

IMMUNISATION CAMPAIGN IN ALEXANDRA

The polio immunisation campaign undertaken by staff and volunteers of the Alexandra Health Centre was started with different assumptions to those of Kwa Zulu health officials.

Polio is spread via the faecal-oral route. It can be prevented by adequate sanitation, extensive immunisation, and good co-ordination between the various health authorities and services. But none of these existed previously in the case of Alexandra township.

The superintendent of Alexandra Health Centre, Dr Tim Wilson, attributes the outbreak of polio to the "appalling sanitation" in the township whereby every 15 to 20 people have to share a latrine bucket which is emptied only twice a week.

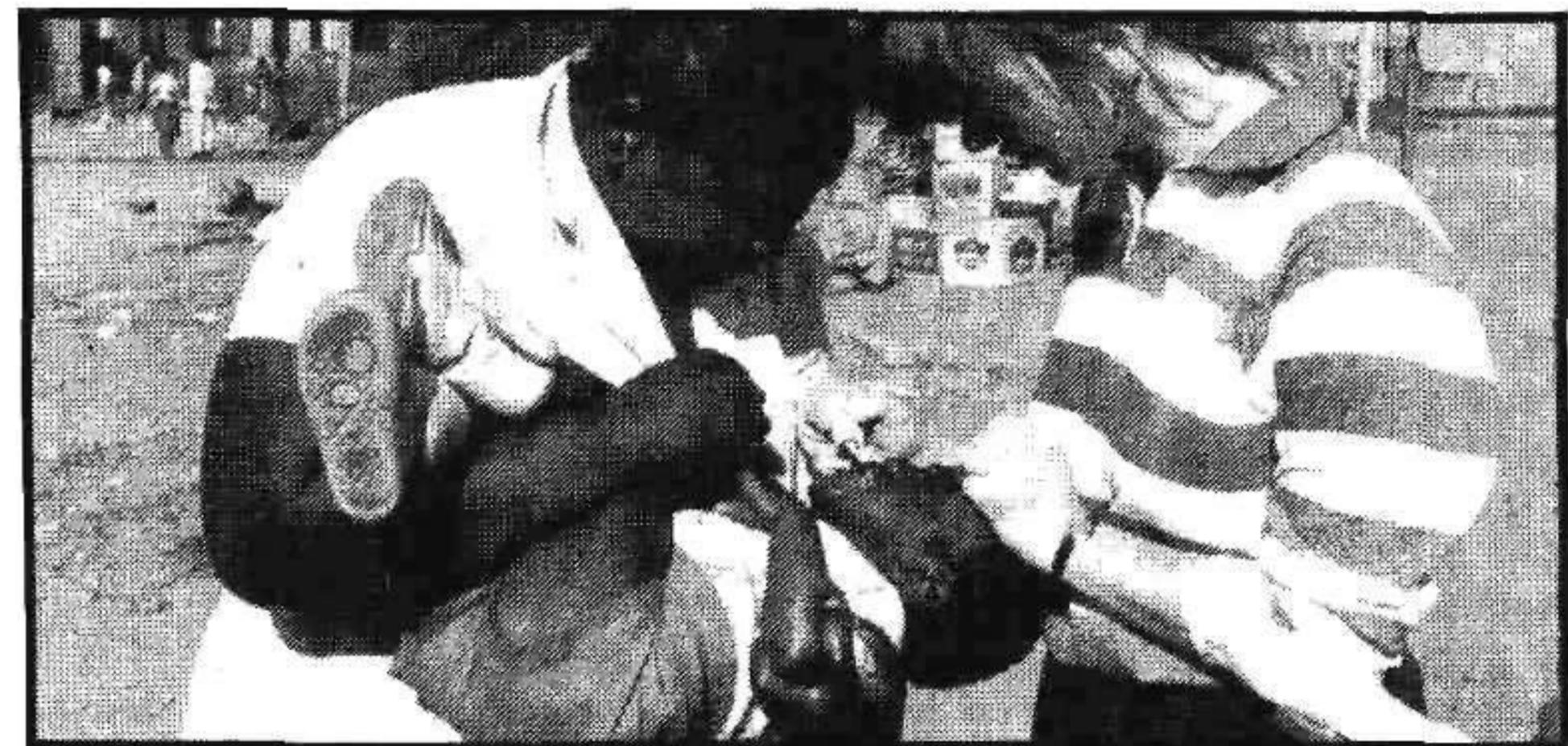
The fear of a polio epidemic was raised when five people from Alexandra were diagnosed as having contracted the disease in June. This fear is all the more real if one considers that for every case of paralytic polio, there are at least 100 infected cases.

Immediately, health workers from the Alexandra Health Centre and volunteers were organised into teams to take the immunisation to the people. The ten teams went on a house-to-house immunisation campaign. They aimed to reach over 15 000 children under the age of five in the township.

The immunisation campaign was carried out from the middle to the end of June - a time in which political tensions were extremely high.

Even though a sixth case of polio was diagnosed during this time, the epidemic can be said to be over.

At the end of July, a second immunisation campaign was started. This time, children were immunised against polio, measles, and diphtheria/whooping cough/tetanus.



Health services are taken to the people of Alexandra

The following interviews were carried out in order to explain the issues of community participation in the immunisation campaign.

Medical students involved in the campaign, spoke to Peter Barren, the co-ordinator of the Alexandra Immunisation Campaign; to Willie Lekoloane, a member of the Alexandra Youth Organisation, which is involved in the campaign; and to a member of the Nusas Health Directive (NHD).

What is the relationship between the Alex community and the University, particularly Medical School?

NHD: The relationship has developed mainly over the last few months because of certain events, namely the Alex funeral at the beginning of this year, which many students attended.

Also, the recent polio immunisation and an on-and-off contact between the community organisations and NUSAS Health Directive have fostered this relationship.

So although the University as such has no special links with the community, student organisations have had the opportunity of building ties and creating a fair amount of credibility.

What is the advantage of working with the Alex community organisations?

Barren: I think people accepted the campaign better and trusted our motives more. We were also seen by them to be moving from our "ivory tower" into people's yards and we also probably stimulated people to come to the clinic.

How is the clinic perceived by the community?

Barren: The clinic is seen in a good light as it is now working with the community and has the interests of the community at heart. Before the community organisations got involved, the clinic was thought to be government-owned. It was only after we got involved that more people were told and now realise that the clinic is not government controlled.

What were the objectives of the previous June '86 immunisation campaign?

Barren: There were three major objectives. Firstly, we wanted to avert a possible polio epidemic. Secondly, we felt it would be important to get involved directly with the community and this gave us the opportunity to do just that. And also, we wanted to reach people not normally reached, to take the health services to the people, rather than wait for them to come through the door.

How was the last immunisation campaign seen by the community?

Lekoloane: I think they accepted it as something special and people accepted it with open hands. There was no opposition to it and no negative incidents. Considering this, I think it was well accepted.

What is different about this campaign?

Barren: We are completing a full polio immunisation programme and are going to do more comprehensive immunisation with the DWT and measles immunisations included. We are also going to give out "Road to Health" charts to lay the basis for growth monitoring. And this will introduce people to the clinic further.

Why is it important for students to participate?

Barren: There are three aspects to that question. In terms of the clinic, it helps to alleviate gross staff shortages by using other people who have the appropriate skills. From the community perspective, it is nice for students to be seen to be showing concern and working in the community. Finally, from the students' point of view, they begin to appreciate the conditions of life in Alexandra in addition to doing something useful.



Medical student involvement in the immunisation campaign

Lekoloane: It is important for Wits students to get involved so that students can understand why we are getting sick. It is especially important for whites to learn what is happening and how we live. There are only a few white people getting involved and either they don't take time to inform other whites, or other whites just don't care.

How does the State of Emergency affect community organisation functioning?

Lekoloane: No meetings can be held. We can no longer work easily to provide what our people want. Functioning is therefore affected by the State of Emergency.

What is the implication of the State of Emergency for this campaign?

Barren: Previously, we were able to consult with community organisations quite easily, but now, leaders have disappeared for one reason or the other, so that is obviously a setback for the programme.

What are the roles of the Alex community organisations and how do they function?

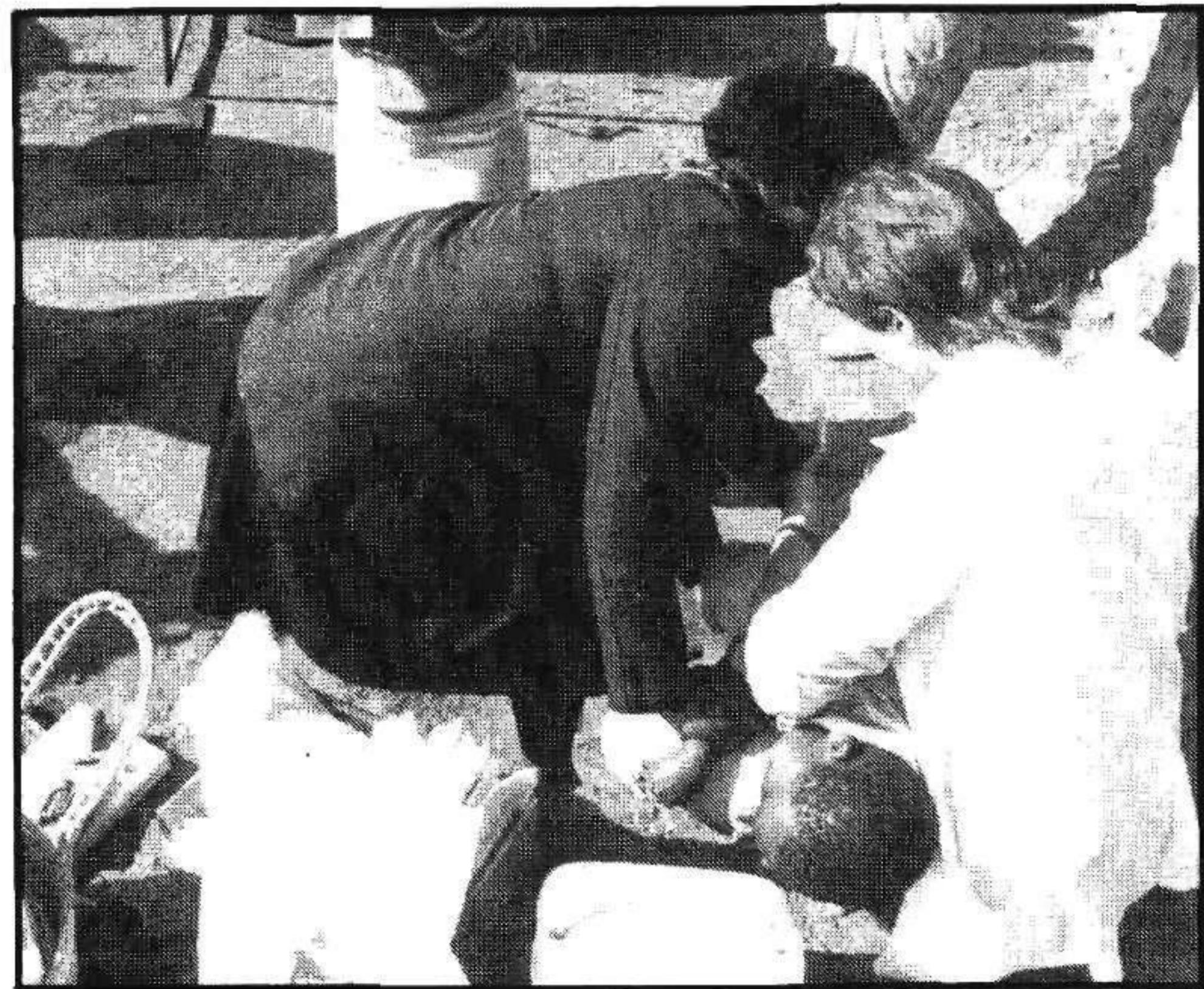
Lekoloane: Different organisations do different things. Some organisations bring youth together through music, drama, and, to an extent, by discussing politics. Most organisations, due to circumstances and current times, are involved with politics.

The community is suffering from the conditions they live in, therefore community organisations address the urgent needs of the people within Alexandra. In fact, in townships all over South Africa, the building of street, block, and area committees are some ways people in organisations are taking control of life in the townships.

What are some specific organisations, for example Alexandra Youth Congress (AYCO) and Alex Civic Association (ACA), doing?

Lekoloane: AYCO works in conjunction with ACA where necessary, otherwise alone. In such areas as crime prevention campaigns, AYCO and ACA work together. For example, if street committees report a crime, perhaps members of an organisation would investigate the crime. If the person is caught, he or she would be tried by the people in the People's Court.

AYCO has also been helping to clear bucket sewerage systems and to build parks. Some members have also learnt first aid skills and are able to deliver first aid where necessary. AYCO organises meetings and rallies and helps in the organisation of mass funerals.



Health workers and volunteers aimed to reach over 15000 children under 5 years

Why is NUSAS Health Directive taking up and involving itself in the campaign?

NHD: The NUSAS Health Directive is an organisation made up of medical and allied medical students. We feel that as a student organisation, we need to understand the way that apartheid has affected the health of people and therefore be involved in practical work which addresses health needs of communities.

At Medical School, we never really have the opportunity of applying our skills in an appropriate way and we see the Alex immunisation campaign as a way of gaining practical experience in the provision of adequate health care.

But we do not see this as simply a form of charity, since this kind of work is a way of furthering the relationships between future health workers, the community, and their organisations.

Since we were approached by the Alexandra Clinic and the local community organisations, we feel that when we do offer our skills as a service, it should be under the direction and guidance of the people's organisations in the township.

As future health professionals, we should also begin to challenge the reasons why in 1986 the children of Alex are living under the threat of a polio epidemic.