



Jane is a 17-year-old from Cameroon who gave birth to triplets earlier this year. Two of her babies were seriously underweight and needed to be placed in an incubator. Without the newly extended and refurbished neonatal services ward, these babies might have died. Now MCAI wants to save more babies' lives by building a new sanitary block next to the ward at Bamenda Regional Hospital. And we need your help.

A mother is ten times more likely to die during or just after pregnancy in Cameroon than in the UK. Infection is one of the leading causes of these deaths.

Last year 644 babies were treated on the ward which is set up to care for sick and premature babies. Many young lives

were saved but 96 of the babies died.

Some of these deaths were due to infection.

The block will include toilets, showers, sinks and a septic tank. It will mean that mothers who have recently given birth have sanitary facilities close at hand. More importantly though it will help reduce the risk of mothers spreading life-threatening infections to their babies.

We need your help to build this block. The project will cost MCAI just over £11,000. If each of our supporters gives just £40 we would raise enough funds to build the much-needed block. We know that for some supporters £40 will be too much, but please give what you can.

Dr Abdulla's London to Paris trip - from a cyclist's viewpoint

I'd trained fairly hard by changing my lifestyle so that I was commuting to work by bicycle and going on weekend bicycle rides with a friend (Imran) who I had recruited onto the same ride. Our kids are in the same class so I worked on him until he finally agreed!

The ride itself was a fantastic experience - it was fascinating talking to the riders, each of whom were raising money for a different charity. Their motivations varied and they came in all shapes and sizes. What they all had in common however was a strong determination and a generosity of spirit.

The trip through Northern France was delightful. We cycled through numerous picturesque villages and passed

numerous beautiful cottages and chateaux! We were able to stop at cafes en route and chatted with locals (as best as we could) about everything from the Tour de France to Swine Flu!

The entry to Paris, the procession along the Champs-Élysées and the finish beneath the Eiffel Tower was a great climax to the ride. We were cheered and snapped by locals and tourists - I felt like a tourist attraction myself!



Take up a challenge in 2010

London to Paris bike ride

Wed 5 - Sun 9 May 2010

Connect two of the world's most chic capital cities as you embark on the charity bike ride challenge of a lifetime.

The London to Paris bike ride takes you through beautiful English villages and into the stunning countryside of rural France. You'll pass historical landmarks and famous battlefields from World War I until you reach Paris, undoubtedly one of the most magical places on earth. The sense of achievement you'll experience will be one you'll cherish forever as an unforgettable experience awaits you.

Kilimanjaro Summit Climb - Lemosho Route

Wed 29 Sept 2010 - Sun 10 Oct 2010



At 5,895m, Mt. Kilimanjaro is one of the largest volcanoes ever to break through the Earth's crust. Your challenge is to reach its summit. Your trek starts in the rainforests of Lemosho Glades and heads upwards as you acclimatise on Shira Plateau. From here you will catch a glimpse of your goal Kibo, Kilimanjaro's main ice-capped peak. You continue via the beautiful Southern Flank, Barranco Wall and Barafu Route.

Temperatures drop at night, allowing you to enjoy the crisp cool air under the star-studded African skies. During the days you'll rise higher; often looking down on a sea of clouds.

Groups have excellent success rates (96%) for trekkers reaching the summit, but don't underestimate the challenge ahead. Most trekkers will never have experienced a day as tough as this, with 1,000m of ascent and over 2,000m of descent. It is however victory day!

If you would like to find out more about any of these events, please call for more details: 0115 950 6662



Every minute of every day a woman dies in pregnancy or childbirth

Please note that CAI has a new name: MCAI (Maternal and Childhealth Advocacy International). We are changing our name to include the word maternal. This reflects the work that we do to improve the healthcare of pregnant women.



In our Autumn newsletter read about:

- Jude's midwifery work in The Gambia
- Ruth's first visit to see our projects in Cameroon
- Our Bamenda Brick by Brick Appeal in Cameroon

Donation form

I would like to support the Bamenda Brick by Brick Appeal at Bamenda Regional Hospital in Cameroon by donating: £

Name: Address:

Tel: Email:

I enclose a cheque / postal order / CAF cheque made payable to MCAI (delete as appropriate)

OR I would like to donate by Visa or Mastercard:

Card number Valid from Expiry

Signature: Today's date:

Gift Aid your donation

If you would like us to receive 25% more for your donation please sign for Gift Aid:

I am a UK tax payer, resident of the UK for tax purposes and I will advise MCAI if this situation changes. I understand that I must be paying an amount of income tax or Capital Gains Tax in the relevant year equal to any tax reclaimed by MCAI. Yes, I am eligible for Gift Aid:

Signature:

Please return to: FREEPOST RRJJ-AELU-KUKS, MCAI, 83 Derby Road, Nottingham, NG1 5BB



Read about Jude Holden's experience volunteering on our EMNCH project.

In January of this year I arrived in The Gambia to work as a midwife at the Brikama Health Centre where the EMNCH (Emergency Maternal, Neonatal and Child Healthcare) project had been established two years previously.

I was there to help encourage good practice already learned on the EMNCH course, to develop in-house training for a number of conditions like haemorrhage, sepsis and infection that lead to the greatest maternal and neonatal loss of life. I was also involved in the training of the EMNCH courses working alongside the local Instructors and the team from the UK - who came out twice during my stay.

The hospital was extremely busy, and following a two week orientation with the staff, the environment and the system, I moved to work on the labour ward and the maternity wards.

The workload was so unpredictable, with 10 -11 deliveries daily and at times back to back emergencies, which I quickly became involved in. The nurse/midwives were constantly challenged to find ways in a poorly resourced



Jude with new mum Selli, on the left, and Selli's grandmother on the right.

environment to deliver life saving care. Many had already been trained on the EMNCH course and I found my greatest role was developing the knowledge that was already there. The in-house training was done individually and with small

groups, in times of reduced workload and was received enthusiastically by all.

The most important lesson I learned was that strong relationships are the key to encouraging positive change in practice. I was given the privilege to put this into action alongside many lovely, caring health professionals that wanted to make a difference. By the end of the six months I felt totally accepted and at home both in the hospital and the community.

Leaving was very difficult and involved a lot of speeches and a lot of tears.

The whole experience was of great personal value to me, confirming the power there is in shared experience, and the importance of being an encourager in the midst of it.

instructors themselves. The highly successful APLS course is now organised and run entirely with local staff. In April of this year I was joined in Bosnia by Dr Oliver Ross, a paediatrician from Southampton, to witness the APLS course in full swing. We were both very impressed by the knowledge and commitment shown by the local instructors as well as by the doctors and nurses being taught.

As well as providing vital information and skills, the course provides an internationally-recognised qualification for the doctors and nurses.

Building on its success to date, the APLS course will continue to attract health workers from all parts of the country, so that life-saving skills will be shared, to the benefit of Bosnian children and babies.

Read about Ruth Elmer's visit to Bamenda Regional Hospital in Cameroon where she met patients and workers on both our Burkitt's Lymphoma and PMTCT projects. Ruth is MCAI's Projects Assistant in the UK office



Ruth on the right and nurse Pricilla on the left

In particular the families told me that the transport allowance has made a big difference to them, and made it possible for them to travel the often long distances to the hospital. To see these four healthy children who were critically sick before receiving treatment shows how significant such a project is (in a country where chemotherapy drugs are simply not affordable).

The PMTCT (Prevention of Mother to Child Transmission of HIV) was a real eye opener into how development projects can bring such hope, and have such explicitly positive results. The PMTCT nurses, Pricilla and Janet were absolutely fantastic and I was privileged enough to sit in some of their counselling sessions with mothers and their babies.

One case that really stood out was a family attending the clinic with their three month old twins for the results of their PCR tests (this is a test done when the baby is six weeks old to see if they are HIV positive). Babies that are HIV positive are then closely followed, and are started on anti retroviral therapy much earlier than previously. The results for these twins were negative. I cannot sum up here the family's absolute joy and happiness when they received the results. I think everyone in the room was crying. In 2008, out of 112 PCR tests done, 97 were negative (a seropositive rate of 12.5%). With no intervention and breast feeding to six months, transmission rate would be expected to be around 25-30%. This gives an indication of the impact that this project is making.

I would just like to say a big thank you to all the MCAI staff at Bamenda Hospital who were extremely welcoming and thank you to all the brave patients and their families who were so forthcoming to talk about their experiences with me.

It was a brilliant experience to meet all the staff who do such a terrific job, in difficult circumstances. To see the work that MCAI does on the ground, and how it really does make a difference to people's lives was a remarkable experience.

MCAI's Burkitt's Lymphoma project is a lifeline for the children and their families affected by this terrible cancer. Whilst visiting the project I met four of the seven children who were successfully treated last year. The parents of these children strongly expressed their thanks to MCAI.

Jim was one of the four children (pictured opposite with MCAI Programme Manager - Mary and MCAI Paediatrician - Dr Sunjoh). He came to Bamenda Hospital at a very early stage of Burkitt's Lymphoma with a swelling of the right cheek and was therefore given the earliest possible diagnosis. He responded well to just one dose of chemotherapy and when I saw him he was a happy and healthy little boy.

Not every child is as lucky as Jim though. Many health centres and hospitals have no experience of Burkitt's Lymphoma and may mistake it for something else, and many people choose to go to traditional healers. An important part of the programme is that people are learning through word of mouth about the BL programme at Bamenda Hospital.



Jim, Mary and Dr Sunjoh



Grandmother with baby Beatrice

Dr Alison Earley writes about plans to improve care at Bamenda Regional Hospital in North West Cameroon

At Bamenda Hospital sick and premature babies are cared for in the neonatal services ward. This was a very crowded building, with limited space to nurse infected and premature babies separately, making infection control difficult. MCAI has been able to build an extension to the ward by the wonderful fundraising efforts of a UK donor.

The extension has provided a room for mothers to sleep near to their sick or premature babies. This makes breastfeeding much easier and enables mothers to stay with and care for their new babies. Other donations have provided beds and mattresses for the mothers, who used to have to sleep on the floor. There is also now room to separate babies with infections and a room for the breast milk bank which MCAI started.

Despite these great improvements, we haven't yet raised the money to complete the project. It is a priority to provide a washing and sanitary block for the resident mothers. We

would also like to be able to build a covered seating area outside the nursery, so that mothers and their families can sit undercover to eat their meals. At the moment they sit in the open and get very wet in the rainy season, when the rain is torrential.

The next project we are planning in Bamenda Hospital is training for midwives in newborn resuscitation. Our local nurses and doctors are aware that too many babies are admitted to the ward suffering from a lack of oxygen at birth (asphyxia). This contributes to the high perinatal mortality figures in Cameroon and is also the cause of illness and long-term disability in those who survive.

Provision of simple equipment and training can reduce this problem. MCAI has successfully trained midwives in Uganda in a similar project, which led to a reduction in the numbers of asphyxiated babies there.

Read our Bamenda Brick by Brick Appeal to help us build a much-needed sanitary block

Our children's life support course in Bosnia goes from strength to strength

Honorary Country Director Dr Brigid Hayden gives an update on our work in Bosnia

MCAI has been active in Bosnia since 1995, when the lives of children and babies were put at risk as a result of civil war. Through the generous financial support of the Lions Club International, 'Gift for Living', MCAI set up the Advanced Paediatric Life Support (APLS) course, with the aim of teaching vital skills to local doctors and nurses.

The first courses were run by British-trained doctors targeted at local health professionals. Once they had been trained, our Bosnian colleagues were then encouraged to develop the knowledge and skills required to become