

Disaster in the midst of innovation

Prof Doreen Atkinson
Centre for Development Support
University of the Free State

On Friday 11 October, the Karoo region held its first Karoo Parliament, in the remote town of Philipstown in the Northern Cape. The purpose of the event was to bring together towns from across this arid region, to share insights about new innovations and projects.

The rationale of this type of event is that development is often hopelessly divided into silos by provincial and municipal boundaries, and we need to create networks and linkages across political jurisdictions. The National Development Plan indeed recognises the need for “softening” political boundaries and creating meaningful regional economic zones.

The Parliament was very successful. The conference attracted 120 delegates. It was attended by delegates from the Northern Cape (Philipstown, De Aar, Vanderkloof, Richmond, Williston, Colesberg, Carnarvon, Hopetown, Petrusville, Loxton and Orania), the Western Cape (Laingsburg, Prince Albert), the Eastern Cape (Cradock, Graaff-Reinet, Middelburg, New Bethesda), and the Free State (Philippolis, Jagersfontein, Jacobsdal, Smithfield).

The Karoo Parliament was indeed a successful experiment in regional debate and reflection. The speakers from these towns discussed a whole lot of good things taking place in the Karoo, ranging from tourism and crafts to agriculture, solar energy, SKA and infrastructure. While there were some gripes about municipal performance, at least two municipalities (Pixley ka Seme District Municipality and Laingsburg Local Municipality) could report on their stellar performance.

But one presentation – that of Ms Hanlie Snyman of Carnarvon – held the audience spellbound, and appalled. She spoke of Foetal Alcohol Syndrome (FAS). The symptoms are devastating: Distorted facial features, inhibited physical growth, poor reasoning ability, poor emotional intelligence (and a proclivity for anger outbursts), no self-discipline, and an almost total inability to perform scholastically. People with FAS are not only doomed to poverty; they are likely to destroy their families, communities and schools. They are likely to neglect their own children, and act violently within the home. Adult FAS victims are likely to produce another generation of FAS children.

FAS is totally preventable - but the symptoms cannot be reversed. It is a life sentence to destitution and social destruction. Put a knife in the hand of a young person with FAS, and imagine the consequences. Pity the families of FAS victims. Pity the teachers. Pity the communities.

Three social factors seem to make this disease much worse. The first is that Departments of Health and Social Development seem to have no programmes to address or prevent this affliction. There is no guidance or training for young mothers, to stop their drinking habits. Other Departments, such as Education, will end up feeling the consequences, as these children enter the school system. Departments such as Justice and Correctional Services will end up housing these victims, as they break the law (often violently).

The second factor is that field evidence in many towns suggests that social grants are used by young women to escape poverty – by means of getting pregnant. After all, a child earns a child grant. Three children provide a total of almost R600. In the context of widespread employment, such money is the only source of income for many young girls – many of whom are preyed on by sugar-daddies.

The third – and truly appalling – fact is that many young girls get pregnant deliberately, and then *deliberately set out to create an FAS child*. A FAS child is a disabled child, and the social grant for a disabled child is close on R1200. This is an unspeakable state of affairs.

Why do our children have no vision of themselves rising above their poverty? And why is there no system to monitor the use of social grants? Why are people allowed to access social grants when there is no expectation – as in Mexico – that they and their children must be involved in social and health programmes? Why use state funding to help people over the precipice?

One academic study has described the problem of alcoholism as akin to a disaster, and that methods of “disaster management” are now required to reverse this crisis. Claire Herrick, of King’s College, London, wrote an article called *The political ecology of alcohol as “disaster” in South Africa’s Western Cape*, (*Geoforum* volume 43, 2012), available at (<http://www.sciencedirect.com/science/article/pii/S0016718512001625>). Alcohol addiction, compounded by poor policies surrounding social grants, poor schools, widespread unemployment, and a lack of government support for NGOs, is creating a disaster. It needs to be prioritised as Social Crisis No. 1.

We need a major re-think about supporting community development in local areas. The much-vaunted Community Development Workers (CDWs) are often appointed on the basis of political patronage, and not skills or aptitude. Clinics are understaffed, and teachers are burning out. We need a branch of Alcoholics Anonymous in every town and every community. AA needs to be funded by Government; and it needs to strengthen the work of schools and clinics. People receiving social grants should be warned and admonished if they spend money on alcohol, and their future activities should be monitored. Pregnant teenagers should be placed under social supervision. Addressing this new epidemic of alcoholism and FAS will require extensive new support networks, driven by political will.