



OPERATIVE REPORT



Volume 5 Issue 1

Spring 2000

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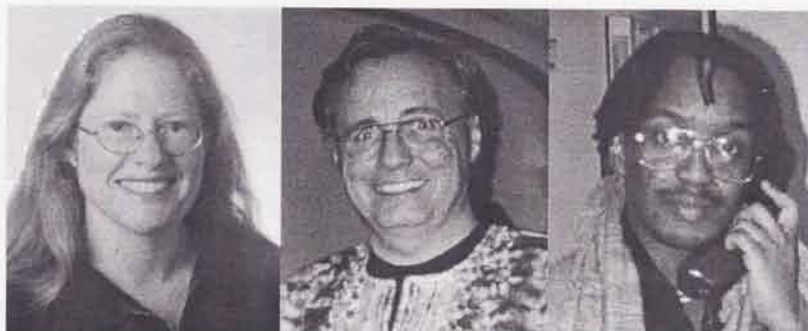
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The CNIS has moved offices and increased its Vancouver staff. In February Robyn Littlewood was appointed Executive Director. She will be responsible for CNIS administration and will take the leadership in fundraising. Robyn Littlewood is the co-founder of Sanctuary Foundation, an NGO that is doing work in Cuba. Ms. Littlewood joins Dr. Ronald Lett, who continues to be responsible for all development programs, and Mr. Dan Kashagama who is responsible for CNIS administrative and program support. The growth and the restructuring will allow the CNIS to



Robyn Littlewood

Ronald Lett

Dan Kashagama

streamline activities and to operate at an increased capacity. The increased level of activity has necessitated the move of the Vancouver office to larger quarters. Our new address is:

Suite 205 - 1037 West Broadway,
Vancouver BC, V6H 1E3 Canada.

CIDA EVALUATES CNIS

The CNIS is completing its third one-year cost-sharing agreement with CIDA. The CIDA contribution in these agreements has been \$750,000. In preparation for long term funding the CNIS has undergone extensive scrutiny.

In October a CIDA audit was conducted in Vancouver and in March 2000 an evaluation of the African development work was conducted by Dr. Kandola (Ottawa) and Mr. Assingwire (Kampala), who reviewed the ESS, Injury Prevention and Continuing Education Programs. The CIDA team attended the *African and Canadian Committee for ESS* in Malawi where they met ESS Directors and Patrons from all partner countries, as well as Malawian ESS students. In Uganda the staff of the Injury Control Center - Uganda, and the numerous stakeholders in the injury control project were interviewed. CNIS will use the information from the evaluations for the upcoming 3 year CIDA proposal. □



Dr. Kandola and Mr. Assingwire

LANDMINES PROJECT EXTENDED

The CNIS now has a second contribution agreement with CIDA under the landmines fund. The original project for 125,000 dollars was a multidisciplinary project involving injury surveillance in the hospital and community, as well as funding for landmines awareness education, evaluation of the social impact of landmines, and a training program for the casualty department. Last February the CNIS received an extension of the landmines project for an additional 75,000 dollars. The funding will allow the education components of the project to continue, along with the casualty department program in May, and the social impact portion in June 2000. □

JOIN "FRIENDS OF CNIS"

CNIS is now offering our donors an easier way to budget their financial support for our overseas projects. Donors who wish to split their annual donation up into monthly contributions can now do so as official "Friends of the CNIS" using their VISA card or by cheque. Friends can join us at the silver, gold or platinum levels of \$25, \$50 or \$100 per month respectively. Our heartfelt thanks to the 1st official monthly "Friends of the CNIS" listed below:

Silver \$25/mo	Gold \$50/mo	Platinum \$100/mo
Mrs. Anne Philpot of Hamilton Ontario	Dr. Stephen Foster, Hamilton, Ontario	Mr. Dan Kashagama, Vancouver, BC
	Dr. Clark & Mrs. Joan Jamieson, Prince George, BC	Dr. Ronald Lett, Vancouver, BC
		Ms. Robyn Littlewood, Surrey, BC
		Dr. Henry Muggah, Hamilton, Ontario

To Join the "Friends of CNIS"

Call toll free 1-877-739-4708 or e-mail robyn@cnis.ca

DR. WATSON JOINS WHO EDITORIAL COMMITTEE

The CNIS now has two representatives on the World Health Organization [WHO] Editorial Committee. At the March 2000 WHO meeting in London, England, Dr. Shayna Watson was elevated from observer status to a full participant. The editorial committee is re-writing the handbooks on surgical care at the district hospital, which will then be reformatted into five books that coincide with the ESS units. A companion educators volume will be added to the complete the package. Drs. Ronald Lett and Shayna Watson will be involved in writing Unit One, *Surgical Fundamentals*, as well as the Education Volume. It is expected the work may take two years to go to press. Dr. Watson is a Fellow of the College of Family Physicians, and is doing her Masters of Medical Education at the University of Toronto.

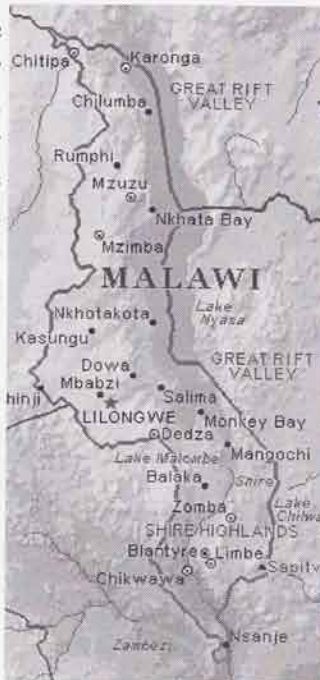
THE MALAWI FILE

Known as the warm heart of Africa, the Republic of Malawi is the size of New Brunswick and Nova Scotia combined. Nearly one-fifth of the country is covered by Lake Malawi, Africa's third largest lake. The lake is home to hundreds of species of the rare and spectacular Cichlidae fish. Lake Malawi sits at the bottom of the Earth's largest fissure known as the Great Rift Valley, which extends from the Red Sea to Southern Africa. Malawi's landscape is marked by steep escarpments that rise thousands of meters out of the lake to form a high plateau covered in luxurious savanna woodland. At 9,849 feet Mount Mulanje is Malawi's highest peak.

Malawi shares borders with Tanzania, Mozambique, and Zambia. It has a population of 12 million. Agriculture accounts for 38%

of GNP and more than 90% of the export earnings.

The area that is now Malawi was once dominated by the vast Maravi empire from which the country derives its modern name. Slav-



Malawi

ery reached its height in Malawi in the late 1800s leaving a devastated and vulnerable population. In 1885 Malawi was annexed to Britain and became British Central Africa. In 1915 the preacher Chilembwe of Chitedzu district led an uprising against the British. Chilembwe, whose likeness graces the Kwacha - Malawi's currency - is considered the father of Malawi nationalism. On July 6, 1964 Malawi became an independent state. In 1966 it became a republic with Dr. Kamuzu Banda as the first president. The current head of state is Dr. Bakili Muluzi.

The CNIS became involved in Malawi in 1998. In March 2000, all of the ESS course representatives from different parts of Africa met in Malawi. Dr. Jimmy James is the patron of the ESS™ program in Malawi, and

Dr. Devor Kumiponjera is the Director of ESS. The Malawi ESS team and Dr. Robert Taylor of Vancouver will conduct two courses next October, one for medical students and another for clinical officers. □



Mr. Jimmy James FRCS (Ed)
ESS Patron Malawi



Mr. Devor Kumiponjera MRCS (Ed)
ESS Director Malawi

AFRICAN ROUND TABLE IN DELHI

The CNIS, the Injury Control Center-Uganda [ICC-U] and the Injury Prevention Initiative for Africa [IPIFA] participated actively at the 6th Global Meeting on Injury Control and Prevention in Delhi, India. Drs. Olive Kobusingye and Ronald Lett were part of the WHO Collaborating Centers meeting and reported on the progress of IPIFA. They chaired sessions at the larger meeting and presented papers, as did other IPIFA members Fatma Hassen [Egypt], Wilson Odero [Kenya], and Alex Buchardt [South Africa]. Drs. Kobusingye and Buchardt chaired the African Round Table, which enabled injury scientists from around the continent to confer. Participants also became aware of the opportunities of IPIFA and the WHO Collaborating Center located in Johannesburg, South Africa. The IPIFA and Safe Communities leadership (Karolinski Institute – Stockholm) planned collaboration on an Injury Epidemiology course for Africa and the piloting of a Safe Community in Uganda. □



Seated from left to right: Pierre Bwale WHO, Alex Buchardt, and Olive Kobusingye

ESS™ MBARARA



Dr. Gwen Hollaar teaching in Mbarara, South-Western Uganda

In March 2000 Dr. Gwen Hollaar had the opportunity to participate in the ESS™ instructors workshop in Mbarara, Uganda. The participants included postgraduate students and professors from the divisions of general surgery, orthopedics, plastics, Ob/Gyn, and anesthesia, as well as several surgeons from Makerere University. The participants delved into the course with great enthusiasm. They enjoyed challenging each other's answers to the multiple choice questions and became quite animated when acting out the clinical scenarios as physicians or patients.

There were six final year medical students who took part and they provided the participants with the opportunity to practice their surgical teaching skills at the various work stations. The course was well received by the Mbarara surgeons and they are interested making the CNIS ESS course a part of their medical student's curriculum. □

AFRICAN STAKEHOLDERS ESTABLISH ACC-ESS

The first African and Canadian Committee meeting for ESS™ took place at Senga Bay, Malawi on March 14th - 15th, 2000. The ACC-ESS meeting created a steering committee to oversee the implementation of the ESS Program in Africa. Delegates included Germa Melaku and Berhanu Kottisso (Ethiopia), Stephen Kijambu and Merioce Namyoga (Uganda), Jimmy James and Devor Kumiponjera (Malawi) and Ricardo Barradas and Jose Langa (Mozambique).

ACC-ESS evaluated the specifics of the curriculum, planned instructor and facilitator certification, and reached agreement on narrative and financial reporting. Stephen Kijambu and Ronald Lett will co-chair ACC-ESS for the next year. It was decided at the meeting that expansion of the ESS from the original four countries should take place in countries included in the Association of Surgeons of East Africa (ASEA). ASEA has accepted this proposal. □



The African and Canadian Committee for Essential Surgical Skills at Senga Bay, Malawi

SELECTION BIAS

THE MEDIA AND RECENT AFRICAN EVENTS

By Dr. Ronald Lett, CNIS Founder and International Director

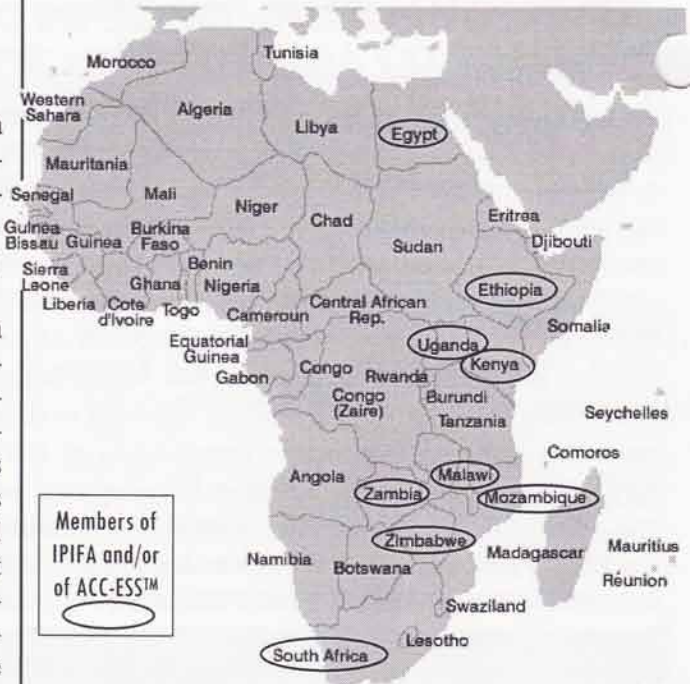
During the two years I worked for the University of Alberta in Yaounde Cameroon, the only Canadian news report concerned a deadly tornado which struck Edmonton. Cameroonians who had concluded that tornadoes were common in Edmonton were disappointed when I told them I had never seen a tornado and doubtful when I told them they were rare.

Two of the African countries where the CNIS works, Uganda and Mozambique, have received global media attention recently. If we Canadians are frustrated with the selection of disasters as the only worthy item to report about Canada, the Africans are even more so. The murders in Uganda and the floods in Mozambique were important events. Clarifications of events in Africa often do not get the same prominence as the initial sensational news report. For example many are unaware that the events in Uganda were homicide not suicide. The impression of the western media consumer is that everything that happens in Africa is tragic. This is no more true than the negative impression that Edmonton is dangerous due to tornadoes. The facts are that Mozambique and Uganda have made important political, economical and social recovery over the last 15 years.

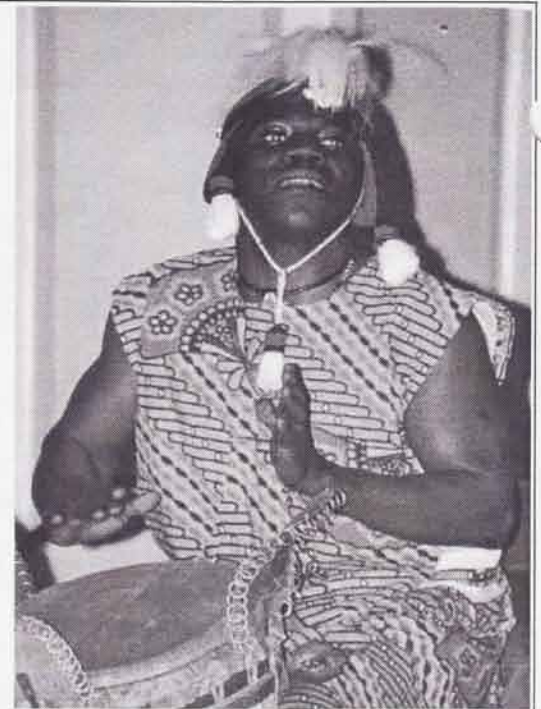
This negative media perception is compounded by 'aid' agencies that use dying, fly covered children as a means of fundraising. How do organizations that say they exist to help Africa justify degrading Africans? The videographers of the *pornography of poverty* should not be filming, they should be cleaning the child's face. In the short term people may call the toll free numbers of these organizations, but in the long term these unbalanced contributions enforce negative stereotype's and contribute to the Canadian public's donor fatigue. These advertisements may very well result in an overall reduction in giving and aggravate poverty. Arguments supporting these techniques are short sighted and are also countered by examples like British Airways *Change for Good Program*, which has collected millions using a high class in-flight advertising campaign.

The countries where the CNIS works are under-resourced and collaborative development activities are one part of the answer. We should understand these recent tragedies are not different than what we have faced here in Canada. We too have destructive cults and serial killers. These victims have families and friends who are devastated. As far as natural disasters, we in Canada frequently have natural disasters, which reminds us of the power of nature and the weakness of technology. There are tragedies in Africa and the CNIS is trying to collaborate with our colleagues in response to the unnecessary toll of death and disability from surgical disorders. Canadians should understand the recent tragedies within the wider human context. The CNIS needs the financial support of the Canadian public but we must never sink to devaluing those whom we wish to serve. This will require us to strive to inform our donors of development issues in a balanced and enlightened manner. □

CNIS PARTNERS IN AFRICA



A F R I C A N M A R K E T



PHONE 739-4708 FOR TICKETS

Welcome to the 4th Annual CNIS
African Market & Africa Night, Sat. May 6, 2000
Featuring African art, African food, wines, clothes,
and traditional music with the band *Doudoumba*.
Venue: Heritage Hall, 3102 Main St. [on 14th Ave.]
Time: 12 noon to 6.00 pm (Market - open to public)
6.15 pm to midnight (Dinner & Dance- \$25 entrance)
Endorsed by the African Canadian Association of BC