

Heroes

of the North West





Chelina, Rosina and Selina often walk for hours in the heat to visit their patients. Photo by Marije Versteeg.

Home-based carers are saving lives in the remote areas of North West province. Marije Versteeg from the Rural Health Advocacy Project went to meet some of these remarkable people.

Thirty-six-year-old Bertha looks radiant and relaxed when we approach her near her brick, self-made home in a rural North West district. We have just walked for an hour under the hot sun on uneven, muddy roads, and I feel the beginnings of a blister on the sole of my foot.

Bertha smiles broadly at Rosina, a home-based carer with a local community-based organisation (CBO). “When we met in 2004, my CD4 count was 5, I was bedridden and dying. [Rosina] saved my life. She took me to the clinic, counselled and supported me. She made sure I took my treatment,” says Bertha. Today, her CD4 count is 396 and rising steadily. Rosina not only saved Bertha’s life, she also saved the single mother of three children.

A similar turnaround is hoped for the family of Mpho, another of Rosina’s patients. Mpho has TB, but despite six months of treatment, she feels no better. She is bedridden and living in a dark, two-room shack that houses six people. On the day of our visit, her three-year-old daughter and four-year-old niece are sleeping in the same room on a blanket on the cement floor. It is early afternoon, but the children haven’t eaten since morning. The family survives on a pension grant that Mpho’s father receives, and recently one of the children was registered for a child support grant.

“There is little we can do,” observes Chelina, another carer, “except try to cook for the family and urge the mother to go back to the clinic.” But there is no money for transport, and the carers themselves are poor.



Despite working in difficult conditions, home-based carer Selina smiles on the job.
Photo by Marije Versteeg.

“We sometimes take money from our own pocket, for food or transport, but we struggle ourselves.”

The carers who work for this CBO, founded in 2002, receive a monthly stipend of R1,100 from the Department of Health. However, payment is irregular and sometimes skips a month. When I visited the CBO in early May, carers had not received any payment since 4 March. A labour broker had been appointed to pay their stipend but the carers did not know the broker. When they contacted the Department of Health to ask when they would get their money, the answer was a vague “soon”. Over the past year three of the eleven carers employed by this CBO have each missed three months’ worth of stipends. So far there has been no explanation for this, and no back payment.

Annah, one of the eleven, explains the impact of these irregular payments on her own life: “I have five children. Each time when it is payment time I am under stress. There is no fixed payment day. Will I get paid this month? My kids see me going to work every day, but end of the month: no money. It causes tension in the house. One needs a winter coat, another needs trousers. I can’t plan ahead; I can’t buy anything with instalments, and I struggle to pay for my burial society. I walk long distances

every day but sometimes I don’t even have proper shoes myself”.

Frans, a carer who has been with the organisation since it was started, points out that food prices have risen, and R1,100 per month is not enough. The carers feel that a minimum of R3,000 would be fair. They cannot afford medical aid and rely on the local clinic, which is often plagued by drug stock-outs. When the Department of Health recently conducted staff screening and immunisation at the clinic, carers were excluded, as they were not considered employees of the Department of Health. Furthermore, even though TB is a major problem in this impoverished community, carers do not receive TB masks.

In fact, these carers have been working without home-based care kits since June 2010. In the past, they were able to treat patients with problems such as bed wounds and oral thrush. They can no longer do this; their only supplies are gloves, and condoms for distribution. The local Department of Health office told them to collect care kits themselves from the district office, 100km away. The local clinic, which the carers visit every Monday morning for the referral of new patients, allegedly has no storage facility for care kits.

This situation is unfortunately not unique: not for this district, not for the province, nor for the rest of the country. Across the nation, many carers are underpaid, undersupported and undervalued.



Rosina’s dedication and support has helped Bertha to lead a happy and healthy life. Photo by Marije Versteeg.



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A Changing Landscape

As part of the Primary Health Care (PHC) revitalisation drive by the Department of Health, a new category of health worker will be created, the 'community health worker'. Community health workers will be employed by government and are expected to receive a decent and regular salary. They will play a critical role in promoting health at community level, and will take over some of the functions of the home-based carer, such as screening and referrals.

But the role of home-based carers will remain pivotal to the success of the PHC drive. Rehabilitative after-care of patients who have been discharged from hospital will continue to be provided by home carers. Essential, time-consuming support for vulnerable households, such as washing bedridden parents of young children, attending to bed wounds, cooking and counselling will also remain part of the duties of the home carer. Without home-based carers, doctors will be unable to discharge patients, since those who do not receive proper after-care at home will soon be back in hospital. End-of-life

care also remains part of the emotionally daunting work of the carer.

We cannot accept that many home carers will continue to be poorly paid, supported and supervised. Home-based care is a core component of the PHC approach. Not only carers but also the health system itself will benefit if carers are given the tools and support that are essential to doing their job. Carers must be formally adopted into the health system, each one becoming as much a member of the health team as the doctor, nurse or community health worker.

While South Africa needs a stronger focus on prevention and health promotion, this does not cancel out the rights of patients to after-care, treatment at home or dignified end-of-life care given by a properly supported home-based carer. Rural patients are particularly dependent on such care, due to high poverty levels, transport problems and long distances to the nearest health facilities.