



BOOK THREE

HEALTH & EDUCATION

Introduction

This book is the third in the series by Self Help Development International. The first book on the theme of “Water” gives a picture of how important water is in all our lives. The second book on the theme of “Food, Land & Trees” shows us how these are very important issues to millions of people in developing countries. The second book raised many issues that connect us with the problems in developing countries and gave suggestions for action.

The main purpose of this third book is to raise awareness of the simple everyday issues and problems in the lives of people in developing countries. In this book which deals with the issues of “Health & Education” we look at the next step on the ladder of development. It is very important to understand that these issues hugely affect the lives of the people in the towns and cities and also in the small villages, farms and communities in Africa.

The facts, about the number of children who do not have the opportunity to go to school and the number of adults who cannot read or write, give us an insight as to how basic the problems are and that often the solutions are simple but resources and money are not available or are spent on other government priorities.

The intention of this book is to bridge the gap between the first and second

books in terms of age and ability range. The articles are written to cater for senior classes in primary school and junior classes in secondary school. It is intended that the series would be used in a number of different subject areas. This means that the issues raised would be looked at from different perspectives.

Very high quality images have been used to help show the different situations. It is very important to look at these images carefully and to give time to discuss what they show.

Short questions and exercises have been put at the end of each story to give an opportunity to recall and allow room for discussion. It is important that students would discuss the issues and then take action. This emphasises what education is all about, “knowledge which leads to action and gives people the power to make changes”.



A set of worksheets has been scattered throughout the book. The teacher is the guide and helper to new information for students which will lead to action and change.

I hope that the book is useful and beneficial to you. If you wish to get copies of the first or second books in the series please contact the addresses etc given on the back cover. Tá na leabhair seo le fáil as Gaeilge freisin má theastaíonn ó éinne cóipeanna a fháil cuir glaoch ar an oifig.

Good luck with the work.

Dáithí O hAodha.

A cross-curricular approach to using this book can be found on page 43.

Cover: Happy and healthy young students (Malawi)

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Eritrea

A poor country of deserts and mountains, Eritrea was once an Italian colony and later administered by Britain. Under Italian rule, Eritrea was one of the most industrialised countries in Africa, transporting its manufactures of cement, textiles, footwear and beer on an extensive road and railway network.

Eritrea was united with Ethiopia in 1952, but as the Eritrea *Autonomous** Region it was allowed a certain amount of autonomy. In 1962 the Ethiopian government revoked the region's autonomy and took complete control.



This triggered a vicious civil war between the Eritrean People's Liberation Front (EPLF) and the Ethiopian government. The war, the most drawn-out in the modern history of Africa, lasted almost 30 years, ending in mid-1991. The fighting was so fierce that it prevented international aid being moved in to help lessen the effects of a severe drought in the 1970s and the 1980s that affected the entire Sub-Saharan region but was worst in Ethiopia and Eritrea.

After the fall of the Ethiopian dictator Mengistu in 1991, the EPLF established a provisional government. In a referendum in April 1993, Eritreans voted overwhelmingly in favour of independence.

The war turned Eritrea into one of the poorest countries in the world. Most people still eke out a living from subsistence farming (mainly maize and sorghum).

Sheep and cattle are reared in the central highlands, where rain is more frequent, and in the semi-arid hills and lowlands in the west.

Eritrea's stretched out coastline has enormous potential for tourism and fishing. The chief ports of Massawa and Aseb are on the Red Sea. After independence, Eritrea inherited the entire Ethiopian coastline and Ethiopia is now dependent on using Aseb for all its foreign trade.

Today the issues of borders and coastlines are still disputed. There is an unsettled peace between the two countries and international efforts have been made to get clear acceptance and recognition of the Treaty of Algiers, 1992, that established Eritrea as an independent country.

Case Study 1: Self Help in Eritrea

Eritrea is one of the poorest countries in the world with a per capita *income** of about US\$180. It is a mountainous country of great *diversity**, with a population of approx 3.7 million. Along with its larger neighbour, Ethiopia, it has suffered greatly for the past thirty years from the effects of war and drought, with the result that it relies heavily on *food aid.** Self Help first started working in Eritrea in 1994 with a small *pilot project** distributing potato and maize seeds.

This was followed in 1996 with the setting up of *integrated rural development projects** at Mendefera, 50km south of the capital Asmara, and by a *horticultural** and crop production project in 2000 at Keren, over 100km north-west of Asmara. The two projects are located in the central highlands where much of the farmland is approx 2,000m above sea level. Farms are small and yields are low, and because of *erratic rainfall** the area experiences major *fluctuations** in food production every year. The first project at Mendefera was designed with the Ministry of Agriculture and focused on improving the *ecological conditions** in the area through: *reforestation**; soil and water *conservation**; increasing water supplies; increasing food production; and activities targeted at

mothers and children, e.g. basic literacy and *numeracy**, health education, and setting up savings and credit schemes.

Great progress was made with farmer training, the development of nursery /demonstration sites, the provision of water pumps, the supply of *farm inputs** and programmes targeted at women. However, the outbreak of war with Ethiopia in 1999 had a major impact on the project, with most of the technical staff being sent to the front line. In spite of this, an *evaluation** of the project in 2003 found that it had achieved a great deal and had 'supported relevant, effective and *low-cost interventions** in a number of areas'.

The evaluation also raised an important challenge for Self Help regarding



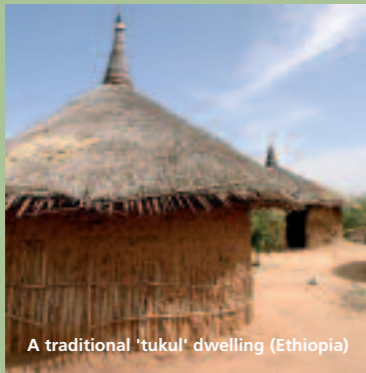
Access to water is vital to crop production (Ethiopia).

*micro-credit,** pointing to the need to have a specific policy on this area. The second project in Keren was simpler focusing mainly on agriculture. The emphasis has been on training, bringing in improved technology and agricultural inputs, promoting small-scale irrigation and a programme for women. In spite of the war, progress on the project has been good, although the wide geographical spread has been a problem in terms of support and supervision of activities. The irrigation schemes have met with problems in an area where the people are *agro-pastoralists (nomads)**. Self Help has expanded further in Eritrea with another project started at Emmi Haili in 2002, while a further project at Gonge started in 2004.

Life for Children in Eritrea

Eritrea is Africa's newest nation. It achieved *independence** from Ethiopia in 1991 after a 30 year war. The people of Eritrea want to develop and build up their country as fast as they can. Schools are being built at a great pace and recently a new teacher training college has opened to *ensure** that the future generations will have a chance to learn new skills and increase their knowledge. Most children receive some form of primary education, but it is likely to be very simple and basic, especially in small villages. Only 30% go to secondary school.

During the long war teaching became very difficult, and classes are still rather *makeshift**. Some of the classes are held outdoors under a tree with a blackboard as the only teaching aid. The children sit on the ground, on stones or rocks. Many do not have copies or pencils to write with so they try to remember as much as they can of what the teacher says or writes on the blackboard.



A traditional 'tukul' dwelling (Ethiopia)

A number of different languages are spoken in Eritrea but not all children learn to read and write in their native language. Tigrinya is the main language spoken and this is the one that is mainly used in primary schools. (This is one of the issues over which the war was fought). The second official language is English, which is the language of learning in all secondary schools.

Some adults, especially women, have never been to school and cannot read or write. Since independence all primary education is free. Fees are still paid for secondary school so there is a big drop off from primary to secondary school. In the past, many parents did not realise the importance of school, especially for girls, but this has changed a great deal since independence.

Almost 90% of the people in Eritrea live in rural areas. They live in "tukuls" (small rounded houses) which are made from grass, mud and wood. They grow maize, cotton, coffee and teff (a local grain) on their small plots of land. Most of the work is done by hand and all the members of the family are involved.

Children are given lots of work to do at home. For some this will be instead of

going to school but for many it will be as well as going to school. Girls help by looking after young children, preparing food, roasting coffee beans, fetching firewood or carrying water. This is very important work but a very hard job to do because people have to walk miles to get water which is very tiring and takes a lot of time.

Boys help by *tending cattle** and guarding crops. They also help to fetch firewood or get the day's supply of water. Both boys and girls have to help with the field work, such as weeding, *irrigating** the fields or harvesting the crops. Children are sometimes sent to the market to sell things for the family.

It can be difficult for children to learn and concentrate in class after several hours spent working. The biggest help that can be given to these young children is for money to be *invested** in education so that they will have the skills and knowledge to make a better life for themselves in the future.



Exercise

Imagine that you are a 12 year old child in Eritrea and that you are filling in your diary for the day. Write a short account to show what you did. Illustrate with pictures and drawings.

Outdoor teaching (Malawi)



Exercise

1. Write a profile of a teacher in this part of the world. (With the co-operation of one of your teachers)
2. Do a profile of a job that you would be interested in as a career.

Profile of an Eritrean School Teacher

Tsehaye Tesfay is a 25 year old secondary school teacher at Adi-Urgi Secondary School in Mendefera, Eritrea. He teaches Family and Consumer Science which is part of the Biology *syllabus*. * Students in Grade 9 study this subject. He trained in Asmara University for 2 years where he studied general science. He has been teaching in Adi-Urgi school for 2 years and taught in another school for 2 years also.

He is unmarried and lives in the town of Mendefera with his family. He has 1 younger brother and 1 older sister. His father was killed in the 30 years war of independence.

Tsehaye has done 4 years of *National Service (NS)**, which can range in duties from being a soldier on the border with Ethiopia to building roads or working as a teacher in one of Eritrea's many primary or secondary schools. He is still on National Service and gets pocket money only. He gets NKF500 (Nakfa 10 = €1) per month. After 2 years National Service the government deposits money in the bank for him which he can only get when he is released from his duties. At present he is supported by his family until this money becomes available. Tsehaye would like to continue working as a teacher when he is released from NS.

He starts work every morning at 7.30a.m. He finishes at 12 noon. He teaches 5 days a week. He gives private lessons to some students to earn some extra money but there is limited *demand** for this service so the pay is low.



Watchful students (Ethiopia)

His family does not own land so they are supported by his grandparents who live in a small rural village about 30 miles from Mendefera. The extended family – uncles, aunts and cousins on both sides – also contribute.

Tsehaye expects to be released from National Service in the next 6 months and he has many hopes and plans for his future. He hopes that his young country of Eritrea will grow and

prosper in their new found freedom. He has a great love and respect for his country's President Esaif Afewerke who fought in the war of independence and is a man of the people. He is confident that the resources of the country will be developed and used for the benefit of the people. A well trained and *highly motivated** teacher like Tsehaye has a lot to contribute to Eritrea's development.

Why Education is Important

The high returns on *universal primary education** are proven. Education effects *human development** and *economic growth** and is the basis of *democracy*.*

Article 26 of The Universal Declaration on Human Rights recognises education as a *basic necessity** like food, shelter and water.

The UN Convention on the Rights of the Child, agreed by 192 countries in 1989, *confirms** the right of all children to free and quality education.



Down to work (Ethiopia)

At the World Education Forum in Dakar in 2000, 164 countries pledged education for all by 2015.

Education provides people with the tools and knowledge they need to live in today's world. It is the basis of lifelong learning. It *inspires confidence** and gives the skills needed to take part in *public debate*.* It makes people more *self-reliant** and aware of opportunities and rights.

Education gives families the knowledge and skills to manage health problems, improve *food production** and childcare and plan for the future. Basic education gives girls and women greater understanding of basic health, *nutrition** and *family planning*.* Educated women marry later and have fewer children.



The blackboard is a valuable classroom tool (Ethiopia)



Reading aloud (Malawi)

Children of educated mothers are healthier, better fed and are more likely to attend and succeed in school.

Education helps to prevent the labour, *trafficking** and *sexual exploitation** of children and their use as soldiers.

It is one of the most effective weapons against HIV/AIDS and other diseases.

Life expectancy rises by 2 years for every 1% increase in *literacy*.*

An adult with a primary education earns twice as much as an adult without any schooling.

Farming can be improved through basic education. In Uganda, 4 years of primary education raises a farmer's *output** by 7%.

Education is the foundation for getting the knowledge and skills needed to participate and benefit from world markets and technological changes.

Education makes it possible for people to be informed and have a voice. It provides people with the knowledge and awareness needed to promote *tolerance** and understanding among people. In Ethiopia, women who can read and write are three times more likely to attend a meeting in their local village than women with no education.

Exercise

Debate:

“Education is the means to solving the problems in the world today.”

Barriers to Schooling

Children are not in school for many reasons. These include money, culture and the society people live in. In the worst situations these all combine, creating a barrier that not only deprives children of an education, but a whole society of a better future.



Fetching water (Kenya)

Poverty

Nearly all children that are out of school are poor. Families cannot afford to pay for their children's education and are forced to choose which child goes to school and which stays at home or goes to work. Poor children are also more likely to drop out of school because of illness, poor *nutrition** and the need to look after smaller brothers and sisters or a sick parent.

School Fees

Fees are one of the main causes of non-attendance or early drop-out. In many poor countries it can cost a month's wages or more to send one child to primary school. *Enrolments** doubled and even tripled in Kenya, Uganda, Tanzania and Malawi after these countries *abolished** school fees. Yet at least 100 countries are still charging school fees for primary education.

Child Labour*

Because they have to work many children cannot attend school. This work is mostly unpaid and it takes place within the household or on the family farm. Africa is at the top of the table for child labour at 41% (one in three children in Africa work full or part-time) followed by Asia 21% and Latin America at 17%. In Africa, population growth, weak *economies**, famine and wars have kept child labour high and school attendance low.

The International Labour Organisation estimates that 125 million children aged between 5 – 14 work full-time and another 135 million work part-time.

Most children work because of poverty. On average working children bring in about 20 – 25% of family income. About 80% of children's work is unpaid.

Gender Bias*

Girls will go to great lengths to go to school and often out-perform boys but they are left out of school for many reasons. According to *UNICEF**, every year, at least 9 million more girls than boys are not getting an education. Yet girls education is very strongly linked to other areas of human development; the health and status of children, food, water and community development.

HIV/AIDS

In Africa and parts of Asia HIV/AIDS is forcing millions

of children to drop out of school – either because they have lost their parents, they have to stay at home and look after sick relatives, or because they have to work to help the family survive. In some cases AIDS orphans are forced out of school because of the fear and *stigma** attached to the disease.

Exercise

1. What factors affect school attendance in Ireland and Europe?
2. Do you think that any of the barriers mentioned above exist in this part of the world? If yes, where and how?
3. Do you think that part-time work affects school work in this part of the world?

Livestock herding (Malawi)



Six Diseases Cause 90% of Deaths.

Most deaths from *infectious** diseases are caused by only a handful of diseases, most of which have been around for centuries, often causing more damage than wars. In the age of vaccines, antibiotics and huge scientific progress, these diseases should have been brought under control. Yet in developing countries today they kill at an alarming rate. At times - as in the recent case of SARS - they also kill at an alarming rate in the industrialised countries.



Six deadly infectious diseases account for half of all *premature deaths**, killing mostly children and young adults. These are pneumonia, tuberculosis (TB), diarrhoeal diseases, malaria, measles and in recent years HIV/AIDS.

Every three seconds a young child dies, in most cases from an infectious disease. One in five children die before their fifth birthday. Every day 3,000 people die from malaria - three out of four of them children. Every year 1.5 million people die from TB and another 8 million are infected.

Each of these deaths is a human tragedy because these diseases affect mainly children and adult *bread-winners**. Their impact on families can be disastrous. Children may lose one or both parents to diseases. The AIDS epidemic alone has left 8 million children orphaned. To make matters worse, families risk being driven into debt through lost earnings and high health care costs - trapping them in a vicious circle of poverty and ill health.

Pneumonia: kills more children than any other infectious disease. Most of these deaths occur in developing countries. Pneumonia often affects children with low birth weights or children whose immune systems are weakened by *malnutrition** or other diseases. Without treatment pneumonia kills very quickly.

HIV/AIDS: Over 40 million people worldwide are living with HIV/AIDS. There is still no cure on the horizon. Worst affected is Sub-Saharan Africa. In some countries, one in three of the adult population are now living with HIV/AIDS. In Kenya, 20% - 50% of pregnant women in some areas are infected with HIV and risk infecting their children. In many countries, *life expectancy** and child survival rates have *plummeted**. In Malawi life expectancy has dropped from 50 to around 40 years.



Doctors perform a vital role (Ethiopia)

Diarrhoea: Diarrhoeal diseases claim nearly 2 million lives a year among children under five. They are very common in developing countries and often parents don't recognise the danger signs. Children die simply because their bodies are weakened through loss of fluids and undernourished through lack of food. Diarrhoea accounts for 1.5 billion bouts of illness a year in developing countries in children under five. The problem is biggest in poor areas where there is poor *sanitation**, a lack of *hygiene** and unsafe drinking water.

Tuberculosis (TB): A disease once thought to be under control, has bounced back to kill 1.5 million people a year (and even more when combined with HIV/AIDS). About one third of all AIDS deaths today are caused by TB. TB is also a leading cause of deaths among women.

Malaria: Malaria kills one million people a year - most of them young children. Most malaria deaths occur in Sub-Saharan Africa, where malaria accounts for one in five of all childhood deaths. Women are especially *vulnerable** during pregnancy. They are more likely to die from the disease, suffer *miscarriage** or give birth to premature low-weight babies. Malaria can rapidly overcome a young child causing high fever, *convulsions** and breathing difficulties. With cerebral malaria the child lapses into a coma

and may die within 24 hours. With over 300 million cases of malaria a year a huge economic burden is placed on families and governments through loss of work, missed education and high health care costs

Measles: This is the most *contagious** disease known to mankind. It is a major child killer in developing countries, causing about 900,000 deaths each year. The measles virus may be responsible for more deaths than any other *microbe** because of complications with pneumonia, diarrhoea and malnutrition.

Exercise

1. Find out what are the main illnesses and sicknesses that affect people in this part of the world.
2. What is the life expectancy of people in this part of the world?
2. Do a survey of your class to find out how many different doctors deal with the health of your class group.
4. What hospitals and health facilities are in your local area?
5. What are the most important issues to ensure good health for you and your classmates?

Face to Face with Disease



Tackling childhood disease must be a priority (Uganda)

There are a lot of issues to be outraged about as the years pass by in the new millennium. These must be addressed immediately, and include issues such as how rich countries ignore poor countries, and what happens to the people's health as a result; how development aid and health care support is not working; how governments and donors hide behind a shield of money without tackling the root causes of disease; and the number of children dying from *preventable diseases*.*

What is particularly upsetting is that the solutions are very simple. "We have *globalised** everything except the health of populations" says Dr. Debarati Guha-Sapir, a *specialist** in health systems and operations research at the University of Louvain in Belgium. "The globalisation of disease is a very real threat that just about everybody is ignoring. The world is too small. We cannot afford to ignore diseases. The west is slowly realising that the threats posed by poverty and poor living conditions in developing countries are its business."

We have the technology and the know-how to prevent diarrhoea and measles, the diseases that kill children. Yet every day, 3,000 children die of diarrhoea in Africa. These deaths could be prevented by *oral rehydration**, consisting of salt, sugar and water, which costs next to nothing, but diarrhoea remains the biggest killer of children.

Politicians apply band-aids but we need a global response. It is easier to throw money at a problem and try to cure it than it is to try and prevent it happening, which is much more difficult and *less visible*.* Prevention does not attract *media coverage*.* The solution lies in making the prevention of childhood diseases a *priority*.*

Shipping vaccines and medicines is much easier. It creates profits for drug companies and the "feel good factor" for donors.

Risk assessment, what people are likely to be ill of, is the key to a proper health plan and it is different everywhere. Problems arise at community level and this is where the answers must be found. A typical response is to build hospitals, but most people need simple health care and *outreach services** available in their villages and towns. It is mostly the rich who use hospitals and people living in *urban areas*.* It is a political decision to provide health care at

community level.* All over the world the quality of health care is about politics influenced by *commercial interests*.* The balance tips in different ways.

This balance of health care and commercial interests is likely to be the single biggest challenge in the battle against disease in the years ahead.

Questions

1. How do diseases in poor countries affect us in this part of the world?
2. What is meant by "Politicians apply band-aids"?
3. Why are hospitals considered to be for the rich?

Worksheet 1

1. Healthcare
 - a) Survey number of doctors in your area.
 - b) Survey number of medical visits made by your class this term.
 - c) Survey those in class vaccinated against measles, etc.
 - d) Survey number of pupils / members of family taking antibiotics.
 - e) Survey cost of basic medicine and where available e.g. diarrhoea.
 - f) Survey the number of people whom you know have one of the 6 diseases listed on page 12.
 - g) Research number of people taking complimentary medicines or treatments.
 - h) Visit a local health food store for information or ask a guest speaker to speak to your class.
2. Research the health value of:
 - a) Honey
 - b) Fresh fruit vs. processed fruit
 - c) Soybean products e.g. tofu
3. T.B. (Tuberculosis) - Ask your parents or grandparents about tuberculosis in their area.
4. Though your SPHE class have a debate on the issues that are important to teenagers in Ireland and whether these have any place in the lives of people your age in Africa.

Suggested topics -

 - Body image
 - Substance abuse
 - Stress
 - Diet

or any other topic suggested by this book.
5. Education
 - a) Do a survey of your school resources and personnel and compare to a typical African school. Suggested headings - No. of teachers, pupils, classrooms, specialist rooms, hygiene and health facilities, administration and support staff, budget from Dept. of Education and Science, distance travelled to school and means of transport, etc.
 - b) Do you think that the curriculum and methods used in your school are relevant to African teenagers?
 - c) Have group work sessions on the relevance of your text books to an African school.
 - d) Why would your text books not be suitable for use in an African school? Consider content, language, examples, photos, etc. in your evaluation?

Kenya

Kenya did not exist as a single country until it was drawn on the map by the British in 1895. It became independent on 12 December 1963. Its first president, Jomo Kenyatta, had been released from prison only 2 years before. He managed to keep the *tribal tensions** under control. He founded the Kenya Africa Union (Kanu) which became the *sole party** until 1991 when opposition parties were *legalised*.*

KANU was successful in keeping peace for all Kenyans, but the country is a collection of different peoples from different areas, rather than a united nation.

One of Kenya's biggest problems is its population growth, which has increased by over 3% per year, one of the highest rates in the world. If this continues the population will double ever 20 years. Half of Kenya's population is under 15 years old and huge numbers of jobs need to be created.

There is not enough land to grow food. Only 18% of the land is *arable*.* 75% of the people live in the south-west region. *Intensive farming** is one answer but this will create environmental problems. Some of the best land in Kenya is still given over to growing tea and coffee for the European market while African farmers still scratch out a living on small plots of land.

The south west is Kenya's most fertile region and today maize is the main food crop grown there. The rest of the country is very *arid*.* In the east there



is a lot of scrubland and desert, divided by the country's largest river, the Tana. The north west is also dry but this includes Lake Turkana.

Many Kenyans *migrate** to towns that are growing but still almost 80% of the population live off the land. Some of the bigger farms have been taken over by the government and given to local

co-operative movements so that small rural communities can continue to work the land and support life in these areas. Agriculture provides 65% of exports. Kenya does not have large *mineral deposits** and the country has only limited *hydroelectric potential*;* for most people the only fuel available is wood.

Kenya has become more famous in recent years as a tourist resort. Large areas of the country have been given over to wildlife parks and hunting has been banned. Almost 500,000 people a year visit these wildlife parks. This growing tourist industry provides valuable *income** and creates jobs for the growing population. The challenge will be to make sure that the

demands of this industry and the need to create more and more jobs do not lead to over development and destruction of the country's natural beauty and precious assets.*



Case Study 2: Self Help in Kenya

Kenya ranks 134th out of 173 countries in the UNDP *human development index**, slightly above those countries ranked in the low *human development category*.* The population of the country is approx 30 million, most of whom live in the more fertile central and western regions, of which 50% are living in poverty.

*Income distribution** within Kenya is very unequal with the poorest 20% of the population having 4.5% of total income, and the richest 20% having 56% of total income.

The shortage of *arable land** in Kenya is a major obstacle to increasing food production. Self Help's involvement with Kenya began through support provided under a *micro-projects** scheme that later developed into a programme of its own. The focus of activity is now on Kamara and Lare divisions in Nakuru district, approx 150 km north-west of Nairobi. Self Help works through a local partner, Baraka Farmers College, which is run by the Irish Franciscan Brothers. The college trains students and farmers in *sustainable agriculture technologies**, but until 1997 it did not have any formal way of testing the extent to which these technologies were actually being adopted.

As a result, an extensive *outreach programme** began in 1997 *focusing** on *integrated development** through the promotion of efficient farming, *rural enterprise**, *rural industrialisation**, and social and cultural activities. The emphasis is very much on developing the skills and knowledge of the local people to ensure *sustainability**. Activities include training in fruit growing, marketing and savings and *credit*;* *artificial insemination*;* beekeeping; and HIV/AIDS prevention and care. There is a lot of potential for beekeeping in Kenya, as the local market is dominated by imported varieties of honey.

A separate beekeeping project was started in 2001 to promote bee-keeping in Kenya and provide a model of good practice in other parts of Africa. A study of the beekeeping industry in Kenya was carried out which found that, apart from the shortage of supply, there was *underproduction** of bee products in comparison to *capacity**, there was a lack of standards in the industry with many *imitation products** on the market, and most beekeepers received almost no practical help at farm level. *Co-ordination** at *national level** was also poor.

This study formed the basis for an outreach programme that involves awareness raising around the country on the potential of beekeeping, training of local people in beekeeping skills, improving honey quality, developing marketing opportunities and *capacity building*.* The project has had a major role in the setting up of a new national organisation, the Kenya Honey Council. At national level, the project is working with the Kenyan Government in a particularly important *initiative** designed to secure *access** for local honey products to the European Union market.



Kenyan honey is highly regarded (Kenya)



HIV/AIDS feeds off gender inequality (Ethiopia)

The New Face of HIV/AIDS: Young and Female

Girls and women are especially at risk from *HIV infection** and to the *impact** of AIDS. World-wide more than half of the people living with HIV are female. Girls are at very high risk of infection. This is especially true in Sub-Saharan Africa, the region hardest hit by HIV/AIDS, where two out of three newly infected 15-24 year olds are female.

For young people between the ages of 15 and 19, five girls are infected for every boy in the worst affected areas. Grinding poverty, along with a lack of education, increases the chances that girls and women will sell sex as their only *economic option.**

HIV/AIDS feeds off *gender inequality** and it also increases it. Before the arrival of AIDS, girls were already less likely to go to school than boys. Today, children are being pulled out of school to care for their AIDS affected families. In Kenya, for example, 70% of these *caregivers** are girls. Girls who are out-of-school are cut off from the life saving information and don't learn skills to help earn money for themselves.

Schools are the best defence against HIV infection. Girls who stay in school have greater knowledge of *HIV prevention** and a greater understanding of HIV testing. Schools offer the best means to deliver information for prevention as well as long-term *social skills** that help protect against infection. Girls need to be in school, and they must also grow up

in *environments** that protect and *safeguard** them against violence, abuse, *exploitation** and neglect.

*Legal protection** for girls must be strengthened. Women's rights to inherit property must be guaranteed, violence against girls and women must be ended and women must have fair *access** to HIV treatment, care and prevention services.

Men and boys must take responsibility for their actions. Men and boys must not *tolerate** violence against women and girls. They must not take part in behaviour that puts women at risk. And most of all men must be *committed** to educating their daughters.

Questions

1. Give examples to show that women/girls are more affected by HIV/AIDS.
2. How does "lack of education and being out of school" increase the risk of HIV infection?
3. What is "care-giving"?
4. Give 3 ways that men/boys can improve the situation for women/girls.

Education and HIV

A report by the Global Campaign for Education released in April '04 states that 7 million cases of HIV could be prevented in a decade if all the children in the world completed primary education. New research shows that young people (15–24 years) who completed primary education are 50% less likely to *contract** HIV as compared to those missing an education. It reveals that by improving knowledge and changing behaviour, universal primary education would prevent 700,000 cases of HIV each year, about 30% of all new infections in this age group.



Improved knowledge can help fight AIDS (Ethiopia)

Questions

1. How does missing school affect a child's health?
2. Can you give reasons why so much money is spent on weapons instead of education.
3. Give two examples of how education reduces the risk of getting Aids.

In spite of the huge impact that education could have in the fight against AIDS there are still over 100 million children missing school. Without urgent action it will be 150 years before every child in Africa is able to attend school.

The UN estimates that it would take an extra €5 billion in aid per year to *ensure** that every child could go to school, which is the *equivalent** of just 3 days *global military spending.** For the price of a stealth bomber (€600 million) you could solve the education crisis in 10 of the world's poorest countries and get 5 million children into school.

Education gives knowledge and power to people.

- *Literate** women are three times more likely to know that a healthy looking person can have HIV, and four times more likely to know the main ways to avoid AIDS.
- In Kenya, 17 year old girls still in school were 4 times less likely to contract HIV than those who were out of school.

- Studies in 11 countries showed that educated women knew that the use of condoms provided protection from AIDS.
- Globally, about one third of those living with HIV/AIDS are aged 15-24, and the majority of new infections occur in this age group.
- In Uganda, HIV rates were cut from 15% in 1990 to 5% in 2000. Free primary education played a huge role in this change. The government estimates that 10 million young people receive AIDS education in the classroom.

Dr. Peter Piot, UNAIDS Executive Director emphasised at the press conference to launch the UN Conference on Aids in Bangkok, Thailand in July 2004: "There is no time to spare, infections in Africa continue to increase and people are dying in large numbers. Steps must be taken to stop the spread of this killer disease. The first step is education."

HIV/AIDS Strategy

In 2004 Self Help rolled out a plan to respond to the huge threat of HIV/AIDS in Sub-Saharan Africa. HIV/AIDS programme co-ordinators* have been appointed in Eritrea, Ethiopia, Malawi and Uganda and all Self Help staff attended training workshops to promote a clear understanding of the complex issues* which surround the disease.

Self Help decided that HIV/AIDS should be treated as an issue that affects all aspects of the work in Africa. It is a huge threat to progress and cannot be seen as a health issue only.

The impact of HIV/AIDS is already catastrophic* in Sub-Saharan Africa, which accounts for 75 per cent of the world's 55-60 million victims – although it is home to little more than 10 per cent of the world's population.

'We do not have the huge funding needed to dispense costly anti-retroviral (ARV) drugs to the victims of HIV/AIDS in our country', says Ugandan co-ordinator Misaka Okotel, 'but we can help in many other ways'.

These include an education programme to remove the stigma* which is associated with the disease, support for the orphans and the families of HIV/AIDS victims and an education campaign to prevent the further spread of the disease.

HIV/AIDS co-ordinator in Malawi Sosten Chilumpha says that they are working with the Ministry of Health on the programme, and emphasis is placed on helping the most vulnerable* – the victims, the elderly, the families and the many orphans of those with HIV/AIDS.



International AIDS day (Ethiopia)

Sosten said that there is a clear connection between mortality rates* from HIV/AIDS and poverty, and that in Malawi they found that victims who had three meals a day were living much longer with HIV/AIDS than those with the disease who were living in extreme poverty. Developing crops that are less labour intensive,* or are more protein rich, are highly beneficial to families affected by the disease.

Self Help in Ethiopia has set up a series of highly successful 'HIV/AIDS Clubs' – who use song, dance and drama to

deliver an AIDS-awareness message to rural communities.

'You must remember that many people cannot read or write, have no electricity in their homes so they do not learn about the disease from radio or television, and are generally in the dark when it comes to understanding how HIV/AIDS can be transmitted,* and prevented. Our groups dramas and presentations on market days inform people about the disease and how to prevent it spreading, and also encourage people not to be afraid of people who have this terrible illness', says Self Help's Ethiopian HIV/AIDS programme co-ordinator Girma Seiuf.

Girma says "We plan to bring HIV/AIDS awareness programmes to one million people over the next three years, provide counselling* and testing to more than 5,000 people, buy testing equipment for local health clinics and centres, provide education and referral services to more than 600 commercial sex workers and care and support to 1,500 people living with AIDS, their orphans and affected family members."

Questions

1. Show how HIV/AIDS is a much bigger problem in Sub-Saharan Africa than in any other part of the world.
2. How does poverty speed up the development of AIDS?
3. Why is it necessary to use songs, dances and drama to give an AIDS awareness message?



Students attending Ethiopia's main university are warned of the dangers



Building collapses but blackboard remains (Malawi)

No School for 100 Million Children

Worldwide it is estimated that 104 million children are not enrolled in primary school. This means that about 14% of the world's children are not getting a basic education. About two-thirds of them are girls.

Almost all of the out-of-school children live in developing countries, and most (73%) live in Sub-Saharan Africa and in South and West Africa. These are the poorest regions, with a large *proportion** of the population living on less than €1 per day; they are also the countries with the largest debts.

Despite many obstacles, progress is being made. Overall, the number of out-of-school children fell by 4% between 1990 and 2000 and the total *worldwide enrolment** in primary education increased from 596 million to 648 million over the same period. The highest increases occurred in Sub-Saharan Africa (38%) and in South and West Africa (19%). These are very poor regions with very high rates of out-of-school children e.g. over the same period the number of African children not attending school increased by 17%, partly because of high population growth.

Globally, girls' enrolments have increased faster than boys, but Sub-Saharan Africa is still the region with the highest number of out-of-school girls (23 million) and South and West Africa is close behind (21 million).

Over 150 million children in the developing world do not complete five years of schooling, the minimum needed for *literacy*.* 40% of children who enroll drop out, and only 25% of boys and 14% of girls go to secondary school.

Of 155 developing countries, 66 countries have achieved, or are on track to achieve, *universal primary education** by 2015. The other 89 are unlikely to achieve this goal over the next decade, according to a recent World Bank report.

At present rates of progress 100 million children will still not be enrolled in primary education by 2015.

Many children are required to work from an early age (Ethiopia)



Exercise: Collage.

1. Get a copy of a world map from your atlas.
2. Cut out pictures from magazines, newspapers and old books showing children from different parts of the world.
3. Paste or glue these onto the world map leaving blank spaces to show the number (or percentage) of children from each continent who do not go to school.
4. Put the title "No school for 100 million children" in big bold letters on top.

Nursery School in Kenya

Silas Karanja is a teacher at Kiriri primary school. He is a man with a vision and a mission. Silas saw that the pupils needed to be able to include issues from their everyday lives into the *curriculum*.* Many of them spent a couple of hours each day getting firewood for their families. One of the big problems is that the rate of *deforestation** in Kenya is alarming and that each year the distances people have to walk on a daily basis in search of firewood is increasing by an average of one mile. Unless action is taken at a local level the people will run out of fuel within the next 10 years.

Silas set up a school *nursery** in 1997. Thirty students each year volunteer to participate in the forestry and tree-planting programme. Classes are held after school so the pupils are giving up their free time to participate in this programme. Silas teaches them about the importance of planting trees, giving them the knowledge and skills needed to make sure that the trees will grow and provide the timber and other products that they use on a daily basis. He has brought in some of the elders

from the local area to teach the pupils about how they use the trees for medicines and *traditional cures*.*

He also shows them how to do the important work of collecting, storing and saving the seeds of local trees and plants to make sure that these continue to grow and are part of the *landscape*.* There is a big market for the young plants and trees from the local farmers who need shelter for their crops, protection for the soil and food for their animals.

They also care for the trees that grow in the school grounds. The students care for an average of 1,500 *seedlings** a year. Many of them have started home nurseries.

Silas knows that the future depends on the knowledge and skills gained in the classroom from the books and outside from the people and the land. These home nurseries will help to give an income to poor families, provide jobs locally and make sure that the environment will be protected.

Exercise

1. Find out about the trees that are native to Ireland.
2. Organise a class project to collect seeds from these local trees and plants.
3. Plant the seeds and sell the seedlings to the local community.
4. Donate the profits made to Self Help for use in forestry programmes in Africa.



Women gather firewood for sale (Ethiopia)



Anything can be grown under the right conditions (Malawi)

Beekeeping

The Baraka College (Kenya) *beekeeping extension project** promotes* beekeeping as a means of making money and providing an *income** for families. The Kurungu Beekeeping Group are amongst those who have been working successfully on the scheme.

Communities in remote areas of Kenya have been given the training and skills needed to keep bees and add to the *family income** from the sale of honey.

Lejilia Lepulelei and Lokurasai Lenguyeyo are two members of the Kurungu Group to have benefited, and both are now harvesting in the region of 500 kg of

honey a year from the ten *traditional log hives** which they own and manage.

Thanks to the profits made from his honey production *enterprise** Lejilia Lepulelei has started buying and selling goats, a business activity which has produced more profits for the local man.

Lejilia says that beekeeping has given him a vital source of money, and that in comparison to other farmers in the area who have been forced to sell cattle when money is scarce, honey sales have managed to keep him afloat in difficult times. And he reckons that everyone benefits, as the people who buy his honey enjoy the benefits of a welcome additional source of *protein** and *nutrition** for themselves and their families.

Beekeeper training at Baraka College (Kenya)



As busy as bees (Kenya)

Soybean* Could Help Combat Disease



Food can be a weapon in the fight against disease (Uganda)

The most important concern for people throughout the world is a regular *secure supply** of food. People who make a living from growing crops are doubly affected when a person in the household falls ill. They lose the labour of the person who falls ill so they produce less food and yet they must have enough money to buy the medicines needed for the person who is ill so that they will recover.

It is very important to find sources of food and nutrition that do not require so much work or can be bought cheaply in the local markets. HIV/AIDS has made this into an urgent issue to be dealt with at international level.

Dwain Ford of the American Soybean Association says "We believe that agriculture and food industry leaders can and should play a key role in responding to the *HIV/AIDS scourge**".

*Protein** needs of infected people jump 50 to 100% higher than normal levels. Soy is well-suited to meet many of the food and *nutrition** challenges faced by people with the disease. Even when taken in small amounts, soy can be ideally suited to help nutritional needs. Soy comes in many forms, which makes soy-based foods one of the easiest ways to increase protein in locally preferred diets.

Soybean leaders formed WISHH (World Initiative for Soy in Human Health) in

2000 to build bridges with those countries where rapidly growing populations of all incomes could benefit from soy in their diets.

"We care about people who don't have enough food right now, and we recognise that the developing countries of today are tomorrow's customers of soy. Our hearts for *humanity*,* coupled with our heads for business, must drive our response to the HIV/AIDS scourge."

Food aid plays a vital role in responding to HIV/AIDS, according to James T. Morris, executive director of the World Food Programme. The first thing that poor families affected by AIDS ask for is not cash or drugs, it is food. Food can be one of the weapons in the *arsenal** against this disease," he says.

Global leaders are now recognising the importance of good nutrition in combating the disease.

Exercise

1. Look at the "Food Triangle" and identify the sources of protein in your diet.
2. Can you identify any soy products in your local supermarket?
3. Identify what parts of the world the following food items come from:

tea, coffee, bananas, kiwis, pasta, rice, sugar, chocolate, potatoes, soybeans.

Worksheet 2

HIV/AIDS

1. This problem is a pandemic. What does this mean?

2. Schools in Africa play a vital role in creating awareness of the problem and possible solutions to the HIV/AIDS pandemic.

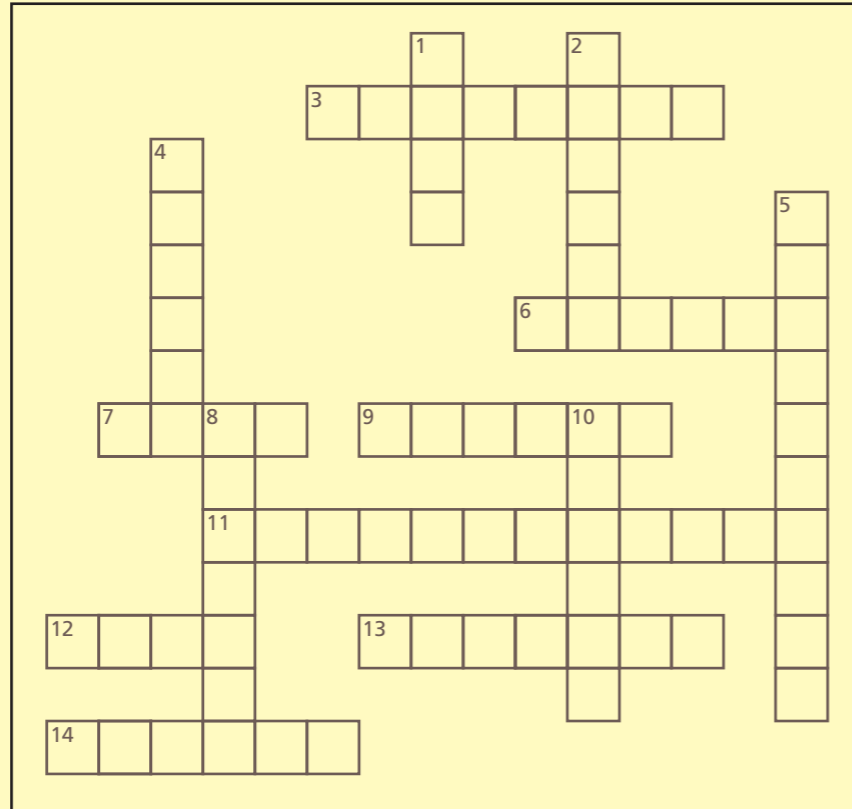
a) Have a debate on the role of your school in trying to solve the health and welfare issues of young people in your community.

Or

b) Does your school promote gender equality through subject choices? Can this issue be fairly dealt with if your school is a single-sex school? You might begin by surveying Leaving Certificate students and their subject choices. Are boys and girls different in their subject choices?

Health & Education Crossword

(based on information on pages 16-29)



Across

3. Not euro
6. Largest ethnic group
7. Longest river
9. District 150km NW of Nairobi
11. 12th Dec. 1963
12. _____ Kenyatta died in 1978
13. Northern country
14. Ocean to the east

Down

1. Great valley
2. Present president
4. Franciscan College
5. Not first highest peak
8. Capital City
10. Santa's helper's lake

Butajera Hospital

The *construction** of Butajera Hospital in the Mareko region of Ethiopia is the single most costly *financial intervention** by Self Help in Ethiopia. It is also one of the organisation's most successful projects.

Serving a population of approximately 1.5 million people, the 100 bed Butajera Hospital is fitted out with operating theatres, x-ray facilities and a *maternity** unit. There are plans to extend the *range of activities** at the hospital with the introduction of a training centre for health care workers. These workers can then travel out to the remote villages and provide basic health care for people who would have difficulties with transport and time to go to the hospital. Self Help helped to build Butajera Hospital. It became very clear after talking to the local people and with officials from the Ministry of Health that there was a desperate need for such a hospital in the region.

The *local community** played a key role in the project too – providing a site for the hospital and much of the *labour** for the project as well.

Butajera Hospital is one of a wide range of health care activities of Self Help Development. These include the building of health posts and health care centres, the training of health care assistants and *maternity staff**, providing health education, and setting up drug refund schemes at their projects in Ethiopia and elsewhere in Africa.

HIV/AIDS programmes have also been *integrated** into all of Self Help's African Programmes.

Exercise

1. How is the hospital a place where people learn?
2. Find out how many hospitals are in your local area and what population they serve.
3. How did the local people influence what happened and how did they contribute to the project?

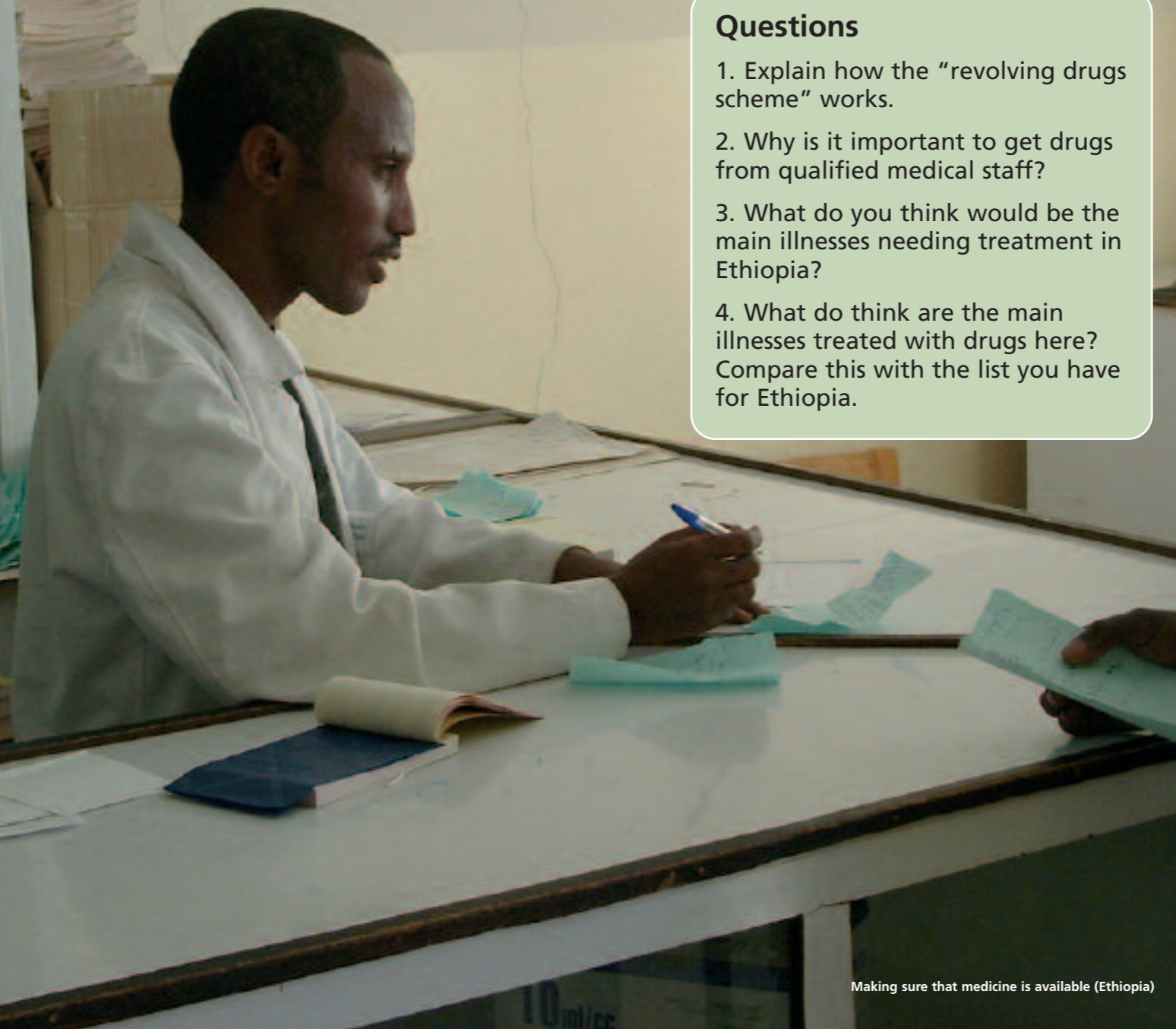
Building blocks to a better future (Ethiopia)



Revolving Drugs Scheme

A new system of supplying and giving out drugs supported by Self Help Development International in Ethiopia has helped health centres in the country to remain stocked with vital medical supplies.

Revolving drug schemes have allowed health centres and clinics in Ethiopia to keep up stocks of medicine, and makes sure that patients get drug treatments when they are needed.



Questions

1. Explain how the “revolving drugs scheme” works.
2. Why is it important to get drugs from qualified medical staff?
3. What do you think would be the main illnesses needing treatment in Ethiopia?
4. What do think are the main illnesses treated with drugs here? Compare this with the list you have for Ethiopia.

After meeting with local community representatives, Self Help has set up a series of revolving *drug dispensaries** at health clinics within it's Ethiopian project areas.

In Meki Health Centre in the Sodo District of Southern Ethiopia, Self Help's representatives heard that the amount of drugs available from the Ministry of Health was far short of what was needed, and that the €8,000 spent on medicines every 3 months was often used up within a matter of weeks.

'Although there is a fully staffed clinic in the town, the local community found that it often ran out of its stock of *prescription drugs*.* As a result the people were going and paying out huge prices for drugs from local *profiteers** – without knowing whether the medicines they were buying were suitable for their illnesses', explains Self Help's Hailu Gebre-Mariam.

Self Help set up its pilot revolving drugs scheme at the Meki Health Centre, appointing qualified medical staff and buying €10,000 worth of drugs for sale to the public at fractionally above the purchase price.

'The scheme has been a huge success since the start, with all of the money made from the sale of drugs going directly into the administration of the scheme, and into buying replacement drugs', explains Health Centre director Atto Taye. 'Not only has it kept the Meki Health Centre stocked with medicines, but it has also made sure that drugs are given out by people with the *appropriate qualifications*'.*

Making sure that medicine is available (Ethiopia)

Community Action for Education

Hailu Gebre and his wife Abeba are members of the village Community Education Committee in Dodota, Ethiopia. Hailu is also a member of the farmer's co-op and Abeba is a member of the Women's Savings and Credit Group. In the spring time they received help from Self Help Development International in the form of a loan to buy *high yielding seeds** for maize and *sorghum*.* Abeba also got *credit** to buy some Nera hens, a breed which gives lots of eggs and has strong resistance to disease.

The loan and credit have allowed Hailu and Abeba to send their children to school, rather than involving them in the hard work of farming that they would have known themselves as children.

Abeba says, "I am very happy to see my children go to school. They are learning to read and write. I am very proud to see my children write, soon we will be able to send and receive letters from our relatives who live in different parts of the country. In this village almost all of the elders cannot read or write. We did not have the opportunity to go to school."

Hailu adds, "By learning and going to school we are setting them on the road to a better future. Now that the children are going to school we can *concentrate** on making a living from the land. Families have no *security** except their children. I strongly believe

that our children's education will help end poverty and disease."

Abeba explains, "In the past we had no school and some of the villagers left for the sake of finding a school for their children. The school is the result of a request by the community. We saw the need and we helped to build it. Not only do our children get the chance to go to school but as a member of the Savings and Credit Group I go there with the women of the village to learn to read and write. I feel a better and stronger woman as a result. All our members and the village community feel richer because of it. Education will help us build a stronger and better future for us all. Our children will not grow up in darkness like we did. Education is the torch that will light the future."

Exercise

1. Interview your parents, grandparents, relatives and friends to discover how school life has changed.
2. Give ten benefits of going to school.

Communities put great value on their children's education (Ethiopia)



Project Profile - High School



Working together (Ethiopia)

The *construction** of a high school at Dera was not on the agenda when Self Help started their Dodota Project in Ethiopia in 1999.

After talking with *local community leaders**, Self Help changed their plans to build two primary schools, and went instead with the will of the community and built the town's first secondary school. For 20 years the local community had been *lobbying** for a high school, and in 2001 that became a *reality** when Dera High School opened with 350 students. It has grown

steadily each year since then, and the 20 teacher school now educates just over 1,000 pupils aged from 14 to 30 years.

'Before this school was built the students had to travel either to Nazereth, 25 km from here, or to Asela, which is 50 km away if they wanted to continue their education after primary school', explains Dera High School director Yadasa Gonfa. 'Because of this not many young people from this area had the chance to go to school'.

The construction of the new High School in Dera was a real combined effort. The local community contributed to the project by providing the school site, *labour**, and a budget of approximately EB15,000 (Birr, money in Ethiopia, EB10 = €1) towards the cost of the work, of materials, and of

furnishings for the new school. Self Help provided the major part of the money needed for the construction work and for the furniture and equipment supplied. The local education bureau took charge of the building once it was completed, and provided administrative and teaching staff to Dera High School.

The school buildings include eight classrooms, an administration block, a teaching centre, library and two laboratories. Because of the large number of students attending the school, classes are held in *shifts** - with different groups of students attending for morning and afternoon classes.

Plans to build a further high school were included in Self Help Development International's plans for their new Alemtena Project, which started in the Eastern Showa region of Ethiopia in 2004.

Questions

1. Show how the "will of the people" changed the plans.
2. Why do you think that the age of the students is so high in this school?
3. How does the "shift system" help to cope with the number of students in the school?
4. Compare the number of rooms, laboratories etc in your school to those in Dera.

The Shepherd Boy at School

This is a short story from Ethiopia. It is in the great tradition of stories that tell of the wisdom and common-sense of people who lead simple lives, have a love of nature and an understanding of the world around them.

Once there was a shepherd boy who started going to school. He found his lessons very difficult and the hardest one of all was Maths.

"Take 3 from 5", said the teacher. "What's the answer?"

The boy shook his head.

"What's 4 minus 2?" asked the teacher. "You must be able to do that one". But the boy couldn't.

"Well," the teacher said. "Here's an example that you ought to understand. Say you have five sheep in your flock and one of them runs out through a hole in the fence. How many will you have left?"

"That's easy," the shepherd boy answered. "I won't have any left."

"How can you be so stupid?" answered the teacher.

"I'm not stupid!" said the boy. "I don't know much about Maths, but I know all about sheep. If one goes out through a hole in the fence, all the others will follow!"

Exercise

Draw or paint a picture/poster to illustrate this story.



Tending livestock (Kenya)



World Debt

1.2 billion people in the world today live in extreme poverty. The single biggest cause of poverty is World Debt. Forty of the poorest countries (e.g. Ethiopia, Ghana, Kenya, Malawi) owe huge amounts of money to the governments and banks of the richest countries (e.g. Britain, United States, France, Germany and Japan).

At the end of 2000, countries in Africa owed a total of €280 billion, that means every man, woman and child in Africa owes €490 to the rich countries. In Kenya the average income per head in 2000 was €375, in Ethiopia it was just €270.

Because of the amounts of money poor countries have to pay to rich countries each year, the poor countries do not have enough money left to spend on vital services that greatly help to reduce poverty - things like hospitals and schools.

When people fall ill they are unable to work. In poor countries there are no sickness or unemployment benefits.* They are unable to work so they lose income* and they become poorer. There are not enough hospitals or doctors and people do not have the money to pay for medicines. In Malawi there is one doctor

for every 50,000 people, in Ireland, Britain and France there is at least one doctor for every 500 people.

Some people are poor because they lack knowledge and skills. Education would solve this problem, but there are not enough school and teachers so the people remain trapped in poverty. In Ghana 35% of the people are illiterate,* in Ethiopia 43%, in Burundi it is 65% and in Burkina Faso it is 81%.

Poor countries had to cut back on health and education so that they could spend more money repaying their debts. Kofi Annan, United Nations Secretary General pointed out that many African countries spend up to 40% on debt repayments.* Sub-Saharan Africa spends twice as much repaying debts as it does on health and almost as much as it spends on education.

Debt affects us all.

Natural products provide the main source of income for many poor countries, and timber is a major means of income to repay debts. As a result, deforestation is a major issue. It also contributes to global warming, so we need to slow down the rate at which we cut down trees. If debts were cancelled, then forests could be managed in a more sustainable way.

Poor countries become desperate to earn an income and in some cases have started growing drugs to make money. These drugs find their way into rich countries and create huge problems with crime. If farmers could use their land to grow food for the people in their own countries then two problems could be solved at the same time, i.e. a secure food supply in poor countries and less drugs and crime in rich countries.

If debts were cancelled then poor countries would have more money to spend on goods from rich countries and so create more jobs here so we would all be better off.

Exercise

1. Write a song to highlight the problems created by world debt.
2. Make a poster to raise awareness of world debt in your school.
3. Organise a campaign to write letters to politicians on the issue of world debt.



Basic simple home (Ethiopia)

Vicious Circle* Traps Ethiopians.

In 2002 Ethiopia was once again threatened by famine. 14 million people were starving. The crisis was mainly caused by *drought*.*

Fortunately the international aid system delivered food and *mass starvation** was avoided. *UNICEF** feeding centres* treated *malnourished** children and their mothers. Unfortunately the problem is not solved and the roots go deep in a country where there is hunger amid *abundance*.*

The green landscapes after the spring rains hide the problems that lead to famine, which is the result of bad structures, a shortage of land, overpopulation, lack of development and vital *money squandered** on a continuing war with Eritrea over the border and territory.

The population has grown to 75 million and the land has been divided into smaller plots, but farmers lack the skills and *capital** to make it *productive*.* Those who borrowed money for seeds and *fertilisers** have been ruined by the collapsing coffee prices – which are controlled by the *multi-national** coffee companies.

When poverty deepens, *coping skills** *falter*.* No longer can your neighbour lend cash, or your cousin give *surplus** maize. Under such conditions children drop out of school – almost half never see the inside of a classroom – meaning that the *next generation** will be struggling with the same disadvantages as the present one.

Questions

1. What are the main problems preventing progress in Ethiopia?
2. How will the “next generation” be as disadvantaged as this one?
3. How does HIV/AIDS make the problems worse?

The vicious circle spins fastest in the case of HIV/AIDS. Scarce food is expensive, so the poor *skimp** on quality and quantity. A shortfall in protein speeds up full blown AIDS for those infected with HIV. As those with HIV fall ill, their treatment eats up the resources of their families.



Exercise

Organise a campaign in your school to support the sale of “Fairtrade” goods to make sure that the farmers in Ethiopia will get a fair price for their coffee.

Instead of working, Alem Eshete, 14, *tends** to his mother, Tamrayehu, 28, spooning *gruel** into her mouth. HIV and hunger are strongly linked. In southern Africa, the virus leads the famine; in Ethiopia it is the reverse. Throw in malaria and other diseases, and the result is a *chronically** weakened population. Ethiopia’s government is struggling like many other countries to deal with the problem of HIV/AIDS. More than 2 million people are infected and the number is increasing. No amount of food will make these problems go away. Feeding the hungry is only the first step on a journey longer than imagined.

Many Africans live in harsh and difficult environments (Ethiopia)

Worksheet 3: World Debt

Most Developing Countries have huge debts owed to the World Bank. To overcome this they have to sell their resources or what they own.

1. Do you have debts? Do you ever have to sell your belongings to pay off your debts? Write down what you would sell first to get money.

What would you keep until last to sell?

When there is nothing left to sell what would you do next?

Check out the U2 website to see what Bono has to say on World Debt.

2. In Ethiopia the average annual income is €270. What is your average income in a year?

What was your approx income for your Confirmation or First Communion?

Examine how you spend your money.

3. Read about the tree-nursery school in Kenya. Does your school have a policy on local environmental issues? What are the environmental problems in your local area?

Try to find out if there are local environmental groups and invite some of them to speak to your class through your CSPE programme.

What action could you take to support their work?

4. Kenya uses tourism to gain income.
a) Research what type of holiday you could have in Kenya. From brochures on other African holiday destinations, do you think you would get a true picture of these countries by going on one of these holidays? Explain with photos and facts from holiday brochures. Who do you think benefits most from this type of tourism?

b) What is Ecotourism?

Cross-Curricular Approach

SCIENCE	GEOGRAPHY	ECONOMICS
Study of diseases and viruses	Spread of wealth in the world and how this correlates to education.	Impact and cost of poor health or bad habits on economy e.g. smoking
HIV/AIDS	Spread of disease e.g HIV and economic status of countries.	Importance of education to economic development e.g. Celtic Tiger
Inventions that helped health e.g. thermometers	Levels of education and location of industry around the world	Why "sweatshops" are located in poor and developing countries.
Development of medicines e.g antibiotics and their huge effect on treatment of illnesses.		
Herbal remedies		
Traditional cures.		
ART	MUSIC	ENGLISH
Collage of images of happy, healthy people from all around the world	Music used in ads for food.	Debate on "Health is Wealth"
Study of artwork and images used in school books.	Write a song about school life	Study role of illness in literature
Advertisements aimed at young people		Movies/Videos showing role of teacher e.g. "Goodbye Mr. Chips", "Finding Forrester", "Tom Brown's Schooldays"
GAEILGE	MATHS	HISTORY
Scoileanna cois claí	Ratios of people and health facilities	Penal laws and education in Ireland
Nósanna agus leighis traidisiúnta in Eirinn	Ratios of people and educational facilities	Social change and development of education systems in Europe
Scéalta faoi scoil e.g. "Jimín Mháire Thaidhg" ar scoil	Study of OECD report for health and education in Europe	Impact of colonisation on Africa
	Census figures showing population growth/decline and impact on economy	

Glossary

Abolished	<i>got rid of</i>
Abundance	<i>plenty</i>
Access	<i>able to get</i>
Appropriate qualifications	<i>proper and recognised knowledge of facts</i>
Arable	<i>can be cultivated</i>
Arable land	<i>land for growing crops</i>
Arid	<i>dry</i>
Arsenal	<i>stock of weapons</i>
Artificial insemination	<i>injecting semen into female animals</i>
Assets	<i>properties, valuables</i>
Autonomous	<i>independent</i>
Basic necessity	<i>needed for life</i>
Beekeeping extension project	<i>ways to help people in rural areas learn about beekeeping</i>
Bread-winners	<i>people in households who earn money for family</i>
Capacity	<i>ability</i>
Capacity building	<i>build up skills and knowledge</i>
Capital	<i>money to start business</i>
Caregivers	<i>people who care for sick people</i>
Catastrophic	<i>disastrous</i>
Child labour	<i>work by children</i>
Chronically	<i>very badly affected</i>
Commercial interests	<i>issues that concern business</i>
Committed	<i>dedicated to work</i>
Community level	<i>at village and local level</i>
Complex issues	<i>many sides to the issue</i>
Concentrate	<i>pay more attention to</i>
Confirms	<i>makes sure</i>
Conservation	<i>preserving</i>
Construction	<i>building</i>
Contagious	<i>easily passed on illness</i>
Contract	<i>pick up illness</i>
Convulsions	<i>muscle spasms in illness</i>
Coordination	<i>working together</i>
Coping skills	<i>able to deal with</i>
Counselling	<i>giving advice</i>
Credit	<i>loan of money with schedule to repay</i>
Curriculum	<i>range of subjects</i>
Debt repayments	<i>paying back debts</i>
Deforestation	<i>cutting down forests</i>
Democracy	<i>system of government where people choose representatives</i>
Diversity	<i>a wide range or variety of things</i>
Drought	<i>no rain for a long time</i>
Drug dispensaries	<i>places where medicines are given out</i>
Ecological conditions	<i>conditions for things to grow</i>
Economic growth	<i>increase in money business and industry in a country</i>
Economic option	<i>choices for business</i>
Economies	<i>systems of business and industry in country</i>
Enrolments	<i>number of pupils in schools</i>
Ensure	<i>make sure of</i>
Enterprise	<i>idea for business</i>

Environments	<i>nature, plants animals etc in a country</i>
Equivalent	<i>equal to</i>
Erratic rainfall	<i>irregular rain</i>
Evaluation	<i>measure the value or success of</i>
Exploitation	<i>abusing rights and abilities of people</i>
Falter	<i>make mistake</i>
Family planning	<i>making decisions about having children</i>
Farm inputs	<i>seeds, fertilisers etc needed to produce crops and food</i>
Feeding centres	<i>centres where food is given to people</i>
Fertilisers	<i>chemical and natural materials to help plants grow</i>
Financial intervention	<i>money spent on project</i>
Fluctuations	<i>increase / decrease in value or growth</i>
Focusing	<i>looking at / studying</i>
Food aid	<i>helping people by giving supplies of food</i>
Food production	<i>growing crops for food supply</i>
Gender inequality	<i>unequal treatment of sexes</i>
Gender bias	<i>making decisions in favour of one sex</i>
Global Military Spending	<i>world spending on arms and weapons</i>
Global warming	<i>increase in temperature of the earth</i>
Globalised	<i>world-wide policy</i>
Gruel	<i>thick soup</i>
High yielding seeds	<i>seeds that produce large crops of food</i>
Highly motivated	<i>very keen and interested in</i>
HIV prevention	<i>stopping spread of HIV infection</i>
Horticultural	<i>growing plants</i>
Human development category	<i>level of human development</i>
Human development index	<i>information showing state of growth/progress of people lives concern for welfare of people</i>
Humanity	<i>concern for welfare of people</i>
Hydroelectric potential	<i>able to generate electricity using power of water</i>
Hygiene	<i>keeping clean</i>
Illiterate	<i>not able to read or write</i>
Imitation products	<i>goods made to look like well known brands</i>
Impact	<i>effect of</i>
Income	<i>money earned</i>
Income distribution	<i>how money earned is divided out</i>
Independence	<i>freedom</i>
Infection	<i>affected by germs</i>
Infectious	<i>likely to pick up germs</i>
Initiative	<i>able to take responsibility and start things</i>
Inspires confidence	<i>gives a sense of trust</i>
Integrated	<i>mixed in with other work</i>
Integrated development	<i>co-ordinated plans for growth</i>
Integrated rural development project	<i>co-ordinated plans for growth in country areas</i>
Intensive farming	<i>high input and output farming</i>
Invested	<i>money spent on</i>
Irrigating	<i>bringing water to</i>
Labour	<i>work done by people</i>
Labour intensive	<i>needing a lot of people to do work</i>
Landscape	<i>view of area</i>
Legal protection	<i>laws to protect people</i>

Legalised	<i>allowed by law</i>
Life expectancy	<i>number of years a person is expected to live</i>
Limited demand	<i>not needed by many people</i>
Literacy	<i>ability to read and write</i>
Literate	<i>able to read and write</i>
Lobbying	<i>asking people to support</i>
Local community	<i>people who live in area</i>
Local community leaders	<i>men/women who represent views of local people</i>
Log hives	<i>bee-hives made from logs</i>
Low human development category	<i>country/population with little growth/progress in standard of living</i>
Low-cost interventions	<i>ways to help that need little money</i>
Makeshift	<i>not planned way of making or doing things</i>
Malnourished	<i>lacked food and not balanced diet</i>
Malnutrition	<i>poor health caused by lack of food</i>
Mass starvation	<i>huge numbers of people who suffer from lack of food</i>
Maternity	<i>women giving birth to children</i>
Maternity staff	<i>nurses, midwives, doctors who deal with pregnant women</i>
Media coverage	<i>reported in newspapers and on TV</i>
Microbe	<i>a minute/tiny form of life</i>
Micro-credit	<i>small system of giving loans to people</i>
Micro-projects	<i>small scale projects</i>
Migrate	<i>move away from</i>
Mineral deposits	<i>metals and ores in a country</i>
Miscarriage	<i>premature birth of foetus which cannot survive outside the womb</i>
Money squandered	<i>money wasted</i>
Mortality rates	<i>how many people die within a period of time</i>
Multi-national	<i>company/organisation which works in a number of countries</i>
National level	<i>which affects or concerns all the people of a country</i>
National Service	<i>having to join the army or work for the government</i>
Next generation	<i>the young people who will take responsibility in the future</i>
Nomads	<i>people who move around, do not live in one area</i>
Numeracy	<i>able to count and calculate figures</i>
Nursery	<i>place young plants grow</i>
Nutrition	<i>health quality of food</i>
Oral rehydration	<i>mixture of water, salt and sugar given to people with diarrhoea</i>
Output	<i>amount of crops grown or work done</i>
Outreach programme	<i>able to go to remote areas to work with people</i>
Per capita income	<i>amount of money earned divided by population</i>
Pilot project	<i>test area of work</i>
Plummeted	<i>decreased dramatically</i>
Prescription drugs	<i>medicines advised by doctors to take</i>
Premature deaths	<i>people who die before expected time</i>
Preventable diseases	<i>diseases that could be stopped from spreading</i>
Priority	<i>most important</i>

Productive	<i>useful / produces goods</i>
Profiteers	<i>people who make profits from sale of goods</i>
Programme co-ordinators	<i>people responsible for working together</i>
Promotes	<i>encourages further use of</i>
Proportion	<i>amount of</i>
Protein	<i>foods like meat, eggs, cheese</i>
Public debate	<i>public discussion of issues</i>
Range of activities	<i>type of things done in community</i>
Reality	<i>real situation</i>
Reforestation	<i>replanting areas with trees for forestry</i>
Rural enterprise	<i>new work or developments in rural areas</i>
Rural industrialisation	<i>making goods on large scale level in rural areas</i>
Safeguard	<i>protect</i>
Sanitation	<i>toilet and washing facilities</i>
Scourge	<i>badly affects</i>
Security	<i>be sure of</i>
Secure supply	<i>sure regular supply</i>
Seedlings	<i>small plants grown from seeds</i>
Self reliant	<i>able to grow/produce things for themselves</i>
Sexual exploitation	<i>taking advantage of people for sexual purposes</i>
Shifts	<i>different times at which things are done in a day</i>
Skimp	<i>give little attention to</i>
Social skills	<i>able to do things with people</i>
Sole party	<i>only party</i>
Sorghum	<i>type of grain commonly grown in Africa</i>
Soybean	<i>plant that is high in nutrition</i>
Specialist	<i>person with special skills</i>
Stigma	<i>bad feeling</i>
Surplus	<i>extra</i>
Sustainability	<i>ability to keep going</i>
Sustainable	<i>able to keep going/continue project</i>
Sustainable agricultural technologies	<i>tools / equipment that can continue to be used in agriculture</i>
Syllabus	<i>range of topics to learn about in a subject</i>
Tending cattle	<i>minding cows</i>
Tends	<i>minds</i>
Tolerance	<i>able to accept opinions / behaviour of others</i>
Tolerate	<i>accept opinions / behaviour of others</i>
Traditional cures	<i>cures known for generations in a society</i>
Trafficking	<i>buying and selling (usually illegal)</i>
Transmitted	<i>passed on</i>
Tribal tensions	<i>bad feelings between tribes</i>
Underproduction	<i>producing less than expected</i>
Unemployment benefit	<i>money paid by government to people who are not employed</i>
UNICEF	<i>United Nations International Children's Education Fund</i>
Universal Primary Education	<i>Primary school education for all children in a country</i>
Urban areas	<i>town and city areas</i>
Vicious circle	<i>difficult to escape bad effect</i>
Visible	<i>can be seen</i>
Vulnerable	<i>easily injured or affected</i>

20 Years of Self Help

Since Self Help was founded in 1984 it has implemented a large number of long-term development projects in Ethiopia, Eritrea, Malawi, Uganda and Kenya. It has also supported a variety of smaller projects in these countries and elsewhere in Africa. Approx €15 million has been spent by the organisation in this period, from a starting point of just €10,000 in 1984. The main emphasis of the work over this 20 year period has been to help rural communities achieve self-sufficiency in food and to be able to continue this on a yearly basis.

Self Help and its supporters have made a major contribution to the lives of over 1.5 million people in rural areas around Africa. The method of work and this formula for success has become a model that is used by other organisations. Lessons have been learned along the way and Self Help has adapted to change. The basic principles of "Ownership, Partnership & Local Capacity Building" remain the same and have defined the way things have been done from the start.

There is still a huge problem with poverty in the world today and in Sub-Saharan Africa in particular. As shown in this book, it is in Africa that the greatest obstacles to overcoming poverty lie. New challenges have emerged that make the struggle against poverty greater, none more so than HIV/Aids, which has been devastating in its impact on Africa.

In spite of these challenges and in response to them, Self Help faces into the future in the knowledge that it has a proven track record and is able to tackle the problems of poverty in the countries where it works. It has a well-qualified, experienced and dedicated team of people who are committed to achieving its goals, and it enjoys the backing and support of a core group of partners and supporters in the process.

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