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WORKING TO RELIEVE POVERTY AMONG FAMILIES IN KENYA

A BRIEF HISTORY OF AKAMBA AID FUND by Denis Cannon

My first visit to Kenya was in April 1999, when representing the four churches of our Benefice, I attended the graduation of our sponsored Kenyan student, Gideon Munuve at Scott Theological College in Machakos. I was accompanied on the trip by a friend Bryan Cooper who had been carrying out Water for Life projects in Kenya for many years, and after the graduation day, Bryan had some business in the Mivukoni Location (240kms. N.E. of Nairobi) and invited me to travel with him. This was my first visit outside of western Europe, and poverty was not something I was familiar with. The next few days certainly opened my eyes.

I accompanied Bryan for eight days visiting the various dams and wells which he had built since 1986, and meeting the local chiefs and government officers. I also asked my local interpreter to take me to visit some of the local people in their homes. I was struck by the genuine warmth of their welcome. Here were people who existed with nothing and yet offered me everything they had. This was not the tourist type of sanitised poverty, this was how millions existed. During the week I met by chance a young boy – maybe 8 years old – who was wandering the bush alone having left his starving family in the vain hope that he could find food himself, and that would be one less for his family to worry about. I looked at my diary again and yes it was nearly the second millennium! How could this happen in 1999?

Needless to say I used the £300 friends had given me *“in case you find a need for it”*, and more besides. The divide between this situation and the life I had left 10 days before was so vast. My half of the world lives cocooned in comparative luxury with plenty of food and the state taking care of our needs, and yet here the other half exists like this, and worse. On my return I spent many weeks pondering – as I was approaching retirement, have I the opportunity to do something to help these people? ~ but what should I do? ~ and how should I go about it?

I started by encouraging giving among my home churches to fund the provision of food for those in most need and Gideon, by now a pastor of a church at Mivukoni purchased and distributed the maize and beans. My next visit was in August the same year and this confirmed my decision to set up and properly register the charity, which took place in October 2000. The initial trustees were myself, Bryan Cooper, and two friends who had been to the area many times, Colin Martin and Walter Matthews. Once an “official” organisation, we discussed with the local chief, his assistants and the village elders the problems experienced in the rural communities of Kenya. We realised that AAF with an annual income of around £2500 was too small to directly tackle poverty, but could try to help with some of the needs of those suffering poverty. We continued with the provision of seed, and started paying for the medical treatment of some needy patients, for example an operation to remove cataracts on a blind man and supplying a custom made prosthesis for an amputee.

To ensure that day to day aid work is reliably carried out, and also for us to have a knowledge of the needs

of local people, we employed Stephen Munyoki, a local farmer who started life an orphan, self educated, and is now a widely known and respected man. Since 2007 he has had the part-time assistance of Rose Kieti, who has experience of aid work and who now works for AAF full time. These are the only two people in the AAF organisation who receive any remuneration for their endeavours.

In the early days we had difficulty convincing the Akamba people that AAF was a tiny charity and could do very little. Then in early 2001 we had a letter from a remote community seeking our assistance to build a new health clinic. Despite initial doubts that we could raise the necessary funds, a proposal sent to a charitable foundation in England within the month bore confirmation of a grant for £15,000 for the project. The building was completed and equipment installed in eight months (remarkable in Kenya) at a total cost of £21,500 and we had great pleasure in officially opening the facility on 12 October 2002. The Kenyan Health Authority honoured their earlier pledge of providing a nurse and now the clinic treats 40-60 patients a day from a catchment population of 10,000

That same year, we started a scheme to provide subsidised health care for extremely poor families who could not afford to visit a clinic. We had plastic cards produced in the UK (similar to credit cards) which we gave to families we identified as being in real need. The head of the family signed the card on receipt and this is recorded with us. The family can then show the card at any of five clinics to claim a 50% reduction in their bill. This reduction is then invoiced to AAF who reimburse the clinic monthly. At present nearly 200 families representing 1500-2000 people are benefiting from affordable healthcare, and patient debt at the clinics is being dramatically reduced. Since 2003, this scheme has been organised by Rosie Crane, a medical student who spent a holiday working at Gai Clinic and saw the need for and the benefits of this scheme to the communities. The **"Harambee"** scheme as it is now called, is almost entirely funded by regular monthly donations from students at Cambridge University, and University College, London. This year Rosie Crane has agreed to join the AAF Board of Trustees.

In 2003 Bryan Cooper decided to retire from the Board of Trustees, and his place was taken by Tony Perry, who besides being an engineer, has a great interest in publicity. Later the same year, Dr James Buckle a local GP, visited the largest clinic in the area for a working holiday. He became involved with fundraising to provide better facilities at the clinic, and has now joined the trustees with a special interest in health matters.

AAF supports five clinics, each year providing medicines and equipment which are purchased in Nairobi. With Dr Buckles involvement, income has increased, and much needed maintenance and improvements have been carried out at Gai Clinic, including provision of new beds for the wards, an incubator, construction of new toilets, the installation of solar lighting throughout the complex, and the provision of a 4x4 ambulance vehicle. Over the last three years maintenance projects totalling over £30,000 have been completed.

2006 saw widespread famine throughout the Horn of Africa, and N.E. Kenya in particular where nearly 4m. people are suffering severe hunger. In a special appeal to our supporters AAF were able to supply emergency food to the area to help the young, the old, the sick and those in most need. A regular truck went



up from Nairobi with ten tonnes of maize, beans, flour, rice, milk powder and bottled water. This was then distributed by our own trusted agents. Due to further funding this aid continued until the emergency ended.

On our annual missions, which are carried out entirely at our own expense, the trustees visit primary school with gifts for the children of books, pens, pencils, footballs etc. some donated by UK schools and individuals and some purchased locally with cash donations. We have also been conscious of how poverty prevents many children from attending school, despite the introduction of compulsory primary education in 2003. Since 2001 we have assisted around 50 children each year with uniforms and school maintenance fees. In 2002 a secondary school sponsorship programme was started to pay the fees of exceptionally bright children from poor backgrounds. This initially supported two students, but in succeeding years has helped forty young people five of whom have now completed degree courses at university and two at polytechnic colleges, still supported by AAF.

The trustees are concerned about the sustainability of our projects, and regularly carry out reviews of the previous years. Recently we have encouraged the setting up of small self-help farm groups and have provided bulls, ploughs and seed to encourage land productivity. We would like to extend this to coordinating demonstrations and advisory workshops by visiting specialists to promote farming efficiency and environmental methods. In response to a perceived need, we have also arranged for the training and employment of an AIDS/HIV counsellor, and we aim to increase preventative measures through training and employment of local health visitors.

We are very thankful to our many individual supporters especially those who make regular monthly donations towards our work in Kenya, and to the many people who have organised and supported fundraising events over the past ten years, raising our annual income from £500 to around £60,000 p.a. at the present time. We are grateful that due to their generosity we have been able to do so much, but recognise that there is a great deal to do in order that the Akamba can develop, manage and maintain a better and safer lifestyle for themselves.

All administration and travel costs are either absorbed entirely by the trustees, or covered by specific donations, thus ensuring that all monies donated by the public are used in Kenya for the sole benefit of Kenyan people in need.

For more information please visit our website at www.akambaaidfund.org

Denis Cannon ~ 20th May 2009