

Genieri Collections - Newsletter No.33 – February.2024

It's been a rather quiet year in our dealings with the village, and the little we've been involved in has gone fairly smoothly, which is in itself a relief, as it can be peculiarly difficult to actually get things done in what the developed world mindset sees as reasonable time.

It's much more understandable when one considers the difficulties the villagers operate under, with a harsh climate and dependence on the vagaries of timing of such things as rainfall. So much of their time and efforts are dedicated to simple matters of survival eg. being able to feed their children, that little energy is left over.

There are however some positive signs coming from The Gambia as a whole, and some benefits will inevitable (if only eventually) reach further up country as time goes on.



People familiar with the country recently visited and noted a number of changes, from improved infrastructure in the west of the country to significant improvements in the quality of car stock.

Car quality is significantly better, as historically almost all vehicles seen on the roads were definitively end-of-life, with absolutely NOTHING remaining before being cannibalised for whatever spares could be found.

Amusingly on one of our trips the bush taxi threw a half-shaft on the road back to Banjul, but much to our surprise they did carry a spare half-shaft on the roof (as one does

in The Gambia). Of course, the existing nuts didn't fit the "new" fitting, but another taxi was passing and the driver had 3 correct nuts which he traded for the ones we were carrying. Mmm - it's a 5 nut fitting, but everyone was comfortable and happy that we could be on our way.

FINANCE



Money has been a little tighter this year, as local food price inflation has bitten more and more as time has gone on, and we've had to send more to keep the children adequately fed. It's been mitigated by a significant improvement in the exchange rate, but it hasn't fully kept up.

This encouraged us to focus more specifically on the very youngest children, who historically received no direct support from any charity we're aware of. Hence the "mother and baby support" we started just a few months ago. Our thinking was based on the premise that the sooner we improved their nutrition and medication the better for their immune systems and survival chances.

By all accounts this has been very well received, and hopefully will result in less sickness, hence less medication costs for the mothers. It's humbling to consider that 200 Dalasis (about £2.50) per month can make such a welcome difference.

Management of Malaria.



But of course something had to give, so we restricted the supply of malaria medication to be only to the children of the village, we simply couldn't afford to supply adult sufferers as well. There are surely risks in this approach, but the total cost of Coartem and the associated testing products was becoming unsustainable in any case.

The Good News.

Big things are happening with malaria in Africa, and the first country wide vaccine roll-out is happening as we speak in Cameroon. They're using the Mosquirix vaccine, and people are very hopeful that this initiative will press down on the very significant morbidity rate in children in the 5 – 17-month age group. This is the most at-risk group in Africa, and while the vaccine is of relatively low efficacy and lifespan it's thought to still be worthwhile for the time being.

Another vaccine (R21), thought to be more effective and longer lasting, has been approved as recently as late December 2023. This is the best possible news as it's much cheaper and can be manufactured in significantly greater quantities. However, at the moment no vaccines have any sterilising effect, so they must be used in conjunction with suitable bed nets to prevent onward infection. This is well controlled within Genieri, as another charity delivered new bed nets for the entire village in December, so all is well from that perspective for the next malaria season. The Gambian population in general is reported to be well disciplined in regard to quarantining and bed net usage, so they've got a better chance of bearing down on this disease.

There's no mention yet of a vaccine roll-out in The Gambia, but we're asking around and we'll keep you up to speed. This could be a good year from a health management point of view.

The Bad News.



Whilst malaria is a risk throughout the year in The Gambia, it's highly seasonal, with (generally) little influence during the winter months. Rarely have we been asked for medication over the drier months out there. That changed this year and we've been supplying small quantities of Coartem over the winter. It's got significantly worse recently and on 06/02/24 we were informed that 7 of the children we look after had become infected, about 10% of them. Medication was funded on 07/02/24, and on 08/02/24 we were informed that the children had already been medicated.

This disease can be so very much worse, as in the case of Ebrima Sanneh who caught the disease a few days ago and we suspect it quickly developed into the much more complex and life-threatening cerebral version. He was hospitalised on Monday 05/02/24 about 100 miles east of the village. Treatment was provided very quickly indeed and he is now recovering fast, and is back in the village for some recuperation.

This could so easily have been fatal without such fast intervention, as it was for his brother Baboucarr. Health care is outside the means of many, many people in this country.

Sadly a vaccine for older individuals seems a long way off.

Hygiene and General Health.

On the subject of hygiene you may remember from our October newsletter: “we’ll look at this whole issue with specific focus applied to hygiene behaviour surrounding the meal we provide them at lunchtime. There may be something we can do, but poor sanitation, habit and cultural issues may well be problematic.”

In the meantime another charity got there first, and with a great result using the simplest and cheapest of solutions.

“children now wash hands under a running tap – (no longer a communal bowl) All children have water bottles, as opposed to a communal bucket and cup.”

This should make a significant reduction in communicable diseases such as worm infections, but we suspect we’ll have to intervene as the year goes on. We’ll just have to wait and see.



In general the village infrastructure and living conditions have improved a very great deal since we first visited in 2012. Particularly clothing is in much better condition, and so are the children.



More local improvements are visible as well, with a significant number of compounds within the Village managing to afford connection to mains electricity. We had thought that the connection charge was significantly too high, and we’re delighted to be wrong.

Those who can afford it now have electric light. Indeed, it goes a little bit further, as a recent visitor to the village reports being made a cup of tea, involving the use of an electric kettle of all things.

Far removed from our first village cup of tea when a fire was specially lit to boil the water.

That’s all for now folks, and we’ll catch you later.

Jim, Sophie and Bob