

Dawn Williamson (David Williamson's daughter) and her husband Paul joined forces with their friends Claire and Richard Coleman to sponsor Dadease and Mpenya villages. Here they talk about the experience.

We spent two weeks in Gyetiase in November 2011 and on return decided to look at the Sponsor A Village scheme. From a list of villages, we chose one that seemed about the right size (ie one we could afford). It was very remote, but we thought this meant the need was greater! However it turned out to be so remote it was inaccessible at times of the year, a long way from Gyetiase and much bigger than expected. So we tried again. Two small villages, close together were chosen as we had persuaded some friends to join us in our venture. Dadease and Mpenya are on the west side of Mampong. We received an initial outline of the villages, decided to proceed and Ashanti Development carried out a "baseline study" to determine an initial list of needs. Our two neighbouring villages have a combined population of around 298 people in 33 households.



This last November, a year after our first visit, we went out to Ashanti again. We attended a big meeting in the villages and were welcomed by the chief and the elders. At the last minute I was told I would have to stand up and tell the meeting 'our mission'. Everyone was very welcoming. Nicholas described the latrine project, as latrines are the first thing to happen in every sponsored village. The sand for the building work was due to arrive the following week so he went into all the details. We also talked about the jewellery project we hoped to start. We shook everyone's hand, sometimes several times, and left feeling that the village wanted us and appreciated our help.

We started the jewellery project the following day. Fifteen women turned up, although we had only asked for five. Over the next ten days we (our cousin Linda who makes jewellery at home, and us as beginners) taught the women to make necklaces, bracelets and earrings using Ghanaian beads. We devised a system for business start-up loans and already have a stock of jewellery made by the women to sell in the UK.

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There is no running water in either village. Each morning before school the village children walk to their nearest water source. For the larger of the two villages there is a pond about 1 km away. The pond is surrounded by land used for the production of food and animal grazing. Fertilizers and weed killers are used on the land and these will seep into the water supply. For the smaller of the villages there is a stream about 750m from the village down a steep mud embankment. In each case the water contains mud and probably faecal matter from the grazing animals who drink from the water sources. Having fetched water the kids walk 60 minutes to school. They also collect water in the evening on their return from school.

Don't think for a moment though that the activity of collecting water is all bad. The four of us, while walking down to the stream with the children, talked about the fact these kids were outside, chattering sociably with one another and walking! They were not glued to the TV or game machine. However carrying 18 kgs of water twice each day is not physically good for a little slip of an 11 year old girl.



The pond and stream water is drunk untreated. Given the poor levels of education and record keeping we are reliant on word of mouth for information on the frequency of disease and mortality as a consequence of unclean water. What we know though is that bringing piped treated water to the villages would be perfect and there is a water pipe from Mampong but it does not carry water today.

The villages we have sponsored have poor alternatives to the current water sources. Bore holes are unlikely to yield water in this particular geological structure. Pipelines and pumps are very expensive and need constant management. Harvesting water from the roofs of the houses would require rebuilds for most roofs and the supply and fixing of guttering and rainwater tanks. Roof catchment areas and rainwater tanks would need to be very large to support households of up to 25 people, each consuming the minimum standard of 10 litres per day, particularly in

the long dry season. This too would be a very expensive solution. We have also considered rainwater tanks and water tanker deliveries to the village but again the water would be very expensive.

We are currently investigating the possibility of providing a water filter for each household so that even though the villagers would need to continue to fetch water, they could purify drinking water. Household filters cost £20 each and we would need 33 of them. They produce 1 litre of clean water per minute and need to be pumped by hand so that, at an average of ten people per household, 100 minutes of pumping per day would be needed for clean drinking water! This solution is not ideal, but the children need the health and energy to go to school and learn and for this they must be free from illness and disease.

We also spoke to everyone in the village and have agreed to supply mosquito nets to those who do not have them.

I'm sure you'll see from these notes that sponsoring a village gives you the chance either to simply be a financial donor or to be involved in development as you prefer.

So come try it. Sponsor a village. I can promise it will affect you in many ways. You will grow through the experience. It will be frustrating and satisfying. You will think differently about our European world and you will think a lot about development. Come out here and you will be stunned by the sounds and smells of the market, the rich colours of the land and bush, the taste of bananas and paw paw straight off the tree and the smiling appreciation of people who are glad you came to visit.

As for us, we will come back next year. We will try to develop another business because we believe economic development will be a driver of change in other ways. As people become more wealthy they will be in a position to buy health insurance, to have better education and clean water, and they will be able to take less time preparing food. All this will free up time for a virtuous circle of more economic activity and its effects on households.



Dave Banks, who has volunteered to spend a whole year working as a teacher trainer in Gyetiase, has just finished his first term.

Having just retired from teaching at a large comprehensive in South London I was looking for a new challenge. An advertisement in the TES asked for teacher trainers in the Ashanti region of Ghana. Should I go? Could I go? I received clearance from home, got through the interview and here I am in beautiful Gyetiase. Time passes too quickly and I am already reflecting on my first period here.

Over the past two months I have worked with the staff of the local Junior High School establishing a programme of training which has included joint lesson planning, lesson observations and lesson review and feedback. The staff led by Headteacher Sulley Mohammed welcomed me into their school whole heartedly and with great warmth. They have been very receptive and very keen to learn. Particular thanks must go to Mohammed and Abdul Kadir Adams his deputy for their continual support, hard work and warm sense of humour.

My first focus was identifying good practice – lots of which already existed in the school – and sharing this with all staff through INSET and joint planning. I have then encouraged staff to focus on student engagement and lesson pace. Staff have planned both with myself and each other. We have been very happy with the results – many of these lessons have genuinely engaged and enthused students and ensured that students have grasped the ideas and concepts being taught.

Of course there have been lessons where things didn't quite work out but I have been heartened when during lesson review and feedback the teachers have recognised where they should have done things differently. As we all learn by making mistakes this has been a crucial step forward and

the ability to be self critical is, of course, a key teaching skill and sign of increasing confidence. We have used similar systems to those used in Sedgehill and other schools in London where lesson reviews consider WWW (what went well) and EBI (even better if) with criteria based on the good practice observed.

The aim is to involve other schools in this process and thereby spread good practice further and ultimately raise the achievement and improve the life chances of children in the Ashanti region. The local Director of Education and his team will need to be involved in the process and we will be talking to the local teacher training colleges. We hope to make big changes in small steps.

Gyetiase Clinic

The clinic at Gyetiase is now 'licensed to commence operations' – a precursor of full registration. It is excellently equipped for eye care (there are a few photos at www.ashanti-development.org) and we plan to employ an optometrist one day a week to join the nurses who will be stationed there by government.

Ab Roy, who visited Gyetiase with an optometry team last July, found the test rooms were invaluable in aiding accuracy. "The illuminated test charts were a great help when testing even in poor conditions," he said, "and Master had his eyes tested with the help of the visual field machines, while the Haag Streit slit lamp microscope was extremely useful in examining patients in detail."

Ab and his team set themselves the target of testing 1,000 patients during their ... day visit. By taking up to 210 patients in a day and often working late at night, they overshot the mark and tested an amazing 1,161, while dispensing over 2,000 pairs of spectacles. They even managed to input 500 record cards into a new patient database holding data recorded during five previous visits.

Ab has also donated glazing equipment and we will train villagers to make prescription glasses when he has found a good supplier of frames. The intention is to sell spectacles for a very small sum to all except the very poor, who will be given donated glasses, which in any case we cannot re-sell. The proceeds will make a significant contribution to local salaries and other costs, giving our Ghana operations the possibility of standalone sustainability.



A Visit to Mampong Hospitals, 28th November 2012
by Ruth Simpson

After over 40 years I was able to revisit Mampong Hospitals with a friend, Sheila Minet. We had arranged to see an administrator, Jacqueline and the hospital Medical Superintendent Dr. Kwadwo A Nyarko-Jectey.

We had with us a portrait of Sister Miriam the Anglo-Catholic nun, of the Order of The Holy Paraclete and founder of the Mampong Hospitals and Mampong Baby Orphanage. This portrait was painted by my sister, Malvena Ruff and I presented it to the hospital. The portrait was well received

and in fact they are hoping to find an artist to make copies so that one can be placed in each ward around the hospital.

Dr Nyarko-Jectey told us that his family had returned to Ghana from the West Indies. His grandparents came back to be missionaries. Unlike Liberia and Sierra Leone where returnees had remained Americans, in Ghana returnees from the Caribbean were easily integrated and accepted into the local population.

The Mampong Maternity Hospital was built around the 1950's/60's. It started with Sister Miriam in her one room accommodation in Mampong. She then acquired a second room and was able to keep sick patients overnight. It was from these humble beginnings that the Mampong Hospitals grew. At the same time, Sister Monica started a school for girls, which has now grown into Saint Monica's School complex.

Today the Midwifery and General Nursing Training Schools attached to the Mampong hospitals are the biggest in Ghana. Midwives, SRNs, SENs and Support Nurses are all trained here. The Mampong General Hospital was built in the 1970s, and the Mampong Baby Orphanage was built soon after the Maternity Hospital and has been enlarged since.

Although lots of new teaching blocks are being added to the hospital complex for the training of midwives and nurses, the older buildings are becoming very dilapidated and greatly in need of renovation. Sadly, money for such renovations is not available.

The funds which used to be available for the hospitals for various reasons have gradually been withdrawn. The French supported them with a Non Governmental Organisation [NGO] fund but that was withdrawn and is unlikely to be restarted with the present economic situation in Europe. The Ghana Government is unable to give much financial support and the Anglican Church, though still supporting St Monica's school, has now ceased to fund the hospitals and orphanage as it did in the past.

Dr Nyarko-Jectey commented that “this makes us feel like orphans.”

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Improvising to save money, even in such little ways as recycling cardboard boxes by making a hole in the top to dispose of sharp needles etc. has become essential. One of the old wards in the Maternity Hospital which has become too dilapidated to be used as a ward now provides accommodation for pupil midwives when on call. These are examples of how desperate things are becoming. Dr Nyarko-Jectey is in favour of renovation of the older buildings as well a rebuilding where renovation is not possible.

On our tour of the hospitals and orphanage with Dr Nyarko-Jectey he took us to the HIV Centre, a desperately needed service in the area. People come to it from beyond Kumasi but due to the lack of funding it is unable to function properly. The staff and social workers are working without being paid. They do home visits as well as manning the drop-in centre.

After a tour of the General and Maternity Hospitals Dr Nyarko-Jectey left us in the hands of an older nurse, who actually remembered Sister Miriam and Sister Phillipa from the 1960s, to take us over to the Baby Orphanage. We were so grateful to Dr Nyarko-Jectey for his interest in our visit and all the time he gave to showing us around.

The last place we visited was the Baby Orphanage who were not expecting us. We first met the staff who were very helpful and friendly; one of the helpers remembered playing with Angela Skuce, the three year old daughter of Dr Skuce who was the Obstetrician when I was working at the hospital in the late 60's. The orphanage was bright and cheerful with lots of pictures painted on the walls. The carers seemed genuinely fond of the children, who were well fed, clean and outgoing. The staff ratio is five staff to thirty-six children in the daytime with three staff on duty at night. We look forward to making a return visit.

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Sheila and I have a suggestion for the Ashanti Development Project. Would it be in the interest of both the Mampong Hospitals and the Ashanti Development to consider helping with the HIV project? This help could be both financial and supportive with volunteer help for the day care centre. Bearing in mind that the hospitals cater largely for the surrounding rural population, this would greatly benefit the hospital and build up good relationships between the two organisations.

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Facebook

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So please abandon the old page and head over and join us on the new one.

You can also find us on Ashanti-development.org/news and on Twitter: [@ashanticharity](https://twitter.com/ashanticharity)