

HABARI

news from AMREF Canada

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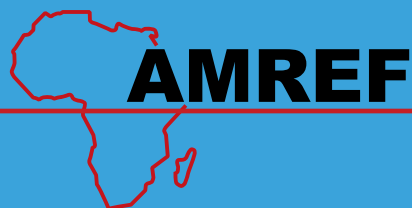
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FALL 2009

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AMREF IS . . .

...the African Medical & Research Foundation - the world's leading international African non-governmental health development organization. AMREF improves African health through African-led initiatives.

Founded 50 years ago in Nairobi, Kenya as the Flying Doctors, AMREF ensures access to good health for the most vulnerable and marginalized people in Africa. With their active involvement, we develop and implement innovative and sustainable solutions to critical health challenges facing the continent. AMREF's projects provide access to clean-water, train health workers, prevent HIV/AIDS and malaria, and save lives through our Flying Doctor Service. More than 90% of our staff is African. Rather than giving handouts, we are a unique organization developing sustainable, cost-effective solutions based on a deep knowledge of local economic, social and cultural contexts.

AMREF has 11 offices in countries outside Africa. AMREF Canada supports our vital projects in Africa by raising funds, providing project support, building capacity, raising awareness and engaging Canadians in African health development. AMREF received the Bill & Melinda Gates Global Health Award for making a major lasting contribution to the health of people in Africa.

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If You Teach a Man to Fish...

When visiting Africa, we often don't realize how scarce health care is, but living there makes it crystal clear. For many, a doctor is a mythical being akin to Santa Claus. The "Brain Drain", civil wars and poverty all lead to poor health.

AMREF's approach was to consult communities on their health needs and then train local health staff. By affordably training nurses, midwives and community health workers, even the poorest people could be helped.

The Flying Doctor Service began on-the-job training at rural hospitals and in 1975, AMREF's Training Centre in Nairobi, Kenya opened its doors to rural health workers. Hundreds of students from across Africa applied. So AMREF introduced distance-learning with mass communications like popular radio talk shows on health and its medical resource library became the most popular textbook collection in Africa.

In 1987, with McMaster University, AMREF introduced a Nairobi-based Diploma in Community Health and within seven years, 150 graduates were leading medical teams of their own.

Training spread like wildfire to Uganda, Tanzania, Ethiopia, and South Africa and in 2005 a new e-Learning programme allowed AMREF to start upgrading the skills of over 20,000 nurses from "enrolled" to "registered" status. Shortly after, the John Nixon Memorial Scholarship began to upgrade the skills of rural laboratory technicians. Even more recently, AMREF opened Southern Sudan's National Health Training Centre, producing 80% of the country's midwives, traditional birth attendants and clinical officers.



Salima Pirani, Editor

Today, AMREF trains thousands of health workers in almost 40 African countries. The long-term impact of this training is greater than that flowing out of any other AMREF activity. In our 52 years, AMREF has trained 500,000 health workers. When you calculate that one trained health worker represents 1,000 lives saved, that's 500 million people that AMREF has helped and continues to help.

That is what this issue of Habari is about; strengthening what we consider to be Africa's greatest resource: it's people. I hope that you enjoy reading this issue of HABARI.

"Habari" is a greeting in Swahili, a widely used language in much of East Africa. It is also used to mean "What's new?" or "How are you?"

AMREF Canada exercises every effort to minimize costs and provide more funding to our programs. 100% of the creation of HABARI is generously donated by our graphic designer, **Jennifer Balcerak** and our printing sponsor, **Digital Propoganda**.



By spending less than \$2,500 – the cost of postage – we hope to raise \$50,000 to improve health in Africa. Help us reduce costs further by subscribing to HABARI online. Simply e-mail Melanie Sharpe at: msharpe@amrefcanada.org with the subject: "HABARI Online Subscription".



STRENGTHENING AFRICA'S BEST RESOURCE: ITS PEOPLE

Every year, AMREF trains more than 10,000 health workers in 40 countries across Africa. Whether it's working with ministries of health, alongside traditional healers or empowering mothers, AMREF's training has touched nearly 60 million people across Africa. Here are updates on your support of our training programs at work.

Traditional Healers in South Africa

More than 60% of South Africans visit traditional healers before seeing a doctor. Even under a doctor's care, most people continue consulting their traditional healer. In poverty-stricken areas, healers provide care for more than 80% of the population.

In 2004, AMREF and the local Ministry of Health launched a pioneering program to train traditional healers on basic HIV/AIDS counseling, hygiene and sanitation, home-based care and hospital referrals.

100 healers have been trained and provided with home based care kits. The Ministry now recognizes them as part of the formal health care system. Patients report receiving better quality of care and the number of people being referred to clinics has increased from zero to 10%.



Mother Coordinators in Ethiopia

The nomadic people in the remote Afar region of Ethiopia are prone to malaria because most don't know how to prevent and treat it. Pregnant women and children under five have the highest risk of dying from the disease.

AMREF trains mother coordinators to teach their families and communities to prevent malaria with bed nets. They also help educate people on how to provide treatment for family members with symptoms of the disease.

To date, AMREF has trained 300 mother coordinators who have reached 25,000 people with life-saving knowledge.



Sex Workers in Uganda

Home to 300,000 residents, Kampala's Kawempe slum is overcrowded and has poor sanitation. Few people have jobs, leading many women into the sex industry. Kawempe's HIV/AIDS rate is higher than the national average.

AMREF is providing Kawempe's sex workers with education and counseling on HIV/AIDS, job skills training and support to help them find alternative work.

More than 500 women have now been helped. 390 have completed their training and received a micro loan to set up their small business. Many women have completely left the sex industry and all report leading healthier lives.



Midwives in Southern Sudan

After 21 years of civil war Southern Sudan's health care system was decimated. Facilities were destroyed and medics fled the country. The situation is devastating for pregnant women.

With the highest maternal death rate in the world, an average of 2,000 Southern Sudanese women die for every 100,000 who give birth. In North America and Europe the average is nine. Most women can be saved with basic health care but only five per cent have a midwife during labor.

Finding high school graduates and qualified teachers is difficult but AMREF has begun training more midwives. To date, 45 students have taken the course, and 15 have already graduated and are now working to help their communities.



HIV/AIDS Counselors in Tanzania

In Tanzania women are two and a half times more likely to have HIV than men, often because of poverty and gender inequalities. Discordant relationships – where one partner is HIV positive and the other is negative – have become increasingly common. Most people fear revealing their status because of the stigma associated with the disease.

To address this, AMREF and the Tanzanian Ministry of Health are training counselors to support discordant couples. A total of 47 counselors have been trained and an additional 150 people are promoting the service to reduce the stigma associated with HIV.

To learn more and support AMREF's innovative training programmes visit; www.amrefcanada.org



NURSING THE FUTURE:

feature story

It was fall of 1992 when Anne Kamene decided to go back to school. As a 20-year old single mother, she took a huge risk but she knew upgrading her skills would pay off for both her and her six-year old daughter.

Anne moved from her hometown of Tiva in Kenya's eastern province to Muranga, a town of 12,000 people, not far from Nairobi. There, she attended the Muranga Medical Training Centre for two and a half years and graduated as a community nurse. Anne was then offered the chance to go on and achieve her nursing degree.

"My daughter was eight years old by the time I graduated. I could not afford to pay tuition fees and remain unemployed for two more years," remembers Anne.

Instead, like most graduates, Anne took a job as an enrolled nurse.

"But my dream was always to become a registered nurse," she said, "While working as an enrolled nurse, I was limited in the care I could offer. I became frustrated. I really wanted to give my patients a higher standard of care."

Sadly, Anne wasn't alone.

Kenya's Skills Shortage

Of the three levels of nursing in Kenya, two-thirds of the country's nurses have an enrolled certificate, like Anne. Just over a quarter are registered nurses (RNs), while only six per cent have a nursing degree.

RNs and nurses with a degree are trained in specialized fields, conduct medical research and manage hospital wards. But very few students can afford tuition fees for either level of training and remain at the enrolled level.

The trouble is, enrolled nurses like Anne are unable to meet the needs of most patients across the country. They aren't trained to manage major diseases, but in Kenya 60% of all public hospital beds are filled with people with HIV/AIDS. The World Health Organization recently announced that Africa's shortage of trained health workers is one of the biggest hurdles to improving health across the continent.

The Nursing Council of Kenya and the Kenyan Ministry of Health realized this back in 2001 and turned to AMREF. They needed to drastically transform the country's health care system and asked AMREF to design a training programme to upgrade Kenya's 22,000 enrolled nurses to RNs.

"The scale of the challenge was daunting," recalls AMREF's Virtual Nursing School Coordinator Angela Nguku. "Even though AMREF was a leader in this area, we had never designed a programme of this magnitude before and clearly, training 22,000 nurses in classrooms would be impossible. Kenya simply doesn't have enough schools, teachers or training centres. And most students still can't afford tuition."

It quickly became obvious that the only way AMREF could meet these challenges was through technology.

A Bright Idea

Information technology has already drastically transformed many African countries. Wireless providers now service urban slums, isolated villages and even camps for internally displaced persons. Farmers and traders in rural areas get up-to-the-minute information on cattle and food prices while internet kiosks link millions of Africans to the World Wide Web.

In 2005 AMREF announced it was ready to upgrade Kenya's enrolled nurses. In partnership with Accenture, a global technology company, AMREF launched its first ever e-Learning programme.

Computer-based learning would solve many of the challenges Kenyan nursing students faced.

Electronic course materials eliminated textbooks, which were expensive to update, print and distribute. Every student received their curriculum on CD-ROM, which they could study anytime on any computer.

Computer labs were set up in every nursing school across Kenya and AMREF guaranteed additional computers to any



NEW BREED OF KENYAN NURSES UPGRADE SKILLS THROUGH E-LEARNING

health clinic or hospital with five or more nurses taking the course.

The two-year course covers everything from community health, pediatric care, midwifery, mental health care and infectious disease treatment and prevention. Before graduation students are also expected to perform a clinical placement.

In 2007 – two years after the programme began – the AMREF Virtual Nursing School was established in Nairobi provide students with centralized leadership and technical assistance.

Adapting to a New Technology

Not long after the centre opened its doors, Anne Kamene enrolled.

“It was a new concept for me,” explains Anne, who had been working as a community nurse for 13 years and supporting her growing family. “I had never used a computer, but to my surprise I didn’t find it hard to adapt to e-Learning.”

Studying for a registered nursing diploma while working full-time, wasn’t easy. Anne would leave work at 4pm and study in the computer lab until 7pm. She would go home and care for her young son, go to bed and wake up at 4am to study again. At 6am she would help her son get ready for school and start work at 7am.

“There was a time when I was so tired, I felt like giving up completely. But I knew my nursing programme would benefit my family,” she says.

Anne eventually graduated, and is proud to say she is a registered nurse.

Since AMREF’s e-Learning programme began an additional 1,097 enrolled nurses have upgraded their skills and are now registered nurses. An additional 600 nurses will graduate this year and almost 6,000 are currently in the programme.

E-Learning Challenges and Endless Opportunities

There are still many challenges. The course costs more than \$1,600 and most students working as enrolled nurses only earn \$200 a month. Some of the nursing schools face technical problems and clinical placements can be hard to find.

Despite these challenges, the programme is successfully tackling the shortage of nurses across Kenya and is becoming a model for other countries. “Each trained nurse represents over 1,000 lives saved,” says Dr Peter Ngatia, AMREF’s Director for Capacity Building. “And because e-Learning is less expensive and faster than traditional programmes, the model can easily be replicated across the continent.”

Working closely with the Ministry of Health and three universities, AMREF is expanding the programme into Ethiopia, which has some of the world’s lowest health indicators. Other East African countries, Rwanda and parts of southern and West Africa have shown interest in adopting the programme locally as well.

But most importantly, the programme is saving lives right now.

Lives like a young boy whom Anne recalls was brought into the hospital not long after she became a registered nurse. The boy was in and out of consciousness and his mother was panicked over his rapid weight loss. Tests determined the boy had malaria coupled with hepatitis B – a dangerous disease that attacks the liver.

Anne noticed the doctor had prescribed paracetamol to reduce his fever and pain. But Anne remembered from her training that the drug can cause liver damage, a deadly side-effect for a child already fighting off hepatitis B.

Anne decided not to give the boy the medicine.

“I questioned the doctor and suggested an alternate medication,” she explains. “The doctor agreed that the medication he had prescribed could have caused a lot of damage. I would have never known this without my training.”

With thousands of nurses like Anne who are upgrading their skills AMREF’s e-Learning programme will surely save even more lives.





HELP WANTED

MEET CHARLES

Last year Charles Alule received an AMREF Canada John Nixon Memorial Scholarship to attend the Laboratory Refresher Course at AMREF's training institute in Nairobi.

Charles is a lab technician at the Lira Hospital in northern Uganda, where ten laboratory professionals serve more than 10,000 people. AMREF Canada recently spoke to Charles about his work and the challenges he faces improving health in his community.



AMREF: Why did you take the Lab Refresher Course?

Charles: My boss told me about the course in 2007 and I was instantly interested. Unfortunately I could not pay for tuition and there wasn't anybody to cover my absence at work. A year later the AMREF manager in charge of the course called and offered a scholarship through AMREF Canada. I was so thankful and immediately went to Nairobi. I learned a lot of up to date information including sample collection and analysis, lab operating procedures and data management.

AMREF: What is a regular work day like at the Lira laboratory?

Charles: I start work at 8:30 am, and begin by organizing the lab, ensuring that all of the materials for routine tests are available. I then receive specimens from different hospital wards and begin recording and reporting results. I also supervise lab trainees and participate in disease surveillance within the district.

AMREF: Do you face any challenges at work?

Charles: There are quite a few challenges. We have a shortage of laboratory staff, proper equipment and supplies as well as a heavy workload. Lira is in northern Uganda, where people are still recovering from war – so this also poses many challenges.

INVEST IN AFRICA

Switch to the Health for Africa Monthly Giving Plan

Join Frances and many others and sign up for the Health for Africa Plan today! In Africa, through AMREF Canada, a dollar goes a long way.

\$10/month sends 50 people to a one-day AIDS awareness workshop (that's only 33 cents a day)

\$15/month saves 10 children from losing their sight to trachoma (that's only 50 cents a day)

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Please join AMREF's Health for Africa Plan today!
Sign up using the enclosed card or call us at 1-888-318-4442

"Having been to Africa myself, I know the need that exists there — and that AMREF does important work. It's a very worthwhile cause and by giving monthly, there is a reliable, continuous stream for funds for AMREF projects. Plus, it's so easy!"

- Frances

AMREF Health for Africa member

Last March 400 people gathered outside the Ojom Health Centre in Katine, northern Uganda. With support from AMREF, local health officials unveiled the town's first ever medical lab.

On the first day, lab technician Eriesa Oluja took blood samples from 200 people.

"We are not used to having such a service here," said Moses Elebu while Oluja pricked his arm for a sample. "In the past an NGO would come only once in a while to test."

The chronic shortage of medical labs and technicians across East Africa is most severe in rural areas where most people still live. There aren't enough technicians and many aren't properly trained. But without labs, health workers can't accurately diagnose and treat patients. Disease outbreaks become near-impossible to manage.

Up-to-date labs and skilled technicians are a critical component to achieving better health in Africa.

Dr. John Nixon understood how important laboratory services are. In addition to being a former AMREF Board Member and longtime supporter, he was a pioneering supporter of AMREF's lab programme.



After passing away in 2006, Dr. Nixon's friends and family set up a scholarship fund in his memory. The scholarship supports lab technicians working in remote communities from across East Africa through AMREF's Lab Refresher Course.

The only course of its kind in East Africa, the 12-week full time programme focuses on lab management, examination of specimens and proper equipment use.

So far 155 technicians from nine African countries have graduated from the programme. Each one has returned to improve health in their communities.

There is room for 20 technicians every year, but usually only nine attend because of a lack of funding.

Back in Katine, technician Oluja proudly announces, "Of the 200 people I have tested, only two are positive."

Having traveled to Katine to open the facility, Oluja says that the town has been running newspaper ads to hire a permanent technician.

So far there is nobody qualified for the position, but the townspeople lining up to get tested are hopeful somebody will come forward.

With files from Richard Kavuma and the Guardian.



2009 MARKETPLACE REVIEW

This May, Toronto's waterfront came alive with the sights, sounds and tastes of Africa at AMREF Canada's 13th Annual African Marketplace Gala. The evening was a great success, raising more than \$193,000 for better health in Africa.

Highlights of the evening included special guest speaker Brian Stewart, acclaimed CBC foreign correspondent, who shared his experiences reporting from Africa and his insights into the potential that exists within African communities. Emcee and AMREF supporter Lotte Davis and AMREF Tanzania's Country Director Blanche Pitt told their inspiring stories as well.

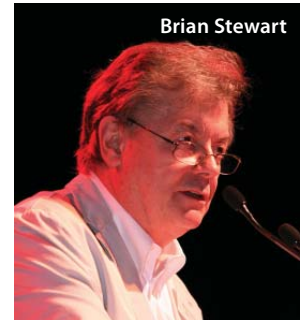
A special thanks to Adam Solomon + Tikisa, and the Mujejeje Marimba Band for their unforgettable musical performances!

Thanks to all of our guests, corporate, culinary and product sponsors, auction donors, vendors, committee members and last but not least our dedicated team of 100 volunteers who helped make the Marketplace a night to remember!

Asante Sana (thank you) to all! We look forward to doing it all again next year! If you would like to get involved in next year's African Marketplace Gala, please call 416-961-6981 or send an email to info@amrefcanada.org.



Lotte Davis



Brian Stewart



Blanche Pitt and Anne-Marie Kamanye

We couldn't do it without you:

Marketplace Committee: Julanne Steele Clyde (Chair), Tanja Thomson (Co-Chair), Steve Hafner, Doug Heighington, Gwen Mason, Marcia Walter, Maran Stern, Sue Torrie, Nicole Watson and Kelli Proudfoot.

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ANNOUNCEMENTS & UPCOMING DATES

New Board Members!

We are pleased to announce two new members have joined our Canadian Board of Directors. It's our pleasure to introduce them to you!



Will Tiviluk

Will was born and raised in Toronto, graduating from McGill University where he studied Economics. He has worked in the financial services field for 20 years and is now an Investment Advisor and Portfolio Manager with

RBC Dominion Securities, based out of Toronto's midtown Moore Park Branch. He also lives in the area with his wife Sydney and their two young children.

Will has travelled extensively and after having spent two weeks in Africa in early 2009 visiting AMREF projects, he is committed to helping raise the organization's profile in Toronto and across Canada.



Zaheer Lakhani

Zaheer is a professor at the University of Alberta and a consultant cardiologist. An Edmonton resident, Zaheer has served as a health care consultant in Tanzania, an examiner at Uganda's Makerere medical school,

and heads a local Rotary-supported program sending medical personnel to East Africa.

Among his many voluntary roles, Dr. Lakhani has also chaired the cross cultural roundtable on security reporting directly to the Deputy Prime Minister's Office.

A former board member of Aga Khan Foundation Canada, Zaheer currently serves on the boards of The Royal Alexandra Hospital Foundation, the Edmonton Community Foundation, and the International Health committee of the Royal College of Physicians in London, England. In 2006, Dr. Lakhani was appointed to the Order of Canada in recognition of his voluntary activities.

An Evening with Measha Brueggergosman!

Measha is lending her voice to support health for Africa! Set inside Toronto's historic St. Andrew's Presbyterian Church, the evening promises to be a night you will never forget! Individual and group tickets for this one-night-only event are on sale now – call 416-961-6981 or e-mail us at info@amrefcanada.org to reserve your seat today!



An Evening with...

Measha Brueggergosman

A special performance in support of AMREF

Saturday, October 17, 2009, 5pm – 7pm
St. Andrew's Presbyterian Church
73 Simcoe Street @ King, Toronto, Ontario

TICKETS ON SALE NOW!

\$60, \$125, \$175 - Ask about a private post performance reception with Measha!

Call now: 416-961-6981 or e-mail info@amrefcanada.org



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All proceeds from this event will support better health for children and their families in Africa.

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Thanks to our volunteers, the people who make it all happen....

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