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A CHURCH LEADS THE WAY IN HEALTH AND DEVELOPMENT



INTRODUCTION

"For the truth is that development means the development of people. Roads, buildings, the increase of crop output, and other things of this nature, are not development; they are only tools of development."

Julius Nyerere

Dr. Henry Okullu, Anglican Bishop of the Diocese of Maseno South, is tirelessly energetic and direct in his fight for human dignity and fulfillment. He has been criticized as a "political priest". His answer to this accusation is, "If a preacher refers to suffering, the poor or an unjust social order which gives birth to and sustains that suffering, he is said to be deviating from his duty and involving himself in politics... I cannot think of theology except in the context of a hungry child crying for food, a villager without water or proper sanitation, a beggar in the streets of Nairobi..."

The projects described in this issue of CONTACT have been worked out from the "ground up" in many important ways. In discussing the philosophy of development with his co-author, V. Iskandar, Bishop Okullu said:

"... Comprehensive planning and many of the sophisticated technical instruments of planning are not very effective in either rich countries or poor countries. They may be intellectually elegant, but they also tend to be of very limited use in concrete situations. To insist on such planning methods fails to recognize the competence of many local governments and local people and forces them to rely on outside *experts*.

"Insistence on the primacy of economic wealth as the measure of development is not simply a matter of bad judgement. It conveys the fallacy that the poor are under-developed. Poor people may be enormously successful in their own terms—in maintaining strong communities for example—but these achievements may be simply overlooked by those who insist on defining worth in terms of wealth. It is no accident that those who get to define development choose to define it in terms by which they are already successful.

"It may be helpful to think of people's development as being measured in terms of that which serves as a source of pride to them. Then the importance of accommodating diversity becomes very clear... Respect for indigenous values honours local achievements and thus shows respect for local people.

"These observations bear on the argument for increasing self-reliance as a means to development. The function of self-reliance is not only to reduce material dependency on others and to reduce vulnerability in certain kinds of crises. Another major function of increasing self-reliance is to help assure responsiveness to indigenous rather than alien values."

As well as to Bishop Okullu, our thanks for this issue go to his co-author, V. Iskandar, who helped to put this article in final form.

A CHURCH LEADS THE WAY IN HEALTH AND DEVELOPMENT

The Integrated Rural Development Project in Maseno South

by Dr. Henry Okullu, Anglican Bishop of Maseno South, Kenya, and V. Iskandar

Maseno South is a far-flung, sprawling diocese of the Anglican church. Much of it is still very remote from urban civilization, although its headquarters are in Kisumu, Kenya's third largest city. The diocese encompasses 12,634 km² of the beautiful Nyanza Province bordering Lake Victoria. Much of Nyanza Province is fertile land with a well-distributed bi-annual rainfall—when the rain remembers to fall. Parts of the area are covered by the infamous black-cotton soil so prone to descend upon the work of those digging wells or latrines; other regions have only a sparse, eroded soil covering solid bedrock which, in places, produces near arid conditions only a matter of metres from the lake shore. As in much of the rest of Kenya, deforestation for firewood or charcoal-making has resulted in severe erosion, increased evaporation and decreased rainfall.

Health Problems

A small part of South Nyanza is still infested by the tsetse fly which transmits sleeping sickness (Trypanosomiasis); Bilharzia (schistosomiasis) is also an ever-increasing hazard for the many people who still wash or collect their water supply from Lake Victoria. Some of the irrigation projects also furnish an excellent breeding ground for the host snails. Malaria is endemic and other most-frequent diseases include diarrhoea and vomiting, worms, measles, gonorrhoea, upper respiratory tract infections, scabies, kwashiorkor and marasmus. The area previously suffered from the highest infant mortality rate in Kenya: 175 per 1000; this is now reduced to about 100 per 1000. By far the biggest problem, however—causing ever-increasing pressure on the land, over-crowding in towns and schools, unemployment and failure of the economy to provide for people's basic needs—is the rate of population growth, now estimated nation-wide at over 4% per annum. Population density in Nyanza is the highest among the provinces in Kenya. About 50% of the population is under 15 years of age, which means that about 60% of the population depend on 40% to support them. This situation is exacerbated by the tradition of polygamy, still prevalent in the rural regions of Nyanza.

These problems were compounded in recent years by a very severe drought which decimated crops and animals; it was followed, as so often happens, by floods. But all these problems are surmountable, given the will and effort of the people.

The People and Their Problems

The province is inhabited predominantly by the Luo tribe, the second largest tribe in Kenya and the only one of exclusively Nilotic origin. They arrived on the shores of Lake Victoria sometime during the sixteenth century. They are a gay, friendly, hospitable people, and many have now become astute businessmen and notable politicians.

When the problems in the countryside become too much for them, the menfolk frequently leave home out of frustration to seek work or forgetfulness in the towns. Sadly, they often find only the latter. The women are thus left to manage the household, the farm, too many children and everything else on their own. They are seldom aware of their legal rights and are still greatly inhibited by traditional social customs defining women's place in the world.

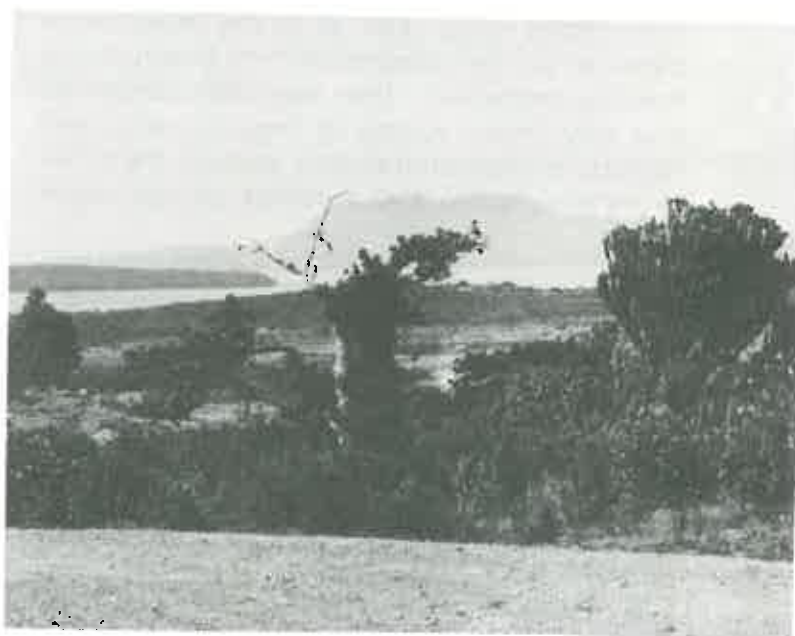


Photo Iskandar

View from Homa Bay

The problem of land-ownership is less acute in Nyanza than elsewhere. In general the Nyanza people own their own land, small as the plot may be, or rent it under a legally-drawn-up lease or, as is sometimes the case for small groups or communities, the land has been legally donated to them. The colonialists did not take over the land of western Kenya as they did in the central highlands. Nevertheless, their influence was felt among the local population either as "providing" or "inhibiting". The apathy of "wait and be given" was reinforced by foreign missionaries with their unbending moral condemnation of indigenous cultures and beliefs. Copying western-style values brings profound and radical changes in local traditions. The strength of Africa is mutualism, with its essential backbone of social interaction and cooperation. Missionaries confused many Africans by seeming to separate the material from the spiritual, a division which is often considered unimportant in traditional African thinking. (See CONTACT No. 84 about traditional African religious beliefs.)

In beginning the Maseno South project we have said, "The outside planner, as a facilitator should respect the local people's judgement and decisions on whether to undertake community-based development planning. They will have to live with the consequences of these decisions; the outside planner will not." When central planners visit a village and suggest funding for this or that project, the local people say they want it. And if the central planners ask the people what they want, of course they ask for this or that project. They, like the visiting planners, know the game and its circumscribed rules. Just as in the relationship between central planners and the international lending institutions, they negotiate proposals of a very limited variety. In these transactions, each party programmes and rewards the other to remain within the confines of the usual game.

THE PROJECT

In 1974, the Diocese of Maseno South, in consultation with the National Council of Churches in Kenya, started a project initially intended to reach and uplift the smallest and the poorest farmers. This project was understood as a change of approach and an addition to the Government's support for rural development which tended to benefit the more advanced farmer. The purpose was not to create another

institution but, first of all, to raise the level of awareness of the people, to let them discover their own potentials and capabilities.

This approach was based on the belief that the congregation at parish level is an involved, energetic group which could be used for launching self-help projects. A Diocesan Development Committee was formed and during the first year an initial survey was made:

- to sound out the needs and the potentials of the communities;
- to mobilize and interest people in their own development;
- to form development committees at parish level in order to encourage maximum community participation.

From the results of the survey it was decided that emphasis should be placed on agriculture and health, with the main objective of raising the standard of living and the income of the rural people and avoiding racial, religious or political discrimination. To achieve this aim, people were (and are) motivated to form development committees at parish and church level to serve as a forum to articulate the needs of their communities and to combine local needs and capabilities with the advice offered by the diocesan development staff in the initiation and execution of self-help projects.

Today nearly fifty rural development committees have been established at parish level and about 500 at church level. (In Kenya most parishes serve several local churches). The



Photo Iskander

Lela Church Development Committee and its tree plantation

support of the Diocesan Department of Christian Community Services is designed to integrate the rural activities towards comprehensive development as far as possible. The Integrated Rural Development Project (IRDP) is run by the people's committees with the professional advice of the rural development staff. This does not exclude any relevant help from outside as long as local people's efforts are not replaced or diminished. On the contrary, the development staff try to advise the rural development committees how to utilize the facilities of the existing governmental and non-governmental advisory boards and the development organizations in a more effective way.

From the initial emphasis on agriculture and health, the IRDP now reaches the rural populations through the following areas of activity:

Development education – awareness of one's own needs and capability of fulfilling them.

Primary health care – especially preventive care, nutrition education and promotion of family planning.

Agriculture – new farming skills, soil conservation, tree planting, crop and animal improvement.

Village technology – simple, inexpensive techniques for water and fuel conservation.

Water supply technology – especially hand-dug wells and spring protection.

Vocational education – carpentry, tailoring; other village technologies.

Under the direction of Bishop Okullu, the staff of the IRDP are, at present: the director or development coordinator and an assistant director (who also provides particular assistance and advice to women and women's groups), four health coordinators, three agricultural advisors, one village technologist, one water engineer (the only staff member not born in the area of the project), one small-business advisor and one educational coordinator. There are also ten development assistants who are scattered throughout the project area and who act as catalysts. The various activities are initiated and run by individuals in the communities who form themselves into groups of between 50 and 200 members. Participation is open to church or non-church members. The groups select their leaders, discuss their problems and how to solve them and coordinate activities within their communities. The groups at church level

coordinate the different activities under their direction and also initiate new projects. The parish development committees plan and coordinate the development activities of the several church committees of each parish. The parish committee is chaired by the vicar of the parish and all church and project group leaders attend its meetings.

All new projects proposed by the parish, church or project groups are first discussed by the project sub-committee. Then the projects are brought before the Diocesan Development and Planning Committee for approval. This committee, chaired by the bishop, is responsible for the overall development in the diocese.

ORGANIZATION CHART FOR IRDP

Ideas	Body	Responsibility
suggests	Village Health or other local development committee	implements
recommends	Project Development Committee (or other specialized Committee such as Income Generating Committee)	transmits
decides	Management Committee	directs
approves policy decisions	the Bishop and the Diocesan Development and Planning Committee	oversees

Development Assistants

The development assistants (DAs), who receive a minimal salary from the diocese, have been selected from the villages by the community leaders to act as middle-men and communicators, to discover the villagers' real needs and coordinate the necessary assistance and advice. Inevitably, there were problems at the beginning. Some of the village elders felt that as "their child" the DA should bring home tangible benefits—loans, aid, "a better life in a calabash". The wait-to-be given mentality cannot be eradicated overnight. There was some jealousy, even from the church, where the pastor does not always receive a dependable salary from his flock and where he is lucky if he has a bicycle for his rounds, while the DA who has to travel long distances on rough terrain has a motorbike from the diocese. Some members even felt the work of the IRDP was a hindrance to Christians in spiritual life and that the church should stick to theology and leave material development to secular institutions. But these initial reactions have largely been

replaced by a wider understanding. As we say, "Man does not live by bread alone, but without it he might faint from hunger along the way."

LOCAL PROJECTS

Local projects almost always spring from simple beginnings and personal initiative. For example, perhaps someone used to keep poultry, or perhaps someone's uncle used to keep bees, and the group would like to take up such an activity. When an idea like this is born, the IRDP agricultural advisor for that area goes to help the group launch the project, and he continues to advise them on the construction of hives, chicken runs or cages. He may negotiate the purchase and transport the chickens or material in the diocesan pick-up truck. He will advise them, but he will not carry out the project for them. The people themselves must decide which kind of activity will be best in their particular circumstances; they must find the space, the materials and the money to start the project.

An Urban Poultry Project

Such "income generating activities" have also spread to town. A church known as Canada Hall in the Shaurimoyo Parish of the Kisumu Urban Deanery formed a committee in 1983 to consider what could be done to improve the quality of life in the over-crowded living conditions of the parish where unemployment is rife. Space, of course, is at a premium—no room for garden vegetable plots, little money to buy fresh vegetables, meat, eggs or fish in the market and, in the apathy and ignorance born of poverty, little thought for the necessity of proteins and vitamins. The discussions of the development committee pin-pointed malnutrition as one of the most serious problems. A woman member of the congregation had once kept chickens and proposed this idea as the cheapest viable project for their conditions. By August 1984 enough money had been collected to purchase 200 birds. Space had been found behind the church to construct the sheds. Five months later the birds started laying, and eggs are now sold to the community about 11% more cheaply than those available elsewhere, still leaving a small margin of profit to buy more birds and, ultimately, to build a bigger and better church. To some, a materially more beautiful church may not appear essential in the face of so many other immediate human needs, but if this dream provides the inspiration to make the initial project succeed and uplifts the soul while the body is being strengthened, is this not essential? Besides, a church is not all they have in mind. They then plan to use the present church building as a tailoring school and for other youth development projects. So, from small beginnings, enthusiasm is generated and the human spirit launched on a positive, upward path.



Photo Iskandar

Canada Hall Development Committee

AN EXAMPLE: SARADIDI RURAL HEALTH PROGRAMME

Saradidi, near the northern shore of Lake Victoria, is a peaceful corner of Bondo parish. It is a place of beautiful scenery to the casual observer, yet it is a place where only 15-25% of the population are touched by any health service, even now. A place where once few people used latrines, where most of the water was collected from unprotected springs or open pools shared with the animals—a place where only about 20% of the women ever discussed a desirable family size with their husbands; where 31% wanted no more children but only 1% had ever used any form of contraception. Less than half the inhabitants knew the cause of malaria; 30% did not know what prevents malnutrition. Deforestation, soil erosion and poor water retention prevailed, yet only 10% practised contour ploughing: a typical corner of the diocese.

Change started in Saradidi in 1980 when Dr. Dan Kaseje, medical doctor, Anglican priest and also lecturer at Nairobi University, gave part of the land near his house and much of his time to starting the Saradidi Rural Health Programme. Today the group of clean, attractive, well-maintained buildings there houses a hive of activity—a striking example of an integrated programme. Dr. Kaseje has been succeeded as director of the programme by Dr. Ondolo, who also voluntarily gives all the time he can spare from his hospital to advising and supervising the programme and examining patients suffering from more complex complaints.

Saradidi is above all a health centre. Its staff maintains a daily, well-equipped out-patient clinic, and also a mobile clinic which makes one visit per month to each of four community clinics, plus two visits each week to different, pre-arranged places according to particularly pressing needs. These "outreach" clinics are held in churches, schools, or whatever accommodation can be made available. The school children receive health check-ups and are vaccinated or receive follow-up immunization against tuberculosis, diphtheria, typhoid, measles and polio. Records of all treatment are kept at the centre and parents receive copies of vaccination details and follow-up dates. More and more people are coming to appreciate the importance of such protection, are voluntarily bringing their babies for inoculation and remembering to follow it up. More and more mothers are also attending such clinics for pre-natal care and advice. Saradidi has now built a four-bed maternity ward. A large family-planning chart on the wall of the waiting area at the entrance to the clinic indicates the number of acceptors of various forms of birth control in each village. Child mortality in the area has been significantly reduced, as have the number of school days missed.

The Welcome Trust is providing some assistance to Saradidi in return for the use of the centre's facilities in the Trust's research on increase in blood pressure of rural people who move to the city.

Training Community Health Workers

However, the main focus of the diocesan health programme is on *training* and *preventive* care. In the villages surrounding Saradidi, 120 voluntary community health workers (CHWs) have already been trained (this number is far higher than the diocesan average). These "nyamrerwa" are selected from the local community by the village health committees to undergo training in centres such as Saradidi, under the guidance of a diocesan health coordinator and/or at health facilities provided by the government. The CHWs are frequently housewives with families of their own—people who have already earned the villagers' trust and respect, who are preferably literate with a certain minimum of education.

Cooperation between the IRDP, governmental and non-governmental agencies in furthering health care is frequent and invaluable to all concerned (as is also the case with other programmes in Saradidi). In so far as possible, the



Photo Iskandar

Walking to the mobile clinic

CHWs are trained locally, in order to facilitate their availability, to limit expense and to avoid the subsequent temptation for them to remain in paid posts at urban hospitals. They receive a total of 14 days practical training, plus 14 days of theory (these days may be spaced over a period of time). At the end of training each person receives a drug kit in accordance with Ministry of Health specifications, containing common medications and contraceptive supplies. Oral rehydration solution is included for treatment of diarrhoea, but more often people are taught to make it themselves. The same self-help approach is used for vitamin pills and syrups: although they are included in the kits for use in special situations, CHW training emphasizes the importance of teaching people to eat vegetables for good nutrition.

During training, medical facts and theories are kept to an essential minimum. Skills and attitudes are emphasized: self-respect, commitment, humility combined with confidence to dispel fears and explain taboos, tact, trust, sensitivity and personal conviction of the necessity for change. Everyday life is the chief teacher. An ability to communicate with parents, with youth and with other extension workers is of paramount importance. Health workers are taught how to use communication aids such as stories, role plays, pictures, proverbs, songs and so on. They are encouraged to organize meetings, to attend church meetings, women's meetings and all kinds of community meetings. They learn how to choose suitable collaborators and primarily, how to make home visits.

They are taught how to improve child survival by training the parents in the importance of immunization, nutrition, food hygiene, breast feeding, oral rehydration, personal and home hygiene. They learn to promote the use of latrines; to recommend boiling or filtering water if it is not obtained from a clean source; to use simple, home-made plate racks instead of the ground; to dig and use garbage disposal pits. They learn how to check a child's nutrition by measuring the circumference of the upper arm; they learn how to teach children never to play in snail infested pools, never to urinate in water. At Saradidi they have a collection of minuscule cement latrine slabs with keyhole shapes cut in the middle to inculcate toilet-training in the next generation from their earliest years.

Family planning is promoted through education and the distribution of information material, by making services and supplies available and by subsequent guiding of acceptors. The health workers are taught to stress the benefits of suitably spaced births to children, mothers, fathers, households, the community and thence, the nation. They learn that the possible side effects of various methods of birth control are insignificant in comparison to the risks of frequent pregnancies and deliveries. Details of different methods of contraception are discussed, and they learn how to order, store and supply the products and the importance of follow-up supply of pills.

At the present time, tying of fallopian tubes is restricted to women over the age of 35 who already have at least five children. Hopefully such restrictions will be removed in the not-too-distant future and women may be considered capable of making their own decisions on the subject. Also, despite the steady increase in school-girl pregnancies, no form of birth control is issued to girls under eighteen without their parents' consent.

The CHWs learn the anatomy and physiology of the male and female urogenital systems. They are able to record simple case-histories and to make census records of their own villages: numbers of males, females and children under five in each household, how many children have been immunized, number of latrines built and percentage in use, number of plate-racks, number, type and quality of local water sources. For family planning, they keep records of contacts made, acceptors, supplies, potential acceptors, defaulters, complications, women of child-bearing age and high-risk families. They make monthly reports.

The area or principal health coordinator, in cooperation with the village health committee, assesses the ability of the CHWs and results of the training a few months after her/his taking up the work; activities are followed up and should the person prove unsuitable, it will be suggested to the village committee that they elect someone else.

Problems Health Workers Face

In principle, these CHWs serve their communities on a voluntary basis although the concept of voluntary work may in some cases be difficult to achieve. A survey made in the earlier days of the IRDP showed that the CHW's essential role in preventive education had been largely forgotten in favour of selling medicines—profits from which were supposed to be reinvested in further supplies or toward other projects. Much of the money thus earned *was* invested in projects, a number of which failed in the recent drought, resulting in loss of some of the rotating funds.

Some CHWs have undertaken their tasks in the hope of eventually obtaining salaried employment in terms of uniforms, drugs and money. But an increasing number of these volunteers are motivated by a genuine interest in health work and a sincere desire to help their fellow-man—a desire often reinforced by religious conviction.

The CHWs are faced with a mammoth task, as they are often the only health workers in an area which may cover about 18 square kilometres, containing about ten villages which, with an estimated 74 households per village and five people per household, gives each worker a possible "clientele" of nearly 4000 people. CHWs may be able to spare not more than seven hours per week from home and family obligations to help these people, although some find up to five hours per day when visiting homes, churches and conducting demonstrations. Obviously, even the most devoted worker cannot visit all homes. The long-range goal of the IRDP is one CHW per village.

The health workers receive advice and support from the diocesan health coordinators and from the nearest health centre, to which they send all cases which are beyond their capabilities. The nearest centre, however, may be many kilometres of very rough track away and the only way of getting there on foot or perhaps by bicycle, although this is hardly

possible for the very sick or heavily pregnant. Bicycle stretchers have been developed and used in parts of the diocese to solve this problem.

Those who are not too sick walk to the nearest motorable track to take a "Matatu", a local bus designed to hold about ten people but where 20 are usually packed inside with a few more hanging on outside. One or two of the larger health centres possess a matatu-type vehicle which is used as an ambulance, but the cost of such individual transport is far beyond the means of most people. There are about 230 health centres of all kinds (large and small, government or missionary) in Nyanza Province which reach 20-25% of a population now well over three million—about 14,000 people per health establishment if everyone were able to reach one.

Esther Aruwa is the chief diocesan health coordinator. Trained and formerly employed by the government, she is an important link in diocesan-governmental cooperation. In a world where women, though often more motivated and with more enthusiasm for development projects than the men, are frequently afraid to speak when men are present, it is refreshing and encouraging to see Esther gather various development committee members, mostly male, for a meeting such as the one held recently in a large, airy, solidly-built church in Homa Bay, the chief town of South Nyanza: unselfconsciously seating her audience before the altar, getting each person to introduce himself and his role, and to listen to her calm voice explaining how health and life can be improved by *preventing* sickness. Thus she educates the members of the development committee so that they may influence their communities and also be better prepared to select and supervise suitable CHWs.

Her audience is obviously interested by the ideas she puts forward. Many of those present are school teachers. Participation is lively. Five young CHWs from the surrounding district are also present, four women and one man. They introduce themselves and speak about their work and some of its problems.

Traditional Medicine

Some of the CHWs were previously traditional birth attendants and are thus well-placed to be convincing in passing on their additional knowledge. Traditional herbal medicine is still much in evidence and many people try both

traditional and modern-style treatment. With increasing education, superstition and evil spells are, little by little, losing their power, but herbal medicine, sometimes applied with modern techniques, has many cures to its credit. Many people recently trained in modern medicine treat it with scorn and usually their patients diplomatically refrain from verbally comparing one practice with another, quietly profiting from whichever reassures them most—or whichever is available. But educated interest in traditional medicine is gradually reviving, and both sides may yet acquire enough confidence to reduce their professional sensitivity sufficiently to learn from each other.

OTHER ASPECTS OF IRDP

Appropriate Village Technology

Other changes have taken place in Saradidi since the programme started in 1980. As one approaches the health centre buildings one notices some large, rounded, cement tanks close to the walls of the houses and connected to the lower edge of the roof by a gutter pipe. These are Gala or Dero water tanks, which catch the rain pouring off the roof in the rainy season and keep it cool and clean for later use. Simply made of cement plastered over a wicker-basket frame (reinforced with wire mesh for longer life if one can afford it), with a tap at the bottom, they can be made to hold anything from 400 to 1600 gallons of water. A 400-gallon tank without wire reinforcement, which may remain watertight for about 3 years, costs about US \$25, which is still a month's salary for some in this part of the world.



Photo Iskandar

A Gala tank, Saradidi

Stacked against an outer wall are other examples of what has come to be known as Appropriate Village Technology (AVT): things such as basket cookers (a wicker basket with grass-stuffed cloth insulation which retains enough heat to keep the supper pot simmering for about another hour after its removal from the fire); a charcoal cooler (a simple 'fridge which keeps food cool by means of an insulating layer of permanently dampened charcoal); improved *jikos* (cookers) which burn dung, sugar-cane refuse or sawdust; improved fireplaces which enable the housewife to cook standing upright and also keep children from falling into the fire. There is also a solar grain drier, water filter pots, a regulated seed planter, a maize sheller and a biogas unit. Many of these devices are brain children of Charles Ouko, the diocesan IRDP AVT adviser.

All those who are interested—and interest is growing as people come to realize that all these things save effort and money—are either taught how to make the items themselves or, in the case of more complex constructions, village artisans receive the appropriate training.

The criteria on which selection of these items is based are:

- (a) whether they satisfy the most basic human needs;
- (b) whether they can be made by individuals/families using local materials;
- (c) whether they will reduce the work-load for women in their homes.



Photo Iskander

The carpentry department, Saradidi

Income Generating Activities

Other outlying buildings in Saradidi shelter a successful poultry project, rabbit hutches (something of an innovation in this part of Africa) and bees. The IGA (Income Generating Activities) are completed with a tailoring department where three qualified tailors instruct eight trainees. (Much of their income comes from contracts for school uniforms.) A carpentry department produces furniture.

Community members have formed a cooperative society to encourage participation in these activities, membership of which is available on payment of a registration fee of about US cents .30 for an individual, or \$1.55 for a group, which permits purchase of shares at \$1.25 each. Dividends are paid out annually. The centre helps the groups to find markets for their produce. Such stimulation, together with intensive community education, training and *discussion*, is essential in the early stages of operation of such groups, to prevent many of their members giving up when faced with the first problems. Community pride in and attachment to their projects is now high and considerable voluntary time is devoted to them.

Agricultural Training

The programme has an expatriate agricultural trainer, funded by the United Kingdom. He is directing his training specifically at the local farming leaders, known as the *Jotend Pur*, who come to the centre for instruction, put their newly-acquired knowledge into practice on their own farms and then pass it on, by instruction or example, to the rest of the community. They learn the principles of soil conservation, seed selection, correct timing for planting, use of fertilizer (mostly manure from cattle or poultry, rather than expensive chemical fertilizer), and simple veterinary care.

The centre is planning to add iron-working to its income-generating activities and to produce agricultural implements. A tree-nursery is flourishing: cross-bred citrus trees, avocados, papayas, guavas, passion-fruit vines. (In a land so suited to fruit-growing, expensive tinned fruit-juices often have to be dispensed by health personnel to combat vitamin deficiencies.) An experimental selection of multi-purpose trees, useful to discourage soil erosion, aid water conservation, serve as building material, etc., has been planted. Napia grass waves between rows of vegetables, providing

shade, conserving soil and moisture, later serving as animal feed (useful for the dry season when pasture is exhausted) or as building material to wrap around wall poles before applying mud. The cultivated land has been contoured to retain water. In the shade, beside a well-greased hand-pump over a well, assorted tree seedlings await purchase by local farmers when the rains come.

In the office beside the tailoring school, the busy project manager, Mr. Agola, finds time to welcome visitors and answers questions with pride. Beside his office is a store, filled with sacks of feed, seeds, pesticides, etc. These supplies are for the use of the centre's projects, but they are also available to the local community at wholesale prices.

In all these endeavours, time, patience and unceasing effort are the essentials—Inevitably, more time, more patience and more effort than one had supposed necessary in one's initial enthusiasm. But, ten years after the inception of the programme, progress is clearly to be seen. Many more people use latrines, despite the difficulties and cost of construction; kitchen utensils are now frequently to be found draining in the sun on wooden plate-racks out of the reach of chickens, dogs and goats, in the corner of a neat compound where vegetables flourish beside the cooking area. Malnutrition and its associated diseases are declining.

A HEALTH PROJECT GROWS TOWARDS INTEGRATION

Tom Mboya Memorial Health Centre

Tom Mboya, political leader assassinated in 1969, came from Rusinga Island in Lake Victoria, Nyanza Province. In 1967 he founded on the island what is now known as the Tom Mboya Memorial Health Centre. Various agencies have contributed to the work of the centre (among them the Mennonite Church of East Africa (and Canada), Bread for the World, AMREF, NORAD, The Protestant Churches Medical Association, German Voluntary Service). Towards the end of the '70s the Mennonite Church invited the Maseno South IRDP, as the strongest church movement in the region, to take over the centre's administration. The present staff of the centre, several expatriate volunteers among them, are a realistic, go-ahead group, imbued with the philosophy of helping people to help themselves. The Tom Mboya Memorial Health Centre itself is taking

decisive steps towards becoming self-sufficient in the fully *integrated* sense of the IRDP. Plans are going ahead to start tailoring and carpentry projects in the near future.

On this eroded, sun-baked, over-populated island, a particularly remote and wild corner of the province, health education is one of the main requirements. People still wash in the lake, despite the carpet of empty snail shells around its shore which testifies to the high risk of bilharzia. Latrine use is only about 20%, and the ground makes construction hard work.

A Mobile Outreach Clinic

Ajjobs Khodongoh, the IRDP health coordinator, travels ceaselessly throughout the archdeaconry to coordinate the work of the health development committees, to train, to treat and to advise. He takes advantage of a visit to Rusinga health centre to participate in one of the regular mobile outreach clinics, to be held in a remote village on the mainland. The salaried health centre staff run several such clinics each month. Four health workers, together with their equipment and supplies of vaccines, drugs, disinfectant and the case histories of the patients in the relevant area, pile into the back of Ajjobs' pick-up as soon as morning prayers are over. A couple of hours of track which constantly threatens to leave the rear passengers behind, and suddenly the road is no more. Confronted by a yawning chasm into which the bridge has recently collapsed, they must retrace their route and finally find a dramatic but feasible alternative.

As so often happens, no other accommodation being available, and in the true IRDP spirit, the church of the village of Ngodhe (Waondo Parish) gives its blessing to physical needs as well as spiritual.



Photo Iskandar

Arrival of the outreach clinic at Ngodhe Church

Tables, chairs and benches are installed from the neighbouring primary school and from the home of the chairman of the development committee; a plastic sling seat attached to a small weighing machine is suspended from a roof beam to weigh the babies and a papyrus-reed screen is secured in a corner of the raised platform where the altar usually stands, to serve as an examination cubicle. File cards, syringes, swabs and medicines are laid out on the tables. A battered tin jug of clean water is brought. A small metal box stands on the edge of one table to receive contributions towards the cost of treatment. As at the health centre, out-patient treatment, in theory, is charged at US cents .50 per adult, .35 per adolescent and .30 per child. The box was still empty when the clinic was over--no one could afford to pay.

Remarkably few people are waiting outside the church when the health workers arrive, but as the "clinic" is installed word of their arrival spreads, and people come streaming in from the surrounding countryside on foot. Mostly the patients are mothers with three or four children and pregnant with the next. The clinic begins with two of the health workers, in turn, giving a simple, factual and sometimes humorous talk on the importance of birth spacing and family planning, hygiene, sanitation, the need for immunization and the tremendous benefits of growing and eating one's own vegetables, rather than selling the whole crop. The health workers at one table vaccinate pregnant women against tetanus and the children against the usual diseases. Another table is the dispensary, while Ajjobs at the "altar" table, unfailingly reassuring, firm and encouraging, calls each in turn for consultation.

After five or six unbroken hours of work in the midst of a seemingly ever-growing mass of pressing bodies and howling infants, completed by what appears to be the majority of the 450 school children, Ajjobs and his tireless workers are still smiling, questioning, advising and caring.

The introduction of family planning on Rusinga, an island swarming with people, is an uphill task. Polygamy is still the accepted way of life, and in such remote rural communities, the men can see no reason to give up the practice. From the man's point of view, it has all the advantages: his wives vie with one another to please him, they compete in cooking dishes to tempt his appetite, and if the first wife already has five children, the others will strive to outdo her in fertility. The women work the land, the daughters bring a bride-price (goats or cattle) and the sons are a reflection of his own power and manhood.

As a part of its Maternal and Child Health Department, the centre takes in mothers

together with their malnourished children so that they may learn child nutrition, hygiene, etc., while caring for their children themselves. Initially they were housed in a "ward" in the simple but European-style building and the women were ill at ease. A typical African hut such as the families live in at home, mud-floored and clean, has now been built most successfully for this purpose.

Some months ago, an old woman toiled up to the centre carrying her last granddaughter. The child's mother, aged about 30, had died in childbirth and it looked as though her last offspring would soon follow her. The centre took care of the old lady and her self-imposed responsibility, but the grandmother went further and brought to life an ancient legend of the Luo people. After three months of hope, trust and effort, she who had last suckled a child 30 years earlier, brought forth her own milk and fed her granddaughter from her breast.

The centre was also instrumental in giving Sophia back her self respect. Sophia was the second wife of a man in a neighbouring village. She gave birth to one son, but he was followed by five daughters and Sophia fell from grace and from any share in the family budget. Despite producing three boys after the fifth daughter, she was still deprived of any contribution to their upkeep and the three sons died of malnutrition. She gave birth to yet another son and watched him follow the same path towards an early grave as he sickened and bloated with kwashiorkor.

Hopeless and penniless, in a final burst of desperation, she took him to the health centre. The nurse there was fighting for the survival of a tree-planting project and was also more than ready to fight for the life of this child, even without payment, but in the spirit of self-help, she proposed that Sophia dig tree holes to pay for food, lodging and treatment. Not only did Sophia dig the holes, despite the hard, harsh land, but she proved herself a better worker than the men employed there. Eighteen months later her son is strong and healthy, and Sophia is to be found every morning working as the centre's gardener, for which she now receives a monthly salary of US \$25. Not only does she feed herself and her children with this income, but she has already saved some \$125 and is building her own house.



Photo Iskandar

Grandmother suckling her granddaughter

OTHER ASPECTS OF THE IRDP

Women's Groups

Women's development groups in this part of the world are gradually increasing their members' self-confidence. Women tend to understand their needs before their male counterparts and working in groups often provides the stimulus which helps them to act. A few years ago, the Kaswanga Women's Group on Rusinga Island started a poultry project. Egg production increased encouragingly at first, but then declined. The chickens, some said, grew too old. Why they were not sold as boilers and replaced was not explained. Then came the drought which finished off the survivors. Still optimistic, however, someone in the group proposed that they start a bakery, as bread from the nearest baker was of poor quality. Little by little, they acquired some tins and mixing troughs, used part of someone's house in which to install their mud ovens, and the project took off most successfully. The teacher and bread-making supervisor was a man. Four or five months after the project started producing regular supplies of bread, the man's wife, running their farm near Kisumu, fell sick and the man returned home. The bakery ceased

operation. The reasons given for the women's inability to continue alone varied and were more or less unconvincing: they hadn't learned how to mix dough; the oven required a big fire, and they were afraid to make it; they needed more tins and mixing troughs, etc. Whatever their problems, these women felt more comfortable with a man in charge.

The diocese now proposes to select 20 target women's groups, each of which will select a group-leader to undergo three weeks' training in group management. Such training is usually provided by workshops or seminars organized by the educational coordinator, Aggrey Odhiambo, backed up by assistance from selected members of the local development committee (who may also attend relevant courses), by visits from the diocesan coordinator who provides expertise on the type of project selected and by the local development assistant.

A Loan Scheme

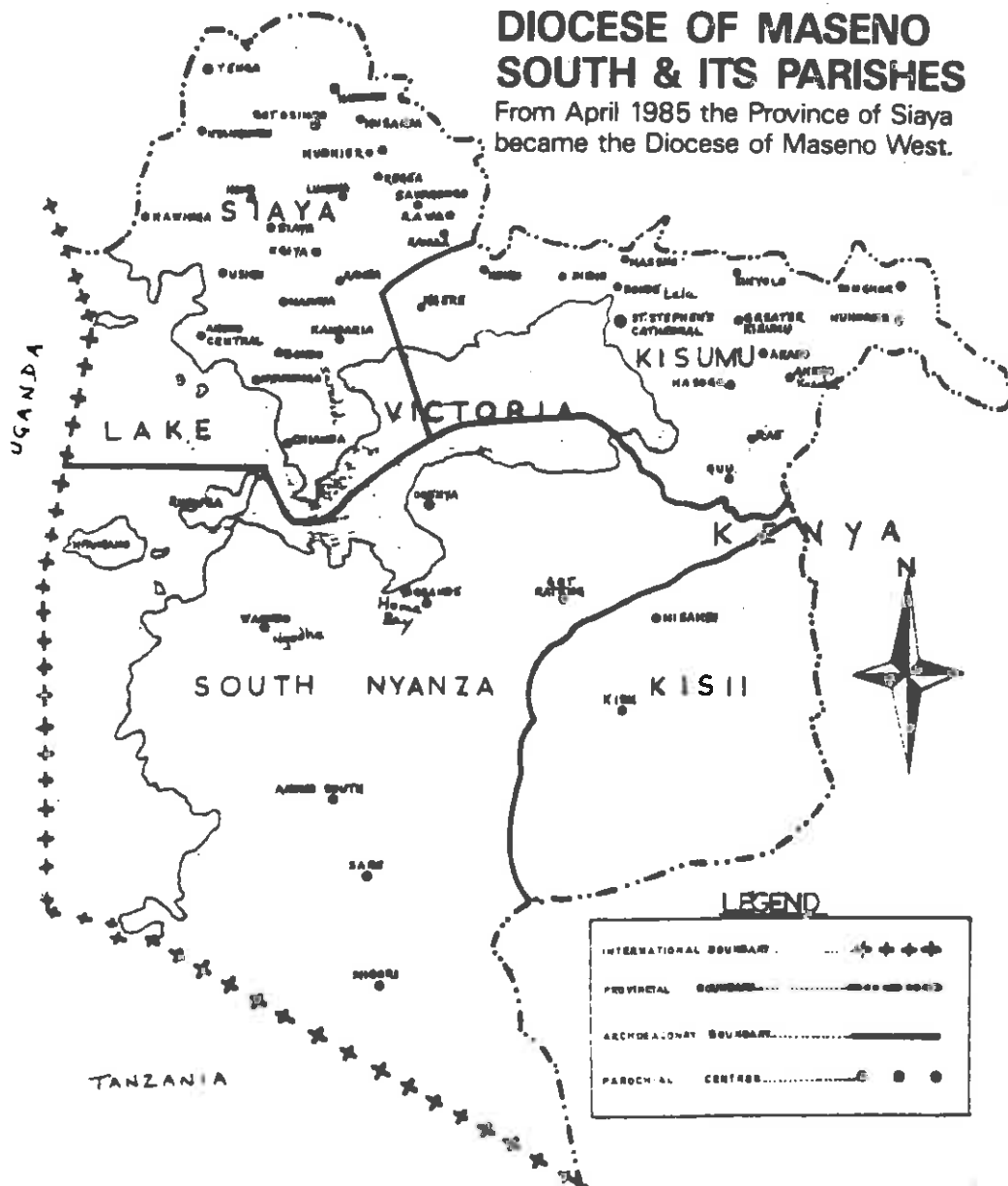
Many groups are eager to advance more quickly in their development work, and they are looking for financial assistance. Hence the idea

of a simplified, small-scale loan scheme which would help avoid some of the pitfalls inherent in "aid". Although at the present time outside assistance cannot be discounted, and indeed with no other alternative, it is actively sought, every effort is made to ensure that initiative comes from and is sustained by the people in need. The IRDP staff are also fully aware that a diocesan loan scheme is not without its pitfalls either, especially in a land where corruption is still very much a problem. There is strong opposition from some quarters to the church becoming involved in such financial transactions at all.

The diocese had some experience of loans in the earlier days of the IRDP, when it was decided to grant loans to farmers to enable them to plant a more resistant and far more productive variety of hybrid maize (the nation's staple diet). The loans were to be repaid in kind, i.e. in sacks of maize. The loans were made to about

1600 small-holders and to various groups, and the new variety of plant proved phenomenally successful, yielding 25 bags per acre as opposed to the previous 3.5. Yet the amount repaid proved phenomenally small. It was not always the farmers who failed to repay their debts, but in one way or another the sacks of maize failed to find their way to the point where they were to have been sold to generate more funds to enable the loan to "revolve". Successful as it was in agricultural terms, the scheme had to be abandoned.

A management consultant will be called in before any further loan scheme becomes operational. Meanwhile, the small-business adviser, a sensitive, highly intelligent young man who combines a formal education with a good dose of common sense and experience of human weaknesses, is training both himself and the ten development assistants in rural credit management. It is possible that a full-



scale finance corporation will be launched with the diocese holding 51% of the shares and a controlling influence to hold interest rates down and ensure a facilitated operation.

Agricultural Projects

Money spent for food amounts to as much as 68% of the total income of the poorer families. The IRDP agricultural programme aims to teach these people not only how they can improve their standards of nutrition while spending less by growing their own produce, but also how they can generate a cash income.

Vegetable growing

The initial effort to create church demonstration plots for vegetable-growing was not successful. As has been proved so often, when the produce is one's own to dispose of as one wishes, output improves by leaps and bounds. And so it was when the people were encouraged to plant their own kitchen gardens. Most people grow only one or two varieties of vegetable for home consumption; some, who have the space, try several varieties.

Hybrid Maize

As mentioned earlier, the hybrid maize-growing project was not successful due to defaulting loan repayment. Despite the 86% yield improvement, there is a snag in growing this excellent grain. The farmer cannot, as with the old variety, maintain his tradition of putting aside, come what may, enough seed for the next season's planting—not, that is, if he wishes to maintain the same yield and quality. He must purchase new seed each season and it is not only for the improvident that this can pose a serious problem. Small farmers who have neither the power nor the wealth to influence the marketing board in question are often paid for their produce with a very considerable delay, and the next planting season may have passed before they get their money. Even when they are paid, it is not unknown for them to receive less than the large-scale farmer for equal quantity and quality. Together with the proposed, simplified loan system, there is an urgent need for marketing infrastructures to protect the small producer from such discrimination. A larger, central store similar to that maintained at Saradidi, to permit wholesale purchase and immediate availability of seed, feed and many other items, would also be beneficial.

Ox-plough Technology

The average small farmer cannot, of course, afford to buy or maintain a tractor. In the early days of the IRDP, one tractor—and later a second—was purchased by the diocese with the idea of hiring them to those who needed them. The obvious problem here is that when the rains come, everyone needs a tractor at the same time. Also, on a restricted acreage, the use of a tractor is not always cost-effective. The faithful oxen have not been used for centuries without reason. But yet, farmers thought that four or even six animals were needed to do the job. Then it was discovered that with a suitable yoke, training and holes through their noses, two oxen could do a better job. The new ox-plough technology has been pioneered so successfully at the IRDP's village polytechnic school at Kokise that the project has not been limited to the diocese, but training courses have also been given to governmental and non-governmental groups all over the country. Interaction with government agricultural programmes is good.

Reforestation

The forest cover of Nyanza Province has been reduced to only 0.4% of the land area. Intensive government and other action is being taken country-wide to encourage the reversal of this disastrous deforestation and the IRDP is playing its part. Quite a number of groups and individuals with land available now have flourishing tree plantations, mostly of eucalyptus as these trees are fast-growing and can be



Photo Iskander

Family at work in a tree plantation

cut as early as three years old for firewood or fencing, or preferably at five years for furniture, building and roofing. Also, they encourage soil and water conservation. Once cut, the trunk divides and two grow in the place of one. One hundred tree seedlings purchased at just under US cents .50 (per 100) will bring in nearly \$1 per tree on site in five years' time, or \$1.25 if transported to town.

Emphasis is now being placed, not only on the importance of preserving the few indigenous trees which remain, but of planting more of them and experimenting with other varieties. Only now, when it is nearly too late, do some of the people realize that in destroying trees they have destroyed not only the ecological balance but sources of medicine, food, soap, glue, rubber, fibres, cloth, adornments and legends.

Rice-growing and Fish Ponds

Near the eastern border of Kisumu District is the busy market town of Ahero. The heat from the blacksmith's forge on the town square shimmers as the master smith hammers away on his anvil to keep up with the demand for agricultural implements. The rice mill, a hive of activity, clatters next to the smithy. Bulging sacks are piled everywhere, grain is spread in the sun over the square, as cattle stroll between the mats, and an old man weaves a tottering path with his bicycle. Women are working everywhere, heaving sacks, pulling babies out from beneath the pouring grain. Beside the town is the government-run Ahero rice-growing project.



Photo Iskander

Feeding the fish, Kosida fish pond and rice paddies

Just downstream are the rice paddies of the IRDP Kosida project which make free use of the water drained off from the government project, which pays for the water. Members of the Kosida group own their individual paddies, and output is considerably higher than that of the entirely communal project next door. Nothing here is wasted. The rice "straw" is used for fodder for the cattle in the dry season, and within the rice-growing area, the Kosida Women's Group has made a fish pond. Manure from the cattle is penned into the corners to provide essential nutrients, and the women come regularly to scatter feed. When mature, some fish are sold and the rest eaten at home. When the rains finally came to Nyanza this year, they came with a vengeance, and some fish ponds burst their banks. All was not lost for everyone, however, for many of the fish were swept into the seasonal rivers, and people in neighbouring districts had a free fishing spree.

Water Technology

Lack of water is, perhaps, the most acute problem in the diocese. Only when it is not available do we realize how important clean water is to health and to life. Of the government's recent, ambitious, piped-water supply schemes, two have not even started and the third generally operates at about 10% of its theoretical capacity. Expensive pumps receive insufficient maintenance and spares or parts are not immediately available when they break down. Optimistic estimates show that 50% of the urban population has access to improved water supplies which reach only 13-15% of the rural population (comprising 90% of the total population). The IRDP has an expatriate water engineer funded from Germany. He has spent his first years in Kenya learning about the situation there rather than plunging ahead into projects which could easily fail.

Piped water remains, for most, a dream of the future. Boreholes are too expensive and generally provide less water than expected. The project is now concentrating on the simplest solutions: hand-dug wells (to a maximum of 30 metres) and spring protections, together with rainwater catchment in village-technology (Gala) tanks. Uhlo location in Siaya District is an example of the direction water projects are now taking. Originally intended as a project to provide water for the 83,000 inhabitants of the whole location, the project now intends to provide four primary

schools and the neighbouring villages (1800 people) from a protected spring, perhaps with a solar-energy pump to reach an elevated tank. Village development committees are expected to provide the services of two workmen to assist in construction and, as always, the emphasis is on training the villagers to maintain and further their own projects.

The menfolk in town will tell you with a laugh that they are afraid to go home to Ngere Parish where the women, they say, are "growing horns". Small wonder, when one considers the problems they face. Many of them have to walk up to six kilometres several times a day to find water, mostly scooped with calabashes from the gritty, ever decreasing puddle at the bottom of a shallow hole. They can still be found labouring with their hopeless lines of empty buckets and jerrycans at two o'clock in the morning. The women tell stories of returning home to find that a hyena has broken into the homestead in their absence, carrying off animals or even little children. The menfolk will transport the water containers if they have a donkey and cart, and such people are doing good business, selling the contents of a 20-litre jerrycan for nearly US cents .50. In places such as Ngere, small dams to create surface-water collection ponds would go far to help the situation, together with more much-needed education on the need to filter or boil the water at home when a filtration unit cannot be installed on site.

URBAN PROJECTS

The Diocese of Maseno South has also launched projects for the urban population, such as a Christian Industrial Training Centre and the Kisumu Family Welfare Project, which aim to provide training in vocational skills for the destitute. None of the associated projects have yet reached the self-supporting stage. Again, investment of more time, funds, and above all capable management is required. In the garage, for example, two mechanics have proved apt and enthusiastic, but aside from a continuing lack of tools, lights and water in the garage, neither has a driving licence; thus they run the risk of having vehicles impounded if they are caught testing them and the garage itself has no insurance coverage. The tailoring department lacks a market outlet and the accounting in general appears confused. There is a school for the deaf and a dental unit, both of which are enormously successful but which obviously provide curative rather than preventive ser-



Photo Iskander

A well can change women's lives

vices, although the latter is trying to train school teachers to include preventive instruction in their curricula.

CHALLENGES

The biggest problem facing the IRDP is simply coverage of such a wide area with such thinly-spread assistance and the resultant lack of supervision. Stimulation should be continuous in such projects, particularly in the early stages. Development assistants in a recent workshop saw that most development projects need a lot of stimulation and support. They outlined the stages a programme usually goes through, as follows:

Unformed:	Beginning
Formed:	Making rules, choosing leaders
Dependent:	Needs outside help
Reaction:	Anger that outsiders won't do everything
Interdependent:	Works well with facilitators
Independent:	Works well without much outside assistance

Managerial problems which have hampered several projects might be attributed to jumping into such work without sufficient preliminary research into the means for success. But this lack of preparation may be balanced by capturing people's immediate enthusiasm and also by the essential human need to learn from our own mistakes. The diocese is not running the projects. The people who need them are initiating programmes and carrying out their own ideas.



Photo Iskandar

People are close to their churches

In some measure it must be accepted that helping the poorest of the poor also means helping the slightly better off. It must be hoped that, when it comes to assisting the formation and development of small businesses, some of the benefits will filter through to the destitute.

Another challenge to planning lies in the fact that some of the community groups clearly become too large, which can encourage sleeping participation, especially when membership is dominated, as is often the case, by male school-teachers who feel that they are the proper ones to direct activity. Gradual dying away of enthusiasm usually results in this situation.

Also, the overloaded field workers themselves need time to exchange ideas and assure themselves that they are not alone in the forest of daily problems they face.

Outside observers may have other valuable comments and criticisms to make about the programmes in Maseno South, but they need to remember that many development projects have failed in the past because those behind them have tried to work *for* people rather than *with* people. Those from the developed world need to remember that the African covers his frustrations with a wall of quiet politeness, whereas the European might bluster when things go wrong. This different way of reacting can also give a false impression that Africans are not committed to their projects or do not take them seriously.

The IRDP operates on the principle that, "no human being, however feeble, weak, hungry, primitive or ignorant, ought to be talked *at* by anybody, however powerful and rich." In putting this principle into practice, local churches have been very important. People are close to their churches. They belong to the church because it represents their personal beliefs, and thus they accept its initiatives far more easily than those of a distant government, and with far more trust than they respond to the lures of "aid" and "foreign technology".

So, despite failures, we see the Diocese of Maseno South coming alive with people talking, people deciding and people acting, relearning dignity and self-reliance. ■

Merry Christmas

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.

UPDATE: Decade of Disabled Persons

The Decade for Disabled Persons proclaimed by the United Nations after the highly successful International Year of Disabled Persons in 1983, has marked a strong beginning. But perhaps it is time for taking stock. The interest in the needs of the disabled aroused by widespread publicity can become apathy, even after an enthusiastic beginning. The gains made by the disabled are impressive, but churches and community organizations might now consider further programmes to make the best use of the physical and spiritual resources that the disabled offer us.

In his worldwide call for furthering the Decade goals, UN Secretary General Perez de Cuellar urged all mankind to strengthen commitment on behalf of the world's half-billion people with physical or mental disabilities. Many nations, organizations and institutions have responded, but much more remains to be done. In this appeal, the Secretary General called upon religious, professional and trade associations, community-oriented groups—all the organizations where concerned people meet—to vigorously pursue the goals of the Decade. We are publishing here the ten-point action programme established by the UN as a guide for evaluation of what we have already done, and a goad to push us toward what still must be done, in order that the lives of the disabled may be fuller, freer and more in harmony with the Christian view of health.

How are we pursuing these actions *today*?

1. **Increase participation** of disabled persons in social, cultural, religious, recreational and community life, and in decision-making at all levels.
2. **Expand education, training and job opportunities.**
3. **Remove all barriers** — architectural, transportation, communications and legal—to full participation and equalization of opportunity.
4. **Increase acceptance of disabled persons through communication and education programmes.**
5. **Prevent disabling diseases and conditions** through expanded immunization and improved environmental, occupational and other health programmes.
6. **Prevent disabling accidents** at home, at work, on the road. Everywhere.
7. **Restore sight, hearing, movement, and communication** to disabled persons through increased access to known, appropriate measures.
8. **Expand community-based rehabilitation services and self-help programmes** involving disabled persons and their family members.
9. **Conquer or cure** major disabling conditions through greater and more purposeful application of biomedical research.
10. **Involve everyone** — disabled and non-disabled, young and old, rich and poor, men and women, from every country, culture and creed—in cooperative efforts at local, national, regional and international levels to conquer or prevent disability and release human potential for the benefit of all.

* The full text is available in six languages from the United Nations headquarters in New York, U.N. Information Centers throughout the World, or the U.N. Center for Social Development and Humanitarian Affairs, P.O. Box 500, Vienna 19, Austria. It is also available on tape from the World Committee.

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