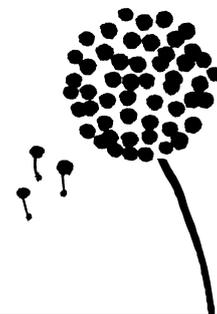


# Footsteps

No.42 MARCH 2000

FOCUS ON HEALTHCARE



TEARFUND

Two-thirds of the world's healthcare professionals work in industrialised countries amongst one-third of the world's people. This means that many poor people have little access to healthcare services. The situation is a challenge to both planners and health workers in low income countries.

## More bite for healthcare

by Neil McDonald

*Good information about healthcare helps people to make appropriate decisions about their own health needs.*

The most common problems found in many countries are:

- the restrictions faced by governments when planning and funding appropriate healthcare on a national basis for all of their citizens
- the unwillingness of qualified health workers to move away from urban into rural areas
- rural areas which therefore suffer from inadequate healthcare services with workers who are unsupervised, lack motivation and are poorly paid

- the difficulty of controlling or regulating the 'unqualified' group of health carers which develops alongside the inadequate government services
- a lack of good information about healthcare – people are less able to make appropriate decisions about their own health needs
- a superstitious view of the world which believes that illness (such as malaria or toothache) is the result of the gods' displeasure or the work of evil spirits.

In the industrialised world people expect high standards in healthcare. The cost of paying for high quality healthcare is met partly by governments using income raised through tax, partly by employers and health insurance and partly by what individuals pay themselves. However, in low income countries governments raise less income from taxes and individuals are rarely able to pay a realistic contribution for their healthcare.

Planning for health services needs to consider carefully how much both health providers and users are able to pay for healthcare. Regional planning for more equal distribution of services is also vital – otherwise health services concentrate on urban areas (where people tend to have a higher income) and ignore the needs of people in rural areas.

### IN THIS ISSUE

- Down in the mouth – an example from oral health
- A real success story – nutrition in Nepal
- Letters
- Sharing the oral health message
- Children's initiative – treatment of leg ulcers
- Using medicines in the community
- Bible study – The Bible's teaching on hygiene
- Resources
- Successful SWOT



Photo: Neil McDonald

# Footsteps

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*Footsteps* is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

*Footsteps* is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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# Down in the mouth

A N E X A M P L E F R O M O R A L H E A L T H

by Neil McDonald

Nepal is one of the world's ten poorest countries, with just \$6 available from the government budget to provide healthcare for each person every year. The treatment of infectious diseases of the chest and bowels swallows all of this money. Who cares about teeth?

**DENTAL** means 'of the teeth'  
**ORAL** means 'of the mouth'

Our studies show that the rapid urbanisation taking place in most Third World countries produces more tooth decay because sugar-containing foods such as biscuits and carbonated drinks are so easily available.

In industrialised countries the traditional approach is to 'go to the dentist' when things go wrong. In Nepal 100 dentists serve 24 million people. What chance is there of finding dental care when you have serious toothache? If you live in Kathmandu, the capital, you may be

lucky since 92 of the dentists work there, serving one million of the population. That leaves just eight dentists to care for the remaining 23 million...

The United Mission to Nepal Oral Health Programme (OHP) has developed a unique approach to addressing Nepal's oral health needs by developing an 'upstream', 'midstream' and 'downstream' influence:

## Upstream

(Research, networking and publishing to encourage policy changes)

- Studying the levels of dental disease in both rural and urban school children has given us a baseline for our work policy.

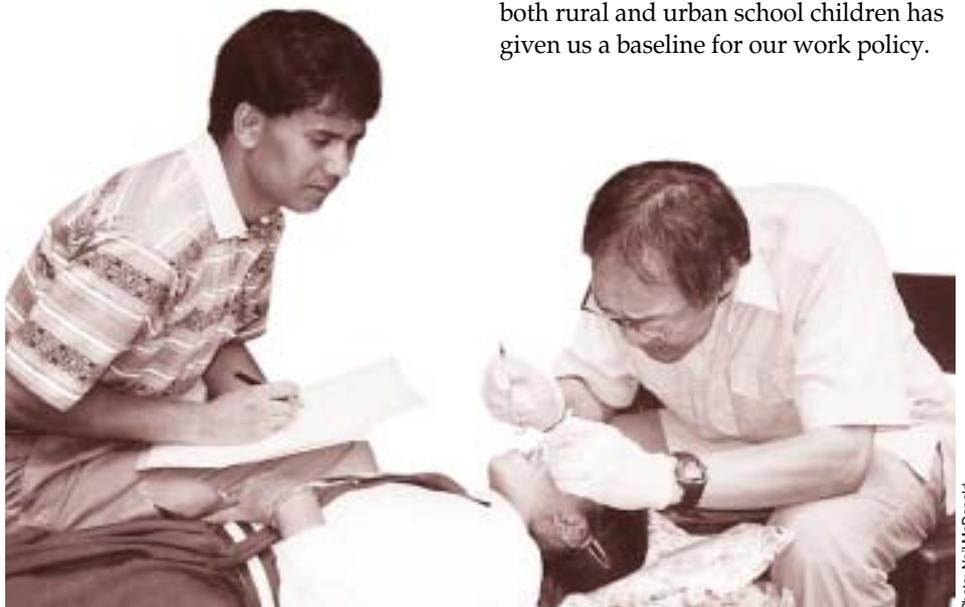


Photo: Neil McDonald



Photo: Neil McDonald

School children are encouraged to inspect each other's mouths.

■ Extensive studies have been made of Nepal's drinking water over the last three years to determine the natural fluoride content (fluoride strengthens teeth and cuts dental decay by half). We discovered that only two out of 600 locations examined had naturally occurring recommended levels. Therefore...

■ Local toothpaste companies and the Nepal Dental Association have been lobbied with the results of our research and have been encouraged to put the

## Timely advice

Leena Khadka is an attractive 19 year-old girl. Her mother died when she was 10 years old and her father left home. Leena was brought up by other family members but to comfort herself began chewing *pan* (areca nut) which is a stimulant. After several years she began experiencing pain when opening her mouth. She also found that her mouth would not open as wide as before. She couldn't eat her favourite spicy foods and kept away from her friends because she couldn't smile without pain.

Leena thought she had mouth cancer and was so afraid that she didn't seek help until she was 17 years old. Her local healthpost paramedic had recently been trained by the UMN Oral Health Programme in the diagnosis and management of common mouth problems. He noticed small growths in Leena's cheeks which were the result of chewing *pan*. He advised Leena to stop her chewing habit – which she did with great difficulty. He also told her that cancer of the mouth could develop from her present problem but, by stopping now, the risk would be much less.

Leena wanted further help and the paramedic referred her to a UMN hospital where a dentist gave her counselling and mouth exercises. This helped to increase her mouth opening to an acceptable degree and improved her self-confidence. As a sign of this she even entered the Miss Nepal contest this year!



## Feathers or forceps?

Tek Chhetri is a young man of 23 from Western Nepal. He supports himself by his work as a teacher in a primary school, two hours walk from his village near Tansen. His elderly parents depend upon his support, so his salary of \$45 per month does not go far. Tek would like to marry a local girl but cannot afford to do so. He's trying to improve his situation by studying for a degree at the local college before going to work each day. The financial and work demands placed on him result in frequent ill-health.

A painful molar tooth had troubled him for many weeks. One morning he awoke to find his face swollen to the point where his right eye was closed and his mouth could barely open. In pain, he sought advice from the local faith healer who advised him to bring him twelve plump chickens. Tek borrowed the equivalent of half his monthly wage at high interest from a moneylender and bought the chickens. After the birds had been sacrificed, the faith healer placed a paperclip in Tek's earlobe and told him that all would be well.

The following day Tek was in a dreadful state. He had a raging fever and could hardly walk. Someone in the village suggested he visit the government health-post an hour away in the next valley. News had come that there was a paramedic there who had received basic dental training through the UMN Oral Health Programme. A friend helped Tek to get there and he was seen by the health worker who promptly removed the decayed tooth, free of charge. When he went back for a check-up a week later, Tek was a very happy man. 'Next time you get a problem, bring your chickens to me!' said the paramedic.



recommended fluoride levels in low cost toothpaste instead. A major multi-national manufacturer has now responded. This public health measure will have more effect on dental decay than any other aspect of our work.

■ Relevant information has been widely published to inform the government, the dental profession and the public of the current situation.

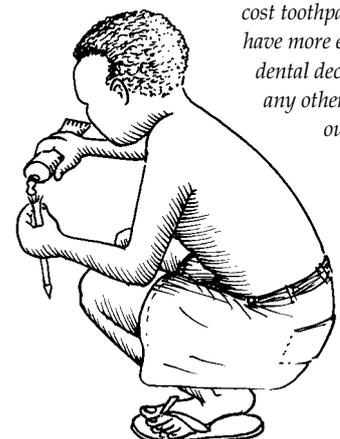
## Midstream

(Preventive dental healthcare)

■ Rural government healthposts are ideal sites for delivering appropriate dental healthcare at village level. The government paramedics who run these posts have now received 'top-up' training in disease prevention and simple pain relief. School visits are included and children are encouraged to check each other's mouths. Trainees are visited regularly by their trainers and given on-the-job refresher courses.

■ Literature with pictures is produced in the Nepali language. These 'flashcards'

*Adding fluoride to low cost toothpaste will have more effect on dental decay than any other part of our work.*



and posters are aimed at schoolteachers, parents and other adults in non-formal education classes who will use the information to teach children. The main subjects we cover include:

■ **prevention of dental decay and gum disease** through:

- good nutrition (including breast-feeding young children)
- regular brushing of teeth with a fluoride toothpaste.

■ **prevention of oral cancer** (South Asia has the highest rate in the world) through encouraging people to avoid or reduce their use of:

- smoking
- chewing tobacco – especially when combined with drinking alcohol
- chewing *pan* (a mixture of areca nut, lime, chewable tobacco and masala wrapped in a green betel leaf).

## Downstream

(Curative care)

■ All of our staff are either dentists or dental therapists. Wherever we work we always offer pain relief care to those in need. This particularly applies to schoolchildren who often have no opportunity to get help for their painful

## Confidence through appropriate training

Durga Adhikari has worked in a rural health-post for three years. His two years of paramedic training have equipped him to cope with most of the basic health needs presenting each day, with the exception of dental care. This used to worry him every time someone arrived in pain. He had no idea where to inject a local anaesthetic. His kit contained an old, rusty pair of dental extraction forceps which only fitted on lower back teeth. There was nowhere else to send people for care.

Durga received one month of intensive dental training from the UMN Oral Health Programme and is now able to treat simple cases confidently with his new kit. He refers complicated cases to a (distant) hospital. He had previously found it very stressful when trying to help people in pain. He had little idea of what had caused their disease and therefore found it difficult to offer advice. These frustrations had combined to make him feel disillusioned in his work through lack of support and opportunity for further education. He felt abandoned in his rural situation.

People like Durga (pictured below) are the foundation of healthcare in Nepal. UMN recognises this and targets them for training and support. Villagers who receive care are delighted to have help locally instead of many kilometres away. This is practical Christian witness – hope for the hopeless and healing for the sick.



dental problems. Practical care also builds up more faith in our work with teachers, parents and villagers, who see that we use action as well as words. They are then likely to be helpful when we plan further visits to their community.

■ People with more serious problems, who may need surgery or tooth repairs, are referred to one of our hospital dental departments where good care is available at modest cost.

As the 'upstream' and 'midstream' efforts begin to have their effect, the 'downstream' work should ideally become a safety net only and not the main focus. In practice, this is a long-term strategy with the aim of helping people take charge of their oral health condition. Our emphasis is heavily biased towards preventing dental disease.

*Neil McDonald has been the Director of the Oral Health Programme of the United Mission to Nepal for three years. This programme is supported by Tearfund. Neil has also worked for a number of years in Kenya and UK as a dentist. His address is: c/o UMN, PO Box 126, Kathmandu, Nepal.*

*Fax: + 977 1 225559*

*E-mail: OHP@umn.mos.com.np*



Durga Adhikari (see box above), using his newly acquired dental skills.

### Comments received during training sessions

'I want to care for my patients and give them the best I can. This training has shown that somebody cares for me as well. Thank you!'

'The people I serve make great demands on me each day. I'm not a doctor, just a rural paramedic. I feel better because I can help them with my new dental skills.'

'Please can I come back in six months for a refresher course?'

'I now plan to run a dental session each Tuesday morning in my healthpost.'

Photo: Neil McDonald

# A real success story

by Renu Sherchan

The nutrition worker entered the small village house and found what looked like a living skeleton. His name was Som Bahadur Tamang. He was five years old. His mother had left him when he was ten months old and his father was struggling to raise him.

As in most developing countries, malnutrition is one of the basic underlying problems leading to poor health in Nepal and a major problem in the area served by the Community Development and Health Project (CDHP) of the United Mission to Nepal. Som's father brought his severely malnourished child to Choughare health post. Som Bahadur was 'skin and bones', and very miserable. He had stopped eating and was very thin and weak. 'I have done everything I can to treat him,' said the father. 'I have consulted the local healers but still my child has not improved. Last week your nutrition worker came. She said I should bring my son here.'

## Malnutrition

The father was both worried and embarrassed at the state of his child. The health post staff examined Som Bahadur. Not only was he suffering from malnutrition, but also from several infectious diseases due to his poor condition. We feared for his life and so referred him to Patan Hospital in the capital city, three hours away. We took him there ourselves and admitted him, as his father had no money at all. In this critical situation Patan Hospital provided full charity to the child, as well as food for his father. After a few days in the hospital, Som Bahadur became able to eat but he was still at risk. After he was discharged he returned home and we took him into our home-based nutrition programme. We taught his father about the importance of proper food for good health, and how he could make this food at home. We made regular home-visits

and demonstrated how to make 'super flour' by roasting and grinding locally available grains and soybeans. The father became encouraged and took more interest in his child. Two months later, Som Bahadur was out of danger.

## Teaching others

This all happened seven years ago, but whenever we meet Som Bahadur's father he says we saved his son and shows his gratitude to us. The great achievement of our nutrition programme, however, was not so much that we saved the boy's life but rather, since then, how this father has taught many others in his village about

the way young children should be fed and cared for. His courage, commitment and ability to share his experience represent the real success story.

*Ms Renu Sherchan is a nutritionist with the Community Development and Health Project of the United Mission to Nepal, PO Box 126, Kathmandu, Nepal.*

### EDITOR:

*Another useful flour can be made by soaking locally available grains and soybeans in water for one day and then drying and milling them. This 'power flour' is rich in amylase and, when added to thick porridge or soup, will thin it, making it easier for young children to eat.*

## FROM THE EDITOR

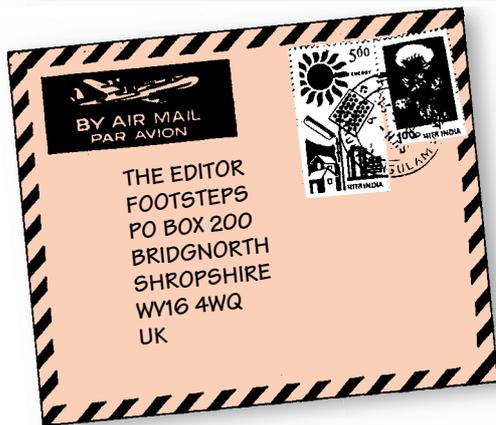
It's been very encouraging to receive so many appreciative messages of congratulation for our tenth anniversary. Your comments are always read and valued – as are the many articles contributed by readers, though it may take a while to find space to use them in a future issue.

This is our first issue of the year 2000. As we celebrate this 2,000th birthday of our Lord, let us hope for great achievements for Jubilee 2000 this year. Let us also pray that many will turn to Christ at this challenging time as people look back and look forward at where their lives are going. Let us also encourage each other with new commitment and vision for the work we do for others. How many of you took up the challenge of planting some tree seeds in the last issue? If so, they should be ready for planting out. Let us all try to plant as many trees as possible to mark this new millennium.

In this issue we focus on various issues concerning community health. Dental health is the key focus, with practical information shared by Neil McDonald – who contributed to the very first issue of *Footsteps!* Other articles look at nutrition, the use and distribution of medicines and how youngsters helped initiate a very successful treatment for leg ulcers. Future issues will look at training, networking and AIDS.

*Isabel Carter*





## Food banks and nutrition

Recently someone wrote asking for advice on setting up rice banks to help communities make rice available for the entire year. We have also been working to help people in Malawi secure food for the entire year.

Relying on one staple food to provide the basis of a diet concerns me for two main reasons. Firstly, the body needs over 40 different types of nutrients and no one food can supply them all. Eating a variety of many different foods is the best way to get all the nutrients that the body needs. Secondly, growing the same food on the same land over and over again is unhealthy for the environment. In nature we always find a variety of different plants and animals working together to maintain soil health.

There are over 500 plant foods that are either indigenous or adapted to Malawi. These local foods, which can be harvested and used all year-round, can provide all of our nutritional needs. These plants are often highly resistant to the problems that affect current agricultural crops such as pests, disease, droughts and floods. They need little care as long as they are protected and allowed to reproduce.

Use rice banks as just one approach to food security. At the same time also, look into the foods that are available in your area and learn how to encourage their growth and how to cook them. We all need variety for a healthy body and a healthy environment.

*Stacia and Kristof Nordin*  
 PO Box 208, Lilongwe  
 Malawi  
 Fax: +265 721 802  
 E-mail: pangono@eo.wn.apc.org

## Fungal infections

I would like to comment on the letter from Mr Gerber on fungal infections spreading through towels (*Footsteps 39*). In fact, most poor people cannot afford to buy any kind of towel, let alone have one for each family member. Most people use cloth to wash and dry themselves and these are rarely shared with other family members.

I believe the spread of fungal diseases could be due to:

- bathing and washing clothes in cold, untreated river water
- lack of personal hygiene
- the sexual promiscuity of our men and women.

Changes will come through health education and changing behaviour. Maybe we should now aim to achieve health for all by 3000, since we certainly did not achieve it for the year 2000!

*Dorcas Katali, Principal Tutor*  
 Kisizi Hospital School of Nursing  
 PO Box 109  
 Kabale  
 Uganda

## Mobile phones

Following the article on mobile phones in *Footsteps 40*, I would like to emphasise their potential. I have spent much time in remote areas of mountainous Bhutan. The national planning was all based around establishing wire based service – but these could never reach isolated villages. Digital phone services are rapidly developing which will also provide fax, data services and E-mail access. This is the way forward for isolated areas. More power to Muhammad Yunus for providing funding for these services in India.

*Peter G Harrison*  
 PO Box 736, Nightcliff 0814  
 Australia  
 E-mail: pgharr@peg.apc.org

## Red ants

In our home we spray turmeric powder onto red ants and they immediately run away because of its strong smell. Please tell your reader (*Footsteps 40*) not to kill these ants because they are environmentally friendly!

We publish a quarterly newsletter in Hindi, sharing farmers' knowledge.

*Shalini Sharma*  
 SUJHBUJH  
 India  
 E-mail: eeg@sdalt.ernet.in

## Castor oil

I read with interest the letter from Mr Ishenge about castor oil. In addition to the Editor's reply, I would like to add that the seeds make an excellent insecticide in producing organic cotton.

In this area of Benin it is recommended to use six treatments of insecticide to produce good quality cotton. However, the last two treatments can be made using castor oil seeds in the following way:

Take four cups (500gm) of fresh seeds with their husks removed. Crush them and soak them in two litres of water. Heat for 10 minutes and add two small spoonfuls of household soap. When cool, strain through cotton to remove the seeds and dilute with 10 litres of water and add two small spoonfuls of kerosene.

This amount of solution is enough to treat one hectare of cotton, killing insects and aphids. The results are immediate and



*Some participants of two seminars held recently in Aru, Democratic Republic of Congo, by the Anglican Health Services. One seminar looked at encouraging and supporting local health committees and the second at controlling epidemics through planning, vaccination and community participation.*

spectacular. We found this recipe in the book, *Natural Protection of Crops and Harvests* by Berthold Schrimpe. It could also be used for protecting other **non-food** crops, but so far we have only experimented with it on cotton in our village groups.

Ir Célestin G A D Tognon  
Ingénieur des Travaux d'Élevage  
BP 102, Save  
Benin

**EDITOR'S WARNING:**

Castor oil seeds are *very poisonous* and should never be left near children. Take great care in preparing and using this product.

## French training courses

We are convinced that the priority for Africa is to release skills and knowledge among people so that they can be responsible for themselves. This will encourage the self-managed development of our continent. However, our impact depends on the strength of a network of development workers sharing information and skills.

We offer three kinds of training courses for development workers. These courses can be easily adapted and changed to meet people's needs. The courses are:

- Practical farming methods
- Combining theory and practical knowledge of agriculture
- Encouraging independent community development.

We use three training sites in Porto-Novo, Savalou and Parakou, Benin and welcome enquiries.

SONGHAI  
BP 597, Porto-Novo  
Benin  
Fax: +229 22 20 50

## Mealy bugs

In answer to Sister Claffey's plea for help to identify and cure the cause of a new disease affecting *Prosopis* (commonly known as iron tree) and *Parkia* (locust bean) in Benue State, Nigeria, I think I can help.

From the 1980s, plants in this area have been affected by mealy bugs which the local people call *apollo*. They attack cassava, citrus, okra, peppers and

One of the photos from the *Ageing and Development Report* (see page 14).

Older people are often the poorest in society, but have a vital role to play. New policies are needed which recognise and support them.



Photo: © Tawach Mallia / HAI

pineapple and other plants. They attack the young leaves and fruits. The leaves wither and die, eventually killing the plants. They are spread by wind. Insecticides can be sprayed on to control the mealy bugs – get local advice on which are effective and safe. Control would be easier if the trees were planted together in plantations.

Akaa Ijir  
PO Box 491, Makurdi, Benue State  
Nigeria

**EDITOR:**

Here are two ideas for controlling mealy bugs:

■ Simmer 50gm of quassia wood chips in a litre of water for an hour. Then add a few tobacco leaves or cigarette butts and allow to stand for a day. Strain, add a little soap solution and 5 litres of water and spray.

■ Collect cow's urine. This can only be done if cows are kept overnight in a pen with a concrete floor sloping into a tank. Allow collected urine to stand for 2 weeks in the sun. (This solution can be strengthened by adding tobacco leaves (or cigarette butts) and neem leaves or fruits during this time). Dilute with 4 parts of water and spray.

## Pensions for older people

Since 1974 the Brazilian government introduced the 'Lifelong Monthly Income' – a pension scheme for all older people, whether or not they paid contributions. Our research has found that nearly 75% of older people in Recife actually support their whole families on this pension because the young people are unemployed.

Now older people are well treated and cared for because they have become the main support for the family and when they die the family loses this support. Before, people did not want to get old;

now they are eager to reach the age (65 for women and 70 for men) when they can receive their pension.

This change has transformed the way of life and culture of people here in the northeast of Brazil. Maybe these observations may be of value for other *Footsteps* readers.

Yclea Cervino  
Casa da Amizade – SEC  
Rua Othon Paraíso, 132 Torreão  
CBP 52030-250, Recife – PB  
Brazil

## Animal fodder

I would like to share a little more information about dangerous fodder plants which may cause illness or death in animals kept enclosed (Letters page, *Footsteps* 39).

Some plants contain small amounts of prussic acid, and in certain conditions this may increase to dangerous levels. This may happen after heavy rainfall follows a time of drought. The lush green leaves may wilt in hot sun, allowing prussic acid to build up. Frost damage causes similar effects. Avoid feeding such wilted leaves.

Also, remove all overhanging trees and bushes from areas where fodder is grown. Leaves from these can get blown onto the fodder and cause problems.

Though there are slight dangers in growing fodder, the advantages are great, preventing the build-up and spread of diseases, preventing vegetation damage and erosion and using less land to feed more animals.

Dr D E Goodman  
Christian Veterinary Missions  
PO Box 166, Turbeville, SC 29162  
USA

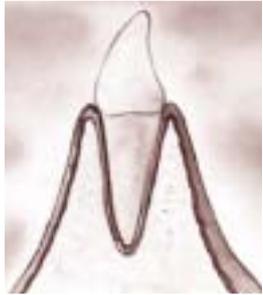
# Sharing the oral health message

compiled by Isabel Carter

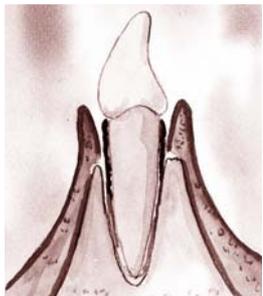
The Oral Health Programme in Nepal has produced posters and flashcards in the Nepali language to share oral health messages with teachers, parents and children. These are the main messages:



**1** Ram and his family have clean, healthy teeth and gums. This is because they eat nutritious foods and brush their teeth regularly.



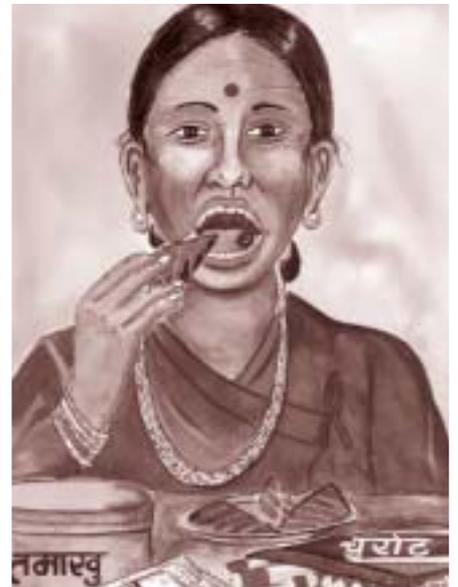
**10** Remember that just as trees need strong roots and earth to support them, teeth also need strong foundations of bones and gums to support them. Eat healthy foods and keep your teeth and gums clean so that your teeth will stay strong and firm into your old age.



**8** Sita has an ulcer on the side of her tongue which has been there for over two months. This is the early sign of cancer and occurs in both men and women. If found and treated early enough it can usually be cured.



**9** Mouth cancer is usually caused by regularly using *pan* (betel), smoking cigarettes and chewing tobacco – especially when combined with drinking alcohol. Try gradually to reduce your use of these and rinse your mouth with plenty of fresh water afterwards.





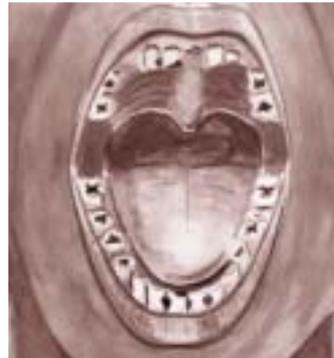
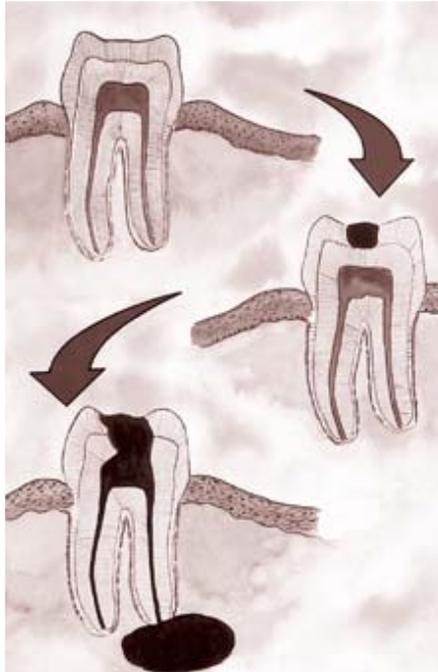
**2** They eat good food with plenty of milk, fruit and vegetables.



**3** When their children were born they were breast fed. Breast milk is nutritious and provides immunity to fight disease. It also contains less sugar, which is very important for the health of growing teeth.



**4** They brush their teeth twice a day, using a toothbrush or a twig (usually of neem). They use a fluoride toothpaste which helps strengthen teeth. When they have no toothpaste they use salt mixed with cooking oil.



**5** Shyam likes to eat unhealthy foods. He likes sweets, biscuits, cakes, sugar, ice cream and sodas. These are not good for our health and are usually a lot more expensive than healthy food. His face is swollen on one side because he has a painful infection (abscess) in one of his teeth.

**6** When we see the inside of Shyam's mouth we can see many holes in his teeth which give him a lot of pain when he drinks hot or cold liquids. He rarely brushes his teeth because his gums bleed.



**7** How do sweet foods harm our teeth? Every morning we can all feel a 'furry film' on our teeth. This is made of germs or bacteria and is called 'plaque'. We brush our teeth to remove this plaque. (Check for plaque on your own teeth by using your clean fingernail as a scraper around the base of your teeth). These bacteria eat sweet foods and produce acid which can make holes in the teeth. The more sweet foods we eat, the greater the chance of holes developing in our teeth. If these grow large, they reach the tooth nerve which starts to ache and can cause swelling of our mouth and face.

# A children's initiative

## TREATMENT OF LEG ULCERS

by Dr Sherri Kirkpatrick

Children in many Third World countries suffer from painful leg ulcers. One group of school-age children in Chiba, in the Democratic Republic of the Congo, decided to take action and asked for help. Some of the children had legs covered with scars from previous ulcers – sometimes their legs were either deformed or crippled from the effects. All suffered pain from current weeping leg ulcers. The children knew that the Community Health Workers (CHWs) ran regular clinics for babies and asked if they could consider running regular clinics to treat their ulcers.



Photo: Dr Sherri Kirkpatrick

With a combination of traditional and Western medicine, the CHWs in Chiba have now successfully treated over 1,000 cases of tropical leg ulcers. These ulcers are the result of poor nutrition and poor personal hygiene. Improving nutrition is very important, but significant success has also been achieved by improving sanitation. A major goal was to provide a low cost project which was sustainable because local resources could be used.

The treatment they used is described opposite. Step-by-step pictures of the treatment were posted in central areas of the villages to remind people of the treatment and to raise awareness. They were laminated to make them last longer. Explanations were provided in the local language.

A dramatic improvement was noted in many of the ulcers after just one week.

CHWs in Chiba have now successfully treated over 1,000 cases of tropical leg ulcers.



When records were reviewed after the first six months, the CHWs noted that out of 600 children with leg ulcers, all but a handful (6–8) had been treated successfully. They believed that the unsuccessful cases would also have healed if the treatment had been correctly followed.

As news of the successful treatment spread throughout the region, the health workers expanded their role from that of local care-givers to that of consultants for the development of similar projects in surrounding areas. As a result, they have become much more self-confident and aware of their own abilities. They are now providing leadership in other community efforts.

*Dr Kirkpatrick has worked for many years providing training for health workers in Africa and the Caribbean. Her address is: Graceland College, 1401 West Truman Road, Independence, MO 64050, USA. E-mail: kirkpat@graceland.edu*

# Treatment steps for leg ulcers...

1

A traditional antiseptic solution using guava leaves was chosen as the first line of defence.

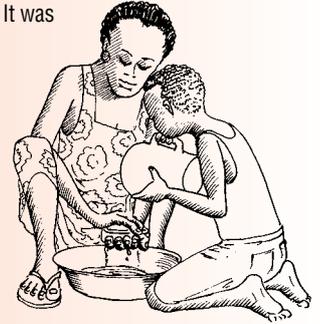
Guava leaves were picked from the tree, washed, placed in a pan of fresh water, and boiled for 10 minutes. The solution was then drained from the leaves, covered and allowed to cool.



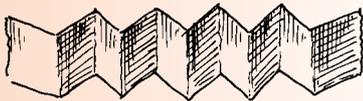
2

Mothers were taught to wash their hands and the wound with soap and water. The washcloth was rinsed and wrung dry. It was

then soaked in the antiseptic solution from the guava leaves and used to wash the leg ulcer. If soap was not available, the guava leaf solution was used on its own. The washcloth was stored in a plastic bag. The leg ulcer was allowed to dry in the air for an hour before covering with a dressing.



3

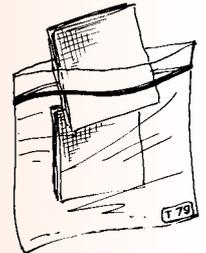


Bandages and dressings were made from old sheets. A good source proved to be hotels that were replacing used sheets. These were washed and torn into strips a metre long and 10cm wide which were then folded into squares. One strip was used for a dressing, while another was unfolded and tied over the dressing to keep it in place. Each child was given a total of four strips. The used dressings were washed with soap and water every day, dried in the sun to sterilise them and then kept clean in plastic bags. Each child always used their own strips.



4

Each leg ulcer was measured with a plastic see-through ruler and the size recorded on a treatment card. This helped show if the ulcer was decreasing in size because of the treatment. Each card was given a number which matched that on the child's bag. The child was required to bring the bag each time they came for treatment. New measurements were taken and recorded weekly until the leg ulcer healed.



5

Each new bag contained a small bar of soap (donated by a motel), a thin washcloth and the extra bandages. As the project grew, however, it became clear that the treatment would be successful even without the soap and washcloth brought from the outside.

6

In severe cases, the CHWs placed a **small amount** of triple antibiotic ointment on the dressing before placing it on the wound.

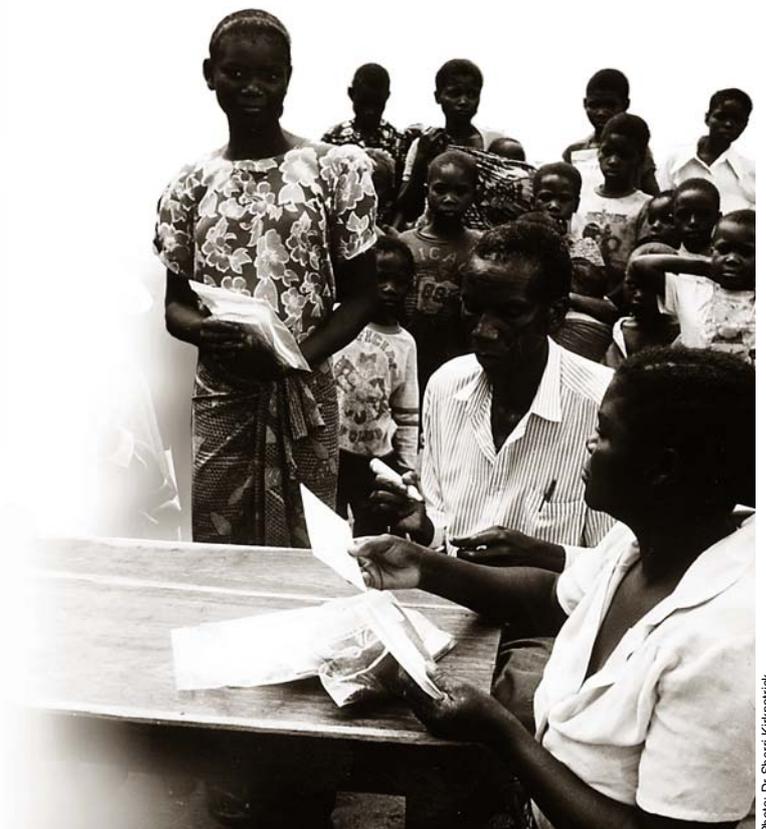
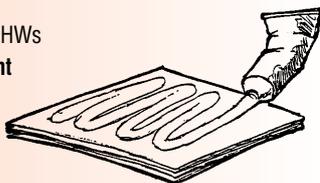


Photo: Dr Sherri Kirkpatrick

# Using medicines in the community

In many countries, people treat three quarters of all illnesses by using medicines without first seeing a health worker. This is called 'self-medication'. They may obtain medicines from their home, friends or relatives, a market stall, local shop, traditional healer or a pharmacy. Though some of these sources may provide good quality and appropriate medicines, others may supply inappropriate and potentially dangerous medicines.



## Self-medication

If medicines are obtained from unsupervised sources they may be...

**Dangerous** Medicines can harm people if they are used incorrectly.

**Inappropriate** The medicines may not be able to help their condition, or they may be unsuitable because of the age or medical condition of the person.

**Incorrect quantity** People may buy too much or too little.

**Poor quality** The medicines may have been manufactured incorrectly, stored in poor conditions or may even be 'counterfeit' medicines – containing no genuine ingredients at all.

**Unnecessary** People may waste money on unnecessary medicines such as cough medicines and tonics which are of little or no benefit.

**Banned** Medicines which have severe side effects may be banned but can sometimes still be found in shops and markets.

**Lacking information** Medicines may be sold without the appropriate information, advice or warnings.

## What are the community's beliefs?

Before trying to improve the use of medicines, it is very important to understand what people in the community believe about them. For example, it would be useful to understand why people buy medicines from the market or local shop instead of from the clinic. They may give the following reasons:

**Easier** The local shop is nearer than the clinic and you do not have to queue. The clinic is also only open in the morning when most people are working.

**Cost** People cannot afford to pay for doctor's fees so they decide themselves what is wrong and which medicines they need. Medicines are often cheaper at the local shop and shop keepers may give credit.

**Attitude** People may find the staff at the clinic do not really listen to their problems or are rude. They may prefer the attitude of the shop keeper.

**Acceptability** The clinic only provides generic medicines in unattractive packaging which people may not like. People may also request antibiotics as capsules or injections simply because

they believe they will work better. However, while antibiotics have no effect on colds or viruses, injections with unsterile needles may lead to infections. Shopkeepers may also just sell enough antibiotics for a couple of days, instead of a whole course. If the person does not buy more drugs to complete the course, they may not be cured properly and the infection may start to develop resistance to the drugs.

## Improving medicine use in the community

Once you have a greater understanding of the community's views about medicines, you can begin to plan to improve their use. Some ideas might include:

### Working with local drug sellers

Local drug sellers need to sell medicines to make money. Since it will be difficult to persuade them not to sell medicines, try and help them recommend the most appropriate medicines. This may take a long time.

### Improving the service at health facilities

See if opening times can be changed to make it easier for people to come – maybe in the early evening. Encourage staff to be understanding and

communicate well with patients. Consider improving the packaging of the medicines.

### Increasing public awareness about medicine use

Choose several key messages (for example: 'Keep medicines away from children', 'Why injections are dangerous' or 'When to use antibiotics') and use a variety of ways to share the information. This could include posters, radio programmes, leaflets, role plays, school projects or competitions to design a T-shirt or postage stamp.

### Government policy

Governments can set up regulations about medicine advertising, medicine quality and who can sell medicines. However, if these regulations are not enforced they may be of little use.

This article was adapted from Issue 12 of *Practical Pharmacy*. This is a free newsletter available to health workers and pharmacists. Editor: Georgina Stock, 66 Chiltern Rd, Baldock, Herts, SG7 6LS, UK. E-mail: gstock@compuserve.com



Always take a **full** course of antibiotics,  
Don't help to build drug resistance!

## BIBLE STUDY

### The Bible's teaching on hygiene

by Paul Dean

The Bible's main teaching about physical cleanliness appears in Leviticus 11–15. Some of the rules may seem strange and harsh to us. However, our modern understanding of how many diseases are transmitted shows other rules to be very sensible.

#### Read Leviticus 11:32-40, 13:29-59, 15:1-15

The need for isolation and washing is often emphasised. Even today it may be difficult to distinguish between different types of infection and it may be better not to take chances. The transmission of diseases such as AIDS and hepatitis through blood and other body fluids clearly shows the need for care.

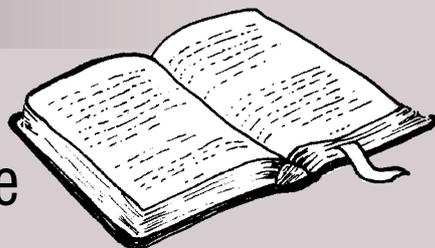
#### Read Romans 12:1

Paul urges us to present our bodies as a living sacrifice, holy and pleasing to God. What sort of bodies do we offer as we live for him? We cannot always avoid sickness but are we making the best use of our resources, both physically as well as spiritually? Are others put at risk by our own poor hygiene? Is this a Christian attitude (Philippians 2:4)?

#### Read Matthew 23:25-28

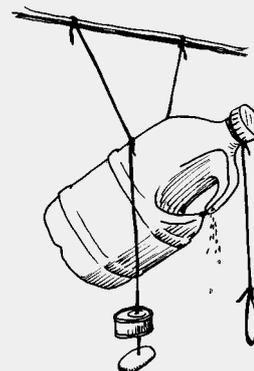
Jesus criticised the Pharisees for being clean outside but unclean inside. He told them to be clean from the inside out. Would Jesus say anything different to us today? What?

*Paul Dean is a consultant in water and sanitation infrastructure and civil engineering, with considerable experience in Uganda, Bosnia and Pakistan.*



## Keeping clean

The Tippy Tap (*Footsteps 30*) is a useful way of improving hygiene. It uses very little water or soap. The base of the handle of a plastic container is heated over a candle and gently pinched with pliers so that it is sealed tight. Using a heated nail, a small hole is made just above the sealed area. The nail is heated again, this time to make two holes on the back of the bottle so that the container can be hung up. Use string to make a handle and attach an empty tin can upside down to keep the soap dry. Pulling the handle releases a stream of clean water for washing hands.



## Books Newsletters Training materials

### Where There is No Dentist

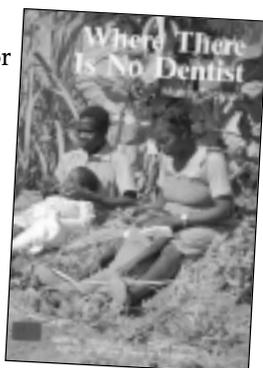
by Murray Dickson

This book is written in similar style to *Where There is No Doctor*. It is about what people can do for themselves and each other to care for their gums and teeth. It shows how to diagnose and treat dental problems and suggests new ways to work for better dental health in the community. It is aimed mainly at community health workers, but is also of use to teachers, dentists and dental technicians. The book is divided into two parts; the first is concerned with learning and teaching about teeth and gums, the second part is about how to treat dental problems. The book is available from TALC and costs £7.75 (including surface postage) or £8.75 (for airmail postage):

TALC  
PO Box 49  
St Albans  
Herts  
AL1 5TX  
UK

E-mail:  
talcuk@btinternet.com

Fax: +44 1727 846852



### Where There is No Vet

by Bill Forse

This is another new book written in similar style to *Where There is No Doctor*. This is much more than just a book on first aid for animals. It aims to help people keep their animals healthy, and covers a wider range of topics that affect the health of livestock, from diarrhoea to rinderpest, from helpful traditional remedies to uses of modern medicines and vaccines. It includes advice on the care, feeding and handling of animals. Special emphasis is placed on preventing and controlling diseases and



problems. It is clearly written, with easy to use indexing and has over 400 illustrations. It will prove an essential guide for farmers, teachers, NGO workers, extension agents and paravets.

The book is jointly published by Macmillan, Oxfam and CTA. It costs £13.65 including surface postage or £16.80 including airmail postage and is available from TALC – address above.

### Health libraries

TALC operate a very useful scheme to provide health libraries aimed at Africa and Asia. The libraries provide excellent value and contain a well selected range of useful and practical books. They include:

**Health Centre Library** with 17 books and 5 items of health equipment and costing £100 including postage

**District Hospital Library** with 20 books including surgery manuals and costing £110 including postage

**Women's Health Library** with 7 books and costing £35 including postage.

Please contact TALC for details – address above.

### Training for development workers

Le pont in Togo provide regular training courses aimed at development workers, NGO members, village committees and counsellors. The training includes planning, gender issues, micro-enterprise, effective communication, feasibility studies for income-generation and financial management.

The fees are heavily subsidised by charities but each application must be from someone working with a specific development project – not from individuals. For further information contact:

Le pont  
BP 2273, Lomé, Togo  
Fax: +228 21 19 60  
E-mail: lepont@bibway.com

### Tearfund Case Studies



Tearfund publish a number of case studies on subjects relating to good development practice. These are available in English, French, Spanish and Portuguese and are free of charge to groups in Third World countries. Two studies relate to community healthcare:

#### Community Health Development

by Tine Jaeger and Kate Bristow

This pack is designed for community development and healthcare workers who want to reflect and learn through the study of three programmes that demonstrate current good practice in community health development.

#### Transforming the Slums by Relationships: Action for Securing Health for All (ASHA)

by Simon Batchelor

This case study considers the challenges faced by ASHA programmes in the slums of Delhi and discusses the approaches taken by them to rise to the task, emphasising the value of relationships.

Write to: TRT, Tearfund, 100 Church Road, Teddington, Middlesex, TW11 8QE, UK

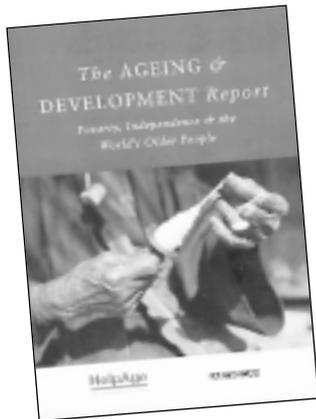
### Bobokoli Bibenga

#### Nyama Ya Libumu Isili

Several new titles have been produced by this group in DRC. They produce cartoon strip books written in Lingala with a French translation underneath. There are now 13 titles available, covering subjects such as health, our environment, livestock husbandry and vegetable production. The booklets aim to help change people's way of thinking so they can take responsibility for themselves. The new titles include *Herbal Remedies for Stomach Infections* and *Breeding Pigeons*. They ask for a donation of 6 Belgian Francs for each booklet or US \$5 for the whole series.

Sister Rosario Zambello  
Filles de Saint Paul  
BP 335  
Limete – Kinshasa  
Democratic Republic  
of Congo





## The Ageing and Development Report:

**Poverty, Independence and the World's Older People**

by HelpAge International and Earthscan

This report has been published to mark the 1999 UN International Year focusing on older people and brings together a wide range of themes relating to older people in developing countries. It is estimated that their numbers will double over the next 25 years to reach 850 million (12% of the population). However, their role and rights are often ignored. Older people are the poorest group in society and new policies are needed which recognise and support them.

The book can be ordered from Earthscan and costs £14.95 not including postage (£2.00 in UK and £3.60 elsewhere). Write for details to:

Earthscan  
120 Pentonville Rd  
London, N1 9BR  
UK

E-mail: [orders@lbsltd.co.uk](mailto:orders@lbsltd.co.uk)

## Practical Pharmacy



This newsletter aims to ensure the safe and rational use of medicines world-wide by increasing knowledge and understanding of medicine management and supply and improving work practices. It is targeted at health workers and clinical officers. Each issue looks at a different concern. Recent ones have included financing medicine supplies and medicine calculations. It is available free of charge from:

G Stock  
66 Chiltern Rd, Baldock, Herts,  
SG7 6LS, UK

E-mail: [gstock@compuserve.com](mailto:gstock@compuserve.com)

## Running Water

This is a second volume of Technical Briefs from the magazine *Waterlines* (the first was called *The Worth of Water*). It contains a range of very practical and well illustrated information about subjects such as water pumps, small-scale irrigation, small dams, water supplies, sanitation and household water supplies. It is available for £12.95 (plus postage) from:



ITDG Bookshop  
103-105 Southampton Row  
London  
WC1B 4HH  
UK

Fax: +44 171 436 2013

E-mail: [orders@itpubs.org.uk](mailto:orders@itpubs.org.uk)

## Leprosy information CD-ROM

A number of readers took advantage of the excellent CD-ROM produced by the Humanity Development Library that we were able to offer to readers last year and many have written with their appreciation for this resource. However for those who are now using this CD-ROM, Dr Parslow of the INF Tuberculosis Leprosy Project in Nepal points out that the information included on leprosy is from a book published in 1976 and its recommended treatment is so out of date that it could prove dangerous. He encourages readers to look elsewhere for recommended treatments for leprosy such as WHO or ILEP, and to check the dates of publications included on the CD-ROM. New editions of this CD-ROM will contain updated information.

## The secret killer

### Did you know that:

- Tobacco is the only widely available product which, when taken as instructed, kills?
- Tobacco kills four million people each year, far more than malaria?
- A cigarette has been described as a cleverly made product which gives you just enough nicotine to keep you addicted for life before killing you?

Tobacco companies are now targeting poorer countries to sell cigarettes, since people in richer countries are smoking less. This benefits the shareholders and owners of tobacco companies, but can kill the people who are influenced by their advertisements. Many of these people are so poor they can hardly afford to buy cigarettes and will never be able to pay for treatment when tobacco starts to kill them.

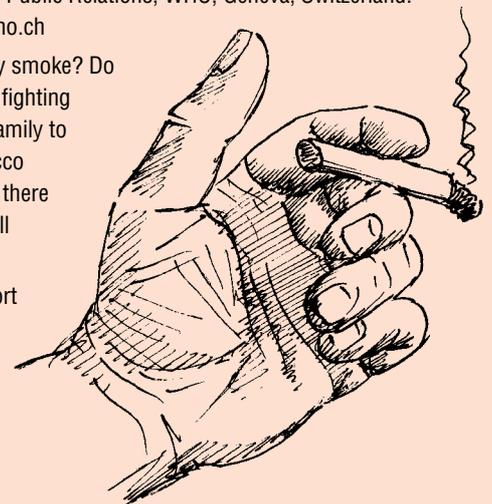
The World Health Organisation has had enough of this trade, which it says will eventually kill one in every two smokers. It is taking powerful action against those who manufacture and promote tobacco by establishing a 'Tobacco-Free Initiative'. Find out more about this by contacting Gregory Hartl, Health Communications and Public Relations, WHO, Geneva, Switzerland.

Fax: +41 22 791 4858 or E-mail: [hartlg@who.ch](mailto:hartlg@who.ch)

Do you smoke? Does anyone in your family smoke? Do your neighbours smoke? Take your part in fighting tobacco by encouraging your friends and family to stop smoking and by joining any anti-tobacco pressure groups in your neighbourhood. If there isn't such a group, why not start one? It will save lives.

In the time it has taken you to read this short article, tobacco will have killed 15 more people.

Contributed by Dr Ted Lankester, who works for Interhealth, and is a Footsteps committee member.



# Successful SWOT



SWOT stands for Strengths, Weaknesses, Opportunities and Threats. It is a way of looking at organisations, programmes or projects. A SWOT exercise can help to provide new ideas about your work by identifying factors that influence it, both now and in the future. This exercise often works best in a mixed group with people from different areas and levels inside and outside the organisation.

Facilitators will need:

- four large sheets of paper or a large board with four sections
- some paper for each group
- pens, pencils, markers or chalk.

Divide people into small groups (two to six people is ideal). You may want to divide people by type or area of work, or their role (volunteers, parents, committee members etc).

Each group is asked to list in turn the organisation or project's strengths and weaknesses, and the opportunities and threats that face it. Strengths and weaknesses are usually thought of as

**internal** to the project and refer to the present situation. Opportunities are areas for future developments. Threats are potential problem areas. Both opportunities and threats are usually **external**.

Set a time limit for the exercise such as 15 or 20 minutes. Make it clear that this is a brainstorming exercise where you are looking for honest opinions and many different ideas, not a detailed discussion or an argument. Groups can jot down their ideas on the paper provided. After brainstorming, groups can transfer their answers to the larger sheets of paper or board. Then they can discuss the ideas for each area. It is helpful to consider the unique strengths and weaknesses of the

organisation or project when compared with others which are known.

Get the groups to compare their answers for each area, asking questions to assist this process. Have groups come up with similar answers or very different ones? What does this reveal about the experiences and perceptions of the different groups? Are there areas of clear agreement and other areas of disagreement? Do answers offer ideas about areas that need strengthening or about future directions of the work?

In the box below are some comments by participants in a rural community-based rehabilitation programme during a SWOT exercise. Consider where you would place each idea (strength, weakness, opportunity or threat) and why. Sometimes you find that a comment may fit into more than one category.

*This article was adapted from Issue 29 of CBR News, published by Healthlink Worldwide.*

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**Editor:** Dr Isabel Carter, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK

**TEARFUND**



## Can you draw any conclusions from these ideas? What do they tell you about this project?

- |  |   |
|--|---|
| ■ We all trust each other                            | ■ Our record-keeping could be improved                              |
| ■ Everyone is committed to the programme             | ■ I wish we had more full-time workers                              |
| ■ I don't feel at home using English in workshops    | ■ Most people have time but not much money                          |
| ■ The volunteer training is good                     | ■ I believe more disabled people could get involved                 |
| ■ It's difficult to find time to fit everything in   | ■ The government has no policies on disability                      |
| ■ We need more bicycles                              | ■ The new teacher is not keen on having disabled children at school |
| ■ We all speak the same language                     | ■ The local newspaper did a good story on us                        |
| ■ Funds always come late                             | ■ Women are more positive towards us than men                       |
| ■ I'd like to get more involved with decision making |   |