

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.

Edited by Penny David

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Sick babies born in Mampong Maternity Hospital were once taken by ambulance to Kumasi Hospital some 60kms away. More than half were dead on arrival.

All this has changed with the July opening of a new mothers and babies' unit, built by Ashanti Development in the remains of a disused hospital café.

Preterm babies with a low birth weight can now be allocated straight to one of the six incubators or two radiant baby warmers provided by Ashanti Development when it constructed the facility.

Each incubator will probably save around ten lives a month," said hospital director Kwasi Gyimah, "A radiant baby warmer will save around twenty a year," he added. We calculate this means that total lives saved may be anything up to 760 a year and the hospital has promised us statistics to check this out.

Because of the new unit, the District health authorities have decided radically to extend the hospital's catchment area. Previously this consisted of several Districts bordering on Mampong Municipal. It has now become the principal point of referral for the Districts of Pru East and West; Sekyere Central, South, Afram Plains and Odumasi; Nkronsa South and many other Districts in the north of Ashanti and further. Like the maternity hospital, most of these

Districts had previously referred critical cases to Kumasi Hospital, which was over 100 kms away from some of them.



Cots and radiant baby warmer

The Maternity Hospital, which has 55 beds and previously catered for 2000 deliveries a year, has been seriously under-funded for years and the facilities at its disposal were dire. Furniture was old and cracked, equipment out-moded or completely unusable, essential machinery often lacking.

Two years ago, Ashanti Development initiated a Develop a Ward project, and found donors to

fund the renovation and re-equipment of several wards. The new mothers and babies' unit is its biggest hospital project yet. The work, which was



An incubator

supervised by director Nicholas Aboagye, has resulted in a cool and spacious building, built to a high standard.

“The project which was envisioned a few months ago will serve an essential part in the provision of accessible, equitable and world-class healthcare to the catchment area of the hospital and beyond,” said hospital director Dr Gyimah.

The Beginings of Mampong Maternity Hospital

by Ruth Simpson

Ruth first came to Ghana in 1968 when her husband took a government posting at Mampong University. Ruth, a trained midwife, describes below her experience working in the one-roomed unit which was to become today's maternity hospital.

The maternity hospital was founded in the forties by two Anglican nuns, Sister Miriam and Sister Monica. They shared a room in a Ghanaian house but were eventually able to rent a second room for the delivery of babies and the accommodation of mothers who were not well enough to travel home. Sister Miriam told me

that one of her happiest memories was of the day she found the second room.



Mampong Babies Home

This was the humble start of Mampong Maternity Hospital – a single room surrounded by thick tropical bush. I remember there were huge hardwood trees and the forest was teeming with animals. Later Sister Philippa joined the nuns and started the associated midwifery school. The hospital grew and eventually had three post-natal wards and a premature baby unit. Then Sister Miriam opened an orphanage for babies whose mothers died in childbirth. The babies

stayed until they were weaned and then went back to their home villages. This gave them a good chance of survival.



Ruth Simpson, Dr Van Veen, Drs Edith & Alan Skuce and their children, John & Angela

Dr Alan Skuce worked at the hospital and his wife Edith was also a doctor. They had two children, John and Angela. John aged six went to the local school carrying his cutlass like all the other Ghanaian boys. Primary school children had their jobs to do before starting lessons, cutting grass around the school and sweeping the playground.

Whenever he could Dr Skuce went to visit small clinics fifty or more miles north of Mampong. Some, like Edjua, were crowded with patients, many seriously ill but with no hope of travelling all the way to Mampong for treatment. Pregnant women from distant villages often had difficult journeys, walking or being carried late in labour and leading to complicated deliveries. Things didn't always end well.

One woman was carried to hospital, arriving late in labour. Sadly, we could only save the baby, a little boy called Doudua. Sister Miriam pleaded with the very old grandmother to let the baby stay in the orphanage until he was weaned but the grandmother insisted she could breast feed him and took him back to her remote village in the middle of the tropical rain forest. We didn't think we would see Doudua again.

Then a few months later the old grandmother turned up with a lovely, healthy Doudua. She told us that the Medicine Man had given her some special herbs which had enabled her to lactate and feed him herself.

The hospital was always short of medicines and equipment, most coming from UNESCO and overseas charities. For operations, ether was dripped onto a mask and once the patient was asleep, she was connected to a bottle of anaesthetic fluid and a sliding panel

controlled the amount of ether while a squeeze bag controlled her breathing. If the patient haemorrhaged Dr Skuce would tie off all blood vessels to prevent further bleeding then go into town to find four willing 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 intravenously to the patient.



Formerly the Skuce's house, near the hospital

I spent a lot of time on the premature baby ward, which generally had up to eight babies, and set about making charts to record the intake of fluids, bowel movements, passing of urine,

condition of the umbilical cord, eyes, rashes etc. These simple records made all the difference to the babies' health. Also I trained the nurses on how to tube feed very sick babies. These were simple everyday procedures at the hospital where I trained as a midwife in Scotland but they improved the survival rate greatly.

Due to the brilliant care given to patients, most mothers and babies survived. I have so much admiration for Doctor Skuce and the nuns, particularly Sister Miriam, the matron, and Sister Philippa who founded the midwifery training school.

I remember a lady called Adjua who had a very difficult delivery and spent some time in the hospital recovering with her baby. She was finally allowed to go back to her village somewhere near Edjua in the north, a long way away. A few months later, she turned up at my home carrying a large bowl on her head full of bananas, pineapples, guavas, and other fruits. She had walked most of the way from her village and came to say thank you for helping her to get better. What a big thank you it was. This was typical of how Ghanaians expressed their appreciation. They would always share what they had and give their best.

Sister Monica founded a school called St Monica's which is now one of the foremost

schools in Ghana. It had over one hundred girls up to sixth form 'A' level, nearly all boarders from distant villages. When one of the girls had a mental breakdown she was sent back to her village to see the Medicine Man. She returned in good health after three weeks treatment with special herbs.

Sisters Miriam, Monica and Philippa would be so happy to see the hospital, including the Mothers and Babies' Unit, as it is today.

The Value of Sight

The eye clinic at Gyetiasie opens for one-and-a-half days each month from 8am to noon or 4pm. Dr Agnes Oppong and her assistant Dr Sandra Mensah Bonsu screen eyes, prescribe spectacles and list patients who need further treatment, including cataract operations.

During the July clinic, the doctors examined nearly two hundred people and identified twenty-two to add to the list of patients needing cataract operations. It already has one hundred names on it.

We asked some of the patients what difference the operation had made or could make to their lives.



Kojo Wiafe and Martha Boadu

Kojo Wiafe, aged 56, comes from Amoamang. He is divorced and lives in Kumasi, Ghana's second biggest city. Before he lost his sight he traded in wood at Kumasi market, the biggest market in West Africa. The people in Amoamang would harvest the wood and pack it into Kojo's lorry for him to drive to Kumasi to sell.

Two years ago he had problems with his eyes and found he couldn't drive safely. He didn't want to take risks, so he stopped driving. Now he depends on other people to support him. He isn't afraid of the operation as he needs it so much.

(After the interview he had to be helped back to his place in the queue, as he started off in the wrong direction and bumped into the door.)

Joseph Kwabena Oteng, aged 70, lives in Nsuta and has one wife and nine children, mostly grown up. He is a farmer, producing cassava, cocoyam, plantain, cashew. His wife too is a farmer. They tell us farm work is very hard.



Looking down on the queues

The problem was that 'my eyes were dimming' (speaks a little English.) Once when he was coming home from the farm he got lost and would have had to sleep in the bush had it not

been for a kind lady who found him. He got so bad that he couldn't tell the difference between plants and weeds, so lost his livelihood.

Last April the clinic told him he had cataracts in both eyes. He wasn't frightened. He was happy because he knew what was happening to him. He asks God to bless Ashanti Development for making him OK. He would specially like to say thank you to the person who paid for his operation, because without their help he would be blind by now.



Ashanti Development interviewing Adua Achia

Adua Achia, aged 80, has lived in Bonkron all her life. She has five children and her husband died recently. One child still lives with her and looks after her. They are farmers and two years ago she started having problems with her eyes and had to stay in-doors all the time.

When she heard about the clinic she came at once. She had no idea what was wrong with her eyes but they diagnosed cataracts and gave her drops. 'I wasn't scared' she said. 'I wasn't scared because I was so desperate to see again.'

After the operation she could cook and move around. "She was out and about, all over Bonkron," said the clinic nurse. "She was our most popular patient."

Adua is so grateful for what she has been able to achieve in her life. "Without your help," she says, "I wouldn't be able to see any more so I'm asking God to bless you all."

Eric Darkwa, aged 61, was twenty-first in the clinic queue which he'd joined at 4am. He started worrying about his eyesight when he found he couldn't see properly when driving. Eight months ago, the doctors gave him prescription spectacles and since then, he told us that his 'quality of life' had greatly improved.



Eric Darkwa

He had a number of complaints to make about the clinic, for example he felt that patients should be charged a small fee. (Some of the donors of the secondhand prescription spectacles we use make it a condition we don't charge for them.) He also felt we should computerise our records. (He's right.)

As for Ashanti Development, Eric says he loves the way we are helping people and it would be worse for everyone without us. "We like you," he adds.

News in Brief

- In June, we organised children from five schools to plant two thousand teak seedlings. The project was carried out in conjunction with the Mampong Forestry Commission which provided free seedlings as part of the government's Greening Ghana project - a plan to plant twenty million trees to combat deforestation.
- This year, Ashanti Development raised funds to buy de-worming tablets for 7,000 children some of whom were not in school. The tablets were distributed by the District health officers who told us that they'd brought a great improvement in the children's health and a decline in absenteeism.
- Eight years ago we gave Aquafilters to Mprim village, where we couldn't drill for water. The District has recently piped water to Mprim, so no-one needs filters any more. Some people took them to their farms so they could drink clean water during the day. Others sent them to members of their families, particularly on cocoa farms in western Ghana. The filters, made by The Safe Water Trust, were brilliant and no-one dreamed of throwing them away.



Tree planting



Worm tablets