Esereso

Journalist Angela Cobbinah joined us in Ghana last month and writes below about a visit we paid to one of the new settler villages.

Lying off the beaten track in the northern part of Ashanti region along a long and dusty road, Esereso is one of those tiny settlements that have resulted from the southwards migration of people fleeing the advancing Sahel in northern Ghana.

At the top of the village, construction of a kindergarten school is busily underway to replace one that was blown down in a storm two years ago. For now, children have to walk a couple of kilometres to the nearest school. This will explain why so many children are milling about.

Further down, amid the characteristic thatched dwellings of the area, women gather purposefully around a borehole to collect water. Both are Ashanti Development initiatives, together with the household latrines.

“This place now has a future,” declared the village chief Joshua Nyako. “We are extremely happy with the work that has been going on here and the way it is benefitting the community.”

Two years ago Esereso was also one of the villages included in a treatment programme to tackle worm infestation in children. It was developed by volunteer nurse Ruth Simpson, who raised money in the UK to buy tablets to eradicate the parasite. “It’s a miracle,” one mother exclaimed, when asked about how effective the drugs had been. Observing the local children, none displayed bloated bellies, a classic symptom of worm infestation, or the lethargy that accompanies it.

As one of Ashanti Development’s network of health assistants, Kwasi Yeboah is on the frontline of Esereso’s primary health care, particularly that of children. Although not medically trained, he undertakes basic tasks like baby weighing and monitoring, and is able to hand out medication for minor conditions rather than await the arrival of the district nurse. With the nearest clinic six kilometres away in Kwamena, Kwasi provides a vital service. He was nominated by fellow villagers eight years ago for the job, officially known as community based assistant, and on questioning revealed a comprehensive knowledge of Esereso’s health.
“Out of about 100 children, eight were underweight,” he reported. “We treated them with Weanimix, a mixture of ground corn, maize and peanuts. We find that babies reach the correct weight after a month of receiving this. There have been no baby deaths.”

Ashanti Development distributes the food supplement, which is blended with water or palm oil, to the villages within its remit and it has proved a useful tool in reducing infant malnutrition.

According to Kwasi, there had been no incidents of diarrhoea or malaria in recent months, suggesting that uncontaminated water from the borehole and better sanitation due to household latrines and greater hygiene awareness were having a positive impact on overall health.

“We never expected a borehole, let alone all the other things that have happened here,” added a smiling Joshua Nyako. “This is now a permanent village.”

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**Opticians Help Ghana Villagers See Better**

We are grateful to the Leicester Mercury for permission to reprint this article.

A team of opticians travelled to Ghana this month, armed with 4,000 pairs of specs, to run nine days of eye clinics in a region where few people have access to glasses.

Seven optical specialists from Specsavers stores in Hinckley, Lutterworth, Wigston and Leicester made the journey to the Ghanaian village of Gyetiase, where they carried out nearly 3,000 pairs of glasses to people who needed them.

In Gyetiase, the team was joined by Dr Agnes Oppong and Sadik Abubakar, both Ghanaian optometrists, as well as translators and helpers.

The mission was organised by Penny David and Nicholas Aboagye from the Ashanti development project.

The optical team worked alongside Ghanaian helpers to manage the crowds of people who came each day for an eye test.

The Specsavers stores collect specs donated by customers which are sorted by prescription, ready to be dispensed on trips like this.

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The trip is completely self-funded by the opticians and in association with the Ashanti development project, which exists to relieve poverty and promote health and development in and around the Ashanti region of Ghana.

Ab Roy, director at Specsavers in Hinckley and Lutterworth, who is also an Ashanti volunteer specialist in the UK, said “This is my fifth visit to Ghana as part of this project. It’s estimated that 95 per cent of people who need glasses in Ghana don’t have access to affordable eye care services...
and glasses, so it was great to see the villagers wearing their specs proudly and to be able to make such a huge difference for some people.

“We were also be fit a pair of glasses for one gentleman who needed a +10.00 prescription, which is really life-changing.

“The mayor of Nsuta came to Gyetiase to officially open the charity eye mission and word had certainly got around about our visit, as there were crowds and real excitement when the clinic launched.

“It wasn’t all about eyes, we also found time to visit a local school with gifts for the children.

“The time absolutely flew by and we’re all looking forward to the next trip already.

“We’re asking all our customers to please continue to donate your old specs, we wouldn’t be able to do it without them, so thank you.

Anyone interested in the work of the charity can find more on the project’s website, www.ashantidevelopment.org.

Mampong As It Used To Be

By Ruth Simpson

During the late 60’s and early 70’s Ruth Simpson and her husband Michael lived at St Andrew’s Teacher Training College in Mampong, just 3km from Ashanti Development’s headquarters at Gyetiase. Michael was employed there, and Ruth soon found a job as a midwife at the Mampong Maternity Hospital, founded some years earlier by Anglo Catholic Nuns from Whitby.

Ruth often returns to Gyetiase, and below she reminisces about changes to the scenery since then.

The hospital at that time was always short of medicines and equipment, most coming from UNESCO and overseas charities. For operations, ether was dripped onto a mask and the patient was connected to a bottle of anaesthetic fluid once she was asleep. A sliding panel controlled the amount given. A squeeze bag controlled the breathing.

If the patient haemorrhaged, the doctor would tie off all blood vessels to prevent further bleeding and go into town to find four blood donors. Blood taken from the donors would be left to stand for just under a minute, the plasma discarded and the red cells given to the patient.
Due to the brilliant care given to patients, they survived. I have so much admiration for Dr Skuse and the nuns, particularly Sister Miriam the Matron and Sister Philippa, who was in charge of the midwifery Training School.

The market sold cow meat from a cow which had walked all the way from the north and been slaughtered on a concrete slab just outside town. The meat was sold for 35 pesewas, regardless of whether you got the bones or rump steak. Vultures sat on the roof ready to steal what they could. Rice was sold by the cigarette tin, and tomatoes and other vegetables by the pile. Great fun and laughter was had by swapping around the tomatoes to get a good price.

During her time in Mampong, Ruth came across children with worm infestation. She has now set up a project, under Ashanti Development auspices, to eradicate worms from local children. Meanwhile, we’re raising funds to refurbish Mampong Maternity Hospital.

The area around Mampong was very different. Trees dominated and gave it a feel of dripping luxuriance. The denseness and sheer height and girth of the forest gave a definite feeling of being ‘shut in.’ Monkeys in abundance swung around in the tree tops, along with grass-cutters and other animals. I did once see the paw marks of a leopard. Giant insects were everywhere, huge bees, rhinoceros beetles and beautiful butterflies.

The road into Mampong had bright purple African violets growing by the roadside, just like dandelions grow in the UK. Snakes were frequently seen and we’d stamp our feet when walking at night to cause vibration in the ground and frighten them away. Gekkos dominated, and you soon got used to sharing your home with them. The gekkos did eat the mosquitoes and ants and so in a way were good friends.

Mampong was more like a large village or small town at that time. The housing looked like village housing does today, with corrugated roofs and mud brick walls.

The people were as kind and friendly as they are now. I was always called ‘my sister’ or Auntie Akusuwa by people I knew, and my husband was Papa Kwaku. Transport was in Mammy Lorries and there was one bus to Accra every day. There were very few cars around and you had to find somebody who was leaving Ghana to sell you their car.

There was one telephone in the town at Barclays Bank. It was wound up and shouted down ‘P’ for pineapple – no, not ‘B’ for banana.
News In Brief

Ashanti Newcomers
Twins Dominic and Benedict were born to our (volunteer) accountant and his wife at Christmas.

Shifting Priorities
For some months, Nkwanta village was our top priority for latrines and hygiene training. On one side of it is the village of Timber Nkwanta, sponsored recently for health and hygiene by a group of barristers; and on the other side is the village of Bobin, sponsored by one of our Directors. There is no boundary between the three villages, and consequently we worried that any outbreak of disease in Nkwanta, possibly due to zero hygiene and open defecation, would be picked up quickly by the other two villages.

The day was saved when one of our founder's family stepped in. David Williamson, who died a couple of years ago, founded Ashanti Development with two friends. His family is now sponsoring Nkwanta in his memory, and thereby possibly saving lives in all three villages.