Ashanti development

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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 Helen Booth

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Mampong Government Hospital

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Doctors for Mampong

By Sabrina Hammerl

Ashanti Development's latest project is to support Mampong government hospital with volunteer doctors. Dr Sabrina Hammerl, our first volunteer, writes of her experience working there from May until end June 2022 when the hospital had around one hundred beds, an emergency room, several specialised clinics and a daily walk-in clinic. Only one other doctor was employed while she was there, apart from the hospital's Director.

An old lady, barely able to walk with her stick, comes slowly into the consulting room. A young boy around the age of seven follows her. I come towards her and help her to sit down. A moment later the young boy jumps into his grandmother's lap, and at this moment I realise that he is my patient and not the lady. He breathes heavily, coughs and has yellowish eyes. I establish the clinical diagnosis of pneumonia and admit him to the children's ward. He suffers from sickle cell disease, a genetic disorder which makes one prone to infection, anaemia and many other medical issues. After his recovery the patient was referred to the sickle cell clinic, which operates once a month, as all sickle cell patients require regular check-ups.

I remember this scene so clearly because it also illustrates the importance of family support in the Ghanaian health system. Relatives must take care of the patients, even if they are admitted. They must provide them with water and food, buy their medicines and wash their clothes. In the boy's case, the mother was probably busy working on the farm and looking after the other children. Although it must have been an exhausting journey for the grandmother there was no other way.

During the rainy season malaria is omnipresent in Mampong hospital, though elderly people gain a kind of immunity to it and present with minor symptoms like vomiting, diarrhoea or cough. Others, especially babies, arrive with severe conditions, perhaps unconscious after a seizure or with severe anaemia. Other infectious diseases like typhoid, pneumonia, gastroenteritis and sexually transmitted disease are also widespread in the community.

Interestingly, as in many other countries where infectious diseases dominate, the number of so-called non-communicable diseases is steadily increasing, which has a significant impact on the health system. Hypertension and diabetes mellitus are often poorly treated or diagnosed at a later stage, leading to complications such as kidney failure or strokes.

Sabrina visited London last December. Here she is with our founder, Martha Boadu.

Another major topic is HIV. Although Ghana has a relatively low HIV rate compared to other African countries, many patients come to hospital with illnesses related to undiagnosed and/or untreated HIV. The problem is more the severity of the disease than the number of patients. The saddest examples are two children aged 7-10 years who were diagnosed HIV positive on admission, were severely malnourished and had pneumonia/gastroenteritis. We did our best, but unfortunately, we were not able to save them. Another aspect is that HIV positive patients face

a huge stigma and do their best to hide their disease, even from medical staff. As a doctor, one is not even allowed to tell the patient if an HIV test is positive, as a patient could run off or even try to commit suicide. Instead, there is a special consultant - in our case a “Father” - who comes and counsels the patient and starts treatment.

Generally problematic is the lack of diagnostic tools at Mampong hospital, in fact on many days the lab was not running at all (beside malaria testing), and the X ray machine only started to function after months. Other tests widely used in Mampong such as the Widal test are so unreliable that doctors in high income countries have stopped using them. Whereas in my usual clinical routine I would first order a blood test or imaging procedures and then treat, in Mampong we usually started treating what could be treated without waiting for the results. Usually this means giving antibiotic or antimalaria medication. As a result, patients are massively overtreated with antibiotics, promoting an increase of multi-resistant germs, or are treated for a wrong diagnosis, for example a 24-year-old girl was treated with three different kinds of intravenous antibiotics before I diagnosed a pregnancy.

There are several reasons for the lack of a diagnostic approach. Although the laboratory in Mampong is well equipped and can carry out kidney and liver function tests, it is not possible to carry out most of the examinations. Reagents needed to run the laboratory have been missing for months. They are distributed nationwide by the Ghanaian government but the supply is unreliable. There is a private laboratory in town that always works. Therefore we often send blood there but this is firstly more expensive and secondly very impractical as it is far away.

In general, the whole process around treatment in Mampong is more “complicated” than in Austria, where my home is. Every step necessary to achieve successful treatment, whether by relatives purchasing medicines or instruments, or by caregivers drawing blood, bringing blood to the lab, and obtaining laboratory results for example, may carry the possibility of delay or failure. It is especially difficult to understand patients’ financial situations and what kind of therapy they are able to afford. Some do not have the money or need first to raise it from other relatives, while others easily pay everything required. With the help of the nurses, we evaluated their financial status and adapted the therapy accordingly.

Most of the staff at Mampong Hospital work hard to provide good therapies for their patients. They work in a system that is very often unreliable, which makes it especially hard to keep up their spirits. I have great respect for them and admire their positivity. I myself did my best to adapt to the local system and to treat the patients as well as I could. Sometimes I felt overwhelmed when I faced limited resources or when therapies were not carried out for other reasons. But like my Ghanaian colleagues, I kept going. I am very happy and grateful that I had the opportunity to work at Mampong Hospital and I hope that other doctors will come and support Mampong Hospital later on.

I’ll always remember this

By Christopher Hall

Chris visited Gyetiase last July where he worked as a volunteer for Ashanti Development, monitoring projects and interviewing beneficiaries

On a bright, hot afternoon in July we land at Kumasi - a city that boasts the largest market in West Africa. We are met by Nicholas, country director of Ashanti Development. As we cover the 50 kilometres to Gyetiase in Ashanti’s Toyota Hilux the scenery surprises me. From the aeroplane the land looked arid and barren but the countryside unravels, fresh and vivid green, with fertile hills and valleys rich with crops and trees. There’s a good road snaking through woodland and fields planted with yam, cassava

and corn. The air's fresh and the settlements undeveloped: small towns, farms and unspoilt beauty dotted with people coming home from work or school.

Nicholas is quite a raconteur. He tells stories

Chris arriving at Kumasi Airport

about the powerful, wealthy churchmen – their conspicuous churches dot the landscape. He explains that nym trees smell of onion and their dried leaves are dispatched across the region as a covid cure. Nicholas knows everyone, waving or bantering along the route.

We pull over or slow several times for provisions: fluffy white bread at ten cedis a loaf (roughly a penny). Apparently, prices have doubled in the last year. The bread's warm and tastes more like cake. Goods are sold by children my son's age (eleven) and passed through the car window in blue plastic bags in exchange for well-used notes. There are mangoes, apples, bananas, watermelon, oranges, avocado and cold drinks too, carried by young girls on trays resting on their heads. Nicholas rejects the avocados. Too early in the season. They should have a long neck and pear-shaped body, he says.

We bump and sway into Gyetiase, our home for the next twelve days. It's a small, beautiful African village consisting of low orange and pink houses, simple shacks, latrines constructed to Ashanti Development specifications and fruit trees. It's surrounded by farmland and savannah. On a raised grass plateau young adult men play frantic football, barefoot. Everyone we pass waves and smiles, apparently happy, certainly welcoming. There's unmitigated adversity here yet no one wants to look gloomy.

As we park at Ashanti Development's headquarters, the excitement is palpable; a throng of little children gravitate to us, shouting, smiling, delighted. The children fight to hold our hands. 'What is your name?', 'What is your name?' they repeat. One boy touches my arm only to be admonished by another. School and football seem to be favourite things. One boy demonstrates how he can cartwheel. One girl shows a picture she's coloured-in of a squirrel. Goats, sheep and chickens roam freely, and birds fly in the treetops.

The beauty and charm of the land

Hard relentless rain commences as we enter the building. This is the end of the rainy season but from the balcony, commanding a view over the village and valley beyond as the sun sets, it's a torrent. From here one overlooks forests, farmland and families hurrying to put out buckets

to catch the water.

It's too wet to venture out but we can eat. Our cook prepares everything herself: fried yam and plantain, noodles and Bolognese, chicken, cabbage, rice, dried fish, black-eyed beans, fried chicken pieces, always followed by fruit. Almost everything is sourced locally.

After eating we rest, nap, drink plenty of water, read or talk before going to bed. This seems to be a simple, stone age farming village, but it's deceptive. It has a clinic, an eye clinic, seven churches, a library, two schools, a little local museum - and tiny, hidden shops that sell a variety of necessary goods. This is a village of complexity, depth and no affectation. Everything, good and bad, is on display. It's a village and region of people and stories, stripped of airs and pretence. It's colours and faces, with people desperate to improve their lives, and children desperate for education, improvement, enjoyment, employment and in many cases food.

These are my first impressions, images, and feelings that I'll remember my whole life. The bewitching beauty and charm of the land and its people. I'll certainly come back to explore more of the region and meet the children, parents, and grandparents who have so much to voice and to offer.

We're looking for volunteers

We are looking for volunteer fundraisers who can raise money in ways including by applying for grants from donor organisations. They must be committed to our aims and objectives (see www.ashantidevelopment.org), be able to write good English and be free to offer us a few hours remote work a week. The role would suit a retired person or someone with spare time on their hands who wished to make a contribution to improving the lives of the very poor. We would train and support them all we could.

We are a 100 per cent volunteers' charity and pay no salaries and very few expenses in the UK. We employ staff in Ashanti to carry out our projects.

Our volunteers get no pay or recognition – just the knowledge that they're saving lives and the eternal gratitude of thousands of Ashanti families.

Empowering the Poor to Solve their own Problems

By Nicholas Aboagye
Ghana Director, Ashanti Development

Nicholas explains why seventy per cent of all our livelihood support interventions such as microcredit and farm support go to women.

The poor lack adequate food, shelter, education and healthcare – deprivations that keep them from leading the kind of life everyone values. They are extremely vulnerable to ill health, economic dislocation and natural disasters. They are often exposed to ill treatment by institutions of state and society and are powerless to influence key decisions affecting their lives.

Ashanti Development believe that poverty can be effectively reduced through a two-part strategy: -

i. Promoting the productive use of the poor's most abundant assets. In the case of Ashanti, these are labour and land.

ii. Providing basic social services to the poor – primary education, health care, family planning, nutrition support, water and sanitation among others.

To reduce poverty requires the integration of various different activities, and Ashanti Development provides training, education and credit. These have the potential to enhance the use of their principal assets; labour and land.

These microcredit borrowers have produced business plans and are holding the money they've been lent

The credit we offer farmers and petty traders is based on terms which are flexible enough to encourage repayment and ensure sustainability. To reduce shocks such as illness and their children's education expenses, we also advise beneficiaries to buy National Health Insurance for themselves and their families, and to take advantage of the Government's programme of free basic and secondary education. By spending less on such factors they will retain more money with which to increase their productivity.

Ashanti Development has provided many villages with basic amenities such as water and sanitation, nutrition support and clinics to improve the quality of life of the communities. We don't stick to the provision only of credit, since that would not be an effective means of reducing poverty. Reducing poverty using this integrated approach has so far been an effective tool.

The Feminisation of Poverty

Most of the 800 million people living on less than two dollars a day are women and the gap between men and women caught in the cycle of poverty has continued to widen over the past decade. Women living in poverty are often denied access to critical resources such as credit, land and inheritance. Their labour more often than not goes unrewarded and unrecognised; their healthcare and nutritional needs are not given priority; they lack sufficient access to education and other support services; and their participation in decision-making at home and in the community is minimal.

70% of our livelihood interventions go to women

In order to bridge the gender disparities in development, Ashanti Development includes more women than men in its operations. At the moment, seventy per cent of all our livelihood support interventions such as microcredit and farm support go to women. It is therefore not surprising that in villages where Ashanti Development operate many women are being given leadership positions in, for example, the unit committee (elected village council), and water and sanitation committee among others.

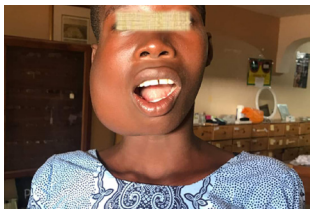
Many international and government poverty reduction programmes have failed to yield positive results due in part to their failure to take into consideration the fundamental needs of the poor and vulnerable. Ashanti Development's experience convinces it that poverty can be reduced or even eradicated if poverty reduction programmes target the poor.

For the world to achieve sustainable development goals by 2030, international organisations, institutions, governments and non-governmental organisations should consider adopting a bottom-up approach to development by empowering the poor to solve their own problems rather than giving aid, which only makes the poor dependent.

News In Brief

1.

In 2020 Chris and Helen met a lovely young lady with a large tumour of her jaw (ameloblastoma). Fortunately they managed to find the funding for an operation to remove this and the results are excellent! Two photos of before and after:



2.

We're sad to announce the death of our long-standing patron, Henry Roche. Henry was a professional pianist and worked for most of his life at the Royal Ballet, where he eventually became Head of Music.

In 2011 - 2013 he organised wonderful Gala Evenings for Ashanti Development. Entitled A Dream of Africa, many Royal Ballet stars performed to raise money for us.

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Henry Roche

3.

Youth from rural Ashanti villages tend to graduate to the cities and towns to find work. Some of their parents recently asked us to re-run our four year farm support project in their villages, so they could call back their childen to take part in the training, which typically enables each farmer to double or treble their income in the first year alone. In this way they hope to persuade their children to settle permanently at home.

We've agreed to do this as a pilot in twelve villages, to see if it really makes a difference.

Farmers meeting for agricultural and marketing lessons

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