Ashanti development

Ashanti News 53
June 2024

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.

Leah Volunteers in Ashanti

Leah Morassutti is an emergency registered nurse from Ontario, Canada and has a professional diploma in tropical nursing from the London School of Hygiene and Tropical Medicine. Below she writes about her experiences from November 2023 to the following January, when she worked as a volunteer nurse in Mampong Government Hospital.

After a long flight from Canada, I started my unforgettable journey as a volunteer nurse in Ghana. Nicholas[1] picked me up from the bus stop and we drove up a very bumpy road to Gyetiase, a small rural village in the Ashanti Region. I was welcomed by two smiling women, Christabel and Elizabeth, who would soon become my Ghanaian family. A hot meal was ready for me instantly—rice, cabbage stew, and pineapple. After meeting the village Chief, I was given a tour of the village I was to call home over my three-month stay. The smiling children flocked towards me, hugged me and held my hands. The initial challenges of adapting to the new environment were eased by their hospitality. The sunsets from 'The Clinic' balcony ended my evenings with shades of red, yellow and orange, setting over Mampong and the mountains in the distance.

The triage project

I volunteered most of my time at Mampong Government Hospital, where I was welcomed by Dr. Gyimah, Matron Joyce, and their team of amazing nurses. I spent most of my first month in the Outpatient Department (OPD) triage area working on implementing a formal triage system. In Ghana, patients often stay home as long as possible before coming to the hospital in the late stages of their injury or illness and they are often severely ill when they arrive. This is why early recognition and sorting of patients to the appropriate area is very important. In the mornings, I would show up to a waiting room full of patients with diverse problems anticipating assessment by a healthcare professional.

When I arrived at the OPD there was no pulse oximeter, but a broken thermometer, one blood pressure cuff and a weight scale that constantly ran out of batteries. Ashanti Development provided the necessary equipment to triage effectively. I worked with the triage nurses to think critically about each patient's presenting case through hands-on training during work hours and in a classroom setting.

[1] Nicholas Aboagye, Ashanti Development's Country Director

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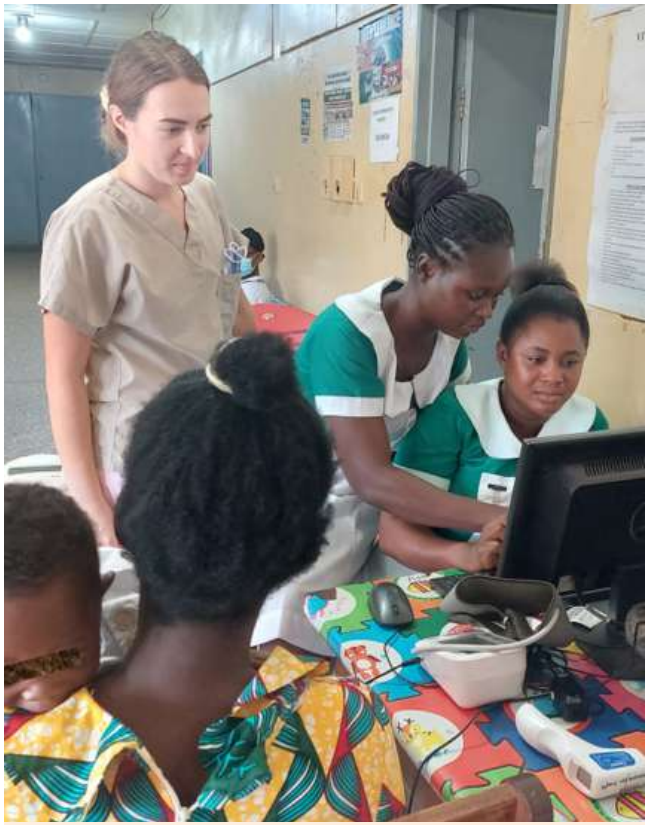


Supporting triage with the new electronic health record

The Hospital recently installed a computer system called the Lightwave Health Information Management System (LHIMS) in January 2023. With the use of LHIMS and help from the IT team, the triage nurses now have access to electronic triage documentation. Using a triage scale supported by the Ministry of Health of Ghana, I was able to teach the OPD nursing team how to record patients' Triage Early Warning Score,

which is calculated from a patient's full set of vital signs. I encouraged them to document patient presentations on their arrival at the hospital and to complete nurse assessments to determine patients' acuity level and safe wait time for treatment. To monitor the progress of this project data should be available to collect from LHIMS.

Nursing in Ghana

I spent many days volunteering in Mampong Hospital's causality unit, the general wards, the speciality clinics and the maternity wing. Although I witnessed heartbreak and loss, I also witnessed amazing teamwork and compassion from the nursing team. The nurses are getting by with the few medical supplies they have available, but it is far from optimal. With only one doctor available most of the time, they have a lot of responsibility to stabilise and care for seriously ill patients on their own until a doctor arrives.

I worked with nurses from all levels of education and experience. Some had a degree, diploma or certificate, others went back to school to become specialised in one area, such as an ENT. Nurses are easily identifiable in Ghana and always look professional in their nurse dress, apron, cap and dress shoes. There were always student nurses around and willing to learn. Like most hospitals, the nurses make up the majority of the staff and are critical to the hospital's function. During my stay, there were always enough helping hands for the patient ratios, but I was told they often feel short-staffed once the students leave.

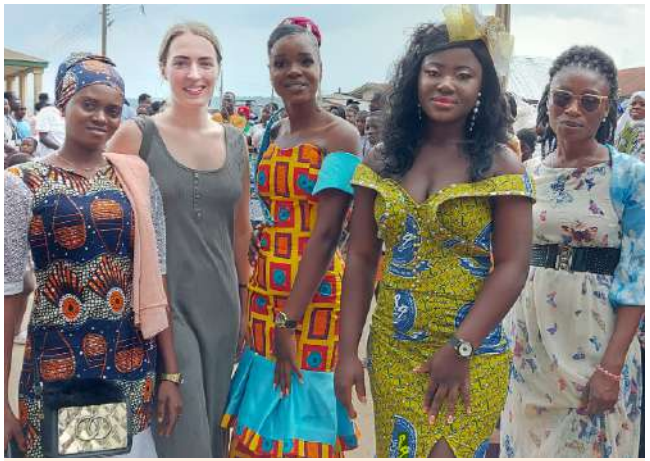
Over the last eight years as a nurse, I've observed a concerning trend of staff burnout in the nursing field. Similarly, in Ghana, there has been a noticeable desire among nurses to explore working opportunities in other countries. From my perspective, it's evident that nurses are often faced with financial constraints leading many to pursue supplementary income through side businesses. The necessary equipment to do their job is often not available and nurses are forced to take on responsibilities past their scope due to the short staffing of doctors. The frequent rotations, occurring every one to two years, to different hospitals, units, communities, or cities contribute to nurses living away from their homes and families.

Moreover, it's important to highlight that a significant number of Ghanaian nurses are mothers who bear the additional responsibility of raising children and managing households. Despite these challenges, it's inspiring to witness the resilience of these dedicated nurses who remain determined to overcome obstacles for a brighter future.

Two opposite worlds

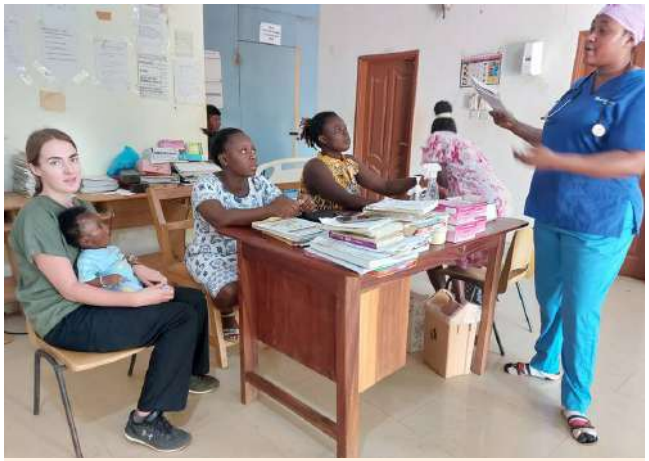
I had the opportunity to apply the knowledge acquired from my professional diploma in tropical nursing, especially when dealing with patients who faced a spectrum of health challenges, from snake bites and measles to typhoid, hepatitis, HIV, sickle cell disease, TB and, of course, malaria. During my stay I assisted a school-wide screening where 35 cases of YAWS were identified in a village and with support from the infection control officer, I helped by providing medication, dressing changes and monitoring the infected children.

Beyond infectious diseases, non-communicable conditions like hypertension, diabetes, strokes, peptic ulcer disease, and traumas such as road traffic accidents presented a complex range of cases. During a drive with a team of volunteers, we encountered a young man who was a victim of a recent road accident. He was lying in a pool of blood on the side of the road. With quick thinking and collaborative effort, our team carefully transported him back to the hospital. I found myself holding his head in my hands, struggling to stabilise his neck and prevent further harm during the rough 45-minute journey in the back of a truck bed. At the hospital, in the absence of a CT scanner and no doctor available, the nursing team faced the challenge of managing his critical condition and took independent initiative, administering a mannitol drip to reduce intracranial pressure as they waited for a doctor, which often took hours. This once again highlights the critical gap in the hospital's resources. In recognising these gaps there is hope for positive changes through the implementation of medical technology, further healthcare education and improved infrastructure to enhance patient outcomes and the overall effectiveness of healthcare delivery.



At the graduation of one of our dressmaking students

It's difficult to witness a patient's condition deteriorate or to watch them die, knowing that their outcomes could have been prevented if only the necessary resources were readily available. Coming from an emergency nursing background in Canada, if a patient required resuscitation efforts, we would have unlimited medications, equipment, specialised teams of doctors, access to most emergency surgeries and then an intensive care unit to monitor patients after they've been stabilised. I initially felt disheartened by the challenges in Mampong after witnessing a failed resuscitation attempt of a 30-year-old female patient with liver cirrhosis, hepatitis B and typhoid. She was severely ill prior to her death, but I couldn't help but wonder if her prognosis would have been different if there had been access to vital equipment, such as defibrillator pads or a ventilator. Upon further reflection and watching the Ghanaian nurses work tirelessly day in and day out, I recognise change doesn't happen overnight and to hold on to hope. The nurses often say, "We are doing the best with what we have and helping those we



Leah at the clinic at Gyetiase

can." Focusing on projects that deal with health promotion and disease prevention is key. The Mampong Government Hospital has so much potential, and the staff are smart, reliable and determined.

This experience has challenged me to go outside of my comfort zone, furthering my professional skills and fostering personal growth and resilience. My perspectives on healthcare have changed significantly and I am inspired to continue to contribute to make a positive impact as a nurse. I encourage any nurse interested in volunteering with Ashanti Development to apply. Nurses can make a difference here by providing

educational workshops, being extra hands for patient care and fundraising to supply new medical equipment.

I can't thank Ashanti Development enough for creating this opportunity for me to join their team and supporting me during this experience. I look forward to hearing about the future impacts the charity will make in the years to come.

Portrait of a Village

Before we embark on a major project in a village, we document its important features as a benchmark against which to measure progress.

We've recently given clean water, sanitation and health and hygiene training to the migrant village of Fawoman. We've also joined it to our farm support scheme in the hope that four years of loans and agricultural training may bring an end to poverty and hunger. This article aims to give an insight into a typical community in Ashanti.

The village of Fawoman is located on a dirt track to the east of the main Mpantuase-Aframso road. It consists of 23 households made up of 84 men – some of whom are not permanent residents but seasonal workers or visitors – and 71 women. About half of these are under eighteen years old – a ratio which is common in communities where people aim to have large families in the hope that some will survive and look after them in their old age.

Most people are settler farmers from tribes such as the Dagombas, Mamprusis, Dagatis, Frafra, Kokombas, Kusase, Basari, Grumma. In the

immediate past most came from northern Ghana but in the longer term, they were to be found further afield. The Basari, for example, known for their ironwork, originated in Persia, while the Komkomba and Dagomba were inhabitants of Mali.

Fawoman houses are small

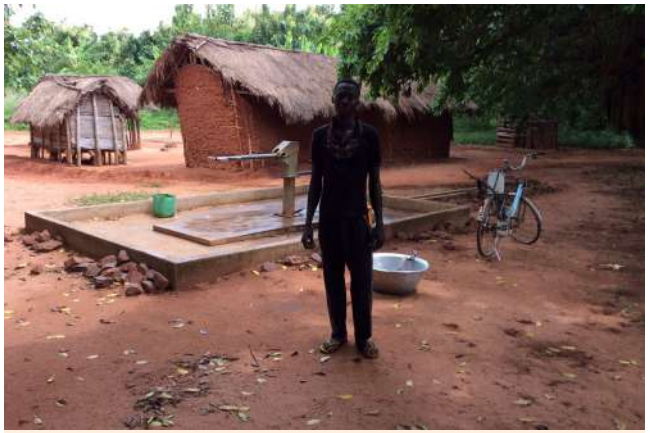
Even the local Ashantis are in some respects settlers. The Fawoman community once lived near Asubuaso, but they fell into dispute with its chief, who reported them to the King of Beposo on whose land they lived. The king punished them with a hefty fine, which Fawoman refused to pay. Fawoman then threw themselves at the mercy of the King of Beposo, who eventually found them an alternative place to live, whereupon they sent a message to the King of Beposo to that effect. The King replied that they should take their village and go (Fa Wo Man' – Take Your Kingdom).

Only about one in three of the Fawoman community are native Ashantis. Most people in the village speak Twi, the Ashanti language, but many also speak their own languages.

Fawoman practises communal land ownership. Migrant families rent or purchase land from the indigenous Ashantis, and each family member is entitled to some of it if they wish to farm. The crops are standard: yam, cassava, corn, plantain, ground nuts and some vegetables. Since there is no food processing machinery, they take their crops to Ankamadua village, about 1.5kms away, where they can grind corn and process cassava into its long-life version, gari. The occasional surplus is sold in Nsuta market and the money is used to buy fish and clothes, pay school fees and medical bills.

Living with Illness

Before we arrived, there was just one dilapidated latrine in the village. There was no understanding of hygiene, and almost everyone practised open defecation, learning to live with the resultant stomach upsets and the children with worms. The community estimate that one in ten children die before age two. Luckily they are not far from Ashanti Development's Rees clinic, which is able to treat most minor illnesses.



The main village borehole

Water is drawn from two boreholes and also collected from the Manyiwaye stream, which tends to become polluted by cattle in the dry season. We were not surprised to learn that the community's main health complaints were diarrhoea and dysentery. The runners-up were malaria and waist pains, probably caused by carrying heavy loads on their heads.

There was no electricity in the village, and the children had to walk to the next village, about 1.5 kms away, for school. Rubbish was dumped along footpaths or behind houses, creating ideal hiding places for snakes and, after rain, breeding ground for mosquitoes. There were no shops, and only a few bicycles.

As in most villages in Ashanti, two parallel lines of authority exist in Fawoman – the traditional and the democratic. The traditional consists of the village committee of queen and elders and includes the chiefs of each ethnic group who are born, not elected, to their roles. The queen,

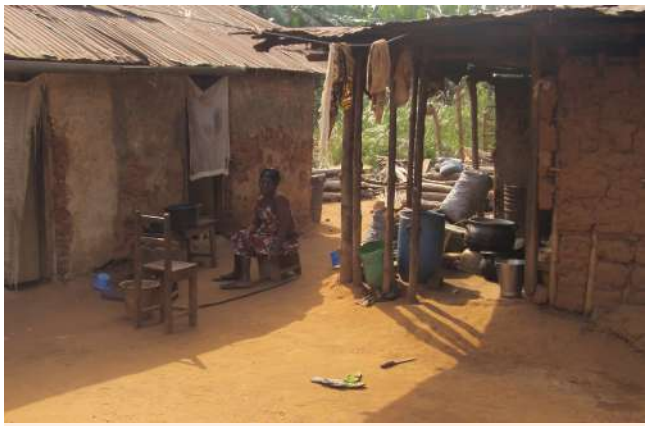
Central square

Nana Ofori, holds great authority because she deputises for the chief and reports to the Paramount Chief and thence to the Ashanti King.

The democratic line consists of an elected unit committee, which extends to cover several nearby villages. The unit committee reports to the assemblyman, roughly equivalent to a local authority councillor. The local assemblyman is highly thought of and regularly visits the village as well as attending the District Assembly.

There is also a committee responsible for water and sanitation in the village, and a health committee. These committees are reasonably effective in resolving disputes and mobilising the community to weed the footpaths or erect poles in advance of the government providing them with electricity.

Religion plays an important part in Fawoman. There is no church, but the Christians and Muslims worship in Ankamadua and most of the community practise polygamy. The village's third religion is the traditional. The Tigare shrine, based in the Volta Region, belongs to one of the fiercest witch doctors in Ghana and there's a branch of the shrine in Fawoman. People come to the village from all over Ghana to consult it. Sometimes they seek a prophesy (will my business prosper?) or revenge (the shrine will ask if they want this person killed.) Despite the influx of visitors the village remains poor, probably because people prefer to stay in an hotel in Nsuta than in Fawoman.



Staying out of the sun

Better Health For Fawoman

Work to improve matters began early this year. Ashanti Development provided the raw materials and skilled labour needed for each household to build itself a latrine and, while the work was continuing, trained the community in health and hygiene. We also worked to strengthen its various committees and ensure they work together well.

We want to pay tribute to a man called Ofori Bekoe of Fawoman. When the villagers were still doubtful about the project – puzzling about what real help latrines would be to them - he encouraged them. He told them he had once lived in a city where you had to pay money to use a latrine. He said that if someone came and offered latrines for free, they deserved everyone's support.

Later he looked after the materials needed to build the latrines, keeping them in his own home. When people came to collect material for their latrines, he would keep a record of what they'd taken and report back to us.

The real benefit of latrines, coupled with clean water and training in health and hygiene, will become apparent slowly, over the coming months. Diarrhoea and dysentery will gradually disappear. Energy and productivity will increase. By now Fawoman should be beginning to feel the effects of the work.

Institutions

As in most Ashanti villages, two parallel lines of authority exist in Ankamadua – the traditional and the democratic.

The traditional authority is the Committee of Chief and Elders. The elders are normally the heads of families and they, like the Chief, are born and not elected to their roles.

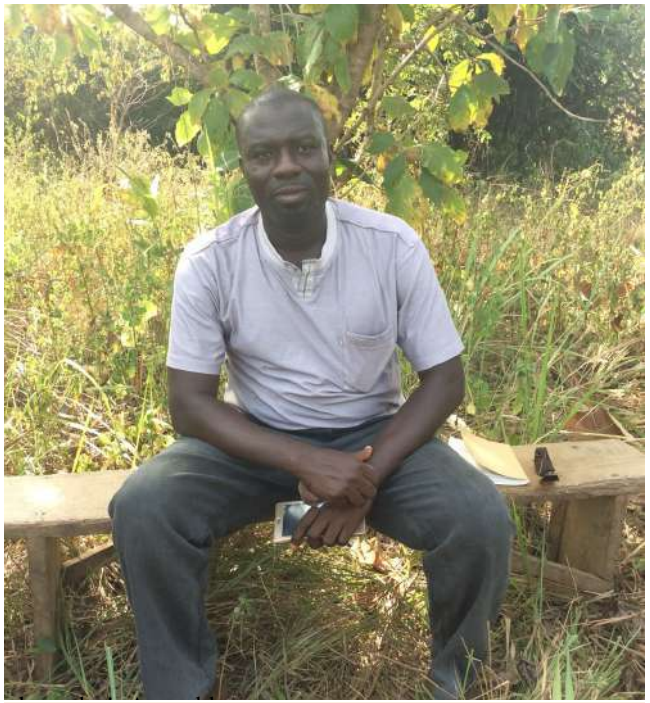
Each of the ethnic groups in Ankamadua has its own Committee of Chief and Elders, but they take their authority from the main village Committee.

The elected authority consists of a Unit Committee. Only one committee member represents Ankamadua. The others represent the neighbouring villages of Ohemaa Dida, Dagati/JY, and Fawoman and one other.

Both sets of committees work reasonably well together, but there is scope for improvement. Ashanti Development will therefore provide training in community mobilisation and governance.

The traditional authority reports to the Paramount Chief, who in turn reports to the Ashanti King. The elected authority reports, via its assemblyman, to the District Assembly. These relationships are good, particularly since the assemblyman lives in Ankamadua, regularly holds consultative meetings with the community and attends District Assembly meetings.

Other active committees in Ankamadua include the WATSAN committee, School Management Committee, Parent-Teacher Association and Health Committee. They count among their successes helping to resolve disputes among community members and between the community and the chiefs, supporting the construction of a kindergarten block and constructing latrines for the school.



Ankamadua's Assemblyman

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Ashanti Children

Martha Boadu continues her description of village life in Ashanti

Child's Play

I was born and brought up in a small village so I know a lot about the village life. In the village we the children made our own toys. There are some games that both girls and boys played together and there are some that the boys played on their own.

At times we dig small small holes in the ground and used small stones and play oware. Also we used anything around us like leaves for money, sand for food, plantain for bodies, empty cans to set up a store.

Again we like pretend play like mummies and daddies, teachers, nurses, cars, pastors, fetish priests, hide and seek and many more. We play a lot outside the house with friends in the village.

When the full moon is on, most of the time the old people in the village will come out to tell the children stories and legends, or sing songs.

Sometimes they will be talking as about the histories about the villages around and how it came to be.

Children playing oware

The Role of the Child

As a child, your role in the house and school is to clean the compound and classrooms before the teachers come to school. At home you have to clean and prepare your own breakfast and make sure there is water for your parents before leaving for school.

After school you have to help your parents to prepare the food and clean the house, and you have to do your homework before you can go out to play.

During the weekends, whatever your parents do in the farm you have to do it with them. It may be carrying food or vegetables and firewood or fruit to the house. If they are selling things in the market you have to help or you have to go and buy things from the store or market place.

At times if the teacher's got a farm in the village he or she will use the children's school times to work on it. At weekends too the children in the village have their role to play in the village or community. They have to clean the street pipestand or the community latrines.

Children with kites

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News in Brief

1.

SAVE THE DATE

Our Taste of Ghana party will be held on Saturday 27 July from 16.30 – 19.30.

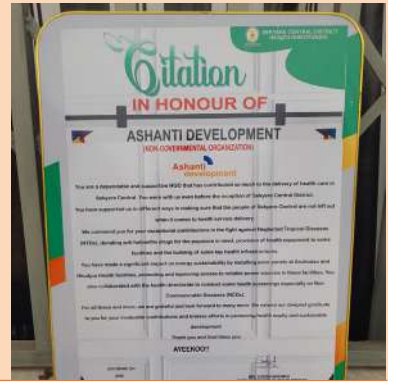
This is the occasion when local Ashantis cook an Ashanti meal to thank us for the work we've done for them over the past year. It will be held in Red Lion Square, Central London. More information will follow.

2.

We're looking for a new voluntary Managing Director who has the interest, drive and commitment to take Ashanti Development forward for the next few years.

For more information, please get in touch with Penny David at Ashanti Development.

3.



The Sekyere Central District has sent us a wonderful citation. It's shown in the photo and convinced us that we must be doing something right.

The Citation was given to our Ghana Director, Nicholas Aboagye, at a ceremony attended by the District and local dignataries. Apparently chief after chief stood up to say Ashanti Development had helped their village, and to thank us. For us, the whole affair is very motivating.

News in Brief continued

4.

A march of women and girls was held on Tuesday 28th May, organised by the district directorate of education.

They came from all over the District with the aim of highlighting the normality of menstruation, to promote the use of reusable sanitary pads and to encourage the girls not to be ashamed. They had a song to sing as they went along, and handed out re-usable pads.

5.

We were delighted to be visited by Professor Malcolm MacLeod of Edinburgh University. He visited Ghana recently to return artifacts, taken by the British many years ago, to the Ashanti King.

While he was there he attended a durbah, shook hands with the Ashanti King and later visited the Ashanti Development museum in Gyetiase.

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