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The aid fails because of limited resources

Lassa fever is almost as deadly as Ebola. In Sierra Leone, many children die because they are malnourished and particularly vulnerable.

Article of Alexander Davydov, German journalist who visited our hospital recently. Article published in the German newspaper "Frankfurter Allgemeine" of June 13th 2017 under the heading "Germany and the world".

MAKENI, in June 2017. The sultry heat has Makeni in northern Sierra Leone under control. The thermometer in Magbenteh Hospital shows in the morning at more than 30 degrees. Tom Durrands is called to the children's ward because of an acute emergency.

The British Doctor, trained in tropical medicine finds a four-year-old girl, uncontrolled twitching under a strong attack of fever. She is barely conscious; her breathing is shallow and furious. With the limited medical resources, Dr Durrands tries everything to save the child. Suddenly the girl starts bleeding from the nose, mouth and ears, the agony is over. It takes another few minutes until the parents have understood the situation, then they break screaming together and huddled on the cold tiles of the floor. The white shirt of the Doctor, by the moisture almost transparent,



sticks to the body. Dr Durrands leaves the room without saying a word to the outside.

"The child came here with a severe malaria," says the twenty-six-year-old Doctor. "We had her stabilized again, and then this." He suspected an infection with Lassa fever. The highly contagious virus is also known because of the similar symptoms of "Ebola light". Only the mortality rate is somewhat lower. Again and again, the country has smaller outbreaks. Currently about 50 Lassa cases in the east of the country have

been confirmed. Transmission occurs frequently in the urine of rodents. Since very many children sleep with their heads on the ground, it arises quickly to the contact. "In a few hours, a special team will pick up the corpse and test for Lassa and Ebola. If we are lucky, we will know in a few days exactly why the girl died." Durrands' voice sounds bitter in the face of insurmountable enemy. Sierra Leone has one of the highest child mortality rates in the world. According to UNICEF, one in seven children dies in the desperately poor country

before the age of five. Approximately 40 percent of all deaths are due to malaria.

"Many of these deaths could be avoided," says Durrands. It starts with the food. Many children who come to us are extremely malnourished. This makes their already weak immune system particularly vulnerable. "A complicity in this state, the Doctor also looks at Western food manufacturers. So, advertises a group for milk powder. Despite high costs, the product is partially used a great deal as a "Super Food" – as a complete breast milk substitute. For Durrands, this is a clear example of misguided development aid.

Laboriously operates Britain's educational work and convinces the parents of a balanced diet and warns about hygiene precautions. But compared to Western medicine there is a lot of suspicion. The superstition and possible costs can delay a hospital visit by parents.



According to a report by the United Nations more than 60 percent of the population live on less than 1.25 dollars a day. Although now in Kenya, Ghana and Malawi vaccines against malaria are to be tested. But for the people of Sierra Leone this is not yet planned.

"Parents first try their luck at the cheaper medicine men," says Durrands. "Through their treatment, the situation is often worse.

When the children finally come to us, we can usually do nothing more." Who wants to help in Sierra Leone requires staying power. Sallieu Turay, the head physician of the hospital, practiced for more than than 35 years as an internist in Germany. For several years he moved back to his native Sierra Leone and tried to help his country. Turay appealed to employees to better educate people. "We are role models. We must ensure, with competent work that it may go well especially our most vulnerable patients. It starts with the nurses and ends with us doctors."



But the Magbenteh Hospital is fighting for survival. "For months, we have been lacking in sufficient capital to guarantee a perfect operation," says Viviana Granobles. The aid worker directs the hospital for the charity Swiss-Sierra Leone Development Foundation. The running costs are covered by private companies whose employees are treated by government subsidies and private donors. "Because of the devastating Ebola epidemic in 2014 however, more and more foreign companies to leave Sierra Leone," said Granobles. "This lacks the country of tax revenue. Numerous state programs have therefore been deleted, including the free treatment of the under-fives."

At Magbenteh hospital you can feel the cuts. With 150 children a day, one could only treat the first



20 children. All others have to be rejected. "If politicians of great nations cut international aid or investors retreat because of referendums in Europe, we feel the consequences," says the forty-one-year-old. "But I think that we can overcome this crisis. We work on the principle of hope."

The next day a special transporter reached the hospital. The District Health Management Team is to bring the girl's body to Kenema, about 200 kilometres east. There is the only station in the country, which can detect Ebola and Lassa. Curious onlookers gathered around the car. A murmur goes left of a yellow latex being carried through the children's ward of men in protective suits.



"The work requires a lot of, often psychologically," says Dr Durrands. "But for me the worst; to be able to really help the children, but to fail because of the limited resources."

On his cell phone Durrands receives a message that Ebola has broken out again, 3000 kilometres east of the Democratic Republic of Congo. Now he can seek only to end the day on a positive note.

A motorcycle taxi takes him to a bar where in the evening a football match is being transmitted. At the destination, the physician counts his crumpled banknotes. Out of habit Durrands still want to shake the driver's hand in farewell. But the man recoils instinctively, as if the Doctor contaminated. Fear has always transmitted fastest in Sierra Leone.

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All donations, big or small, are always welcome. We appreciate all gestures which will allow our action in Sierra Leone to succeed.

We accept donations in several currencies.

In Switzerland, the donations are tax deductible.

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