

MASANGA NEWS

Newsletter for members and supporters of the Association Friends of Masanga (AFOM)

Emergency relief and development aid: Yes, please but “stick to the plan”

The Masanga project continues on course towards attaining its goal of turning Masanga into an independent and viable hospital. The repair, renovation and new construction of the hospital's physical structure, the implementation of educational and training courses within the health sector as well as the more general information work, the civil rights perspective and, not least the financial foundation – the businesses – makes us part of an emergency relief development aid process that will last for the future. In actual fact, we are neither an emergency relief aid project nor a development project – but rather something in between both.

The Masanga project is to be found in the somewhat dynamic field between emergency relief and long-term development aid. The war has now ended and peace is the victor: the political situation has been reasonably stable for the past 8 years. There is still a need for some form of relief in a country that has been as devastated by civil war as Sierra Leone. There are still many children dying from malnutrition or no access to simple and basic health care. There is also a need for long-term development programmes, both at non-government and national parliament level. The bigger, traditional organisations have more or less quit this war-ravaged country and the powerful support and development organisations are currently making an entrance. A very positive development, of course, and one for which we are grateful.

Much has happened in Masanga since it opened 4 years ago. Thanks to extensive local support and the co-operation of local and central authorities, we have managed to create an aid and development project that in the future will build on its own strength and initiatives. We do not believe in charity, we do not believe in just giving out money left, right and centre. It is not often that anything constructive comes out of it and very few people are able to pull themselves out of the grip of abject poverty by passively receiving.

This does not mean that we should not give – but rather we should elect to participate in the process of creating a world in which we wish to be a part. We are rich and able help distribute the earth's resources in a more equal, just and appropriate way. It is what we have been attempting to do throughout the last 4 years. We have collected hospital equipment, money, medicine, capabilities, ideas, stories, happiness and tears. We have done this together with managers and employees, the local population and the public authorities in and around the Masanga Hospital Rehabilitation Project, together with volunteers, members of the organisation and co-operation partners. In all modesty, it has resulted in the treatment throughout the last 4 years of 100,000 patients at the hospital, the employment of approximately 120 staff and the posting of 140 volunteers to participate in the project. It is fantastic, and all those involved should be proud.

Our emergency relief and development aid will continue with the surgical training programme due

to start in November, the renovation of the old handsome and proud physiotherapy building that will be used for training nurses, midwives while becoming the framework around the district's new institution: the Tonkolli District School of Health Science and Technology. Forthcoming business training courses will also be administrated from here.

The challenges throughout the next year will be to stabilise activities and focus in particular on bringing our hospital staff up to a higher technical level so that, together, we are better able to deal with the increasing number of patients being admitted and treated at the hospital.

Another challenge continues to be finding ideas for raising money for the daily operation and development of the hospital, training courses as well as the businesses. There is still a long way to go before the businesses are able to generate sufficient income to run the hospital. The first step is to ensure that the businesses survive and come out even, develop and then become the financial foundation of the hospital.

The Sierra Leonean government is currently promoting a strategy of free and equal access to the health authorities for children under 5, and pregnant mothers together with free birth help. This is extremely good news and is a big step in the right direction. It has led to an increase in activity in the health sector thus initiating a reduction in the high mortality rates of children and mothers. It is our hope that we can gain access to these resources as this has been our philosophy and policy all along – and we have made good our promise to the government. In this way a future structure may begin to take shape: a viable hospital project partly financed by the private sector, the government and various NGOs until the public (state) sector is strong enough to co-operate with the private business sector to secure public access to basic, life-saving, life-prolonging and life-quality improving treatments. Wishful thinking? – possibly, but we are on our way and let us be open minded and say yes, and then – “stick to the plan”.

By Peter Bo Jørgensen, Chairman

Volunteer co-ordinator

It all started at a party in Høje Taastrup. I wanted to put to rights the inequalities of the world and Peter Bo ran a project in the jungle that fit the bill – the focal point being to help others. As you know, the project is called Masanga.

Since spring 2008 I have been a volunteer co-ordinator in AFOM. My goal was to systemize the voluntary effort. At the same time, we wanted to improve the prepping of volunteers before leaving for Masanga, improve their stay down there, and finally, on their return make a sound evaluation of the project for future reference.

A system has now been established by means of which approximately 36 volunteers are sent each year in three teams (spring, summer and winter). They are prepped from home with psychology sessions, prep weekends, project descriptions, info folders and much more. Whilst down there, they have weekly contact with Denmark and on their return, they are debriefed and given every opportunity to continue to work with Masanga in Denmark.

I visited Masanga myself as a volunteer in the summer of 2008. It is a delightful and bubbly place that wants to get ahead in the world. All involved want to do their best. They are all welcoming and ready to help the country take the right direction. Together with Anna Henriksen, I started a canteen for hospital staff. We also made a plan for the projects that would require a volunteer over the next 5-10 years.

In addition to my work with AFOM, I am studying biology and I have therefore chosen to hand over my duties in AFOM because my studies take up such a lot of my time. I also want to give others the possibility to help, and an opportunity to constantly meet new volunteers with hope in their eyes and a dream of saving the world. It is incredibly fruitful voluntary work and I can only recommend others to participate.

I wish to thank the board for good and fruitful meetings. Thank you to the voluntary group in Denmark (MAC) for an extremely instructive and enjoyable collaboration, and thank you for many happy times with the 100 volunteers I sent to Masanga. Hope to see you all soon.

By Urd Steendahl Grandorf

Medical projects

The project is as always in rapid development and although is leaning more and more towards teaching, there are still many regular medical projects.

Peter's last overall response is positive: We have much on offer and our surgical capability means that we are getting more and more complicated cases. Dr Anne Marie is hard working and we are now operating permanently two days a week. However, the care personnel are not sufficiently trained for post-operational care of complicated cases, and it is currently the greatest challenge of the medical side of the project.

The medical students from IMCC have devised a control programme in order to test staff capabilities and give further training where necessary. The practical work of the IMCCs is moving more and more away from the nutrition unit, which is becoming increasingly independent and is due to be handed over to local staff in January 2011.

Simultaneously, a group of English medical students from Plymouth University, led by Sarah Patching, one of the first volunteers at TFC, is running higher education workshops for staff on a recurrent basis.

Photo caption: A staff member at work in the laboratory

The surgical training programme for doctors/CHOs has been accepted by the government and the first CHOs are currently being interviewed with a view to employment. Surgical teams from other countries will, on a continuous rotation basis, provide training for doctors and CHOs in basic surgery skills. The first training team will leave from Norway in November 2010.

In addition to gastrointestinal surgery, we are also focusing on maternity patients who have begun to use our services more and more. A "waiting house" has thus been set up where women in an advanced state of pregnancy and with potential complications are able to stay until they are ready to deliver. It ensures that they are able to receive the necessary assistance that long distance travel to the hospital, or an emergency delivery at home, might otherwise prevent.

As far as the eye clinic is concerned, a local nurse is currently being trained in cataract surgery. We have made an arrangement with Kissy UMC Eye Care hospital and they are helping us in this connection. Currently they are operating on cataract patients at Masanga hospital using our equipment.

Dr Frank's last major project before his departure was to establish an x-ray unit which is now fully operational and is being praised in some quarters as the finest in the country. Another major advance during his stay was the establishment of a blood bank.

The medical team has been extremely busy starting up an auxiliary nurse training programme and we are both happy and proud that, once more, we can start training medical staff at Masanga.

There are many projects in the pipeline on the medical side. We are moving further away from the Masanga compound where we can track down patients, teach and carry out prevention work. The English group is currently engaged in studies to identify the occurrence of sickness in the local community. The Danish medical students are planning in the future to visit remote health units in order to upgrade the competences of the local staff so that more patients, particularly the most relevant patients, can be referred to the hospital for treatment.

All in all we are proud of what we have achieved. The word is spreading and patients are coming from far away. The Masanga hospital has risen from the dust

By Susanne Haas, medical co-ordinator

Containers

The undersigned has been working as a volunteer for AFOM since 2007 and since the second half of 2008 has had the somewhat grand title of container co-ordinator. The work partly consists of collecting equipment for the hospital - both hospital equipment but also equipment for the agricultural workshop, poultry farm, bicycle workshop etc. Typical donors are hospitals, clinics, pharmaceutical companies and organisations such as Lions Club. They contact us via various networks and through our homepage.

Many of the volunteers who help us are young people who are studying and have a wide network. I gather information about the equipment and then consult the experts to find out whether what is being offered is of use to us. It is important to point out here that all equipment must be in working order when it is sent from Denmark and that it would be possible to repair it if necessary in Sierra Leone. The equipment is then picked up from all over the country by Multicenter Syd, which is a production school with a large international department with expertise in packing containers destined for underdeveloped countries and preparing packing lists etc.

The container transport is paid for by MS on the basis of offers that I obtain from various shipping companies. Transport takes between 1-1½ months. In 2009 the hospital received 5 containers with equipment valued at DKK 2.7 million. MS paid DKK 180,000 for transport. So far in 2010 we have despatched 2 containers with equipment for approximately DKK 900,000. The process involved is not without problem. Transport this year has been blighted by endless delays, i.e. 2 containers have been waiting for 2 months in the harbour. This is both costly and frustrating. These are, however, the conditions under which we have to operate when dealing with an underdeveloped country that has a different culture. On average, I work 12-14 hours a week on the Masanga project but I have good assistants. I entered the project without any expectations and have found it enormously fulfilling. It is an outstanding project that is run by true enthusiasts and despite many difficulties, it has grown and developed into something really big. It's inspirational.

By Mogens Holm Larsen

Football, fishing and frivolity

There is a lot that can keep you occupied at Masanga, not only when you are at work but also in your leisure time. Volunteers work from Monday to Friday serving the local community and making the hospital, training and business life at Masanga even better. It is fun, fulfilling and sometimes quite hard work.

Therefore, it is fantastic that Masanga is so rich in leisure time activities and if you are just a little creative, you can really have a fun time. Personally, I love playing football, running and fishing and there is ample opportunity to indulge all three activities.

At 1700 every day there is a match on the town football pitch and it's open for all levels and both sexes. Before the civil war, the Masanga football team was the pride of the town and boasts are still made of how the team repeatedly beat the surrounding towns. The pitch is lumpy, to put it mildly, and a short push pass seldom goes the way you want it to. However, this doesn't bother the players, the majority of whom are clever technicians with a sublime physique. They are all really fit in a truly functional way, i.e. there are no pumped-up neck muscles and huge but soft biceps such as you find in Danish fitness clubs. Here, the players are mean and lean as a result of their daily work and a sparse, low fat diet. As a European, therefore, it is not your physique that is going to impress on the football field.

The game is fast and there are many excellent players on the field. However, as there are no referees, and the players are extremely enthusiastic, the game is stopped countless times and volatile discussions about offside, free kicks etc take place. They can go on endlessly. A girls team has just started and now it can be a little cramped on the training pitch – in a good way, of course!

Just beyond Masanga there is a river that widens and deepens in the rainy season. The river contains many different colourful and exciting fish. When I was down there I took my fishing rod with me and used it frequently. With a fishing hook and a few worms I caught a lot of different species – from small cichlids (colourful fish you can buy at aquarium shops in Denmark) to a big brown catfish with long whiskers and a crafty grin. The biggest I caught was 45 cms long although the town's fishermen claim that they can measure up to 1 meter in length. It is seldom possible to have the river to yourself. When the local kids see somebody coming with a fishing rod they usually run down to the river to watch.

Photo caption: Big brown catfish with long whiskers and a crafty look

Finally, I should like to sound the drum for running in Masanga. The hostel is surrounded by beautiful, lush jungle as far as the eye can see and the red clay and gravel surface is pleasant to run on. All around you can hear all sorts of strange sounds and when you run through a village you are always given a noisy greeting by the village kids. The only thing you have to be aware of is the climate. In the dry season it is very hot to run in daylight hours while in the rainy season, you can often set off in bright sunshine and get caught in a torrential downpour. But that's one of the charms of jungle running. Enjoy !

By Anders Mikkelsen – returning volunteer