



## Ananda Marga Universal Relief Team

### Burkina Faso, Ghana, Nigeria & Togo November 2010

Dear Friends,

Abakaliki, 30 November 2010

I am happy to send you the news from AMURT in West Africa. Dada Purusottama reports remarkable progress in Burkina Faso and Dada Tanmaya's work in Togo continues to move forward. In Ghana, the development model is being put to the test as we gently withdraw to let the communities prove that they are ready to manage the projects. Brothers Agryabuddhi and Shriidhar are taking charge of AMURT Ghana.

In Nigeria, I have had the wonderful opportunity to work with a new approach. For the first time in West Africa we are working closely with government and NGO partners, in addition to the community base we are used to. The experience has been rewarding. To help build the capacity of the local authorities makes sense in a development context. The problems are so great that no NGO can carry the task. Working in a tri-party partnership fosters a kind new humility that creates the right framework and mindset for a successful project. The work on the projects become paramount as any motive to get credit, control or ownership become secondary to the common desire to serve and get the job done. It's overwhelmingly clear that through partnership we can accomplish things that we could never achieve working separately.

We are looking forward to reaching new milestones for AMURT in 2011. Thanks to everyone for your good will and support for the projects.

Sincerely yours,

Dada Daneshananda  
Coordinator

## **NIGERIA**

### **AMURT STARTS WORK IN NIGERIA**

After many delays, AMURT finally started operations in Nigeria during the second half of 2010. Nigeria has the largest of population of any African country, and with the number of maternal deaths and child death second highest in the world (after India), it's essential for AMURT to have a presence. We selected Ebonyi State for our first projects in Nigeria. Ebonyi is among the least developed states in Nigeria and the poorest in the Southeastern Zone. Indicators related to maternal health and other primary health factors are alarming. The state govt. is very aware of the plight of rural population and is offering us cooperation to address their healthcare needs.



## **TEN NAIRA FROM EACH WOMAN TO START THE WORK**



As a new organization in Nigeria, we started looking for local partners for our first project in the country. Some years ago the rural women's associations (see photo left) in the Okpuitimo Area of Abakaliki Local Government Area, deeply troubled by the high maternal mortality rate and lack of healthcare access, formed a vision of having their own community owned and managed health centers. They levied their members 10 naira each and boldly started the construction.

A few years later, ActionAid Nigeria conducted a survey to identify the areas in Ebonyi State with the most need. Okpuitimo, populated by the Igbo subgroup Izzi, was selected. It soon became clear, through interaction with the communities, that access to healthcare was the top concern among the locals. It took three years, but in the last months the construction of three health centers were completed.

ActionAid provided the construction materials, and the communities organized themselves and paid all the artisans and workers. It's a fine accomplishment and good example of how communities can come forward do something concrete for change.

## **PARTNERSHIP FOR CHANGE – TOGETHER WE CAN DO MORE**

AMURT was invited in as a partner to complete the health center. The strong community engagement and the fact that the projects were initiated by the communities were the deciding factors that prompted AMURT to join the project. The projects are managed by committees elected by the communities. (Below the women at Omege select their representatives on the committee.) ActionAid is an internationally renowned NGO, with excellent record in community organizing and advocacy.



AMURT has been solely responsible for equipping the three new health centers. This includes all furniture, medical equipment, supplies and drugs. We have also constructed three toilets and two bathrooms for the biggest health center at Okpuitimo Omege, and are working to complete the toilets and bathrooms for the two other health centers.

Over the last months, AMURT and ActionAid have engaged in an intense campaign of advocacy with the local gov't. authorities to get make them assign staff to the health centers. AMURT's presence as an international organization added credibility to the campaign. After a slow start, once we had the local Head of Department of Health on board, the results started showing. The gov't. has assigned community health extension workers, attendants, environmental health workers, lab technicians, and two visiting doctors. More qualified staff will be assigned as they become available. Everyone is amazed that we have been able to get such a good response from the gov't. in such a short time.

## **OPENING OF THE HEALTH CENTERS**

On the 21<sup>st</sup> of September the first clinic opened at Okpuitimo Omege. We had 123 patients and four deliveries during the first month, and that was very encouraging. We have done health education outreach programs in fourteen communities with animated discussion and interaction. The staff at the health center has been very committed, working in shifts to ensure that there are nurses on duty 24 hours.



On the 24<sup>th</sup> of November the two other health centers, in Ephenium and Offia Oji, were also reading to open. We had a grand Public

Presentation program to commission the three health centers. Her Excellency, the First Lady of Ebonyi State, Mrs. Josephine Elechi attended the ceremony along with her large entourage that include the State Commissioner for Health and the Chairman of the Local Government Service Commission. The program was well covered by radio, television and the press.



Three vehicles bringing equipment for Ephenium Health Center



Her Excellency, the First Lady of Ebonyi State, cuts the ribbon at Omege Health Center



Dancing troops entertaining during the opening of Offia Oji Health Center

## **GREAT CHALLENGES AHEAD**

AMURT's task in the next months will be to establish the three health centers. The work will include strengthening the Hospital Based Management Committees, increasing the capacity of the staff to improve antenatal care, delivery care and basic obstetric emergency services in the health centers. Our goal is to achieve a level of care that matches the standards set by the World Health Organization. We are concentrating on maternal health and reproductive health, as well as basic primary health concerns such as malaria, hygiene and sanitation. To achieve the kind of attitudinal change and behavioral shift that is necessary to improve the health of the population, we are spending a lot of time in the communities on educational and outreach programs. The Nigerian Integrated Maternal, Child and Newborn Health Strategy, provide the framework.



The wooden drum's unique melodic voice calls the people for the health education at Igidiagu



Joyfully marching down the road, on hands! At Igbugu.



The women and children are primary beneficiaries of the new health centers.

After consolidating these health centers over the next six months, we hope to replicate the process in other areas in Ebonyi State. We wish to show that through partnership between the government, the communities and the civil society (NGOs), great things can be accomplished, that each can never achieve on their own. The first months of working with this approach here in Ebonyi State have been very rewarding and given us encouragement and confidence about the future of our AMURT's mission here in Nigeria.



Interaction during health education program in Ndioke



The outreach program begin and end with dance!



The turn-out on opening day at Omege Health Center was beyond our expectations.

Nigeria is a big challenge. The government is overstretched and inefficient and unable to deliver most basic services, particularly to the rural population. While researching for the project, we visited seventeen rural health centers, without finding a single one running well.



Vaccination at Offia Oji – 1<sup>st</sup>



First baby born at Offia Oji



Immunization at Obegu Omege. Of 32 babies, only one had been delivered at a health facility

The population often doesn't patronize the health centers. The reasons are many; poverty, ignorance of diseases and their symptoms, reliance on traditional medicines, negative experiences with the healthcare system, such as closed doors, lack of qualified staff, lack of drugs, and dilapidated facilities. We have a big task ahead of us and must not be complacent if we are to make the new projects truly successful. We need to address both the demand side and the supply side of healthcare to achieve our aim; to demonstrate how a comprehensive community based primary healthcare program can be organized in rural Nigeria. With the community engagement at the heart of the new health centers and with the momentum and power accessed through working in a broad partnership, we are moving forward with confidence.

## **BURKINA FASO**

### **DEOU SAFE MOTHERHOOD PROJECT**

#### **VISITING TBA'S IN THE VILLAGES**

Recently I was lucky to visit more than 20 villages where our TBAs (traditional birth attendants) work. Presently we cover 33 villages. It was a very long and beautiful (and painful!) 3 days motorcycle ride with our coordinator through sand, thorns and millet fields.

We were happy to notice how the TBAs have now acquired a great understanding of their work and role in the community. I was just amazed to see how independent they have become, and how, it seems, they have taken the project work "at heart".

The government policies now oblige mothers to give birth in official clinics. But you can imagine how difficult it is, practically, to reach those clinics when it means a journey of 1, 2 or even 3 days by donkey cart. Yet they have done so much effort and nowadays 90% of the deliveries take place in those clinics according to recent reports. It used to be 10%! TBAs have understood and accepted the policy, and are working hard to implement it.



The official clinics have also noted the progress and congratulated the AMURT project as our TBAs keep on bringing women to the clinics very regularly.



They are doing from 3 to 4 meetings per month with the women in each village and talk to them about the importance of going for Antenatal Check-up, giving birth in clinics, hygiene, HIV, refusing genital mutilation, family planning, etc.

According to our TBA's the practice of FGM (female genital mutilation) has reduced over the last years. It is a cultural habit for Fulani and Mossi people but the women of those tribes now have started to refuse it. The TBAs also told me that family

planning is becoming a reality, when the husband insists in having more children the wife is now able to plan allow sufficient time before getting pregnant again. They understand it is a question of health, even a question of life for themselves and their children. Attitudes and practices are changing for the better, through the efforts of our TBAs.

## THE IMPORTANCE OF ANTENATAL CHECK-UPS

Pregnant women are now all attending Antenatal Check-up, before only a few would go for check up during pregnancy. During the ANC the women get iron supplements, intermittent preventive treatment for malaria preventives and all other required care and advices from a



professional. The villagers told me that their pregnant women used to be so weak and unhealthy long before delivering, some would then die (accurate numbers are really hard to get) and others remain weak long after it. But now there are in much better condition until the last moment and recover also very quickly. We hardly hear about death of the mothers during the process of giving birth. The importance of antenatal care is now well

accepted by the population by the women and their husbands as well.

Antenatal Check-up are regularly happening in the three govt. clinics or the area. We are also making these programs monthly available in 6 more villages through our antenatal outreach programs. The plan is now to build some better facilities for Antenatal check-up program: small huts built in mud bricks, reinforced with cement plaster and corrugated iron roofing. We also like to spread the program to some more villages, to save the pregnant women the strenuous journey to access ANC.

## PARTNERSHIP WITH "WATER SHED MANAGEMENT" NGO

Sowmia and her husband Jared are both scientists linked with Engineers Without Border. They usually work in



the fields of water and sanitation. They now created they own NGO, Water Shed Management, and run programs in India and West Africa. Somwia participated to the AMURT's Water Project in Ghana got inspired to come and help AMURT Burkina as well. Together we did different programs with the community and children of the primary school. We stayed at Déou for a whole month.

## TEACHING CHILDREN ABOUT SANITATION

The main cause of the many common infectious diseases is bad sanitation. Bacteria are transferred mostly through hands that are use for eating, cleaning oneself after toilet, preparing food, etc. Lack of access to potable water: water that doesn't come from boreholes, water contaminated in dirty jerry cans, or water stores in open pots and shared with animals. Very few latrines are available and the people find it difficult to wash their hands. People go to toilet in the fields, sometimes close to the sources of water. A lot of factors contribute. The environment is very detrimental to people's health.



Every afternoon we spent two hours with one of the classes at Déou's primary school. We would talk about the importance of hygiene through different workshops such as drawings, songs, acting, demonstrations,...



The tippy tap, a hand washing design that became very popular. It is a brilliant device that consists of only one plastic water can, 1 to 2 meter of thin thread and little piece of wood. It consumes very little water while enabling the user to have both hands free for a good washing. One doesn't touch anything, hence doesn't contaminate or be contaminated during the washing process and it is even funny for the kids! We tried to get the children to teach their parent do it and spread the "fashion" all around.

We also organized our local theatre troupe to create a play to rais the issues of hygiene and preservation of water. We presented it to the Déou folks at the end of our stay.



## Water shed management

In the area people have to queue day and night in faraway places to get just enough water for their daily needs. It is difficult struggle, particularly in the dry season which was at its height



May during our stay in Deou. Many wells and bore holes have dried up as the underground water table is being consumed faster than it regenerates. The population have to struggle without water for their very basic need. The cattle are forced to move greater and greater distances between water points and grazing areas. Wild animals often die from thirst.

The program we initiated was about finding ways to collect surface water (rain water) and keeping the rain water from running off without penetrating the soil by means of small check-dams, repairing the existing dams, harvesting water from the roofs, creating basins to gather the water around trees, creating shapes (such as half moons) on the surface of crop fields, etc. We also made further studies on the bouli project in Ayagorou (artificial pond). We are still looking for funds to start the work on this project.



An important and challenging part of that mission was to train the local communities in implementing and managing this type of program themselves. We endeavored to work with them in coordinated cooperation, to demonstrate that much can be done with little material means if we are ready to work hard, and have cooperative spirit and ingenious techniques.



We faced a lot of challenges such as the extreme heat (over 50°C around noon time), great distances, depth of the water problem and deep inertia of the communities that lack organization, leadership and proper understanding and motivation. We believe that local's inspiration must come from their heart and mind. Community building is a must.

In brief it was but a start, a next chapter is sure to come!



## RELIEF WORK IN BANGELDAYE:

After what felt like a never ending dry season, the rains finally came. It started to rain a lot and finally we had the best rain season after 20 years in Sahel! The harvest in most places is good and the wells filled up. Peoples are very happy.

On the 20<sup>th</sup> to the 22<sup>nd</sup> of August, in a village called Bangelday (16km West of Déou) the rains caused flooding

and many mud huts were wiped out within a few hours.





No one died, fortunately, but 500 families became shelter less and most of them deprived of everything.

The government and different associations came forward to help out with tarps, mats, blankets, food, etc. AMURT also gave 1 ton of millet. Of course all this was yet too little but it helped the villagers face the difficulties.

*Here is the AV of Bangeldaye telling us about the situation*

## **BISSERI MASTER UNIT**

### **NEW CLINIC OFF TO GOOD START AT BISSERI**



Our clinic in the Bissiri Master Unit opened on the 1<sup>st</sup> July. We completed equipping it, we found a nurse and we finally got an agreement of cooperation with the local Department of Health. The clinic is small but the area is big and a population over 5000 people can benefit from it. We have a single nurse and we need to do a lot of improvements, yet people are coming and the beginning is very promising. A good point is that the nurse is from the area, she knows peoples' habits and their life condition, she is really good hearted and takes motherly care of the patients. This is a social clinic, fees are extremely low and we sometimes just give medicines to the most needy. The need is great indeed, it is hard to see people that struggle so much in their daily life and cannot afford medical care.

The locals are already asking for a maternity ward. We also wish to offer alternative medicines, to do health promotion and outreach services in community.



We will have a second visit of foreign nurses from Canada after Tarak, a brother for

Maltese Island, visited us last August.

### **AGRICULTURAL DEVELOPMENT PROJECTS AT BISSERI**

- The development into organic farming is proceeding smoothly as the farmers have clearly understood the benefit of it. The manure is difficult and expensive to get. We have a donkey and a few goats and are working to acquire some cows first in order to produce our own manure.
- A 100 new mango trees and papaya orchard have been planted. Vegetables are growing in abundance and we are starting to have an income from sales.

- We have started a bee keeping project with 7 bee-hives and hope to introduce bee keeping in the community.
- In January 2011 we hope to start a Moringa project with brother Dinakar from US. Moringa is a wonderful tree. The leaves, once dried and powered down, are a great food supplement. Other parts of the trees have great medicinal values and the seeds produce a very precious oil!

We want that this project should be sustainable economically by exporting some of the products while at the same time making the products available locally and training the population to plant their own moringa garden.

The final aim of this project is to generate different activities of producing and processing a product by involving the folks of Bissiri and establish a cooperative of farmers in our area... Once again, to be followed!



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## **GHANA**

### **MAFI-ZONGO AREA WATER PROJECT :**

#### **ALWAYS MORE CHALLENGES**

The last six months have been filled with technical difficulties at the Mafi-Zongo Water Project. We have had breakdowns of our pump, the back up pump and the generator. The communities had to endure several periods without water. The good news is that in the end September, after five years of promises, the government was finally able to connect the Water Project to the national electricity grid.



Running the project on electricity rather than diesel generator will greatly improve the financial condition of the project. The other good news is that the local people have improved the management and they were able to save money for the electrical connection and many of the repairs that occurred during the last six months. Special thanks to Dave of Engineers Without Borders who worked hard on the difficult and highly technical analysis of the system to help us select the best new pump. We are buying two new pumps with the help of AMURT Italy and the Lanesra Foundation.

A few of the communities that were included in the original design of the project are yet to be connected. AMURT Italy has raised funds to connect one more, and the Korpedeke community are already digging the trenches and we hope to be able to connect them before the end of the year. Up until now Korpedeke has shared a small dam of dirty water with cattle. (see above).

### **MAFI-SEVA COMMUNITY CLINIC**

#### **TRIBUTE TO ENIONAM and ALICE and LOSU**

With the untimely deaths of two of our dear Kekeli women, and Losu, our driver, we all, AMURT, Seva Clinic staff and volunteers, received a stark reminder about how real the threats are and how important our work is. They all died very young and will be sorely missed by everyone.

**Alice** (right) passed away in July, she was still in her twenties. She was still recovering after the birth of her second child by Caesarean and had become pregnant again. Less than a week before, as a Kekeli Woman, she had organized health education meeting of all the women in Fiekpe about family planning.



**Enionam** (left) was the T.B.A. in Sitorloko and a former staff nurse at Seva Clinic. She lost her child during delivery in May, and never recovered, physically and psychologically. The



sexual subordination of African women and the pressure on them to produce children at expense of their health got to be turned around. Improved ante-natal and childbirth care services can be saving lives in the area. It's imperative to increase the awareness, acceptance and accessibility of family planning. Offering the women a choice in contraception, not only enables her to better safeguard her health, but also empowers her in a male dominated society.

**Losu** (right) was the driver of AMURT, both for the water project and for the Kekeli program. He was always ready for the jobs that nobody else could face up to. He had real sacrificing spirit. He succumbed to complications from AIDS in April, and again reminds us that reproductive health services and education is a matter of life and death in the village in Africa.



## **HEALTH EDUCATION in the VILLAGES: RAISING AWARENESS TO SAVE LIVES**

In May/June Callie, did programs on family planning together with Seva Clinic staff. In June and July, Christopher from Seva Clinic and volunteer Elana from Canada did HIV/AIDS awareness programs in more than thirty communities. The response was good, and interaction lively. During the same time period, sexual health education programs were done in all the secondary schools in the project area. House to house malaria sensitization and blood pressure checking covered four villages over the last six months. Every Monday health education and free blood pressure testing was done at Mafi-Kumase. Most Sundays, Seva Clinic staff along with visitors and volunteers did health education programs 3-4 churches. In August, Silje, Grethe and Kine from Norway, led discussion on sexual health with teenagers, and did fun programs for children in many villages. In September, Sarah, Hannah and Sheila, the focus was on malaria, hygiene and sanitation. All the programs were organized and co-presented by Seva Clinic staff and the Kekeli women.

The network of the TBA's is still very much alive; supplying iron supplements and giving support to pregnant women throughout the area. Training and review programs were organized for the TBA's with visitors and volunteers.

The reputation of Emperor and Seva Clinic as a homeopath continues to grow. Sheila and Angie both returned for the fourth time to Seva, and we had other homeopaths come to spend time. The number monthly homeopathic patients per month is now stable at 70 +.

## **ELECTRICITY HAS ARRIVED**

It took five years, but the wait for light has finally attended as the Mafi-Zongo Water Project, Seva Clinic and more than ten villages get electricity. It's a very popular step, not the least amongst the children who now get to stay up later to play in the shine of the street lights! Look right:



## **A NEW ACCOMODATION BLOCK**

At the initiative of Richard from the Ghana Homeopathy Project, AMURT applied for a small grant from the European Union in Accra to build a new staff quarter. The building was finally completed in November. It effectively doubles the accommodation space available for staff, volunteers and guests at Seva and will offer us new opportunities for expansion and creative programs. We also thank Richard for fund-raising to enable the clinic to buy a Toyota Mini-van!



### **We thank donors for AMURT Ghana:**

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## **TOGO**

### **LOME SCHOOL EXPANDS**

This year their has seen a lot of improvement in the school administration. We now have a secretary and a teacher advisor employed full time. Implementing Neo-Humanist philosophy and educational system will take time but we are gathering the proper staff and building a solid administrative base to make it happen. We have two new classrooms, new toilets and the total number of student has reach 310, from kindergarten to sixth grade. We employ ten teachers.

Kindergarten: the attendance of the kinder garden is up to 34 chidren this year. We got new donors and are now able to implemen some interesting progams such as drawing, arts, cooking and others. The new football field, sponsored by AMURT Italy is ready to use.



Children learning to cut fruits



Music work shop



Learning drawing



Discovering our garden

Primary school: 282 students have been enrolled this year. They are divided in 8 classrooms. We are planning to build more classrooms so that we can accept more students next year keeping the target that there should not be more than 30 students per class.



Break time



During the class



Answering the questions



Very concentrated!

## AGRICULTURAL PROJECT

The fields around the school compound have changed. More than half an hectare are being cultivated, we are growing cabages, chilies, tomatoes, egg plants, lemon grass, etc. The irrigation system is set up: a bore hole has been done, the elevated water tank is up and the pipes have been installed. The garden is all organic. There is plenty of water available and three gardeners are working. We are already selling our crops: the future of the garden is bright. Gardening is now part of the school program and children enjoy learning about it in such a practical way.



Planting chilies



Tomatoes



The tank on the bore hole



Lemon grass

**We thanks AMURT Italy for all support our programs in Togo.**

**Donations are very welcome!**

Credit card donations can be made through PAYPAL at [www.amurt.net/africa](http://www.amurt.net/africa)

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