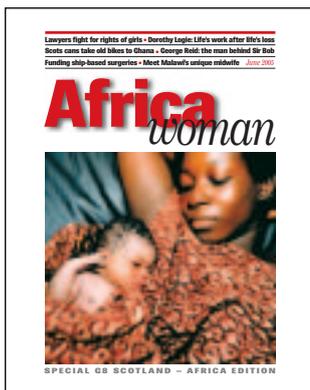

**SCOTS CANS TAKE OLD BIKES TO GHANA • GEORGE REID: MAN BEHIND
SIR BOB • ANN GLOAG'S AFRICAN SURGERY SHIPS • MEET MALAWI'S
UNIQUE MIDWIFE • FIGHTING THE BRAIN DRAIN • AFRICAWOMAN'S
VERDICT ON JACK, KILTS, GLENEAGLES AND SCOTSMEN • *June 2005***

Africa *woman*



SPECIAL G8 SCOTLAND – AFRICA EDITION



Africa woman

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This special edition has been written by Scottish and African women journalists. Its aim is to explore the people and projects that link Scotland and Africa ahead of the G8 summit at Gleneagles where Africa will top the agenda

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Africawoman is produced by 80 women journalists from Uganda, Kenya, Zimbabwe, Ghana, Tanzania, Malawi, Zambia and Nigeria who meet in a virtual newsroom once a month. The information produced is then linked to community radios throughout Africa to reach grassroot women.

Europe must lead on Africa

Scotland's First Minister visited Africa in May – and world leaders are coming to Scotland to talk about Africa in July. Will anything we can say affect those talks? It seems some powerful people have already made up their minds. The US President and his hawkish head of the World Bank Paul Wolfowitz have already given Gordon Browns ideas for doubling aid to Africa a thumbs down.

Japan also does not sound keen.

This should not be an excuse for British or Scottish resolve to weaken. The Kyoto treaty survived without America's signature. The war against Iraq was begun without a final UN resolution. For better and for worse, where there is a will to act world leaders can find a way.

Tony Blair must demand that Europe leads where America fears to tread. Because Europe is at the heart of Africa's biggest dilemma – unfair trading rules. The Common Agricultural Policy deprives Africa of an annual US\$20 billion in trade, twice Kenya's entire economic output. An average European cow gets a daily subsidy of US\$2.50 – three billion humans have to live on less.

Tony Blair must talk tough on trade – and doubling aid. He must talk tough to African leaders too.

Nobel Peace Prize winner Wangari Maathi has spoken for many when she says African leaders have betrayed their own people for too long. Their corruption and greed, she says, is being used as a great excuse for non-intervention by the developed world. This has to change. And women are at the forefront of every important issue.

Young African women are now the biggest single group contracting the death sentence of HIV/AIDS. Educating girls has always been a low priority – now it must come top. Popes and western leaders preaching abstinence make great headlines – but don't help when men have the right to sex with their wives, even when they are so young they suffer serious internal damage. Nothing short of full legal and property rights for women will restore this appalling imbalance of power in the home.

In war zones, rape has become commonplace. Where soldiers are HIV+ that sexual assault is often a death sentence too. Rape in war must be made a war crime to attract the heavy sentences that will let women live. An international campaign to cut the number of women dying in childbirth needs world leaders backing – better transport and telecommunications links would cost little and save half a million women in 5 years.

Most of these issues are beyond the power of Jack McConnell to change. But Africawoman believes Scotland's First Minister will himself be changed by his forthcoming trip to Malawi. Not just by the massive schools – one holds 9500 pupils. Not just by the shocking lack of basic resources in hospitals. Not just by the areas where HIV and Malaria mean coffin manufacture is the only growth industry. But by the sheer zest for life of the people – despite everything. Asked to sum up what Africa can teach the west in five words, a Member of the Scottish Parliament recently returned from the continent said, "the absolute joy of living."

If Mr McConnell has a sincere intention to help Malawi transform he should also encourage Scots to turn out in massive strength for the Make Poverty History rally in Edinburgh on July 2nd. Scots have the capacity next month to surprise G8 leaders – we may also surprise ourselves

Lesley Riddoch

Issue Editor

First Minister Jack McConnell has pledged to support Malawi's education system and "stick with" the country like a friend.

Caroline Somanje,
Malawi, reports

Scotland backs Malawi

Scotland's First Minister will tell the people of Malawi he hopes they will receive the lion's share of his new International Development budget during his visit to the "warm heart of Africa" in late May.

His government has pledged £3 million for aid projects with an emphasis on Sub-Saharan Africa. In an exclusive interview with *Africawoman* in his office at the Scottish Parliament in Edinburgh, McConnell made clear he would like Scottish-based NGOs to work in Malawi.

And he talked about his Fresh Talent Initiative – attracting foreign workers to combat population decline and skills shortages in Scotland – which has worried some African journalists, who are concerned that the UK is already recruiting too many Malawi workers.

"We are conscious not to drain professionals from African countries and people in Scotland will do what they can to support Malawi in building longer term partnerships for as long as Malawi thinks it helpful. We chose Malawi as a relatively small country to which we shall stick and make our pledge consistent. Scotland will help with training.

"We have expertise in medical training that is admired in the development world," said McConnell. He said he was not going to Malawi with a view that he had all the answers but to listen and offer help where he could.

Scotland's interest in Malawi dates to



SCOTTISH First Minister Jack McConnell accepts "lucky" Africawoman kilt to wear at G8 summit.

PHOTO: PA

the time of the Scottish missionary, David Livingstone who is revered in the country as an icon who fought the slave trade in what used to be known as Nyasaland.

In 2000, Glasgow's Strathclyde University (where Livingstone was a student) launched the Malawi Millennium Project with Bell College in Hamilton and the University of Malawi. It trained teachers and nurses, built and equipped a maternity clinic and provided civil engineering and environmental health expertise.

Africawoman journalists attended a celebration of the project in Glasgow where the Lord Provosts (civic leaders) of Edinburgh and Glasgow together with 90 Scottish aid organisations – pledged to develop Malawi in the next 20 years.

Jack McConnell – who heads a devolved parliament within the United Kingdom which has no direct control over International Development policy and lit-

tle power to end the massive brain drain that is plunging Malawi into economic instability – said he was determined to make sure British politicians would follow the example set by British musicians in Live Aid and British comedians in Comic Relief by delivering Fair Trade for Africa at this year's G8 summit of world leaders to be held in Scotland this July.

Africawoman co-ordinator Florence Machio from Kenya asked if Mr McConnell would appear at Gleneagles wearing the African braided kilt – taken to Africa for braiding by James Gillespie's School, Edinburgh – that she presented to him in the Scottish Parliament.

McConnell promised to wear the kilt – sometime! ♦

<http://www.scotland.gov.uk>

Details of Malawi Millennium Project at: www.strath.ac.uk/projects/malawi

*Scots businesswoman Ann Gloag ran a bus operation in Malawi, set up hospitals there and in Kenya and donated cash. But her patience with delays, problems and corruption ran out – now she’s donated millions to Mercy Ships. Can this fully equipped floating hospital work when onshore clinics have often failed? **Beth Pearson** reports*

\$4m donation funds ship-based surgeries

With Mercy Ships, the figures speak for themselves. The American-based charity has helped more than 5.5 million sick people in its 26-year history. That’s more than the population of Scotland.

It has provided \$21 million of medical equipment and medicines and visited 53 of the poorest countries in the world. Its hospital ships moor alongside the poorest cities in the world to offer a range of operations for people who wouldn’t get treated by their own governments. The charity’s goal is to treat one million people per year.

Scotswoman Ann Gloag is one of the charity’s biggest supporters. She has donated £4m of her fortune from the Stagecoach bus company to buy the third in the Mercy Ships fleet, African Mercy, which is currently being refitted in Newcastle and will help treat 450,000 people every year in Africa.

“Highly skilled surgeons from across the globe perform thousands of operations to remove tumours and cataracts, straighten crossed eyes, repair cleft lips and palates, correct fistulas and provide wide range of orthopaedic procedures,” says Gloag. “Mobile medical and dental teams establish field clinics in nearby communities to offer vaccination programmes, dental care and minor operations. Mercy Ships provides all of these services free of charge to the patients.”

And yet, the charity attracts questions.



ANN GLOAG: “Mercy Ships have found solution.”

Is it right to create a floating mini-state without formal responsibility to the governments whose citizens it treats? Or is the efficient, western style operation the only reason Mercy Ships succeeds? Does religious conviction play a part in the recruitment of volunteers or is the free work performed by world class surgeons sufficient testimony to the spirit behind the project?

In 2000, Gloag volunteered onboard the Anastasis while it was moored off Cotonou, Benin. The second richest woman in Britain - the first is the Queen - she shared dormitory bunks with the

other volunteers and ate the same bland food.

“All ships are crewed entirely by volunteers, from the Captain to the surgeons to the deck hands,” she says. “Each volunteer pays monthly crew fees for the duration of their time on board, as well as their own airfares. This allows Mercy Ships to make sure the donations to the charity go directly to those in need.”

“Approximately, 25% of the volunteers are medical. The other 75% of volunteers range from engineers, to construction workers, to cleaners, to cooks, to accountants and much more. The ships have schools for the children of volunteers and there can be as many as 20 families on the Anastasis at one time. If you think of the ships as small towns, with the needs of small towns, this gives you an idea of what the different people do.”

Gloag’s metaphor of the ships as self-contained towns is apt.

When patients board the ship, they are confronted with a little piece of the Western world. This has benefits. The efficiency generates the impressive treatment statistics and avoids local problems that might jeopardise crew safety and delay or obstruct treatment. But is there a missed opportunity to improve local, onshore, state health systems?

An anthropologist with experience in West Africa worked in Sierra Leone when the Anastasis visited. He accepts Mercy Ships does enormously important work but believes there is a “band-aid” approach that isn’t sustainable.



ANN GLOAG: Nurse, granny and Scottish bus tycoon on a Mercy Ship shift in Benin.

“It’s sad that such medication and procedures are deliverable now only from such ships and their irregular arrival times rather than through skills and sustainable development,” he says. “If Mercy Ships is making that kind of expenditure, why not use it for sustainable purposes within the existing national system?”

Judy Polkinhorn, the UK chairwoman of Mercy Ships has an answer. “We work to build partnerships with local medical organisations or doctors to improve long-term sustainability of projects,” she says. “Mercy Ships also has land-based projects which focus on long-term sustainability, such as the VVF (vesico-vaginal fistulae) clinic in Freetown.”

The clinic in Freetown, Sierra Leone, treats women with VVF, a condition caused by obstructed childbirth, violent rape or severe injury and which results in incontinence and social stigma, as well as training local doctors and midwives.

But before the ship’s last visit there, rebels destroyed many of the projects that Mercy Ships established 10 years ago and the crew of the Anastasis had to re-establish many of these facilities as well as developing new ones. Obviously money spent onshore is less secure than

money spent on the floating ships.

Polkinhorn adds: “With the completion of The Africa Mercy, we will double our capacity to treat and train in Africa and this will help enormously in the effort to help build long-term healthcare services.”

Mercy Ships has a Christian ethos — some have referred to the ships as “floating Sunday schools” — but the extent of evangelism onboard is not clear. Mercy Ships say “many volunteers are Christians or of other religions, but their first priority is providing humanitarian service. Volunteers do not preach to patients.”

One woman who volunteered with the Anastasis for eight months in 1999 says daily life of the ship revolves around Christian lifestyle. Another woman who attended a volunteer recruitment talk was told volunteers can’t preach before medical care, but spiritual aftercare is quite legitimate.

Whether the Mercy Ships are quick fixes or long-term, secular or evangelist, the fact remains that without them, 5.5 million people in the developing world would be crippled, in pain or dead. ◆

www.mercyships.org

Why shipbound medical services work

By Fiona McWhirter

Ann Gloag first became involved in Africa when her bus company Stagecoach expanded there.

“The big problem was that many officials were corrupt and often you were expected to bribe people to do business. We point blank refused to do this and instead funded medical projects.

“We funded a burns unit in a hospital in Malawi for a number of years and, in Nairobi, I became involved in funding an orphanage after discovering that babies were being left on our buses.

“Often the mothers were very young and believed their children would be better off in an orphanage. I wanted to make sure that where the babies were taken was somewhere well-funded and homely with education on offer. I still fund the orphanage in Kenya, which has been transformed over the years. We have built a school and encourage the children to set up small businesses which they really enjoy.”

Ms Gloag’s cash also funded improvements at the Queen Elizabeth Hospital and St Ann’s Hospital in Malawi, Thomas Bernardo House in Kenya and the Velgma Leprosy Mission in Bidda, India.

But she often found the supply of money and tools was not enough.

“When I heard about Mercy Ships and the work of the people on the ships, I knew right away they had found a solution to the challenges medical projects can face in Africa.” ◆

COMPETITION

Five pupils from Sanday school in the remote Orkney Islands have won the Scottish Schools Africa Challenge. The prize – a trip to Malawi with the First Minister in May. The reason – letters to the African children they hope to meet – like this one from **Michelle Dearness**

How do we compare?

Dear Friend,

I have been trying to find out about your way of life so that I can compare it with my own. We hear a lot about Africa from the television, but it's difficult to know what it is really like.

I live on an island called Sanday. Only 530 people live here, many of them have come into the island. Sanday is renowned for its high quality of life and its security. My Dad is Orcadian and my Mum moved here to work. She feels that it's a very secure place for children to live that is why so many people move here. Is there much of a difference between the rich and the poor in your country?

I found out that most people in Malawi live in houses with brick walls and thatched roofs. I also found out that most houses have 1 or 2 rooms with up to 8 people living in them. Is this true around where you live? This seems quite a lot in

such a small house. I live in a bungalow with 3 bedrooms, a kitchen, a living room and a bathroom. I live with my mum, dad and brother. My house is actually on a small farm which my parents own and I live near my grandparents who own a bigger farm.

I found out that Malawi has been swept by floods and parched by drought. Therefore the crops don't grow if there isn't water and if there is a flood they get washed away. I think that this must make it very hard for Malawian farmers to manage to produce enough food.

This is probably why there is poverty in Malawi. Do you grow your own food or do you buy it locally at a market for example? What do you enjoy eating? Are there traditional foods in Malawi? 49% of under 5's have chronic malnutrition. Is that a problem where you live? Do you have to walk far to get water? If yes, how many times a

day? How much water do you use each day? I was surprised to find out from a Scottish paper this week that we actually use 150 litres of water each, per day. Is the water fairly clean? In Sanday we have a freshwater loch with a Pump House beside it which cleans the water before it's pumped through to our taps. So we never have a shortage. Do you play traditional African songs or dances? Here we have a recorder club and a fiddle club. We also hold 'Dances' where a majority of the island get together and dance and sing along to traditional music.

We would like to come and stay in your houses and live in exactly the same way as you do every day of your life. We invite a pupil to come and stay with our families. We welcome you with open arms and welcome you into a different culture and way of life.

Love, Michelle (Age 14)

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is coming to

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Exchange your experiences, challenges, successes and ideas for a more equitable and just world, with civil society activists from all over the globe.

CIVICUS is an international alliance dedicated to strengthening citizen action and civil society throughout the world and its World Assembly is being held in Glasgow. SCVO is excited to be welcoming the event to Scotland.

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www.civicusassembly.org.uk



The threat to stone to death Nigerian mother Amina Lawal shocked the world. And even shocked Miss World contestants into fleeing the competition in Lagos two years ago. Now female lawyers fighting these sentences from Nigeria and Scotland want legal change to enshrine the rights of women and girls.

Abigail Wild reports

Lawyers fight for rights of girls



HAUWA IBRAHIM – the Nigerian lawyer who saved Amina Lawal from stoning, will speak on womens rights at an Africawoman conference on June 23rd in Edinburgh

Safiya Husaini was not stoned to death for having a child out of wedlock. But her sentence wasn't overturned because the local Nigerian court heeded the campaigns of women's groups – the alleged adultery was committed before Sharia law was instituted in Sokoto, the area where she lives. It was a matter of technicality, not principle.

When Glorie Etim, an experienced lawyer, remembers cases like this she is keener than ever to get back to Nigeria to join other female lawyers like Hauwa Ibrahim, who argued successfully for the acquittal of Amina Lawal, sentenced and then reprieved from death by stoning for committing adultery.

Glorie has been studying for a post-graduate degree at Dundee University for the past two years, but regards the work she started before she left to be far more urgent.

Since 2000, she has been working with

the Girl Rights Initiative – in Eket in the Niger Delta. It is still local, but Glorie hopes the GRI will eventually go national, and legal aid will be widely available for women who find themselves in situations like Husaini and Lawal.

"I was part of a group of friends and lawyers, who decided to come together and offer free legal advice to young girls. Where we are based girls are getting married too young to give birth, and their bodies are being severely damaged. In some cases they can end up with Vesico Vaginal Fistula [breakdown of vaginal wall tissue, resulting in incontinence]. A missionary hospital exists for them, and we go there and offer legal advice. It is very difficult to get help in that condition and generally the men abandon them."

Nigeria is considered to be the up and coming African state asserting women's rights. But according to Glorie, "In rural places women don't know about their rights, and the traditional system still

operates. You can't speak up in your family situation and you don't know about inheritance rights. Genital mutilation still goes on.

"Some women don't have property rights, and there's especially problems when a marriage breaks up."

The north of Nigeria is mostly Muslim. There, women dying in childbirth as a result of VVF is particularly high. Out of an estimated 150,000 cases in Nigeria, almost three quarters occur in the North.

The legal situation is not hopeless – the Convention on the Elimination of Discrimination Against Women (CEDAW) has been signed by most African states, but it's not implemented.

"A woman's life is very restricted. Many women's rights are laid down, but because of the traditional setting, it often doesn't work out that way" ♦

www.pbs.org/frontlineworld/stories/nigeria



African women do heavy labour till days before childbirth.

PHOTO: NANCY DURRELL MCKENNA

The unique midwife

African women face a 1 in 13 chance of dying in pregnancy and childbirth. Almost all of these deaths are preventable. One midwife in Malawi is a minor miracle.

And a Scottish University is planning to help her

*By **Marie-Claire Jones**, Scotland, and **Pilirani Semu-Banda**, Malawi*

It's five am and a newborn baby is being placed in the arms of its mother for the very first time. It has been a long labour for the mother and midwife, who delivered in pitch darkness, had to cut the baby's umbilical cord with a razor blade, and tie it with a strip torn from a curtain. Like the thirty other babies that will be delivered in the next month by one of the most famous Traditional Birth Attendant or TBAs in southern Africa – Nayele Jekete.

Nayele lives in Mbewa, a village 30km from Lilongwe, Malawi. Born over 60 years ago, she has delivered so many babies she has lost count.

"I examine up to 70 pregnant women in a month and I help deliver between four

to eight babies a day," says Jekete.

She has such a good reputation that patients come in from neighbouring Zambia and Mozambique and her typical day starts at 6:30 AM with a quick bath, followed by breakfast before she starts work.

"There are some days when I don't sleep at all if I have women coming in to deliver. I make sure the pregnant woman eats warm porridge to warm her womb as soon as I know she is ready for delivery."

In a country where AIDS affects one in ten of the population, her job puts her in a position of extremely high risk.

Siti Kachingwe, lecturer in Community and Mental Health, says, "Nayele knows she must sterilise her equipment and wear gloves when she is working, but if

she has no gloves to wear that day, she delivers the babies anyway.”

Behind her workplace/ home, it's hard to miss the dirty well shared with animals where Jekete draws water. Every day girls scrape a layer of scum from the surface to get to the fresher liquid below and Jekete boils the water over an open fire before using it.

Her “labour ward” is a two-roomed dilapidated house. The “theatre” holds one wooden bed with a thin mattress. Most of her patients and newly born babies sleep on reed mats.

Jekete's own health failed last year when she developed cataract in her left eye and had problems focusing. But she has recovered. Her reaction has been to train members of her own family to take over. Jekete's grandson assists with registering patients and prescribing drugs and her niece is being trained so the girl can take over when the midwife dies.

Jekete is not rich – she is a widow and four of her six children have died – but she has generated enough money to pay school fees for her extended family members who include nephews, nieces and grandchildren. Jekete charges K250 (£1.25) for consultation and K150 (75 pence) for delivering a baby.

On quieter days, if there are no deliveries, Jekete kicks off her work with family planning lessons which are followed by antenatal check-ups before venturing into other duties.

She administers family planning methods which are exclusive to her. Jekete uses herbs, which she gets from a nearby mountain to her home, to help women plan their families.

Foretelling the sex of unborn children is another skill Jekete claims to possess. She applies herbs on a pregnant woman's womb and says she can view the foetus using a mirror to tell whether it is male or female.

“It's not magic. I am able to tell the sex of the baby because its legs are often apart when it is in the stomach.”

Jekete heaps all the credit she gets on her late mother, who was a TBA and taught her most of the skills she knows except for those derived from dreams when she is asleep.

But though some of her practices are unconventional, Nayele recognises when she must send expectant mothers to hospital. Disabled women; the ones needing caesareans; those who have been in labour for more than 24 hours; and those with more than three children are either blessed or cursed, depending on how you



Jekete – the Malawi midwife about to get a Scottish mobile phone connection to emergency aid

look at it. Blessed because they can give birth in the relative comfort of a hospital, or cursed because the journey is far, ambulances are few and the telephone to call them, 2km away.

Nayele has only lost one patient in childbirth since January of this year, and this was due to difficulties calling an ambulance in time. That situation at least will change thanks to the Malawi Millennium Project at Strathclyde University in Scotland.

In recognition of her amazing lifetime's achievement in maternal health they are going to supply Nayele with a mobile phone and charger, and install a new water pump and a solar powered generator to provide electricity.

Nayele's reaction?

“If I have these facilities more women will live, and I will die happy.”

edinburgh
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MAKE POVERTY HISTORY

As the leaders of the world's richest countries gather in Scotland for the G8 summit, join tens of thousands of others in Edinburgh on Saturday 2 July to demand trade justice, debt cancellation, and more and better aid for the world's poorest countries.

Make history in 2005. Make your voice heard.

For more information on how to take part visit www.makepovertyhistory.org

*Africa has lost 20 000 professional people a year since 1990. It's the top story in Africa at the same time African poverty is set to become the top story at the G8. How ironic. Because it's the rich G8 nations who are taking African professionals away. Report by **Sandra Nyaira**, in London*

Is Africa paying to train nurses for Britain?

Everyone knows the brain drain from Africa is happening. But is there a fair and effective way to stop it? The government in Zimbabwe think its has found one. "Professionals trained using state resources in universities, polytechnics and colleges will have to work in the civil service for some time before they can be allowed to join the private sector or legally work in other countries," the state-controlled Sunday Mail reported.

Workers in the health sector, lawyers, engineers and technicians are likely to be affected. No wonder — so many doctors have left Zimbabwe in recent years one doctor must now do the work of seven, according to the local *Daily Mirror*, and Zimbabwe has had to hire doctors from Cuba and the Democratic Republic of Congo (DRC).

In South Africa, government officials will use the carrot not the stick. Local hospitals are considering a scheme to pay half the study debts of doctors and other health workers in exchange for an undertaking they will work at the hospital for a number of years.

According to Dr Percy Mahlati, deputy director-general of health, between 100 and 150 doctors and 400 to 500 nurses leave South Africa to work in developed countries every year — many to repay their student debts.

Western leaders are fond of quoting Nelson Mandela on many issues — but tend not to repeat his call on the West to stop this brain drain immediately.

As politicians in the West continue to

wring their hands over the HIV/Aids pandemic in Africa, their employees continue to take the much-needed nurses and doctors away from Africa without any hint of conscience. The problem is widely acknowledged but the unethical recruitment of health professionals from Africa is leaving the health sector in dire straits.

A recent BBC programme showed one of the major hospitals in Lilongwe, Malawi's capital, was without a single mid-wife, doctor and trained nurses because most of them had been recruited to the West, especially Britain. Newly-born babies were being delivered by untrained midwives and the infant mor-

Western leaders are fond of quoting Nelson Mandela on many issues — but tend not to repeat his call on the West to stop this brain drain immediately

tality rate was very high. In effect Malawi is investing its scarce resources to train staff for the rich West.

Industrialised countries want two types of immigrant labour — those willing to do poorly paid, dirty and dangerous jobs their own nationals scorn, and highly specialised professionals, such as software specialists, engineers, doctors and nurses. The US has 126,000 fewer nurses than it needs and faces a shortage of 800,000 by 2020. Without a change in policy at home, rich nations will continue their massive recruitment drives without shame.

But are laws to ban African recruitment the right answer? Dr Kwadwo Mensah, from Ghana, argues in *Africa Focus* that attempts to control mobility are ineffective and questionable in terms of human rights. "The objective of policy should be equity in health care as soon as possible. The migration of health service professionals is an aspect of rapid international integration and commercialisation of health service labour markets. These processes are cumulative, self-reinforcing, and hard to reverse; policy must work with, not against their grain. Coercive measures to prevent departure, work poorly; worse, they can intensify pressures to leave. Conversely decent working and living conditions, and policies that value skill and commitment do work — health service financing and governance needs to improve in countries that are losing staff."

Countries like the UK have come up with "ethical recruitment" codes, but they are implicitly discriminatory along the lines of 'race', affecting mainly African and Caribbeans, hence predominantly black, staff. In any case, private agencies can and do continue to recruit from high training African countries. But leaving for a better life in the rich west is not a guarantee of happiness.

Fortune Tadya, a 32-year old Zimbabwean, is one such professional regretting the day she ever set sight on the UK. Armed with a bachelor's degree in Business studies and five years of experience after working for one of the most prestigious banks in Zimbabwe, she set



REBECCA BREW: "It would take three months in Ghana to earn the equivalent of a month's salary here in Edinburgh."
 PHOTO: PAUL WILLIAMS



SANDRA NYAIRA: Has been unable to return to Zimbabwe after the arrest of senior colleagues at the *Daily News* in Zimbabwe.

A tale of two exiles

REBECCA BREW is a senior staff nurse from Ghana working in a medical rehabilitation ward at Liberton hospital in Edinburgh. "Many Africans complete their training and leave to find better opportunities. It would take three months in Ghana to earn the equivalent of one month's salary here. My family feels strongly about me working here and wants me to return, but if you can't earn enough money to support your family it affects your morale and you can't do your job effectively."

In Ghana nursing vacancies doubled about the time Rebecca left, with 50% of jobs not filled in 2002. That year almost 3000 nurses left Ghana, and three quarters of the work permit applications were for the UK.

Rebecca is on the steering group of the Overseas Nursing Network, launched in November 2004 by the Royal College of Nursing (RCN) to alert overseas nurses to services make it easier for them to adapt to a different health system and culture.

In the UK, overseas nurses seem to have become part of

the government long-term health strategy. One in four British nurses drop out of training and while the reasons for that are ignored, the African brain drain will go on. The RCN wants the NHS to monitor African nurses.

– Jolene Campbell

SANDRA NYAIRA is 32, born in Harare, Zimbabwe but now exiled in the UK. She was Political Editor of the *Daily News* in Zimbabwe but has been unable to return after the arrest of other senior staff while she was in the UK to complete a Masters in International Journalism at City University, London. Sandra also has a degree in Media Studies from Zimbabwe Open University and was awarded The International Women's Media Foundation (IWMF) Courage in Journalism Award. Despite this CV, Sandra has been unable to find work as a journalist outside *Africanwoman*, and is working in care homes in London to survive till a change of government means she can return home.

out in 2000 to join the great trek to the first world.

She gained a scholarship to study for an MA in Business Studies at a London university. But after graduating she has lost count of the number of interviews she has attended in search of a job that matches her qualifications. Now she has lost hope and joined the thousands before her doing the most menial, dangerous

and unwanted jobs in the UK.

Fortune works full-time job in a fast food shop and at night does care work in hospitals and old people's homes.

Most of those leaving Africa are hard-working women. They send pay back to Africa regularly to fund the education of children, and building houses in the hope that one day they will go back home.

Whether the menfolk who receive the

cash always use it wisely is another matter. In the UK, child benefit is paid to mothers only – and there is a good reason for that. The worry that men back home could be squandering hard earned cash is another burden for the African women working in the UK. ♦

www.rcn.org.uk/scotland/news_events/news/overseasnurseconference2005

Sandy Logie is known by HIV sufferers across Zambia. For them it's the name of their clinic, the sanctuary to which they return for help and medicine. For Dorothy Logie it's different. Sandy is the name of her husband, whose death from AIDS four years ago has changed her life completely

By
Carole Erskine
with
research
by
Barbara Kalunga,
Zambia

Sandy Logie was a doctor in the Borders of Scotland who took early retirement in 1991 at the age of 52. The following year he traveled to Katete in Eastern Zambia to work at the St Francis hospital in eastern Zambia.

It was there, while helping a nurse control a woman who was thrashing violently, that Sandy was accidentally injected with a needle carrying her blood.

The following day the woman died and when Sandy returned to the UK he was diagnosed as HIV positive.

Dorothy remembers, "It was a worry for us; Sandy had been ill in Africa with a high fever. We were worried when we found out and because no one really knew much about it, we were scared what the public reaction would be.

"It was 1993 and there were no drugs available to treat the HIV virus, so Sandy had nothing except tender care and attentive medical support for the first three years. He became ill quickly and picked up other illnesses over the years. He did start taking anti-viral drugs from 1996 and they had a positive impact for a while, but he was never completely well."

One of the biggest problems for the couple came when they were told to keep Sandy's illness a secret from everyone around them, including their three children.

"It was the stigma that came with being HIV positive. It was an illness spreading across the country yet no one wanted to talk about it," said Dorothy.

"We were told that, in the past, doctors with AIDS were pilloried and even

Dorothy Logie

— Life's work after life's loss

driven out their houses.

"We kept it from our children for a year. One of them was working abroad so it made sense. They were annoyed when they found out we had kept in from them, but I think they did understand the reasons why we did it."

Sandy's illness was monitored by an expert committee in the UK, who said that he could continue working as a physician in Scotland but not carry out any surgical procedures. Sandy continued to work in Scotland and Africa before the family made the decision to announce his illness in 1996.

"We called the press conference and took a panel of experts with us to

answer all the questions that would be asked about Sandy's health," said Dorothy.

"We wanted to dispel all the stigma that surrounded HIV at that time. Some of the press said nasty things but in general it was ok."

After the news of Sandy's illness broke, Borders NHS set up helplines and organised for his patients to speak to someone if they were worried, but there were hardly any calls and those who did phone asked how Sandy was and expressed their concern.

Dorothy added: "That's the nature of the Scottish and Borders people I think though. For the most part they are sen-



PHOTO: MALCOLM COCHRANE

sible and understood the situation.”

Dorothy was regularly tested for HIV and says it was through practicing safe sex that she did not put herself at risk of catching the disease. Sandy and Dorothy returned to St Francis hospital in 1999, a small delight for the man who had planned to spend his later years working in Africa.

“It was very strange to be there,” said Dorothy. “I was frightened in case Sandy caught TB or some other disease, but he was so keen to work he went straight off to the wards when we arrived. He was so distressed when he became infected with HIV because he couldn’t go to work in Africa in a long

term capacity.”

The illness slowly took hold on Sandy over the coming years and he died in February 2001.

The Sandy Logie clinic now cares for 900 patients and has 60 community-based workers paid by grants from SBAAG (the charity formed by Dorothy after Sandy’s death).

Dorothy also backs the Lothian Zambia partnership – the idea of Brian Cavanagh, chairman of NHS Lothian, the Edinburgh health board. During the 1980s his area was the first in Scotland to see a big rise in HIV cases, mostly drug users and African people. Personal and organisational links with

Zambia developed and in May 2004 a formal agreement was signed. Lothian has given advice on anti-retroviral therapy, clinical problems, disease monitoring and data management. Zambia has clarified community values that shape the development of HIV services for Africans in Scotland.

For Dorothy Logie all this work keeps her husband’s memory alive. “I hear people saying ‘Sandy Logie’ all the time. At first I think they’re talking about my husband but then realise they’re talking about the clinic. For me, hearing his name in a foreign language is such a tribute. I know he will always be remembered.” ✓ ◆

DOROTHY LOGIE:
“I hear people saying ‘Sandy Logie’ all the time. At first I think they’re talking about my husband.”

RECYCLING

Aluminium cans in Glasgow are being recycled to provide reconditioned bikes for Africa. There's even a specially designed water bike to help girls forced to carry water for miles. But will the bikes stay in their hands once delivered?

Jo Macfarlane on the re-cycling challenge

Scots cans take old bikes to Ghana

When Jim O'Donnell was seven, he rode his first bike. It was bought for him by an alcoholic aunt and cost £2 from a flea market in Glasgow. For Jim, owning the bike was owning a freedom he'd never felt before. Raised in poverty the bike was a means of escape from "being brought up the hard way". Because, Jim insists, if you're riding a bike you're not thinking about anything else. And now it's Africa's turn.

Community Can Cycle, which funds bike repairs using the proceeds from aluminium can recycling, has been so successful it is to open a new branch in Ghana.

Jim says: "I'm a great believer in helping your neighbour – Africa is our neighbour. Why shouldn't I help them in the same way that I'm helping the people of Castlemilk?"

Under the provisional title AfriCAN Aid, Jim wants to send thousands of bikes donated to Community Can to Africa, along with tools and parts, to set up a repair centre staffed by local volunteers. The idea is that once an African volunteer has repaired five bikes, they will get one for themselves.

Jim was motivated to act after hearing a missionary say that some African children must walk ten miles a day to get to school. He's now designing a 'water bike' with benches on either side to hold water and children for the daily trip to a water-hole. If it works, it will clearly be a hot bike.

Ironically, the reason he can send bikes to Africa is because the kids of Castlemilk refused to accept them. "Some are just not cool enough for them. Scottish kids – even poor ones – want the top brands not old hand-me downs or mended bikes. And some bikes were in colours used by opposing football teams! My dream would be to see a kid in Africa sitting on a Celtic bike wearing a Rangers top!"

Two thousand bikes now await shipment to Ghana from an enormous warehouse. They will go with the help of Scottish International Relief (SIR), who have been taking container loads of aid to the continent for years and originally sent Community Can bikes to children with HIV in Romania. Ghana has become the latest destination simply because SIR is able to get them there – otherwise, it would cost them a fortune.

Jim is a man of great vision. His Castlemilk project began when a widowed neighbour asked him to fix her chil-



dren's bikes, and his reputation and generosity grew.

"I really wanted to be able to do it for everyone for free," he said. "I thought, all kids drink juice so there must be lots of cans. The first unit only had four bare walls but I had a dream – and everything's been built on that." The project now operates with six full-time staff and 28 volunteers.

His African dream is not without its problems. He initially wanted to send out the donated bikes in their original form along with a team of volunteers to teach local Ghanaian people how to repair them. But SIR have insisted that the bikes



are repaired before they are shipped, for ease of distribution.

Andrew Parker from SIR explains, “Jim’s ethos is to teach people to repair bikes, so we’ll then send out volunteers with parts and supplies. We’ll refine it as we go along.

But one big worry is that free distribution of bikes will not work in a country where a bike is so desirable it’s “like having a Mercedes”. Neither Andrew nor Jim can guarantee the bikes won’t be stolen from their intended owners. Especially the water bikes. Andrew says; “From our side of things, we work closely with partners to make sure goods

are distributed to the right people for the right reasons – both charities are working together closely on this – and it wouldn’t be a free lunch.”

And the story won’t end here. Jim tells a story about a man he knows who was gradually going blind. When his eyesight finally failed, he called Jim and told him he’d like to be able to cycle again.

“I told him that things can happen at Community Can. So we did this appeal on Clyde FM for a tandem bike. Of course we got one, so now his brother steers and he sits on the back – a blind man riding a bike.”

A current volunteer at Community Can,

JIM O’DONNELL: Glaswegian mechanic turned fundraiser and Africa water-bike designer. PHOTO: CHRIS JAMES

a Nigerian called Sonny, wants to start the project in Nigeria. Jim has no idea how the bikes will make it there, or if it is at all logistically possible. But his enthusiasm for it is unflinching.

“We’re trying to be humble about it – we don’t know all the answers. It’s all very well for us to turn up with aid and it’s possible it won’t work. But we have to try,” says Andrew Parker

www.communitycancycle.org.uk

EDUCATION

Famine, poverty and the west's indifference are killing children in their thousands. But Scots can help, urges Margaret Ewing MSP in this eye-witness account, from Glasgow's 'Herald' newspaper



The cost of one Scottish school would build 770 Malawi schools – this one has 9500 pupils.

Malawi: Nation on the brink

The silent tsunami. This was the phrase whispered in my ear by one of the many volunteers working here in sub-Saharan Africa. As our CPA (Commonwealth Parliamentary Association) Scotland Branch travelled hundreds of miles through Gauteng, the Eastern Cape Province and Malawi, these words rang more and more true – a tragedy on a massive scale is waiting to happen here.

In this area, opened up by Scottish explorers and missionaries, 315 million people live on less than 50 pence each a day; 184 million suffer from malnutrition, the average life expectancy is 41 and one in six children dies before the age of five.

I came prepared to see poverty, but the scale was overwhelming.

I think my lowest point was when I visited the strangely named Bottom Hospital in the capital Lilongwe. The name stems from the fact that in 1937 the British built this hospital – one site for the Malawians and another for the Asians. Later a different hospital was built for the whites higher up the road and it became known as Top Hospital.

We are greeted by Dr Tarek Meguid. He, one other consultant and three midwives are responsible for 11,000 deliveries per year. Infant mortality is over one in ten and is rising.

Imagine a high dependency unit where 19 beds are crammed into one ward, scarcely three inches apart, with two additional mattresses on the floor. There is only one incubator, which works intermittently. If it is in use when another tiny mite is born, there is no option but to give the baby back to its mother to be allowed to die in her arms.

When we visited, they were running out of sterile gloves. Only three pairs were left and they had to be reserved for delivery only – thereby denying other routine tests.

Next door is the TB unit – hardly a suitable juxtaposition.

Tarke says his best news is that he now has a fridge and is receiving 40 units of blood a week from the distant city of Blantyre.

From here a silent, shocked delegation heads up to the Nkhotakota Project, which is fighting hard to relieve the

malnutrition which affects 60% of the under fives.

Veena of Concern Worldwide takes us on a tour. Here are children so skeletal that they are almost transparent. Many suffer from oedema, leading to swolled ankles, and their skin has red, weeping sores. A staff of 10 makes a product known as flumpynut. This is a mixture of peanut butter, icing sugar, dried full-cream milk, a mineral and vitamin compound all blended with vegetable oil.

Some mothers walk up to 60 kilometres in the searing heat to acquire weekly supplies.

The beauty of flumpynut is that it requires no water for mixing, thereby avoiding possible contamination. The commitment of the staff at both centres is second to none.

All this takes place in temperatures of close to 37 degrees celsius, over 98 degrees fahrenheit, which even the Malawians admit is unseasonably hot.

The rainy season, which lasts from November to May, ended abruptly in February. Although the countryside looks wonderfully green, with avocado trees,

mango groves and endless fields of tea, it hides the harsh reality.

The truth is that the endless miles of maize, the staple food are withering and dying. Even the occasional thunderstorms and heavy rain can no longer save the crop. As one of our drivers said, pointing to yet more crops lost: "That means hunger and famine".

In this republic with all its beauty and its friendly people, I find a chill running up my sweat-soaked spine.

This truly is a silent tsunami.

In Malawi, almost half the population is under 14-years-old, with only 2.8% over 65. It has been devastated by HIV/Aids, with the official prevalence rate at 14.4% – but figures vary according to whichever person you spoke to last.

Youngsters – usually teenage girls – are the orphans left struggling to support their younger siblings. Some are forced into prostitution to try to find money.

We visited a school where there are 9,200 pupils – the headteacher has earned a reputation for good results. They have just 12 computers. The youngsters want to learn and they are disciplined and receptive. This encourages their equally enthusiastic teachers – the determination to succeed permeates all the

schools we visit.

In our hotel one of the workers is called Jimmy and asks if he can join me as I chill out with a guava juice.

He tells me his brother once went to Scotland where he saw white men cleaning the streets and collecting rubbish. Was this true, he asked in all seriousness. Um, yes.

This visit has been a kaleidoscope of sensations. We've seen the good work being undertaken and the progress being made, and we've seen the bad side where little hope exists.

Above all, the impression I leave with is that simple actions could make a huge difference. This is not about throwing money in every direction nor is it about imposing western values at the expense of cultures which are different from ours.

We cannot wait until disaster happens. The silent tsunami is already with us. ♦

*Margaret Ewing is Scottish Nationalist Member of The Scottish Parliament for Moray in North East Scotland
www.scottish.parliament.uk/msp/membersPages/margaret_ewing*

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Take a fresh look at life in Africa

www.africawoman.net



Scotland supports Africawoman.

"30,000 children across the world are dying needlessly from preventable diseases each day because of poverty.

I urge Scots to be part of the global movement to make poverty history."

Rt Hon Jack McConnell MSP
First Minister of Scotland
16 May 2005



George Reid is best known in Scotland as the Presiding Officer who finally got the Scottish Parliament building finished. But as the man behind the film from Ethiopia that inspired Live Aid and Band Aid, coping with the problems of an over-budget parliament building and a group of rowdy politicians must seem like a walk in the park. Rachel Lamb interviewed him

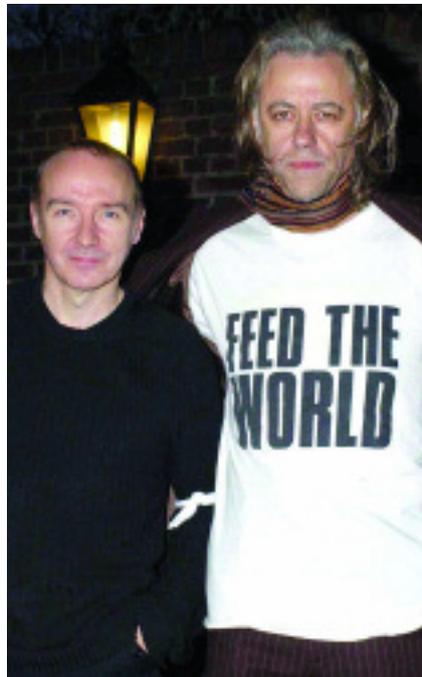
Man behind Sir Bob

When the Scots politician George Reid lost his seat in 1979, he went back to his old job as a journalist and made a series of BBC documentaries on refugees displaced by war. On the strength of these films, he was headhunted by the Red Cross and for the next 14 years, his job would take him to war-zones and disaster areas across the world. As director of public affairs for the Red Cross, he dug survivors from the rubble of the Armenian earthquake, bore witness to the atrocities of ethnic cleansing in Eastern Europe and worked at the front line of famine relief operations in sub-Saharan Africa.

His team arrived in Ethiopia in 1984, at the height of the disaster and were shocked by what they found. "About five million people were going to die unless we got food to them and it had been left too late by the African authorities, particularly in Ethiopia, so a lot of people were dying," he sighs.

In Desé, 150km north of Addis Ababa they set up the first feeding station with supplies to feed 6 thousand. By the end of the second week 200 thousand starving people had arrived, many of them travelling distances of four or five hundred miles on foot. Unable to cope with the staggering numbers, Red Cross workers had to decide who lived. Twenty years on, many still struggle to come to terms with the decisions they were forced to make.

"If people are famished you feed them six to seven times. You decide who's going to live and who's not. You build a wall and you have one side of the wall where people are doing nothing but eating and the other side of the wall where



BAND AID: Midge Ure, left and Bob Geldof joined forces to help feed Africa. PHOTO: YUI MOK/PA

people are quite clearly starving to death. This is not easy."

Frustrated by failed attempts to negotiate with Ethiopia's corrupt leader, whose soldiers were stealing food meant for the starving, Reid turned to the skills he had learned as a journalist and politician. Using Michael Buerk and his BBC film crew, he focussed the eyes of the world upon what Buerk was famously to describe as, "the closest place to hell on earth."

"A lot of the coverage was pretty horrific," says Reid, "What I was doing was showing a contrast – starving child sitting

in a Red Cross camp screaming, and six weeks later fat happy child. We were trying to get money raised so we could put food into mouths. You've got to say to the donor, we can turn this situation around and your dollar, your pound brings quick results."

Buerk's images had the desired effect. Shocked by the footage of starving, swollen-stomached children and skeletal mothers, swarming with flies, Bob Geldof and Midge Ure joined forces determined to do their bit to feed the world. Band Aid was born and the money started pouring in.

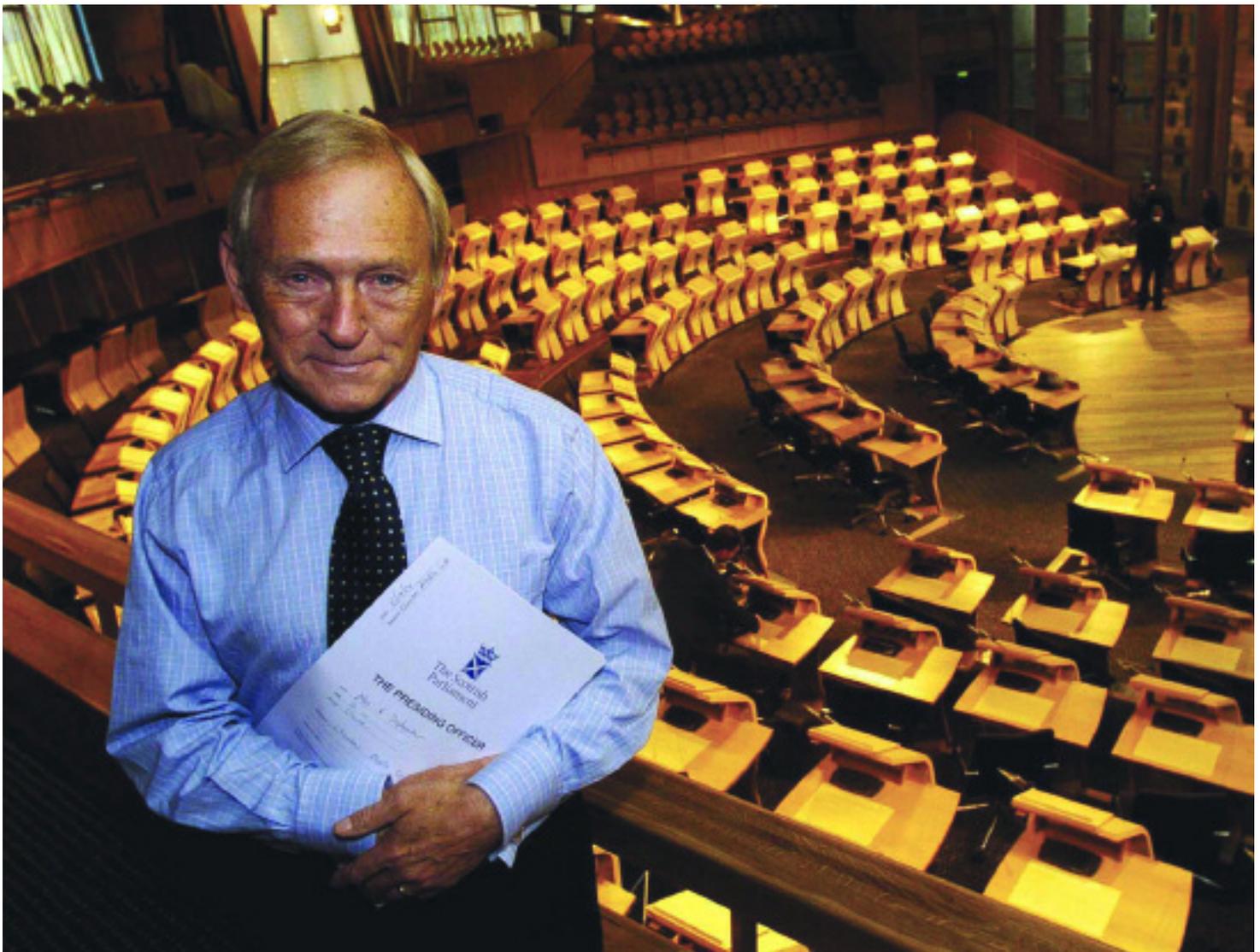
George admires men like Geldof and Ure who use their status to speak up and engage in the political process. "They've stuck the course and they're still going," he says, "They're not frightened to get in a jeep, go 600 miles down the road and rough it.

"There are humanitarian tourists who fly in and pick up babies as soon as they see a camera," he adds. "I'm not particularly keen on them because I don't see any enduring benefit from that. We need Geldof and the commission for Africa, pushing away at prime ministers. He deserves his knighthood, I rate him."

I ask Reid if there is a possibility that people may eventually become desensitised to the images of death and destruction flooding their TV screens.

"No. I don't think so," he replies, "Look at the Tsunami in Asia; people responded extraordinarily. But that might mean it's not an easy year for Africa."

Many African countries, he tells me, are going through a triple transition: from war to peace; from one party state to multi-party democracy; and from planned economy to so-called free market. It's no wonder they are struggling to cope, particularly in



GEORGE REID: "I sometimes wish that in this building (Scottish Parliament), we could do what we did in Africa when it comes to problem solving, all sit under a tree for three days until we've cracked it

PHOTO: GORDON TERRIS

areas of Eastern and Southern Africa where up to 30 percent of the population are HIV positive.

The infrastructure in large parts of Africa is poor. When Reid was working there it was worse. Pitted dirt roads, searing heat, aging vehicles and a lack of repair workshops to deal with breakdowns made travelling the enormous distances required difficult and often dangerous. A second-rate communications network did not help. Working with the Red Cross has made Reid an admirer of African women and it is on their shoulders he believes the continent will be rebuilt. "I come out with this enduring memory of the strength of Africa being in its women. If there is to be any sustainable development in Africa, women will do it, not men.

"If you have a famine operation and you give the food to a man he'll eat the bloody stuff. If you have a woman in charge, particularly with giving out seeds, she'll share it and she'll keep some for next year. They're the great sustainers of life. If you can give women the self confidence to take control of their lives and to contribute to the decision making process, you can free them from debt."

Often, Reid found that for plans to be effective, they had to be worked around cultural taboos. "In Ethiopia a large part of the disease problem was caused by people and animals using the same water, so cows shat in the water which people washed in and drank," he says. The solution was a pump separating water for animals from water for people.

"In terms of child death rates, the

results were utterly staggering and these things cost about £100 each to make. But because the village had done it a different way for a hundred years you couldn't just go in and open a pump, you had to get them to buy into it and that was a long and difficult decision — but once its agreed it is agreed."

"I sometimes wish that in this building (Scottish Parliament), we could do what we did in Africa when it comes to problem solving, all sit under a tree for three days until we've cracked it. Just talk and talk and talk. It can be a slow process but by and large you come to almost universal consensus and it's not a bad way of doing business." ♦

www.scottish.parliament.uk/msp/membersPages/george_reid

It's make or break year for doctors trying to end polio in Africa. But one Scottish sculptor has found such strength and artistic flair among polio victims, she calls them the "Wonder Welders." **Natalie Marchant** reports

Make or break year for polio treatment

When Heather Cumming went to Tanzania to teach eight polio victims to weld, she probably had a better idea of what to expect than most other Scots.

After all, the Perthshire artist and sculptor had grown up with her grandmother Margaret Leighton, 88, who has had a twisted leg since she caught the virus at just 14-months-old.

But nothing prepared the 22-year-old for meeting someone her own age who had suffered the crippling effects of the virus.

"It felt very strange. It shouldn't happen. There shouldn't be such a young polio victim, especially for something that can so easily be vaccinated against."

Heather comes from a family of blacksmiths, and got into the artistic side of the skill by following in her mother's footsteps. Using mainly agricultural scrap, she creates everything from small mice, to horses and dragons in her Perthshire workshop, and is currently making a five-metre high structure for a new art gallery.

In January, Heather travelled out to the Tanzanian capital Dar es Salaam to give artistic guidance to the Wonder Welders – eight disabled men who make sculptures out of scrap metal.

The project was set up by British photographer Paul Joynson-Hicks, after seeing polio victims begging on the street by his office. Although many were unable to walk, he noticed their tremendous upper-arm strength and guessed they would be great welders.

A workshop was soon set up behind his

own offices with four men. Each man got a wage of 70,000 Tanzanian shillings (\$70) a month. They began making animal sculptures, by cutting out shapes from old oil drums and welding them together.

When Heather arrived she encouraged them to use different materials to bring more life and shape to their models. Local businesses donated scrap metal to the project, and she showed them how to use old nuts and bolts to make small orna-

through the mouth before multiplying in the intestine, the virus spreads through poor sanitation, when faeces infects local drinking water.

Paralysis is the most obvious sign of infection, but that happens in less than 1% of cases – so without signs of infection the virus can spread through communities.

The experience proved a challenge for Heather too. She had to find new ways of working without machinery. Instead of using a fly-press, she learnt to bend metal using a hammer.

Her computerised plasma-cutter was replaced by hand-cutters. She said: "They had to learn how to do it without the equipment. I had to think 'if I can't do it without the machine, can I do it?' That made it even harder." But there were always ways round the problems – the giraffes were fully constructed while lying horizontally on the ground.

Heather says she was always amazed by her colleagues' determination and physical strength.

Ernest, 33, suffered paralysis in both legs after birth. His legs are small and thin, curling up behind him. Heather remembers him racing her across the car park using his arms – he won every time.

By the end of Heather's two months, the Wonder Welders had accumulated enough work to hold an exhibition where they sold enough to invest in two new welding machines.

Heather has returned to her home in Scotland but misses her friends in Tanzania. Her lasting impression: "I'm inspired by how happy they are. How excepting they are, and by how much they do with such limited activity. ♦



The wonder welders of Tanzania thank Scottish sculptor/trainer Heather Cumming

mental elephants.

Now onto bigger projects like nine-foot tall giraffes, the sculptures are particularly impressive because of the sculptors disabilities. All of them, bar one, lost the use of both legs to polio as children. Some could remember being in hospital at the age of four or five, others were too young to remember.

Polio can strike at any age, but mainly affects young children. Entering the body

www.wonderwelders.org

Africa needs community care, not orphanages, says doctor

By Laura Harrison

Dr Josephine Munthali's Child Support Project in the Dedza area of Malawi was a direct result of her PhD, in Edinburgh. Her work looked at girl's education because although the government were providing free primary schooling, many girls were dropping out.

The approach of Josephine's project was to let Aids orphans remain in the villages where they were brought up. "We don't encourage orphanages at all," she explains, "the thing with orphanages is that they create divisions in the family.

The great granddaughter of David

Livingstone, Diana Harryhausen, is one of the project's biggest supporters. Ms Harryhausen first got involved with work in Malawi in the 1980's when she decided some relics she inherited from her great grandfather should be returned to their homeland. "They were lovely people and I got to know a lot of them and a lot about them."

The main benefit of this personal approach is that the children are given support and protection at a difficult time of their lives. Anne Munthli said that it is important because they are "provided with love, spiritual and other needs."

Without this they are vulnerable to sexual abuse from men who take advantage

of orphans. Up to 100 families have taken in children so far but Josephine is aware of the social problems and burdens.

"These people already have children that they are not able to feed; we cannot say that we will just provide a bag of maize for the orphan, so you have to feed the rest of the children as well."

The Child Support Project – with 5 trustees in Scotland and 4 in Malawi – believes education of girls and women is the key to such fear. Scottish women recently donated 13 sewing machines so 300 women in Dedza can acquire sewing skills. ♦

www.childsupportproject.org

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COLUMNIST, Sandra Nyaira in her latest "borrowed" sports car.

Africawoman verdict on Jack, kilts, Gleneagles and Scotsmen

By Susan Naa Sekyere, Ghana

Africawoman journalists had a good time in Scotland although we came not knowing what to expect of Scotland and her people. And we came with a dilemma. We had an agenda. It was to make the point that if the G8 is meeting in Scotland in June, it has no business discussing Africa if Africa is not represented. Every one of the seven *Africawomen* from Kenya, Zimbabwe, Ghana and Malawi made it their business to drive home that single point at every opportunity.

That could have made us come across as self righteous bores. So apart from being overwhelmed by the warm welcome of the Scots, we were pleasantly surprised this strong point we drummed home so loudly was taken calmly and in good faith. This tolerant attitude, said Grace Githaiga from Kenya, was evident

in the attitude of the Scottish first Minister, Jack McConnell. In the full glare of the Scottish media he allowed seven opinionated African women to tell him how to pose for the cameras with an African-styled Scottish kilt we had just presented to him.

No African leader would allow journalists to be so familiar.

Jack McConnell's warmth was universal. We were smiled at in the streets or greeted by anybody we came into contact with. This made *Africawomen* appreciate the fact that the famous "African Hospitality" might not be unique to Africa, after all. The Scottish are equally friendly people.

Perhaps the biggest surprise though was the shyness of Scottish men. They have the courage to wear tartan skirts or kilts – and we had the courage to pose with many of them during our trip to Gleneagles – but we completely failed to

pull any Scottish men because they are so shy and would rather talk to women through the bottom of their beer glasses – what a contrast to men at home!

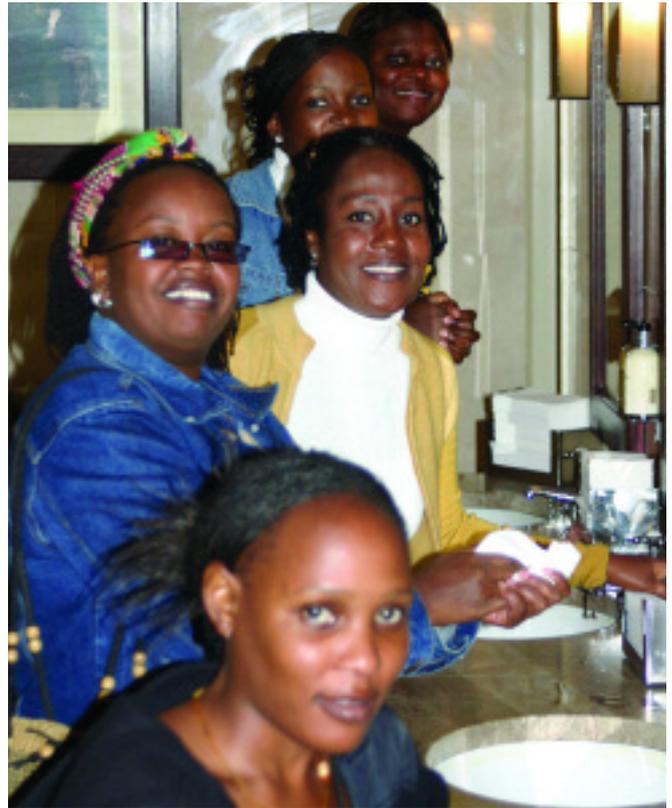
Gleneagles Hotel – where the G8 will be held – is a five star hotel and golfing mecca. It was beautiful but hard to get into. Our government guide was told it would not be possible for us to see the state rooms where the world leaders will sit. So we had to be content with a trip to the ladies to see where Cherie Blair and the other First Ladies will sit!

Emboldened by posing with a kilted piper, our speed-loving Zimbabwean, Sandra Nyaira, accosted a young man waiting for a friend in an expensive looking open-top sports car. She asked this good looking stranger if she could have her picture taken sitting in the front seat of his car.

In fact, this bold behaviour was really caused by one generous act by the visit



EDITOR Lesley Riddoch on a quick exit from the latest African shopping tou,



CAROLINE, Grace, Susan, Pilirani and Sandra go where G8 First Wives may fear to tread – the Ladies Loo at Gleneagles!

organisers. Sandra is effectively exiled in London until a change of government makes it possible for her to return home. She is almost penniless, but was picked up from her home to come to heathrow airport for her Scottish trip in a huge, black Mercedes Benz. That act has now made her think she can get into any expensive car!

Anyway, before the young Scot could protest Sandra was in the front seat smiling and waving like Grace Kelly!

If only the immigration officials at Heathrow could have been so accommodating. They questioned us for hours asking why the Scottish First Minister would want to speak to us, even though we had official letters of invitation.

In Scotland it is Spring. Beautiful flowers adorn the parks, which are green and clean. The air is fresh and not as polluted as cities back home. And the streets of Edinburgh and Glasgow were not as congested with people or cars as London, Nairobi or Accra. There were also not as many black people and few Africans. Perhaps that explains the big welcome.

Africanwoman journalists had to shop. As the Ghana proverb says “beautiful goods are those brought home from a journey”.

After roaming for a while, the *Africanwoman* delegation ended up in ASDA Wal-Mart, a huge 24-hour superstore on the edge of town. It’s a UK-run store, owned by Americans, selling mostly cheap but well-made Chinese goods – everything from clothes to mobile phones and perfumery to household items.

At home, Chinese goods can be shoddy. But not here. Quality looked so high with

“If only the immigration officials at Heathrow could have been so accommodating. They questioned us for hours asking why the Scottish First Minister would want to speak to us, even though we had official letters of invitation”

prices so low it was hard not to be suspicious. How can poor Africans be shopping in the UK – the world’s fourth wealthiest country – and afford to buy? Basically, how could we have the same purchasing power in British shops as the British person? For a moment we were heartened. There must be poor people in Scotland, too. Then we realised the explanation might be different. Prices in Africa are kept high and in the UK are kept low.

We often say back home that British African papers are better than French African ones. And that is because we are better at words, and the art of argument. Anyway we had a loud argument in a great Glasgow restaurant and no-one told us to be quiet. Perhaps that is because Scottish eaters are really drinkers – they spend more on alcohol at meal times than on food! So by the end of the night, druink Scots became as noisy as sober-ish Africans!

Our tours were whistle-stop!

It was great to spend time at Holmlea School in Glasgow where the children know more about Malazi than some of the male journalists who plan to accompany the First Minister to Malawi in May. Holmlea’s classes were small. The whole school was about the same size as one class in Malawi. The children were fascinated by us. I don’t think they see many African women – especially not treated as important and respected guests.

Finally we would like to thank all the Scottish Executive staff and Jack McConnell for making us feel that we matter and that our views may find an airing at the G8 – even if our beautiful braided, beaded, sequined and miniature bell ringing Africa kilt does not! ◆

Some Scots recognise her as 'the barefoot missionary'. To others she's the woman on the £10 banknote. In Nigeria, two governments are fighting over her legacy and Scots are still funding development in her name. **Neil Robertson** reports

From Dundee to a place in Africa's heart

Seeing a map of his Nigerian village on a Scottish banknote was a shock for Francis Ita Udom, when he arrived in Scotland for a course at Glasgow Nautical College. He turned the note over and was astonished to find a picture of his great, great granny in a place reserved for The Queen.

He is Mary Slessor's biggest fan: "so brave to go to Africa on her own. To head up river and into the forest – without knowing the *kojo*" earns his admiration. And if she hadn't saved his great-grandmother Annie from the horrible death then visited on twins, he wouldn't be having this conversation, with his own two toddlers listening in.

Francis knew he was related to Mary Slessor, but says it was only when he told his mother that Nigerian Liquefied Gas wanted him to train in Scotland that she told him 'Scotland's where Ma came from!'

Mary Slessor was funny, and outspoken – arguing against alcohol, the demon drink that made her own father (a shoemaker) beat up his wife in front of the children. By the age of 14, Mary had become a skilled jute worker. Up before 5 a.m. to do the housework, Mary worked from 6 a.m. to 6 p.m. with just an hour for breakfast and lunch. She sought refuge in the work of missions where she volunteered as a teacher and first heard tales of West Africa from Scottish missionaries.

After a brief period of training in Edinburgh, Mary set sail in the S.S. Ethiopia on 5th August 1876, and arrived at her destination, Calabar in West Africa just over a month later. She was 28, red haired with bright blue eyes shining in enthusiasm for the task ahead. Some of the old hands in Calabar might have been excused for questioning whether she would last a year.

Human sacrifice routinely followed the death of a village dignitary, and the ritual murder of twins was viewed by the new missionary with particular abhorrence.



MARY Slessor's image on the Scottish £10 note.

Her efforts to forestall this irrational superstition were a huge success.

In Calabar, women were treated as lower than cattle, and Mary was so successful in raising their standing in society that many consider her one of the pioneers of women's rights in Africa. She also became fluent in the Efik language, so that she might use humour and sarcasm to reinforce her arguments. Unlike most missionaries, she lived in native style and became thoroughly fluent with the language, the culture and customs

and also became a local magistrate.

She also became very familiar with the mosquito. Recurring malaria and general hardships took their toll and by 1915, her strength had declined, and the woman who had once thought nothing of all-night treks through the rain forest was reduced to travelling in a hand-cart pushed by an assistant. On the 13th January 1915, after an prolonged bout of fever, Mary Slessor died. But her legacy lives on.

According to a recent report in Nigeria's *Daily Sun*, a turf war is looming between the newly created Nigerian state of Akwa Ibom and Calabar for ownership of the Mary Slessor brand.

Governor Victor Attah of Akwa Ibom hopes to change the region's image with help from the Slessor magic. "She lived here. I've been to see the foundation of her house and everything else and even her grave. What you have in Calabar", he says, "is just a monument to her" – albeit one visited by Queen Elizabeth II.

He's even written to "The Scottish Government" about this "because her image is still on the Scottish currency today". Calabar has fought back with a pottery and ceramics project and projects funded by the Mary Slessor Foundation – a Scottish charity based in Dundee.

A Dundee school raised £1000 to fund The Foundation's Skill Centre in Calabar. A musical "Mother of All The Peoples" pulled in big, enthusiastic audiences in Aberdeen and Dundee to provide a staff house for a new Medical Clinic. ♦

www.maryslessor.org

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