We visited Asasebonsu on 13 January 2020. Unfortunately, it was market day and most of the villagers had gone to the nearby market town of Ejura, but we were able to interview a few community members including the Chief, Nana Asumadu Sappon.

Nana Sappon told us that some 800-900 people, divided into 66 households, live in Asasebonsu. Most are women – this is probably a polygamous society – and there are more children than adults. He said that the population consists of Ashantis from Northern Ghana, who had lived here for around 150 years, plus recently arrived representatives of the Dagati, Fra-fra, Grusi, Kokomba and Dagomba tribes who have come south because of climate change. They mainly speak Twi, the majority Ghanaian language, and include Christians, Muslims and followers of a traditional religion.

He said that the people are farmers and grow cowpeas, corn, yam, rice. When the rains are good they get a good crop and they sell any surplus at Ejura Market.

**Water, Sanitation and Power**
The community draw water from the Afram River, which is quite near. In the rainy season it floods and turns dark brown. In the dry season it becomes heavily polluted. The picture shows a secondhand water tank which we brought with us on our trailer. The community can use it for storing rainwater until we can get them a borehole.
The village has no latrines except for one traditional pit latrine. They move this round often because the wood is bad and easily rots, making it easy for the children to fall in. Most of the people have diarrhoea for around three days in seven. There is one dumping site.

There is no electricity in this area but saw that some of the homes have solar panels on their roofs. Nana Sappon told us that some people can even watch television.

**Health**
Principal sicknesses are malaria, diarrhoea and coughing, specially in the harmattan. The children have all been vaccinated. When they get sick, people go to Asubuasu Clinic and the community nurse visits each month.

We were concerned at the extended tummies of some of the children, given that some time ago we had provided the community nurse with worm tablets\(^1\). One specially bad case (see photo) was probably kwashiorkor or protein malnourishment. We have asked the community nurse to investigate.

**Education**
All the children attended the school (see below), which was built fifteen years ago. Ashanti Development is currently building the teachers accommodation in the hope that it will attract better teachers. Teachers currently live in their classrooms.

The Village Wish List - latrines\(^2\) a borehole and school feeding.

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1. Two years ago a fire destroyed the building where the government stored all its medication and many drugs are still in short supply. One of our volunteers has therefore started a project to provide the children in our District with worm tablets.

2. We have provided latrines to nearly seventy villages and everyone in the area is aware of how, coupled with training in health and hygiene – and even better, with clean water - they can result in a steep drop in diarrhoea.