



**Children of Fire**  
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Newsletter  
January – May 2006

*In this issue – speech therapy the American way; Lesotho outreach; Classical music weeks...and much more*

## ***Innovative Speech Therapy***

Speech therapist Sara Rosenfeld-Johnson from the USA comes to speak at the Johannesburg School for the Blind.

On Wednesday, 28 February 2006, American speech therapist Sara Rosenfeld-Johnson gave an evening from her tight schedule to speak at the Johannesburg School for Blind, Low Vision and Multiple Disability Children (Beka), run by Children of Fire.

Building on her experiences with clients worldwide, she has developed innovative methods to assess and treat problems affecting the ability to speak.

According to Sara, traditional speech therapy works by *imitating*. The therapist creates words or sounds – the client sees (the lip movements) or hears (the sound) and is then asked to copy this. For blind people, tactile therapy is necessary (e.g. they must feel the lip movement and the vibration of the voice box in addition to hearing the sound).

Only recently some few speech therapists have started to not only work on the brain functions to help clients say words, but they also gave attention on the mouth's ability to speak, i.e. the lip and jaw muscles.

Innovative speech therapy (i.e. speech motor skills training) has the advantage that it is almost not language restricted. Apart from Japanese (which requires minimum jaw opening) most languages are suited to the new therapy methods.

In the following, we have summarised a few of Sara's methods to deal with different speech problems.

Process of working on spoken information, e.g. the question "What is your name?".

1. acuity (hearing + seeing)
2. processing (dividing the sentence into sequences)
3. understanding
4. forming an answer
5. mouth says what brain tells it to say

She then focussed on burned children, as they are mostly the ones with speech problems around us.

Many burned children have an injured mouth/face, impairing lip closure, mouth flexibility, jaw muscles etc.

This means that parts 1 – 4 are performed without problems, but the mouth just cannot produce the wanted sound.

*Of course, a child like Dorah Mokoena has more complex problems. Due to her extensive stay in hospital for the first years of her life she missed out the most important period of childhood, resulting in a strong delay in development; also coming from a lack of care, i.e. nobody speaking to her much while she was in hospital and the confusion of many languages. Also antibiotics damaged her hearing.*

To find out where the speech problem lies and how it can be solved, it is important to assess the muscles of the mouth and find out whether it has the potential to speak.

If the mouth is physically able to form words, then speech therapy is definitely worth a try.

Cerebral Palsy children often have problems with breathing, so they actually form their mouth to say words but do not have enough air (pressure) to speak them out.

People with impaired abdominal muscles (they usually have problems with controlling their breathing) often cannot control speech volume properly (e.g. they can make very loud and very soft noises but nothing in between).

*Dorah also seems to have issues with breathing (blowing up her stomach to football size and holding it for a long time; panting even when she did not exercise in any way; not putting many words together). The stomach inflation is indicative of poor muscle tone and her need for much more vigorous and regular exercise.*

For children with air problems it is a good exercise to blow a horn. This also releases the jaw muscles. Sara uses 14 different kinds of horns with different strengths.

#### The jaw:

Saying vowels is more connected with the jaw movement rather than the tongue. If you open your mouth wide you can say "ah" but not "ee".

Of jaw, lips and tongue – the three components to produce speech – the jaw is the most important.

#### Jaw assessment and training:

To find out how strong a client's jaw is, the therapist can use therapy sticks made of gum. There are four different types, varying in their strength (from soft to hard).

The client must chew on them ten times on each side of the mouth.

The softest stick is suitable for a well developed four-year-old child to chew on ten times.

If the client can only chew on it e.g. twice on each side, he must start with that and then gradually work himself up.

#### Bite blocks:

These are different sized sticks to train the jaw to being in a certain position. A small sized bite block held between the teeth will train the jaw being in a position that allows it to say 's' and 'e' sounds for example. A big bite block will hold the jaw in a position for 'ah'.

There is a direct connection between the jaw and relaxation.

Giving the jaw something to do is calming and relaxing. Chewing gum for example improves concentration and control (despite what teachers like to say in order to stop their pupils from chewing gum. Any teacher who reads this: Think again! A renowned speech therapist from the USA says so).

Anxiety often causes people to grind their teeth, bite their hands or lips or suck their thumb (more common with children).

#### More reasons for speech problems

1. Hyposensitivity (reduced sensitivity) of the mouth.

Symptoms: The person prefers strong flavour food and always puts too much food in the mouth, constantly craving for more taste.

If the person is hyposensitive, he may not feel the movement of his tongue and thus cannot know if he is speaking correctly. If you come from the dentist and had local anaesthesia to your mouth, you may speak perfectly normally but it feels like you are not. Hyposensitivity feels similar (though not as strong), and if a person already has speech problems it will make it harder for him to learn if he does not feel what he says.

2. Hypersensitivity (increased sensitivity) of the mouth.

Symptoms: The person prefers plain food; contact with the mouth area is felt as uncomfortable. This may cause certain movements of the tongue or lips, necessary to create a certain sound, to feel unpleasant – thus the client may be reluctant to create this sound.

3. Mixed sensitivity of the mouth:

Part of the mouth is normal (or hyposensitive), while other parts are hypersensitive (or normal).

### *Analysis of sensitivity:*

The sensitivity of the mouth can be tested by using a small vibrating device with something soft at the end, moving it carefully over the mouth area. Especially with blind clients, they must be warned before any action is taken. The therapist has to make sure that the client leans towards and not away from him, confirming that they do not force themselves to endure the process but are open and willing to it.

Start with the arms, then move further up. In the mouth area, start with the lips, then gradually take more space – carefully. If the client lets you move the vibrator over lips, tongue, teeth and gums without negative reaction, he is definitely not hypersensitive.

If he pushes away once you start to intrude the inner mouth area, he is probably hypersensitive. If he accepts the touch inside the mouth but suddenly pushes away (e.g. when a new area is examined), he probably has mixed sensitivity. If he does not react at all to any kind of contact, how ever vigorous it might be, he is probably hyposensitive.

### Drooling:

Drooling is not a speech problem but has to do with the mouth function as well, and can be caused by the same reasons that cause speech problems.

There are four different reasons that can cause a person to drool.

#### **1. Difficulty sitting upright**

If somebody sits with his back and his head bent down for a long time, eventually he will start to dribble.

#### **2. Lip closure**

If the lips are not able to close, then drooling is not easily prevented even if the person tries. With burned children's skin contractures, this is probably the most common reason for drooling.

#### **3. Sensory**

If the person is hyposensitive in his mouth, he may not feel that there is too much saliva and simply not recognise when it is time to swallow.

#### **4. Tongue retraction**

Another physical problem can be tongue retraction, which means that the tongue is not developed enough or was retracted.

### Lip closure:

To improve lip closure, Sara introduced a certain therapy method:

You need a make-up sponge and a ruler. Measure the distance between the two lips and then cut a stripe off the make-up sponge with that width. Give the client this piece of sponge to hold between his lips and tell him to press together. Practise this for a few days and then gradually reduce the size of the sponge. For the last bit give the client to hold a thin stick with his lips. If after two weeks of practice there is no change in the lip closure, it can be regarded as impossible.

### *Straw therapy:*

The straw therapy helps improve lip closure and drooling problems.

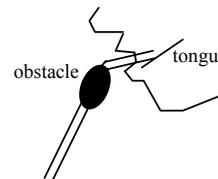
A straw is used with an obstacle around the outside and a fair bit of straw left beyond that. The client has to suck on the straw. With the long end left, he can do that by using most of his tongue. Then, gradually, the end will be shortened by cutting bits off, and he has to make more and more use of his lips. Once there is only a very short bit of straw left beyond the obstacle the lips have to do all the sucking.

This increases the ability of the lip muscles and helps to prevent drooling and to improve lip closure.

### Moebius syndrome:

People with the Moebius syndrome have a paralysed upper half of the face. This does not allow them to smile or put other facial expressions on, even if they want to. These people do not feel anything on the paralyzed area.

There is however, another possibility, called paresis. This means that the person still cannot move the face but can feel. If that is the case, there is still hope for future movement.



All people involved with Children of Fire and the Johannesburg School for Blind, Low Vision and Multiple Disability Children benefited from the talk, and we will hopefully be able to use this new knowledge to help our children.

**For further information contact RE Traders & Therapy tools: 011 705 1281**

# ***Anele awaits tissue expansion***

Anele Nyongwana (6) came to Children of Fire in February 2006 from Ackenhoff, where she lives with her parents and siblings. She was referred to us by Dr. Bruno Pauly and volunteer Nolwandle Made. She sustained burns on her face and hand at the age of three months, when a candle fell over and set the paper on the shack walls alight. The burning material fell onto her face and burned it badly, and she injured her hand when she tried to push it of.



She was admitted to Chris Hani Baragwanath Hospital. The nurses allegedly told her father that she would not make it and they suggested to give Anele an injection to let her "slip away". Moses refused and requested to speak to the doctors. He stayed with his daughter the whole night, and in the end they told him she was going to be OK.

The skin of Anele's face is contracted due to the scar tissue not growing; she cannot close her eyes and mouth in a relaxed situation, i.e. when sleeping.

We also noticed that her hair was tinged with red, which is usually a sign of malnutrition. She had a few problems adjusting to the new environment at Children of Fire and the school, especially encountering other burned children. She ran onto the street in terror when passing the school yard, where Sicelo, Sizwe and Feleng (all of whom are burned in the face) were playing. She displayed shock and fear at the sight of other burns survivors

until she was gradually acclimatized, thanks to the help and kindness of the other children.

We have reasons to believe that Anele has more problems than just her disfigurement to deal with. She is unusually affectionate towards strangers, or people she just met; while her spoken English is very good for a six-year-old and she often gives the picture of a sensible and intelligent child, she does not know how to use a toilet and is severely incontinent at night –

worst of all, she does not seem to see that this is a problem. Also she ran onto the street when a car was coming, from fear of the other burned children at the very beginning. Anele went to Johannesburg General Hospital for assessment several times.

In late April she returned for further assessment at Joburg Gen. She was booked for a tissue expansion to restore her hairline and possibly to build a nose-tip. Her eyelids are not top-priority yet; her pupils are not directly exposed to the air as she turns her eyes up at night.

Anele is set to spend the first half of June back with her two sisters and parents in Ackenhoff, enjoying her new warm winter cloths from Children of Fire as well as a Dis-Chem toothbrush and a hot water bottle from the pharmacists at Garden City Clinic. On 20 June 2006 she will have her tissue expander implanted at Johannesburg General Hospital.

## ***Bongani and Nsizwa***

**Bongani Madlala**, a 13-year-old burns survivor from Howick, came to stay with Children of Fire in February for two weeks. He underwent an eye-test and was prescribed new glasses. They have been made for him already and now only need to be delivered to his home. ***Thanks to UJ Optometry for doing the test and providing the glasses pro Deo.***

Bongani was also assessed at Johannesburg General Hospital. In late 2006 he will hopefully have another tissue expander implanted to further restore his hairline. Bongani went to three classical concerts of

the Johannesburg Philharmonic Orchestra and tried writing an essay that might allow him to climb Kilimanjaro in July 2007.

**Nsizwazonke Vilakazi**, turning 14 in July, had another operation on his left ear, which is made from rib cartilage. Dr. Alastair Lamont from Carstenhof Clinic kindly agreed to give his skills for free as did his anaesthetist, and so Nsizwa's ear reconstruction, which was a little too close to the skull after the first operation, improved in shape and angle. Moreover his lower lip was repositioned. Nsizwa is also a potential candidate for climbing Kilimanjaro in 2007.

# ***Stalwart helpers remembered***

It was with sadness on 19<sup>th</sup> March 2006 that Ivory Park UMashesha volunteer co-ordinator **Priscilla Kokelani Hlongwane-Langa** passed away. Her family attributed her death to the stress of investing in a stokvel and being defrauded of everything. She was buried in Alexandra on March 25<sup>th</sup>. She left her husband Ronnie and two sons Ambani (13) and toddler Ronmoss.

Priscilla had been involved in our Howick and Pietermaritzburg squatter camp outreach as well as being an active member of the Designer Faire job-sharing scheme in Modderfontein. Priscilla had attended courses relating to prosthetics for paediatric burns survivors and brought an unusual perspective to her work as she was also trained as a Sangoma or traditional healer. She will be sorely missed.

Our sympathies also to **Norman Ntswane** who has assisted the charity in Limpopo Province and in Tembisa. His sister Malohadi died in March after suffering a miscarriage. She was admitted to Jane Furze hospital and her care was left only to nursing staff, not to any doctor.

**Kehla Vilakazi**, an SAPS officer in Volksrust and Children of Fire's friend and helper, died in a car crash in April 2006.

Everyone who knew Kehla, knew him to be a remarkable and compassionate human being, forever smiling yet wise. His passing is a loss not just to his family and his colleagues in the SAPS, but also to Children of Fire.

Kehla was the person who, together with the help of former *Newcastle Advertiser* journalist Catherine Ndzimande, first brought eight-year-old burn survivor Sicelo Maduna to our attention. Kehla on occasion assisted even with transporting other burned children to Newcastle and he also accommodated a series of different overseas volunteers in his own home when they accompanied Sicelo to and from Volksrust.

Most of all, we appreciated Kehla's joy for life and believe that that joyful spirit will continue in his little child and indeed, in all those whose lives he touched for the better. He savoured life with an intensity as if he knew it would not be long. Rest well dear friend where Earthly woes are gone.

## ***Chocolate Fest 2006***

After a long time of preparation, the annual Chocolate Fest on 1 April 2006 was a brilliant success. The bright autumn sun shone down on the school, which was buzzing with the lively atmosphere of people walking around the stands and selecting their favourite piece of chocolate (before it



was melting away in the hot sunlight). Many friendly visitors showed interest in the Johannesburg School for Blind, Low Vision and Multiple Disability Children, and some of them signed up to support the school with a regular donation. Among these were also Generations-actresses Camilla Waldman ("Anne de Villiers") and Mmabatho Montsho ("Lumka Dlomo"). Children and adults

indulged in the liquid chocolate flowing from the mesmerizing chocolate fountain. Many raffle tickets were still sold throughout the day, and the winners, drawn four days later by Sunday Times deputy managing editor Susan Smuts, have already been informed of their luck. Not only was a lot of money

raised for the school, but also more people are aware of us now, and many useful contacts were made of people who want to help Beka in the future.

Finally, all this would not have been possible without the help of so many kind donors and volunteers.

**Next year's Fest is on:  
Saturday, 24<sup>th</sup> March 2007.**

### **Thank you to:**

***Beacon, Bokomo, Cadbury, Cartoon Candy, Chaplin's, Coca Cola, Cote D'Or, Designer Faire, Dino and Dimple Patel, ECA, Linden Garden Supplies, Furniture City, Gelatitalia, Geldhof Chocolatier, Gold Reef City, Ingwenya African Spa, Lindt, Margaret Hirsch, Marita Irvine, Montage Print, Mugg and Bean, National Brands, Party Design, Rotary, Roy P. from R&R Signs, Louis Rutstein, and all the kind volunteers that helped on the day!***  
***You helped make the Chocolate Fest a success!***

## *Stove designs endorsed*

Southern Africa has been plagued by horrific burns injury and fires in shanty towns for the past 25 years, since the advent of the lethal paraffin wick stove. While now manufactured in Bloemfontein, South Africa, the design was essentially Chinese. New stoves were very cheap at about R35 (about £3 at current exchange rates) but from their first day of burning they were a danger to the user because they leaked paraffin - also called kerosene. If a stove was knocked over in the cramped shacks, liquid fuel leaked over the floor or table and the flame spread with it. After technical competitions and pleas from the medical fraternity, at long last the dangerous stoves are to be banned because the South African Bureau of Standards is insisting that wick stoves should extinguish in one second if they are tipped over and that they should not leak any paraffin. Currently only one stove can meet this strict criteria. Invented by George Long, it will sell for R60

*The Vietnamese are going to sell the South African design across the Far East for at least the next five years, saving lives there as well.*

and is being marketed by a company called Promethea. The wick stove does not solve every problem because it still causes indoor pollution, but Promethea – which has a significant black economic empowerment component – is also to distribute a pressure paraffin stove costing R140, that is hand-pumped and lets fuel burn more efficiently with almost no pollution. Colin Vale, inventor of the safe pressure stove, says: "We wanted to manufacture in South Africa but found the factories in Vietnam had better equipment and prices. While the design is African, manufacture is in the developing world, for the developing world." Disaster management is looking at ways where government can maybe subsidise the endeavour and arrange for old dangerous stoves to be exchanged for the new stoves across the 4 million shanty town homes in South Africa. Then hopefully the rest of the continent will follow.

## *Toys flood Southern Africa*

Ten thousand toys filled and overflowed the offices of Children of Fire in Auckland Park in March 2006 as the charity was a happy recipient, not of happy meals, but of the toys that go with them. When fast food franchiser McDonalds had a clearout of former promotional items, it decided to hand the toys on to children in need. Several charities were contacted and Children of Fire, because of its extensive outreach work in hospitals and squatter camps, had ten thousand toys to share.

**Children who benefited via Children of Fire include: Burned children in its care; Joe Slovo squatter camp children in Coronationville (three to four different toys for every single child there); Setswetla shacks in Alexandra co-ordinated by UMashesha volunteer Rossina Malatjie; Johannesburg School for the Blind, Low Vision and Multiple Disability pupils; HOMAC, a children's home/place of safety in Ennerdale, they have 24 children - via volunteer Judith Mattis; Abraham Kriel children's homes - 400 young children with 3-4 toys each; Religious outreach to Democratic Republic of Congo and to Mozambique - Programme Co-ordinator: Graham and Pam Fletcher (083-225-0717); Children with the Miracle Mission - contact Cindy Sproat (011 462 0000 approx 600 toys collected to date; Hamilton Memorial Crèche in Coronationville; Epworth orphanage via Nevill Leach; Benoni area crèches via prison-book-project donors; Children's cancer organisation CHOC via another toy donor;**

**All the organisations below distributed via Gladys Agulhas: Rev André Miles - (011) 342-3279 (H)(Nelson Mandela Squatter camp- Kliptown / Eldorado Park areas); Mr Massie - (011)945 2577 (school)Don Matera School for disabled children (Eldorado Park); Mrs Jolene Kloppers -School of Creative Arts - (012) 320 2123 / 0846196456 (For Homeless, vulnerable children, girls and youth) Inner city of Tshwane; PCM -Ennerdale SOS - (011)855 -1000; Evans-(011) 945 6433 / 945 559; Eldorado Park Women's forum (Seeds of Promise); Harvey Cohen (011) 945-3463 / 2577**

***The Wits University Students' Christian Organisation took 1125 toys to share with the***

Central Methodist Church; Chris Hani Baragwanath Hospital during the DOCS/SCO Easter egg outreach; and St Vincent De Paul to take to Orange Grove. Also via Casbro Trunks to the Jelly Bean preschool in Thembelihwe squatter camp, the Apostol Church near Zakaria, the Girls College in Ennerdale and the African Muslim Agency....  
and many more - the list grew as the pile of toys gradually declined, taken in boxes, "iPlastic", cars, kombis, all over the city to put golden smiles on the children of eGoli.

## *Kids conduct Classics*

After five wonderful Wednesday evening concerts, Children of Fire's visits to the Johannesburg Philharmonic Orchestra season came to an end on March 23<sup>rd</sup>. Our usual mix of burned children and squatter camp youth attended, sitting just a row or two back from the double basses - that is, until conductor Arjan Tien moved the orchestra around so that a conversation between first and second violins could be heard better for the final concerts. The programme ranged through works by Brahms, Dvorak, Liszt, Beethoven to Humperdinck, Rossini, Vivaldi and Rodrigo. There was Mendelssohn, Mahler, Mozart as well as Rosenschoon, Shostakovitch and Tchaikovsky. A great range of music and the children discovered the magical mandolin for the first time in their lives.

Conducting on March 1<sup>st</sup>, St David's Day, was Welshman Owain Arwel Hughes - sporting his national flower the daffodil in his buttonhole. Children of Fire's director Bronwen Jones acknowledged her Welsh ancestry by wearing her Welsh flag dress to mark the occasion. And while some of the symbolism sailed over the heads of our children, they all appreciated the chance to go out in the evening and to experience another world.

With soloist Yingdi Sun from China on the piano, Australian Craig Ogden on the guitar and Briton Alison Stephens on the mandolin, the international flavour was complete.

Dear JPO,  
The children loved you so.  
Sorry that they didn't sit still all the time;  
nor did they understand concert etiquette.  
Dorah, who is blind,  
thought you would not mind  
if she sang along,  
even when her fortissimo  
happened to coincide with your pianissimo  
and so we sat and held them,  
hugged them,  
let them conduct vigorously,  
or pretend to bow the violin,  
or exercise their arms at trombone mimicry.  
And when one wanted to shout for glee

Some of the musicians told children about their instruments; one kind trumpeter was particularly concerned when Sizwe was sick at two different concerts. The children, and sometimes adults in the audience, weren't always quite sure when music had come to its end. They didn't understand the standing ovations or the clapping to make people return. But they were learning more each time and generally the audience welcomed their presence, also at the pre-concert talks. There were a few starchy faces who seemed disapproving of children in general but they were in the minority. A couple of children fell asleep to the gentler sections of Mozart; some became excited and talkative where silence was due.

It was always odd at the end of an evening to walk children back through dark narrow alleys between tin shacks where starlight barely penetrated, and yet only minutes before they had been rubbing shoulders with the fine city folk in evening wear. But if Beethoven's "Emperor" piano concerto lingered in their ears, so too might have the concert notes. Vienna under siege in 1809 with the regular sound of gunshots. Not so different after all to squatter camp life in 2006.

We thank André Winkler and Des Blow for helping with lifts to two concerts. And after our final Wednesday we sent a poem and flowers to the conductor Arjan Tien to thank the JPO. He phoned us the same evening, to say that our children are always most welcome.

at the melody,  
So we wrestled her silent,  
soft palm to mouth.  
Sometimes the audience,  
distracted by our antics  
wondered at the strange seated dance  
of the Children of Fire  
But JPO – you inspire  
The children sing your tunes and your praises  
many hours, many days,  
after the music's echo has passed away.

Thank you for letting us listen  
Sorry for any times that we disturbed you.  
Bronwen Jones and the **Children of Fire**

# Lesotho Outreach

In mid-April 2006, volunteer Marietta embarked on an outreach project to Bloemfontein and Maseru, Lesotho.

This included a home visit to one of our children of fire and potential Kilimanjaro 2007 climber, Lebohang Motseki (13). He and Refemetswe Moilwa (8, from Thaba Nchu near Bloemfontein) were lucky guests to Beka's biannual Holiday Week Activities from April 3-7. They painted masks and plates and participated in an interactive drumming workshop with other burned children and children in need. On Friday 7<sup>th</sup> they even visited the Johannesburg Zoo and were introduced to several African animals.

Lebohang lives in a brick house on the outskirts of Bloemfontein with his mother and his father. He was burned in September 2005 when he played with matches and fuel in the veld. The injuries do not disable him, and he is a very nice-natured boy despite what he has gone through. He has one older brother who lives in Reddersburg – he has Matric but is yet unemployed. His mother has a job as a domestic worker four days a week; this does not earn enough money to cater for four family members. The water was cut off because they cannot pay the water bill.

"Nonetheless I felt very welcome in Lebo's family. He fried sausages and bread for me and later his mother served homemade fish & chips for us. They try hard", says Marietta. "They seem like a good family together – the mother gives her son the attention he needs. The father, unlike in many families I have heard of, still lives with his wife. He is a kind person."

On Sunday morning, Marietta travelled the 80-odd kilometres to Maseru. The taxi stops in front of the border; you have to walk across it. For Monday she and Lesotho outreach contact Thabang Senoko had scheduled a number of meetings to research about fire and all its facets in Lesotho and Maseru.

These included the director of the Department of Science and Technology, Maseqobela Williams; the Town Clerk of the MCC (Maseru City Council); the Department of Education; and the local fire brigade.

Did you know that there is absolutely no research on designing safer candle holders in Lesotho? At the very moment, when Mrs Williams mentioned this, a four-month-old Thandiwe in the local hospital was suffering

from burns, including the loss of her left arm – a candle had fallen onto her bed.

Mrs Williams mentioned, that people in rural areas use more wood, coal and cow dung to make fires while people in the urban regions use more paraffin. Neither is safe or efficient: In the mountains of Lesotho (and Lesotho consists almost only of mountains), wood is scarce. Cow dung does not give off enough heat to cook properly. And, according to a British volunteer Ken Dunn, vast numbers of fire related deaths go back to smoke inhalation. The Basotho people traditionally have fires inside their rondavels – without the proper air ventilation, smoke inhalation is inevitable...paraffin is never safe. Even with safe stoves that prevent fire from spreading when it is knocked over, the risk of a child getting pneumonia through drinking paraffin is present every single day.

And then there was the town clerk Teboho Mohlomi, who was very open about the problems in city planning regarding fire safety. People build houses on top of fire hydrants. Only two buildings in Maseru have internal sprinklers. The MCC does not run a fire station – the local fire brigade is under the command of the police. It should not be like that, but there is not enough money to build a new fire station.

"The Department of Education did not want to help at all; we were sent away almost as quickly as we came in, with the words 'You have to write a letter and get a permission before you can do any research at a school'..." complains Marietta.

The Fire Chief, Mr. Mohale, was more helpful. From what he said about statistics and fires in general it seemed like burns indeed are not a major problem in Maseru. (If this goes for entire Lesotho is of course not confirmed, as many people in rural areas probably die before they get to hospital – thus their deaths are often not recorded). In 2005 "only" two people died of fire. In South Africa it is an average of 15 000 *children* each year. Of 44.8 million people (the population of South Africa) that makes 0.033 per cent (which sounds like almost nothing as a percentage but in fact is incredibly high).

He complains that his three small fire engines are not enough. But again – no money. When asked whether his equipment is in good shape, he said yes, it is regularly upgraded.

Thabang commented later that the ladders do not even reach the third floor of a building. The hospital was not very inspiring either. The floor was uneven with broken laminate. There were open electrical cables at reachable height. The fire hose was missing. Sheets and blankets were drying outside, spread on grass and concrete. The doors were chipped, the signs illegible. "My thoughts were: Somebody should invest more money in the hospital...", comments Marietta. "And we are speaking of the hospital in the *capital*. Thank God I did not fall sick in this place." There is no burns ward; burned people are mixed up with other injuries – the risk of infection for these burned ones is much higher this way. In the children's ward, Marietta finds three burned children. Four-month-old Thandiwe had lost an arm when her bedding caught fire. A candle had fallen over when her mother was away at the neighbour's house. Tiisetso, at age three, was dropped into a fire when her mother had an epileptic fit. The mother died; the child is now under the care of her grandmother. The last one, eleven-year-old Sekake, was just in a skin graft operation. He had been burned when he was trying to fry maize. In 2005, 45 children with burn injuries

were admitted to the Queen Elizabeth II hospital. Still too many. A visit to the Appropriate Technology Section (ATS) completed the Maseru outreach project. Marietta and Thabang talked to the Senior Marketing Officer Mookho Masiu about safer stove designs, and the designs the ATS holds. The ATS does not focus on stove *safety* but more on fuel efficiency, especially for people in the rural areas. They launch only wood/coal stoves and ovens, as well as no-fuel-stoves like the retained heat stove, or innovative designs like an oven where the sunlight is reflected onto the food to be cooked or dried. How effective that is Marietta was not sure. There are several conclusions to be drawn from this research trip. It is very positive to hear, that fires are not that big of a problem in Lesotho compared to South Africa. It seems true that safety is a priority for most people – speaking of families, parents, communities. The government however does not take all necessary steps to make Maseru as fire-safe as possible. Maybe they do not see the need but fact is, there are severely burned children whose lives have been ruined or lost.

## ***Children of Fire would like to thank:***

**Panasonic** for donating a brand-new photocopier to Children of Fire's school site, which now enables teachers to copy large print in A3-format for our low vision children. Thanks to **Max James** and **Liesel Patterson** for the arrangements.

**Fascination Books** and for **FedEx** for donating 8 tons of books and for transporting them to Joburg Prison in Meredale.

**Slam Pool Care** for maintaining the ChiFi swimming pool.

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*Children of Fire is entirely funded by the public; donations can be made to:*

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