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SOUTH AFRICAN INSTITUTE OF RACE RELATIONS
SUID-AFRIKAANSE INSTITUUT VIR RASSEVERHOUDINGS

NATIVE HEALTH SERVICES IN SOUTHERN RHODESIA

1. If health services are to be adequate and effective they must (a) deal with preventive as well as curative measures
(b) reach rural as well as urban areas
(c) be welcomed and reasonably understood by the masses of the people.

2. The health of the whole community is primarily the business of the State and should be financed by the State.

3. Owing to the low economic development of so much of its population the Government of Southern Rhodesia is unable at present to arrange adequate health services for the whole of the community.

4. Mission health services have been developed because the missionary conscience, realising the need, cannot neglect the call to help; and because the missionaries in their sympathetic social work have special opportunities for presenting health services in a way which can be understood and is welcomed by the people.

5. Because the services of missionaries are only remunerated at missionary rates or even in many cases are honorary; because large sums of money are privately subscribed, mostly from without the bounds of Southern Rhodesia; because simple arrangements (often well fitted to rural work) are possible in Missionary enterprise; and because missions have special facilities for the training and supervision of Non-European helpers, missionary health services can usually be run at a much lower cost to Southern Rhodesia than similar Government services, and until finance is available for the efficient running of adequate medical services these missionary facilities should be used.

6. That is to say Government grants to missionary health services will make possible wider and more efficient services than the same amount of money spent on purely Government services.

7. Where missionary health services are possible they will lay a strong and sympathetic foundation for later Government services.

8. It would help to get the very best value out of man and money power, and would also help in the making of applications for grants (which it would be difficult for Government to refuse) if the combined missions could think out a scheme for medical and nursing services, general health services, health education, and the training of various types of Native health workers, and the placing and adequate supervision of these workers in the field; thus taking account of such units as are already established by Government, of the stations already established by Missions, of the areas at present almost or completely without health services, of the available trained personnel and of the personnel available for training.

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9. The final aim will be the availability of fully qualified medical, nursing and sanitary facilities for all inhabitants, urban and rural, but if foundations are to be laid and Native prejudices broken down simple beginnings must be made and the available personnel trained to begin simple services. It is well to remember that our present day highly skilled services are only of recent development and that much good work was done in the simpler beginning.. I often remind myself that Florence Nightingale was by no means a trained nurse according to our modern standards, and yet few would care to depreciate the work she did. It is by no means necessary to assume that every only-partly-trained person is of the Sairey Gamp type. Many missionaries' wives, without technical nursing training have been of unestimable benefit to the Natives round and not infrequently to isolated European settlers.

10. The points of which I would like to speak are the training of Native orderlies, the training of Native nurses (or nurse- aids), the training of Native midwives (or midwifery-aids), the establishment of health outposts from mission hospitals and the adequate supervision of these.

11. In general, it will be well if Natives trained to these services who are intended for rural work are trained in rural surroundings, such as are usually provided by mission hospitals; and are given some general instruction in village hygiene, sanitation and, for the girls, in simple housekeeping and even in village crafts and general social and recreational services. The facilities for this additional training are usually available on mission stations.

12. Before entering on the details I should like to urge that the Rhodesian Natives have as much right as any other people in the world to facilities to fit themselves to help their own people in these health services. I have seen nothing that would indicate that the Matabele and the Shona peoples would respond less readily to the call or to the necessary training. In fact there is every indication that where the educational and nursing training are available suitable students are forthcoming.

13. Native Orderlies: Some of these will be needed for hospital-ward work some for outpost dressing stations. At present those for the wards of Government Hospitals seem mostly to come from the Nyasaland Mission hospitals. (It seems a little strange to me that the Government should welcome these services from mission hospitals in an adjourning territory instead of being willing to subsidise similar training of their own Natives who would have the advantages of knowing the languages and customs of their own people). I understand, however, that the Government has now established training for orderlies at the Salisbury Hospital. This will doubtless be very suitable to prepare them to be orderlies in the wards of Government Hospitals and I am sure that the missions will welcome this opening for some of their better educated boys. This training is, however, unlikely to fit them for outpost clinic work in rural areas. For this work the mission hospitals would be better able to train (and it is possible that some of their trainees might get Government Hospital posts if the supply from Salisbury is not great enough). But if these

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orderlies are to have proper standing (and we may hope later to obtain Government grants for outpost work) it would be well for medical missions to agree as to:

(a) entrance standard: It may be that at present orderly probationers will have to be taken with Standard IV. entrance standard but since nursing work requires at least an understanding and acceptance of certain basic scientific ideas it would be well to aim at a not too distant raising of this Standard to Standard VI. with an ultimate aim at Standard VIII.

(b) length of training: It would be well to aim at a three years course, post Standard VI. That is those at present entering at Standard IV. should take five years before receiving full certification. It might be possible to have a lower and higher orderlies' certificate - the lower to be taken two years post Standard VI., and four (or three in cases of mature age) years post Srandard IV. It is usually accepted that years spent in teacher-training rank as standards.

(c) course of training: I am not competent to comment on this. Obviously the doctors and nurses doing the training could best draw up the syllabus. But I should like to stress the fact that though most of the teaching would be actual experience of work some demonstrations and class room lessons are extremely important. If these orderlies are to understand what they are doing and not fall back into bad customs, and to have some knowledge to meet emergencies and some power of teaching to rural people the laws of health, they must have had some theory instruction. Also in the present state of Native attitude the orderlies will feel that they progress by classroom instruction, and they will have more dignity in the eyes of their people if they have had it. They should be able to take their place intelligently with the ministers and teachers as leaders of rural community life. Also simple courses on rural sanitation, home nursing under kraal conditions, first aid in the field etc. should be a part of the curriculum as well as the orthodox hospital work.

(d) examination: If the doctors and matrons of the mission hospitals could, along with one or two government experts, form an examining board arranging for standardised examinations, largely practical, the certificates granted would have great value and there would not be the danger of disregard to the orderlies coming from the lesser hospitals.

14. Native Nurses and Nurse Aids: We have recently, in the Union, come to keep the term nurse for those who have in their training and examination satisfied the requirements of the S.A. Medical Council and received general certificates (as do Europeans fulfilling the same conditions) which are counted as equivalent to those gained under corresponding conditions. in England. The term nurse aid is used for those who while they have received a hospital training in nursing useful enough to warrant their employment for simple services have for various reasons not been able to gain the registrable certificate.

For a nurse probationer to enter on the full course of training there are two special requirements (excluding references as to character and certificate of age), (a) at least Standard VII. and most hospitals prefer Junior Certificate, (b) a four years course in a Hospital large and well staffed enough to register as a training school.

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It seems unlikely that there will be any mission hospital in Southern Rhodesia quite able to meet the requirements for a few years. I should like to urge, however, that by agreement among the Mission hospitals some arrangement might be come to by which, at a not too far distant date, one of the hospitals might register and take the senior probationers while the others, for the time being, trained the probationers with lower qualifications as nurse-aids.

It might well be that one Institution could put on a two year post Standard VI. course for girls with a view to (a) preparing girls for entry to a full training hospital, (b) preparing girls for superior domestic positions as Childrens' nurses.

There are possibly one or two Government Hospitals which could undertake the training of Native nurses if they so desired - but it seems to me unlikely that this will be done until mission hospitals have demonstrated its possibility and usefulness. We must also remember that such Government hospitals are really needed as training schools for European nurses, and it is as much as we can expect if they undertake the training of orderlies for hospital ward work.

It is, therefore, in the training of nurse-aids that the Mission hospitals should at present specialise.

Is it possible that the missions can agree as to a general method and syllabus and examination so as to standardise and give dignity to their trainees? The remarks I have made under orderlies apply very much here, i.e. entrance standard might be for the present Standard IV., but should as soon as possible be Standard VI; the course should not be less than three years post Standard IV., and should as soon as possible become three years post Standard VI; the syllabus would be best designed by those doing the training, but I have copies available of a course drawn up by mission nurses and doctors as a guide to the smaller hospitals in the Union. The course should be mainly practical but some demonstrations and class-room lessons should be given; a standardised examination would be valuable.

I should like to emphasise my view that the training of Native female nurses is essential to the real development of better Native health conditions.

15. The Training of Native Midwives or Midwifery-aids: I understand that one Government hospital is training a certain number of Native midwifery-aids. I am sorry that I have not the particulars of this training, but I understand that there is no present intention of developing it to full midwifery training.

The general consensus of expert opinion seems to be that since in midwifery the course of training is a comparatively short one and the standard of entrance is lower (Standard VI.) it is well to attempt to give the full course to Native probationers. The requirements for a registered training hospital are not so drastic as for general nursing, and a certain number of the cases attended may be "on the district". I would urge that one of the Mission hospitals (perhaps not the one first aiming at full general training) should specialise in this, and try to

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register as a midwifery training school. Girls who have taken a year or two of a general course or who have taken a "Jeanes" course would be particularly suitable as trainees for the midwifery certificate. Also not infrequently the wives of teachers and reasonably educated widows come in for this course. Minimum age is 22, and minimum length of training (unless a general nursing certificate is held) is one year.

16. The Establishment of Health Outposts: The ideal arrangement would be (a) to each mission hospital a number of main outposts which at best might have:

(i) an orderly in charge of dispensary, dressing and general clinic work. A hut as dispensary. This orderly should do simple sanitation and First Aid instruction with school boys and adults.

(ii) A nurse or midwife who would have a hut in which one or two special cases might be nursed, but who in general would visit the homes and nurse and dress as might be necessary; would gather the mothers (perhaps after the weekly prayer meeting) for Child Welfare, etc. talks; would hold a baby clinic; would teach the school girls simple home nursing, First Aid, etc.

(iii) A regular visit from the doctor and means of calling the doctor in cases of urgency and of sending urgent hospital cases to the main station.

(b) simpler outposts with perhaps only a nurse or nurse-aid married to a local resident (teacher or evangelist?) who would devote some of her time to some of the above activities.

Could not the combined missions draw up a scheme for these and put forward the scheme to the Government, with the understanding that allowances would be asked for on a regular scale according to the qualifications of the staff as the trained staff became available, e.g. every orderly or nurse probationer would be sure of a definite post according to a known scale as soon as qualification was reached. This would bring the right kind of student into training.

17. Adequate Supervision of Health Outposts: This obviously means more work for the mission doctor and/or his staff. The whole question is wrapped up with that of finance. If the allowances to the orderlies and nurses at outposts are:

(a) quarters
(b) uniform (strongly recommended)
(c) salary

it should be absolutely definite that any payments collected by them should be paid into the Mission hospital headquarters.

These will be small as compared with the cost of salaries and maintenance. It would be a reasonable arrangement (it is the one we are pleading for here) that the Government should provide salaries and drugs while the mission provides uniform and buildings.

Each outpost worker should keep a note of all visits, classes, etc. and of drugs distributed and of payments received. The fees received by the doctor at his periodic visits should go into the special outpost fund.

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The cost of the doctor's supervisional travelling should be borne partly by the Government grant and partly from this outpost fund.

Where nurses, nurse-aids, or midwives are stationed at outposts, visits from the matron or a qualified supervising nurse are valuable. A doctor visiting an outpost often has to spend his time in professional work, while a nurse can see more of the actual detail work going on, criticise if necessary, and give constructive service..

Our difficulty has always been that Government declines to do much until experiments have proved the value. This means that the first year of a scheme often has to be financed from mission funds, Sometimes a special donation can be got for a year's experiment from a well-wisher. The grants that Missionary Conference might suggest to the Government are:-

1. Training allowances for all orderlies, nurses, nurse-aids and midwives in training under approved schemes.
2. Salary allowances for outpost workers qualified and employed under approved schemes.
3. Cost of drugs and dressings for outposts.
4. Part cost of doctor's supervisional travelling.

18. Southern Rhodesia is already employing for municipal locations a few nurses trained in the Union. Naturally, the Union is not giving away its best. In fact, I think at present the "nurses" so employed have only midwifery, no general, qualifications. I think Rhodesia would do well to consider employing its own trainees. At Bulawayo, I believe, a "Jeanes" woman is employed instead of a nurse and it seems a pity that a nurse-aid from one of the mission hospitals was not available.

19. In addition to the more orthodox courses indicated above, could not the mission hospitals make a special point of training in a simple way suitable women from amongst the wives of teachers, ministers, evangelists, etc. in residence for training; establishing a very simple certificate for those successful in this course, and giving them a small "outpost" allowance under the outpost scheme. My idea would be to "Jeanesify" these women especially on the health side.

20. It should not be impossible for some of the outposts to be on subsidiary mission stations or even on friendly farms giving the advantages of general, even if not expert, supervision.

21. As soon as outposts are an established thing the question of refresher courses will have to be considered. It is easy to get stale in the field.

22. I think that later there may come a request for trained Native nurses to work in the Native wards of Government Hospitals, but judging from the Union experience this comes more slowly than their employment in urban locations.

23. May I in conclusion, emphasise the need for the training in health work under simple rural conditions. I have before me at the moment the case of a nurse well trained at an urban hospital and holding a Medical Council certificate who has utterly

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failed to adapt herself to rural nursing. Such cases are also only too frequent and are the reason why I urge the training under simple rural conditions not too completely hospitalised.

Edith B. Jones

HONORARY ORGANISER
WOMEN'S SECTION

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