

Dear Friend

Welcome to 'Habari ya Nyumbani'. Keeping you updated with news from Nyumbani.

Jambo

My name is Joyce Wanjiku I was born in Othero. My mother was Nduta and my father was Kungu. My mother became sick and our neighbours took her to the hospital. She stayed there for three nights. When she came back I was very happy to see her but she was not well. I remember her bringing me to Nyumbani. There were small children like me. I was about 3 years old and I liked playing very much. There was a small school. We were eating well and watching T.V. My mother was coming to see me and that made me very happy. Then she said that my father was dead and I was very sad. One day my aunt came and said that my mother has died. I started crying. I went with my aunt and we buried my mother and I came back to Nyumbani. The years have passed and upto now I am still living with HIV but I am with my friends and Mum Grace and Protus. Sr. Mary is my Godmother and Father dag is my father now. Thank you to all the friends of Nyumbani. GOD BLESS

love Joyce



WILL YOU HELP JOYCE and her FRIENDS? Send your donation today

Nyumbani UK Ltd. 19 Sheet Street, Windsor, Berkshire SL4 1BN

A letter from Nairobi



Dear Friend,

I am so pleased to again have the opportunity to send my greetings to our Friends in the United Kingdom.

The year 2005 began auspiciously with the realization of a milestone in Nyumbani history - a breakthrough which we hope will be a model for the solution of a calamity on the horizon for sub-Saharan Africa where 35 million orphans are expected within the next 5 years. After years of planning, praying and cajoling, we were granted a large tract of public land by the local authorities in Kenya and the construction of the Nyumbani Village is at last underway. When complete, over 1,000 children, all victims of the AIDS virus, will be cared for and nurtured.

Nyumbani already shelters nearly 100 children at our Nairobi orphanage and through our Lea Toto clinics in the city slums, we assist more than 1,500 other HIV infected children,

As we progress with the necessary infrastructure to help all these children, so I continue to voice my displeasure over the conduct of the drug companies who insist on keeping the prices of life saving ARVs (anti retrovirals) beyond the reach of most Africans. I am often asked about ARVs and their importance in the treatment of those who negligently or unwittingly become infected

with the HIV virus.

As most of you will know, HIV damages the body's immune system. Over time, the immune system becomes very weak. Ultimately, the immune system becomes so weak that the body becomes vulnerable to other diseases. This is the point at which a person is usually diagnosed with full-blown AIDS, which can result in death due to other opportunistic infections such as Tuberculosis.

No one knows for sure when a person with HIV will get AIDS. But what we do know is ARV treatment gives an infected person every possibility of a life. It is crucial therefore that those who are infected can have access to the drug. Whilst I accept the premise that the pharmaceuticals are in business and have shareholders to satisfy and the costs of operations and research to meet, I cannot get my mind around the failure of these companies to provide treatment for a pandemic that is sweeping the African continent. How many more children must die before action is taken?

My views, shared by many others in our field, seem to be having some effect. Recently I was promised a significant increase in the PEPFAR (US Government) funded ARVs.

Currently, all Nyumbani children who need ARVs receive them but that is not the case for

the children in our Lea Toto program.

On a lighter note, I must tell you that our Kibera clinic is now well staffed and the costs of that are to be met by SWEAT. This aptly named group of largely over 50's based mainly in Kenya and UK have been set a series of challenges which appear to tax the human body and spirit to some degree - all designed to produce a healthier existence it seems. Those that are unable to meet the challenge pay a hefty fine! But if the challenge is met, our good friend Dicky Evans of the wonderful Hemingways Hotel at Watamu, who set the challenge, will pay. So good luck to you all!

May I end with thanks to all in the United Kingdom who have helped us this year. Whether you are one of our wonderful Friends who contribute to our funds regularly, or one of our golfers who 'swing' for us each year, a decision maker at one of the Foundations or Corporates who assist, please know that we sincerely thank you for your kind interest and goodwill. You will always be in my prayers.

Truly,

D'Ag.

[Father Angelo D'Agostino is the founder and medical director of Nyumbani.]

The Village

Stuart Eastwood, chairman of Nyumbani UK, visits Nyumbani's latest response to the AIDS pandemic in Kenya and meets Anthony Kiragu, an impressive young architect who is directing the project.

In April, Lucy Kibaki, Kenya's First Lady, inaugurated Nyumbani's latest venture in the attack on HIV/AIDS, a village that will accommodate over a thousand AIDS orphans together with two hundred older relatives looking after them. The Village is the vision of Father Angelo D'Agastino, founder and medical director of Nyumbani.

Located some three hours from Nairobi in Kitui District, the project is yet another response to the pandemic that is sweeping the continent of Africa. Like almost every district in Kenya, Kitui is struggling to cope with the rising number of children who are victims of AIDS. Latest figures available show almost three thousand children in the district have lost their parents to this dreadful disease.

The Nyumbani Village is a unique project in Kenya, the first of its kind that focuses on building self-sustaining communities to assist both elders and children left homeless by the AIDS pandemic.

The village will provide housing, health care, counseling, education, and vocational training, with the children living under the care of their elder relatives. Residences, a community centre, nursery and primary school, together with social spaces are well advanced. Ultimately, light industrial training and production centres and farm buildings will also be added.

The project is under the direction of Anthony Kiragu, a highly energetic and impressive young

architect who lives on site. Anthony is a 'green' and as such strives to build everything in an eco friendly way using indigenous materials as much as possible. I particularly marveled at the use of interconnecting soil bricks, a new technology that reduces the use of expensive cement.

The project is unashamedly labour intensive, thus ensuring that the local community benefit from the project construction. With the vast majority of the workforce from within 15-km radius of the Village, the workers have already benefited from training in new skills and techniques.

Anthony takes me through the Village design, making the point that it will respond to the cultural and functional aspects of local tribal traditions, reflecting age and gender sensitivity. He speaks with such conviction and compassion, and one cannot help but hang on his every word. "The concept presents a potential solution for all AIDS victims; not only the children who are left behind but also their grandparents who had become dependent on their own children in their elder years."

Anthony talks about the running of the Village once completed. To ensure a sustainable future, several programs have been incorporated into the project strategy. An international company has been partnered to establish a substantial herd of dairy cows. Medicinal, fruit and fodder trees are incorporated into an agro forestry scheme and organic farming and vegetable production will also generate income.

Raising funds for the Village has been a priority for Father D'Agostino and has not been easy. The Kitui authorities gave a thousand acres of public land as their contribution. Groups in Italy and the United States have been particularly helpful in raising money. The Vatican was persuaded to issue stamps that assisted greatly with the campaign. Thanks to Father D'Ag's single minded determination, the necessary funds to complete construction are in place but further funds to start up the farming projects are still required as are good ideas for light industrial schemes that will help to ensure that the Village is sustainable and a model for future success.



construction underway



Anthony Kiragu with



Kenyan women making bricks

A friend of Nyumbani pays just £4 a month

Nyumbani Orphanage update

Protus Lumiti writes from the orphanage.

We have 94 children at the orphanage. Sadly we recently lost Samuel. He had been ill for some weeks and despite all the efforts of our medical team, he passed away. It was hard on the other children. Not only have they lost a close friend, but for the elder ones, it raises questions in their minds about their own condition.

With Samuel so ill, it was all the more important for the staff and volunteers to keep the children busy during the school holidays. A wide range of activities were developed ranging from art, photography, computer skills, swimming, camping and yes, a mathematics club too.

The biggest challenge we face at the orphanage relates to the care and management of teenagers. Efforts to implement age appropriate activities is a big challenge. Regretfully the development of the new site so kindly acquired for us with funds from our friends in the United

Kingdom has been delayed by City Council planners but as I write this, it seems that we are almost through with this laborious exercise. Kenya is anxious to demonstrate to the world that transparency exists in all levels of government and this sometimes slows down the process. The new development will not only include purpose built residences for our growing number of teenagers, but, as funds allow, other infrastructure that will greatly add to our ability to manage young adolescents.

Of the many visitors that came to see us since the start of the year I must especially thank the British Airways crews for their continued and invaluable support and the terrific Easter party that they arranged. On behalf of the children, a huge vote of thanks to all the kind and caring people in UK who support us. Your compassion and understanding means so much.



Lea Toto: Making a difference...

A group of UK Rotarians volunteered in Nyumbani's Lea Toto programme in February. In an excerpt from the notes she kept, Alison Stedman describes the first day on the job.

Arriving at the orphanage on our first day, we were allotted tasks for the week, mainly in the Lea Toto project; a community based outreach programme in the slums of Nairobi. At that point, we had no idea what conditions would be like in these areas and no amount of forewarning readied us for the reality on the ground.

I was assigned to Kibera, the largest slum to the south of Nairobi and home to upwards of a million people. My host was Paul Mulongo, a delightful young social worker, who works out of the Lea Toto clinic in Kibera. I was thrown right in the deep end as on my first day, Paul needed to make his rounds and visit with different families that Lea Toto was supporting. I simply do not have the words to describe the appalling living conditions of the Kibera people. We made our way through massive heaps of rubbish, where children foraged for food alongside goats, along dusty, foul smelling tracks, to reach Paul's various ports of call. The stench was at times so bad it made me feel ill. Each home we visited was so basic, the children and their mothers so poor. My mind was racing with a mixture of

emotions. Sadness - that people have to live in these conditions. Anger - that as human beings who have so much in our own developed world, we allow this to happen. Hope - after seeing Paul and his colleagues who do so much with so little to bring some comfort and relief to some of these unfortunate people.

Meanwhile, at the Kariobangi slum on the northern side of the city, my fellow Rotarians Michael, Peter, Brian and David had been busy preparing a new clinic. Having made do with a church hall three days a week, Lea Toto had just acquired a short lease on a long room in a newly though badly built block of flats on the outskirts of this, the second largest of the slums. Over the coming days they would create a waiting area, consulting rooms, an office and a store, a giant step forward for Nicholas and his terrific team that work this clinic.

And with Charles (a pharmacist) and Jan (a nurse) putting their skills to work in sorting out the medicines and medical stores at the orphanage and the clinics, our group immediately became immersed in the life of Nyumbani, hopefully making a small difference.

(Alison and her colleagues did indeed make a difference for us. They will volunteer at Nyumbani again next year. We are grateful for their support and the support of several Rotary and Inner Wheel Clubs this year.)



Nyumbani in UK

Sheilagh Vaughan-Davies, secretary to the board of trustees of Nyumbani UK, writes...

The tsunami disaster in Asia over the Christmas period led to an unprecedented outpouring of humanitarian aid. Britons dug deep into their pockets in response to the constant appeals for funds. Wealthy and poor, pensioners and children, nobody was unmoved by the scale of the devastation and human suffering brought home daily on our television screens and newspapers. Many charities working in other spheres were left wondering how this would impact on them.

Thankfully, our support has remained undiminished. Our efforts to raise funds for the children in Kenya have been met with a good response and we are so grateful for that. Our core supporters, the Friends of Nyumbani, have continued to help us. Our goal is to raise the number of Friends to one thousand (from the current three hundred) - each we hope responding to our request for just £4 per month or £50 each year. Knowing that these sums are coming through regularly, largely by standing order, allows our board in UK to plan activities and commit to requests from the management team in Nairobi. So as you read this, do please consider talking to a friend or two, and asking them to help the work that we carry on with such vulnerable children.

Of course, our fund raising year would not be the same without the annual golf day at Frilford Heath Golf Club in Oxfordshire. Once again we were sponsored by Coca-Cola Africa who not only met all the costs but gave us a magnificent donation too. Coke is the real thing! We thank all those who played on the day, many of whom have made it an annual event. A great deal of work goes into the arrangements so particular thanks to all at Frilford Heath and also to Rod Collier who does so much to ensure we are successful.

This year, Nyumbani was adopted by several Rotary and Inner Wheel clubs as their international charity. We are so appreciative of all the effort that these groups put in. Some of us have been travelling around the shires giving talks to the clubs about Nyumbani and we are always impressed by the compassion and commitment of those we meet. As I write this, the post has just delivered a cheque for £6,000 from the Inner Wheel Club of Slough who ran a highly successful Bollywood Ball. I know how much work the ladies involved were put to; so we thank them in particular.

And by the same post, a letter from the pupils and staff of the Finchley Catholic High School who raised £2,000 for Nyumbani in a project to help those less fortunate than themselves.

To you all, asante sana!



Sheilagh with the ladies of Inner Wheel

Please pass this newsletter on to a friend and invite them to become a Friend of Nyumbani too

A Rewarding Experience

In his last year at med school, Alex Aarvold made the decision to spend some time in Africa after qualifying as a doctor. Alex signed up as a volunteer at Nyumbani and spent six months working in the Lea Toto clinics in the Nairobi slums.

Lions hunting at dusk, elephants trudging across the savannah below the magnificent mountain that is Kilimanjaro, evening walks along a tropical beach - these were some of the images I had of Kenya. What I did not have in mind as I set off for Nairobi were some of the worst slums in Africa. But it has been in these slums that I have worked these last few months, as a part of Nyumbani's fantastic outreach program, Lea Toto.

At first, I found my new surroundings overwhelming. Faced with such unbelievable poverty and desperation of the people I encountered the thought of leaving and going home crossed my mind on more than one occasion in the early days. But now, as my time here in Kenya is drawing to an end, I will have to tear myself away.

Arriving at the clinics each morning, I am greeted by dozens of patients, with the number growing throughout the day. We operate on a first come, first served basis, and despite often waiting many hours to be seen, there is never any unpleasantness. I have never seen patience like this, and am continually impressed at how the mamas conduct themselves, and how the children stay well behaved for so long. This patience is put to the test again when they have to listen to my limited Swahili!

Lea Toto identifies children who are HIV infected, and those registered with us are cared for as best we can, given our limited resources. We are desperately in need of more anti-retrovirals, the crucial, but expensive, medication that slows the progression of HIV for we are diagnosing up to 10 new HIV+ children each week. Sometimes the children come to us for the first time with advanced AIDS and malnutrition, a level of sickness that would require urgent hospitalization and intensive treatment in the UK - a luxury that is not available to us here. The constraints that we are working under are depressing and draining.

On my first day, I spoke to **Mary**, an HIV+ mother about her new born baby. As HIV is transmitted via breast milk, I counseled her about not breast feeding. She looked horrified, and Maggie, our nurse, interrupted me to explain that the mother had no money to buy formula milk to feed her child and had thus had no choice. It was an early dose of reality of life here in the slums.

Martin appeared in our clinic three weeks later. Although 10 years old, he weighed just 15kg and was so gaunt and wasted. I have seen him several times, and we have tried to feed him up and treat his many infections, but I knew from the outset it was hopeless. Yet, despite his illness and the terminal nature of his condition, he always managed a smile. Martin passed

away the other day and I confess when the news arrived, I was devastated.

Beryl is a 13 year old girl who came to me in a similar state to Martin. She had the strength of a frail old lady, so weak that she had to be helped up from her chair. I knew immediately that there was nothing I could do other than provide a referral letter for the hospital, but as her carers will be charged for any hospitalisation she receives, I know she will not be taken.

Yesterday I saw **Rose**, a child with an exacerbation of her herpes virus. With HIV, herpes can spread unchecked to more than a cold sore that it may cause in healthy individuals. This had caused ulceration of the whole of one side of Rose's face. It started 3 weeks ago, but her mother had only just heard about Lea Toto. The ulceration now involves her left eye. Rose is now blind in that eye and in terrible pain, and our weak painkillers are simply insufficient. Again I write a referral letter for the hospital but I know her mother cannot afford the bus fare let alone any treatment and drugs she needs. I find that I can do nothing for this desperate child. I feel lousy. Inadequate. Helpless.

As I write this, I am thinking of one of my favorite patients, six year old **Kevin**. His parents both died of AIDS and he was taken in by his uncle, a huge gentle man. When I first saw Kevin, he was terribly malnourished, tiny for his age. Seeing him walking along hand in hand with his giant of an uncle was quite a picture! Kevin had an incredibly swollen stomach and I managed to get an ultrasound for him. It showed features suggestive of lymphoma, a cancer, but one that is potentially curable.



The mortality is higher with HIV, but for Kevin it is a death sentence for a number of other reasons. He needs an operation to diagnose the type of lymphoma, which then dictates treatment. Due to his AIDS he may not survive the operation, and the subsequent intensive chemo and radiotherapy would likely kill him. Even if

he could survive this, his uncle cannot afford the operation or treatment so all this is hypothetical anyway. Breaking this news to his uncle was one of the hardest things I have ever had to do. The massive man sat in front of me and shook, his tears unashamedly flowing.

It is tragic to see so many children in such poor health, and so frustrating to be able to do so little about it. Our funds are stretched by the large numbers of drugs needed for the many children dependent upon us. If we were to spend any significant sums of money on one operation, or on a protracted course of hospitalisation, all we would achieve is to deny so many others their medications. As a result, it is rare that a week goes by without one of our children passing away.

On the flip side, we are providing some medical attention to almost 2,000 children who would otherwise have none. We have a good if limited supply of basic medications, and can provide health advice and treatment for free, all of which is so gratefully received. Many children repeatedly show an incredible ability to bounce back, making all our efforts seem worthwhile.

For me personally, the past few months have proved to be the most rewarding experience I have ever had. I will never forget my time in Kenya, a land of many images, and some of the friendliest people I could ever hope to meet.

Can you help Lea Toto? We are desperately in need of funds to buy drugs and basic medical supplies. Will you give just £4 a month to help?

