Ashanti Development is a volunteer charity, paying no wages or salaries in the UK. It was set up by London-based Ashantis who were concerned at the quality of life of people in their home villages.

Mantukwa Learns To Keep Bees

By Dawn Williamson

Dawn is a Trustee of Ashanti Development

Ashanti Development's beekeeping project is approaching its tenth birthday. Our initial approach was to train two new beekeepers in each of several different villages. We hoped that seeding these skills in many villages would lead to a proliferation of beekeepers across the area, providing new skills, income and vital crop pollinators.

The plan was a partial success. We found that a greater density of beekeepers per village provided a greater level of mutual support, equipment and skill sharing and made it easier to deliver follow up on training and support. This is the Bees Abroad model. We manage Bees Abroad projects in Rwanda and have borrowed approaches from their playbook.

For our latest beekeeping expansion, we decided to concentrate our efforts in one village only. We agreed the village needed to:

- Have demonstrated they were industrious.
- A measure of their success was in their performance when Ashanti Development trained them in latrine building and use, or in farming and marketing
- Have a capable and active assemblyman
- Be prepared to work as a group in the early stages of a project
- Use few or no pesticides
- Have diverse vegetation
- Be prepared to donate land for a community apiary

This list has developed over time as we have found that care in selecting villages pays dividends. We discussed available choices with

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Nicholas Aboagye, our Ghana Director, and finally settled on Mantukwa, a migrant village in the north of Ashanti Development's area of operation. We arranged a meeting between the assemblyman and potential beekeepers, myself and my husband Paul, Nicholas and Kofi Marfo, our beekeeping trainer.

This first meeting in a new village is always fun. We discuss the good and the bad of beekeeping. You will be stung. Sometimes there is work to be done and the harder you work, the more likely you will be a successful beekeeper. Beekeeping is not for everyone, some people take to it and some people don't.

If we are successful in five years time perhaps Mantukwa will have two very successful beekeepers, earning substantial money from the bees, and several more small-scale beekeepers earning enough to make an important contribution to their households. There will be children learning from their parents and new skills will permeate the village – insect biology, agriculture, carpentry, marketing and sales have all to be learned.

Seventeen men were keen to learn. Another ten attended various sessions. We were disappointed to have no women in the group but being a Muslim village we were told that beekeeping is men's work – for now.

We agreed to return to Mantukwa the following week for the first training session and to bring cut wood and teach the group to assemble it into hives. We asked the trainees to prepare by making the area safe from wild fires.

Together with Nicholas and Kofi Marfo we had a busy week of preparation. We organised to have wood cut to size and shape so that we could bring hive "flat packs" to the village. We organised hive stands, working with the "steel man" to have rebar shaped, cut and welded into stands. We bought nails, hammers and a saw for minor modifications. Nicholas organised a truck and we loaded and delivered everything to Mantukwa in preparation for our second visit. The cab wasn't big enough for all of us so we took turns riding shotgun on the cargo platform at the back.

The second meeting did not go ahead. We arrived at the village after an hour on bumpy roads in a taxi to find that the overnight rain meant planting conditions were perfect and a small misunderstanding over our start time meant everyone was out in the fields. It was a useful reminder for us that survival comes first.

We returned several days later for a well organised, well attended hive building and training session. We made three of the fifteen hives as a group, leaving the remaining hives to be assembled by the trainees before our next visit when the training would be repeated and the hives located in the apiary and baited. Leaving work to be done is always a test of "seriousness" so we were content to find out how it would go.

During our final visit to Mantukwa we were pleased to find the apiary was prepared, the hives made and a large group on men was assembled to move the hives to the apiary.

With the apiary set up and training and support organised through monthly visits from Kofi Marfo, we returned to England, and waited for news.

We heard recently that eleven of the fifteen hives were colonised and Nicholas had provided six bee suits, made by the trainer and trainees of our dressmaking school in Gyetiase, to six of the beekeepers. He did this in recognition of the fact they had routinely attended training, worked with the bees and were reaching the basic level of competence. We also supplied gloves and boots.

There are two important moments for a new beekeeper, the colonisation of a hive and the first honey harvest. The main harvest will be next February when there should be enough honey to sell but the beekeepers September get a small taste of their own honey this month.

Making a Difference

by Dr Tanya Camelleri

Tanya worked as a volunteer doctor at Mampong hospital for several months in 2023. The hospital management tell us that 'she made a remarkable impact in Mampong and many staff miss her dearly.'

Fresh from a diploma in tropical medicine at the London school of hygiene and tropical medicine, I was given the fantastic opportunity to volunteer at Mampong hospital with Ashanti Development. I packed my bags and off I went to Gyetiase to put what I had learned into practice.

From the moment I arrived in Ghana, I was blown away by the local hospitality. No one passes without saying good morning, good afternoon or good evening. Having spent the last five years in London, including the COVID years, this was quite alien for me, for strangers to say hi, with a wave and a smile, whilst little children would run up yelling 'Obroni' (white person) and grab my hand and smile. It brightened my day.

Living at Ashanti Development's headquarters in Gyetiase was beyond anything I could have imagined. I would spend evenings sitting on the balcony, looking out at spectacular sunsets, having lovely conversations with Nicholas[1], who is a fountain of knowledge and a jack of all trades, or Christabel[2] while Elizabeth[3] prepared the most delicious meals.

First Days

After a general introduction to probably everyone who worked at the hospital, I started work in the Outpatient Department (OPD). I quickly got used to their IT system and started seeing patients. Most people come to the OPD for repeat hypertension or diabetes prescriptions, or for a general review. OPD felt like a UK urgent care area or a GP practice, except that every other patient had malaria or typhoid.

I spent the remainder of my stay mainly in casualty, the wards or OPD. The first few days were tough getting used to how things were done, and trying to wrap my head around what was available. I quickly learned how useless any guideline was. It's fine to learn the optimal treatment for something, or how to investigate properly for a condition, but pointless in a resource-limited setting. Before coming to

[1] Nicholas Aboagye, Country Director
[2] Christabel Oduro, Health Assistant
[3] Elizabeth Amponsah, Chief Cook

Ashanti I spoke to previous volunteers and read up on what was available but I didn't quite realise the extent.

Tanya with Ashanti Development team members Christobel and Elizabeth

Mango Tree Tumble

On my third day at the hospital, I was told that a young man who fell out of a mango tree had been brought into casualty. Being the only 'obroni[4]' there, I introduced myself and was quickly rushed to the man. The scene was chaotic. All of 23 years old, he was on a trolley in the middle of a doorway, bleeding from a spurting groin wound, sitting in a pool of his own blood, barely conscious, with about ten people, mainly nurses or nursing students, around him. Also in the room was a five year old boy on another trolley just watching the scene unfold. After a brief period of strange looks they looked to me for instructions. Now I am an A&E registrar and currently in my final year of training. This should be my bread and butter. I asked for a pelvic binder and a non-rebreather mask. More strange looks. I asked for a sheet to try stabilize the pelvis. More strange looks because patients not only have to pay for their admission and medication but also to bring their own linen.

We eventually managed to stop the bleeding and took him for xray, which was all the imaging available at the main hospital. We called the doctor covering casualty who also called the superintendent, Dr Gyimah. After taking this patient to theatre and an assessment we realized he would be better off transferred to a facility with vascular surgeons available, if he could afford it.

And this was the biggest limiting factor - whether the patient could afford the care. Government health insurance greatly reduces costs but hardly anyone is on it. The prevalence of hypertension, peptic ulcers and diabetes is astonishing, but most people either don't take their medications or take them infrequently, as they cannot afford them or prefer traditional medicine. Monitoring these conditions is tough in resource-limited settings. You see a lot of complications that could be easily managed or avoided if conditions were better monitored.

Malaria, typhoid and TB are also ever present. Malaria was the most common cause for paediatric admission: some children with severe malaria would have multiple seizures. HIV is referred to as retrovirus, as there still is a lot of stigma attached to the illness. Consequently, it is underdiagnosed or caught late and some patients don't accept the diagnosis and start treatment, leading to complications.

Lack of Resources

Road traffic accidents (RTA) occur much too often. Tuktuks and motorcycles are everywhere. Helmets are rarely used so the accidents that do make it into hospital are significant, with a lot of death and injury.

Many of the patients' friends asked if I was having fun. Well, it was an amazing experience but I couldn't call it fun. It was emotionally harrowing to see patients suffer or die

[4] White person

with conditions that are so easily treated in developed countries. I was always given the same response: “This is Ghana” or “This is Africa”, with a shrug and a nod. A general acceptance that this was their situation and this is what they had to work with. There were heartbreaking cases due to lack of resources - personal resources by way of money for tests or treatment, or local resources by way of imaging equipment, blood tests, investigations or monitoring. If these cases presented in my local hospital, the outcome would often have been significantly different.

To put it into context, the tests available included a full blood count, when bottles were available; a malaria film, consistently available but time to results varied; TB test geneXpert, which took one to two days to run; urine dipstick till midday; HIV tests if the kit was available; and x-rays. The maternity unit had an ultraSound, but this was either a twenty minute walk away or a ten minute taxi ride, and the patient was often too unwell to mobilize. For further blood tests, the blood sample would have to be taken to a private laboratory and paid for, so this was rare. For more detailed imaging such as CT scans, patients had to travel two hours to Kumasi and this is obviously costly, so hardly ever done. The result was delays in diagnoses and treatment, mistreatment of conditions or overuse of medications in order to cover a larger differential diagnosis. Antibiotic use is uncontrolled. Anyone who is admitted and who even has the slightest chance of an infection will get antibiotics.

But the resilience of local people is amazing. They have a strong sense of community, are extremely grateful for help, and work hard without complaint for a better future for the next generation. This was evident at the end of my stay when the management called a surprise meeting to ask what worked and what could be improved. My main thought was that the hospital has so much potential - with hard working, well-intentioned people, it could provide excellent care for local people. I was delighted to learn from the superintendent, Dr Gyimah, that they have since acquired an ultrasound for the main hospital and are working to develop a resuscitation room and an intensive care unit. This is going to improve patient care greatly.

My Thanks

I was in total awe of local staff. The nurses are skilled and extremely resilient. The few doctors are talented clinicians, surgeons, obstetricians, paediatricians, geriatricians, gynaecologists and more all rolled into one. They work extremely hard and are oncall 24/7, seven days a week.

Despite this, I was greeted every day with a smile and a pleasant conversation. Nothing seemed to phase them. So I must sincerely thank Dr Gyimah, Dr Ennin, Dr Louisa and Dr Francis for welcoming me so wholeheartedly, showing me around, and helping me throughout my stay. I also want to thank all the hospital staff. Everyone made me so welcome, and it felt like I had been working there for years after just one week. Lastly, I want to thank Ashanti Development and everyone who works for them for this amazing opportunity. I cannot wait to see what comes next.

Tanya with Dr Gyimah, Medical Superintendent of Mampong Hospital.

News in Brief

- Our Taste of Ghana party just happened to coincide with Taylor's sixth birthday. The photo shows Ashanti Development Co-Chair Chris Hartley-Sharpe presenting her with a birthday cake.
- The Ashanti Sponsored Walk will be held on Saturday September 30. Walkers will set off from St Pancras Old Church at 2.30pm, and some will come back from Limehouse by river boat.
- Since we're short of funds for running costs, we turned our annual Taste of Ghana party into a fund-raiser. The result was a whopping £7,500. We're grateful to everyone who came and particularly to those who also donated.
- Volunteer Margaret Ferguson, who attended the party, has offered to run a similar event in Edinburgh on Saturday November 18.

We are honoured that the Ashanti King, HRM Otumfuo Osei Tutu II, has nominated Professor Bernard Baiden as his direct representative to sit on our board of patrons.

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