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In January 2016 Nicholas Aboagye, Ashanti Development's Country Director, asked me to visit a settler village called Esereso. Such villages are generally new and consist of migrants from Northern Ghana or Burkino Faso, who travel south because climate change has made their homes inhospitable. They're from a range of tribes: Dagomba, Mamprusi, Dagati, Fulani, Kusasi, Fra-fra, Kokomba...

Settler villages are terribly poor, even by local standards. People survive on subsistence farming, growing food and keeping goats and hens – any surplus is sold at market. They live in mud brick houses with palm thatched roofs and their only communication with the outside world comes from long walks along the dust road.

When I arrived in Esereso I was shocked to see so many children absent from school, with huge protruding bellies. I made inquiries, and discovered the cause was worm infestation.



Worms flourish where there's lack of hygiene, sanitation and clean water, where many children don't don footwear. Worms are endemic in these settler villages, causing listlessness, malnutrition, anaemia, and coughing. Furthermore, the children become at greater risk from malaria, diarrhoea and other infectious diseases. Those effected have protruding bellies and difficulty in walking, so cannot attend school.

Ashanti Development has already installed latrines in some of the villages - the locals are willing helpers and hard workers, digging the holes and making shelters to cover them. Hygiene is taught at the same time. This also helps to eliminate the worm problem.

Gross worm infestation is tremendously debilitating and settler villages need urgent treatment. De-worming tablets are cheap and easily available in Ghana, but settler parents cannot afford the treatment. Ashanti Development's latest project aims to ensure no child under ten years of age suffers from worms.



Worm tablets cost just £3 for a whole year's treatment – or £30 for ten children for one year.

Any donations would be greatly appreciated, either by cheque (made out to 'Ashanti Development') or through the Donate Button on our website – [www.ashantidevelopment.org](http://www.ashantidevelopment.org).

**Ashanti Development Health Report – February 2017, by Chris and Helen Hartley-Sharpe, Liz Styan and Caroline Fullick**

**Dramatic reduction in malaria**



On previous visits, we'd been treating cases of malaria daily, with 50 to 100 cases during each stay. This time, we didn't see a single case until day eleven. In Esereso, the most remote village we currently help, three children were discovered with malaria. This observation supports what the locals tell us; that incidences of malaria have been

reduced thanks to widespread ownership and use of mosquito bed nets. Most people own a mosquito net, but choose not to utilize them because they're hotter and more comfortable to sleep with.



Healthcare providers now have malaria testing kits but our experience of them on this visit was limited. They are, however, highly beneficial, and can confirm malaria in patients whose symptoms alone are not sufficient to indicate whether treatment is required.

**New Ghana-wide health worker structure**



The existing qualified public health nurses have been renamed Community Health Officers (CHO's). They provide some supervision for the newly appointed Community Health Workers (CHW's) and whilst the new CHW's get up to speed, existing volunteer Community Based Agents (CBA's) provide treatment to children in the villages.

We are continuing to support these volunteers with equipment and medication.

## Health clinics

The new staffing structure has made it possible to have full time staff at established health clinics. The clinic at Adutwem (funded by our Italian donors) was already staffed when we last visited in 2015. The original clinic in Gyetiase should be staffed in the next few weeks and the recently constructed clinic between Amoamang and Ankumaduo (funded by David Rees and family) will be operational once the electricity is connected. We also visited an existing clinic in Oku (funded by a Catholic church) which was very well run, and another at Berim which was not, and needs to be improved.



## Nutrition supplement now available to more children



More Weanimix nutrition supplement is currently being produced and we're distributing it via the CHO/CBA network. A greater number of children in a wider range of villages are receiving it and following guidance during this visit, we expect even more villages to soon benefit.

## Family planning

Many young single mums struggle to care for their children and it's well documented that when children are born in quick succession to the same mother, their health and development is compromised. We have, therefore, consistently encouraged family planning. There's been strong cultural resistance to contraception, but it's increasingly provided under a government programme that makes more available and at a lower cost. Liz and Caroline spent a lot of time with the CHOs, gauging current attitudes and enhancing their knowledge, teaching, demonstrating and distributing much needed supplies.



## Better engagement with Mampong Hospital



Mampong Hospital is just 4km from Ashanti Development's headquarters at Gyetiase, but it has always been 'unenthusiastic' about our presence in their area. On this trip, however, we met up with a previous contact and Helen gave a lecture on Tuberculosis. This was well received and seems to have 'opened a lot of doors'. We spent quality time with staff and patients in the Casualty department, with TB outreach workers and the Public Health Director of the Mampong district. We are now planning to do further work with the hospital and are particularly keen to set up health screening days in Ashanti supported villages.

This will help in identifying, at an early stage, serious illnesses such as TB, HIV, Hepatitis B, diabetes and malaria.

## Ringworm has started to reappear



When we first visited in 2009, around 75% of the children in Gyetiase village had ringworm. Having implemented a programme to treat this, it was all but eradicated by the time we returned in 2010. Whilst there have been occasional cases since then, it was present in about 5% of children that we saw this time. We trained up the new healthcare assistant in the management and

treatment of ringworm and left supplies of the appropriate drug.

## Water and latrines

JY is the village we managed to sponsor with funds that didn't need to be spent on mosquito nets (our last visit coincided with a government distribution of mosquito nets). As a result, JY now has a latrine for each household and a borehole water supply for the entire village. This has significantly improved the health of the villagers and enabled them to better use their time on things like growing food.



### Previous patients

Joseph, who we met in 2010, and diagnosed with diabetes, has sadly since died. He was very poorly when we last saw him, and although we tried tirelessly to improve his care package, there was only so much that we could do in this environment. We visited his family and gave them a framed copy of this photograph, which we had taken when he was responding well to treatment back in 2012.



On a brighter note, Osei who had the frighteningly infected thumb when we last visited, has made an excellent recovery. Despite losing approximately an inch off the top of his thumb, he has retained the joint and is still able to write with this hand.

### Water filter breakthrough

Long ago, our hydrogeologists convinced us that there was no hope of providing clean water by borehole in many Ashanti villages, and that neither rainwater harvesting nor spring protection would be adequate substitutes. Since then, we've been looking for resilient, low maintenance water filters, and recently came across the Aquafilter.

Aquafilter household filters - they also come in larger sizes for schools etc. - are the first filters to receive clearance from our water engineers for general distribution.

There's a snag, however, as the manufacturers don't know how long the filters will last, although they're confident it'll be at least five years. What would happen when they broke? Ashanti Development can't always be at hand to buy new ones. We feared people would revert to drinking highly polluted stream water, having lost any immunity they once had. The £35 cost for a replacement seemed too high for poor farmers.

Our Country Director, Nicholas Aboagye, thought otherwise. He was convinced that people would pay. He said we should choose a village and give each household a filter. "Once people become accustomed to drinking clean water, once they

realise that it's not necessary to suffer from diarrhoea for five days out of seven, or to watch their infants dying of water-related disease, they will save enough money – they will do whatever it takes to buy a replacement,” he said.

We decided to pilot the scheme. Nicholas distributed household filters to the villagers at Mprim and explained to each family how they worked, how you cleaned them and that each one would only last for six years. During the next few months, he spoke a further ten times to each household, to impress upon them the need to save for a replacement. Additionally, he used the community loudspeaker to make occasional announcements.

Furthermore, he went into all the schools and taught the children how to use the filters, so they could reinforce the adults' knowledge. He spoke to the Chief and Elders about the necessity to save, to the community at large and in general, to anyone who would listen.

We don't yet know the outcome, but last month, Ashanti Development spent time in Mprim interviewing some of the Aquafilter users and here's what a few of them said:

- Kate Appiah said the filter had brought a big improvement to her family's health. She even uses it to filter water for washing if the stream water is particularly dirty. She used to buy

treated water (tankered in and sold in plastic sachets) but nowadays she has more confidence in filtered water and is saving the money she once spent on sachets to pay for a new filter. She is sure she will have enough money in five years.

- Mr Acausi Adam says when he drank stream water he was always ill. He even wondered sometimes if it was psychosomatic - if because he expected to get diarrhoea when he drank stream water, he always did. The filter's put an end to all that.



**Mr Acausi Adam**

He is saving now to buy a replacement, though he thinks his existing filter isn't anywhere near breaking. He saves as part of a su-su' scheme, and has already saved quite a lot.

Abena Boahema says she really likes her filter and no longer has to take her children to hospital. Previously, she had to take them every two months (possibly for malaria as well as water-related sickness symptoms).

Abena says that she takes good care of the filter and believes it will 'cross the five-year boundary.' She used to lend it to other people, but doesn't anymore because she wants it to last.

At present, she's pregnant, so says it's difficult to save anything because she can't carry out her normal work. When the baby arrives, she'll start saving again and is sure she'll have enough before the five years are up.

For UK residents, it's difficult to assess these reports. Are they true, or are the people just telling us what we want to know? Nicholas' assessment is that almost everyone will have saved enough money in five years to buy replacement filters. He says by then it'll be quite clear that clean water means the difference between good health and bad, between high and low energy levels, and between healthy babies and sick or dead babies. He is sure that no-one will want to live without filters. Those who have not saved enough money

for a replacement will need to make some other arrangement, possibly by renting filter time from their neighbours.

We consider this to be a significant breakthrough, and although we will proceed cautiously, where we find a village with filthy drinking water, we'll consider buying them Aquafilters, and if when the five years are up and villagers come to us with money to buy replacements, we will know where we stand.

We are very grateful to the Christadelphians for having funded Mprim's Aquafilters.

<b>Flow Rate:</b>	90 litres per hour
<b>Ultrafiltration Filter Capacity:</b>	100,000 litres
<b>Bacteria Retention:</b>	>99,99999%
<b>Virus Retention:</b>	>99,999%

1 Su-su is a community saving scheme.

## The 2016 Reith Lecture

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**Kwame Anthony Appiah**

### Cosmopolitanism

Last year's prestigious, BBC Reith Lecture series came from Kwame Anthony Appiah. The event, inaugurated 69 years-ago by Nobel laureate, Bertrand Russell, seeks to advance public understanding and discussion.

Appiah was born in London in 1954, to an English mother, daughter of Sir Stafford Cripps, former Chancellor of the Exchequer under Clement Attlee, and Ghanaian father, Nana Joseph Emmanuel Appiah, statesman and descendent of the Ashanti King. Their marriage in 1953 was heralded as Britain's first inter-racial society wedding and inspiration for the film, 'Guess Who's Coming to Dinner' starring Sidney Poitier.



**Appiah's parents on their wedding day – Britain's first inter-racial society wedding**

In his first lecture, entitled 'Creed', Appiah explains that he comes from 'two families, far apart' - father born in Kumasi and mother from the Cotswold Hills. He is happy to boast that he's been 'embraced and absorbed by both families'.

He grew up in the Ashanti region with his father's stories and traditions, and is a direct descendent of Osei Kofi Tutu, the co-founder of the Empire of Ashanti. He discusses the importance of ancestors in Ghana; how a spiritual presence and connection is part of daily life. He speaks with affection about libation - the traditional offering of food and drink to one's ancestors. This spirit of community and fellowship are what inform Appiah and family stories like these, he argues, 'shape who and what we are.'

The world today is more connected and interactive than ever before. Ghana is six and a half hours from London – in travel time closer than Aberdeen - but the world is polarised by inequality, displacement, war, climate change and environmental disasters, to name but a few. In this charged political climate, the British Prime Minister tells her first party conference that 'If you're a citizen of the world, you're a citizen of nowhere.'

Professor Appiah responds by citing his father. 'There wasn't a more patriotic man than my father, and this Ghanaian patriot was the person who explicitly taught me that I was a citizen of the world.'

'Cosmopolitanism,' Appiah continues, 'belongs to anyone who cares about global justice, about the environment, about the alleviation of strife and carnage beyond our immediate national borders.'

'A disease that starts, unnoticed, in an African forest can devastate a Manchester family; CO2 emissions from India can derange the weather around the Gulf Stream; an ideological pathology that incubates in schools halfway around the world can bring down jets and skyscrapers... cosmopolitanism involves a simple recognition that our lives are interrelated in ways that transcend boundaries.'

Does this sentiment not encapsulate Ashanti Development and all its efforts? Transcending boundaries and demonstrating that we're all citizens together, with common goals and shared, mutual interests. The Ashanti region should be proud of its son, Appiah, his grand achievements and positive philosophy, and as Ashanti Development celebrates ten years, let us celebrate too the close, symbiotic relationship everyone who inhabits this beautiful planet has, and the bright future we can all share together.