

Covid-19 stories in Ghana: building stronger relationships with the communities

Ghana had suffered only 48 deaths from coronavirus as of 12 June. By then there had been 11,118 confirmed cases and 3,979 recoveries.

Ashanti Development Director Albert Antwi shares his thoughts on the reasons.

Strong leadership is controlling and preventing the spread of Covid-19 in Ghana and the current strategy has been effective in managing the pandemic. Ghanaians have not seen such turmoil since their independence in 1957. President Akufo Addo, his ministers and others have stepped up to protect their citizens from the Covid-19 crisis in an extraordinary way.

At an early stage, the government set up a taskforce of technical people including “epidemiologists, virologists, medical doctors, Ministry of Health, Ghana Health Service, security heads, and so on,” while scientists and health experts in the country have provided regular updates and briefings, helping the politicians to explain their decisions to the community.

There are amazing stories of the work the government has undertaken to ensure that

essential support services are maintained. The current protocol is to follow the World Health Organisation (WHO) Covid-19 strategy on hand-washing, social distancing and so on.

Four months ago Ghana embarked on a co-ordinated, enhanced response to the pandemic. The first two cases were confirmed on 12 March, after which Ghana began aggressively tracing, testing, isolating and treating infected people and their contacts, as a means of containing the spread of the virus. If you do not test people for the virus, you will not find the persons who are positive, let alone isolate and treat them to prevent the virus from spreading.

Some critics of the government, such as the opposition party, claim the government is giving Ghanaians “false hope” by suppressing the real figures about the spread of the infection and claiming it is under control. They called on the government to stop selling false hope and using its management of information as a cover. The government has rejected these claims.

As testing and tracing increases, so the number of affected citizens will also increase and there’s no need for politicians to seek political points. What the citizens of Ghana want is a quick return to normal life and a solution to overcome the virus, which is hanging over everyone, preventing people visiting their places of worship. As I write today (1 June), both land and sea borders in the country

are closed, causing problems to many ordinary Ghanaians.



Two of our volunteers only just left in time when Kotoka Airport was suddenly closed

Measures such as the temporary partial lockdown of the capital city, Accra, Ghana’s second city, Kumasi, and Tema, the biggest seaport, are also affecting the economy. Enhanced hygiene and social distancing protocols, the ban on public gatherings, and the closure of schools and borders have imposed considerable difficulties on everyone. Ghana is not a welfare state, where unemployed citizens may access minimum payments for essential needs.

This is a problem for the unemployed. If they do not get financial help from extended families or the diaspora or friends, they may be forced to do some tasks which are not comfortable for mankind – begging or prostitution, for example - and may be victimised by oppressors and abusers. In a recent speech, the president expressed his gladness that his government put measures in place to save lives and livelihoods, and thanked the citizens for continuing co-operation. However, the president couldn't offer financial help to cushion the burden on the citizens.

Despite mass communication, some people do not believe that Covid-19 is real. When 'street preachers' were told to follow WHO protocol, their response was that "Even if the virus exists, it would not affect us!" Others think it's a foreign disease, wilfully brought to destroy Ghanaians but because of the hot climate it does not affect them.

I hope Ghanaians will try to develop herbal medicine for the Covid-19 virus, rather than waiting for the Europeans and Asians to develop immunisation for them. All mankind has the knowledge of what is best for them but until Ghanaians apply this principle fully they will continue to rely on others for help.

According to the President of Ghana, the country has administered more tests per million people than any other country in Africa, and the World Health Organisation has reached out to them to

share their sample pooling experience with other African countries, so they can emulate the strategy and ramp up their testing capabilities.



Begging on the streets

To conclude, schools in Ghana are to open in mid-June, and religious places can reopen with strict conditions and the observance of health protocols. Social gatherings are to be allowed under certain conditions. It is important that the reopening of religious places and schools should be carefully monitored and education about the virus should continue so that the spread is contained in future. This will help the country's social and economic life to get back to normal whilst protecting lives.

Visiting Mprim

We've recently given Mprim Village household latrines, training in health and hygiene, and filters to purify their drinking water. Ashanti volunteers paid a visit to assess the results.

We visited Mprim on January 9 and found the Chief and all his Elders in formal session, waiting for our arrival. They gave us an enormous welcome and presented us with bottles of schnapps and a sack of gari (long-life cassava). They told us how much the filters, latrines and training in health and hygiene had improved their health.

Mprim village is home to a farming community of some 5,000 people. Our hydrogeologists tell us that boreholes are unlikely ever to strike water there, so the villagers drank from a highly polluted stream until a donor was found to provide each household with its own water filter.

With the Chief's permission, we wandered round the village asking the locals for their views on the water filters and on the household latrines, given recently by another donor.

First we met Oman Mahmud, who told us that the latrines were 'very very good.' He told us that before they came people would defecate in the bush although they knew that when it rained

everything would get swept down to the stream and pollute the drinking water.

He said the villagers' worst sicknesses were malaria, typhoid, diarrhoea and how everyone used to get sick six times a year, sometimes with typhoid. "There's been a big improvement in our health and the health of our families," he said. "We used to be ill all the time and infect each other."

Now he saves his money to spend not on hospital bills, as he used to, but on school fees.



Oman Mahmud

Next we called on Mavis Wanna who was busy preparing food surrounded by a crowd of children.

We counted twenty of them, four of them her own, the rest adopted, she said.

Mavis explained that she used to live in Dalgeti, in Ghana's Northern Region, but like many she had decided to migrate south due to desert encroachment. During her 300 km walk south, she came across sixteen abandoned children along the way. They had all joined her and her family.

Now a widow with many mouths to feed, the latrine appeared to be the least of her concerns, though when questioned she mentioned that it saved going into the bush. "Since living here, we have not suffered any malaria," she added by way of information.

The latrine, however, was in a poor state. Given her stretched circumstances, this was understandable. Although her large brood appeared reasonably healthy, Wanna looked in desperate need of outside assistance. We added her to the list of people on Ashanti Development's Hardship Fund, and now she receives money every month.

For mother-of-six Yaa Konam, her recently installed latrine means that she and her family no longer had to venture out into the bush to relieve themselves.

"We didn't have a toilet before, so we had no choice," she explained.

Her latrine boasted a pedestal toilet and lid and was well looked after. "It is very convenient for us and we have not suffered any diarrhoea since it was built" she said.



Yaa Konam

The effusiveness of Akosua Saka's welcome made it clear that she was happy with her new latrine.

"Welcome, welcome, welcome," she said to each of us in turn, shaking us vigorously by the hand.

"Before, we had to go into the bush and I was always worried that my children would be bitten by snakes. Now I have peace of mind," she explained, smiling broadly.

Akosua had 14 children, aged 28 to seven, but despite the size of her household the latrine on inspection was well kept, with a pedestal toilet and seat and the water filter was also “very good”, she reported.



Akosua Saka

We're Still Going Strong

The lockdown in Ghana was relatively brief, and Ashanti Development was soon able to continue its work. Here are some of the projects we've completed since the start of the year.

- We've recently finished building a three-classroom school in Esereso Village. At a meeting of the community the Chief, Nana Opanin Johnson, spoke at length saying how he wished he was a child again. He said that his generation were living in poverty because they never had the chance to attend school when they were children but things would be so much better for the children of today. And the assemblyman, who had lobbied for a school for over eight years with no success, wept for joy.
- The village of Asasebonsu, in the north of our area of operation, has a population of 800, many of them settler farmers coming south because climate change has made their lives too difficult. Asasebonsu had a school but nowhere for the teachers to live, so most teachers moved away as fast as they could.
- We've just finished building some a three-bedroom house, so teachers can stop sleeping in hammocks strung up in the classrooms.



Esereso School

- The village of Nkwanta was sponsored by Dawn Williamson and Paul Bloch in memory of Dawn's father, David Williamson, who helped found Ashanti Development. Sponsorship covered one hundred household latrines, training in health and hygiene, and strengthening of community institutions to enable them to maintain the improvements.

The village worked at breakneck speed and completed all the work in only six weeks. In our experience no village has ever before done as much work as quickly as Nkwanta. It was a record.