

## Report on Kids Alive/Glenabbey Healthcare Trip to Ethiopia 4-14<sup>th</sup> March 2010

### The Team

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### The Destination

Six hours south-east of Addis Ababa you will find the town of Bokiji. The population is about 35,000 and it is famous for producing world-class long-distance runners. Kids Alive run the Bethany school there which provides education and a meal for up to 300 students daily. These children are aged 5-14 years old and come from families with low income and many needs.

### The Purpose

Kids Alive wanted to provide some health screening to all the students in Bethany school and were very keen to find out what proportion of the children were infected with HIV. The team's task was to test all the kids for HIV and identify those that would need ongoing support.

### The Reality

The team spent the first couple of days of the trip liaising with local doctors and health care workers in order to ascertain the best way to identify and follow-up any children identified with HIV. We spoke to Dr Kader in Asella, the nearest town with a government hospital. He was extremely helpful in getting us access to medication and advising us on follow-up of patients. He "cleared the way" for us to be able to get on and run the clinic for the children.

We also met the officials running the "health centre" in Bokiji. These were men who had been given some medical training, particularly with regard to HIV testing and treatment. They had access to test kits and first-line treatment for the infection. Again they were invaluable in helping us to test the children. They brought their clinic to the school for 2 days and tested all the kids and staff for us. We were able to partner with them and insure that the infected children will receive the appropriate treatment and follow-up from the clinic in the town. This means that the children avoid having to make a 2 hour bus journey to Asella for medications and bloods every month. Instead they can be monitored locally and have 6-monthly reviews at Asella (or sooner as required).

Our three clinic days were spent at the school. We were able to assess over 280 kids and also some adults (teachers at the school and some local people who had requested help). Each child was tested then seen by a medic. Histories were taken via translators and all were examined.

**We identified 14 HIV positive children.** These kids will be followed up by the local clinic under the supervision of the Kids Alive representative in Bokiji. A feeding programme has been set up for them. They will become part of the Kids Alive sponsorship programme so that they can continue to have the ongoing support they need to maintain a healthy, active lifestyle.

**About 45% of all the children were malnourished.** This was due to a combination of poor diet and chronic infestation with worms. All the children were given treatment for worms and provision was made with the school to insure that children receive regular treatment every six months.

**Many had goitres** due to dietary deficiency of iodine – 2 of these were severe enough to cause problems with sleep and swallowing and they will be followed up in Asella.

One girl presented with an **acute abdomen**. There was concern that she may have needed a hospital admission, however she was treated with antibiotics and analgesia and on review the following day had made some improvement.

There were **3 adults who had cataracts** which was significantly affecting their sight. These people will be followed up by an ophthalmologist. Others who had myopia can also be assessed.

One child with HIV had a **significant hearing deficit**. She will be followed up to see if her hearing can be enhanced so that she can continue school. At the time of our visit she had dropped out of school because she could no longer hear the teachers. We hope that she will be able to continue her studies in the future.

Finally, we met **baby Grace**. This 2 month old was brought to our clinic by a police officer having been abandoned by her mother some time earlier. The police officer was aware of the clinic we were doing through the local church and its links with Kids Alive. Grace was checked over and is beautiful and for now, healthy. She has been given a home with Corrie who looks after five other kids for Kids Alive. Grace's HIV status is unknown and because of her age she has to have blood taken and sent to Asella for testing. The result should be available soon and will be followed up by Kids Alive.

## The Future

There were three main outcomes from this visit.

1. The number of HIV infected children was less than the team had expected although at around a 5% infection rate was higher than the official figure for the locality. Now that the children are identified we can improve their health expectations with medicine and a good diet. Obtaining sponsorship for these kids is paramount.
2. The health centre in Bokiji can provide most of the treatment that HIV infected individuals need. This was unknown prior to our trip. It is great news as it means the children avoid arduous journeys to the clinic in Asella. The partnership that has been established with the officials there is positive and should continue to be supported. They would benefit from further training and educational support. Their clinic compound is substantial but in need of “tidying up”. Some help equipping the clinic would also be well received.
3. The high percentage of malnourished children also needs to be addressed. The school meal provided at Bethany school has improved since October 2009 and now includes njera (local bread) and vegetables. For many kids though this is their only meal of the day. Those with HIV infection need a greater fat and protein intake in their diet as they use up many calories fighting infection. There may be scope for a school-based project which would provide eggs and milk from chickens and cows kept on-site. There is room to grow vegetables. Specialist knowledge about a small farm project like this would be beneficial.

There is scope for future medical team visits to the town. We found by the end of our trip that people outside of the school were coming to seek advice and help where possible. The population is poor and medical needs are great. Not everyone could be helped as one would like, but being available and willing to see people supports the witness of Kids Alive in the community and brings the light of God’s love into Bokiji’s dark corners.