I C A Feb. 1977

REPORT OF GLOBAL HEALTH TEAM - BAYAD CONSULTATION

INTRODUCTION :-

The Global Health Team is part of an acceleration dynamic which also contains an Agro-Business/Animal Husbandry Team, Industry and Commerce Team and a Social-Education Team. The acceleration teams are an ICA experiment in deploying staff with expertise in defined arenas for short periods of time to social demonstration projects to add to the effort of the permanent auxillary staff in speeding the process of program actuation. The health team was the first of these teams to be fielded. This is the report of the first consultation held in El Bayad, Egypt Jan-Feb 1977.

The Team entered Bayad with four strategic objectives designed to occassion acceleration of the health, sanitation and nutrition programs. These objectives were defined through a process of clustering and gestalting the health programs of all social demonstration projects currently active. The four objectives resulting from this process provided a tactical system intended to actuate all pertinent programs as locally defined by the consultation document. Our experience in Bayad was that pursuit of these objectives was of ... significant impact in releasing the consult tactics and programs and in initiating major improvements in the health of the village. The report is organized into four sections one for each strategic objective reporting the accomplishments, document tactics and programs effected and future directions.

COMMUNITY INFRASTRUCTURE:-

The first objective of the Health Accelaration Team was to develop an effective community infrastructure which will assure regular health outreach for the detection of fundamental health needs and provision of basic preventive and maintenance care. This objective served to activate many of the tactics deliniated in the El Bayad Project document strengthened the emerging community infrastructure. The Community Health Forum was the Inclusive Engagement Structure used to launch the Health Acceleration Program, commonize the plans of the team and anticipation of villagers and gain the consensus of the village. Approximately two hundred(200) citizens participated including members of each of the six guids in the village. During the plenary at the end of the day, each guild accepted the responsibility of implementing the proposals, particular to the guild's task, produced during the Forum. The Health Forum also became an avenue of Community Education through its focus on prevention rather than curative measures of health. The entertainment during the noon interlude enhanced the hertage recovery of the community with songs by the Hadona teachers and guests from Beni Suef. Folk dances were also performed adding to the cultural significance of the event.

The second community event to build on the existing infrastructure base was the Health Fair held the third Saturday of the Acceleration Program. This was an Information Network in itself. Each of the guilds had a display depicting an aspect of its present and/or future work within the programs. The displays also demonstrated the guilds reletionship to maintaining the health of the village. The Ambassadors Guild used the Stake Grid to register the Fair participants which allowed the villagers to relate to the stake dynamic present in the community. The Ambassadors also presented a 3 dimensional model of El Bayad. The water system and sanitary facilities were depicted on the model as well as the future Village Plaza. The model enabled the villagers to relate to an abstract form of their geography and discover

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the ease with which water will be available in the village. The Builders Guild showed the design of the Sanitation Facility to be built in seven locations including the men and women wash rooms, the wash basins and the water taps outside the facility. The Caretakers Guild displayed methods of easily made food storage containers to prevent spoilage and contamination. Part of their demonstration included a 3 dimensional poster and verbal definition of the five food groups which was part of the nutrition and menu planning in the Health Curriculum. The Farmer's demonstrated a family barrel garden in which enough nutritous vegetables could be grown for 5 people. The produce suggested also served to broaden the possibilities of crop selection for nutritional produce in the Agriculture Program. The Teachers Guild displayed the Hadona(pre-school)daily time design and the names of children enrolled in the school. The teachers encouraged new registrants and also demonstrated their water storage container and method of hand and face washing which begins each day at the Hadona. The Merchants Guild sold shares and explained the structure of the Community Store Cooperative which soon will provide less expensive food items that will ultimately enhance the health of the village. The Health Acceleration Team utilized Audio-Visual aids with the use of microscope, stethoscope and scale as part of the displays concerning The Baby Weighing Program, Normal Physiology and Infectious Disease displays. External support systems were also evident as the Government representative and Veternary Clinic staff assisted in Fair preparation. The Veternary Clinic also presented posters defining the common diseases of poultry and cattle. The Red Cresent Ambulance was present to demonstrate First Aid technique to the villagers. Government representatives were on site to see all the displays and were pleased with the presentation. The Sisters of the Daughters of Charity, who manage the Coptic Monastary, also assisted in th Fair throughout the day. The children and adults fully enjoyed the ring toss games constructed out of the tools used to dig the water pipe trenches on Community Work Days. The Community Work Days held weekly throughout The Health Team Consultation completed the water pipe trench to the village. In summary, the Health Forum, the Health Fair and the Work Days became signal Community Events in the celebration life of the village and exploded images of possibility in all the tactical arenas of the Project.

The emerging guild infrastructure as depicted above define the interrelationship of community structures necessary to the health infrastructure. It is upon these structures that the Health Acceleration progrism was able to introduce the School Meals Programs and Underfives Baby Weighing System.

The School Meals Program, a componant of the Unified Nutrition Service, is operating out of the homes of two village women who prepare nutritional sandwiches. They are then distributed daily to the Hadona in the morning and to the adult literacy classes in the evening. The village women have been instructed in the nutritous value of their service. And they are learning the dynamic of menu planning, food production, packaging and preparation.

The acceleration of this program provides the initiating steps toward implementing the Community Oven Program within the village and the completion of the Community Kitchen.

The Underfives Baby Weighing provides a structure that is intragal to the Dietary Education Program and the Maternal-Child Diet Program of the Unified Nutrition Service and the Integrated Staff Program, Disease Prevention Program and Specialized Services Program of the Complete Health Clinic. The male nurse of the clinic, Mr. Corni, in cooperation with the Sisters of the Monastary and ICA Auxillary member will administer the Baby Weighing System. All the children

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under five have been designated by stake. Each child will be weighed monthly by village women in each stake. They have been trained by The Health Team during the past three weeks of developing the system. Twenty mothers will gather in each stake location to have their children weighed and to participate in a class discussion on nutrition and health practices. Children that do not gain weight will be sent to the Health Clinic for examination and be given Dietary Supplements provided through the Catholic Relief Services. Children who are spotted as being ill will also be sent to the Clinic for care. The mothers will be responsible for the Health Charts of their children and records will also be maintained by the Clinic Staff. Within three months the Baby Weighing System will be fully operational by the village women and the Clinic Staff.

To summarize, the Infrastructure objective of Health Acceleration Program has gone beyond that which was initially anticipated by the team. This further illustrated the interdependency of the total project on all its programs to provide basic preventative and maintenance care to El Bayad.

The School Meal Program and BabyWeighing system requires :

1. Formal presentation to the 26 family heads of the village to assure their support of the participating women and

2. Continuing guidance and refinement by the ICA Auxillary Staff to assure its future effectiveness as layed out in the initial implementation.

The arrival of three new auxillary in March will greatly enable these programs to be fully operational in 2-3 months. After the programs are firmly implemented the consensus of the Community Council relative to salary for the village staff will be reached. The liason work of the Health Team will enable the procurment of the necessary equipment and supplies for more varied meal preparation within one month.

CORDINATION SYSTEM

The Health Team worked to develop a cordination system between the local and national/regional health care structures to activate, utilize and enable comprehensive ongoing services to the community. Activities related to the strategic objective released several tactics contained in the Bayad Consult Document. For example, Organized Trips of some twenty villagers on three occassions to the Ben Suef Hospital, Medical Museum, and Water Filtration Plant and to the government development project in the nearby village of Berot occasioned EXPANDED GLOBAL AWARENESS and concretized community vision relative to the Complete Health Clinic Program and Bee and Poultry Stock Projects. Audio-visual Materials encountered at the museum, through the curriculum taught by the team, and during the Community Health Fair were exciting avenues of new consciousness and vision for the villagers. EXTERNAL SUPPORT was elicited regionally and nationally thus undergirding local tactics relative to Physical Health and Medical Care in the form of Government Assistance, Private Support, and Inkind Gifts. Actuation of Bilharzia Treatment, Snail Erradication, Massive Diagnosis, Maternal-Child Services, Pharmeceutical Supplies, Essential Equipment, Health Liason, Clinic Staffing, Child Care, Family Planning, improved Agricultural Techniques, and Technical Training were also accelerated.

A multifaceted coordinated approach to Bilharzia erradication has been articulated. Dr. Ken Warren, who will soon be assuming the directorship of medical projects for the Rockefeller Foundation, and Dr. Adel Mahmoud both of Case Western Reserve University agreed to provide materials for a screening program involving all 1700 residents of Bayad and to work with ICA to establish an accompanying treatment program using a new medication, Metrifonate, a vast improvement over previously available treatment through the Department of Rural Medicine of the Ministry of Health. The program would involve the training of the staff of the Bayad Clinic in the new techniques so that the capacity to detect and treat Bilharzia effectively on the local level would be possible.

The result of such an erradication program which should begin in the next two weeks of February is expected to be the virtual exclusion of significant Bilharaisis from Bayad for the next 3 - 5 years. The Ministry's interest in the project is supported by providing to them an opportunity to monitor the effect of the Middle Egypt Bilharzia Project a molluscasiding campaign of which Bayad is a part. With project programs such as improved agricultural practices and village water system supperimposed upon this massive screening and treatment program Bayad has a good chance of virtually eliminating Bilharzia from its people. The study of the effects of the Development Project's Comprehensive programs on the incidence of Bilharzia in Bayad is a pilot effort of signal value on a global basis and one in which the Clark Foundation is interested. A proposal for major funding is being formulated for them. Acceleration of the Village Nutritional Program has been accelerated in several ways. A team from the Cairo Nutritional Institute under Dr. Amr Hussein has performed a field nutritional survey of Bayad involving 10% of the families of the village. The Survey included a daily meal inventory, thorough physical examination, and hemoglobin determination. A final report of this fine work will be forthcoming in the next month. however, several initial observations were made : 1) wide spread growth retardation among the children compared to the Egyptian stand. 2) several cases of severe malnutrition and starvation, almost universal iron deficiency anemia (Hgb 7 - 8).

3) approximately 30 - 40% with physical signs of major parasitic infection, and 4) a diet markedly deficient in animal and vegetable protein intake. The report has three key values, on the establishment of the baseline from which to measure the effects of the comprehensive plan on nutritional status; the second, with completion of the report, the provision of guidlines for the most effective approach to food supplement programs and third, to ensure the selection of the most appropriate produce with the highest yield through the agricultural expansion program. The nutrition team suggested the need for ongoing nutritional calsses and indicated their willingness to provide these pending approval from the Ministry of Health. Through the assistance of Dr. Moustafa Monseur the Director of Health for the Government of Beni Suef and the cooperation of the village Manager, Mr. Gabber and Mr. Corini and Mr. Butros of the Bayad Clinic staff, a new plan allowing for the effective distribution of Catholic Relief Foods, which have been stockpiled in the clinic for several months, to those families having marked immediate need has been formulated. The families enter the system through the village Baby Weighing Program conducted monthly throughout the stake network (geographical divisions) of the village.

They will receive food on a weekly basis as long as the children continue to be weighed on a monthly basis through the weighing program. Several families with children near starvation will begin to receive food this nex Monday. The new program has been approved enthusiatically by Mr. Andy Koval and Mrs. Ann Cook of Catholic Relief. Replacement of the current Bayad supplies was discussed with them and Mrs Cook, who is particularly excited about the baby Weighing Program , will visit the project in the next week. The long term nutritional level of the Bayad people is dependent upon the implementation of the agricultural expansion programs. Permission from the Beni Suef Governate Dept. of Agriculture was obtained for demonstration garden plots. In kind insectisides were secured through Dow Chemical Co. for the experiment and seeds of several important varieties were donated by the Vegetable Institute of Cairo for March planting.

A proposal is in the process of being submitted to the U.S. Navy Medical Research Unit No. 3 in Cairo for a major program of parasite detection and treatment in Bayad. They have already been in assistance in terms of providing water testing facilities and equipment and valuable technical advice to the project. The proposal involves doing a general parasitic program in Bayad involving teaching of local staff and mass screening along the lines of the Bilharzia study. The exploration of securing other specialized services for the Bayad clinic is in progress with the Rheumatic Fever Project of the University of Cairo Medical School and the Ministrey of Health. A special service for the crippled children of Bayad has been established through a Cairo children's orthopedic unit. A list of medicines and supplies needed by the clinic to assume full operation has been comp iled and appointments made for the next few days to explore securing these supplies from pharmeceutical firms and the appropriate agencies in the Ministry of Health. The presence of a refrigerator in the Bayad Clinic has been identified as the key to an effective immunization program in Bayad Dr. Moustafa Monseur has indicated his willingness to provide one. Dr. Moustafa has also been persistant in attempting to find a physician for the Bayad Clinic and has found one potential candidate with promise. Another recent graduate physician has indicated his desire to work in Bayad. The Ministry of Health will be approached regarding the possibility of assigning interested students to the Bayad project. Two physicians Dr. Harry Hoogstraal of NAMRU No. 3 in Cairo and Dr. Fakhry R.

Ghoubrial have emerged as guardians of the project. The visit of the villagers to the Beni Suef Hospital, under invitation of Dr. Edmond Riad, has provided an important new laison. Health Team contacts with Bechtel International Inc. have resulted in the inkind donation of a fully equipped office in Cai ro which will greatly facillitate the effectivity of the external relations of the project as a whole. In addition, several measures have been taken to ensure the ongoing good health of the auxillary.

The activities of the Health Acceleration Team in the area of external laison has had a major impact upon the project particularly through the accelerating the actuation of the complete Health Clinic Program and the Unified Nutrition Service Program. All components have been influenced with the greatest effect being realized in the program components of Specialized Services, Disease Prevention, Dietary Education, Schoolheads and Maternal-Child Diet. The Medical Equipment component, Integrated Staff, Community Garden have been initiated and proposals for their full actualization will require ongoing effort from the auxillary in the next 1 - 2 months to be completed.

TRAINING:-

The objective to conduct a training program of formal curriculum and practical experience to provide the skills necessary to carry out the health components was presented to the village as scheduled throughout the three weeks. The first week empasized Foundational Data, the second, Community Care and the third, External Support Systems. Throughout the three weeks class attendence varied from 6 to 50 students. The Clinic staff and a core of villagers, men and women, attended regularly. The Hadona teachers joined the class at the end of their teaching day as part of their health training. Mr. Corni, the clinic nurse assumed a leadership role in maintaining order and encouraging the villagers to participate. The interpretation was done by an Egyptian Auxillary member, who was also involved in all aspects of the Health Acceleration Program. On several occassions the Veternarian and the Sisters assisted in interpritation. The three week curriculum served as a key vehicle in altering the mind set that curative medicine is the answer to health, to prevention being the key factor to health in the village. The classes on nutrition and the lunch served daily which contained the five groups (legumes, grain, fruits, vegetables and animal products) allowed a new relationship to the importance of nutritous meals and the normal growth and development of the children and health maintainence of the village.

The many questions asked during the last week of classes was evidence this shift in understanding was taking place. The village women presently doing the Baby Weighing and the School Meal Program attended many of the classes.

Special training was a part of setting up these two systems. The practical experience included two simulated home visits in which the students shared the knowledge they were gaining in the classes. These " rehearsals " were followed by actual visits in the village. One with a focus on infants, a focus on pregnant women and a third visit which focused on the adult. These were met with varying success depending on the style of presentation in the home. Further efforts in this area will require closer work with the village worker.

The ICA auxillary also received a lecture from the Health Team one morning each week. They focused on aspects in the curriculum regarding the home health systems and principles of community health programs.

The major discovery of the villagers and the auxillary was the relationship of health to all of the project programs. The formal curriculum provided the base of knowledge necessary to build village motivation toward further understanding. of preventative measures and health maintainence. The continuation of the curriculum during the Baby Weighing Days in the village will assure the disemination of this knowledge base throughout the village.

The experience of teaching the curriculum has enabled the Health Team to learn a great deal about imaginal instructional methods. The key being providing practical application at the time of teaching that touches the day to day living patterns of the village.

VISIBLE EDIFACE

The fourth strategic objective of the Health Acceleration Team was out to establish within the community a visible sign or structure which had widespread community impact and stood as a practical sign of the community's decision to care for the health of its people. In the process of carrying out this objective once again many of the original tactics proposed in the document were released. The sign the team engaged in initiating was the village Water Supply System. This served as a vehicle for catalyzing Local Organization through Volunteer Forces and Weekly Work Days. The team in cooperation with the local auxillary staff and village leadership engaged in activities establishing the bore wells, a water delivery system, design of distribution points, water tower location, and the storage vessel components of the water system. A shallow well dug by village men using hand implements was completed shortly before the arrival of the team. The well has delivered 108L/min for six hours in a test pumping and has been tested to be free of bacterial contamination. Throughout the month of the Health Team's consultation a series of workdays involving as many as a hundred village men have occurred during which a trench for the water main running from the well to the village has been dug. The first faucet installation should occur in the next week and water should berunning in Bayad within the month. The participation of the doctors of the team in the actual digging was key in releasing consciousness in the village of the importance of the water system to good health. The team also did much work to establish a water supply available for the Dessert Reclamation Program. It was joined for a week by an expert in water detection from Boston, Mr. Peter Simmons who found two sites for deep bore wells with predicted water pools at approximately 300 -500 meters depth. The site marked by piles of stones stand as signs to the citizens of Bayad of the coming reality of dessert farming in Bayad. Subsequently a driller with a rig capable of doing the job arrived on site and will be submitting a proposal in the next week. Initial conversation has been held with the General Egyptian Petroleum Company regarding assistance in completing the village water system. Their director of operations Dr. Ahmed N. El Barkouky will visit Bayad in the next week and discuss the possibility of providing expertise and material. The organized trip to the Bene Seuf Water Filtration Plant impacted the villagers present with the care necessary to maintain a clean water supply once the system is in operation.

In summary, the influence of the team's presence in the pursuit of the errection of a visile health sign had significant impact on the actuation of the Domestic Water System and Dessert Reclamation programs.