



The Friends of Butoke Charity
Registered Charity no. 1140094

August 2012 Newsletter

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Remind me, what is Butoke?

Butoke is a small NGO working in the Democratic Republic of the Congo.

Butoke's core activities are to run:

- An orphanage;
- A clinic; and
- A community nutrition centre; and
- Food security programmes

Butoke's on the ground expertise comes from two doctors, one Congolese (Dr Jean Lumbala) and one Belgian (Dr Cecile de Sweemer).

Dr Lumbala is also a trained agronomist. See below for more details of food security programmes.

And who are the Friends of Butoke Charity?

The Friends of Butoke Charity is a UK registered charity which raises funds to support the work of Butoke.

We registered as a charity in early 2011. In 2011 we raised £5155. So far this year we have sent Butoke £9276.

Forthcoming UK visit

Dr Lumbala and Dr de Sweemer will visit the UK at the expense of one of the Friends of Butoke's regular donors between 28 September and 17 October this year.

Dr Lumbala and Dr de Sweemer would like to meet anyone interested in their work. They hope to share their experiences of life in the Congo and make contacts. If you would like to meet them, please contact Paul Evans on paulevans@blueyonder.co.uk or 07970 211561

News from the front line

The orphanage: this is where the money raised by the Friends of Butoke is mainly spent. All the children are well and those who are over 6 years are at school.

Here's one of them, Bienabibu:



Many of you generously sponsored Paul Evans, one of the trustees, when he ran the Edinburgh marathon to raise funds for Butoke. He raised over £3000. The funds are being used to install a drinking water system and solar panels for the orphanage, and to carry out other improvements to the children's very basic living conditions.

The clinic: the Ministry of Health has made the clinic a "reference centre" for 6 other clinics – a recognition of its quality. However conditions remain basic. It operates without a telephone, a good supply of electricity or a proper supply of oxygen.

The nutrition centre: the nutrition centre has been busier than it should have been in the early months of the year. The cause? Sky high inflation of food prices and irregular supplies to markets.

A day in the life of Dr Jean Lumbala

I am the Executive Director of Butoke and one of two doctors serving in the clinic Musue Bantu. Each day from 6 a.m.—8 a.m., I go to the clinic to receive reports and plan for the next shifts.

On Monday, I had barely arrived for the morning call when two women arrived, one in her early forties supporting a very frail young girl writhing with pain and in tears. The older woman introduced herself as the mother of the 17 year-old Nadine. She said the girl was her married daughter, who had started bleeding and seemed to be aborting.

The physical exam confirmed the bleeding and the pregnancy. We started treatment with intravenous support.

At 8 a.m., I left for Tshikaji by motorcycle to be with the malnourished and the orphans, a half-hour trip. When I arrived, people were gathered together and I saw one of the housefathers with torn clothes. One of

our children had just been beaten by one of the village youngsters. When the housefather came to his rescue he was also attacked. The attacker did not give any reason for the beating except that he saw the young orphan as a privileged kid who ate three times a day. We talked at length until 1 p.m. when I felt all were calmed down. I ate with the orphans, keeping an eye on the youngest and the one just attacked, joking with them and reassuring them.

I then left for the clinic and arrived at 2:30 p.m. We had scheduled an operation for a woman suspected of ovarian cysts. First I saw Nadine who was calmer and admitted the abortion had been begun with the help of a neighbourhood nurse. By 3 p.m., we undertook the scheduled operation. The patient, a 33-year-old woman with two children (few for Kasai), had come to Musue Bantu eleven days earlier with typhoid fever and a long history of abdominal pain. After ten days of treatment, she had recovered strength but her old pain was as strong as ever. We did an exploratory operation and found multiple cysts on both ovaries.

By 4 p.m., I was ready to review Nadine and four newly hospitalized children under the age of ten, with severe malaria. It took 48 painful hours before the 4.9 lb. foetus of Nadine was born dead, killed in utero. We learned that the woman who had accompanied Nadine to the Clinic was not her mother but the sister of the man who was the author of the pregnancy. His family was dead set against the relationship and had forced Nadine to take products to abort. We decided we would report statutory rape and criminal abortion to the court.

On June 10, we released Nadine, her health recovered but shaken by the whole experience. Her real mother was



Dr Jean in surgery

there to accompany her. She is selling charcoal with a working capital of \$20 unable to pay for the care of her daughter so Butoke supported the care.

If you were to accompany me on another day, you would find again that I cover Musue Bantu's curative tasks alternated with tasks at Tshikaji, sometimes emphasizing the orphanage, then the nutrition centre or our own field, or tasks in the villages or related to the villages. The latter can take me away for days in a row in which case I delegate Musue Bantu to a colleague. Butoke's tasks are cared for whether I am present or not but to keep our philosophy, it is useful that I participate directly.

Butoke in context

The fact that Butoke is managing to run the programmes described above is remarkable given the current difficulties in the Democratic Republic of the Congo, some of which are for once being reported in the mainstream press:

<http://www.guardian.co.uk/world/2012/aug/01/us-support-rwanda-wanes-congo>

The challenges that Butoke (and the Congo) face include political instability after the recent presidential election and ongoing fighting between government and rebel troops. In the recently published Global Peace Index, the Democratic Republic of the Congo came 154th out of 158 countries. See <http://www.visionofhumanity.org/gpi-data/> for details.

It is 187th out of 187 in the UN's Human Development Index:

<http://hdrstats.undp.org/en/countries/profiles/COD.html>

Food security programmes

Given the chronic problems that these rankings represent, Butoke tries to make a wider difference to Congolese society, and not just treat the immediate and acute needs it sees (for example, in its orphanage).

A good example of this is its Food Security programme. Butoke is working with 17 villages, with funds provided by World Hope Canada. Butoke has been able to help the villages involved plant 24 hectares of beans and 10 hectares of soya.

Butoke also grows food for its nutrition programme and orphanage.

Did you know...?



The Democratic Republic of the Congo is about the same size as Western Europe, but only has about 750 miles of properly paved roads...