



## Photoessay

## The Health Centre Community

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The greatest burden of malaria is borne by the children of rural sub-Saharan Africa.<sup>1</sup> Each year nearly 90% of all malaria-related deaths occur in these remote areas, far from lifesaving medical care.

In the Bugoye sub-county of rural Western Uganda, most families subsist on small plots of staple crops carved into the hillsides. Lacking transportation, worried parents carry their sick children down the narrow mountain paths to the health centre in search of care (Figure 1).

The Level III Health Centre in Bugoye is the only facility in the sub-county—an area spanning more than 40 villages and nearly 60 km<sup>2</sup>—equipped to treat cases of severe malaria. During the high season, hundreds of malaria-stricken children come to the health centre each week for diagnosis and treatment (Figure 2).<sup>2</sup>

Like many public health facilities in rural sub-Saharan Africa, the Bugoye Health Centre faces many challenges, including drug shortages, unreliable electrical power and inadequate staffing.<sup>3</sup> The health centre is not shiny or new. There are no private rooms. The unfinished cement floors are cracked, the paint is peeling, the thin foam mattresses are worn and tattered and most of the equipment is decades old (Figure 3).

What Bugoye does have, however, is a vibrant sense of community. In many ways, the health centre has the atmosphere of a bustling village unto itself. It is the heart of the sub-county. Entire families inhabit the wards, providing food, linen and clothing for their sick loved ones (Figures 4 and 5). The bright colours of children in church clothes dot the yard and groups of women gather behind

the clinic, preparing meals over open fires (Figure 6). Village officials, health centre staff and local tradesmen sit on the benches at the front to wave to friends, chat about



Figure 1. Patients line up to be seen.



**Figure 2.** A boy waits for his test results to return.



**Figure 4.** Children pose for the camera.



**Figure 3.** A child follows her parents around the ward.



**Figure 5.** A brother and sister, both admitted with malaria, pose for a picture.

the weather and politics and ask after each other's families (Figures 7 and 8). News is passed along from the health centre back out into the villages, even to those higher in the surrounding mountains whose inhabitants rarely travel to the trading centre.

The health centre exudes a will to survive against all odds. A child barely conscious only yesterday runs freely through the wards, healed with IV fluid and anti-malarials



**Figure 6.** A young girl in her Sunday best plays outside the ward.



**Figure 8.** One of the health centre nurses.



**Figure 7.** The health centre groundskeepers.

(Figures 9 and 10). Families come here to receive new mosquito nets, vaccines, medicines and advice. Village health workers, elected by their villages to provide basic health-related services, meet here regularly to discuss the problems in their villages and ideas about how to overcome them. Clinic staff till the soil and harvest crops from small plots on the health centre grounds, where they work and live.

The Community Health Centre may just as easily and accurately be considered the Health Centre Community



**Figure 9.** A child recovering from malaria takes his first steps outside the ward.



**Figure 10.** A young boy with malaria strays into the woman's ward.

(Figure 11). Although the burden of malaria is significant and the wards sometimes overflow with patients, gradual change is taking place. New point-of-care diagnostic tests and more effective anti-malarial treatments are improving clinical outcomes.<sup>2</sup> Much work remains to control and eventually eliminate malaria in the region, but the Health Centre will be at the heart of these efforts.



**Figure 11.** Children play outside the clinic.

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