Ashanti development

A Dream of Africa Gala Night
Sunday 11 September 2011
7.30pm

**The Britten Theatre,
Royal College of Music,
Prince Consort Rd,
London SW7 2BS**

**Tickets £30
from RCM Box Office
0207 591 4314**

www.boxoffice@rcm.ac.uk

Dancers from the Royal Ballet, joined for the first time in this series by dancers from the English National Ballet, will perform the fourth fund-raising Ashanti Gala in London on Sunday 11 September.

ENB Principal Dancer Elena Glurdjidze has agreed to take part, and Royal Ballet Principals Steve McRai and Sergei Polunin, who has become a huge box office draw since he last took part in an Ashanti Gala, have said they will dance for us if they possibly can. It's too early to have all the dancers' names, but Royal Ballet's choreographer Wayne McGregor will do his best to contribute and Wayne Eagling, whose ballet Men Y Men was a big success at the Coliseum in March, has promised to choreograph something specially for the event.

A meeting for long-term volunteers will be held at the Britten Theatre during Sunday afternoon.

Helen Booth is a consultant at University College London Hospital and her partner, Chris Hartley-Sharpe, works for London Ambulance. Together they lead Ashanti Development's work on general health.

Last November, Chris and I returned for our second visit to the Gyetiase clinic. It was great to catch up with the Ashanti staff and locals who we had met on our last visit and who made us so welcome.

The aim of our visit was to review the progress of patients and initiatives we had previously been involved with, and to continue to try and understand the health needs of the local population and how these can be addressed most effectively by Ashanti Development.

Malaria

Malaria remains a significant problem in the area, particularly in young children. During November 2010, 59 children under 5 years of age were seen in the clinics we ran. Two thirds were given Artemisinin-based combination antimalarial treatment which is readily available in the local pharmacies at the cost of only 75 pence for a child's 3 day course.

A digital ear thermometer is the most vital of equipment to have and we carried one around with us all the time. In Nkwabrim, when just setting off to put up mosquito nets, a man ran to us asking us to review a 2 year old child who was unwell. He had a temperature of 41°C (106°F) without any focal signs of infection so we cooled him down with water and gave paracetamol and anti-malarial treatment. Within 24 hours his temperature he looked well, his temperature was normal and he had started to eat and drink again.

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Right

Within 24 hours he had started to eat and drink again

An important part of our work is to get people to understand what they can do to prevent malaria. They should:

1. Get early treatment if they are unwell
2. Prevent mosquitos breeding by reducing litter which can hold water, covering water storage containers, filling in puddles etc.
3. Prevent being bitten by mosquitos, which usually feed at dusk or overnight. This includes the use of mosquito net

Over the last two years there have been a number of volunteers who have put up mosquito nets in the local villages (Chris and I in Gyetiase and Tadiesa, Jen and Mark in Old Damaang, David and Bjorn in Bimma, Susan and Matt, Simon et al). On this visit Chris and I put up 35 mosquito nets in Nkwabrim over the beds/sleeping mats of children less than one year of age and/or pregnant women. These are the groups with the highest risk of morbidity and mortality from malaria.

We also returned to a random sample of households who had previously received mosquito nets on behalf of Ashanti Development. The rate in Gyetiase of continued usage 18 months after installation was 96%. However, this was much

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lower in another village. This emphasises the importance of education at the time of fitting mosquito nets and a record of receipt so that this educational message can be reinforced at a later date. To this end a database of households who have received mosquito nets has been established.

Those volunteers who have put up mosquito nets will, I am sure, confirm that it is hot, dirty work but hugely rewarding. Not only does one get a closer insight into how local people live but there is the knowledge that in an endemic malaria area one child is saved from dying of malaria per year per 100 nets used.[1]

[1] Insecticide treated bed nets for preventing malaria Cochrane Database Systematic Review 2004

Right

Installed mosquito net. Hooks are hand drilled into beams in the ceiling

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Chronic Disease Management

All adult patients who attended a clinic in March 2009 and November 2010 had their blood pressure and body mass index recorded. High blood pressure or hypertension was identified in 20% of patients.

Those with National Insurance were recommended to get repeat measurements at the local clinics at Mampong or Nsuta. Those without insurance will be monitored with repeat measurements at the Gyetiase clinic and encouraged to get National Insurance if they have persistent hypertension. The lifestyle advice given to hypertensive people in the UK, such as weight loss, low salt diet and exercise are not usually appropriate in this rural African setting.

This was such a financial burden that they could not, in addition, afford National Insurance.

Two men with diabetes were identified during our visit. One elderly man had been diagnosed some years before but as he could not afford National Insurance he was not receiving any treatment and as a consequence was severely malnourished and suffering from peripheral neuropathy (numbness of the legs) which meant that he found it difficult to leave his bare-earthed hut where he slept on the floor. The Gyetiase clinic staff have now started him on escalating doses of oral hypoglycaemic tablets which are purchased cheaply in the local pharmacy. The other patient was a younger man who was severely underweight and the family were paying for treatment from Nsuta clinic. This was such a financial burden that they could not, in addition, afford National Insurance. Both men have been provided with a patient-held record, receive outreach blood sugar monitoring and applications for National Insurance on behalf of Ashanti Development.

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Human Immunodeficiency Virus (HIV)

Another two people with HIV infection were identified recently at the Gyetiase clinic. One was a 7 year old girl who presented with kwashiorkor (severe malnutrition; pictured). Sadly she has subsequently died despite being started on anti-retroviral treatment from Mampong HIV service and the provision of Ready-to-Use Therapeutic Food (RUTF) made up by Gyetiase clinic staff with full-fat milk powder (30%), sugar (28%), vegetable oil (15%) and peanut butter.

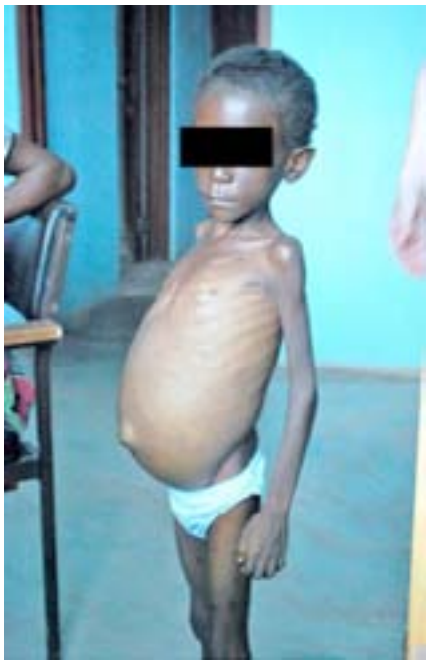
The challenge remains to encourage locals to get tested early for HIV so that treatment can prevent the progression to AIDS and death. There is an excellent service at Mampong Hospital with which the Gyetiase Clinic staff have formed close working links.

Prevention of acquiring HIV infection remains critical to the control of this disease. Esther, the Health Care Assistant at Gyetiase clinic, has attended training in HIV and goes to regular meetings with other local volunteers in an initiative supported by another charity. She now attends the local youth club and gives talks about HIV and its prevention.

Mother-to-baby transmission of HIV is almost completely preventable by identification of maternal infection and appropriate and timely use of anti-retroviral treatment. Informally acquired information is that local maternal HIV rates are about 2-3% which is much lower than other sub-Saharan African countries. An informal survey of women we undertook suggests that there is ready access to antenatal care at Mampong and Nsuta and that there is a high uptake of antenatal HIV testing.

Below

7 year old girl who presented with kwashiorkor (severe malnutrition)



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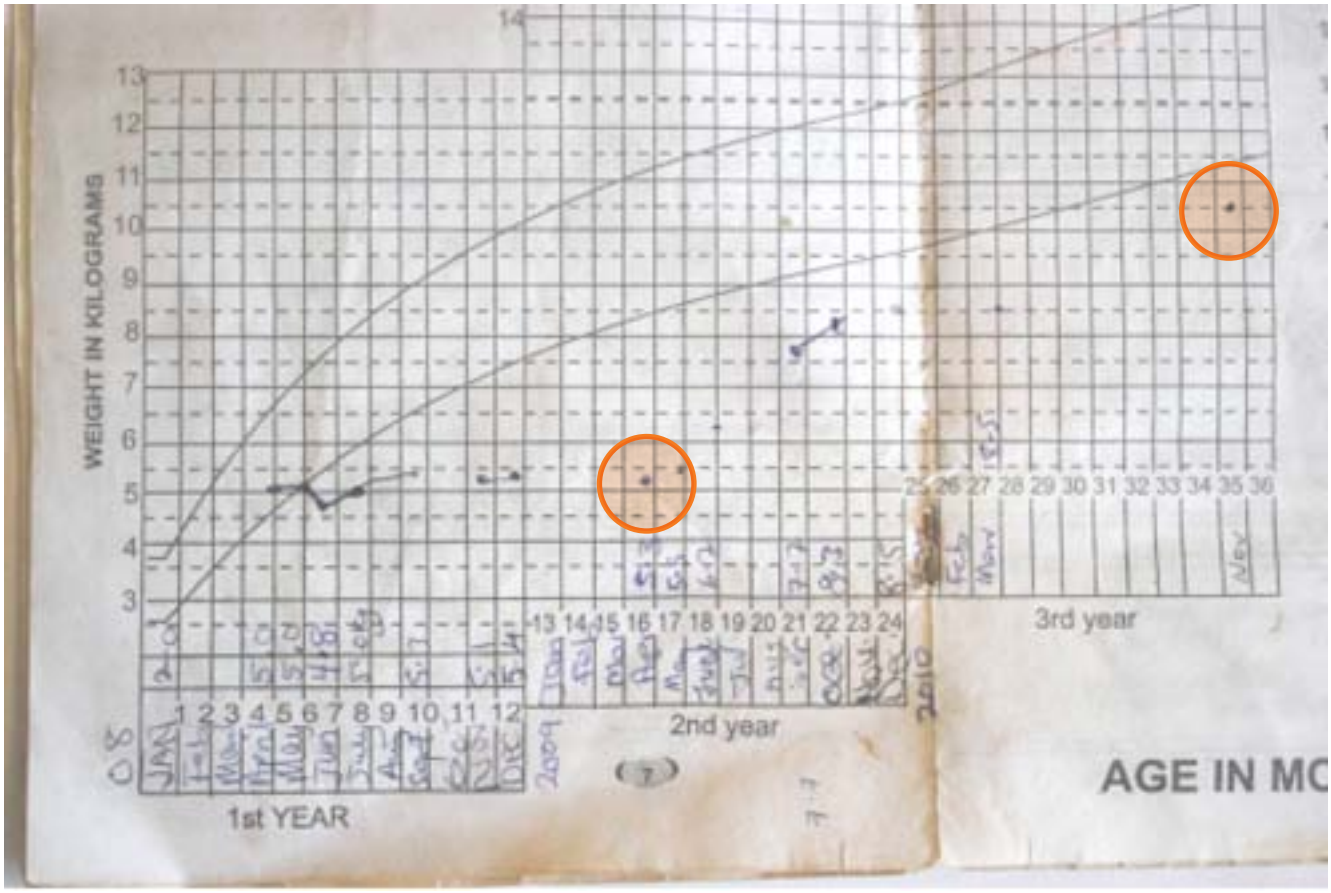
Malnourished Children

All children attending the Gyetiase clinic have their height and weight measured which is then plotted onto the relevant growth chart for their gender. Education is given to the mothers of underweight children. If appropriate, nutritional supplementation with 'Weanimix', an in-house manufactured mix of ground nut, maize and olive oil, is provided regularly for as long as required. This can be very effective as illustrated by the case of Sandra. On our first visit in April 2009 she had failed to gain any weight between the ages of 4 months and 14 months but since our visit and the provision of Weenimix (now stopped) she is now gaining weight at the expected or even higher rate.



Above

Sandra's weight chart showing she is gaining weight at the expected rate

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Ringworm eradication

It is estimated that 18 months ago the majority of children in Gyetiase had ringworm of the scalp. This is a fungal infection which is contagious and affects children below the age of puberty. Although not clinically serious it can cause cosmetic problems and was causing concern to older children and their parents. In 2009 a ringworm eradication programme was initiated which involved education about infection control and 4 weeks of treatment with Griseofulvin, a cheap locally available oral antifungal agent.

Esther has done a fantastic job, such that there was a significant reduction in the prevalence of this condition noted by volunteers. However, it is an ongoing programme. Certainly one case in an adolescent girl seen in the clinic in November was so extensive and disfiguring that she was wearing a scarf all the time which may explain why she had not been previously identified.

Antenatal care

During our recent trip we visited the antenatal unit at Mampong Hospital. As expected it was very busy!

In addition we undertook a small survey of pregnant women and women who had recently delivered on their antenatal care. We assessed this as reasonable and our recommendation is that Ashanti Development's role should be in signposting pregnant women to local services and encouraging them to take up all offered services particularly HIV testing.

Clinic pharmacy

During 2009, shelves to store drugs and medical equipment were successfully installed in the lobby of the consulting rooms in the Gyetiase clinic. This was sponsored by donations from the Dorset village of Cerne Abbas. A stock control book has been set up which will provide information on the types of drugs and their rate of usage. This will be useful to ensure visiting clinical staff have the appropriate drugs available in the right quantities to reduce wastage.

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Clinical team

As many people know, Esther has been successful at getting a place to be trained as a midwife at Mampong Hospital, a vocation which I am sure she will be very good at. She will continue to work for Ashanti Development one day a week and it is currently envisaged that she will continue to deliver on the HIV liaison and National Insurance sponsorship scheme as well as supporting her successor(s).

Diana Appiah, pictured below, started as the new Gyetiase clinic Health Care Assistant during our stay, which allowed a helpful period of briefing. Since returning to the UK we have decided to recruit Elizabeth, a local girl from Gyetiase for one day a week. This is being sponsored by money raised by Cerne Abbas.

Right

Diana Appiah who started as the new Gyetiase clinic Health Care Assistant

Sponsored walk

There will be a sponsored walk in London on Saturday 1 October to raise funds for Ashanti Development.

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