

KAMBIA APPEAL NEWSLETTER

Welcome to the 18th Edition of the Kambia Appeal Newsletter. There has been a lot of activity over the last year, as usual, and we hope this Newsletter gives you a flavour of what we've been up to, but for more information please visit the website: www.kambia.org.uk

WHAT'S IN THIS ISSUE



Update on THET and the IHLFS Grant and activities.

UK Visitors to Kambia

We are fortunate to have had many health professional working in Kambia over the years, read a report from Clare and Rob who are out there at the moment.

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Mile 14 Project and Kambia's own Ultrasound Machine

read about the new Health Centre at Mile 14 and the donation by NHS Glos of a scanner and the difference it has made.

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Major Grant For Medical Training in Kambia

At the beginning of 2010 we received the fantastic news that The Kambia Appeal and Gloucestershire Hospitals NHS Foundation Trust had been awarded an International Health Link Funding Scheme (IHLFS) grant of £120,000 to fund a three-year programme of training to health staff in Kambia. The training is designed to improve maternal health skills in the district. Now in the second year of the scheme, two successful training visits have taken place with 17 staff from Cheltenham funded to travel to Sierra Leone and 78 Kambian health workers benefiting from the courses so far. Maternal health care is now given free by the Sierra Leone government, so there is a greater need to improve medical skills to deal with the increased number of women seeking care during pregnancy and child birth. More

women than ever before are coming to the rural health centres and the hospital in Kambia to give birth.

Over the three years, the training scheme is designed to improve the emergency obstetric skills of 15 Community Health Officers, the maternal health skills of 58 auxiliary midwives and basic nursing skills for 40 hospital volunteers. Kambia Hospital staff are also being trained to use an ultra sound scanner donated by Cheltenham General.



The IHLFS grant has enabled us to purchase vacuum extraction kits, adult and neonatal resuscitation equipment, surgical kits and delivery kits.

The next visit is planned for November 2011 and will include further training courses on maternal and child health and basic nursing care for 40 kambia staff. A big thank you to everyone who has helped with the training so far. More visits will be planned for next year.

A film of the first training visit in 2010 is available to watch on the Kambia Appeal website.



For more information about IHLS visit the British Council website:

www.britishcouncil.org/learning/healthlinks

For more information about THET:

www.thet.org

Clare Adams and her partner, Rob McFaul are currently out in Kambia. Clare is a paediatrician and Rob has been helping us with logistics and planning.

Here is an account of their experiences so far:

First thing to say is how delighted we are that we came to Kambia!

The Kambia Appeal appeared on the horizon a few years ago when Clare worked in Cheltenham hospital and heard a talk by Mr Kerr Wilson; travel had always been something that we had wanted to do together and when the appropriate time came for our respective career-breaks, Sierra Leone and Kambia re-emerged on the radar after a chance chat with a friend who had spent a short stint in Kambia with the Appeal the previous year. So in many ways we are here more by luck than judgement, but isn't that how some of the best things in life come about?

Sierra Leone is definitely still an eyebrow raiser in the travel stakes, and friends and family all had a similar disbelief and anxiety when we told them our intentions; their views being stoked by old war-time news reports and a rather famous film showing the muddy waters of the diamond trade. With nearly ten years of peace and two sets of democratic elections behind it, SL is putting its past behind it and moving forward. Even in the time since we arrived in January we can see things getting better. In Kambia optimism is tangible, infrastructure is being built, roads are being constructed, libraries are opening, houses are rising up out of the red dusty soil and everywhere you look there are children in clean uniforms going to or from school.

Within this setting sits the Government Hospital – which when Clare arrived to work there in January 2011 was some way behind in the optimism race.

Clare and Rob were accompanied for the initial 3 weeks by Professor John Buckels, a recently retired surgeon.

Clare: Work in the hospital was without doubt a tough experience at the beginning. One full time doctor in the 100-bed hospital was supported by 3 newly qualified community health officers of variable quality and the frontline care was delivered by untrained, unpaid and under-valued volunteer nurses. Beleaguered, fatigued and medically ignorant attitudes pervaded the rather depressing wards, and there was a sense of an endless uphill struggle. It doesn't matter how good your trained staff are, you simple need more of them in this context. The doctor who covered inpatients, outpatients and the administrative running of the hospital itself had done a miraculous job to keep sane in what can only be

described as an extremely difficult environment, and my initial impressions about the quality of his clinical care were soon replaced by respect for what he was actually able to achieve.

I pitched up on day one to find the paediatric ward (which I had been "given") full of children, some moribund and with no written clinical notes, no drug charts and no handover. The implications of what "untrained nursing staff" means dawned on me as my first ward round progressed, and I saw



Clare and visiting Professor John Buckels

convulsing children one after the other. In a context where nobody is trained how to deal with sick people, patients that shout the loudest often get the attention of the nurses whereas the sickest and quietest individuals are left languishing. This combined with the general lack of any urgency made the task ahead seem mammoth.

Families bring children to the hospital often as a last resort after trying traditional medicines, and for some it is too late for meaningful treatment, even if they could afford to purchase them. Medicines are free for children under 5 years of age, pregnant women and lactating mothers, but everyone else has to pay – and pay for everything, from intravenous (iv) lines, fluids giving-sets and needles, to syringes, medicines, sterile water to make up iv antibiotics and operations! If they need transferring to another hospital, the families have to pay for fuel (which are essentially UK prices at £1.20 or Le8000 per litre), and for some are prohibitive. We have no iv antibiotics, no iv anti-convulsants and no



normal saline (which is used everyday in the UK), so there is a lot of making-do, and the uncomfortable practice of sending families off to the market to buy basics such as iv penicillin is a daily occurrence. It's impossible to know the quality of these drugs or whether they've expired; sometimes the names of the drugs have been wiped off, the vials having passed through many sweaty hands, but the children are sick and the choices limited so we use them in lieu of any alternative. How the market ends up so well stocked, but the hospital pharmacy is devoid of these basics is a matter for much debate. Bleak as this sounds, reflecting back at this stage I realise how far we have come since the early days - things are better here! We have been chipping away at some of the issues that are within our control – mainly teaching and protocol-writing to raise and standardise the quality of care. The hospital ticks on, the wards are full, we are treating plenty of people and doing some good public relations work with the community to instill some kind of belief in 'western' medicine alongside the traditional. Our weekly teaching afternoon with the volunteer nurses has helped to galvanize the messages, and get everyone up to speed with what we require of them – the paediatric ward has law and order, people know what they should be doing. There are some extremely good volunteers who soak up information and put it into practice daily, improving the standard of patient care.



The very excellent CHO Terena Tholley and magnificent Paediatric Sister Hawa Kamara

Teaching always ends in competition, fun & games and sweet rewards (literally!), so all in all it feels much more optimistic than the early days. The arrival of Kambia Appeal doctors Stacey Mearns in February and Elinor Young in April, along with that of Dr Ashley (a young doctor from Freetown) has given more oomph to this positive

momentum, and there are currently 5 doctors working in the hospital (2 SL and 3 KA)! Some things remain out of our control but influence the everyday working life; the work and the need for support is far from over. People continue to die from poverty due to their lack of money to buy drugs; it happens on a weekly basis (and in a bad week, on a daily basis), and grates on the soul. For me having come from the UK and working in this environment, money being a barrier to health care is like having one of your senses removed, all the lights going out and plunging into a lifetime in the dark remembering what it was like to see beautiful landscapes. It seems so dirty that it should come down to money... and of course, it is a bitterly ironic paradox that the most in need are the least able to afford it. Working in a place where a young man dies in the afternoon having screamed out in pain in the morning "I'm dying! I'm dying! I can't afford the medicine" is something that echoes in your mind at the lowest moments - he had complications of typhoid.

Rob: We have been busy on other fronts as well! We raised over £4000 before we came to Kambia to invest in a sustainable healthcare project in the district. Our investigations into how to squeeze the most sustainability out of the money we'd raised took us down some tortuous avenues, but ultimately led us towards the building of a new health centre at 'Mile 14' - one of the villages that is currently lacking access to any healthcare services, so named because it is 14 miles from Kambia! A health centre made out of real Kambia-mud bricks felt like the best use of everyone's money, time and effort, will directly serve 5000 people... and will be still standing in 20 years!

Kambia mud bricks!



Laying out the foundations

We started building on the 26th March and we will be having the opening ceremony on the 11th June when we handover the building to the District Health Team. It has been a true community project, the villagers have taken ownership of the endeavours from the start and all we have really done is open up a small pot of money. Everyone came together to offer their time and muscle, united in the common goal of getting a healthcare facility for their village. It has been amazing to see what can be achieved with the right combination of community support and available finance, and in just over two months we have a new health centre on the map.



4 weeks later roof up, we're ready to plaster the walls



6 weeks later, Rob and Clare outside the health centre

This is not the end of the story. It's a three phase project, with the health centre building as phase one; further fundraising will be needed for phases two and three, which will be the building of separate living quarters for the health staff, and the building of a well so the clinic has a protected water supply respectively. In time we'll have a fully functional health centre that not only the Tonko Limba chiefdom but the whole of Kambia district will be proud of!

A first for the Kambia Appeal, I am the first non-medical volunteer to spend a long stint in Kambia. A business consultant in London, I was under no illusion that the usual "strategising" and "going forward" chat of the City boardrooms would not apply in rural West Africa. Instead I came with an open mind ready to support the local Kambia Appeal man-on-the-ground juggling his several projects and to tap into the many development projects in town. Ditching the Blackberry and PowerPoints, to begin with I spent a lot of my time knocking on the doors of hospital staff, councillors, village chiefs, local NGO leaders and other movers and shakers of Kambia to gain their trust and suss out how best I can lend a hand. Frustrated at times with the slow pace of things, corruption and the impenetrable political network of chiefs, elders and civil servants, five months on I find I have my fingers in many pies! Amongst things; the hospital administrators are keen for me to help with their IT and pharmacy stock keeping, the KA project manager keeps bugging me for more Excel and budgeting lessons and I'm hoping the health centre project with its simple cookie cutter design and community involvement will be the first of many KA built health centres in the district.

All told, there is definitely potential for any of you non-medics out there considering some time in Kambia!

If you would like to donate to the health centre project, please drop in on www.bmycharity.com/clareandrobisieraleone or to read more about our time in Sierra Leone check out our blog www.sweetsalonetimes.tumblr.com

Donation of an ultrasound machine.

When the Glos Hospitals NHS Foundation Trust asked us if we had use for an 'about to be replaced' ultrasound machine, we leapt at the chance. The Trust were kind enough to store it for us until we had a container going out to Kambia. Chrissy Spencer from the Ultrasound Department at Cheltenham went out with David Holmes and the rest of the training team in November 2010 to train medical staff in Kambia on how to use the machine.

Here is Chrissy's account of the trip:

The news of the new ultrasound machine in Kambia Hospital spread like wildfire. What began as a trickle of ladies arriving each day became a torrent. We would arrive at the hospital each morning at about 8.50 to greet about 20 - 30 ladies eagerly waiting for their scan. Many of these ladies had been travelling since about six o'clock that morning from various rural communities by a variety of transport. This would include 'on foot',

by poda-poda (this is the local bus which is a real bone shaker especially on non tarmac roads) and for the more affluent ladies the local taxi – a small motorbike!!! Ladies even came from the neighbouring countries of Liberia and Guinea in eager anticipation of an ultrasound scan. All the ladies would be immaculately dressed in matching robes and headscarves which were all colours of the rainbow. This would never cease to amaze me as there was no super fast extra efficient washing machine for them with Persil Automatic guaranteed to keep all colours as bright as the first day you had worn them, just a bar of soap and water from the local well.



A whole industry grew up outside the ultrasound room. The lady selling the little bags of drinking water thought all her Christmases had come at once. In order to have an ultrasound scan it is mandatory to have a full bladder. This is not easy in a country with high humidity and soaring temperatures and so clean drinking water was a must and the 'water lady' did a roaring trade. She would be followed closely by the 'peanut lady' who sold plastic bags of peanuts that were crushed into a paste and could be sucked out of the bag. A delicious and highly nutritious snack. At lunch time the 'barbecue lady' would arrive carrying a large oval straw tray balance precariously on her head full of different types of barbecue meats, one can only guess as to what these were. And finally in the afternoon we would see the arrival of the 'sweet lady' selling a small sweet made of what looked like popcorn joined together in a sugar syrup. Of course there were also all manner of street peddlers coming and going during the day selling dusters, baby clothes, watches etc . . . These sellers knew they had a captive audience who could be waiting all day and so they used their best selling techniques.



As the week progressed the numbers outside the ultrasound room increased and so consequently did the noise level. I was teaching about 5-6 students at a time in what can only be described as a box room (the size of room that estate agents describe as a third bedroom but is actually only a

broom cupboard) There was no air conditioning which became nearly unbearable in the heat of the midday sun . I would laugh as the Kambian students would moan about the heat and be permanently fanning themselves with what ever they could find whilst I would be losing about a kilo in weight in water per hour. What we needed was a 'fan seller' !!!!!

Eventually the noise outside made it impossible to teach so I poked my sweat covered head out of the door and shouted ' if you don't all be quite I am not scanning anyone else today ' and then quickly closed the door. We have to scan in a darkened room so the door cannot be left open. After about 5 minutes all my students started rolling around in laughter . One of the ladies outside had stood up and shouted at the other ladies 'SHHHH... WHITE MAN REALLY ANGRY '

At least I got my point across!!!!

Kambia Scholarship programme:

In 2007 we launched the Cheltenham Scholarship Fund to help young people from Kambia study for medical qualifications in Sierra Leone. By the end of this year we will have supported 13 students through their training to become Community Health Officers. All the scholars so far have demonstrated great determination to pass their exams and to return to Kambia to run rural health centres in the district. CHOs carry out life-saving medical interventions and basic surgery, train other local health workers and provide health education for their communities. They are in charge of providing all maternal and child health care in their catchment areas, running antenatal clinics and referring high-risk women to the hospital for emergency obstetric treatment. They are also responsible for child immunization and running Under 5s clinics. CHOs are the most senior health staff in the rural areas.



One of our newly qualified CHOs, Mohamed Al Kamara from Rokupr in Kambia, explained why it was important for him to study at university: "I tried my level best to become a CHO in my lifetime so that I would be able to reduce mortality and morbidity in my district of origin. I chose to be a CHO when I learnt that there are only three CHOs in Kambia and that these cannot speak my district's local languages, so people find it difficult to explain their health problems to the medical staff. Now that I am qualified my community do not have fear in me because I speak their own tongue.

I thank The Kambia Appeal for allowing me to achieve this." Mohamed was one of our new CHOs who were also able to participate in the IHLFS training courses last year.

To continue the Scholarship programme over the coming years, The Appeal has responded to a request to help increase the number of qualified nurses working in the Kambia District. We have recently agreed to sponsor 5 students to train to be State Enrolled Community Health Nurses (SECHN). The training in Freetown takes 3 years and costs around £1,000 per student per year. We currently need to raise £8,000 to add to our existing scholarship fund to guarantee funding for the duration of the course. If you would like to support this project, please see our dedicated online giving page at www.kambia.org.uk

We are also indebted to John Kloer and his golfing friends for all their support to our Scholarship programme. John has held a golf day for us each year over 5 years and raised nearly £20,000. This has been a fantastic boost to the scholarship fund and has ensured that Kambia now has more qualified health staff. See more information on the most recent golf day on Page 8.

Fundraising Highlights: 3 Peaks Challenge by another 'Dr. Holmes'

"I was fortunate to attend the first teaching trip to Kambia in February 2010 whilst in my final year of medical school. I was moved by the trip and experience I had and felt like raising some money for a fantastic cause. Ben Nevis, Scafell and Snowdon are the highest mountains in Scotland, England and Wales. A group of four University of Liverpool students climbed these three peaks and navigated their way between them on bicycles over 6 days in the height of summer 2010.



It was hard work but extremely rewarding to cover the distance and raise some money for a very worthy cause. A total of just over £2000 was donated to the Kambia appeal because of this trip. A big thank you to all of you who donated and to Merseytravel and Mjcycles for all their help."

James has since graduated from medical school and is now a fully qualified Doctor. Let's hope he contemplates another trip to Kambia at some point in the future!

Charity Golf Day At Ullenwood - 16th July 2010

This year was the 5th year of benefiting from the Cotswold Hills Golf Annual Charity Day, raising £2,385 and we are indebted to the Captain and the Directors of the Club for giving the Kambia Appeal this opportunity. We shared the proceeds with Prostate Cancer. Although we had some short violent storms during the day, the weather was generally favourable towards the 120 players who turned out. The generosity of companies and individuals ensured that we had a very attractive table of golf and raffle prizes, the caterers provided a three course meal, and there was a general feeling of goodwill and camaraderie in the clubhouse after the golf. We could not put on an event of this size without the voluntary support of members of the club and my thanks are due to all the starters and ball spotters. I must make special mention of Peter Winrow for his drive, enthusiasm and experience which he freely provided in the months leading up to the event and equally on the day, and to Maureen Winrow and her team for carrying out in such a calm, unflurried way, the registration of teams of players and the task of interpreting scorecards to find our winners. *John Kloer*

How can you help?

We could not make a difference in Kambia without the funds we receive from our supporters. so we are always thrilled when people say they will help. Whether you are interested in taking on a challenge of a lifetime or organising a smaller event, we would be delighted hear from you. Here are a few fundraising ideas which might get you motivated to make a difference:

★ Hold a coffee/cake morning and invite someone from the charity to give a short talk

★ Raise money from your sofa and shop at



and other e-retailers using the link on our website www.kambia.org.uk. We will receive 5% of what you spend with Amazon at no extra cost to you. Spread the word!

★ Knitting hats and blankets for new babies

★ If you or your children are members of a club, could you raise funds together by organising an event or taking on a sponsored challenge? Alternatively perhaps you and your work colleagues would like an opportunity to bond by taking on a challenge together.

★ Do you want a reason to get fitter and feel great about yourself? Climb the Three Peaks, walk the Coast to Coast path or enter a running/cycling or swimming event that will stretch your stamina.

★ If you are a member of a school PTA, a member of our committee would be

delighted to come and give a talk to the children about life in Sierra Leone with a view to developing their knowledge of the world and perhaps establishing a link with the children of Kambia.

★ If you are celebrating a special birthday or anniversary but would rather not receive gifts, why not ask friends to make a donation to the Kambia Appeal on your behalf

Ladies' Supper Evening

Stalwart Kambia supporters Polly Boyd and Lizzie Pelley held a Ladies' Supper Evening and raised over £2,000. As well as a delicious three course meal there was an opportunity for a little pampering and shopping ... a perfect combination!

Curry Night & 'Crash Course' in Tropical Medicine

Mark Whyman has for the last two years organised two very successful events for us, the ever popular curry night, with Mush Rahman once again serving up a wonderful meal for everyone. The evening also included a talk by Jen Pearce, an auction and a 'kambia quiz', the evening raised £2,000.



'Chef' Mush Rahman

In its second year now, is Mark's 'Crash Court' in Tropical Medicine -which brings in delegates from far and wide and covers the basics needed for medics visiting Africa. The event raised over £3,000.



And still more

Ian Danby, a friend of James Dowling, ran a marathon for us, raising £822.



Dr Philip Wilson & Sue Hussey got married in 2010 very kindly donated to the Kambia Appeal in lieu of wedding presents, raising £1085.

Sadly we lost a great supporter of ours, Si Cox, who helped us set up our first website and many of you will remember from the Kambia Barn Dance, or 'Ceilidh' in 2008. His wife Roz asked for donations to the Kambia Appeal rather than flowers, raising £1146.

And finally some views and thoughts on the IHLFS grant and the training

David Holmes - Consultant Urogynaecologist:

The awarding of an IHLFS grant to run training courses in Kambia over three years has been a huge bonus for the Appeal and its partners. The aims of the project are to teach the skills required to reduce the number of women in Kambia district who die as a result of childbirth, and to reduce the number of their babies who die around the time of labour and delivery. The ramifications of the Grant have been complex, particularly since under its terms we not only have to give the training required to the CHOs, Maternal & Child Health Aides and Volunteer Nursing Aides but also to show that it has been effective. In a developing country there are many other factors which can influence these figures.....such as the recent introduction in Sierra Leone of free healthcare for pregnant women and children under five, and so to show a difference we have had to compare the statistics we have from Kambia to those from another area, Port Loko, where no similar training has been given. All this takes time, organisation and enthusiasm! The first is a scarce commodity everywhere but latter two we have in abundance both here and in Kambia. Two training courses have been completed and a third is poised to take place in May 2011. The first course in Feb 2010 and the second in Sept/Oct 2010 were a steep learning curve for us all, but both were highly successful based both on participant feedback and their exam results. I would like to acknowledge both the groups of professionals who gave up their holidays to come to Kambia and teach lifesaving skills in a very different environment from that which they are used to work and also those involved in the vital task of monitoring and evaluation. The enthusiasm and commitment for the project, both here and in Kambia, is humbling, and continues unabated as we plan for a refresher course in November 2011.

Jen Pearce - Resuscitation Trainer:

There are many highlights for me, the biggest one I think was the day after I had taught a group of MCHAs about resuscitation, I went to the maternity block to do some hands on teaching of resuscitation and one of the MCHAs threw herself into my arms and shouted "Sister Jen, it works it works! You taught us how to resuscitate and over night we saved a mum and her baby!!" That is special. Also the team being bundled into the back of a dilapidated ambulance, sent on a boat for hours to an island and the whole village coming out to greet us. Very special. Another moment- all sitting around in the 'dining' area at base camp drinking a cheeky gin reflecting on our day- everyone had had some special memory to share and as we sat eating our meal as the generator died and the head torches came on I realised how lucky we are, but what a privilege to share in some of the most fun/tear jerking/and special moments with people I had previously not known. Another moment - sitting on the floor with some of the children at the hospital blowing up balloons and watching them laugh hysterically when they popped in my face!!



Mike Webb - Consultant Paediatrician:

I have returned immeasurably richer for the experience, in innumerable ways. I believe we have been successful in our aims in terms of what we were able to take to the people of Kambia and Sierra Leone, and I'm looking forward to reviewing both the 'data' and our impressions with a view to determining how we might do even better on a future trip. I hope we shall be able to extend the Trust involvement with Kambia.

Mark Whyman - Consultant General and Vascular Surgeon:

We are so lucky to live and work where we do. All of us have brought home far more than we took and this international link is of more benefit to staff than can ever be measured. On a personal note I would like to say what an incredible sense of camaraderie prevailed while we were away. I think we made some splendid friendships, not just work relationships, and I think we all understand the work our colleagues do just a little better now as well. If only more staff had our opportunity! We look forward to sharing something of this with you at the next link meeting.

