

Harambee News

Running total £164 per month supporting 149 families....

Dear Sponsor - Welcome to the annual Harambee newsletter. Now in its fifth year, Harambee covers 50% of medical expenses incurred at Gai and Katakani clinics for our 149 registered families in the arid and poor Mwingi District of rural Eastern Kenya. I hope you enjoy reading about the events of the past year.

What is health worth?

PROFESSOR Anne Mills, economist at the London School of Hygiene and Tropical Medicine, estimates that 'out-of-pocket' healthcare expenditure has pushed a further 78 million people into poverty. This is apparent amongst our Harambee families. Patients living in the catchment areas of Gai and Katakani clinics have no alternative. Health facilities are few and far between. Expensive inpatient stays in particular can have huge impacts on household economy, with an increased burden of debt and casual labour to clear bills.

However much we may moan about waiting lists and bad food, we are incredibly lucky to have our NHS. Did you ever wonder how much a night in hospital actually costs? In the UK it's around £600. At Gai clinic it's just 50p. And yet there are many for whom even this is out of reach. Almost all of our 149 registered Harambee families must support themselves by farming the parched soil. Employment opportunities are few and far between in rural Kenya. Immunisations cost just 22p, and yet in 2003 AAF met Mwitwa Kisiu, a mother of five who could not afford this small sum for her children.



Left: five year-old Kathini is an AIDS orphan. Along with her two brothers and sister, she lives with her aunt in a house of homemade bricks and corrugated iron. The walls lack cement and are likely to crumble with the next rains. The roof has no beams or nails, but is secured with rocks. An out-house holds an open fire for cooking and Kathini's aunt ploughs a small strip of land nearby with the family donkey. Kathini's family were registered with Harambee in April 2005. Since then they have used their card ten times. When this picture was taken in August 2006, Kathini was recovering from a recent bout of typhoid fever, for which she stayed at Gai clinic for one night.

Free mosquito nets for Harambee families

ONE fifth of Harambee-subsidised visits to Gai and Katakani clinics in the past year have been, either fully or partially, due to infection with malaria. Across all patients, over three thousand cases were treated in 2005. Even this is a huge underestimate of the true prevalence of this deadly disease, as malaria can present in a variety of ways and often goes undiagnosed. The Mwingi District is described by the Kenya Malaria Information Service as 'Epidemic Prone', and therefore at risk of huge peaks in mortality rates at any time.

Globally, around 40% of public health expenditure is on malaria, and half of all inpatient stays or outpatient visits, not to mention five billion episodes of illness and three million deaths per year.

Malaria is particularly deadly to children and pregnant women. It is caused by the

parasite *Plasmodium*, the most dangerous form being *P. falciparum*. It is transmitted by the female *Anopheles* species of mosquito when *Plasmodium* sporozoites pass into the human bloodstream as the female mosquito takes a blood meal to provide protein for her developing eggs.

Malaria-carrying mosquitoes like fresh, still water in which to lay those eggs, so are confined to wet areas and breed voraciously during the rainy season, which in the Gai area occurs in May and November each year. Unfortunately this coincides with the busiest time on our families' subsistence farms, as crops are harvested, so the disease really impacts on local productivity.

We have the tools to tackle malaria, but not enough money or infrastructure to implement them. A vaccine is still a distant prospect, but

insecticide-treated bednets (ITNs) and intermittent preventative treatment (IPT) with the new potent anti-malarial drug Artemisinin have both proved to be very effective. However, global coverage of ITNs amongst those at risk stands at just 17% - this means that 4

out of 5 people in need still do not have an ITN to sleep under at night. Discussions with Gai community groups confirmed this to be true.

Continued overleaf. Below: Harambee mothers in Twimiyua with new nets.



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This summer AAF purchased 300 nets from a factory in Tanzania and trucked them out to Gai. Setting up base in an abandoned store-room, we set to work numbering and labelling every net, attaching an information leaflet written in the local mother tongue Kikamba.

After many meetings with village elders, AAF staff, doctors and nurses, we decided to target our nets to the needy, and to reach those who need-

ed them the most - women, children, the HIV positive and the poor - through Gai's established community self-help group network.

One such self-help group is 'Harambee', composed of 78 Harambee families living in and around Gai village. The Harambee group, along with 26 others, was allocated nets to share out amongst its members. The nets were handed over on a day of celebration, with group leaders gathering from afar to eat and give

thanks together. AAF employee Rose Maali Kyeti addressed the crowd, ensuring everyone knew how to care for their new net, and how to prevent malaria in other ways too.

We noted the name of every net recipient. We hope to visit many over the next year, to pick up on problems, and hopefully, to hear how sickness from malaria, for the women or children sleeping under their new net, is now a thing of the past.

There were many Harambee families we couldn't reach with our small number of nets. In response, AAF has teamed up with the international charity African Medical Research and Education Fund (AMREF) to apply for 3,700 more nets from the donor group World Swim for Malaria. This would provide two for every family in the Gai and Katakani catchment areas. We are waiting to hear if our application has been successful - fingers crossed!

Drought takes toll on Gai



AT Gai, the rains have failed for three years. The drought that gripped the whole of East Africa, even prompting international press coverage for a few days, reached its peak in February this year. Gai was no exception.

Gai clinic accountant Lydiah Nyabera tracked the sudden influx of patients, "There are cases of people coming to the clinic who don't have anything to eat. Children are malnourished. Animals are dying, even people." Meanwhile, 21 year-old Kavata Mwasi visited her Harambee-sponsored grandparents in Twimyu village. "There is no water, no food for people, even animals. Most of the parents rely on crops for school fees. If nothing happens, the school may be closed."

Government aid did not reach Gai. In fact, just one fifth of the \$426m demanded by the UN for Kenya and its neighbouring countries materialised. Kjell Bondevik of the UN Special Envoy for the Horn of Africa complained, "Awareness is not high. This drought has a gradual, terrible effect where the tsunami was sudden and dramatic." Jan Egeland, UN Humanitarian Chief agreed, "The donor community is tired. They say, 'Oh, Africa again'."

Kenya is the most developed nation in the Horn of Africa, but crippled by corruption. Nairobi resident Patricia Eschessa shared her concerns with us, "The distribution of wealth and resources is imbalanced. Sometimes it is hard to believe we are all in one country under one government. Some parts of Kenya have bumper harvests and other areas such as Gai suffer."

AAF sent two truckloads of emergency food aid for distribution amongst Gai clinic patients, school children and Harambee families. Rains fell in April and again last month, but still not enough. Villagers everywhere are praying for more before the end of the autumn growing season, which is still underway.

AT a meeting of the Harambee Group Farm in August 2006, registered Harambee family head and village elder Kimonye Mbangula stood up to quieten the crowd. Addressing the gathered Harambee families and AAF staff, Kimonye told of how his Harambee sponsorship had proved crucial in the months following his daughter's death from AIDS. He wished to convey his utmost thanks to you. Thank you for your continued support of Harambee.

Harambee Group Farm goes from strength to strength

LAST year's newsletter reported the formation of the Harambee Group Farm, from 28 Harambee families living in the Gai area. Since our last visit, the Farm has more than doubled in size and is now one of the most active self-help groups in Gai. Members have together purchased chickens and goats. One family has offered up a patch of land near Thunguthu river for cultivation of vegetables. With bulls donated by AAF, the Group help each other plough their shambas. Other members have teamed up to make and sell concrete bricks or weave baskets.

Earnings, along with advice, worries and concerns, are shared freely within the Group, meeting every other Thursday afternoon in the shade of a large tree on the village outskirts. The Harambee Group Farm exemplifies the spirit of Gai community, and we look forward to hearing more on their progress in years to come.

New families, new life



Above: new Harambee family Lena Mwendu Mutua in Itivanzou village. Five new families were registered this year.

IN the past year, fifteen new Harambee babies have been safely brought into the world at Gai clinic. Delivering in hospital is one of the largest health expenses a family may ever face. As a result, many women give birth at home. Thus, one in nineteen Kenyan women will die in childbirth. In the same time period, during the course of nearly six hundred individual visits to Gai or Katakani clinics, our Harambee families have received help immunising 39 babies against deadly childhood diseases.

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