for health teaching
Merry Christmas and a Healthy New Year

The commissioners and staff of the Christian Medical Commission extend to you, our friends and readers of CONTACT, best wishes for the holiday season and our thanks for the interest and support which you have expressed to us in different ways during the past year.

We hope and pray that the New Year will bring us closer to one another – and to a more peaceful world, nourished by a spirit of understanding and forgiveness and love.

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Cover: Drawing by David Nyungu, from Practising Health for All by D. Morley, J. Rohde, G. Williams

Bored by purely didactic lectures, people are more receptive to narrative, dramatic and musical forms of communication.
INTRODUCTION

It has been 10 years since the Alma Ata declaration proclaimed primary health care as the way to achieving Health for All by the Year 2000. This campaign is now in full operation. Health centres are being built all over the world and many types of primary health care workers are being trained in large numbers.

But how much has the average person's health changed? It is well to remember that health is NOT a commodity that can be delivered to people like cement or rice, even with the best laid plans. Health depends so much on the knowledge, attitudes, and practises of people, no matter where they live on the globe. Only they themselves can create a healthy environment. But the calls for people's participation in recommendation number 2 of the Alma Ata conference and item VII 5 of its declaration (1) have for the most part been buried under paperwork and building materials.

So how do we motivate people to take responsibility for their own health? Health professionals are beginning to take a new look at the world's oldest and perhaps most effective method of health education, story-telling. People from nearly all cultures have told, and many continue to tell, stories to pass moral values from generation to generation. In industrialized and developing countries alike, stories are widely used on television to sell products ranging from automobiles to toothpaste. Now evidence is mounting that story-telling is also one of the most effective means of bringing about health changes in individuals and communities.

My first experience with the method was while working with the Lardin Gbas Rural Health Programme (2) in Nigeria in the 1970s. Village health workers, chosen by the people from among themselves, are taught exclusively with stories, drama, and songs, which they in turn teach to their communities. Similar approaches to health education are now spreading around the globe, and the remarkable improvement in these people's health has led us to devote this, the 100th issue of CONTACT, to passing the story on to you.

2. started in northeastern Nigeria in 1972 by the Church of the Brethren (see CONTACT Nos. 41 and 62)

* Dr. Hilton is an Associate Director of the CMC

"Julie, that's me. And I like le Printemps (the spring)". This is the name of a multi-storied department store in Paris.
HEALTH TEACHING WITH STORIES – A GREAT IDEA

No one wants to be sick. And most illnesses are preventable by alterations in environment or lifestyle, whether in developing countries or industrialized. In theory, appropriate education should bring about changes and result in good health. But those of us with experience “dispensing” health education over the years know that it rarely happens.

One reason is that standard health education often does not create the motivation so necessary to change unhealthy behaviours. If a health worker confronts us with our ignorance, our natural reaction is to be defensive, and a barrier to learning is created. However, hearing a story about another person or community with health problems similar to ours allows us to identify with them and with their solution. Then the information is internalized, and becomes a powerful force for change.

Story-telling is an effective method of health education for other reasons:

- Listening to a story helps people discover truth for themselves, and PEOPLE LEARN BEST WHAT THEY DISCOVER FOR THEMSELVES.
- Stories make truth concrete. Health is an abstract idea that is much better understood in the context of persons and places.
- Told properly, stories use familiar surroundings, which begin where people are, and move them on to where they need to be.
- Stories are usually interesting. Lectures are often not.
- While technology produces more sophisticated learning systems, which often include multi-colour flip charts or synchronized multi-media presentations, stories are effective precisely because they are not sophisticated. A story told very simply leaves the listener to fill in the details, evoking a level of participation which promotes involvement.
- Leaky roofs and insects often spoil health education materials, but stories are always available wherever people are.
- Nearly 900 million of the world’s adults were unable to read in 1985 according to UNESCO. The finest of publications will not reach these people with health education, but story-telling has no such limits.

METHODS FOR HEALTH TEACHING WITH STORIES

Once there was a village of hard working farmers. When they travelled over their land, they were often beaten and robbed by bandits living in the surrounding hills. Some of the villagers were assigned to care for the wounded and a place was set aside for them to recover. After many years, on one special day, the villagers decided to organize. They sent out a group of strong men to capture the robbers and they put them in jail. From that day on they worked in peace.

As illustrated by this story, the purpose of health teaching is not only to increase knowledge, but to assist people to take action for healthy living. Teachers are therefore urged to avoid teaching biological facts such as names of body parts and life cycles of parasites. That can be left to professional health workers. The greatest need of others is to KNOW WHAT TO DO to be healthy and to BE MOTIVATED TO DO IT. Teaching with stories has been shown to greatly facilitate this.

WWC Photo: Peter Williams

Good stories are worth repeating. And with every haircut, this barber is in a fine position to send out another messenger.
Stories can be told to individuals or to groups such as church groups, women’s organizations, farmers’ clubs, school classes, etc. They can be used in hospital or clinic waiting rooms or in market places. In many countries, such as Haiti, Somalia and Bangladesh, they are being used on the radio for health education. In Lardin Gabas, Nigeria, stories are often used for entertainment at weddings or baby-naming ceremonies, and women can commonly be heard singing health songs while working together on the farm. Stories are also used there for informal classroom health education for pastors; and primary school teachers are using health stories in their science classes.

In Sierra Leone the “Segureh Players” use health stories in street theatre and in the United States the Bill Cosby show often weaves health education into its weekly television screenplay. Most newspapers throughout the world carry comic strips and some, such as Rex Morgan, carry health messages at times. The Coptic Evangelical Organization of Egypt operates a printing press whose publishing includes books of pictorial health education stories in Arabic. CONTACT tells stories of successful health programmes regularly to its more than 26,000 readers.

Health workers at ALL levels can learn to use stories for health education. I personally have often used simple stories with my private patients in the United States. For example:

“My father and my brother both have diabetes. I too would probably have diabetes but I keep my weight down, avoid foods with sugar in them, and exercise regularly, so my blood sugar remains normal. Because of his diabetes, my brother is becoming blind and has constant pain in his feet. But my father does the same as I do and his blood sugar has returned to normal.”

ANYONE with simple health knowledge and imagination can create stories. The essential ingredients are basic health teaching objectives and a scenario lifted from local culture.

For example in Lardin Gabas, the 5 infant feeding messages are:

1. Breast-feed as long as possible.
2. Start feeding ground nut porridge at 4 months.
3. Start giving bean cakes and other soft foods at 1 year.
4. Give at least 5 feedings a day.
5. Delay the next pregnancy at least 2 years.

This becomes the story of a woman whose 9-month-old baby begins losing weight and becomes weak. When the VHW learns the woman is pregnant, she explains the feeding plan and how, when this pregnancy is completed, she can delay the next. The story ends happily for mother and child.

Another story tells of a woman who lost 3 babies with fever. But after taking her 4th child to the health post to receive Daprim regularly, she saw him grow strong and healthy. Most of the 80 villages in Nigeria where this story has been used, report a high percentage of children attending under 5 clinics, and village elders report that women no longer spend many hours walking to distant dispensaries for fever treatment.

Immunization coverage of children has been increased by using a story which incorporates a traditional belief which is medically inaffective and there fare harmless to children’s health. It is common in some countries for mothers to tie amulets to children’s extremitites to ward-off disease. The story tells of a child who dies of measles despite the supposedly disease-preventive amulet. The VHW encourages the mother not to dispense with the amulet, but simply to add vaccinations and malarial prophylaxis to make it more effective. When she does this with her later children, none suffer any serious disease.
TRAINING HEALTH WORKERS TO TEACH WITH STORIES

The Lardin Gabas Rural Health Programme has been training part-time health workers for 10 to 20 new villages a year since 1973. During the 3 month courses, most classes are conducted as follows:

I. Stories
The teacher tells a health story to the class from memory.
The teacher asks the class questions about what they have learned. This is an extremely important part of every story-telling session because it helps the listeners discover for themselves the truths conveyed.
One student is chosen to repeat the story aloud, with the assistance of the others when needed.
The class then divides into groups of 4 or 5 persons and each tells the story to the others.

II. Drama
Next, each small group creates a drama from the story, and presents it to the whole class.
The group chosen for the best drama can present it to a group in the community near the school.

III. Songs and Riddles
Class members are asked to create songs expressing the idea of the story and lead the class in singing.
Others can make up riddles such as the following about malaria:
I am a tiny animal with wings, hardly making a whisper, but my bite can be as deadly as that of a snake.
Who am I?

EXAMPLES OF STORIES

A TRADITIONAL STORY

Dr. R. Amonoo-Lartson, CMC Associate Director from Ghana, relates that in his country, there is a long tradition of story-telling based on tales called "Anansesem". The villain is always a spider (Kweku Ananse) who is usually shown as crafty and shrewd. Through slavery, the tradition of Anansesem has been preserved in the Caribbean and the United States.

Not so long ago, Ananse lived in a village called Anansekom with his wife Efua Dordua and their 2 sons, Kofi and Kwame. Ananse left home every morning, saying he was going to work on his farm, and he returned every evening before dark with fresh fruits and vegetables for the dinner table. But his wife and the 2 boys had never seen the family farm.

One day, Ananse failed to return home at the usual time. When it started to get dark, Efua Dordua sent their sons looking for him. First they searched the fields nearby, but had no luck. Next they began looking in the farms surrounding their little village. But they still could not find their father.

Finally, after walking very far, the boys spotted Ananse. From the distance, he seemed to be embracing another man! The boys called, "Father, father!", but he did not move from the other man's arms! The boys began to run, and when they were close enough, they saw that Ananse was stuck to this other man! In fact, it was not a real man, but the likeness of one that the rightful owner of the land had built and covered with sticky gum to trap the thief who had been stealing his crop for months.

The boys immediately set to work to free their father. As soon as he was unstuck, however, he ran away in shame and embarrassment, never to be seen again.

(Unless of course you recognize him reduced in size, transformed in body, hiding in faraway, darkened corners of rooms)

The moral of the story is:
One should not reap where one has not sown.
A BIBLE STORY

Christianity is essentially a story. It is a story about the activity of God in history, especially in the person of Jesus the Christ, but also in his followers who have chosen to live out a particular story. As we hear our sacred stories, we find that our lives are shaped by them. We do not make up the stories which we decide will become sacred for us. Instead, the stories themselves speak to us, and we awaken to them.


An example of Jesus’ abundant use of story-telling to convey truth is found in the following Bible selection:

A teacher of the Law came up and tried to trap Jesus. “Teacher,” he asked, “what must I do to receive eternal life?”

Jesus answered him, “What do the Scriptures say? How do you interpret them?”

The man answered, “Love the Lord your God with all your heart, with all your soul, with all your strength, and with all your mind”; and “Love your neighbor as you love yourself.”

“You are right,” Jesus replied; “do this and you will live.”

But the teacher of the Law wanted to justify himself, so he asked Jesus, “Who is my neighbor?”

Jesus answered, “There was once a man who was going down from Jerusalem to Jericho when robbers attacked him, stripped him, and beat him up, leaving him half dead.

It so happened that a priest was going down that road; but when he saw the man, he walked on by on the other side. In the same way a Levite also came there, went over and looked at the man, and then walked on by on the other side. But a Samaritan who was traveling that way came upon the man, and when he saw him, his heart was filled with pity. He went over to him, poured oil and wine on his wounds and bandaged them; then he put the man on his own animal and took him to an inn, where he took care of him.

The next day he took out two silver coins and gave them to the innkeeper. ‘Take care of him,’ he told the innkeeper, ‘and when I come back this way, I will pay you whatever else you spend on him.’

And Jesus concluded, “In your opinion, which one of these three acted like a neighbor toward the man attacked by the robbers?”

The teacher of the Law answered, “The one who was kind to him.”

Jesus replied, “You go, then, and do the same.”

DR. HORNING GOES TO THE LIBRARY FIRST!

Once upon a time, Dr. John Horning lived in Chicago, a big North American city. He wanted to go to a small village in Nigeria to work with the local health practitioners.

But he needed a visa to allow him to enter this African country. He did all the necessary work to get that special paper, but had to wait many weeks before he received a response to his request. The response said that “due to the increased volume of correspondence and the decreased budget to hire staff to handle it”, Dr. Horning would have to wait longer before he could begin his new job.

Meantime, he decided it would not help to worry or become impatient, so the doctor went to the library every day and read all he could – to learn about the people in the village and their way of life. He learned about story-telling as a part of the culture and said, “Why not use stories for teaching?”

One day, 4 months later, the visa arrived. Dr. Horning was so happy. He felt much more prepared than he had before. He gave thanks for the extra time to read stories and study about the people down south who were soon to become his partners in health care.

Note: Dr. Horning was the first Director of the Lardin Gabas Rural Health Programme, 1973-74. Story-telling is still an essential part of the learning process there. Story by Sanda Freeman.

In Lardin Gabas, teaching is done by stories. Evidence of their effectiveness is abundant, as deaths from malaria and diarrhoeal dehydration – 2 of the most common causes of death – are now much less common.
GOOD NEWS FROM HER SISTER
(a sample story by a Ladin Gabas teacher, translated from Hausa)

Dija and Habu were a farming couple who lived in the village of Gardama. The custom there was to draw drinking water from the nearby spring and to defecate in any field near the house.

Dija gave birth to 5 babies but 3 of them died from diarrhoea. First they developed runny stools and their bodies became weak. Next their skin became loose, and the soft spot on their head sank in. Neighbours told Dija to stop nursing and buy some kapectate at the medicine table in the market. But it had not helped.

Dija and her husband also developed abdominal pain and diarrhoea with blood and mucous. After a time, they became weak and began to lose weight. This was a frequent problem among the people of their village.

One day, while Habu tried to work in the corn field, Dija went to the spring to fetch water. But she was too weak to lift the full pot to her head. Her sister Kubili, coming for a visit, saw her from the road above, and ran quickly down to help. Dija told her of the chronic diarrhoea with abdominal cramps. With alarm Kubili cried, “You are so weak that even your eyes are sunken.”

While visiting, Dija’s sister told the couple how she had learned from the village health worker that tiny germs were spread by flies from the stool passed in the open fields to people. When they put their hands in their mouths, children could swallow these germs and develop diarrhoea. Kubili also told how the people in her village had reduced this problem by building and using latrines to defecate. While traveling in the “bush” they carried a hoe and buried their feces. They also learned to wash the germs from their hands after defecating and before eating.

While Kubili was there, 2 of the children developed diarrhoea. She showed Dija how to prevent serious complications by mixing a 4-finger scoop of sugar and a 3-finger pinch of salt in a large glass of boiled water. Then she gave the mixture to the child with a spoon as soon as the diarrhoea started. She gave the child all he would take between breast-feedings. Before she left for home she told Dija to keep giving the mixture as long as the diarrhoea continued, but warned that if fever or bloody stools developed, or if the diarrhoea didn’t stop in a few days, she should take the baby to the nearby dispensary. “By the way,” she said leaving, “the same mixture is good for children and adults with diarrhoea, too.”

The baby’s diarrhoea subsided after several glasses of the “miracle” mixture, and Dija was amazed at how he continued to smile and play.

When the first opportunity arose, Dija and her husband dug a latrine on their compound and urged their neighbours to do the same. They also worked together with the community to surround with rocks and cement the nearby spring, so its water remained clean for drinking. From then on there was much less diarrhoea in the village and, even when it affected the babies they recovered nicely, thanks to the “miracle” mixture.
LIKE GROWING MANGOES

“ANG ANAK NAMIN AY TANGI NAMING kawayanan (Children are our only wealth),” said a farmer.

“Oho, kung ating mapapag-aral. Kung hindi, ang anak natin ang kahirapan (Yes, if we can educate them. If not, our children become our poverty),” I answered. “In the good old days, when you reached grade 4 you could already teach in school and be sure of employment. Now even just for the position of janitor, the minimum requirement is a high school graduate. So if you cannot educate your children, they will not be your wealth but your burden. Hindi ba (Isn’t it so)?” I asked dramatically.

“Opo (Yes)!” they shouted.

I had talked more than I should have so I asked Aling Sepa. “What can you say, Aling Sepa?”

“Well, to me, birth control is like growing mangoes. It is a choice between few good mango fruits or many smaller ones,” she commented.

“What do you mean?” I asked with growing interest, as this seemed to be the type of information I was collecting in my notebook.

“If you have a mango branch filled with flowers,” she explained, “each flower will become a mango fruit. A good mango grower will pluck out every other flower so that there will be fewer but bigger fruits. If you allow all the flowers to become fruits, the mangoes will be smaller, and worse, the fruit will be too heavy and the whole branch will break.”

“Parang tao,” I added, “pag hindi makayang pasanin ay mababali ang likod (Like human beings, if the load on your shoulder is too heavy, your back will break).”

This is the agricultural approach to explain the need for birth control.

From: MY FRIENDS IN THE BARRIOS by Juan M. Flavier

BONES AND BABIES

During a session with a group of traditional local midwives in North Yemen, the western trained course leader was stressing the need to eat eggs during pregnancy. They are good for the baby, as they contain protein which helps the baby to grow. While she was talking, she noticed that there was unrest among the women; they did not agree. She stopped and asked what they were worried about.

One woman explained that eggs were considered “hard food”, which dries up the birth canal and causes a difficult delivery. All the other women, except for 1, nodded in agreement. She got more and more excited and tried to make herself heard. Finally, she was allowed to tell her story:

There was a pregnant woman in her village, who had fallen and broken her leg while fetching water. She was about 7 months pregnant and the whole village became actively concerned and involved. While lying in bed unable to move, she was encouraged to eat eggs, by her mother-in-law, sisters and friends so that her leg would dry and heal quickly. At the same time, other people, including the local midwife, got very upset at this advice and warned her against eating eggs, as that would cause a difficult delivery. The poor woman felt trapped and did not know whom to listen to.

One day, feeling miserable, she suddenly decided to follow her own inner guidance and ate 15 eggs before nightfall.

The North Yemen midwives were horrified, and asked how the delivery went. The woman who had told the story looked at everyone proudly, and said that the delivery had been very easy and mother and child were healthy and happy. “So,” she concluded, “eggs are good – both for broken legs and pregnant women.”

Related by Birgitta Ruberson, CMC Programme Secretary (Nursing).
The delivery was easy and both mother and child remain healthy and happy.
Ruth Harnar, CMC's former Consultant for Nursing, has learned a lot from the Village Health Workers in India. Here are a few stories she shared with us.

THE BOILING MILK

Indian mothers, greatly concerned for the child who has fever, will wrap him in blankets, close the windows and doors, and give nothing but a little hot water to drink. Village Health Workers, (VHWs) were asked how they would teach the new treatment of leaving the child uncovered, giving a cool water sponge, and cool water to drink, plenty of it. After a little discussion, they said.

"Every woman has had the experience of having milk heating in a pan on the fire boil over. But everyone knows that all you have to do is take a handful of cold water from the pot near the fire, and quickly throw it over the milk. It will immediately "sit down" -- drop back to its proper level in the pan. We will tell mothers that the child who has fever has gotten too hot, like the milk, so that you can feel the heat on his body. If you give him cool water to drink, and gently wipe his body with cool water, his temperature will go down."

THE HARVEST

At Masgutri, a Village Health Promoter welcomed us in poetic language which showed his understanding and appreciation of our purpose. Here is part of what he said.

"When we received the news of your coming visit, there was excited confusion among us. We felt great joy and we came to welcome you from far, far places... As we came, houses, villages, trees, hills and mountains, paths and wide roads, bushes and flowers all seemed to us to be smiling and laughing. Buds opened, flowers bloomed, bees began to hum, plants gave their fruit, and the bees gathered nectar from the flowers... How beautiful and full of delight are the fields in the lightly falling rain. The cattle are very glad... the farmers are so happy, because even the fields are laughing.

"It seems that we are your green harvest... You are feeling very happy with us and are greatly encouraged!" (And how truly he spoke!)

THE PARABLE OF THE GOLDSMITH

At the end of a dialogue between VHWs and the professionals with various degrees who were participants in a workshop, Anjana Bai showed her understanding of our purpose with this speech!

"In my village there is a goldsmith. He has a fire of glowing coals, but to make it hot enough to melt the metal, he has a small pipe through which he blows on the coals to bring them to hot flames. Only when it is hot enough will the fire melt the gold so he can make from it a beautiful piece of jewelry. If he blow through the pipe into the air, all that energy will be lost. Please, when you go back to your own places, use the knowledge you have gained through our sharing of our experiences with you in such a way that you can help to bring about change that will make the lives of the people more beautiful."
STORIES FOR CONSCIOUSNESS RAISING

In many parts of the world stories are used as discussion starters or "codes" for raising consciousness about such vital health issues as poverty and oppression.

Claudius Ceccon, executive secretary of the Popular Image Creation Center (CECIP) in Brazil, tells how the organization started a popular education programme to improve understanding of the political situation in that nation after years of military dictatorship had ended. The new constitution to be adopted would affect greatly the plight of poor people and, ultimately, their health.

The Popular Image Creation Center staff (CECIP) transformed a story into screenplay and produced a film for television, with much greater impact on the public than through ordinary meetings.

The action took place at Maracana stadium, where 2 teams were playing the final match of the "Constitutional Cup". One team was a perennial champion, full of renowned stars; the other a second-division club which had struggled to get to the final match.

Everything was in place, including a corrupt referee, to guarantee another cup to the rich team. The suspense in the final minutes, when a non-existent penalty was decided, makes the audience literally get up on their chairs. At the end, the video provokes laughter and excited comments as our popular supporter decides that "somebody must do something" and jumps onto the field to save his team.

Of course, it was all a dream, and he is awakened by his wife, who tells him it is time to go to the meeting on the constitutional assembly. "We must participate," she says!

In conclusion, Claudius writes, "It was fun to do the video, even more fun to watch it work. The discussion following the presentation is as vivid as any that takes place after a soccer match. As the exchange goes on, links are naturally established and the focus turns to the "final cup" that is being disputed at the congress - and what has to be done to guarantee that the will of the majority of the population is not now disappointed.

The first step is taken: people are now motivated, and they want to know more."

From the November 1987 issue of the World Council of Churches publication, One World.

THE CHALLENGE

As I have travelled around the world the opportunity has often arisen to tell people about teaching with stories. A very frequent reaction has been, "It won't work here, our people are different." I have responded with, "Just try it once and see what happens." Frequently letters or reports have arrived soon after, declaring that the efforts were successful far beyond any expectation.

In this issue of CONTACT we have included a variety of ideas, not to be copied, but to stimulate you to create your own ideas. To you goes the challenge, "Try it and see what happens."

Then write to let us know!
In September, we received the following letter from India:

Dear CMC,

This is just a preliminary report to tell you how the CONTACT issue on Safe Water (Number 52, August 1979) has helped in our work.

In Vizianargaram, Andhra Pradesh, we are working towards rehabilitation with a small colony of leprosy patients. As part of our programme, we have opened a home for the children of these people, which enables them to attend school without the usual stigma.

Clean water, however, has been a problem. There is neither well nor pump on our grounds, and until recently, the only source of water was supplied by a woman bearer. It was always unsafe and worried us constantly. But we are finding a solution! We have built a "household water filter" (page 14, figure 9) from an old oil drum. Although there were a few minor problems at the start, these were soon overcome.

We are now working with 40 villages around Muniguda, trying to adapt the Oxfam chlorination pot scheme to their open wells (page 17, figure 11). A metal top works best for us.

Recently we changed our operational approach: Last year we went from village to village and replaced the chemicals ourselves. Now it is the responsibility of the villagers to come to us with a sample of well water and return home with the necessary chemical. We test the water in our small laboratory using the starch-iodine test, as described on page 18. The iodine crystals are a little expensive, but we know it is better to have an idea of how long the chlorine, etc. lasts.

Later I hope to send a more detailed report of progress and costs. This is just thank you for the efforts of CONTACT and to say how appreciated and useful it is.

With kind regards from,

NEW HOPE
Rural Leprosy Trust
Post Bag – 1 / Muniguda
Koraput Dist / Orissa
INDIA – 765020

NEW HOPE Photo
A household water filter is made from an old oil drum.
The 1st International Christus Medicus Congress entitled, "NEW AGE—OPPORTUNITY AND CHALLENGE FOR CHRISTIAN LIFE AND WITNESS" is being organized by the Austrian Association "Arzt und Seelsorger" in cooperation with the Christian Medical Commission (CMC) and the Papal Commission for the Pastoral Care of the Healthcare Workers. It will take place in Bad Ischl, Austria from Tuesday 24 May to Saturday 28 May 1988. Topics include a definition of the New Age, Christian life and witness, and the reality and future of mankind. Saturday's programme is designed to summarize the previous days' events through short lectures and panel discussions, for those who can attend only 1 day.

For information please write to: "Arzt und Seelsorger"/A-4910 Ried im Innkreis / Riedbergstrasse 7 / AUSTRIA.

Selected issues of CONTACT are now being published in the Swahili language. Work on different issues is being done by the Christian Medical Board of Tanzania and by the National Christian Council of Kenya. Those who wish to be placed on the mailing list for Swahili CONTACT may send their names to the following addresses.

1. CONTACT
   Christian Medical Board of Tanzania
   P.O. Box 9433
   Dar es Salaam
   Tanzania

2. CONTACT
   The National Christian Council of Kenya
   P.O. Box 45009
   Nairobi
   Kenya

Work is also progressing toward publication of CONTACT in the Arabic language. Watch for an announcement soon.

In a meeting which convened on 15 May 1987, as part of the 40th World Health Assembly, Member States were called upon to celebrate 7 April 1988 as world no-smoking day through all appropriate means including, where applicable, legislative and regulatory measures. This date also marks the 40th anniversary of the World Health Organization.

People on this day are being encouraged to stop smoking or using any form of tobacco, as well as to launch or strengthen existing anti-smoking campaigns and health promoting initiatives in conjunction with governmental and non-governmental organizations. Vendors are being asked to refrain from selling all forms of tobacco on that day.

The 40th World Health Assembly is also appealing to manufacturers of tobacco and those who promote its consumption, in the spirit of this resolution, to refrain from publicity activities in all countries, especially in developing countries, and calls upon the press and all other media in each country to do the same.

WHO Document A40/VR/12, 15 May 1987

USEFUL PUBLICATIONS

At this special time of year, we here at the CMC would like to offer you a treasure chest of resources to complement your health care efforts. We would also like to draw your attention to the news about CMC publications:

1. Due to the heavy demand for "What is AIDS?", the Manual for Health Workers, we have incurred additional reprint charges and are seeking your help. This publication remains free of charge to individuals and groups in developing countries (except those organizations which receive financial backing from industrialized countries).

   Europe: SFR 1.50 per copy including postage
   North America: SFR 2.00 per copy including postage

   May we remind you that you are welcome to photocopy any parts of the booklet, provided the parts reproduced are distributed free or at cost — not for profit — and credit is given to CMC.

   2. Copies are still available of Special Series Number 4 — April 1987, entitled, "Food, Nutrition and Health: Problems and Possible Solutions".

   Price: (including postage) SFR 10.50 / US$ 5.00 / DM 12.00 / £ 3.00
<table>
<thead>
<tr>
<th>Title</th>
<th>Author/Editor</th>
<th>Content</th>
<th>Published</th>
<th>Pages</th>
<th>Price</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Teaching for West Africa: Stories, Drama, Song</td>
<td>David Hilton, M.D.</td>
<td>Telling stories as a successful teaching method in the Lardin Gabas Rural Health Programme, north-eastern Nigeria. Health lessons (24), including 10 stories written by VHWs, with songs and riddles. Covers malaria, diarrhoea, intestinal parasites, latrines and malnutrition. English edition is being revised. Also available in French and Hausa.</td>
<td>1985</td>
<td>30</td>
<td>US$ 1.00</td>
<td>MAP International Box 50 / Brunswick, Georgia 31520 USA for French edition: Tear Fund / 11 Station Road, Teddington / Middlesex TW11 9AA /U.K. For Hausa edition: Day Star Press in Lagos</td>
</tr>
<tr>
<td>Training for Transformation A Handbook for Community Workers</td>
<td>Anne Hope &amp; Sally Timmel</td>
<td>Book 1: theory of critical awareness and how to put into practice Book 2: methods to involve group actively and implement their goals Book 3: long-term planning “Reflection without action is mere verbalism. Action without reflection is pure activism.”</td>
<td>1984</td>
<td>approx. 150 each</td>
<td>—</td>
<td>Mambo Press P.O. Box 779, Gweru Zimbabwe</td>
</tr>
<tr>
<td>The Struggle for Health Medicine and the Politics of Under-development</td>
<td>David Sanders</td>
<td>Radical new approaches in health care toward ending underdevelopment and stimulating necessary social change. Recognizing “medical attitudes imported wholesale from the developed world” for what they are.</td>
<td>1985</td>
<td>226</td>
<td>£ 13.00 hard £ 2.95 soft</td>
<td>Macmillan Education Ltd. Houndmills / Basingstoke, Hants RG21 2 XS, U.K.</td>
</tr>
<tr>
<td>Safe Motherhood An Information Kit</td>
<td>World Health Organization</td>
<td>5 case histories (stories) of needless maternal deaths, including “Solving the Problem”, “Some Unusual Approaches”, “Family Planning”, and “Fact Sheet”.</td>
<td>1987</td>
<td>24</td>
<td>Free of charge</td>
<td>World Health Organization Division of Family Health CH-1211 Geneva 27</td>
</tr>
<tr>
<td>Disabled Village Children (now available)</td>
<td>David Werner</td>
<td>Necessary information and techniques for effective rehabilitation of disabled persons, at low cost, by people with basic education and little or no previous training (Author has 25 yrs’ experience) See CONTACT 91 for more details.</td>
<td>1987</td>
<td>700</td>
<td>$ 9.00</td>
<td>Hesperian Foundation PO. Box 1692 Palo Alto, California 94302 USA</td>
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<tr>
<td><strong>A Handbook of Common Remedies in Unani System of Medicine</strong></td>
<td>H.U. Fazal &amp; H.M.A. Razzack</td>
<td>Common ailments with several prescribed Unani treatments for each. Medicines are “easily available, easy to administer, safe and inexpensive.” Also available in Urdu, Hindi, Tamil, Telugu, Punjabi, Arabic.</td>
<td>1986</td>
<td>174</td>
<td>$3.50 / Rs 15</td>
<td>Central Council for Research in Unani Medicine (Ministry of Health and Family Welfare) Government of India / 5 Panchsheel Shopping Centre New Delhi – 110017 India</td>
</tr>
<tr>
<td><strong>A Taste of Tears</strong></td>
<td>Mira Shiva &amp; Aspi B. Mistry</td>
<td>First book of Health Action Series, simplifies concept of Oral Rehydration Therapy in treatment of diarrhoea. Encourages doctors to accept and use ORT in hospitals, exposes middle level health workers to information on diarrhoea management in the community.</td>
<td>1986</td>
<td>118</td>
<td>Rs 8.00</td>
<td>Voluntary Health Association of India (VHAI)* See bottom page 16.</td>
</tr>
<tr>
<td><strong>Pass it on</strong></td>
<td>—</td>
<td>Resource/newsletter for ministry in black communities, USA. Practical as well as philosophical. Includes book and media reviews.</td>
<td>1986</td>
<td>6 times a year</td>
<td>6 US$ 9.00 per year</td>
<td>Ethnic Communications Outlet (ECO) is also a productions house creating award-winning radio programmes, television and audio-visual resources for and by black and hispanic (Spanish speaking) communities. ECO is an international Roman Catholic order ministering to racial minorities in the U.S.</td>
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<tr>
<td><strong>CINE &amp; MEDIA (formerly OCIC-INFO)</strong></td>
<td>—</td>
<td>Reviews, announcements, media news, regional coverage of world-wide meetings</td>
<td>6 times a year (+/-)</td>
<td>16</td>
<td>US$ 12, DM 22, SFR 18, FF 70, BF 400, £ 6, (significant reduction for 3-year subscription)</td>
<td>International Catholic Organization for the Cinema and Audio-visuals (OCIC) Rue de l’Orme, B-1040 Brussels Belgium</td>
</tr>
<tr>
<td>In Touch</td>
<td>VHSS Health Newsletter</td>
<td>Simple, well-illustrated PHC techniques covering current health challenges. Contributions of teaching methods, etc., especially from VHWS and community health workers welcome.</td>
<td>1987</td>
<td>6 x 30-40</td>
<td>—</td>
<td>VHSS Publications 23/4, Khilji Road Shyamoli Dhaka - T / Bangladesh</td>
</tr>
<tr>
<td><strong>A Guide to the Medicinal Plants of Trinidad &amp; Tobago</strong></td>
<td>C.E. Seafort, C.D. Adams, Y. Sylvester</td>
<td>Over 100 plants presented in alphabetical order by genus. Results of field studies conducted by botanist, pharmacist and chemist working directly with local folk who are expert in preparation and administration of herbal remedies.</td>
<td>1983</td>
<td>221</td>
<td>—</td>
<td>Commonwealth Secretariat Marlborough House, Pall Mall London SW1Y 5HX, U.K.</td>
</tr>
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</table>

*VHAI publications as well as their CATALOGUE of Health Learning Materials (1986) are available directly from: VHAI / 40 Institutional Area / South of IIT / New Delhi – 110016 / India.
THE UNITED NATIONS ENVIRONMENT PROGRAMME announces the 2nd series of “Global 500” Awards for Environmental Achievements. In 1987, 90 certificates of recognition were granted to individuals and organizations in 43 countries. In 1988, they will again recognize practical work in protecting, improving and sustaining our planet’s natural resources.

Winners will be announced on 5 June 1988, World Environment Day. We believe that the dedication of those who work year after year to preserve and enhance the environment deserves widespread gratitude and encouragement. We hope that by drawing attention to the achievements of these people, many others will be encouraged to follow their example of world service.

**Nominations must be received no later than 15 February.** For more information and nomination forms, write to: UNEP, P.O. Box 30552, Room R-315, Nairobi, KENYA.

### 1988 COURSES

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<thead>
<tr>
<th>Course</th>
<th>School</th>
<th>Date/Duration</th>
<th>Content</th>
<th>Fees</th>
<th>Information/Applications</th>
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</thead>
<tbody>
<tr>
<td>Community Health</td>
<td>Institute of Health Management</td>
<td>6-week course for Senior Health Managers, every January &amp; June 4-week course for Middle Level Managers, offered every June</td>
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<tr>
<td>Management</td>
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<td>Senior course: management of PHC, including practical application of planning, implementation and evaluation</td>
<td>IEMP</td>
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<td>Pachod / District Aurangabad 431121 Maharashtra / India</td>
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<tr>
<td>Advanced Certificates and Diploma in PHC Education</td>
<td>British Life Assurance Trust for Health Education</td>
<td>Courses begin every January and October</td>
<td>Design and Appraisal, Planning and Management, Implementation of Innovation, Key Concepts of PHC, Teaching and Training Skills</td>
<td>Dr. L. Barnett</td>
<td>BLAT / BMA House Tavistock Square, London C1H 9JP, U.K.</td>
</tr>
<tr>
<td>Maternal and Child Health Family Planning Training</td>
<td>San Diego State University Graduate School of Public Health</td>
<td>9 months, beginning in August 1988</td>
<td>Preparation of leaders in this field, Master of Public Health degree is awarded upon completion.</td>
<td>Helen M. Wallace, M.D., M.P.H. / Division of Maternal and Child Health / Graduate School of Public Health San Diego State University / San Diego, California 92182 / USA</td>
<td></td>
</tr>
<tr>
<td>Man... Health... Environment</td>
<td>Ministry of the Environment Ministry of Health</td>
<td>3-5 March 1988</td>
<td>International symposium covering: Human Laws and Laws of Nature / Pollution: its Impact on Environment and Health Methods of Approach solve the Crisis</td>
<td>All</td>
<td>Secrétariat AEE c/o Ministère de l’Environnement 5A rue de Prague, L-2348 Luxembourg</td>
</tr>
</tbody>
</table>

Note: The 1988 programme of the Ecumenical Institute Bossey is now available in English, French and German. For copies, write to Ecumenical Institute, Château de Bossey (Vaud), CH-1298 Céligny, Switzerland.
CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Present circulation is in excess of 28,000.

Papers presented in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the 1st issue of each year in each language version. Articles may be freely reproduced, providing acknowledgement is made to: CONTACT, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.


The average cost to produce and mail each copy of CONTACT is SF 2.50 (US$ 1.25), which totals SF 15.-- (US$ 7.50) per year for 6 issues. Industrialized-country readers are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT will be charged at the above rate.