



Dear Friends

The Shop in a Box



The two containers are nearly ready for business! The conversion of the container into a shop and restaurant is still ongoing but the roof is now on and all that is left to do is the internal fitting and decorating. The school is

currently closed due to the summer holidays but once the students are back it will be all systems go to get it up and running. Thanks to everyone who made this possible.



The older students who will be using this to develop business skills ready for when they leave the school will be involved in the final stages of the completion of this project. Tailoring is one of the skills that will help the older students set up and develop a business to allow them to become self-sufficient. Thanks to a number of individual donations and to donations from Tools With a Mission based in Ipswich, Suffolk we were able to send a large number of sewing machines to the school. These are some of the students who will benefit from these generous donations.



As the country waits for the start of the countdown to Ebola free status Sister Mary was confronted by the stark reality of the devastation this terrible disease wrought in the community. She was travelling back from the school's farm with journalist Lisa O'Carroll, when they noticed a sign for a cemetery. It was where all the medical burials took place - and although there hasn't been an Ebola death for about 150 days in that area, all burials still have to be done with full PPE (personal protection equipment). The men in the photo were the grave diggers. Under strict

protocol they couldn't allow photos to be taken of the cemetery but it was stark - just mounds of red clay with a post and a black sign, painted with white lettering with a name, age and date of death. Some were elderly but many were babies and toddlers. Sister Mary is still supporting 100 families who have lost loved ones during this terrible time. Our Response to Ebola fundraising page is still open so if you would like to contribute to help Sister Mary deal with the aftermath of this disease please go to: www.virginmoneygiving.com/team/ebola4



Brian Crook, who has travelled from the UK to volunteer at the Ebola Treatment Centre in Makeni, recently visited the school. He is the team leader at the Centre, working in the laboratory. Before he left the UK he contacted us and asked what he could take out for the children in his suitcase. Mercy, who is Sister Mary's assistant, suggested assorted

colours of nail varnish, hair accessories, etc. He was assisted by his daughter in the purchase of appropriate items and then he had to sweet talk his way through customs as the nail varnish remover was inflammable! The older girls are very keen on hair and nail beauty techniques and one of the volunteers at UNIMAK (University of Makeni) has promised to give them a few lessons on nail art and beauty. This will be another added skill for them to learn as they will soon be leaving and going into the community and hopefully set their own businesses. His colleague Gemma Bray visited the school in May and took this photo of Sister Mary and Mercy.



If you would like to read her blog about her visit please go to: <https://blogs.nottingham.ac.uk/pharmacy/2015/05/21/experience-in-sierra-leone/>



Jo Saunders is another loyal supporter of the school. She visited it in 2013 and was inspired by all who are involved in it. She has persuaded a number of people from her local area to take part in the Great West Run, a 13 mile route through the heart of Exeter, in support of the school. Please encourage them by donating at: www.virginmoneygiving.com/team/culmstockgreatwestrun2015

The five students who sat for the Basic Education Certificate Examination (BECE) as soon as St Joseph's reopened have all passed. They will now enter into Senior Secondary School. Their parents are delighted and very proud of their boys. Two of them have a double disability, so it is a real success story for them. Congratulations also go to Monica Tomlin, the school's educational audiologist, who gave them extra lessons to help them after they lost eight months of education due to the enforced closure of the school during the Ebola crisis.



A previous volunteer and teacher at the school in the 1970s posted a comment on our Facebook page. Sister Mary was really pleased she had made contact and said she wished she could get the names and dates of all the volunteers who have worked at the school. One of the problems is that the rebels destroyed all the data during the civil war. If you were one of those volunteers or know of any of them please email details to: forthehearingimpaired@gmail.com

Recently one of our trustees caught up with Monica, the school's educational audiologist. Here's what he learned about the causes of deafness in the children of Sierra Leone:

WHY DO THE CHILDREN AT ST JOSEPH'S HAVE A HEARING IMPAIRMENT?

The first thing to say on this topic is that it is very difficult to know. There are no formal statistics and very often the cause or causes are unclear. The best we can do is to look at the children in the school and surmise from all the evidence available what the most likely cause is.

There are two main forms of hearing loss – conductive hearing loss and sensorineural hearing loss. Conductive hearing loss is the result of sounds not being able to pass freely to the inner ear. This usually results from a blockage in the outer or middle ear, such as a build-up of excess ear wax or fluid in the middle ear (commonly known as 'glue ear' which is especially common in young children). It can also happen as a result of some abnormality in the structure of the outer ear, ear canal or middle ear – or be due to a ruptured eardrum. The result of this type of hearing loss is that sounds become quieter, although not usually distorted. Depending on its cause, a conductive hearing loss can either be temporary or permanent. Conductive hearing losses can often be corrected with medical management, or minor surgery. In the UK this type of hearing loss is monitored and managed by the health services to minimise the damage done. In Sierra Leone this often does not happen.

Sensorineural hearing loss is where the cochlea hair cells have become damaged which not only changes our ability to hear quiet sounds, but it also reduces the quality of the sound that is heard, meaning that individuals with this type of hearing loss will often struggle to understand speech. Once the cochlea hair cells become damaged, they will remain damaged for the rest of a person's life. Therefore sensorineural hearing loss is irreversible and cannot be cured – at least at the present time.

All the children in the school have permanent sensorineural hearing losses. Like any normally hearing children they can also have additional conductive loss at some time or another especially when they are young.

Degrees of deafness can be described as mild, moderate, severe or profound. A person with a moderate loss would hear loud speech; a severe loss would mean a shout would be heard though not clearly: profoundly deaf people may hear some loud sounds but no speech.

Almost all the children in the school have profound or severe hearing loss. There are just one or two children with moderate hearing impairment.

The job of the audiologist when testing new students is to assess the degree and nature of their hearing loss and try to get a full case history from the parents or guardians, so that appropriate hearing aids can be fitted. This can prove difficult where no health records are systematically kept.

There is a huge difference between children who were born deaf or were deaf prior to them acquiring language and those who lost their hearing after they had acquired speech and experienced some form of schooling.

If we start with the youngest children there are a number of causes:

1. Some children in the school are deaf almost certainly for **genetic** reasons (there are several pairs of siblings and 3 sets of twins)
2. Some children are deaf because of difficult births where oxygen was restricted and/or **birth was difficult** sometimes as a result of female genital mutilation (FGM) . It must be remembered that many young mothers are very young and malnourished and giving birth can be long and difficult with no options of a caesarean section. Most women are very wary about entering a hospital where the occupants have all sorts of illnesses and diseases including meningitis. The fear of ebola, unsurprisingly, remains high. All this means that conditions for

many women during labour are extremely difficult and the chances of a baby being born with a hearing loss or other problems increase accordingly.

3. some babies become deaf as a result of **illness following birth** –especially malaria or the treatment given to a baby suffering from malaria, measles, rubella and other childhood diseases
4. many of the children are believed to be deaf because of malaria or the **drug treatment offered**. Quinine is widely used to counteract malaria and this is a powerful drug that people can be allergic to or have a bad reaction to. Whereas in the UK there would be careful monitoring of the effects of giving this drug and it would be given with enormous care to babies and young people according to weight etc, in Sierra Leone this is not always possible and there is sometimes the belief that more of a drug will increase the speed of recovery. Whereas in the UK the control exercised over the quality and quantity of drugs dispensed remains high, this is not possible in Sierra Leone where drugs may be out of date, mislabelled, not in original packaging with unclear quantities and strength and administered by people who do not have sufficient medical knowledge.
5. one child previously in the school was deaf because of **an injury** - they received a bullet in the head during the civil war
6. some children receive **injuries or have accidents** falling out of trees or being hit around the head accidentally or otherwise
7. some children are deaf because of **traditional medicine** given to treat other ailments
8. very often parents who bring children to the school for an assessment say the child had a **bad fever** and could not hear, but then it got better, but the next time they got ill they again lost their hearing, but this time it did not return. Here the audiologist can only surmise what the cause is – the fever was probably due to malaria and the deafness caused by the treatment.

Whatever the degree of hearing loss and whatever the causes, the school goes to great lengths (despite financial constraints) to assess the hearing loss accurately using up to date equipment, fit appropriate hearing aids, plan an effective schooling programme and provide the love and care for which the school is renowned.

Chris Hudson in conversation with Monica Tomlin - September 2015.

If any of you would like to contribute an article that we can publish in a future edition of this newsletter we would love to hear from you. Please email us on forthehearingimpaired@gmail.com We try and publish a newsletter every six to eight weeks but without any paid staff that intention doesn't always translate into reality! In between issues you can follow us on Facebook: (<http://www.facebook.com/stjoskids>) and Twitter: (www.twitter.com/Frnds_StJosKids) for all the up to date news.

All good wishes from Linda Freestone (Chair) and all the trustees

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