

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.

New clinic declared a gamechanger for local health



The opening of the Dome Polyclinic on June 17 was a huge event for Ashanti. Situated in the village of Dome in the remote northern part of the region, it marks the start of better health for thousands of migrants and the reduction in the number of preventable deaths.



Chiefs and invited guests queue up to greet the Acting King of Kwamang, who presided over the ceremony.



The man carrying the gold rod is the King's linguist, who speaks on his behalf. The symbols on the top of the rod represent the King's family clan.



The ribbon was cut by the Acting King of Kwamang, who declared the clinic open, saying, "I am so excited that the project had come to this area and I know it will reduce the suffering of the people." He added: "Sometimes I used to get really anxious because the roads here are bad and there was no clinic nearby. In consequence, there was no emergency treatment available and many people could die, for example, of snake bite."



The land around Dome village is owned by Nana Oteng Darko, seen here with his elders (centre, wearing maroon and gold striped robes).

At the outset, Nana Darko gave Ashanti Development six acres for the polyclinic, promising more land if needed. He also encouraged villagers to undertake the unskilled manual work for the building, all free of charge.

In his speech, Nana Darko also stressed what a difference the new clinic would make, telling the story of a haemorrhaging pregnant woman who was put on a motorbike to Ejura Hospital, 40 kilometres away. Sadly, she died on the way. His niece was one of those who had succumbed to a snake bite.

“In future, I believe villagers will be healthier and able to pursue their farm activities with vigour,” he added.

The Polyclinic was built alongside the main pathway south used by migrants, who are converging on Ashanti Region because climate change has made life in their home villages too difficult to sustain. It was generously funded by Gill and John Griffiths; medical equipment, beds, furniture and extra accommodation were funded by the Christadelphians, Swiss NGO BasAid and Softwire.





Members of the Konkomba tribe, a migrant group from northern Ghana, performed traditional dances.



Ashanti Development's Ghana Director, Nicholas Aboagye, also spoke. Nicholas was responsible for every aspect of the polyclinic's construction and supervised the purchase of beds, furniture and other equipment. Nicholas said Ashanti Development was committed to the development of people in the region and the rest of Ghana. "We believe it is important to not just enable people, but also to empower them to become self-sufficient in food and income," he added. The national press were present in force, and the opening was reported on television on June 18.

Other guests included Susanna Nkrumah (centre), District Director of Health. She explained that Ashanti Development didn't just build clinics, it also supported health delivery systems, including de-worming children, purchasing medical equipment and making diagnoses. She promised to ensure the polyclinic was run by efficient and committed staff.



Just what the doctor ordered

After completing their diplomas at the London School of Hygiene and Tropical Medicine, doctors Sula Cotterell and Louise Gardner volunteered to work at Ashanti Mampong Government Hospital, an experience, they write, that was rewarding in more ways than one

We worked at Ashanti Mampong Government Hospital between February and May, encountering numerous conditions we had learnt about on the diploma course – many cases of malaria, lots of snake bites, a bowel perforation as a result of typhoid fever, and even a patient who was stung on the finger by a scorpion while pulling up his trousers.

We also saw people with lung conditions arising from *galamsey* – illegal gold mining – and a patient suffering from severe complications of HIV because of poor health provision in the rural area he lived. We helped the staff working in the HIV clinic to use a new rapid test for advanced HIV, which can help identify patients at risk of



Outside the entrance to Mampong Government Hospital

picking up infections so that they can be started on antibiotics. Previously this testing would have involved a trip to the regional capital, Kumasi.

Another big health issue in the hospital is patients presenting with complications related to often neglected chronic diseases such as high blood pressure and diabetes. One example was a woman in her 40s with a significant bleed in the brain. She had previously been diagnosed with high blood pressure, which she tried to manage with herbal remedies. The use of herbal remedies is often problematic, especially when patients attempt to manage their health problems by themselves, then seek healthcare advice when their condition has worsened.

Mampong hospital is a very different setting to the NHS. One of the most apparent is the lack of resources that we take for granted in the UK, for example certain laboratory tests and CT scanners. One positive consequence of this, however, is the amazing spirit of resourcefulness among the hospital staff. On one memorable occasion, we saw a urinary catheter be used to fashion a chest drain for a patient with a large amount of fluid on his lungs – it drained the fluid away very effectively!

Serving a large part of the Ashanti Region, the hospital is under the excellent leadership of its medical superintendent, Dr Kwasi Baffour Gyimah. He is constantly working to improve

the hospital and the standard of care its patients receive. For example, we were able to sit in on a meeting between the hospital, local stakeholders and a branch of USAID, which is partway through a project to build an oxygen plant. This would allow provision of piped oxygen directly



Representatives from the fire, ambulance, immigration and police services after completing their Resuscitation Week training session

to patients' beds rather than using the heavy oxygen cylinders that can run out at inopportune moments. We were able to experience other

recent hospital improvements first hand, for example the Mother and Baby Unit built by Ashanti Development, which provides care for unwell new-borns.

Learning from each other

During our time in the different departments of Mampong hospital, we came to realise that one resource we could share from our own NHS experience is the use of early-warning score charts. These log the vital signs of each patient during their admission and calculate a score to quickly indicate if they are deteriorating. Similar charts were already being used in the maternity wing of the hospital.

We approached Dr Gyimah to discuss rolling out charts in the general wing. After wide research on the different early-warning scores used worldwide and discussion with Dr Gyimah and the paediatrician at the hospital, we were able to print early-warning score charts and run training sessions with the nursing staff on how to use them. These charts were rolled out for the patients in the male ward during our final week at the hospital. The hospital team plans to gradually introduce them across the entire general wing over the coming weeks and months and monitor their progress, with the hope of seeing patient safety improve.



Meeting the Ashanti Regional Health Director Dr Fred Adomako-Boateng (alongside Dr Gyimah and Nicholas) where he gave his seal of approval for Resuscitation Week

Another area we felt we could contribute to came to light after we provided care to three patients in cardiac arrest early on in our time at the hospital. To help improve resuscitation care, we identified two key areas in need of improvement – resuscitation equipment and staff training. Ashanti Development helped provide a new battery and pads for the hospital defibrillator to replace those that had not been working.

We also helped to re-organise the resuscitation trolley in casualty.

In early May, we were very proud to launch Resuscitation Week, which delivered training in cardiopulmonary resuscitation (CPR) to hospital staff, community medical staff from rural health centres and the ambulance service, as well as members of the fire, immigration and police services. The training was carried out alongside newly appointed resuscitation team leaders from the hospital. Participants practised with a CPR mannequin and training defibrillator provided by the London Ambulance Service.

We delivered CPR training to a total of 237 people over nine sessions. To leave more of a lasting impact, we created two CPR training videos to assist the hospital in running CPR training in future. The hospital is planning to do this regularly, scheduled to start in June with newly qualified nurses.

Grand finale

Towards the end of our time at Mampong hospital, we were asked to be part of the medical team sent to the one-week 'observation' (the first part of a Ghanaian funeral) for the King of Mampong, Daasebre Osei Bonsu II. He had been on the Silver Stool of Mampong since 1996



Team leader Comfort teaching staff members from the maternity wing and subdistrict health centres during Resuscitation Week

We are very grateful to all of the staff in Mampong hospital for making us feel so welcome and teaching us so much, particularly about medical conditions we rarely see in the UK, as well as for the informal Twi lessons they were always happy to provide.

(before either of us were born!) and was the second in command for the entire Ashanti region. The funeral was unlike anything we have ever seen before, with elaborate processions of every chief in Ghana, and dignitaries such as politicians and the Ashanti Queen Mother in attendance. Throughout the day there was drumming, singing and firing of blank gunshots to mark the importance of the occasion.

From mango tree to teacher

Volunteers Dawn Williamson and Paul Bloch recall how their periodic visits to Gyetiase helped transform one girl's life

In 2012, we visited Gyetiase with Paul's cousin, Linda Livni. Linda, who had trained as a paramedic, immediately noticed the large number of children and adults with skin sores. She started a small clinic under a mango tree, cleaning sores and advising children, and sometimes their parents, on how to look after the sores and any cuts.

Many of the village children were interested to see what was going on but one child, Hannah Adjoa, stood out in her enthusiasm. She came to the 'Mango Tree Clinic' every day, organising the waiting patients into an orderly queue.

Hannah Adjoa was a student at Gyetiase Junior High School at the time and was hoping to go on to Senior High School, but the fees and boarding costs were prohibitively high. We visited Gyetiase again with Linda the following year and Hannah once again helped organise the clinic.

A few months later, Linda became ill with cancer and died in early 2014. In Linda's memory we decided to support Hannah through Senior High School. We lived through Hannah's change of school, her teenage ups and downs and, eventually, her graduation. She obtained a place at university to study education with a view to becoming a teacher. We decided to continue supporting Hannah.

During our periodic visits to Gyetiase, we have seen the uncertain and shy girl become a confident young woman, one who could obviously command a class of secondary school children. Hannah graduated at the end of last year and is currently doing her compulsory National Service as a teacher in the regional capital Kumasi. When we visited Gyetiase in February she came to see us with her father and presented citations to us and Nicholas Aboagye, head of Ashanti Development's Ghana team, for helping her. She also gave us each an Ashanti stole.

While we have concentrated on Hannah's story, we should not forget our own story in this. We have had the pleasure of seeing Hannah's development. She is a wonderful young woman, full of conviction and authority, well-educated and thoughtful. We are so very pleased for her.

Let's also not forget the impact Hannah is now having on her students and, of course, the



Hannah Adjoa

impact her success will continue to have on her family and her village.

For us it was a relatively small investment. For Hannah and those around her it is an entire world in which she now participates, one that she could not have hoped to see without outside help. A genuine tall poppy.

News in Brief

Save the date

Our annual Taste of Ghana party will be held on Saturday 19 July from 4.30 to 7.30 pm.

Special guest Nicholas Aboagye, our Ghana Director, will join us and there will be a question and answer session about his work in Ashanti.

Sponsored walk

The Ashanti sponsored walk will take place on September 20 in Central London. Details to follow.

Martha sets out her stall

Martha's got a new stall in Buck Street Market, which is part of London's famous Camden Market. There she sells clothing – trousers and tops and hats and ties, made by Kofi's dressmaking school in Ashanti, as well as jewellery, fans, carvings and African soap. She'd love a visit when you're next in London. Just go to Buck Street Market and ask for the African stall.

Ghana cedis/£

The Ghana cedis/£ sterling exchange rate has become very volatile, making it hard to know what to expect when changing money. In April 18 you would get Ghc.20.47 for £1. By May 19, you would only get Ghc.16.23. By June 5, the rate was 13.84. What will the rate be in July?