

HUGH'S NEWS

News from Africa

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Let's Talk about Empowerment

By Jeff James

Reflecting back on my trip to Ethiopia and Kenya in February, I am reminded of our mission statement, in particular the phrase “*teaching and training the people we serve to care for their own needs as much as possible.*” In that phrase, we are talking about empowering people to rise up from abject poverty and take control of their own futures. We have multiple programs that work towards that goal – our orphan program educates, nourishes, and provides health care so that impoverished children have more options than the generations before them did.



Matoso, Kenya - An RCAR guardian with two Lalmba orphans.

Our microfinance program enables entrepreneurs to realize their dreams of starting a business. And our health programs heal and provide valuable health knowledge so that people can remain strong to put their energy towards improving their livelihood.

Up to now many families have not been in a position to sustain themselves. That is why we provide basic food staples in our RCAR program. But today, we're beginning to visit and talk with each family we serve, examining their potential to, with our assistance, begin to care for their own needs.

As you likely know, in Kenya, we provide a variety of support to about 1500 orphaned children. Much of the financial responsibility for us is in providing food rations (mostly maize) to the children and the families that care for

them. One of our recent goals is to identify the families who have the capacity to be less dependent. Perhaps there is an adult in the house who is healthy and strong enough to work in order to feed the family, but he or she lacks the resources to get started. What if we invest in the guardian, in the form of a microloan, to train the guardian to increase the household income? The dependency on Lalmba's food aid could be broken!

These people may not be entrepreneurs with keen business ideas, but simple farmers who lack the capacity to increase their crop yield. Perhaps through low-cost irrigation systems or building cooperatives with other small farmers, we can find ways for that family to get on the path to self-reliance.

It won't be an easy task to identify those families, and certainly for many it's an unreachable goal. Take Margaret Akinyi Waninga for example.



Matoso, Kenya – Margaret Akinyi Waninga rests in the shade outside her house, while her grandchildren sleep.

Margaret is 80 years old; with partial paralysis in her legs she is unable to walk without a cane. Her children have died, and she now cares for her two young grandchildren. She receives aid through our Eldercare program and her grandchildren (*seen sleeping in the photo*) are enrolled in our RCAR program.

Without Lalmba's food aid, this family simply could not survive. But I also met caregivers who not only are strong enough to work, they want to be independent. They just don't know the direction to take nor do they have the means to get started.

("Empowerment" continued from page one)

So, we're going to help them find that path, assessing each family and identifying the next steps to achieve independence.

We will move slowly, thoughtfully, and prayerfully because a successful transition is imperative, and instilling hope for a brighter, more prosperous future is our ultimate goal.

Founders' Corner

By Hugh Downey

Our most often asked question is: "What's it like living in Africa?"

Marty and I have been living in Africa full time since last September 21st when Lalmba celebrated its 50th anniversary. Gosh, when we started, we had no idea it would grow to become what it is today. Following the 'party to end all parties' we quietly slipped away to a place in Africa called Nyageribe. That's home for us now. One degree south of the equator - it is humid but not uncomfortably so. The low temperature here has been 64° and the high 89° - usually with a lot of sun. We do not have a vehicle and walk just about everywhere.



Nyagaribe, Kenya - Deacon Hugh walks to Church

We live here in a simple grass hut (actually three of them). We share our homestead with a plethora of animals, most notably monkeys. Lots of monkeys. They come by every day to pick on leftovers. Marty feeds them out of her hand (I know - you shouldn't do that . . . but they're so cute).

We have an assortment of lizards, from the tiny gecko to the huge Nile monitor lizard. Every once in a while a hippopotamus comes by, but not often. Snakes . . . should we tell you about the snakes? Probably not, but I will anyway.

Last week we killed five venomous snakes – two black mambas, one green mamba (in our bedroom), and two puff adders, known to cause the most human deaths in all of Africa.

There – now we don't need to worry about your coming to visit. And birds – songbirds, little birds (finches), big birds (African fish eagle) pretty birds, and yes, ugly birds too.



Nyagaribe, Kenya – Our home!

Well, maybe I should not have shared so much detail with you – but it's home (and you are welcome to come visit). Did I say anything about the bugs?

Marty cooks great meals from local ingredients. We pretty much live off the local markets which mean a lot of beans and vegetables and yummy tropical fruits (mango, papaya, banana, and passion fruit). Marty bakes cakes from scratch (how long since you've done that?). We don't eat meat – not because it is Lent, but because it is hardly chewable (did I mention tough?) You know, we don't miss meat that much.

We do miss our children and grandchildren back home, and of course, you – our friends. We will be back in Colorado for the summer and perhaps will cross paths with you again. In the meanwhile, stay well and may God bless you.

We're different – but why?

You've been following Lalmba for years . . . and you know that we're different. But let me share with you some thoughts from the founders to explain why!

We're small! Yes, we do what the big guys do, but we are very particular about where we work. In fact, unless you had detailed directions, you couldn't easily find us. We only work in remote places where most other organizations would not choose. Small is good. It allows us to give close attention to the people and the objectives of Lalmba.

We are committed to the people we serve. We are not a relief agency that makes a short-term commitment. Let's see: we've been working with the people of Eritrea for 50 years, Ethiopia for 15 years, Kenya for 29 years, and though we are no longer in Sudan we were there for 18 years.

All of our professional staff are volunteers – doctors, nurses, administrators – none of them take a salary. They work from the kindness of their hearts.

We do not have a fancy office (we work from our homes) and have no company car. We receive no government grants and have no paid fund-raisers. Our newsletters seldom ask for money. We tell you what's going on and let you decide to support us. (That makes us very different). Our principal source of income is you. But we do have a 'gimmick'. It is our annual Christmas project. We bring some simple (frequently silly) gifts from Africa and ask you to buy it for \$100. That usually brings us around \$98 profit. Now, that makes us different too!

Diamond in the Rough

Volunteers Who Make a Difference



Chiri, Ethiopia -- Mercy Simiyu (left) dances with friends and staff members of CHC at a team building event.

It is a rare person who can step out of her own culture and into a distinctly different culture, learn the basics of two local languages and engage people as if they've been friends since birth. It's more than we ask of our volunteers. We ask for expertise in the fields of public health, medicine, and management. We ask our volunteers to lead from the background and empower the local staff. Yet, every once in a while a person comes our way and, through the strength of their personality and an unbridled passion for their profession, they are able to take a fledgling program and transform it to a level beyond our expectations.

One such person is Mercy Simiyu. Mercy is soon to complete her year as our public health director in Ethiopia. She is Kenyan born and U.S. educated. She received a Masters in Public Health from Tulane University with an emphasis on disaster preparedness. In Ethiopia, Mercy has inspired our public health team to innovate new and more effective ways to educate the community about preventable disease and malnutrition.



Chiri, Ethiopia – Mercy and the public health team review their roles in a drama they are about to perform for patients at Lalmba's Chiri Health Center.

At times in the past, our education has looked very much like a lecture – monotone delivery (with a megaphone) of the facts. (It's hard to make a personal connection to people when you're talking at them with a megaphone!)

Recently I went with Mercy to a remote village called Sheda, where she spoke to a women's group about diarrheal diseases in babies. Infant mortality is a huge issue in this part of Africa, and dehydration has caused many deaths. Her message was simple and easy to understand. She carried with her a water bottle, which she used as a prop, a pretend baby named Abraham. When Abraham was sick and had diarrhea, she turned the bottle upside down and unscrewed the cap. The water flowing out represented a sick Abraham. And when Abraham was healthy, the flow stopped. The women loved it and laughed, and the lesson was easy to understand.



These types of visual demonstrations are essential in a mostly illiterate culture. And with Mercy's imagination and leadership, she has enabled our public health team to think in these terms, inspiring them to create performances that rival Hollywood's best in terms of timing, humor, and emotional conviction. And the audiences are riveted, hanging on every word and taking away an unmistakable message that will reverberate through the community. You see, if we teach well, then the students who hear our lesson will then become the teachers. And that's how you reach the most number of people with limited resources. Another of Lalmba's goals being achieved! Thank you Mercy, and God bless you!



Chiri, Ethiopia – The public health gives a dramatic performance on malnutrition to patients at the Chiri Health Center.

“Adventure for a Cause”

Have you ever romanticized about the great African adventures of times past? Have the stories of Stanley, Livingston, Burton and Speke made you wish for the opportunity to embrace risk, confront your fears, and step into an untamed part of the world – utilizing your latent survival skills and instincts to discover what you are made of, and what you can endure? Imagine walking through Africa without trail blazes to show you the way, just a compass and a map, pack animals, tent camping in the wild, unpolluted night skies with stars of unimaginable brightness, night sounds of the hyenas whooping, hyraxes shrieking, and perhaps the occasional roar of a lion.



If you’ve never fostered those romantic dreams, and the thought of that fills you with dread, stop reading now. But if you recognize that adventure is part of your human equation, and a necessary catalyst for personal change, read on. I have an adventure that may appeal to you.



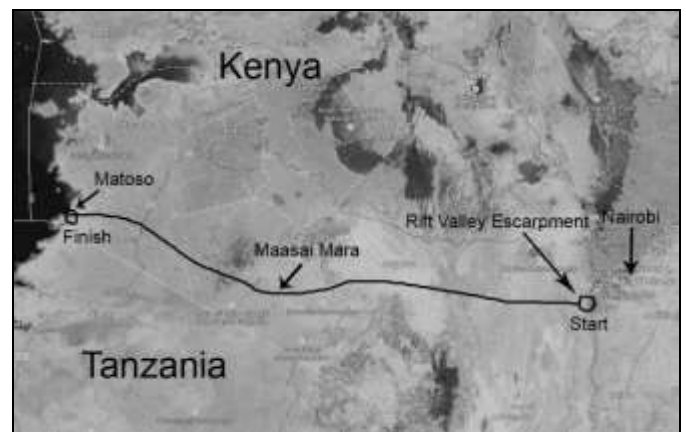
Michael Farley, Proper Walk 2004

But first, let me tell you about my dearest friend and mentor, Michael Farley. Michael served in the Peace Corps in the late 1970’s, in eastern Kenya. In 2000, Michael went back to visit the town of Makindu where he had served, and there encountered a wonderful program (very similar to Lalmba’s RCAR program) for kids orphaned by AIDS (<http://makindu.org/>).

Michael was moved by the program and the great need of these children, and he resolved then to help raise money.

So, he came up with the idea of an adventure as a fundraiser – an “Adventure for a Cause.” (He also calls it a “Proper Walk,” (<http://properwalk.com/>)) As opposed to a walk in the park, or a stroll down the street, a proper walk requires a great distance, determination, strength of character, and the ability to endure a strong dose of suffering! What keeps you going is knowing that the cause is worthwhile, and your sense of accomplishment at the end fills you with strength and pride for years to come.

I was lucky enough to participate in these walks in 2002 and 2004, and I’m ready to lead one for Lalmba! The plans are still rough and subject to change, but I am hoping to find about 10 people to walk with me in the summer of 2015 to help raise money for Lalmba. The route I’m thinking of will begin southwest of Nairobi, near the Ngong Hills, at the top of the Rift Valley escarpment. We will descend down into the valley, continuing to head west towards Lake Victoria, passing just north of the Maasai Mara Game Reserve (where we are likely to see wildlife) and then ending in Matoso at Lalmba’s project, where we will spend a little time recuperating on the shores of Lake Victoria and visiting Lalmba’s project there.



So, are you craving an adventure of a lifetime? Is the cause meaningful to you? Are you willing to give your time to help raise money for Lalmba? If you answered “yes” to all of these questions, you should let me know – soon. **It’s time to start planning!**



Samburu, Kenya 2004 –Proper walkers crossing the savanna.

MuDitiOpia

Huh? . . . What's that you say? You read it right; now repeat after me, Mu-Di-ti-Op-ia. That's short for **Mudit** and **Aditi** are in **Ethiopia!** These are two of our dedicated volunteers, both doctors, and husband and wife, who are now approaching the end of their service in Chiri, Ethiopia. The name is the name of their blog (muditiopia.blogspot.com), where they have chronicled many of their experiences working in Ethiopia. Here they are, followed by some excerpts from their blog. Prepare yourself to be emotionally moved.



November 3, 2013

I have been here in Chiri, Ethiopia for over two months now. I have adjusted to the intermittent hot water, the limited supply of vegetables (potato...) and fruit (banana...), the vicious ants (I have a better understanding of ants in your pants), the other insects, the intermittent electricity, the hand washed laundry...the loss of amenities could be endless. Yet, we live an amazing life of comfort.

A few times over my time here, I have been invited to different nurses' homes. The nurses here in Chiri have one of the most stable jobs. They are among the highest paid employees in the entire town, and therefore are some of the wealthiest. There may be only a handful of people who are better off than them. Visiting their home will make you quickly forget their "sky high" salaries (maybe a hundred dollars a month...). They do have cell phones, the ones before flip phones existed. They have more than one outfit for daily wear, some have three or four pieces of clothing, and maybe two pairs of shoes. Their life of luxury includes a small maybe 10 by 10 feet house that contains their kitchen, their bed, their kid's beds. The bathroom is separate, a shared outhouse for a few different houses. This is their life of luxury. This is how Chiri's one percent live. The others live in small one-room thatch-huts without sealed walls, open to the outside. They live in a beautiful country, in a beautiful land, but they live with little means. So I am very thankful for my match lit stove, my comfortable mattress, my access to internet, to all of you. I am thankful to have my own space that is both more than enough, but also helps me put perspective on my own needs.

November 24, 2013

We still continue to have patients whose illnesses are so far beyond my capabilities and our facilities to treat, cases that shake us down to our core (TB, meningitis, retained placenta that takes two hours to manually separate, breech deliveries...even with twins, and the black box of acute febrile illness). I don't think I have become jaded, for each case hurts just as much as the first. That being said, I feel like I have developed a deeper understanding that for each case, we put our all into it. We call providers from other areas; we check on these patients hourly; we read the textbooks; we search and search for hope and possibilities. There really is not much more we can do with what we have, and sometimes all this energy pays off clearly.

I have seen the nurses here reverse cerebral malaria, cure penetrating fungal infections, perform deliveries in the nick of time to save both mother and baby, bring malnourished babies with pneumonia from the edge of death, the list goes on and on...Sure, if we had more laboratory testing, surgeons, and specialists, we could do even more, but that is not the reality of our situation right now. So, right now, I think we are doing great.

January 21, 2014

I want to tell you the story of this little 1.5 year old boy. Ibrahim came to us about 4 months ago, with his mom, in severe respiratory distress and severely malnourished. We started him on strong antibiotics and put him on oxygen. The first few days were very scary. He was showing very little improvement. Every day, the mom was crying on rounds. On the third day he became more awake and playful. We were ecstatic! We sent him home a few days later and told them to follow-up in one week. Unfortunately, he was back the next day, 80 breaths per minute and barely conscious. Again, we put him on intravenous antibiotics.

Throughout all this, we were struggling with his obvious vitamin deficiencies. He had many of the physical signs of not having enough nutrients, but we had no way to test his blood for this. We were treating him with many different nutrient supplements empirically. We were at a loss at what to do next. We also started to consider sending them home without more treatment.

We started him on TB medication based on experiences the nurses had with patients, but hardly based on any evidence. For the first two weeks, he had no improvement, and then very slowly, he started to breathe easier. Every day, he improved ever so slightly. Some days later, he would take a step back, and we would all get nervous, but overall he was slowly improving. The mother, sweetly, started to pitch in around the compound while her baby slept, filling buckets, and fetching water. After 1.5 months of being in and out of the hospital, we were finally sending him out in a safe and hopeful way.

Today, he finished his two months of daily TB visits, and he and his family are returning to their village, to their home. Also, this week, nearly 20 months old, he has started to babble and play. I even caught a smile today for the first time!



1000 Person Challenge

Remember this? How could you forget? We spent half of 2013 reminding you about it! And guess what, you did it, and we met our goal of raising \$100,000 by December 31, and the incredible donor who initiated this challenge matched it!

Thank you so much for making this happen!

A Special Humanitarian

Last, but certainly not least . . . You're going to love this story. It's the story of a very special kid who at 6 years old is already an extraordinary humanitarian! Here's the story of Blake Qualley, told by his grandmother (another kind hearted and generous soul) Ann Salaski:



“Blake came into our house on Christmas morning carrying my Christmas present, which he had wrapped himself. It was very heavy and he wanted me to open it right away. It was a plastic container full of money – lots of change, as well as paper bills. He made a coin box earlier in the year and wrote Lalmba on it. He did chores to earn money for the Lalmba box. He then put in all of his own money. My daughter tried to tell him that the only money he needed to put in was the money he earned for his chores, but he insisted on putting ALL of his money – everything he had! His mother was unable to talk him out of it. Needless to say, this gift brought tears to my eyes and was the best Christmas gift I have ever received. Blake has a very generous heart!

The donation you are receiving today is not from me, but from Blake. This is the fourth generation of my family to give to Lalmba.”

Thank you, Blake, for reminding us of how generous our hearts should be. And thanks to the Qualley family for instilling compassion in the hearts of their youngest members!

We've moved! Please take note of our new address and phone number.

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