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The Elim Care Group: Conflict in Community Development Styles

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The Elim Care Group Project

The Elim Care Group Project is a health-based rural women's organisation which is found in most parts of the Northern Province, South Africa. The main thrust of the project is preventive health care, exchange of knowledge and skills and emancipation of rural women through empowerment.

The Project started in 1976 as an intervention against trachoma, a blinding but preventable eye disease which had reached epidemic proportions along the Trachoma Belt in the Northern Province. A resident ophthalmologist, Dr Erika Sutter, used to treat patients who were afflicted with the disease but on discharge from the hospital the people went home to the conditions that had caused the trachoma in the first place. Repeated attacks of the disease causes scarring of the cornea which later causes blindness. This created a vicious circle which Dr Sutter decided could only be broken by community intervention. Rivoni ('Light') Society for The Blind was established during this period by the same doctor as many people lost their sight because of this scarring of the cornea. Today there is a workshop for the blind and disabled at Elim created by the Rivoni Society.

Three pilot villages were chosen to initiate the community intervention programme. The community leaders, usually the Chief or the Induna, were requested to call a meeting of all the villagers. The problem which was obvious to everybody (leaky red eyes) was discussed. Those who were willing to help eradicate the menace came back for the next meeting. Most people stayed away when they learnt that there would be no pay for the work done. The people who volunteered were mainly women and only a few men became Care Group members.

At the next meetings, discussions about the disease took place wherein people learnt about the causes of trachoma, how to diagnose it, how to cure it and how to prevent it. People learnt how to invert the eyelid to diagnose the condition and how to administer the eye ointment. Songs were composed about the whole process and the people elected to work in groups. Because the measures were introduced in a non-threatening manner, the groups came to a stage where they owned the process and decided on the most appropriate ways of tackling the attitude change process.

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The intervention in the pilot villages was such a success that neighbouring villages inundated the Care Group office with requests that the programme be started in their villages as well. The programme spread fast and the Care Group movement soon spread to other health wards and over the whole of the Northern Province. The Elim office became the Training Centre because people came from other hospitals to learn even from other Homelands and Provinces.

Care Group Motivators

The lifeblood of the movement was a cadre of Community Health Workers referred to as Care Group Motivators. They were trained as Assistant Nurses. They travelled from village to village helping the Care Mothers to learn and monitor the disease. A lot of training was invested in this group of Community Health Workers and they in turn passed on the knowledge to the Care Groups. The Care Groups shared the information with their communities. In this fashion the information quickly spread throughout communities and that is perhaps why the menace was so easily controlled. Also, because the people owned the information, they devised appropriate methods of making it work for them and their communities.

When trachoma disappeared, the groups remained. Because of the participatory nature of the management style in the movement, the group dynamics were strong. The Care members requested to be informed about other diseases that plagued rural communities. Their motto was to prevent all preventable diseases and to fight all poverty as an effort in self-help. When asked why they stuck to the movement which did not pay them, the rejoinder was always that the movement helped them to help themselves. They improved their food production methods by establishing communal gardens and trenching their home gardens so as to preserve moisture because water was scarce. They learnt about the causes of *kwashiokor* and fought malnutrition. They learnt how to mix the Oral Rehydration Fluid and how to administer it effectively to prevent death from dehydration. They learnt what caused diarrhoea and vomiting and dug refuse pits in their yards and built pit latrines. This had the effect of motivating their neighbours so there was a multiplier effect.

They also learnt how to prepare the weaning diet of maize meal mixed with peanut meal, bean powder or mopani worm, a protein-rich worm, for variety. Incidentally some people remember that these dishes were prepared by their grandmothers long ago but had fallen into disuse as people became displaced and food became scarce.

The learning continued into other areas like sewing and mending of clothes, building of mud stoves to prevent burns in winter, communal gardens, starting day-

care centres for under-fives, starting literacy groups, re-learning how to prepare some of the indigenous dishes and making peanut delicacies like *Xigugu* – a peanut delicacy made from baked maize meal, baked peanuts and some sugar and salt – it is like a sweet and gives energy.

They addressed diseases of poverty: tuberculosis, diarrhoea and vomiting and *kwashiokor*, because of lessons learnt though fighting trachoma. One other thing they learnt was that disease has no boundaries and they traversed the homeland boundaries because they were artificial. Care Group Mothers soon became resource people in their communities, often being called upon to mix the Oral Rehydration Fluid, dress burns and prescribe an energy diet for a weak baby.

The movement is accessible to anybody as membership is free. Members only have to agree to do voluntary service. At one stage the movement boasted 8,000 known voluntary workers. The short-term objective of the movement is to prevent all preventable diseases, the medium-term objective is to share skills through networking with other groups and the community, the long-term objective is to emancipate the rural women through empowerment and knowledge because knowledge is power.

The Care Group members have a strict code of conduct. A full member has to attend group meetings and learn, be examined and pass, then attend a Graduation Ceremony where she receives a pin and a head scarf. 'Grad day' is a big event usually prepared for over a period of months. A panel of examiners is selected to examine the incumbents before they graduate – the panel is usually made up of people from different villages to obviate favouritism. The following are some of the criteria on which the examinations are based:

- individual face-cloths for each member of the family;
- immunisation cards for all the children under five years;
- a clean and orderly household;
- a refuse pit;
- a pit latrine;
- a mud stove to prevent burns in winter;
- a home garden for green leafy vegetables;
- a notebook where sharing these ideas with 10 other families is recorded; and
- a knowledge of basic causes of disease and how to prevent these causes.

These measures were to be observed by a Care Group Member before she could tell other people about them. In other words, members had to lead by example.

Now with the HIV/AIDS virus spreading so fast in the Northern Province, the Care Mothers feel they should address the problem in the way that they know how – through appropriate awareness programmes and through the creation of self-help projects to help rural communities go through attitude change which will help them disengage from unsafe sexual practices. The rate of unemployment is high and

many more households do not have enough food to eat. (The correlation of the two phenomena did not escape the Top Executive Committee of the Care Groups when they met to discuss the issue. The Top Executive is the overhead governing council which is elected by the groups themselves. They see the correlation of unsafe sex with poverty when people engage in sex for money or other rewards.)

When the new dispensation in South Africa arrived, it reiterated what the movement had been saying all along – that people should learn to do things for themselves and get knowledge because knowledge empowers people. Many of the Care Mothers had been somewhat marginalised by the old dispensation, as they were branded activists. The Civic Associations, on the other hand, composed of young and inexperienced people, also regarded these elderly matrons as relics of the past regime. The fact that they had been in community development for 20 years also made them a threat to the newcomers. Because Care Groups had adopted a low profile, yet had achieved so much, they are an enigma and this is why they had to face up to a number of different challenges. Two of the difficult situations which had to be resolved are described in the words of the qualified Care Mothers below. They are both Chairpersons of their local Care Groups.

Manana (Mrs) Khaurisa Mabunda's Story

I am the Chairperson of the Care Group in Mageva, a village under the Dzumeri Traditional Authority in the Northern Province. I have been requested to speak about how I deal with conflict in community development and how I manage to bring about peace.

When a person initiates a thing in the community, that person always meets stumbling blocks. I have had to overcome many obstacles in my work. I am a voluntary worker, I have received a certificate that attests that I know about preventing disease, that I know how to run a household and that I know how to go about bringing development to communities. When a person is part of a development programme, that person also gets to be developed because one learns a lot from the different interactions that one goes through.

There are 32 women who belong to this organisation in my village. Twelve of these members, including myself, are engaged in running a day-care centre for children who are under five years of age. The creche building was put up in this manner: we formed mud bricks and fired them. We worked very hard during that time, starting work early and and knocking-off late from 7 to 7. When the bricks were ready, we got a builder to help us put up the building. We worked as *dagga boys* (builder's hands) mixing the dagga and handing him the bricks until the building was complete. We had a register and time-sheets where we recorded the hours of work.

During that period, Care Groups received window and door frames and cement from the Independent Development Trust. This was during the drought and we received food from the National Nutritional and Social Development Programme. We had 60 children receiving meals at a make-shift play centre, a house offered by one of our members for use as a creche. When the funding stopped, we went through very hard times.

We had to build our facility quickly so that we could move away from the borrowed house. The children were very thin because food was scarce and the meals were very welcome. We added peanut meal to the porridge and the children soon looked better after a few months.

While we were building the creche, someone came in the night and stole our window frames by ripping them from the walls. We reported the matter to the Chief and the police but the thief was not arrested, instead the police asked us to tell them who we thought had stolen the things. All this time the people from the village were passing remarks and sometimes ridiculed us saying they were yet to see a creche that could be built by illiterate women in traditional clothes (*Xibhelana*).

We did not despair despite the disempowering remarks that went around about our illiteracy and our rural ignorance. When it seemed as if all had come to naught, we receive some funding from the Community Development Section and bought roofing for our structure and completed our creche building.

When the Civic Association was elected, composed mainly of young teachers and young people, they said that our committee should disband as they were going to form a new committee for the creche. They said they would only allow me, from the old committee, to join them. I refused because I could not abandon my co-workers. We fell into disfavour but told them that under no circumstances were we going to allow them to take over our creche.

There was a lot of misunderstanding and when we held a meeting of the Top Executive of the Care Groups I mentioned this problem that existed in my village. The Top Executive decided that the next meeting be held at Tiyselani Mageva Creche where the Induna, the chief and the Chairman of the Civic Association should be invited. We also invited the Care Group Motivators and the Community Development Section officers. The story of the Care Groups was told at the function and the story of the creche

building also came up. The remarks that were made by some of the leaders in the community were repeated. Some people blushed and felt ashamed. The chairman of the Civic and his chance to speak and all he said was that he was sorry that they had treated us in the way they had done and that from now on because he understood where we came from, we would work harmoniously together.

Usually people create conflict if they do not know; if people do not know and do not understand what is taking place, give them time to learn and understand. After giving them time and being patient with them, they learn. The one who makes the most noise will be the most watered down in the end. Ignorance and jealousy are usually the cause of conflict. People look at you and say who is this one who is initiating this project. I usually advise people not to judge a person by how they look and whether they are educated or not, but to look at what the advantage of the project is to the community.

If there is conflict, the best thing is to make the 'howler' the leader, put him in the driving seat and you will see a change because he will have had a chance to learn. When you want to do a thing you have to persevere. When a person reacts in a loud and high-handed manner, be calm and he will come down. If you know that what you are doing is right, keep on doing it, do not be derailed and do not give up – finally you will see you will complete your mission. Many Care Groups discontinued their efforts because they got scared of the Civic Associations and the people who took over the projects they had been working on for more than ten years.

After building our creche, we approached the Social Worker for the registration of our creche. I tell you she was not easy with us. For instance she told us to go to the hospital dietitian to get a menu for the creche feeding. We did not even know what a menu meant. We did that despite the fact that we had been feeding our children at the creche for the last seven years. Because we did what she wanted, our creche is about to be registered and we might receive a government subsidy.

It has not been an easy road. It was fraught with a lot of hurdles but in the end we succeeded. I am now at the Health Desk of our Civic Association and am charged with Social Security.

Manana Violet Ritshuri's Story

I am the Chairperson of the Care Group in Makhuva Village which is situated 50km north-east of Giyani Town. In the last eight years I have been involved in a feeding programme for Mozambican refugees, the National Nutrition and Social Development Programme Feeding Scheme for the poorest of the poor, and the establishment of Makhuva Creche. The feeding scheme money comes with a development component where sewing machines, brick-making machines or fence-making machines can be purchased so that people can learn how to sew or make bricks. We at Makhuva bought sewing machines and a lot of sewing has taken place and articles have been sold. I want to describe the conflict I had with the Civic Association in my village.

When we started our creche in 1990 we called a meeting of the community through the Chief who was requested to call a General Meeting. We announced our intention to start a creche as many children were going hungry and had nobody to look after them when their parents had gone to work. We also requested the community to allow us to use the church work. We also requested the community to allow us to use the church building for our creche until we could build our own structure. Both the community and the Chief agreed to our requests and we started with more than 100 children under five years of age, 5 teachers and 2 general assistants.

We are a large Care Group with 30 members who have graduated and 36 who have not graduated yet. The feeding programme has 150 recipients of food. The Care Group members and the recipients of food have duties assigned to them like cleaning the Tribal Office grounds, keeping the Clinic yard clean, and sweeping the church and the church yard before the children arrive each morning. These activities take place in the morning and in the afternoons the sewing takes place. We also learn how to cook and bake.

When the Civic was selected in 1995, the Care Group had already done a lot of work. The Civic came to the creche and said that we will have to discontinue the creche because they would start one. We told them that we would not stop our activities because we were given permission by the General Community meeting. I was direct and asked one of the Civic members who was at that general meeting whether this was not the case – he answered in the affirmative. At the time we had started firing our bricks

and were ready to start building. The Civic told us that if we went on with the building activity they would petrol-bomb our structure. Some Care Group members became scared and left the organisation but others stayed on to see what would happen.

Feelings had run so high in the community that we had to call the Care Group Motivators to come and help us. At the meeting it was explained to the Civic what Care Groups stood for. They demanded to see our constitution and this was given to them. This watered them down because I think they wanted to say that we were not a properly constituted organisation. They told us that each time we received money we should bring it to them so that they could administer it. I told them that that would not happen.

They went further to say when the feeding scheme money arrived we should bring the cheque to them. We told them that this would also not happen, as once we have shown the cheque to the community we buy food and go on with our work. They said many nasty things to me but I stood firm because I knew I was doing the right thing.

After a while, on their own, they decided that they had to invite me to be one of their members. They had decided that they had a need to work with somebody who had the experience that I had and who could stand by her convictions. They told me afterwards that they had a problem of how they would approach me after so much verbal abuse. One of them became brave and came to invite me to their meeting.

If there is a conflict, people should not hold on to it afterwards, but should be willing to make peace – once there is a will on both sides to bury the hatchet, peace is achieved very easily. Not being afraid to stand by your convictions is a good weapon to end conflict.