

PRIMARY CARE IN ACTION



THE VALLEY TRUST

Compiled from reports by Marketing Director Alastair Chadwick,
the 1995/96 Annual Report and specified references

The débâcle of Sarafina II has unfortunately overshadowed a great deal of effective work being done in the primary care field. In this series we highlight examples of primary care projects at work.

Readers are invited to contribute short articles about effective primary care projects – especially those of which members of our profession may not be aware.

AN ANCIENT PROVERB STATES THAT 'A PROPHET IS not heeded in his own country'. A South African general practitioner, Dr Halley Stott, gave up his practice in the late 1940s to establish a 'sociomedical project', decades before:

- the declaration of Alma Ata
- the development of family medicine as an independent discipline in South Africa
- ideas of 'holism in medicine' became popular

- the notion that even primary health care could have an academic basis.

THE PROJECT POSITIVELY DEMONSTRATED THE multiple positive ramifications of a comprehensive approach to health care.

Located in the Valley of a Thousand Hills of rural KwaZulu-Natal, The Valley Trust is now recognised as a model primary health care (PHC) project. It all started with a service-based health centre as the entry point to the community. The extraordinarily

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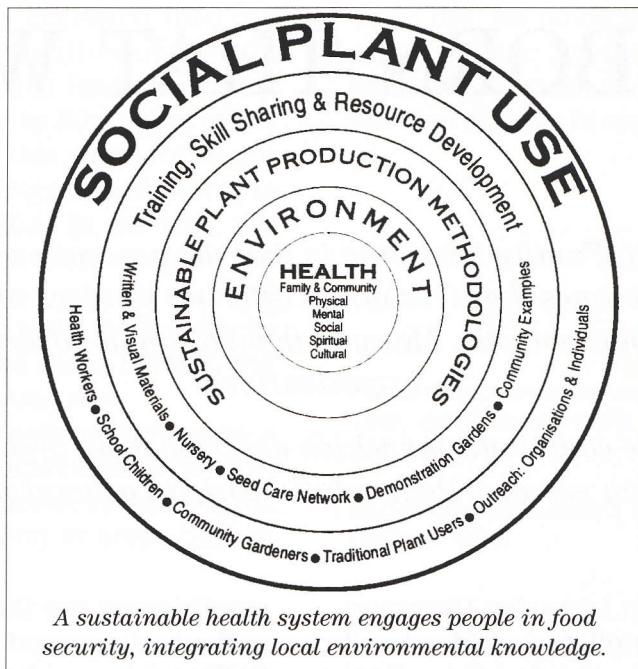
high prevalence of malnutrition in small children, endemic poverty and extremely poor soil conditions led to a demonstration vegetable garden and accompanying soil conservation project being established alongside the clinic within the first year.

Through carefully recording his work, Dr Stott was able to demonstrate that over a quarter of a century the number of small children with kwashiorkor significantly decreased over time compared to children from surrounding areas. Perhaps more importantly, this number remained lower once the initial decline had occurred.¹ (Dr Stott's research enabled him to earn an MD degree from Edinburgh University.)

Recognition of the importance of community participation and involvement from the earliest years formed one of the fundamental principles of The Valley Trust. Other principles, in the words of Dr Stott, included:

- the avoidance of all forms of imposition or interference in the lives of the people, particularly institutions such as indigenous medicine men and women
- the avoidance of short-term measures for expediency which could stultify human initiative and resourcefulness
- the encouragement of the use of available local human and environmental resources
- the avoidance wherever possible of hospitalisation in favour of domiciliary treatment by the nurse
- integration of nutrition education into health centre clinics and domiciliary treatment.

The concept of an 'ecology of health' has in recent years been expanded to include the promotion of representative democratic develop-



ment structures for each tribal area, called 'development committees'. At least one health sub-committee, which helps to plan and implement health programmes, is elected as part of each of these development committees. Supervision and payment of community health workers, for example, form part of a health sub-committee's responsibility.

Apart from ongoing health and nutrition projects, other areas in which The Valley Trust has become active are:

engineering services, rural education services, eco-agriculture projects, and provision of training courses. A conference centre has also been developed.

Professor Victor Nzimande, chairman of the board of trustees, does not mince his words in the 1995/96 annual report. 'The inability of the RDP to produce any meaningful development within KwaZulu-Natal has led our management to identify a new role for The Valley Trust, namely advocacy. There is that delicate balance between the need to move closer to government to access funding and the need to remain independent to allow for critical but constructive dialogue. One area that necessitates that The Valley Trust speaks out against it is the RDP clinic building programme. Clinics are being built which are inappropriate, are frequently built within the service radius of an existing clinic and which have a curative focus rather than a community-centred principle... It is the intersectoral collaboration that will require the greatest paradigm shift in government thinking.'



Dr Halley Stott

REFERENCES:

1. Stott NCH. Primary Health Care: Bridging the Gap between Theory and Practice. Berlin: Springer-Verlag, 1983:60.