Dear Brothers and Sisters, 10 April 2010

After eight years, we are really happy to expand the newsletter to bring you news from Togo and Nigeria. The school in the Cacavelli neighbourhood of Lome started in 2003. In the last years the school has grown and now stands with an enrolment of more than 200. Nigeria is one of Africa's largest and most populous nations with more than 150 million people. We have had an invitation to Nigeria for many years, but only now have we taken steps to start AMURT projects there. We are still in the very early stages, and are currently looking at working with primary healthcare in Ebonyi State.

In Ghana, the AMURT projects have become more stable. The communities have demonstrated that they are capable of managing the projects and make them sustainable. The new roughing filters are operating at full capacity since November. In the last months, the Mafi-Seva Community Clinic has seen a sharp increase in the number of patients. The focus on meeting the reproductive health needs of the communities has been driving the outreach activities in the last months.

In Burkina Faso, AMURT 's Safe Motherhood program has continued to expand and improve the accesses to neo-natal care in the remote villages. The Theatre Forum continues to provide food for thought and inspire discussion on vital health and social issues. The teenager actors are very popular and everyone wants to join. The Bissiri Master Unit project in the south is posed to be a catalyst real catalyst for development in the local communities in the fields of agriculture and adult education, with a primary healthcare program due to take off soon.

Yours in Service,

Dada Daneshananda

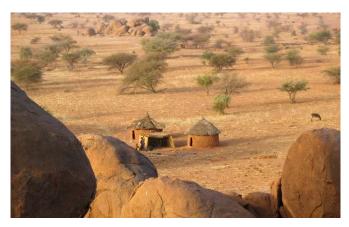
BURKINA FASO

DEOU SAFE MOTHERHOOD PROJECT

Déou is situated 400 Km North of Ouagadougou, just by Mali's border. It is a very remote area, with a sandy landscape, thorny bushes and big rocks.

There are no roads, no electricity and temperature becomes very hot, particularly from Mars to June, a period during which water becomes scarce.

The semi nomadic communities of Sahel have traditionally made their living by rearing cattle and growing millet in the desert. Cattle are the banking system. It's the way to pass on wealth and often, the only asset a family has.



People have to travel as far as 50 km by donkey carts to get to one of the government clinics in Deou Department. These clinics are poorly equipped and there is no doctor. Women used to give birth alone in the bush or in their hut. During pregnancy they rarely go for check ups. Anemia and malaria go undetected and untreated. Malnutrition and the many very young mothers (as a result of child marriages) lead to obstructed births and other obstetric emergencies.

Five new AV's trained in Deou

We organized a 5 day training in Deou for 5 new AVs (accoucheuse villageoise or TBA - traditional birth attendant). At the moment we have thirty villages with their own AV (village midwives).



Villages with Donkey Cart Ambulance reach 20

We provided 10 new donkey carts, attributed to the villages of Dibissi, Gargassa, Ferrerio, Tioffa, Lila, Ayogorou, Simbango, Gountawala and Kitagou. It makes 20 altogether. These donkey carts can save lives. There are no vehicles or other means of transport to carry pregnant women or other ill people to the government clinics.

Yearly food assistance to village midwives

We bought 36 of the 100 kg millet bags used as a yearly incentive for our AVs for the service they give to their community.

Examination-room huts for ante-natal check ups

We completed equipping examination-room huts, made available by the locals, in six strategically located main villages (Ferrerio, Petel Gountawala, Gorolbay, N'dyawe and Gountouré Gné Gné) in order that all the pregnant women in the area may come for ante-natal examination. During the monthly supervision visits our local coordinator brings (by motorcycle!) an official midwife from the government clinic to perform checking of pregnant women in the communities. Thanks to this program over 110 pregnant women are getting



Women waiting for ante-natal check up in Gountawala in January

During these check up the women are vaccinated when necessary, they get IPT (intermittent preventive therapy) for malaria, iron pills for anemia and all the advice and care a trained midwife can provide. Sometimes the government has made available mosquito nets for distribution to the pregnant women.

The women of N'dyawe tell there story through Participatory Video

This Participatory Video was made by the women of N'dyawe, a Fulani (Peuhl) village, 40 km north west of Deou.

Moksa Devi and Karuna from Sweden were the facilitators. PV is video as a tool for empowerment. The locals learn to operate all the technical equipment.

We spent 3 nights and days in the village sharing the same accommodation (straw hut) and food (millet "tô", a kind of hard porridge with some sauce, often Baobab leaves sticky sauce, local sour milk...) like the villagers, an amazing experience in itself, both for us and for them! The facilitators explained the basics of handling a camera and a microphone to a group of women and asked them to talk about their life and traditions (we did not have enough time for some more elaborated topic). It was really unique to work with these women who have hardly any contact with the modern world, and indeed very sweet.



A two days free clinic in Gountawala (25 kms South of Deou) and Deou conducted by Dr Bharat from the States. The return of Dr. Bharat was celebrated in the villages. He was one of the pioneers of AMURT in Burkina Faso in the 1980's and has supported the project for many years. He gave free consultations and medicines to a never ending flow of patients. It was greatly appreciated!

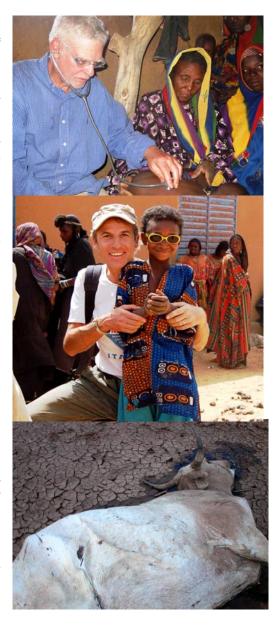
We had a 5 days visit of Pavitram and friends from AMURT Italy who brought lots of medicine, clothes, sun glasses (many people suffer from the harsh sun and sandy winds), toys for children, etc. It was great, they were so appreciated!

They are interested in helping out with the activities of AMURT in Deou and Bissiri (our Master Unit, see bellow). They are very well organized and efficient; their interest and help is a great asset for us.

AMURT to address water crisis in Deou.

In Deou people have to queue to get water for their daily needs. In the dry season the situation is nearly impossible. Many wells and bore wholes have dried up as the underground water table is consumed faster than it regenerates. As water becomes more scarce cattle are forced to move greater distances between water points and grazing areas. This places great stress on them and many die from the trek.

We will have the visit of 2 engineers this summer with whom we plan to work on finding ways to collect surface water (rain water) in the whole area by means of check dams and other techniques. Sowmya and Jared came in contact with AMURT through Engineers Without Borders work with the Mafi-Zongo Water Project in Ghana. They are coming in their private capacity. We also plan to train the local population in water shed management. We will also work on the bouli project (artificial pond) since it could not start yet for lack of funds. We will use our local theatre troupe and raise the issues of hygiene and preservation of water.



AMURT WEST AFRICA VIDEOS SEE VIDEOS FROM THE PROJECTS IN GHANA AND BURKINA FASO Go to 'AMURTRelief' Channel on YouTube

www.amurt.net (click on Ghana or Burkina Faso)

Theatre Forum expands the awareness on important issues

In March, the AMURT-trained teenage theatre troupe from Deou toured four villages. Their self-written production addresses HIV/AIDS, hygiene and sanitation, along with social problems like polygamy and child-brides. The shows stimulate lively discussions on these issues between the audience and the presenters. For the next play, the troupe will focus on education and the importance of girls given the access and support to get education.





Bissiri Master Unit

Our Master Unit is situated just at the edge of the artificial lake of Bissiri, 45 kilometers south of the capital, Ouagadougou.. The region is extremely poor, with high rate of unemployment, dirt roads, bore holes as a source of water, mud huts as shelter and more than 80% people illiterate. People traditionally make their living by growing their own food. The most fortunate also rear cattle.

We have a 3,87 hectares land is divided in two plots of land. One of the plots is just by the dam and water is easily catchable for irrigation. It is cultivated all year long and we have an orchard of banana and papaya trees. The other one is situated 2 kilometers from it. It is farther upstream from the dam, so during the dry season the water of the lake backs away as far as one kilometer from the perimeter of the plot. Hence it is being cultivated only during the rainy season. We have 3 buildings situated on the bigger plot of land: staff quarters, a cereal bank and a small clinic building.

There is no electricity, no running water (but a bore hole is available for drinking water one kilometer away). We cook in the open air with firewood. Four local farmers are working and living there permanently.





The plot by the dam

Almost every evening we offer literacy classes. The students are young people from the area that did not get the chance to go to school. We have about fifteen regular students. Two teachers from the area come to give support to them almost for free (each students contribute about 1,5 €a month).

2009 – great strides ahead for Bissiri

- Last year we submitted a proposal to the Burkina Faso government for getting a pump and pipes which would enable us to irrigate the big plot and cultivate it during the dry season. It was accepted and we got a grant that covered 65% of the cost of the materials. We are presently doing the installation of the pump and pipe for the irrigation of the bigger plot.
 - The pump has a big capacity, so we are planning to have our neighbors benefiting from it as well. That will be the first practical step towards creating a cooperative of farmer.
- We are planting fruit trees, 100 mango trees, lots of papaya trees, orange,.. and vegetables on the big plot, the workers are doing a lot of efforts and the place is changing. Hope is alive again.
- We got some fencing (wire mesh) to protect the crops and trees from the intrusion of animals.
- We got proper school benches and gas light for the literacy classes.
- We got a motorcycle! We used to have a donkey with a cart and 2 bicycles as a mean of transportation: we are finally getting out of middle age!
- The last but not the least: we have renovated the clinic building and added a shelter outside of it. It is equipped it so that it is ready to function! There is no dispensary in this village and the neighboring area so people are very much looking forward our opening. We hope to find the good staff for the clinic to open soon.





Clinic building

Giant babaos at the Bissiri Master Unit

PLANS FOR 2010

- We want to make the MU self sufficient to establish and strengthen our base. Practically it implies that the production and selling of the crops in our 2 plots should generate income to provide the MU workers and their family with their very basic needs of life. In the future we hope to create a cooperative of farmers that integrates more and more farmers of the area, we are working on it. We even got a name for it: "Biogo Nai Nere" which in local language means "Tomorrow will be better".
- We want to start to work on community development projects (regarding health, hygiene, education, organic farming, women emancipation, etc) by working with volunteers from abroad.
- We want to develop the activities of the clinic, the cereal bank and the school of the MU.

We thank our donors for Burkina Faso projects:

AMURT and AMURTEL, USA, AMURT Italy, Norway, Sweden and UK WWW.METAFUTURE.COM Aile Universelle, France Emmanuel Antola Foundation, Switzerland AM Foundation, Taiwan Private Donors

GHANA

MAFI-ZONGO AREA WATER PROJECT:

The Mafi-Zongo Water project is now in its fifth year of operation. We very nearly tripled the production of water in 2009 compared to 2008. As the communities get used to fetching water from the standpipe, as the delivery of water becomes more regular and reliable, and as the water quality is improving, the demand keeps increasing too. We are now pumping nine hours every day.

The new filter, constructed with the help of Engineers Without Borders and Rotary was completed in May 2009, but it was only in October that we were able to finish the gigantic task of washing, sieving and installing the filter media. The children of Zongo Primary and Secondary School and Seva Primary School came often and worked with great joy and zeal.



The quality of the water has improved and in January for a while the turbidity was down to 0.26, the best since the project started. We still need to rehabilitate the sand filters, and we are looking for sponsors for this.

Lohkope, one new small community was added to the network, and we hope to add another, Korpedeke, this summer. We are still looking for sponsors to add Manguasi, Kpekpoe and Nkorkor. Then the project will be completed.

The Ghana Government pledged to bring electricity to the area five years ago. Now finally, the poles, cables and transformers are all in place. In the Water Treatment Plant, the switches and connections have been ready

since June last year. When the electricity is connected we will be able pump more hours per day, and reduce our operating expenses as electrical power is less expensive than diesel.

The pumps and diesel generator has served us well for five years. Now the generator has been overhauled and we are looking to replace one of the pumps.

MAFI-SEVA COMMUNITY CLINIC

Thanks to efforts of the staff and a string of enthusiastic volunteers, the quality of the service at the clinic has improved. As a result the number of patients at the clinic has increased significantly. The diagnostic lab and the homeopathic treatment have helped to attract more patients to the clinic. Special mention to Andree from Vancouver, who returned for the second year, and the six midwives from Barcelona, who all made a great impact.







Family planning room

Focus on Reproductive Health

In response to the needs of the communities, AMURT and the staff have concentrated on reproductive health in the last period. A new building, specially for family planning and HIV counseling, was erected with the assistance from AMURT Italy and private donors. A motorcycle to facilitate the health education programs in the villages was donated by Emanuele Antola Foundation. Christopher and Suzzy are in-charge of the reproductive health work, and they are working very enthusiastically. The Planned Parenthood Association of Ghana has provided a lot of support for the program so that we can offer real choice to the women in the area.







Teenage boys after sexual health game at Daffur

Antenatal iron program

Last summer, with the help of Dr. Chris from Ireland, we started an antenatal iron program utilizing the network of Kekeli women and Kekeli TBA's (Traditional Birth Attendants). The programs make free iron

supplements and de-wormer available to pregnant women from four months into the pregnancy until two months after the delivery. Up to February 275 pregnant women had benefited from the program. Anemia makes pregnant women more vulnerable to post partum hemorrhage, malaria and other dangers. Anemia can also hamper the development of the child and contribute to low birth-weight. The majority of the pregnant women in the project area suffer from anemia. Testing of children aged to 2-14 in the project found 65 % to be anemic.

The role of Homeopathy expands

The role of homeopathy at the Mafi-Seva Clinic continues to grow. In October, with the sponsorship of the Ghana Homeopathy Project in the UK, we were able to welcome two internationally renowned doctors from India at the Mafi-Seva Clinic. Dr. Kalyan and Dr. Kalishankar Bhattacarya saw patients and continued the training of our staff. Emperor, the clinic director, returned to India in February to continue his homeopathy training. The homeopathy at the clinic is mostly used to treat chronic ailments. Where appropriate it is also used as a complimentary treatment in acute cases. As the word of the effectiveness of homeopathy spreads by word of mouth, people are starting to come from distant towns and villages to get help.



Visiting Indian homeopaths



Hemoglobin testing of children at Seva

The Kekeli Women make Participatory Video to educate the villagers

A group of Kekeli Women and TBA's from villages near the Mafi-Seva Clinic spent a week in October to produce a video facilitated by Moksa Devi and Karuna from Sweden. They decided to make an educational video to be shown in the local communities. They video is a lot of fun, while at the same time addressing some serious issues like safe delivery, miscarriages, and the need for family planning, and the need for more consideration from men for their wives during pregnancy. All the camera work and sound recording, interviews, acting and scripting was done by the women themselves. When the 15 minute film was shown in the remote villages, the Kekeli women took great pride seeing themselves on the big screen. (see photo above.) The film is being used for out reach health education programs in the communities.



Joy of seeing them selves on the big screen



All camera work done by the Kekeli women

Infant Massage introduced to the rural communities

In January Jody Wright and Susan Adamson from the International Association of Infant Massage Instructors visited the project are. They conducted two three sessions to teach infant massage to the Kekeli women, TBA's, and the clinic staff. The response was much greater than expected and a total of 35 completed the course, with the opportunity to go on to become a certified instructor. Infant massage is based on an ancient tradition from India. There great emotional and physical benefits for the babies, and helps to bring closeness between parents and their babies The Kekeli women and TBA's took great interest. Several have gone on to earning a certificate and have started teaching the infant massage in their communities.



We thank our donors for AMURT Ghana projects

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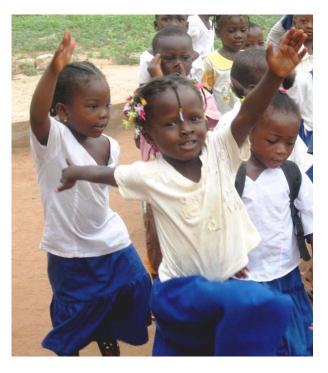
TOGO

More than 20 years back, the Togo government gave Ananda Marga a very good land of 3 hectares in the Cacavelli neighborhood on the outskirts of the capital Lome. Its ample size and convenient location makes it ideal for projects and to be a center for community activities.

In 2003 a small school was opened. The school was much appreciated but due to space restriction the enrollment never rose above twenty.

In 2008, the first school block was erected, two classrooms were open and the enrollment started to increase. Due to the very dense population, the low school fees and the quality of the environment, the local people embraced the school and started to send the their children in their numbers.

With the support of AMURT Italy and other donors, today we can now see 3 school buildings with a total of ten



classrooms, spread between wonderful trees and patches of green land.

AMURT Italy plans to help the construction of a football field on the land. When a delegation from Italy visited in February, a special football match was played with school children and members of the community and the Italian visitors.

This year the school serves 220 children from nursery to grade six. Eight teachers are employed. The place is now very alive the whole day. Children are very happy in this environment. We are planning to integrate a gardening and agriculture into the school program.



PLANS:

- We wish to construct a boundary wall to protect the land and increase the security for the students of the school.
- We need to paint and beautify the school and secure more furniture for the convenience of the students.
- We would like to construct more classrooms and in the future start a secondary school.
- We need a borehole for irrigation to expand the farming activities on the land and integrate it into the school activities, including growing vegetables for school meals.

NIGERIA

AMURT is working seriously to start up a primary healthcare project in Nigeria. Ebonyi State, the poorest and least developed state in the south of Nigeria has been selected. Global AMURT Coordinator Peter Sage visited in March to assist with the preparations. The plan is to partner with local NGOs and focus on maternal health.

Donations are very welcome!

Credit card donations can be made through PAYPAL at www.amurt.net/africa

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