Scotland’s First Minister, Jack McConnell, has pledged to support Malawi’s education system and ‘stick with’ the country like a friend. Caroline Somanje, of Malawi, reports.

Scotland backs ‘friend’ Malawi

“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 First Minister Jack McConnell accepts “lucky” Africawoman kilt to wear at G8 summit. PHOTO: PA

Scotland’s political leader, Jack McConnell has pledged to support Malawi’s education system and ‘stick with’ the country like a friend. Caroline Somanje, of Malawi, reports.
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 from Glasgow’s on the recycling challenge

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Scotland backs Malawi

FROM PAGE 1

ence Machio from Kenya asked if Mr McConnell would appear at Gleneagles wearing the African braided kilt – which was taken to Africa by bridging by James Gillespie’s School, Edinburgh – that she presented to him in the Scottish Parliament.

She told him, “We hear you have been unlucky with Kilts. This special African kilt and sporran will bring you luck, remind you of Africa and give you the courage to tell G8 leaders to Make Poverty History.”

McConnell – who heads a devolved parliament within the United Kingdom which has no direct control over International Development policy and little power to end the massive brain drain that is plunging Malawi into economic instability, promised to wear the brightly braided kilt – sometimes!

http://www.scotland.gov.uk

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

Scottish kids – even poor ones – want to see a kid in Africa sitting on a Celtic bike wearing a Rangers top!”

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.

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 new owners. But the story won’t end here.

Jim tells a story about a man he knows who was going blind. When his eyesight finally failed, he called Jim and told him he’d like to be able to cycle again.

“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, an Nigerian called Sonny, wants to start the project in Nigeria. Andrew has no idea how the bikes will make it there, or if it is all logistically possible. But his enthusiasm for it is unflagging.

“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’ll try.”

www.communitycancycle.org.uk

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.

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 waterhole. If it works, it will 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 mend- ed 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!”

2,000 bikes 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 Community Can a fortune.

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www.communitycancycle.org.uk
**FLOATING HOSPITAL**

Scots woman donates £4m to fund ship-based surgeries

Beth Pearson reports

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 operations for people who wouldn’t get treated by their own governments. The charity’s goal is to treat a million people a year.

Scotswoman Ann Gloag is one of the charity’s biggest supporters, donating £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 crooked limbs, repair cleft lips and palates, correct fistulas and provide wide range of orthopaedic procedures,” says Gloag. “Mercy medical and dental teams establish field clinics in nearby communities to offer vaccination programmes, dental care and minor operations. Mercy Ships provides these services free of charge.”

**SHIP IS TOWN AFLOAT**

And yet, the charity attracts questions. 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 – shared dormitory bunks with the other volunteers and ate the same food.

“All ships are crewed 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% 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.

“It’s sad that such medication and procedures are deliverable only from such ships and their irregular arrival times rather than through skills and sustainable development,” he says. Judy Polkinhorn, the UK chairwoman of Mercy Ships has an answer. “We work very hard to build partnerships with local medical organisations or doctors to try and improve long-term sustainability of projects,” she says.

“Mercy Ships also has land-based projects which entirely focus on long-term sustainability, such as the VVF (vesico-vaginal fistulae) clinic in Freetown.”

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 them as well as develop new ones.

Obviously money spent onshore is less secure than money spent on the ships.

Polkinhorn adds: “With the completion of The Africa Mercy, we will double our capacity to both 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 and is an important part of what happens.

www.mercyships.org

**Ships beat mainland problems**

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.”
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 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 localy 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 136 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 go 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)
Malawi: Nation on the brink

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 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 mattress units 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 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 Nkhata Bay 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 swollen ankles, and their skin has red, weeping sores. A staff of 10 makes a product known as flampilkan. This is a mixture of peanut butter, icing sugar, dried full cream milk, a mineral and vitamin compound all blended with vegetable oil.

Mothers walk up to 60 kilometres in the searing heat to acquire weekly supplies. The beauty of flampilkan 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 the care given is free, covered by donors and leaving 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, its friendly people, I find a chill. 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.

JUNE 11, 2005

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

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
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 Pillirani 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 Attendants in southern Africa – Nayele Jekete.

Nayele lives in Mbewa, a village 30km from Lilongwe, Malawi. Born women in a month and help deliver so many babies she has lost count. Over 60 years ago, she has delivered Nayele Jekete.

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, Dean of the Kamuzu College of Nursing, 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 over an open fire before using it.

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

Jekete’s health failed last year when she developed sight problems in her left eye and had problems focusing. But she has received treatment and has recovered.

Her reaction was 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 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 K130 (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.

“If a woman wants to space her pregnancies by two years, I give her two drops of the juice from the herbs to swallow. If she wants to stop giving birth, I give her ten drops for 10 days and that makes her sterile,” said Jekete.

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

In recognition of her amazing lifetime’s achievement in maternal health they are going to supply a mobile phone 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."
Is Africa paying to train nurses for Britain?

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

EVERYONE knows the brain drain from Africa is happening. But is there a fair and effective way to stop it? The government in Zimbabwe thinks it 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. Peri Mahlati, deputy director-general of health, between 50 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 WHO 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 mortality 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 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.

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 services. 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 Caribbean, 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 out 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 hospital 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.

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 strong 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 their 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 inside Africa and is working in care homes in London to survive till a change of government means she can return home.

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

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.

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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.
If your school is missing from the map or you would like more information about twinning, please contact the Scottish Executive's Education Department on 0131 244 0633.

Hundreds of Scottish schools have been working on African related projects in the run-up to the G8 – this map shows the twinning links between primary and secondary schools. See if you or your kids are involved – if you'd like to know more contact the Scottish Executive on 0131 244 0633 for more help.

Schools like the award winning Sanday on Orkney and Leith Academy in Edinburgh produced the letters and poster published earlier in this edition. According to the First Minister, Jack McConnell his hope is that the next generation of Scots will be more knowledgeable about the continent that lies just eight miles south of Europe.
From Dundee to a place in Africa’s heart

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

**LIVING HISTORY**

Mary Slessor, 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 language! 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 to do the housework, Mary worked through the rain forest was reduced to travelling in a hand-cart pushed by Liquifed Gas wanted him to train in Scotland that she told him Scotland’s where Ma came from!”

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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 West 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.

**CIVICUS World Assembly 2006**

is coming to

**SCOTLAND**

21-24 June 2006

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.

Come, join in and be inspired!

Find out more at:

[www.civicusassembly.org.uk](http://www.civicusassembly.org.uk)
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

The man behind Sir Bob

When the Scots politician George Reid was made a peer in 1997, 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 doing," he says.

In Desé, 150km north of Addis Ababa they set up the first feeding station with supplies to feed 6000. 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 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, 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."

Desired effect

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

Poor infrastructure

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 re-built. "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 the next year. They’re the great sustainer of life. If you can give women the self-confidence to take control of their own lives and to contribute in a rural economy 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 shit 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."

"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."

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"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 a make or break year for polio

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

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 someone who had suffered the crippling effects of the virus.”

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.

Donated scrap metal

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 ornamental 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 through the mouth before multiplying in the intestine, the virus spreads through poor sanitation, when faeces infect 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.

“I had to think ‘if I can’t do it without the equipment, I have to learn how to do it without the equipment. I have to think of a way that I can 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, 31, 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 since returned to her home in Scotland but misses her friends in Tanzania.

Her lasting impression: “I’m inspired by their determination. Inspired by how happy they are. How much they do with such limited activity.”

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

Women benefit from the business we do with Cafédirect. I am the first woman from my community here in Tanzania to go to the UK, to go very far from my place. No woman has gone from here representing the women of Karagwe until me. As a result women coffee farmers are joining their co-operative societies. I tell them it is the women in UK who buy Fairtrade products – I have seen this with my own eyes. I will encourage women to sell the coffee they have in their own names instead of the names of their husbands. They will become leaders of their co-operative societies... they will be able to buy what they want themselves, they will have power, they will have a say.”

Alivera Kiiza
Karagwe District Co-operative Union, Kagera Region, Tanzania

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Dorothy Logie: Life’s work after life’s loss

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 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 it 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 sensible 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 SBAG (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 2001 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’s manifesto for HIV+ change

How are women coping with the knowledge that sex is so risky? What do you recommend? I don’t know how African woman cope with husbands who sleep around and then insist on sex with their wives. I was very lucky because my husband was HIV positive and I was negative, but he always used condoms. So after 8 years of having sex I am still negative. Safe sex isn’t that risky but it means never, never taking chances. It is also important to know if your mate is positive or not. Don’t be frightened to go for a test and get him to go too. If he won’t, then no sex.

Some African women are in the dreadful situation where they feel they cannot refuse their husbands. So far, their only protection has been the unpopular female condom, said to be like making love to a packet of crisps. What we need is a microbicide, a cream which a woman can apply to her vagina before sex and which kills the virus. Research on this has been painfully slow.

Ok lets have your shopping list for something that will truly make a huge difference on HIV in Africa 1) Free testing and free ARV drug treatment for everyone in Africa who needs it. 2) Better funded and organised health services so diseases don’t get neglected. 3) Proper pay for doctors and nurses in Africa so they stay there. 4) End discrimination and treat AIDS like any other disease. 5) Give girls free education so they feel confident to stick up for their rights. 6) Give women get microbicides fast & their fair share of all ARV treatments. 7) Link HIV treatment with TB programmes. 8) Care for HIV orphans. 9) Develop a vaccine for AIDS. 10) Severe sentences for rapists.
Sharon Stone in standoff over malaria

WHILE Bill Clinton, Nelson Mandela and other leaders debated what the course of World Bank and IMF policies should be, at the World Economic Forum in Davos earlier this year, Sharon Stone sat in the crowd with fellow actors and activists. When someone at the podium declared that Tanzania badly needed money to buy mosquito nets for poor Africans, Stone stood up, declaring she would donate $10,000, and then looked around her and shouted to everyone to "Get Up!"

Energized by her example, the room full of business tycoons began to pour out money for the cause. One man gave $50,000, the next $20,000. In just 5 minutes she helped to raise $1 million.

Malaria kills 3,000 African children under age of five every day. The World Health Organisation reckons it will cost somewhere in the region of $550 million to supply enough nets to slow the spread of the disease. And that’s not so much more than a multiplex-worth of films costs to make. No novice to activism, Stone is the recent recipient of a 2004 award by Project Angel Food in Los Angeles for helping to raise over $10 million for the cause of AIDS patients globally.

Dr David Arnot and his research team at Edinburgh University’s Institute of Cell, Animal, and Population Biology have won a research grant of almost £95,000 from the European Community. The grant will be ploughed into a three year study into the development of immunity against the killer illness in two African villages.

The project focuses on the villages of Dodowa, western Ghana, and Daraweesh in the eastern Sudanese state of Gedaref, and will compare the effects of malarial attacks in locals, whose exposure to the disease is markedly different. In Ghana, the 5000 strong population face malarial attacks between April and August each year, but the people of the Sudan can go several years without facing the threat of infection. While those ‘safe’ periods protect the locals, the sporadic pattern of exposure can leave the community open to epidemics, due to low immunity rates. Dr Arnot has denounced recent reports that global warming will see malaria return to the UK as “scaremongering.” The disease was common in marshy areas of the west coast of the UK, and was known as ague. Arnot said, “There has been no evidence to suggest that global warming has even had an effect on malaria in Africa, let alone the rest of the world.”

As the grant was announced, fellow scientist Professor Alan Fairlamb, head of Dundee University’s biological chemistry and molecular microbiology division, called for an integrated approach to solving the global problem of malaria.

Prof Fairlamb, whose work focuses on the development of anti-malarial drugs, says the international scramble for a vaccine will not save affected communities from the threat of infection alone.

“There are four ways in which we must tackle malaria. We need to develop vaccines that provide everyday protection. We need drugs to treat the disease once someone has been infected. We need to reduce transmission rates through the use of insecticides and irrigation schemes. Finally, we need to provide better education to people living in those countries to try and avoid the disease.”

Prof Fairlamb also said that international communities must not underestimate malaria’s virulence. “Malaria has done more to change our genetic make up than any other infectious disease. “For instance, you have sickle cell anaemia, which helps protect African populations against it, but has its own detrimental affects on people no longer living in affected areas. We don’t know what other changes it may provoke in the future.”

Our aim: a million people swimming
We’ve found the first 150,000 people to swim...

Why we are doing this
The number of children that will die today from malaria would fill 7 jumbo jets

What we are doing
One million swimmers unite

How you can help
If 50 of you swim and raise £60 each you save 50 children’s lives

100% of the money we raise buys mosquito nets
Will you swim and help us reach a million swimming?

Find out more: www.WorldSwimForMalaria.com

World Swim For Malaria Foundation. Registered charity number: 1105319
Scottish Projects Database: Part I

So you thought Africa was a distant continent – not for the Scots who run these projects – get reading and get involved

**African Outreach**

African Outreach was set up by Waverley Care to research the health needs of Africans living in Scotland with HIV. It is hoped the three-year project will provide better access to health services for Africans and increase awareness of HIV in the African community. African Outreach is coming approaching the end of the second year and a report on its findings is due at the end of the year.

**African Youth Development Action Project**

Libertarian Jerry Bowell left his home country in 1992 to come to Scotland. A medical physicist by training, he is the founder of African Youth Development Action Project. He is also the leader of the Glasgow Gospel Choir and a member of African countries will soon be added to the list. The project sends careful bicycles and other items to be used in Africa.

**Action for Southern Africa**

Action for Southern Africa (ACTSA) Scotland is the successor organisation to the Anti-Apartheid Movement and has expertise in Southern Africa and experience of both campaigning and linking. They encourage links between organisations, trade unions, schools and local authorities in Scotland and southern Africa and campaign on issues of trade negotiations, diamonds, asbestos, debt, HIV/AIDS and tourism. As a regular activity, books are sorted and sent to schools and libraries. Since 2001, the book appeal in Scotland has been run jointly with Community HEART.

**Books Abroad**

In 2004 we were able to send a total of 11,000 kgs (approx 125,000 books) donated by Scottish schools, colleges and libraries to African countries which included two container loads to Uganda. The other African countries which received books free of charge for their schools were Ghana, Mozambique, Namibia, South Africa, Zimbabwe. Our budget for 2005 includes the despatch of a further 29,825 kgs (approx 150,000) books to African countries. Books Abroad send carefully selected book parcels of 40 to 50 books (5kg being small enough for an individual to carry) directly to remote overseas educational establishments.

**Books for Africa**

Library mãe Anne Louise McGough began a collection of library books for Sri Lanka’s children after the Tsunami when a friend told her most of the schools and libraries on the island had been destroyed. With the help of Glasgow Caring City, Anne Louise is continuing her collection, this time for children in South Africa. Other African countries will soon be added to the list and Anne Louise is also in talks with representatives from the UK who currently transport books to schools and projects all over Africa.

**Caledonia Centre for Social Development**

The Caledonia Centre for Social Development provides information and technical services focused on self-help and cooperative approaches to alleviating poverty involved in two initiatives in Africa. They are working with Hakikani Catalyst (a Tanzanian Civil Society Organisation), making booklets to empower marginalized citizens, who have little say in the political process. (www.hakikani.org)

The Centre is also involved with an Africa-wide partnership – Cooperative Facility for Africa – to set up cooperative and group-based enterprises in 15 countries.

www.caledonia.org.uk

clark@ords.co.uk

**Computers for Africa**

For ten years, pupils and teachers from Lockton High School have been taking computers to underprivileged schools in the Limpopo area of South Africa. The project involves children in creating computer programs, which are used in the lessons at the schools they have visited. They have sent 47 computers to South Africa and are planning to send more this year. The Centre now has a website called www.computersforafrica.com

**Community Can**

Casteigmach community initiative recycling aluminium cans into cash for a local charity. The project has been successful and continues to grow.

**Earthwatch International/ Napier University**

Community Can takes almost any amount of donated bikes and is designing “Africa Bike” (dynamo & battery or other useful gadgets) to be fabricated from donated bikes and sent to African partners. Shipping via Scottish International Relief, Jim O’Donnell – Project Manager lovesancycle@btconnect.com

www.communitycan.co.uk

**Congo Women’s Support**

An ngo that supports women in the Congo, Othelton Kirkpatrick decided to do something to help. She set about trying to contact the Doctors hospital mentioned in the article to help them fundraise for treatments. Olivér, a lecturer living in Edinburgh formed Congo Women’s Support Group with two friends – Teresa Munro and Anna Davidson. Together they have raised £4000 for the hospital.

**Concern Worldwide**

Concern Worldwide aim to tackle the root causes of poverty in some of the world’s poorest countries. Focusing on health, education, HIV/AIDS and emergency aid, the projects target the poorest people in many African countries. Concern Worldwide are supporters of the Make Poverty History campaign.

www.concern.net

**Earthwatch International/ Napier University**

In collaboration with Earthwatch International, Napier University’s School of Life Sciences is involved in a project, which aims to restore mangrove forests in degraded habitats of Kenya. Part science, part conservation and part community sustainability, they work with Kenyan scientists and the local community in Gazi Bay to plant trees in areas that have suffered cutting in order to support livelihoods by ensuring fish and shrimp production and providing coastal protection.

www.earthwatch.org

m.huxham@napier.ac.uk

**Equalexchange Coffee**

Fairtrade wholesale equalexchange was born back in 1979 when three volunteers from Edinburgh were inspired by a visit to Africa. Now the company buys coffee, tea, chocolate and other products from many developing countries. Equalexchange also supports training schemes to encourage women who traditionally work in fields to come forward as potential managers.

www.equalexchange.co.uk

**G8 Summit Research Groups**

The University of Glasgow has been chosen to host the G8 Summit Research Groups’ Pre-G8 academic conference on 28th June. The conference will bring together leading experts from both developed and developing countries to discuss the role and performance of the G8. Academics from all of the G8 countries are due to attend.

**Interact Worldwide**

Interact Worldwide, is working with the National Association of Women Living with HIV (NAWOLA) in Uganda (NACWOLA) to provide home-based care for HIV positive women and their families. It will develop a counselling servicer for orphaned and vulnerable children. The project will work to reduce the discrimination, stigma and denial that HIV/AIDS harbours. Interact Worldwide is working with the G8 members to support the G8’s plan of action on HIV/AIDS and sexual and reproductive health and rights.

www.interactworldwide.org

**International Institute for the Environment and Development**

The IIED (Edinburgh) provides expertise and leadership in researching and achieving sustainable development. The Forest Governance Partnership aims to provide practical approaches to forest governance which can be a lever for larger governance and democratic reform including the Pastoral Civil Society in East Africa programme. The IIED are holding a conference called Global Warming & G8 at Dynamic Earth in Edinburgh on July 5, to coincide with the G8.

www.dynamiicearth.co.uk/ztmsphere/

www.iied.org duncan.macqueen@iied.org

**Interminds**

Interminds and Chidline Mpumalanga have teamed up to implement a new mental health training programme in township primary schools across Mzimba in Zambia.

The programme is designed to equip teachers in counselling and communication skills as well as the use of creative therapies such as drama and art to help children traumatised by rape, abuse and bereavement from HIV/AIDS.

www.interminds.org

**Lanarkshire Global Education Centre**

The Centre has established links with Sierra Leone and has provided reconditioned Landrovers for community use, and is discussing the placement of experienced volunteers with key skills to share with local health, education and community workers.

The Centre will be providing focus materials on Sierra Leone as part of Independence Day, a pilot project with schools in North & South Lanarkshire to celebrate our links with the wider world. The intention is to provide young people with positive images of the world to counteract negative coverage in the light of 9/11.

www.globalleys.org.uk

**Link Community Development**

Link Community Development is working to improve the quality of education in South Africa, Ghana and Uganda. Their education development projects in Africa focus on school management, leadership, governance and resourcing as well as teaching and learning. UK teachers and schools can become involved through the Link Schools Programme and the Global Teachers Programme. The former sets up and supports links between UK schools and in South Africa, Ghana and Uganda.

The latter is a professional development opportunity for Scottish teachers in a 5-week development at a school in South Africa or Uganda.

www.lcd.org.uk

Part Two in next Africawoman out June 25
Africawoman verdict on Scots, kilts, Gleneagles – and men!

By Susan Na's Sekyere, Ghana

A fricawoman journalists had a good time in Scot-land 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 it was to make the point 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 optimism-ed African women to tell him how to pose for the cameras with an African-styled Scottish kilt we had just present-ed to him. No African leader would allow journalists to be so familiar. Jack McConnell’s warmth was univer-sal. 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, af-ter all. The Scottish are equally friendly people. Shy Men Perhaps the biggest surprise though was the shyness of Scottish men. They have the courage to wear tar-tan 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 Cherrie Blair and the other First Ladies will sit! Emboldened by posing with a kilt-ed piper, our speed loving Zimbabwe-Wean, 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 his 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 organisers. Sandra was 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. Africawoman journalists had to shop. We had to shop because – we love it! As the Ghana proverb says “beautiful goods are those brought home from a journey”.

After roaming for a while, the Africawoman 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 prices so low it was hard not to be suspicious. How can poor Africans be shopping in the UK – the world’s fourth wealthiest coun-try – and afford to buy? Basically, how could we have the same pur-chasing power in British shops as the British person? We are not as polluted as cities back home. 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 Scot-tish eaters are really drinkers – they spend more on alcohol at meal times than on food! So by the end of the night, drunk Scots became as noisy as sober-ish Africans!

Our tours were whirl-stop! It was great to spend time at Holmlea School in Glasgow where the children know more about Malawi than some of the male jour-nalists 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, sequinned and miniature bell ringing African kilt does not!