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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.

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Improving Migrant Welfare

The welfare of both Ashantis and migrants is high on our list of priorities. We can find no reliable statistics of the number of people who are migrating to our area from northern Ghana, Burkina Faso, Niger, Mali and other parts of the Sahel but believe they are substantial. We note that most Ashanti villages now have 'suburbs' inhabited by northerners, while new migrant villages are constantly springing up.

Typically migrants rent a piece of land and plant crops. They have limited success because they do not know how to farm in the Ashanti climate, and hunger sometimes leads them to steal. The Ashantis retaliate to the thefts and there are times when we feel that the area is on the brink of violence. Alternatively, trouble follows when herdsmen allow their cattle to pollute a village water supply, or when they burn scrub to allow new grass to grow for their cattle and accidently burn down whole villages. We're anxious that the area should remain at peace.

Ashanti Development is running two separate projects which we hope will contribute to the welfare of Ashantis and migrants, and to keeping the peace.

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The Dome Clinic

First, we are building a large clinic at Dome village, directly on the main path south used by the migrants. It is located about two hours drive to the north of our home village and will consist of several rooms and wards built round an open courtyard with accommodation for medical staff and volunteers. When finished, the Ghana government will provide trained staff as they have done for the other six clinics we've built so far and if possible we will send the occasional volunteer doctor to lend a hand.

Migrants arrive in Ashanti exhausted, unwell and malnourished. The clinic building should be complete in a few months and we hope it will give them rapid assistance. We still need to raise funds for medical equipment and associated buildings, for example, accommodation for medical staff but intend eventually to give it to the government to staff and manage, as we have given all but one of the five clinics we have built so far.

We also hope that in time, the clinic will become a hub for the development of this remote area.

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Dome Clinic under construction

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Farming: Learning and Living

Our second project is expansion of the farm support scheme we have been piloting and improving for some years. It provides four years training in modern farming and marketing methods for farmers in selected villages and gives annual loans to twenty of them in each village. The project is tailor-made for our purpose by Nicholas Aboagye, our Ghana Director, and is similar in some respects to microcredit. We lack the space to describe it here but would be happy to send a synopsis to anyone interested.

Ashantis and migrants tell us that once on the project, their harvests double or treble in size in the first year. Hunger, the main cause of aggression, is quickly eradicated. After four years training, their harvests are much larger.

The marketing provisions of the project are particularly relevant. Villages are encouraged to specialise in one or two crops and then to enter into agreements with market traders. These provide that the trader will buy first and foremost from them, while they undertake to maintain a sufficient stock of high quality produce for the trader. This last provision is only possible if farmers work in groups, and the groups typically will include both Ashantis and migrants.

It is difficult to maintain enmity with people with whom you're working closely and over time

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Farmers being given classroom training



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the cooperation within these groups invariably grows.

By the end of last year, fifty-one villages were either actively participating in the scheme or had already been through it. This year, a further fifteen will join them.

We visited a few of the project villages in January. In Fawoman, for example, we found only sixteen farmers were on the scheme, eight from the Komkomba tribe, five Ashantis and three Dagatis. The reason the numbers were lower than usual is that every farmer who wishes to take part is required to find two non-related friends to act as guarantors. The Komkomba and Dagati are migrant tribes who practise polygamy and were not always able to find enough guarantors to whom they were not related.

We have two Farm Support Officers, Prosper and Kwame, working on the project. Each can take a maximum of around thirty villages to train. They are both recent graduates of the local agricultural college, and their knowledge of farming techniques is therefore up-to-date. They also receive training from Ashanti Development on our special requirements. For example, we have a rule that we Leave No-one Behind, implying that we give special help to women, the disabled and the vulnerable to enable them to keep up. We also have a target of recruiting fifty



Prosper and Kwame

per cent women on all our schemes, but have met this so far in only a few villages.

Prosper and Kwame train and advise throughout the farm year and in particular suggest what type of seed should be grown by the farmers. Odumfo and Honampa seed, for example, produce high yields and high levels of vitamin A which strengthens the immune system, particularly in children. In some cases, it is also important that the seed should be drought resistant, and Aseda or Openburoo are used. It is also important to take account of types of crop

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Ashanti Development liaises with the Ghana Crop Research Institute and the Ministry of Food and Agriculture on new seed varieties. They often advise on seed diversification, or indeed diversification to some other crop entirely.

With donor permission, we run variations of the project in some villages. For example, at the farmers' request we sometimes organise a project specifically for their sons and daughters who have left to seek work in the towns and cities. There they typically find only low-paid work and would prefer to live in their home villages. These projects are received enthusiastically, and the students rarely return to the cities and towns afterwards.

Looking Ahead

We hope next year to be able to generate statistics on farmers' performance before and after they entered the scheme. Until then, we can only comment that all the farmers we spoke to said they were happy or extremely happy with it. In Amoaman village, for example, all the farmers had agreements with market traders in place, and eleven were working together in groups of two or three.

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In most cases farmers shared the job of transporting produce to market. We also noted that better farming techniques were employed by farmers from nearby villages who, although not formally on the scheme, had attended the classes, and about one in five had diversified into new or 'exotic' crops. All the farmers in all fiftyone villages paid back their loans plus interest at the end of 2023 with no trouble at all.

This year, we are tentatively embarking on a small pilot scheme for organic farming and considering the farmers' requests that we to hire a tractor for them to rent as necessary.

A comment made by Kwadwo Nourise, a Dagati migrant, perhaps sums up the way the participants think of the project. He told us that when he first heard about the scheme, how it was increasing the size of harvests and bringing whole villages out of hunger, he realised there was hope, while before he had none.

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Food for Undernourished Children

By Helen Booth

For nearly fifteen years Ashanti Development has made and distributed a nutritional food supplement we call 'Weanimix' to underweight children in Gyetaise and its surrounding villages. On our recent visit in November 2023, with the help of two colleagues I wanted to review how the project was running and whether it should/could be rolled out to other villages.

The Weanimix project started when we first went out to Ashanti in 2009 and met 16-month-old 'Sandra' who was severely underweight and had not put on any weight since she was four months old. The then District Nutritional Officer responsible for village baby-weighing sessions informed us that when the sessions were first set up an American charity provided an imported peanut-based product called Plumpy'Nut but availability of this supplement stopped when the charity withdrew from Ghana.

After some research on the World Health Organisation website we found a recipe for a

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nutrition supplement that could be made using locally sourced ingredients. This consists of equal parts of groundnuts, dried maize and black-eyed beans roasted and ground to a fine powder and served as a paste by mixing with water, or palm oil if available. Weanimix is made up in bulk monthly by Christabel, the Ashanti Development HealthCare Assistant/Volunteer support worker and distributed at the babyweighing sessions which are held monthly in each village.

The challenge of weighing babies!

We were welcomed by the Community nurses at the two baby-weighing sessions we were able to attend during our stay at Amoamang and Nkwabrim. Baby-weighing sessions are a full-on sensory experience and not for the fainthearted. Staff and volunteers arrive early and set up the weighing scales, table and chairs in a community shelter. At Amoamang they were using electronic weighing scales where you zero the weight of the mother before she holds her child. These scales do need batteries which are expensive and, as we established, they needed calibrating to provide accurate weights. At Nkwabrim the 'traditional' analogue scales are hung from a beam and the baby suspended in a homemade baby sling. These scales have their own challenge of trying to read a weight while

the baby squirms and twists! We were able to provide new weighing scales to four community teams during our stay.



Walter, a community volunteer

As the mornings progressed the number of mothers and occasional fathers with their children increased as did the decibel level. Babyweighing sessions are clearly a monthly social event for the village parents.

Last year 50-100 babies from six villages benefited from Weanimix nutritional supplementation and now some mothers are making their own Weanimix supplement.

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Baby weighing is a monthly social event

In summary, we have proved that this is a relatively cheap, sustainable, low-carbon impact initiative that is valued by mothers and the local District Health Service. We are keen to move the programme out further, especially as a severely underweight child has been identified in the very north of the district near to where the Dome Clinic is being built, and are working with the Nutrition Officer in Sekyere Central District on how this might work given the distances and remoteness of some of the villages with whom Ashanti Development work.

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Funeral Celebrations in Ashanti

by Martha Boadu

Martha is one of Ashanti Development's three founders. She came to the UK in 1982. She now worries in case Ashantis living abroad should forget their culture and traditions.

In the olden days, when someone dies the family has to fast and mourn the dead for nine days. If you are related to that person and you don't live in the same village, you have to come back to the village and start mourning when you arrive. When you come to the house, all the family has to mourn with you for some time, talking about the dead person, remembering them and weeping.

After that, they will give you a seat and give you water to drink, and they will ask you about your mission to the house, ie why have you come? They know the answer but the tradition is that they have to ask you. This is what we all reply to that question; - that we have had a message that someone close to us has passed away but we are not sure and so we have come to find out.

Then they will tell you what caused the death. They bury the dead body the next day. If the dead person had children, the children have to buy the casket. If there were no children, the family must find some money to buy it.

The next day, or the same day as the burial, there is a ceremony to raise money to cover the cost of that person's death. Before the family sit down for the ceremony they have to walk and mourn from one end of the village to the other. Again they will shave the hair of the children and wife and give it to the dead person to take to the grave.

When it is time to take the casket to the cemetery, the wife has to carry a clay pot. She has to cry that she has finished with her husband and throw the pot and run away without looking back.

One thing that worries me is that if the widow is young or has children, the family will force her to marry the husband's brother or another member of his family. If she refuses to do that and she is living in her husband's house, they will ask her to leave with the children.



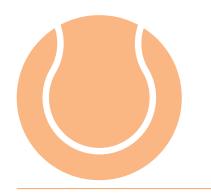
Ashanti Funeral

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News In Brief



The Wimbledon Foundation has once again given us two centre court tickets to auction. They are for 11 July when it's planned to hold the men's and women's singles quarter-finals, normal price £235 per ticket.

We'll send out a separate notice nearer the date but are accepting bids at any time up to Thursday 13 June. The winner will be informed on 18 June.



Ashanti Development was honoured to receive two presentations, one from the Sekyere Central District Assembly and the second from Mampong Hospital.

The District Assembly presentation was to thank us for our 'immense contribution' towards the development of the District and its people; the second was to thank us for our establishment and support of the Hospital's Mother and Baby Unit.



The photo shows Ashanti Development's Nicholas Aboagye with a group of Fulani tribesmen who he has recruited to join our farm support project. Most Fulani are nomadic herdsmen and they often come into conflict with the Ashantis if, for example, they let their cattle pollute a water source.

Nicholas has persuaded this group to learn how to grow crops instead of herding cattle. If he succeeds, Fulani-Ashanti relations will become much more peaceful.

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During their recent visit to Ashanti, two of our medics spotted somebody lying by the side of the road. It was a teenage boy with a head injury, a blown pupil and a Glasgow Coma Score of 5.

Leah, an emergency nurse from Canada, and Chris, a retired ambulance man, decided to convey him rapidly to hospital, rather than wait for an ambulance response. Mampong Hospital has no CT scanner but started him on Mannitol. By the following day his condition had improved considerably.



On another occasion, they noticed a suspicious looking lesion on the face of a schoolgirl, one of a large group helping them pick up litter.

They later identified her through the school and visited her at home. On examination she, along with a brother, was identified as being likely to have Yaws, one of Africa's neglected tropical skin diseases. They provided the appropriate treatment and were pleased to hear that it had cured the lesions.

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