

# AMREF News

AMREF African Medical and Research Foundation September 2006



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Cover image: A young boy tends to his cattle in Turkana, northern Kenya. Credit: Robin Hammond/iconphotos

Back page image: AMREF water engineer explains how to maintain a borehole to villagers in Kajiado district, Kenya. Credit: Guglielmo de' Micheli



### AMREF

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## Dear Friends,

Having heard about AMREF's excellent work, over the years that I have worked in Africa, I was delighted to join AMREF UK as Chief Executive in March. I have been consistently impressed by the passion and commitment of AMREF's staff, who are working in challenging conditions to bring affordable and appropriate health care to some of Africa's poorest communities. AMREF's programme in Somalia is a particularly good example of this (see page 10).

In August, AMREF attended the International Aids Conference in Toronto (see page four). AMREF is playing a vital role in the global fight against HIV/Aids. We are working to ensure community health systems are strong and effective and communities have the awareness, knowledge and resources to deal with this devastating

disease. I saw evidence of AMREF's impact in Kibera slum in Nairobi, where an estimated 20% of the one million inhabitants are HIV-positive. AMREF has persuaded the government to provide nurses to Kibera; is training these nurses to provide anti-retroviral (ARV) drugs; and works with community health workers to provide counselling to the community and raise awareness of HIV. Access to ARVs can extend patients lives by decades, enabling them to continue to live healthy, productive lives and dramatically reducing the number of children who are orphaned.

AMREF would not be able to support these people in Kibera or Somalia without your help. I thank you all for your commitment to AMREF. By continuing to work together, we can do much to ensure all Africans have access to the affordable health care they so desperately need.



Jo Ensor, Chief Executive, AMREF UK

### Jo Ensor

**Chief Executive, AMREF UK**

# Healthier children – better education

Mali Nzai (10) sits in her health education class, in Mbarkachembe Primary School, concentrating intently on what her teacher has to say.

She has already learnt a lot, which has transformed the way she and her family live. “I now make sure that I bathe twice a day and I wash my hands after going to the toilet and before every meal. I also know that you shouldn’t pick fruits off the floor and eat them before they have been washed,” she explains.

Describing the benefits of this education, Mali adds: “I remember going to the clinic five times for dysentery in the past, but I haven’t been for a very long time now.”



Mali Nzai (10), left, listening to a health education class.

AMREF/Louise Orton



Frida Vidzo (9) washing her hands with a 'leaky tin' after visiting the school toilet, built by AMREF.

AMREF/Louise Orton

Mali’s primary school is one of 50 in Malindi District in Kenya, involved in AMREF’s Coastal School Health Promotion Project. The idea is to not only educate the children, but to encourage them to pass on the information to their families.

Acting on advice from Mali, her parents bought mosquito nets for all the children and fixed up a drying rack for cooking utensils, a toilet, a clothes line and a ‘leaky tin’ - plastic water bottle. The leaky tin means that all family members wash their hands with clean water, unlike in the

past, when the whole family would use one bowl of water and the children, at the end of the queue, would be using dirty water.

Headmaster of the school, Mr Ngumbao, has noticed a huge improvement in the health of the children and the wider community.

“There used to be such a high rate of absenteeism and drop outs at the school because of malaria and stomach problems, linked to poor hygiene. But now, the enrolment rate is increasing every year.”

# AMREF's message to the Toronto International Aids Conference



**Lillian, from a rural community in Homa Bay in Kenya, has to pay 300 shillings (£2.50) to get to the district hospital to collect her anti-retrovirals and then an extra 100 shillings (80p) for the CD4 count test. This accounts for most of her monthly income, but she has recently joined an income-generating group, supported by AMREF, to help her pay for her treatment.**

Robin Hammond/iconphotos

"It's Time to Deliver" was the theme of the International Aids Conference held in Canada in August. More than 20,000 participants, including AMREF HIV experts, health care providers, government representatives and people living with HIV/Aids, gathered to discuss how best to 'deliver' effective HIV prevention and treatment strategies and advocated for the most appropriate solutions.

With over 20 years of experience of working on HIV/Aids in African communities, AMREF made a significant contribution to the conference. Its strong delegation included Daraus Bukonya, AMREF's HIV programme leader and Mwhaki Kimura, AMREF Kenya's HIV programme manager.

The key message AMREF communicated at the conference was the need to build stronger health systems in Africa, particularly in areas beyond the reach of formal hospitals, such as remote rural areas and urban slums.

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HIV/Aids more than anything has exposed the fact that health systems in Africa do not reach out to those who need it most. Reasons for this include: lack of qualified health workers able to prescribe and administer anti-retrovirals (ARVs), poor health infrastructure, lack of education, stigma and poverty.

In Kenya, for example, President Mwai Kibaki recently announced that ARVs would be available for free. However, there are not enough qualified health workers employed in the hospitals to administer them. This is compounded by the fact that only doctors and

**AMREF is advocating for a greater understanding of the African context in the fight against HIV and strongly believes that African communities should be given health education and training and resources so that they have the knowledge, awareness and means to take more responsibility for their own health development.**

A good example of this is an ARV project in Kibera in Nairobi, Africa's largest slum. AMREF is training community health workers (CHWs) on HIV/Aids counselling, how to correctly follow ARV treatment, and identification of common drug reactions and treatment complications and referral. The CHWs then use this information to support people living with HIV/Aids. The project has been so successful that over 90% of people taking ARVs who are involved in the programme are now following their treatment correctly.

AMREF is now replicating this project in other areas. For example, Charles Mwaka from Machakos, has undergone similar training and is now supporting a group of people living with HIV/Aids, including his old school friend, Godfrey Mutiso.

Godfrey explains: "Charles advises me about the drugs. He tells me how important it is to take them on time and how I should always take them with nutritious food. He is a good friend and a regular visitor, bringing me important information and pamphlets.

Charles, who is HIV-positive himself, is more than aware of the stigma surrounding HIV/Aids in Africa. He is using his positive situation to encourage more people to be open about their status and to get themselves treated.

clinical officers are allowed to prescribe ARVs. To counter this, AMREF is advocating for increased African health budgets and is training lower level health workers to prescribe ARVs in Kenya and Sudan.

Even if drugs are free, people have to pay high transport costs to reach the larger hospitals that are able to administer them. Some people from rural areas have to travel as far as 100km. And when they get there, CD4 counters, used to carry out tests required before patients can be prescribed ARVs, are often non-existent or broken down.

Stigma is also a key barrier to people getting themselves tested for HIV and hence qualifying for the treatment. In Machakos, in Kenya, a community member trained by AMREF, said how he knew scores of people who have died a lonely and painful death because they can't face up to the fact that they are HIV-positive and seek treatment for it.



**Charles Godfrey, right, advises his old school friend Godfrey Mutiso, how to best look after himself now that he is living with HIV/Aids. AMREF/Louise Orton**

# AMREF's 50th

**In 2007, AMREF will celebrate its 50th anniversary with a number of special events and activities across the world.**

In 1957, three surgeons, sitting on the slopes on Mount Kilimanjaro, talked and drew up plans to bring medical assistance to the most remote areas of Africa. 50 years later, AMREF is Africa's leading health development organisation and continues to find appropriate and innovative solutions to achieve better health for Africa.

The anniversary will be an important occasion to acknowledge the people who, over the past 50 years, have had a real impact upon the health of some of Africa's most disadvantaged communities.

Back in 1957, the three surgeons; Michael Wood, Tom Rees and Archibald McIndoe decided the best way to make an impact on health in Africa was to use the tools of their time; the aeroplane and the radio. And so the Flying Doctor of East Africa Service was created.

AMREF's doctors still fly to 75 remote rural east African hospitals. Each year they treat over 16,000 people, perform over 5,000 operations and train over 6,000 medical staff. John Wachira, a general and



Dr. Anne Spoerry on a Medicine by Air mission in the north of Kenya  
Credit: AMREF

urologic surgeon from Kenya, explained recently: "For me, the priority now is to teach other people my skills, so they can carry on saving lives long after I've left."

This ethos lies at the very core of what AMREF is about: empowering African people to take control of their own health development. During its anniversary year, AMREF will be celebrating the achievements of community health workers, who are improving people's lives and often saving them, across the continent.

Examples will include community drug distributors in Uganda who are educating people on malaria prevention and treating pregnant women and children suffering from the disease, and traditional healers in South Africa supporting people living with HIV/Aids and tuberculosis.

Together, they are making a huge contribution in helping to achieve AMREF's vision; better health for Africa, stronger health systems and greater access for all Africans to affordable and quality health care.

## **A gift that lasts beyond a lifetime**

Many people are aware of legacy giving and the importance of this income to charities. It can seem a difficult process to add a charity to your will, but we hope to give you the tools and inspiration to remember AMREF in yours. In the next few weeks, you will receive a small booklet, giving you further information.

**Please take the time to look at this.**

# Anniversary

**AMREF's successes have been made possible through the support of our donors, without whom none of this work would have been possible.**

**This is why we want you to celebrate our anniversary with us! By organising an event here in the UK – however large or small – you could raise money and promote the work of AMREF to your friends, family, colleagues and associates.**

Here are some ideas of the kind of event you could hold:

- **Garden party**
- **Barbeque**
- **Musical evening/concert**
- **Pub quiz**
- **Ball**
- **Football match**
- **African-themed night**
- **Summer Fair**
- **Car boot sale**
- **Coffee morning**
- **Running events**

We can provide you with:

- **a fundraising pack**
- **personalised sponsor forms**
- **collecting tins** (not for street collection unless permission sought)
- **publications & leaflets**
- **t-shirts**
- **posters**

## Hungerford Spring Market



AMREF volunteer, Christine Powne and Kathini Graham's daughter, Virginia, running the AMREF stall at the Hungerford Spring Marketplace.  
Credit: Newbury Weekly News Group

Mrs Kathini Graham, one of AMREF's long-standing supporters, held an African-themed 'Spring Marketplace' in Wiltshire.

Over 400 people attended the market, which raised a fantastic total of £1,570. Delighted at the success of the event, as well as people's enthusiasm for AMREF, Mrs Graham explained: "The whole day was fun. We gave a talk about AMREF at the end, which went down very well. I think it made people remember that the money we had raised that day really was going to make a difference to people's health in Africa."

**Contact Gail Wilson on 0207 471 6755 to discuss your plans for AMREF's 50th anniversary. Together we can continue improving health care in Africa for another 50 years and beyond!**

# Kenya drought

**As part of its awareness-raising work, AMREF hosted the foreign editor of *The Observer* in Turkana, northern Kenya in May, culminating in a powerful two-page feature in the prestigious newspaper.**

The article highlighted the plight of nomadic farmers in Turkana, who had lost their entire herds of cattle and hence their livelihoods, because of the drought. It also featured a two year old boy called Lokaalei, whose mother was killed while digging for water 40 ft deep with her bare hands.

AMREF Kenya's country director Metter Kjaer put the situation into context by explaining: "We are in a crisis. ..Even if there is just a little rain now, it won't help much. Turkana is still an emergency district and the lowest priority in allocating investment; it's remote, it's hidden." She added: "...we need to pay more attention as a global community. Everyone needs to work harder."

Lokaalei (2) with his six-year old cousin, who is the only person he will let near him since his mother died in April.

Credit: Robin Hammond/iconphotos

The article attracted a significant amount of interest, tripled the number of visitors to our website and raised extra funds for our work.

In Turkana, AMREF has built a dam, benefiting 32,000 nomads and 100,000 livestock. We have been lobbying the Kenyan government to become better prepared for future droughts and to prioritise worst-affected areas such as Turkana. And we are also encouraging pastoralists to sell cattle when they are fat and healthy, before the onset of the dry season.

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The long rains (between March and June) were below average in Turkana and if the short rains from October – December are poor, another drought is likely.



## Walking on the Wall

In May, Priya Patel donned her walking boots for a gruelling six-day trek along the Great Wall of China.

Each day, Priya trekked over 12km with a group of 26 people. "It was a life changing experience," explained Priya. "We went through steep climbs and descents and saw such beautiful scenery. I also met some lovely people.

"Born and brought up in Kenya, I've seen first-hand the incredible disadvantages some Africans face. I wanted to help in any way I could, so I decided to raise money for AMREF."

Next year, AMREF will be offering a wide range of challenge events; from the Great Wall of China trek or a cycle ride across Cuba, to climbing the Simien Mountains in Ethiopia.

For more information contact Gail Wilson on 020 7471 6755 or e-mail [info@amrefuk.org](mailto:info@amrefuk.org)

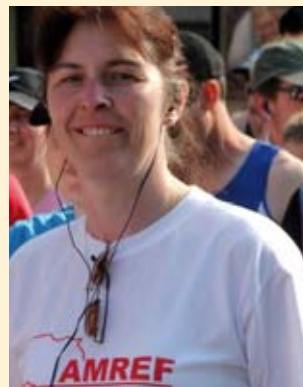
## Running for AMREF

"Being a nurse, and having had the privilege of visiting several hospitals in Africa, I had an idea of some of the health problems African communities face. That's why I decided to run the Edinburgh Marathon for AMREF. The many different aspects of health that AMREF's work covers are inspiring.

Family, friends, colleagues and church members were so generous. My 87-year-old mother kindly provided home baking for my work every Friday and that raised plenty of money, without actively canvassing for sponsorship.

The run itself was rather scary, as it was so hot. But I was determined to get to the finish, however slowly! The route through the city centre and out along the Firth of Forth was beautiful. Thanks to everyone who supported me."

**Ruth Green, Edinburgh Marathon runner 2006**



# Somalia: Eye witness account

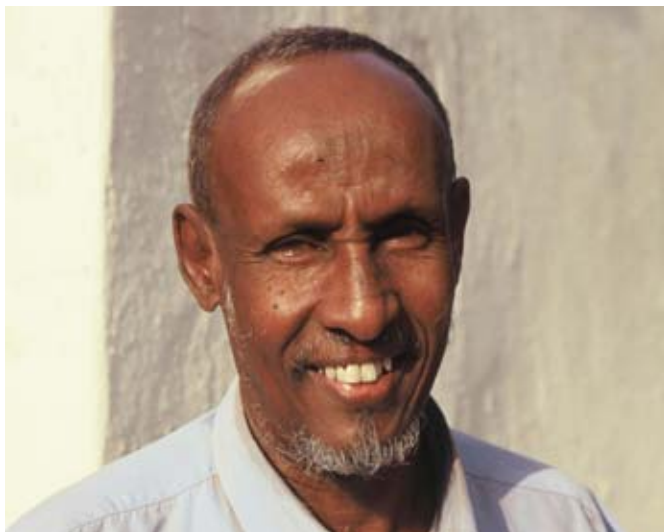
**AMREF UK's fundraising manager, Craig Pollard, reports on his visit to Somalia in July 2006**

As we were driving through the village of El Adde in southern Somalia, a young boy of around six or seven caught my eye and with a steady, cool gaze, mimed shooting me with a gun. He then pointed at me and slowly drew a single finger across his throat. The actions themselves would have been shocking enough, but his age and malicious smile made him both frightening and sad. This generation of Somali children has never known peace. They

play with guns and most have never been to school.

The fifteen-year conflict in the country and the consequent lack of a central government have led to a virtual standstill in the provision of education and health care. Tenuous peace has been achieved, as a transitional government attempts to reconcile warring factions, but the challenges of rebuilding are immense – millions live in severe poverty, suffering acute food and water shortages.

AMREF has been delivering health care services in Somalia for more than twenty years. In 2001, we set up the Gedo Health Consortium, along with district health authorities, village elders and two international organisations; Trocaire and Cordaid. Three hospitals (in Garbahare, Luuq and Bardera) and a network of remote rural health outposts are supplied with medication, equipment and vaccinations for distribution, while local community health workers receive regular training on subjects such as maternal and child health, malaria prevention and HIV/Aids.



Dr Said Samatar has been working in Gedo, Somalia for more than ten years. Despite the difficulties, he has seen improvements in health care for the region.

AMREF/Craig Pollard

Hani Alabis is two, yet she looks much younger. Very small for her age, with painful sores that cover her legs and hands, she weighs only 6.5kg (just over 14lbs), less than three quarters of her target weight of 8.9kg (nearly 20lbs). In obvious discomfort, she sits quietly on her mother's knee but cries every time the doctor touches her, and weakly tries to swat away his examining hands.

This is the first time Hani has visited Garbahare hospital. A victim of the recent drought in the country, she is suffering from severe malnutrition and is receiving emergency nutrition through a tube that runs into her nose.

Thousands of other children with similar conditions will not survive. Only three out of four Somali children reach their fifth birthday, but Hani is one of the lucky ones; she will recover because health workers at the hospital have caught the malnutrition in time.

Dr Said Samatar is a Somali doctor who has worked in the region for more than ten years – he explains: “AMREF has had a huge impact on people's health in the region. We have



Two-year-old Hani Alabis (2) is being treated for severe malnutrition at the Gabahare Hospital in Gedo, Somalia.

AMREF/Craig Pollard

learned to work around the fighting, it has been difficult but we are managing. Because of the medicines, equipment and more people using the hospitals, the health of people in Garbahare has improved, but there is still a long way to go.”

Real progress is being made in Gedo thanks to AMREF's support. A small operating theatre will be built in Garbahare Hospital and equipped to perform operations such as Caesarean sections and appendectomies; vital resources that will save lives.

- 225 out of every 1,000 babies die before their fifth birthday
- Fewer than 20% of Somalis can read or write and less than 30% have access to safe drinking water
- Primary school enrolment is estimated to be 13% for boys and 7% for girls

Source: UNICEF website

For more information, news, comment, stories from the field, and ways to get involved, visit:

[www.amref.org/uk](http://www.amref.org/uk)

