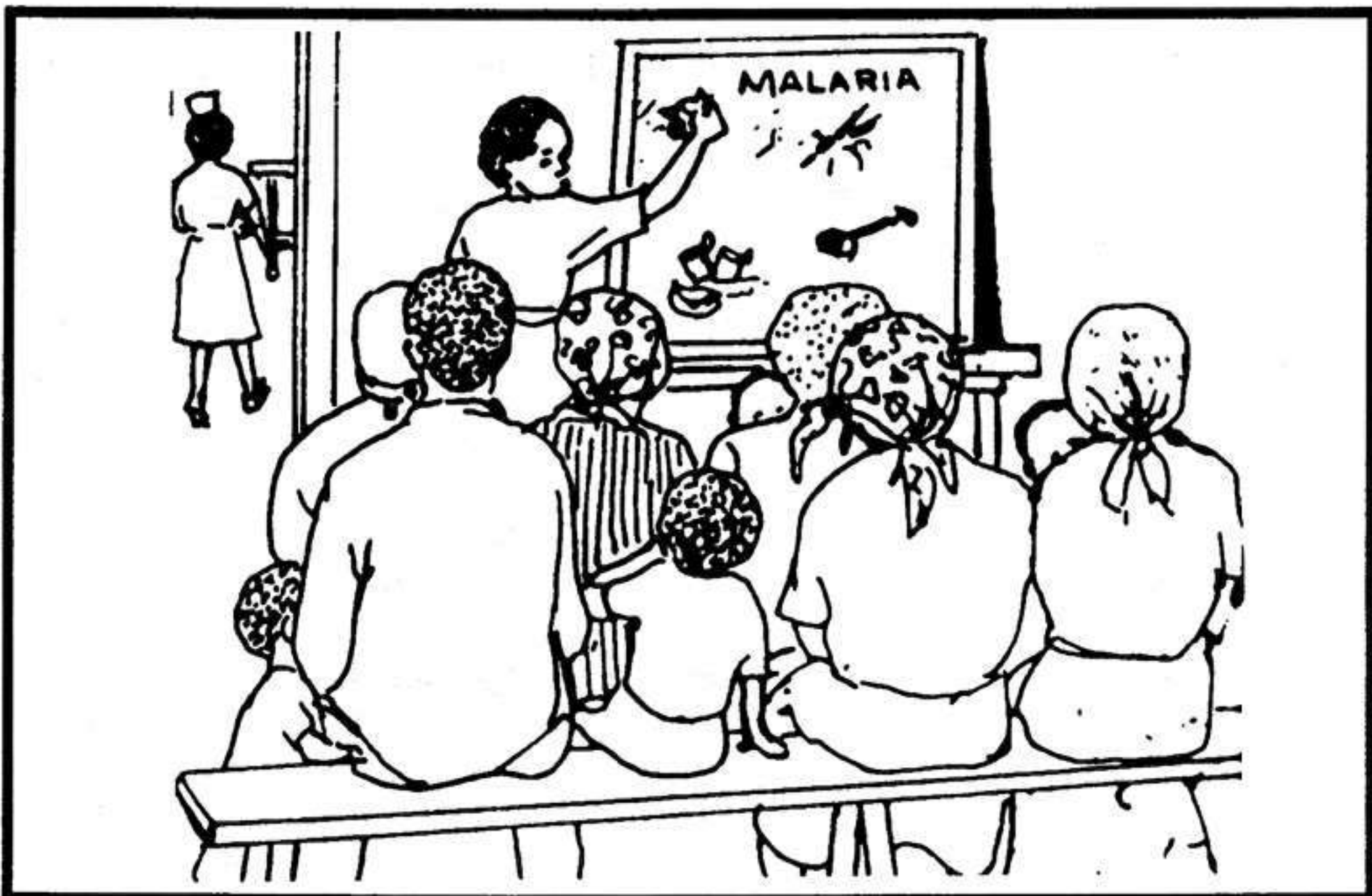
SAWCO has been in operation for over a year and during this time, structures have been set up which have proved appropriate for dealing with the issues at hand in a democratic way. SAWCO's relationship to NUMSA and COSATU is of great



SAWCO's relationship to COSATU is of great importance

importance to the project. The co-operative was established from a well-organised base which began in the factory. This organisation has been taken into the co-operative and to the community at large. Health issues are used to strengthen this organisational base, rather than used to initiate organisation as is the case in many primary health care projects.

## Future plans



The Health Committee is to participate in training

Future plans for the health project can be summarised as follows:

- To train the existing health committee in aspects of primary health care. Areas such as safe water supplies, nutritional education and agricultural projects were identified as areas which required input from the health committee. The health committee is to participate in training in order to deal with these types of problems. Projects will only be initiated after consultation with the people involved, ensuring that their particular needs are met. Plans and strategies for each area will differ accordingly.
- To work through existing democratic structures and in consultation with members of the community. This will follow once the initial training has been completed. Training programmes and projects will be initiated with the intention of handing over the responsibility for health care to the community.



- To continue with the curative aspect of the health project. This will involve arranging for sympathetic doctors to make their services available in areas which are poorly serviced by state and provincial health services (as was previously done with the screening programme). This programme will involve ensuring that the health committee and newly trained people are able to make decisions regarding referrals and on conditions they can prevent or treat themselves.  
SAWCO and the health committee are aware that improved health care in these communities will also require an enormous increase in the number of clinics and other referral points for the population. Demands will be made by the communities themselves for improved and extended state facilities. In this way they will come to see the solutions to health problems as collective rather than individual ones.
- To initiate a programme in conjunction with the existing agricultural and bulk-buying co-operatives. This project will focus on the nutritional aspects of the primary health care programme.
- To develop this project into a long term one. The aim is to enable the communities involved to take responsibility for the promotion of health and the prevention of ill health; and not to increase their reliance on largely unavailable and inaccessible "health experts".

## Conclusion

The roots for a progressive primary health care programme have been established for the co-operative. The main strength of this programme is the organisational base which already exists. Any view of an alternative health care system must, of necessity, begin from an organisational base. SAWCO has both the potential and the necessary ingredients to achieve "primary health care", and in so doing, to improve the health status of whole communities and their awareness of health conditions.