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## Cataract Surgery at the Clinic

*Our home village has an eye clinic, funded and equipped by SpecSavers. It includes an operating theatre, and from time to time we employ surgeons from Komfo Anokye Teaching Hospital to come and perform cataract operations. We are eternally short of money for this, and often have to turn away patients.*

*The Muslim Community & Education Centre and the Health and Nutrition Development Society have recently given us enough money for some seventy cataract operations. We are extremely grateful to them both. Below, Ashanti Development's Agnes Oppong reports on the first round of surgeries and offers her suggestions for improvements.*

A total of thirty-five small incision cataract surgeries were carried out on 28-29 September 2018. Out of this number, we had three patients having bilateral surgeries performed on them. Patients came to Gyetiase from both neighbouring and distant villages and towns which include: Bonkrong, Nsuta, Mampong, Beposo, Gariba, Effiduase and Kumasi. The thirty-two patients were made up of sixteen males and sixteen females.



A team of fifteen persons worked hand in hand to see to the successful execution of the surgeries. The core team made up of three ophthalmologists, one optometrist, four ophthalmic nurses and an electrician were involved in the pre-operative, operative and post-operative care of the patients. We also had on board four volunteers who helped in statistics collection and in-patient care and counselling. Ashanti Development's Country Director, Mr. Nicholas, apart from helping the volunteers also played a key role in arranging transportation, logistics and emergency items that were needed during this period.

In general, outcomes of the individual surgical procedures were positive with some patients recording visual improvement from PL (light perception) to 6/60 post-operative (first visit). A gentleman from Mampong unfortunately had an iris prolapse after the operation but was returned to theatre the next day for an iris repair which turned out good. He recorded an improved vision from HM (hand movement) to CF2M (counting finger at 2m).



The next post-operative visit was on 3 October, where we reviewed thirty-one out of the thirty-two patients operated on. Again, twenty-three of them had a subsequent improvement in their visual

acuity; seven of them recorded the same visual acuity as their first post-operative visual tests showed, while the remaining patient recorded a reduced visual acuity. Probing further into the possible cause of his reduced vision, we found he lived alone and was not able to administer his post-operative drugs adequately.



Even though the cataract surgeries were a success, the team faced a few challenges which were setbacks to performing at the levels we would have loved to. These challenges are outlined below.

### Challenges

- Getting an operating microscope and Cataract Sets. The operating microscopes being used by the visiting Ophthalmologist is static and as such we had to make payments for the rental and carriage of two sets of operating microscopes and four sets of cataract sets.
- Trolleys and Surgical Stools. Makeshift wooden trolleys and theatre stools were used for operative sessions, this made sitting and transferring of tools to the surgeons quite difficult and tiring.
- Patient Accommodation. Some patients had to travel long distances on our rough roads after undergoing the surgeries. This is not only tiring for the patient as they have to return for their first post-operative session the next day. The travel down the bumpy roads could possibly cause the implanted lenses to shift position or cause complications altogether. We need to create two extra rooms in the clinic which can serve as a male and female recovery ward respectively.
- Transportation. Buses had to be hired to convey the medical staff and patients. Although this was not much of a challenge, there were times we had to wait long periods for the driver of the vehicle before any trips could be made. Ashanti Development needs its own minibus.
- There needs to be more publicity to sensitize people on eye care.

### Latrine Competition

#### *The 2018 Best Kept Latrine Competition*

As mentioned in our last issue, we can now confidently announce that the Best Kept Latrine In Gyetiase is owned by Mme Martha Arko. The photo shows her receiving her well-deserved prize from Ashanti Development director, Nicholas Aboagye

The idea for the competition arose thanks to the good work of Sarah, our Volunteer Latrine Inspector (previously employed as a ballet dancer). She convinced us that some of the latrines we funded are maintained to a much better standard than others

Sarah identified two particular black spots. One was the latrines in Tadiesa village. These were built for us by contractors many years ago. They had been badly sited and were unstable. By the time Sarah came to inspect them, many had fallen down.

We're very grateful to Sarah, who immediately promised that she and her family would sponsor the village for new latrines. Problem solved.

The second black spot was our home village, Gyetiase. Gyetiase has problems of its own to deal with. There is a dispute about the chieftaincy, and while it is unresolved no-one seems able to take charge or offer direction. Lots of things are done badly, or not done at all, and bad upkeep of

household latrines is just par for the course.

So we initiated the first ever Village Latrine Competition, with prizes to be awarded to the three householders who kept their latrines in the best condition. Here is a picture of Nicholas presenting the first prize of 600 Ghana cedis (around £95) to Madam Martha Arko. The two runners up got 200 cedis each.



We understand that in communities where hygiene has only recently been introduced, other priorities seem more important than latrine maintenance. Constantly reinforcing the hygiene message is necessary, and we're hoping the latrine competition will contribute to this. If so, we may extend it to other villages.

## Computer Room for the Disabled of Nsuta

*Below we reproduce an article by Mr Omono Asamoah, which appeared on 19 July in 'Ghana Districts.' Since then, the building it describes has been finished, and furniture and equipment is being bought.*

**Ashanti Development to construct ICT for persons with disability**



“The Ashanti Development, a non-governmental organization (NGO) based in the United Kingdom has taken steps to assist persons with disability in the Sekyere Central District of the Ashanti Region

to acquire ICT skills.”

“To this end the NGO has cut sod for the construction of the ICT laboratory with work already ongoing.”

“Speaking with the Country Director of the Ashanti Development, Mr Nicholas Aboagye Peprah explained that most of the physically challenged persons in the area could acquire some skills in information technology (IT) to acquaint themselves in life to elevate them from poverty.”

He continued that the edifice would also serve as a revenue generation avenue to them as they could also render their services to others.

“We had already built an office complex for them and we are soldiering on the ICT lab to enable them to develop some enthusiasm in their endeavours” he added.

## News in brief

### Boreholes

We recently ran checks on all twelve boreholes that we drilled recently, both for mechanical operation and water quality. No major problems were discovered.



### Sponsored walk

Our annual sponsored walk, just eight miles down the Grand Union Canal from central London to Limehouse, raised £1,710.



### Teacher training

Dave, our teacher-trainer, has been working via Skype and Whatsapp, delivering training to eight District circuit supervisors plus two teachers from the schools for which each has responsibility.



The training focused on specific techniques which teachers should use when planning their lessons. It aimed to further increase pupil talk and engagement.

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## Afromano and Bobin

Dave's working closely with Samuel, one of the circuit supervisors whom he feels is amazing in his understanding of what's required and how to deliver it. Because of Samuel, Dave feels able to spend a lot more time at home in the UK.



The effects? Babies will cease to die from water-related disease, and about 1,000 villagers will stop suffering from diarrhoea for five days in seven. This will leave everyone with much more energy to work their way out of poverty.

Thanks to the generosity of Mark and Judy, we've started work on two new villages, Afromano and Bobin. In a few months time, each household will have its own latrine, and the whole community will have been trained in health and hygiene.