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Name of Interviewer/s: Dale McKinley
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Name of translator: Emmanuel Mokgoga
Name of transcriber: Moses Moremi
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INTERVIEW WITH THE VOLUNTEER GROUP AT THE MABASO COMMUNITY CARE.

Dale: Thank you. If you can introduce yourselves. Who you are and what is your position of doing specific work here at the clinic?

1st Participant: My name is Gladys Enchase, coordinator of Mabaso Community Care. My work is to go around the carers in the houses and check how things are running and then write reports and submit them at the office.

2nd Participant: My name is Khomotso Debele. We go and help people who are sick, we go to their houses and help them to take their pills, those who are unable to do things, and we wash them.

3rd Participant: Itumeleng Manyaka. We go and give people health talks, so that they can know how to protect themselves from sexually transmitted diseases and other diseases in general.

4th Participant: Mahlatse Sloane. We help people in their families, we wash them and provide them with health talk

5th: Sheila Manaka, carer. My duty is to go and wash people who are disabled in their homes and also encouraging them to go to hospitals and take their treatments and also to create HIV awareness in our community as HIV is attacking our community.

6th: Tabitha, I'm a carer. We do home visits and give sick people pills.

7th: Loretta Kgwetiane. We help those who are sick and those who are disabled in their homes and those who can't bath, we help them by washing them and encourage them to go to hospital and collect their treatment.

8th: Mangy Seerane, carer. We go to every house and tell people about infectious diseases and wash people who can't help themselves and even advise them to come to hospital.

9th: Retshepile Serabe, I'm a carer. We go to people's homes and encourage people to go and take pills as usual.

10th: Hilda Lerutla, I'm a carer. We help sick people by teaching them to drink medicine on time.

11th: Maditsie Veronica. We go door to door and look for our fellows who are orphans and don't have people to look up to them and also to encourage people who are sick to go to the hospitals and get first aid.

12th: Holiswa Manyaka, I'm a carer. We go to all the houses and help people who are unable to help themselves, we wash them and give them medicines as usual.

13th: Nonyana Melchah, I'm a carer. We go and help old people and those who take pills and checking how the pills are treating them, if they don't treat them well, we tell them to go to hospitals or clinics so that they can change their treatments.

14th: Seipati Phokwane, I'm a carer here at Mandagshook. We go and encourage people to come to hospital and get treatment and we wash them, when they have infectious diseases we do health talk at schools.

15th; Paullina Tebele, I'm a carer. We go and help patients who can't do things for themselves, mostly we look at orphans who do not have parents, we encourage them to come to a social worker.

Dale: Thank you very much, I'm just going to ask some general questions about the work and anyone can feel free to answer those, before we go into that. Emmanuel, can you translate the answers so that we can understand as well. The first thing is I want to get some sense from all of you workers and carers, how are your experiences in terms of the health of this community ... what are the main aims that you come across that you have to deal with?

Participant: What made us volunteer is that people in their homes are very sick and they have high bloods and sugar diabetes. They come everyday here at hospital, so we thought to reduce their visits to hospital by going to their homes and give them pills. HIV/AIDS is what made us to go and volunteer because people who come to hospital with HIV they take them to their homes and we go and take care of them in their homes, because hospitals get full with people with HIV and people with TB. People with TB take treatment everyday, so they can't come to the hospital and take treatment, meaning we carers we have to go and give them treatment at home and write, because every Monday when they come to check them they must see that we worked well, we are taking care of our patients.

Dale: Anyone else who will like to add, besides the issues of HIV, TB, sugar diabetes, high blood pressure?

Participant: Another thing that made us look at health, it's because our fellow children are having HIV/AIDS and they are scared to go to the hospitals and we encourage them to go when they see symptoms for HIV/AIDS and TB. Treatment of TB - most people are afraid to go to hospitals because they say that if you have TB you have AIDS. We go and tell them that TB is curable and they can take 6 months pills to be on good living and this AIDS so that they can go to hospitals and take

ARVs, so they can live better life, because in hospitals they sent them to us so we can take care of them.

Dale: Tell me something about how each of you became health carer, did you volunteer first, I understand that there is now problem that we'll probably ask about getting paid and there is no money, tell us how it pays to do what you do, do you feel satisfied with the situation or what are the main problems?

Participant: We are people who volunteered from our homes, with interest in knowing about different diseases but coming to money, our government does not handle us nicely, since we started volunteering in 2001 until 2004 we worked for free not getting even a cent and on top of that here at hospital they were using us badly, in a way that they would call us and say we should clean the hospital yard even when the workers are available on top of that they would take people they say are orphans from different villages and not take us, volunteers they did not even care if we are people or what on top of that money came saying volunteers are getting paid, we got R500 and the year of 2007 broad changes saying we are no longer getting R500, on top of R500 we are sharing getting R250 each and are doing work for them, our government does not handle us nicely.

Dale: Do you all stay here under grounds of hospital or at home?

Participant: We are staying at home?

Dale: Why is there that there are no men as care givers, why?

Participant: Because it is the men who want the money.

Dale: Tell me from the experiences, how far do you people go to visit; from this place what arrears do you cover?

Participant: Around this place.

Dale: And what's the situation with transportation, do get any subsidies, you get any money?

Participant: No.

Dale: So, how do you go when you say you want to visit someone there?

Participant: We just walk by foot.

Dale: What is ten kilometres or what?

Participant: We all volunteered.

Dale: Well the R500 was supposed to be per month or what?

Participant: Per month.

Dale: So I understand that it has been stopped, it's no longer, so what are the explanations that you have been getting from the authorities why this is the catch?

Participant: They said that we don't work that is why we are getting R250.

Dale: So they are saying that you are not working?

Participant; Yes, our leader who is a coordinator who is guarding, when he/she met with the head office he/she said that we are not working and they asked about patience's monthly report and said Maandagshoek is poor with things like that and said that there is only 4 sick people in this community, while the coordinator in person was supposed to come and visit us once in a month and check if his/her carers are working or not on top of that he/she once offered a drain of 59 days, it never came, and on top of that he/she never came to check on us but now we are getting R250 on grounds that we are not working.

Dale: Can you describe to me what it is like for an average day, what do you do on an average day?

Participant: When we come, 8 o'clock we are here and we clock in and then they tell us where we are going whether it is at Gamokoro or Ga-mpuru and go into houses and check on patients. And we clock out at 16h00.

Dale: So you come at 8 and leave at 4? How many days a week?

Participant: Yes, we come Monday to Friday.

Dale: Is there any other support that you receive ... any kind of food provided?

Participant; No, we get nothing.

Dale: Just nothing? So why do most of you want to do this?

Participant: We are intending to help our people.

Dale: Did you see it as a possibility for you health carers some of you as becoming nurses, or is it just that you wanted to volunteer?

Participant: We don't know; when we help like this we think that they may feel pity for us and give us work. To add on that when they trained us we thought it would help but they didn't even give us certificates, we got nothing.

Dale: Ok, we are almost at the end of this tape I just want to say this film that we are recording will be seen and heard by many government workers, as care givers what is it that you think needs to be changed or what needs to happen?

Participant: We want them to empower us so that we can work, just as we are working now and not being paid but we want them to empower us to get money ourselves, just not empowering the people who are in high positions they must also empower us.

Minutes: 19