

HEALTH SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS



Bochum women take charge of health problems

Should they do the state's work?

In South Africa, state-run health services for the black community are of a poor standard. In rural and peri-urban areas, the services are especially bad. Communities have sometimes responded to the lack of services by attempting to set up their own health services in order to provide some form of community facilities. Is this response feasible, appropriate, or desirable?

In most societies, basic health services are provided by the state. Along with the provision of education and housing services, they represent the degree of commitment by a society to providing social welfare services.

If resources are available, the lack of provision of health and welfare services reflects a decision by those with political power to rather spend public money on other things, such as the police, army or the bureaucracies necessary to maintain separate services, such as in South Africa at present.

How have different organisations responded to the lack of services provided?

Voluntary organisations and resource groups have responded to the health needs of communities in many different ways. Some of these approaches are discussed in this issue of CRITICAL HEALTH.

In some cases organisations have funded services privately, but have not instituted any major changes in how the service functions or how it relates to the community.

Many of the liberal, charitable organisations have had this approach. They see their function as helping relieve acute needs by providing services, but do not attempt to change those features of the society which maintain ill-health and the poor distribution of resources.

In other cases, organisations have worked with the community in trying to develop appropriate local health services which meet the needs and desires of the community and are controlled by them. This approach has been tried, for example, at Driefontein, and is discussed in this issue.

What are the common problems?

Whatever approaches are tried, many initiatives still hit up against the same problems. One of the major problems is providing more than just immediate curative services.

This problem usually arises because of the pressure of work. The lack of services often means that when services are provided they are swamped with patients and are understaffed and overworked. Patients want to be treated and so there is no time to institute preventive programmes.

This may be aggravated by inexperience in providing health services on the part of both communities and health workers. It may also be due to lack of commitment to establishing a more progressive type of service, by those providing it.

Often, attempts are made to involve the community by electing a health committee. It is hoped that the presence of such a committee will help ensure community participation.

A common problem is the difficulty of establishing these committees, and furthermore, ensuring that they are democratic. These structures often become dominated by prominent people in a community, or by a particular interest group, but they rarely represent the majority of the people that need the service. The articles about Cala and Muldersdrift raise issues in relation to committee structures.

Furthermore, activities in a number of areas over the last few years have shown that democratic health structures are unlikely to be established if there is not a strong, democratic and progressive organisation in existence in the community concerned.

Such organisations are able to give direction to health groups and insure their accountability to the broader community. Without the involvement of other progressive community structures, the activity and direction of health and similar committees will often largely be determined by the specific interests of the committee members, and not the interests of the community at large.

Finally, there are problems which result from the "temporary" nature of health services provided by voluntary groups. Voluntary organisations are unlikely to have access to unlimited amounts of funds. They recognise that the state should fund such services in the long run.

One role of the voluntary organisations and community structures should be, therefore, to define the nature of the services required and how they should relate to and be controlled by the community. Together, they may be able to pressurise the state to provide the services in the manner already defined by the progressive health and community organisations.

There is very little experience of taking on these struggles, and both community and resource/voluntary organisations have demonstrated the difficulties of tackling them. Yet experience must be gained and victories won.



The Health Workers' Association has provided a clinic service to Chicken Farm squatters since 1983

Suggested guidelines for discussion

There are no easy solutions to the problems which have been isolated above. Some guidelines are presented below; they serve merely to raise issues for discussion, and hopefully to stimulate debate amongst those actively involved in providing such services and those within progressive community organisations.

Health workers in services provided by voluntary organisations, must purposely attempt to draw attention to the relation between ill-health and the structure of society, through the educational and training components of the service.

Without this, the service will play no part in making people aware of the need for changes in society and its structure, in order to promote health.

Voluntary organisations and the health services provided by them should set up working relationships with existing progressive organisations in the community. This is currently being attempted for example, in Alexandra.

The voluntary organisations and resource groups cannot provide an appropriate service in isolation. They need direction and guidance from progressive organisations. Many health issues require political solutions and the progressive organisations need to be involved in determining the appropriate strategies for overcoming the particular problems in a community.

Furthermore, those structures set up and operating in the community should assist in strengthening democratic organisations. They should provide people with experience in making decisions and controlling the things that affect their lives. Health committees can play some part in providing this training ground.

Within the services provided, it will be necessary for democratic working structures to be established. At the simplest level, this may be a commitment to ensuring that skills and responsibilities are shared, that decisions are taken collectively, and that structures continually ensure the participation by all.

The structures that are set up to facilitate community control must be shown to work effectively, with a commitment to ensuring the progressive development of the service.

The service can help to identify key issues which require further action in order to promote health, such as improved housing and water supply. The link between poor health and the lack of facilities can be used by progressive organisations to demand better facilities generally in a community.

Skills and information derived from health work can be used for other activities and can play a part in putting pressure on the state to provide the services required.

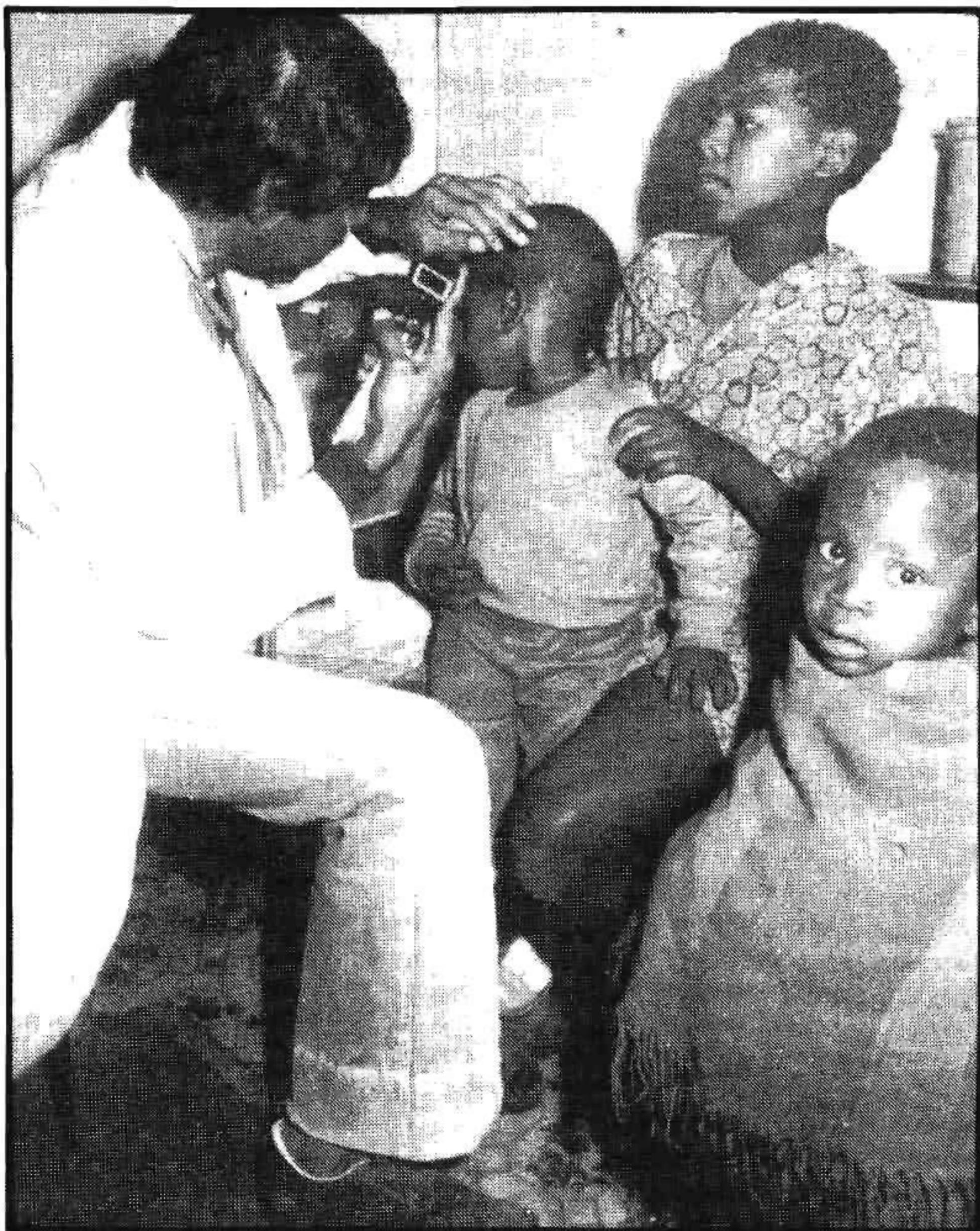
Progressive organisations should also ensure that when the state does provide services, these are still controlled by the community. The link between health organisations and political organisations is essential, especially if one begins to tackle the bigger problems (outside of the service itself) that affect health in the community.

Conclusion

This article has hopefully raised some issues for those involved with voluntary organisations to consider. It is not meant to be a complete list of problems, nor to prescribe solutions. It is presented partly in the hope that such issues will be considered when reading through other articles in this issue of CRITICAL HEALTH.

Its primary intention is, however, to stimulate debate about how those of us working in voluntary organisations and in democratic organisations can work together, and lay the foundation for an alternative service provided by the state in a society which values health for all as a basic right.

Anthony Zwi



Squatters of Chicken Farm receive medical relief from Baragwanath doctors

CRITICAL HEALTH is sure its readers would value learning more about the services in your community, and the structures set up to facilitate community control. Please write to us about your ideas and experiences.