

# AMREF News

Special Motherhood Issue Autumn 2009



UK Charity No. 261488

Photo: Dan Chung / The Guardian

# Katine Update: Creating Hope for Mums and Under-Fives

READERS OF THIS newsletter will be familiar with *Katine*: *It starts with a village*, the innovative development project we launched in October 2007 with support from the Guardian and Barclays.

As we reach the project's halfway point we're happy to report that we've already made a difference in the lives of the people of Katine, Uganda — especially those of mothers and young children.

For example:

- We have seen a reduction of diarrhoea cases from 38% to 6% among children under five, and 38% to 1.4% for children five and older, thanks to AMREF-trained village health teams.
- Thanks to the community vaccinators AMREF has trained and supported, we've seen immunization rates increase from 43% to 89.3% of children under five.
- More women than ever before are delivering their babies at health clinics, where complications can be managed safely when they arise.
- Malaria infections have dropped significantly, thanks to the tireless work of the community health workers trained by AMREF to distribute nets and educate communities about malaria.
- School enrolment has increased from 7351 at the start of the project to 9071 pupils. Significantly, we're seeing more orphans and vulnerable children enrolled in school. We have distributed desks to seven schools and textbooks 12 schools.

For more information about the Katine project, visit [www.guardian.co.uk/katine](http://www.guardian.co.uk/katine).



A family in Katine Photo: Dan Chung / Guardian

**£250 could provide a school of 300 pupils with the educational materials to promote good personal hygiene and sanitation practices.**

# Preventing Malaria, Saving Young Lives in Mtwara

by Bindu Sunny

IN JUNE, I had the opportunity to visit AMREF's Pambana Na Malaria (Tackling Malaria Together) programme in Mtwara, Tanzania. At 500 metres above sea level, Mtwara looks like your perfect summer holiday destination, with the crystal blue waves lapping at the shore of this small coastal town. As you get closer to the ground, the idyllic setting slowly fades and the stark reality of the place sets in.

Mtwara is one of the poorest districts in Tanzania, with a population of over 200,000 people. The district has the country's second highest mortality rate of children under five years old, more than double the national average. Malaria is the number one killer, both of young children and mothers.

Over the past four years, AMREF has been working with communities, health facilities, district administration and local partners to improve malaria prevention and treatment in the district. The project team identified and trained 1,180 people from 118 villages as community health workers, or CHWs.

## The Importance of Local Knowledge

Using their local knowledge, these health workers educate friends, family, and neighbours about malaria symptoms, treatment, and prevention. They diagnose and refer people to health facilities so they receive treatment in the critical early stages of infection.

A recent evaluation found that CHWs have helped to significantly increase awareness about malaria and the use of mosquito nets. As a result, child mortality in the district has dropped from



An insecticide treated net can protect a whole family. Photo: AMREF

231 deaths per 1,000 children in 2006 to 195 per 1,000 in 2008.

I had the opportunity to speak with Isa Rashidi, a CHW working in Dihimba village, which is around 30 km from Mtwara. Prior to being trained as a CHW, Isa worked as a labourer on a farm and ran a small business selling fruits and vegetables at the village market.

Having suffered from several bouts of malaria himself, he realized that the sheer lack of information, care and treatment limited his ability to protect himself from the disease.

"I was motivated to volunteer as a health worker so that I could help improve the situation in my community," he says.

While changing community behaviour continues to be a challenging process, Isa does see a stark change in the way people deal with malaria.

"Now, more people in my community understand the need to use mosquito nets, identify early symptoms of malaria and get treatment on time."

**Bindu Sunny is one of AMREF UK's programme officers.**

**£25 could purchase insecticide-treated mosquito nets to protect an entire family from malaria.**

# Maria, Healthy and Happy — Because

by Salima Pirani & Melanie Sharpe

MARIA GASINGO SMILES as she snuggles her newborn baby. The two-month old boy murmurs and stares into his mother's eyes. "I was afraid I was going to die," Maria says. "Or that my baby would die, but we are fine and I am so grateful to AMREF." Maria lives in Tali, a small town 300 kilometres – an eight-hour drive – north of Juba, Southern Sudan's largest city.

Like most women in Southern Sudan, Maria planned on giving birth at home with her family. But as soon as she went into labour, Maria knew something was very wrong.

"I had to leave my home while the baby was coming out," she remembers. "I was so scared."

After an agonizing walk to the health centre, Maria discovered she had delivered the placenta before her baby — a common but often fatal complication of labour. Luckily an AMREF-trained midwife was available and Maria and her baby are both healthy today.

## 50 Doctors for 10 Million People

Imagine if there were 325 doctors to care for the entire population of the United Kingdom. Twenty-one years of civil war has left Southern Sudan in exactly that situation. In a country of 10 million people, there are 50 doctors.

The need for maternal care in particular is overwhelming. Southern Sudan has the highest maternal death rate in the world. One out of every 50 new or expecting mothers will die — in the UK, it's one in 7,700. Infant mortality is also extremely high. One in 24 babies dies at birth.

"It's one of the most glaring health inequalities in the world," says Dr. John Nduba, AMREF's director of reproductive and child health. "Worst of all, more than 80% of these deaths are easily preventable."

## The First Graduating Class

In October 2006, AMREF began training traditional birth attendants and midwives across Southern Sudan. Traditional birth attendants are the frontline caregivers for pregnant women and newborn babies, and play a vital role in decreasing the number of mothers and newborns dying. Trusted by their communities, they act as a link between pregnant women and health centres.



AMREF-trained midwife at work. Photo: Steve Mann/AMREF

Prior to AMREF's training courses, most of Southern Sudan's traditional birth attendants, like 60 year-old Clementine Ako, didn't have any formal education on maternal or child care. Clementine was a birth attendant for eight years before being trained by AMREF.

"I learned better ways to do things like controlling infections," she says. "I wear gloves now and only use clean water when a patient is giving birth."

And then there is the first graduating class of 33 midwives, who finished their studies at AMREF's Maridi, Yei and Lui training institutes in 2008. The midwife programme is an 18-month full time practical and classroom based course.

Midwives are taught to manage fatal

£15 could buy three 'shukas' (traditional shawls) with important health messages printed on, shawls are used every day by women and the message is seen by many of their peers.

# of You!

complications like high blood pressure and heavy bleeding while learning how to deliver babies safely. They are also taught to provide pre- and post-natal advice so that mothers can take better control of their own health during pregnancy.

And like all of AMREF's health initiatives these training programmes have benefitted hundreds of people in numerous communities. All 33 graduates of the midwife training programme have returned to work in their hometowns, delivering newborns, training traditional birth attendants and educating community groups. A fresh group of 44 midwives are currently in training.

## A Mother's Hope

Back at the health centre in Tali the veranda is full of women. Some are pregnant and others are cradling newborn babies. Older children play noisily in the sun. The health centre is in desperate need of necessities like a fridge to store medications, vaccinations for mothers and newborns and treated mosquito nets to prevent malaria. But its impact is undeniable.

Maria continues to visit the clinic on a regular basis. A midwife told her it's important to monitor her baby's weight and her own health after giving birth. She ties her tiny son to her back with a long piece of cloth and begins to

walk home.

Thanks to new training programmes for midwives and traditional birth attendants, hundreds of new mothers like Maria have delivered their newborns safely and have been empowered to take control of their own health.

**Thanks to your support, AMREF trained thousands of health workers across East and South Africa last year. Because of you, they're making a difference in the lives of vulnerable people like Maria and her son.**



Maria Gasingo and Baby Photo: Sven Torfin for AMREF

# Emergency Flight from Kisumu

by Dr Marc-André Munk

OUR DAYS WERE beginning in the dark, and ending in the dark, with thousands of miles of air in between.

Generally, after a busy few days, things settle down. But when my phone rang at 9 p.m., I knew it would be a busy night. Usually pilots won't fly into the bush in the dark but in this case, our destination — Kisumu, Kenya — had a lit runway.

We landed and a ramshackle van ambulance and two drivers met us. Maurice, our nurse, and I loaded the van and set off for the regional hospital, a 45-minute drive through potholes by shanty towns devoid of light.

We had been called to evacuate a seizing, critically ill woman from the regional hospital. We would fly her to Nairobi for free — a service AMREF offers to doctors at Kenyan district hospitals who want to evacuate their sickest patients.

The hospital in Kisumu is a dark, official-looking place. Our patient was a young woman, unconscious on a bare mattress, in a ward with ten other patients and two nurses. She lay on her side choking on her secretions.

What we did next was a sudden and stark contrast between what we can do in the West and what gets done for most Africans. As ten other patients fought for their lives, Maurice and I provided Western ICU care to one lucky "lottery winner." I still can't reconcile this today, but from our patient's perspective, our intervention was all that mattered. If we didn't proceed, she would die.

We needed to get an airway to put a tube into her trachea. The ward was dim, everything improvised and reused. As 10 pairs of eyes in the ward looked on curiously, fearfully, Maurice injected sedatives into her bloodstream. Her mouth was filled with fluid.

I could see nothing. We suctioned hard, again, again. I pushed the tube in. We had no fancy confirmation tools. I used my stethoscope to listen for old-fashioned lung sounds. It was in. We had to rush. The pilot had called my mobile phone: the traffic controller in the tower would close the airport if we waited any longer.

When our driver started the old van, there

was the unmistakable click of a dead battery. Our monitor's batteries were low, our oxygen tank limited, our patient on a ventilator, and the only ambulance in northern Kenya wouldn't start.

Leaving me with our

unconscious patient, Maurice and three other guys pushed the van from behind as the driver popped the clutch. The engine came to life. It was nearly midnight and the captain was itching to go. As we shot across the runway, I held the IV bag, pushed a sedative, and watched as the monitor went wild with the vibration and movement of the plane.

The runway lights were shut off even before we had left the ground. We headed for Nairobi with our young Kenyan patient.

**Thanks to you, AMREF's Flying Doctor service brought emergency care to nearly 600 critically ill or injured patients in some of Africa's remotest communities last year.**



The Flying Doctors in action. Photo: AMREF

£250 could equip a clinic with basic medical supplies; hospital bed, surgical gloves, microscope, painkillers etc.

# Run for African health

**Are you a runner?  
Support AMREF's  
lifesaving work in  
Africa by joining  
one of these great  
events:**

## London Marathon

Widely recognised as the best marathon in the world, the London Marathon offers everything you could want from a race- a high quality course, wonderful charity runners, an inspiring and interesting route, brilliant organisation and an exhilarating atmosphere.

If you're already running the marathon and would like to join the AMREF team, drop us a line at [events@amrefuk.org](mailto:events@amrefuk.org). If you haven't managed to secure a place in the run, we have a limited number of places you can apply for.

Complete our online entry form at [www.amrefuk.org/get-involved/london-marathon](http://www.amrefuk.org/get-involved/london-marathon).

## Carol Concert

Join us for our annual Christmas carol Concert at St Luke's Church, Chelsea on Wednesday, 9<sup>th</sup> December at 7 pm. Tickets cost just £15, or £25 if you'd like to join us afterwards for a Christmas drink. Proceeds go to AMREF's life-saving work in Africa.

Please call **0207 269 5520** if you would like tickets.



Team AMREF at the Bupa 10k Photo: AMREF

In the run up to the marathon, AMREF will provide as much assistance and support to you as possible, encouraging you every step of the way. Your fundraising pack will include everything you need to kick off your fundraising and you will also get your very own personalised running vest!

We're also looking for runners to participate in The Bupa 10k event on 31<sup>st</sup> May 2010 call **0207 269 5520** for more information.



## AMREF Christmas Cards

Our Christmas cards are now on sale. Choose from four different designs — just £4.99 for 10 cards. Order yours today on 0207 269 5520.

# You can touch a million lives.

## All it takes is one word in your will: AMREF

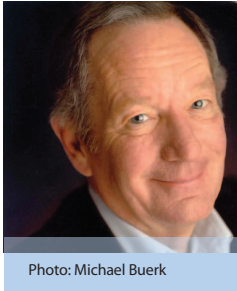


Photo: Michael Buerk

IT TAKES FIVE MINUTES to put a charity in your will and I am convinced that this one single action — which costs nothing now — makes a massive difference.

AMREF's work has a lasting impact – a lifesaving one. I certainly owe them my life. They rescued me after I was caught in a violent explosion, alongside my film crew, in Addis Ababa, Ethiopia.

But that is not the only reason why I lend them my support. I have seen AMREF in action. Their practical, inclusive approach to healthcare makes an amazing difference to millions of people in Africa.

They see that helping disadvantaged communities to improve their own health is their best chance for them to escape poverty once and for all. I can think of no better legacy to pass on to Africa's children than that.

Please give a few minutes of your time and give this important subject your consideration.

Africa's people want a better future for themselves. With one simple action you too can help them to achieve their dream.

A handwritten signature in black ink that reads "Michael Buerk". The signature is written in a cursive style with a horizontal line underneath the name.

Michael Buerk

P.S. 35% of people currently supporting a charity say they'd happily leave a gift in their Will once family and friends had been provided for. The problem is that only 7% actually do.

Many people believe that leaving a gift to a charity in their Will is complicated, but in fact it's relatively straightforward. Please contact our team on **020 7269 5520** or **supportercare@amrefuk.org** to get further information about leaving a gift in your Will.

You have the ability to help AMREF to save and transform lives well into the future. Thank you.

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