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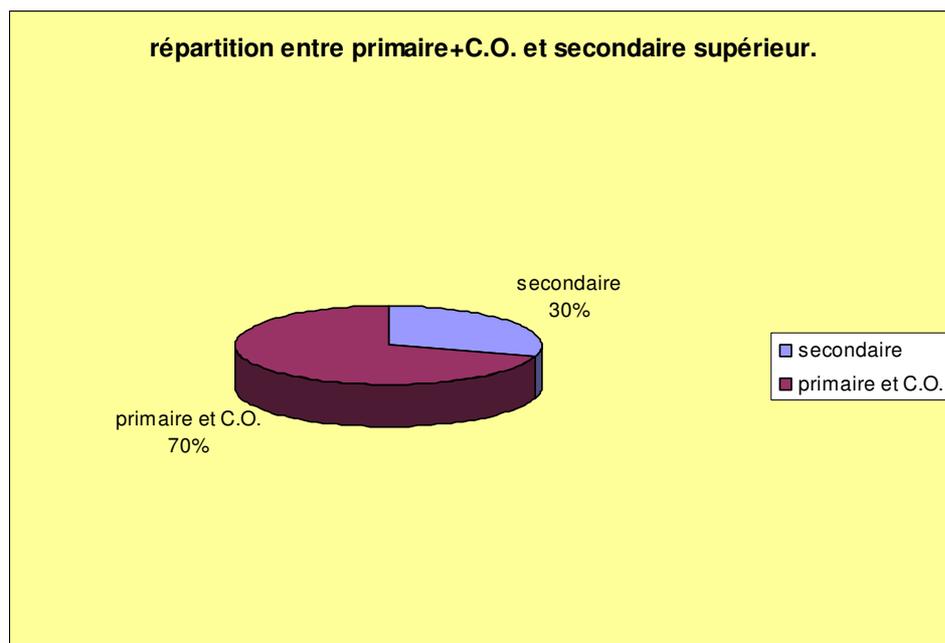
NEWSLETTER – June 2013

Dear members and friends,

We prefer to update you on our activities before the summer holiday, because many of you will soon be away.

After a quick statistical study into MAA grants offered to Kenyan pupils for 2013 (246 in total), the breakdown is as follows:

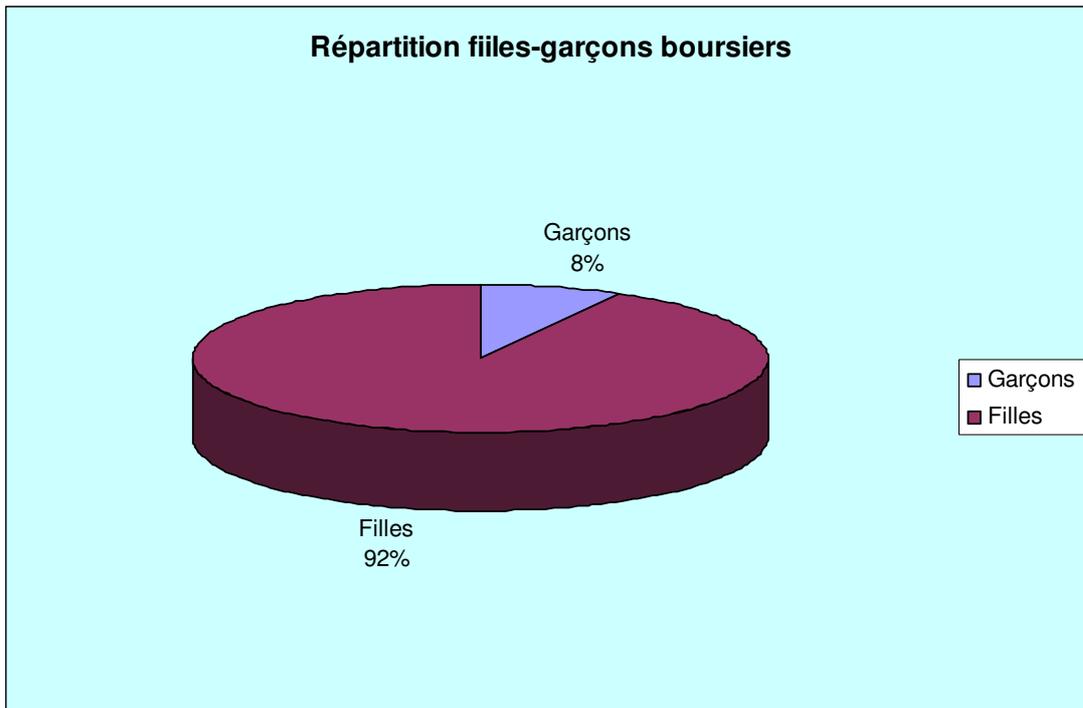
- Primary school grants (i.e. classes up to 8, pupils aged between 6 and 15 years)
- High school grants (secondary education, lasting for 4 years), students aged between 16 and 19 years.



The distribution has a simple explanation: primary school grants cost around 400 \$ a year in a boarding school, (335 €), compared to the High school fees in boarding that are much higher, around 600 \$/ year (500 €). You must take in account that in Kenya almost all High Schools are boarding schools, as they follow the Anglo-Saxon education system.

In primary education grants we also include the rural schools in several Maasai villages where MAA is offering 10-15 grants by school to the poorest and most worthy children. For those grants we pay only uniform, shoes and school material (sometimes participation in school management as school fees, even though Kenya applies “free” primary education).

Several MAA members support such school grants, paying at once for the whole village-package.



Gender breakdown: MAA supports mainly (92%) young girls, Maasai or not, because Kenyan women chronically lack literacy. We are applying a sort of « positive discrimination » in order to establish a balance and educate mothers for future generations.

Our projects at a glance:

Orthopaedic surgery on 5 severely handicapped young persons.

With help of our local employee, we have chosen 4 kids among the handicapped pupils of Olkurroto School (a school for children with special needs) at Maralal, Samburu area of Kenya. We pay for them to have surgery at CURE Kijabe Children Hospital . Here are some pictures of the beneficiaries, before and after the operations.



James, 20 years, 2 club feet



One foot has already been operated on and corrected.



Evelyne, one foot deformed and shorter.



After corrective surgery. Once healed, the girl must wear special shoes for life. MAA will pay for that.



Catherine, hand deformity.



Catherine undergoing medical exam.



Benjamin, with knee deformity. The doctors did a punch-biopsy of the knee liquid followed by lab analysis to determine the cause of the disease.



James and Benjamin wearing the caps brought by Suzana.



3 of the operated children with Suzana, a young lady from Poland, who happened to be in Kenya. She visited Kijabe Hospital to meet the young people and offered them gifts and also a happy smile after the pain of the surgery.

The 5th child (Lowaya of Maralal) unfortunately cannot have surgery. He suffers cerebral palsy with irreversible bad effects. It's a permanent disability and there is nothing that we can do. Instead, another young boy will be operated on. He is severely burnt and needs a skin graft.

The 4 children will have a second visit to Kijabe on 19th of June. In total they will undergo several surgical operations and many medical controls.

Urgent transport of pregnant mothers from the bush to the nearest Maternity.

We rescued two more mothers with complications when giving birth alone in the bush :

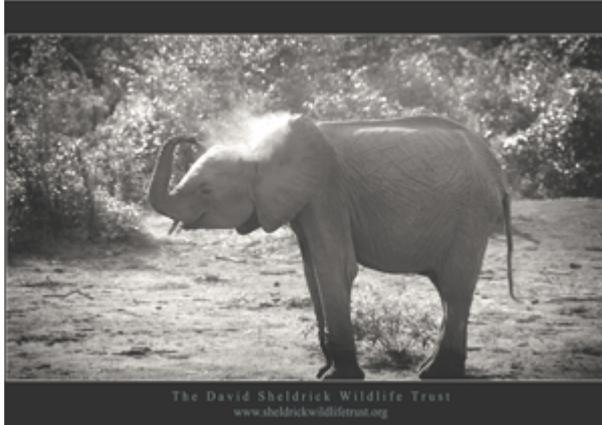
The first lady was one of those who follow MAA literacy classes in Emurua-Dikkir village. She started bleeding during the lesson. The teacher called me, and we transferred her to the Narok Hospital (Maternity). She gave birth to a boy, 2 months premature. She is very happy that the baby is alive, because she had many miscarriages and only one other child 13 yrs old. Here are the photos.



Agnes and the baby back in the village.

The second mother had been in labour for 3 days when our staff alerted us. She was transported by taxi to Narok Maternity Hospital, where her new baby son was delivered immediately because she had a placenta complication.

Tano, the orphan elephant we fostered, died at Sheldrick orphanage in Nairobi.



Remembering Tano

We heard with deep grief that Tano, our 4 year old orphan elephant collapsed and died at the end of April after a long battle to try and save her life. Tano, who was orphaned at 2 months old, had always been somewhat stunted. During her Nursery years she never grew the size of her peers.

On 2013 she was transferred from the Nursery to the Ithumba Rehabilitation Unit but unlike the other orphans, she never thrived there, suffering from the heat of Tsavo and increasingly unable to keep pace with the other orphans. She was therefore returned to the Nursery on the 15th March 2013 to undergo extensive tests.

A trained Vet with vast practical Elephant experience in Southern Africa was engaged to advise full time on Tano, and he went about this task extremely diligently, performing numerous tests to rule out many possible causes such as Leukemia, Cancerous tumours, abscess related infections, all fly, tick and gut parasites and the auto-immune problem that he was beginning to suspect might account for her ill health. An extensive Postmortem examination of her vital body organs was carried out. These were all healthy, but for one vital ingredient; her Bone Marrow which replaces the blood. This was obviously defective, possibly a genetic defect explaining (a) the fact that she had always been stunted and (b) the chronic anaemia which became progressively worse and which would not respond to any of the medication she had been given. Had Tano been human, the only possible treatment would have been a Bone Marrow Transplant, which obviously is not possible in an Elephant.

MAA campaign (2008-2012) against FGM (female genital mutilations) brings good results.

Our staff in Rombo area reported to us that a community organized ceremony took place there. Rombo is a remote area, by the foot of Kilimanjaro where MAA spent 4 years in fighting FGM through many workshops and alternative ceremonies. Now that our project is closed, the Maasai continue conducting alternative ceremonies without our help, preventing the bodies of their young girls from mutilation. This self-organized community event is the best proof that people are convinced about FGM's harmful consequences. For us it is a great satisfaction to see that the small seeds we planted 3 years ago, are now giving good fruits! Leshinka Martin, MAA collaborators at Rombo sent us the following photos of the celebration.



The elders are decorated with okra for the ceremony. The tradition is kept safely, the mutilation banned.



Leshinka addressing Maasai Community



The young Maasai girls (as well with young Somali) wearing ribbons on the head, saying " No FGM".

Our literacy classes for rural women in 8 Maasai villages (2012-13)

The literacy program is going on well in the chosen villages. Classes are full (about 40 mothers by class) and attendance is satisfactory. The villages are :

- Dol-Dol (in Nanuyki, Samburu)
- Emurua Dikkir (Narok)
- Ngari (Maralal, Samburu)
- Ilmotiok (Kajiado)
- Engamboli (Rombo)
- Kilena (Transmara) x 2 classes
- The 8th village in Wamba (Samburu) We have no news from our staff here.

The project of « school gardens » in 2 primary schools in Maasailand.

We are pleased to announce that the Foundation « BNP-Paribas » is supporting the project with 6000\$. The project aims for food security in rural and arid areas, where we plan to dig a well beside the village primary school, so that a big field could be cultivated by the pupils and their parents, providing food security for school children. They will receive one meal by day (at noon) with basic cereals (maize, beans and maybe vegetables). The villages are often hit by draught and hunger. MAA believes that food security is a priority to aid education, as starving pupils cannot learn ! The idea came from one of the schools Head teacher. MAA liked and adopted it immediately as a sustainable and very helpful project. MAA will provide the schools with water (digging the wells) and also a fence around the school and the garden, to protect crops from wild animals but also from Maasai cows and goats!

Some statistical data on Kenya (source AMREF Kenya).

KENYA

- Population: 40,513,000 habitants
- Life expectancy: 56 years
- Infant mortality: 84/1,000
- Mother mortality : 530/100,000
- Nurses by 10,000 inhabitants : 11.8
- Doctors by 10,000 inhabitants : 1.4

Our 2013 safari-trip in Kenya is postponed to next year due to low participation.

.Thank you for taking the time to read, and have a wonderful summer!

For the MAA committee

Annie Corsini

Katy François