Genieri Collections - Newsletter No.15 - November.2019

Better eating over the Hungry Season for the children.

So that was the end of the Hungry Season, and rice is now becoming available from the fields adjacent to the River Gambia. We have reports that the rice is good and plentiful this year, so the prospect for staples is good.



Over the months of July, August and September we've been able to supply enough money to ensure that the children had a cooked breakfast in addition to the normal lunch we've talked about before. The headmaster, Foday Dampha has thanked us for this, and it's perhaps worth simply replicating his exact words:

"Greeting to you, sophie amd hendry from community for the support you gave during the summer holidays for the children to be feed. whole are sending their special greeting to you,

we pray for you to have long live and happiness. whole community pray for you again for your support to living of the children that need during that time"

Over these 3 months we delivered just over 7,500 <u>extra</u> hot meals, and the words above say it all. Hopefully the gardens will be just as productive, and they will have plenty of the green material that they so badly need to supplement the rice diet.



With a fair wind we'll be able to replicate this exercise again next year.

Given that we had a little spare money to hand we assisted the Village in the management of Malaria, which, as predicted did arrive as it always does, and it's still at a high level out there.

In conjunction with another charity we contributed to supplies of a drug called Coartem. This drug is inexpensive in our terms, and is considered locally to be very effective when treating simple Malaria. The results have been very effective indeed, and the local GP – Dr.Jammeh Sillah writes to us as follows: "The vitamins supplements and coartem were playing a vital role in improving the health of the community in Generi. The coartem is really helping and the (RDT)Rapid diagnostic test. We are now at the peak of malaria season and is being on used everyday. People are having their medicine and equally Rdt. The impact is very good and the mosquito nets were also given

(by another charity) to the village free of charge to all under 5 years of age and pregnant women. So really the episode of malaria is reducing. I myself must thank the donors and you people facilitating the program"

So this is all very encouraging indeed. It's humbling to recognise that an adult dose of Coartem costs about £9.00, (over a week's male wage - if they've got a job, most don't) and a child's dose is just £4.50, but this is too much for the families in most cases and deaths may all too easily result.

This is an area we'll be looking into more deeply in the months that follow, as we now feel that



we've (or at least you have) substantially managed the matter of basic feeding for the children.

This is all helped by Asief taking some of our collection tubs into his store in our local village, and it's already showing signs of making a meaningful contribution.

This represents extra money that we can direct to dietary improvements, which are badly needed, or perhaps more vitamin supplementation.

Thank you Asief, it's really appreciated.

Summary of the Year.

- 1. About 35,250 hot meals will have been delivered to the children by year end (with improved nutritional qualities), accompanied by the first dosage of Vitamin A supplementation.
- 2. Malaria medication supplies were augmented, and many people got better faster, and perhaps even some lives were saved.

Next year.

- 1. We expect to deliver about the same number of children's meals, it may be more if the school population increases, but in general it's remarkably stable, and if so we'll look further at further improvements in the diet, which is currently poor.
- 2. Given that we're likely to have a little more money we're now looking closely at how we can further improve the general health profile of the village. Thoughts currently centre around some form of vitamin supplementation for nursing mums and mums to be.

These thoughts are based on the fact that neonatal deaths in the Gambia are still fairly high, with high morbidity due to respiratory infections. Our thoughts are at an early stage, so if anyone out there knows anything about this we would be more than delighted to have your advice. Essentially, we feel that by taking this route we get double benefit from donor money, with both mother and her child benefiting from a single expenditure. More research is required.

BETWEEN US WE'RE MAKING A DIFFERENCE.			PLEASE KEEP HELPING US.
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