

Healing in the Killing Fields

A few hundred yards from the Church of Uganda mission hospital in Kiwoko stands a simple memorial. It marks the mass grave of 372 people killed by government soldiers in 1985. That atrocity was one of many perpetrated during the bush war in the Luwero Triangle in the 1980s.

These people were summarily shot, accused of sheltering members of Yoweri Museveni's National Resistance Army. In a poignant moment our Ugandan guides open the cover and we peer down into the darkness at a pile of skulls. 'Were any of these people your relatives?' we ask. All four of them nod silently.



Moses (left) inspects a chicken coop

Luwero, Uganda's 'Killing Fields', was a byword for violence and inhumanity. In the wake of the bush war it was almost depopulated. Now the people are returning and Kiwoko Hospital, founded at the end of the war, is one of the signs of hope in the area. It began as a simple local clinic. Under the energetic leadership of Dr Ian Clarke of Church Mission Society, Ireland, it grew into a major hospital, offering a full range of services including a commitment to community based healthcare.

Dr Nick Wooding of CMS UK has been at Kiwoko for just a few months. Nick and his wife Kate are 'old hands' as far as Uganda is concerned. Between them they did five short term placements in Uganda before becoming CMS mission partners. One of Nick's tasks is to supervise community health care. 'I could stay at the hospital all the time, treat people and make them better. But that would do nothing to prevent disease', he says.

Community health workers

What is important, however, is the way he is going about it. There was already a team of local community health workers before Nick came to Kiwoko. His task is to help them set clear goals and to give the support they need to do the job. 'I try to stay in the background and can offer advice if asked. It is important that they know they can count on the support of senior staff at the hospital.'

That means working alongside the community health care team, in particular its leader Moses Ssekidde. Moses heads a team of six trainers and 30 community health workers. The community health workers are voluntary people selected by the community to mobilise and educate the community in health matters.

Moses says that the community's long term aim is to have a qualified community healthcare facilitator for every square kilometre in Kiwoko's catchment area. His team walk their beat or travel on bicycles provided by Friends of Kiwoko.

Preventing disease is more than half the battle. The team has identified a number of key areas that will make a difference in the fight: nutrition, water and sanitation, AIDS prevention, economic development, mother and child health, prevention of communicable diseases, self help for the disabled, and evangelism. The problem of AIDS is growing. In 1986,

according to Moses, there was just a single case in the Kiwoko district. Currently there are 35 sufferers.

Food and water

Proper nutrition is top of the list. The Ugandan government says that 19 per cent of the population is too poor to buy adequate food. 'Another problem is that even where families can grow enough food for their needs, they don't always know how to plan a balanced diet for their children', says Moses.

Next most urgent is provision of clean water and proper sanitation. Government surveys a decade ago in Luwero found that five out of 10 waterholes for domestic use were contaminated and only half the households had a properly constructed pit latrine.



Dr Nick Wooding works the pump

Moses and his team have been systematically trying to put the situation right. Each

member of the team has set clear goals of how many new water safety projects and pit latrines they expect to see in place over the coming months. Driving amid banana and coffee groves, along muddy tracks impassable by other than four-wheel drive vehicles, we are taken to see some of the latest projects.

We stop at a recently installed bore hole with a simple hand pump. The water is drinkable without the need to boil and serves around 300 people. We are taken to a house where the family has constructed a pit latrine, a wooden rack to store cooking utensils off the ground, a chicken coop to keep animals out of the family living area, and a walled-off oven. Falling into open fires is a source of horrendous injuries, and it happens far too often here.

It all sounds very basic. People in Britain would take these facilities (or better) for granted. Here in Luwero the fight to get them in place has a long way to go. Moses suggests that a network of 200 voluntary community health workers is needed to complete the job.

A new breed of educators

Recently Kiwoko sponsored Moses on a teacher training course. It has equipped him for one of the most important parts of his work, visiting the 22 schools in the district to teach health and hygiene.

He is one of a new breed of educators. Traditionally Ugandan schools emphasise rote learning, not surprisingly when classes can be as big as 60 and teaching resources are scarce. He breaks moulds, using mime, role play and music to get across his message.

We visit two schools. Our visit coincides with a local polio immunisation campaign. Moses is keen to promote it. In Uganda 69 per cent of disability is due to polio and could have been prevented.

He has devised a mime to show how immunised people can ward off disease. The message is simple. Immunisation protects you. A child stands out at the front. A group are given masks proclaiming they are antibodies. Another group play the role of germs, putting on suitably lurid masks made by Moses.



Health messages under a mask

With no antibodies to protect him the lone child is easy prey for the germs who descend and wrestle him to the ground. But when he is surrounded by antibodies, the germs can get nowhere near him and they are wrestled to the ground. Everyone laughs, but few will forget the lesson.

We go to another school, a simple mud hut set among a grove of trees. There are 160 children on the roll and just four teachers. Recently a dentist on a short term elective in the Kiwoko district looked at the teeth of 2,000 children and found 500 needing dental work. We sit out in the open while Moses demonstrates the fundamentals of dental hygiene, improvising with the skull of a wild pig.

He demonstrates use of sticks and charcoal for those without access to tooth-brushes and paste.

Where evangelism comes in

Afterwards I asked Moses about an issue that intrigued me throughout our visit: where does evangelism come into all this?

'We do it by running community Bible classes', he tells me. 'Here we believe that health is a state of complete well-being, physical and spiritual. So that is why evangelism is included.'

'If someone is suffering from headache, that person has to be treated physically. But if someone has a negative attitude to other people, that is a spiritual illness and it has to be "getatable". We have found that since evangelism helps change attitudes it has played an important role in bringing better health.'

John Martin is a journalist and broadcaster, and is also Associate Editor of *Triple Helix*. He spent three weeks in Uganda in August 1997.