

Brussels, Belgium
February 20, 1977

Dear Colleagues:

The Health team arrived in Cairo as scheduled on Jan 19th and initiated the one month stay in Bayad with a Community Health Forum, the first Town Meeting held in North Africa. Approximately 200 villagers plus guardians from Cairo and Beni Suef attended; proposals formulated during the one day event were assigned to each of the Bayad guilds for completion.

The next week was Bayad's first work day, the first of several which were held during the month. The village men, the auxiliary, and the two physicians on the team worked side by side to dig a trench for the water main running from the new well to the village. The chant of "Maya fe Bayad" (Water for Bayad) paced the rhythm of the work. The trench is now completed with the pipe laid to the first of 12 spigots in the village and water should indeed be running in Bayad within the month. Our blisters are healing well.

The third weekend the Community Health Fair was held and was a profound sign for the auxiliary and community and perhaps the event of greatest potential for mass impact by the Health Team. Held in the courtyard of the government clinic, the fair consisted of booths from every guild demonstrating their activities in relationship to health and booths from the Community Health Worker Classes. The Builder's Guild demonstrated their well drilling implements (all of which depended entirely on hand labor) and a three dimensional model of the village showing the projected sites for the combined shower/laundry/toilet facilities. The teachers guild booth demonstrated hand washing in front of a marquee listing the names of the village families with children in the Hadonna or preschool; the caretakers demonstrated the five food groups of basic nutrition on a poster created by Roberta Lapp which if we could swing it, deserves to be in the Smithsonian Museum. The Farmers demonstrated a "barrel garden" in an oil drum cut in half filled with vegetables intended to be used by each household to supplement the family diet. The Merchant's guild sold shares in the new co-operative Store. Two of the most popular booths were the Anatomy and Physiology in which villagers delighted in listening to their own hearts with a stethoscope and the "Microscopic Universe" where the citizens were profoundly amazed at the slides of canal water and blood. The village men who had helped dig the trench were especially delighted with rig toss game where the rings were the rubber joint rings used to join the water pipes and the targets were the upright handles of the broad hoes we used to dig with.

The final weekend event, the Commissioning, was held in the evening following the guild meetings. It was another first for the Bayad project in that it gave each guild a chance to report to the others what they had accomplished during the past week and what they planned for the coming week. The Health Team was sent out from this plenary with a chant of "Saha fe Bayad" (health in Bayad) and was given camel hair caps and cassette tapes made by the citizens of Bayad to convey good wishes to the projects in Shantumbu and Isle of Dogs. We sang our good-bye with "Comprehensive Human Care"

These major weekend events punctuated the time we spent in Bayad
and

provided a sense of pacing and rhythm to our work. Classes in basic health education were held throughout the three weeks. Attendance varied from 6 to 50. Women who attended the classes formed the leadership for the Under Fives weighing Program and School Meals program which were established by the team and will be carried on by the local citizens with minimal support from the auxiliary. The baby weighing goes on in village homes, and proved to be great events having a foundational impact on both village health care and stake structure. Two women from the classes began to make a nutritious snack ~~for~~ each day ~~for~~ for the children of the Hadonna and the adult literacy classes. This structure will be extended to serve the mother-infant classes as rapidly as they can be organized.

Health is a key issue for the Bayad Project. A nutrition team from Cairo was contacted and came to Bayad during the month. They examined a randomly selected group of 10% of the village families and found almost universal anemia (some so severe as hemoglobins of 7 and 8), other signs of parasitic infestation in approx 50% of the population, and growth retardation among 70% percent of the children. Additionally there were several cases of Kwashiorkor and/or marasmus.

With help from the Nutrition survey staff, we set up a new system of emergency relief using Catholic Relief Foods (which are American surplus commodities) and this system began to distribute food on an emergency basis while we were there. An outdoors oven is being constructed under the direction of the clinic chief nurse so that as the food is distributed, the women can work together to turn it into bread so they will take home an edible staple. The food had been available in the clinic for the past 6 months but there had not been any distribution model. Catholic Relief in Cairo was very pleased with the system as it demonstrated distribution on a local level which has been a problem throughout Egypt. We were pleased with the system because it does not involve the ICA directly in giving food away, and because Catholic Relief is pleased to keep supplies of food delivered for as long as such emergency food supplementation is needed.

Thanks to our Health Guardian Network's homework, we were able to make two important contacts in Egypt. Karl Hess's colleagues at Case Western Reserve University in Cleveland were in Cairo for other reasons. We saw them and they helped set up a program for Bayad to screen all 1700 residents for Bilharzia using their new nucleopore filter which allows on the spot detection on the basis of a urine specimen. The team from Western Reserve will provide materials and train the clinic staff in the use of these materials. All those who need treatment will be offered treatment with a single dose regimen of Metrifonate. We believe that we have adequately arranged with the Egyptian dept of health to provide physicians to administer the medication. We will be using Metrifonate, a drug developed by Bayer. It should be possible to virtually eradicate Belharya from the community for 3-5 years by which time the programs of altered agricultural practices and domestic water system should be taking effect. Another Health Guardian - Paul Hamilton of Denver - put us into contact with the US! Navy Medical Research Unit in Cairo. They were helpful in many ways, i.e. water testing materials, nutritional education, helping locate a driller for the deep bore desert well, and initial approval to a proposal to screen and treat all the citizens of Bayad for all other parasites in June. Once again they would be

training the clinic staff. The Global Repository is working!

There were many more important happenings during the month, more than the the postal service section of our budget could handle if we were to write about them. The input of the team in Bayad was clear. Acceleration happened not only for the health programs but the entire project. We learned that the kind of back-up which the Health Guardian Network provides does the kind of homework which is necessary to win.

The team is in Brussels now formulating plans for the next three sites.- Shantumbu, Ijede, and Kawangware. We need to get any information on the sites or names of contacts that the network has compiled. We will be in Brussels until March 9. The address is The Institute of Cultural Affairs, 12 Rue de Suisse 26, 1060 Brussels, Belgium. Telephone 322+538-5892. After March 9, we will next be in contact through Nairobi Nexus and Chicago Nexus can telex information there for us. For the next week we will all be on the road in Europe developing funds for the trip. Europe continues to demonstrate a deep sense of responsibility towards the various former colonies. Next weekend we anticipate a conference here in Brussels with Dean Mathews.

It is clear that we will need to have two members of the guardian network join us for a month in Africa when the team splits in April. We need to know who is coming as soon as possible so that we can work out details. We hope that the guns of each back-up team can work together to contact people to find out who those people will be and telex us as soon as possible.

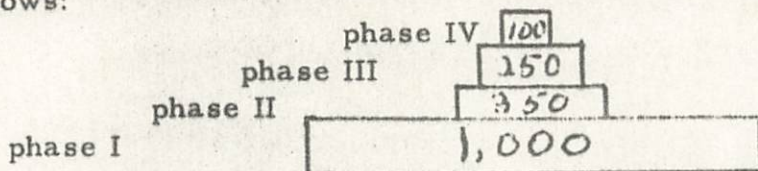
It is also clear that the other acceleration teams need to get on the road. We can not underscore this enough. Bayad needs an economic acceleration team within three months or the acceleration achieved by the health team will be dissipated by delay. The agricultural team and social development team must follow soon after. We know that advances in one area cannot be sustained by themselves and will require solidification in all the areas to be maintained. Our network needs to encourage people who may staff these treks to be available at the April Guardians consult in Chicago. We must anticipate that in July the decision will be to field several more health teams so that the projects can be simultaneously worked with. Now is the time to be arranging the necessary availability of your own time.

Roberta Lapp will be returning to the U!S! in the next week, and Rhoda Ertel will be joining us here. Although we will be hard pressed to get along without Roberta, we are glad she will be able to contact the guns of each back-up team. More detailed reports on the Bayad trip and recommendations for other acceleration teams will be available upon request through the Social Demonstration Post at Chicago Nexus.

We are all well and had a great time. We learned that American women can carrz jugs on their heads too. Ken Gilbert managed to project a certain style on the back of a donkey. It was an amazing experience learning the art of sophistocation in a place where there is no reunning water or electricitz, where on a dark night walking to a guardian's dinner you may suddenlz bump into a camel or be run down bz a galloping donkey - a place where. wjen there is no wind you have to row yourslef across the Nile to see the Governor.

Today, as this is written, we are enjoying the convience of electric-ity and an electric typewriter with a German Keyboard. (z and y are reversed, etc). Our next communication will be from Africa. Until then.....

Bayad is a well defined village of some 1700 people. We estimate the demography as follows: *Similar reports are being done for agriculture and economic*



There are very black people, probably descendants of Nubian immigrants. There are very European looking people, probably descendants of European rulers. There is every shade and feature in between. So far, we have detected no prejudice based on skin color, but significant prejudice based upon occupation. A farmer is considered respectable but stupid. Most people consider it an affectation for a farmer's son to learn to read and write Arabic, let alone attend English classes. Urban Egyptians consider all rural Egyptians dirty and un-teachable. (country hicks, hillbilly)

Women in a rich man's home may be sequestered in the home absolutely, with servants to go out to market and wash clothes. A woman who works for her family's living is considered tainted. There is cultural discomfort about men and women meeting together in public. To date, all public meetings have required a separate place for men and women to sit, although once things have gotten started people tend to mingle. Meetings are much easier in an enclosed place than in an exposed one. It is not an issue of modesty, women openly feed baby's at breast in public.

The project has arranged a grid of 6 stakes. Stake meetings are held weekly in local houses and women are increasingly present, but still are a silent minority. Guilds are formed in six project areas, Farmers Teachers, Caretakers Ambassadors, Merchants and Builders. They meet weekly with variable attendance. Groups tend to form quickly around a project, but require continuous activity to maintain interest.

Training which is abstract or issue orientated is not well tolerated.

Muslims constitute a real majority. Christians are a minority, and carry the image of the rich rulers as the Coptic feudal system was a heavy yoke and the upper class tended to stay Coptic when the flood of Islam came thru in the 1800's. The staff of the Bayad tries to avoid evidence of either sort of devotion. All rituals are secular. The ICA is recognized as Christian and therefore are generally suspect i. e. one active explanation for our interest in starting a pre-school was we intended to capture all the children and make Christians of them in America.

Now the only clear image of the necessary Social Development Trek team is that it needs to include local people from several other HDP's. Bayaders are aware and interested in the other projects of the Global Band of Human Development Projects. The team needs to speak English, or Arabic, or Swahili (which contains much Arabic) and wear their own local costum rather than western dress. They must convey the possibility of being part of the movement without being Western, and they must be able to speak authentically of seizing on opportunity in their own location. They would be

a super hit, just standing on display. If in addition they could advise the pre-school, or the merchants or the women and infants group, so much the better.

Social structures we have recommended include: Mother-infant group for nursing mothers, daily for one hour, including a meal and a class lesson, pre-school, 3 to 6 years old, 4 hours daily be expanded to all children in that age group, include meal and class, (Uniforms would be a miracle, cotton material is inexpensive. 60 children are now enrolled.), Obtaining employment, self-help groups, to overcome the image of being primarily a farmer who is doing a little extra work on the side. This would be a short term group aimed at starting up a new business.

Existing structures:

Literacy classes-(Arabic)- 1/10th of population enrolled

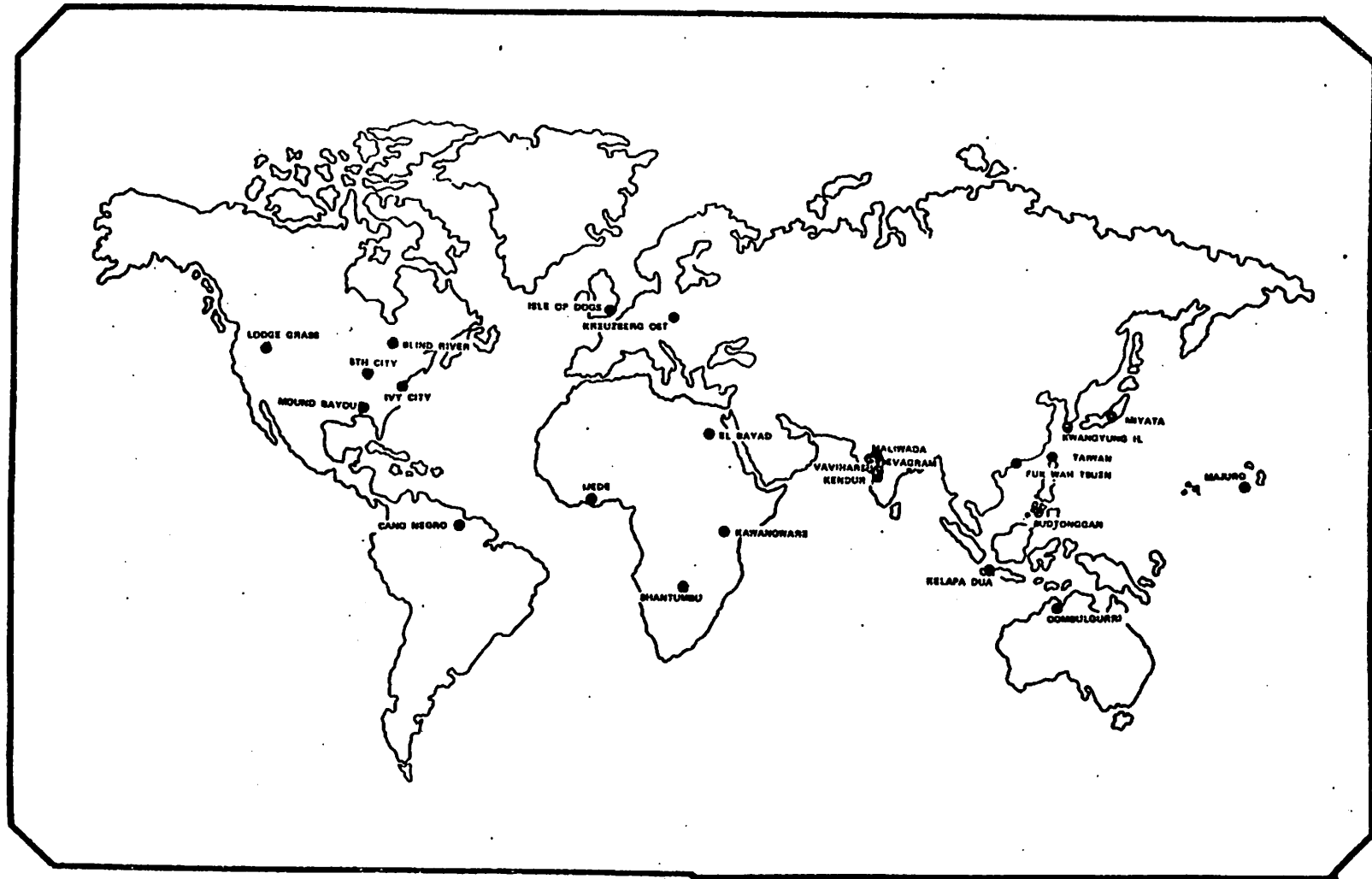
Hadana-preschool, 60 enrolled

Stakes, 6

Guilds, 6

English class, 20 enrolled of emerging village leadership and Egyptian staff.

GLOBAL HEALTH CONSULTATION PROGRAM



Persons to be selected from the village or community for training in preventive health systems.

Home Health Visitors : Probably older women who are past the heavy responsibility of small children at home and therefore able to spend two or three hours a day visiting their neighbors homes. They must be persons respected by the community. They will be trained in the fundamentals of adequate nutrition, methods of monitoring an infants growth pattern, proper inoculation schedule, use of sanitary facilities and clean water supply, use of family planning methods for spacing out children, and how to organize her visits so that she gives each family a regular visit. She is able to teach in the arena of prevention. Once somebody is ill, her job is to refer them to the available clinic. She is a volunteer, and not necessarily illiterate. It would be nice if some modest honorarium could be found to cover her expenses.

$\frac{1}{2}$ Sanitation Technician: Responsible for the maintenance of the community safe water supply, as well as monitoring the villagers use of sanitary facilities, this person is well trained in the understanding of the cycle of filth related diseases and how sanitation protects the village. He is essential if the water supply is to continue to be a good one after the auxiliary leaves. Probably a younger man, he would hopefully receive a salary for about half a day's work per day.

$\frac{1}{4}$ Nutrition Support Worker: Trained more specifically in nutrition, this person could come from any segment of the society compatible with the village or community expectations. Not necessarily literate, the worker would be responsible for the village kitchen where that is active. Any time a child is not growing properly, the child and family would be brought to the attention of the nutrition worker so that food supplementation can go on to the whole family as needed. Probably several persons are needed in this capacity for mutual support. A large community would need one per 500 persons.

Health System Manager: Serving as the inter face between the village and the national health service or the regional hospital, this person must also be able to manage to round up replacements if one of the Home Health Visitors should fall ill, or smooth out a problem between the visitors and the Nutrition workers. Hopefully the manager is literate and financial arrangements can be made to allow full time engagement.

ICA

HEALTH CONSULTATION PROGRAM

ITINERARY

HEALTH CONSULT	EVALUATION	HEALTH CONSULT	EVALUATION	HEALTH CONSULT	EVALUATION	HEALTH CONSULT	EVALUATION
EL BAYAD, EGYPT	BRUSSELS	SHANTUMBU, ZAMBIA	NAIROBI	IJEDE, NIGERIA KAWANGHARE, KENYA	BOMBAY	KENDOUR, INDIA MALIWADA, INDIA	CHICAGO
JANUARY 19, 1977	FEBRUARY 14	MARCH 9, 1977	APRIL 4	APRIL 13, 1977	MAY 9	MAY 25, 1977	JUNE 30

OBJECTIVES

Develop an effective community infrastructure which will assure regular health outreach for detection of fundamental health needs and provision of basic preventative and maintenance care.

Develop a coordination system between the local and national care programs which will activate, utilize, and enable continuing services to the community.

Conduct a training program of formal curriculum and practical experience to provide the skills necessary to carry out the health program components.

Establish a visible edifice for the purpose of widespread community use that symbolizes practical care for the health of the community.

WEEKLY
FORMAT

HEALTH WORKER TRAINING				
HONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FORMAL CURRICULUM PRACTICAL APPLICATION		FIELD TRIP	FORMAL CURRICULUM PRACTICAL APPLICATION	

COMMUNITY IMPACT WEEKENDS			
FIRST WEEKEND	SECOND WEEKEND	THIRD WEEKEND	FOURTH WEEKEND
COMMUNITY HEALTH FORUM	COMMUNITY WORK DAY	COMMUNITY HEALTH FAIR	COMMUNITY WORKER COMMISSIONING

BUDGET

HEALTH TEAM SUPPORT

Core Team of Three	\$1200
One Volunteer Roundtrip	\$1500
Per Diem Expenses for 30 Days for Team of Four	\$2400
Staff Time	\$4500
	<u>\$9600/Location</u>

LOCAL TEACHING PROGRAM

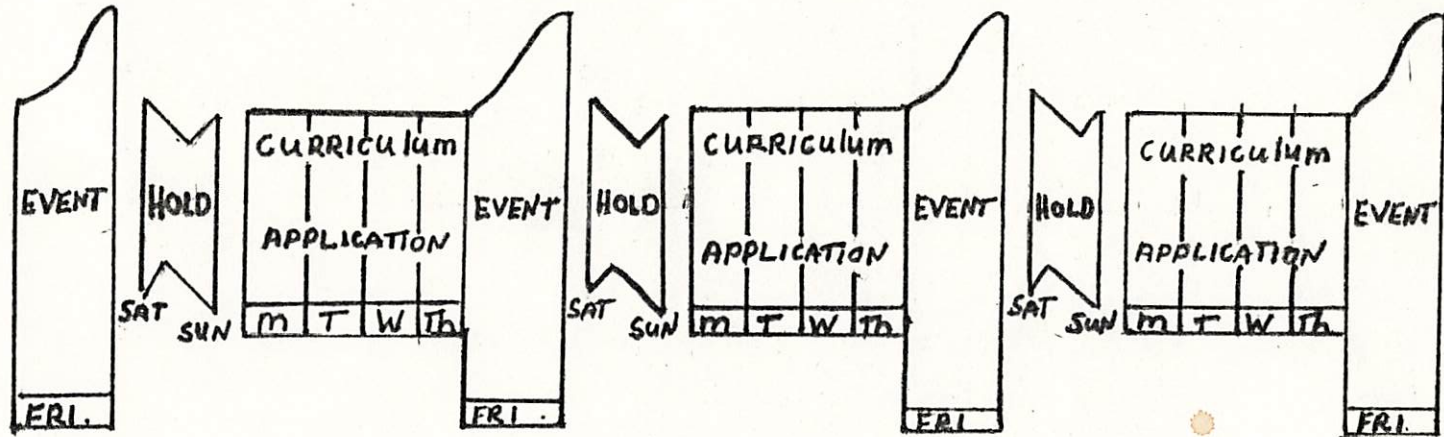
One Trainee/100 Population	
Daily Meal @ 50¢/Day x 25	\$ 300
Uniform Jackets	\$ 200
Field Visit/Travel	\$ 400
Teaching Aids	\$ 400
	<u>\$1300/Location</u>

COMMUNITY IMPACT PROGRAM

Community Health Forum	\$ 200
Community Work Day	\$2500
Mass Treatment	\$4500
Community Health Fair	\$3500
	<u>\$10,700/Location</u>

GROSS TOTAL VOLUNTEER COMMIT.	NET TOTAL
\$21,600	\$1500
	\$20,100

IMAGE



REALITY

COMMUNITY IMPACT WEEKENDS

First Weekend	Second Weekend	Third weekend	Fourth Weekend
<p>COMMUNITY HEALTH FOURM</p> <ul style="list-style-type: none"> • Documenting • Consensing • Feasting 	<p>COMMUNITY WORK DAY</p> <ul style="list-style-type: none"> • Constructing • Singing • Feasting 	<p>COMMUNITY HEALTH FAIR</p> <ul style="list-style-type: none"> • Informing • Demonstrating • Answering 	<p>COMMUNITY WORKER COMMISSIONING</p> <ul style="list-style-type: none"> • Graduating • Covenanting • Feasting

TEAM DAY DESIGN

TEAM	DAY I			DAY II				
<p>A</p> <p>2 HEALTH TEAM</p> <p>1 AUX STAFF <i>Joan</i></p>	<p>ORDER</p>	<p>TEACHING TEAM</p>	<p>MEAL</p>	<p><i>Basit etc diff jobs</i></p> <p>TEACHING TEAM</p> <p><i>1 1/2 hr</i></p> <p><i>3:00</i></p>	<p>REFLECTION</p> <p>WEEK II PREP</p>	<p>ORDER</p>		
<p>3 HEALTH TEAM</p>		<p>PREPARATION TEAM</p>		<p>WEEK II PREP</p>			<p>CLINIC + TEACH</p>	<p>STRUCTURES</p>
<p>A</p> <p>1 HEALTH TEAM</p> <p>1 AUX STAFF <i>back-up + support</i></p>		<p>BACK-UP SUPPORT</p>						
<p>REFLECTION + PREPARATION</p>								

GLOBAL HEALTH TREK

1st DRAFT

HEALTH CARE EDUCATION

JANUARY 6

1977

THE THREE WEEKS	FOUNDATIONAL DATA				COMMUNITY CARE				FUTURIC UNDERGIRDING			
	M	T	Th	F	M	T	Th	F	M	T	Th	F
a.m. TRAINING	GROWTH	PHYSIOLOGY	NUTRITION + GROWTH	MICROSCOPIC	IMMUNIZATION	PERSONEL CARE	BASIC THERAPY	INTER-VENTION	REPRO-DUCTION	COMMUNITY OUTREACH	CARE EXTENSION	RELATION-SHIPS
lunch	<i>The Lunch Interlude</i>											
p.m. LABORATORY	HT/WT CHARTS	VITAL SIGNS	SIMULATED VISIT	WORK DAY PREP.	BABY VISIT	HEALTH HISTORY & exams	<u>FAIR PREP</u> Privy 1 st Aid Delivery Pictures Nutrition Dental Germs IMMUNIZ		OB VISIT	BABY VISIT	ADULT VISIT	SPECIAL TRAINING

2nd draft level

HEALTH CARE EDUCATION

Week 1 Foundational Data

Growth / Nutrition

Physical Growth

Nutrition/Growth

Microscopic Universe

Social Perspective

healthy people grow
relationship of growth to health
relationship of growth to ~~health~~ nutrition
good growth predicates success

Work Ability
is protectable

Village insures future prosperity

Creatures come of all sizes

Micro Micro world
Microscope is the tool to observe this
Micro is real (not magic)
Micro is everywhere

Growth Deficiencies

failure to grow is an illness
deficient growth can be corrected
growth stopped by lack of food, activity, water, ^{attention} and socio-economic situation and growth rate

Corporate work is always strong

Food quantity and kind.

They live their life cycles

micro habitat (eat)
micro nutrition
~~micro~~ reproduction (born)
micro -

Normal Expectations

grow fastest the first 4 years
maximize potential of growth in infancy
body growth parallels brain growth
children normally grow continually

Energy from food allows us to ~~eat~~ work

Food Preparation Plan and safe storage

Some produce illness, some help us

helpful ways examples...
harmful ways examples...
spread (contamination)
not all illnesses are caused by these

Lifelong Growth

fetal pattern
infancy pattern
childhood pattern
normal changes through 4 phases.

Care will alter individual - hence family workability

Special Needs of Special Groups.

They are vulnerable to our attack.

trap + starve them
kill them directly
stop carriers.
Corporate effort to reduce their effect

HEALTH CARE EDUCATION

Community Care - Week 2

#5 Immunizations

Immunize
Protect from
infectious
disease

Everyone knows if you
lie through you are safe
Recall micro-diseases
with immunization
shot is a bug
made safe
prevention - not
treatment

Specifications

Diseases they have
seen - description
Host factors
Methods and
equipment
Different duration and
side effects of vaccine

Schedule

Describe schedule
break one
start with babies
Record tells the
story
Help your neighbor
remember

International
and National
context for
village
action

Local Availability
Global System
Local System
Absent
Help your neighbor
organize schedule

#6

#7 Basic Treatment

Illness
can be
Treated

You can treat many
illness at home
What are signs of
illness? of little sick
What are local ways
of treatment

Basic
Care
Measures

fluids, diet special
preparation
hygiene ^{stomach} vomit
(and diarrhea)
simple isolation

Specific
Care
Measures

Purcheq -
Fever
Skin problems
take medicines
properly

Distinguish
Little Sick
from
Very Sick

Limit to home
care
Role of village
clinic
Role of district
hospital
Community support
for sick person

#8 Interviewing

Role of
Interviewer

Context is the
village
assuming the
role
art form
method
teaching
function

Data
Screen

Family Member
assessment
Nutrition
Sanitation
Road to Health

Visiting
Plan

Community Grid
Time Person
Materials you
take with you
Record Keeping

Community
Interviewing

State Meeting
Community
Forum
Group Teaching
Go outside village
to see success

GLOBAL HEALTH TREK
CURRICULUM DEVELOPMENT
2nd draft

Health Care Education
a.m. training

(UNIT NAME)

(UNIT #)

BEHAVIORAL OBJECTIVE :

EXISTENTIAL AIM :

ANTICIPATORY CONVERSATION

4 POINTS TO TEACH: Sentences

INTRO

context - why

see hear **I** know

II
going

III
REFLECTION

CONCLUSION

the neighbor

MATERIALS: list

PREPARATION: DESCRIBE PRODUCTS NEEDED