

Where There Is No Dynamite



Rock Buster



Firing the rock



Job Done

Some years ago, the book “Where There is No Doctor” became widely known. It was a manual for non-professionals to consult in areas such as Africa, where modern medical knowledge and care were not easily available. The advice, of course, was not that traditional healers in those areas should be consulted, but that at least the basic modern care could be given by non-professionals who would follow the instructions in the book.

Sometimes, the traditional methods for solving problems are still the best, the most appropriate, or the only ones available.

Recently, we called in the Rock Buster (RB) to get rid of a number of large granite boulders that were in the line of a road we were making through our property. The backs of these boulders littered the area like a bunch of hippos in a stream, with the major part underwater (or underground in this case).

The RB came with his equipment; a hoe, a bush knife, old broken pieces of corrugated metal roofing sheets, and a crowbar. After digging out dirt from around each protruding boulder, he collected firewood, started fires on the rocks, covered them with the roofing sheets to create more heat, and waited for the rocks to crack. Eventually he easily pried out the cracked pieces to below the level of the desired surface.

This was actually too small a job for dynamite. But even for a much bigger job a few years ago of clearing a large area on a rocky hilltop for construction of a water tank, the same method was used, because there was no dynamite. It took longer, but the job got done.

The EMBLEM Study benefits by having a large repertoire of modern and traditional methods available for solving problems in this African setting where traditional methods are still known and used. For example, when offloading a truck without a lift, call in about 10 guys to get the job done. *Dr. E Kawira, Editor*

EMBLEM UGANDA

On October 18th 2011 a trial run for control enrollment was conducted in Toro Kal Village in Amuru District. Nine Children were enrolled during this exercise.

The next activity was to embark on the actual enrollment of both population controls, and Health Centre II controls. First, a notification visit was made to the village in question, Worumite, to inform the selected household heads about taking part in the study and obtain the necessary authorization from the leadership. Starting on

October 25th 2011, the control enrollment obtained 92 population controls and 5 Health Centre II controls for the total of 97 controls.



Field Team Leader obtaining consent from a parent



One of the Technicians preparing a child for sampling

EMBLEM KENYA

The EMBLEM Kenya team visited several health facilities in Nyanza Province and distributed BL Posters. One facility was Magunga in Gwasssi Location, Suba District. In this hot spot they had a very fruitful meeting with the District Officer, Public Health and Sanitation Officer and several healthcare providers at the Suba District Hospital.

EMBLEM Kenya's first registered BL patient, Steve Ochieng, started with what was called a dental abscess. However, in spite of antibiotics, the jaw swelling kept progressing and the abdomen started swelling as well. The mother believed him to be bewitched, but reluctantly agreed to go to Homa Bay District Hospital to seek further treatment. Her willingness to see treatment was in large part due to the EMBLEM team which was already on the ground conducting sensitization activities.

At Homa Bay, BL treatment was effectively initiated under the supervision of the EMBLEM Kenya team and the guidance of the pediatrician. Steve completed the treatment in October, with very impressive results.



Steve before treatment



Steve after treatment

EMBLEM TANZANIA

The lab freezer and hood arrived and final renovation of lab space was completed at Bugando Medical Center in Mwanza. The vehicle for the field work was shipped and is en route to Tanzania, with arrival slated for December.

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