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Ghana and Burkina Faso News July 2008

Dear Brothers and Sisters,

Warm greetings from rainy Accra. As always, deep thanks to all of you who contributed your time, talents and resources to help move our project work forward in the first half of 2008.

Spending time in the African village with the water project, we gradually start to think like the villagers. We feel closer to the earth, and experience our dependence on nature in a very real sense. Like farmers, we are always studying the clouds. We are always asking God, why He can't get it right with the rains. We join the farmers, as they complain about too much or too little rain, then we stop, catch ourselves and laugh as we let the mystery be, He knows best, He is doing everything very well.

This year the rains have been steady since early May. The dam is filling up. Our main challenge is to maintain the filtration system as the dam water quality falls with the constant run off into the dam. We are looking ahead to make the improvements with the help of Engineers Without Borders and Rotary International. With the help of AMURT Italy one new community has already got new water, and three more are still digging trenches for their connections. The water project made strides towards a genuinely sustainable project by tightening the management of the finances and cutting water losses.



The volunteers share the love of dancing with the villagers, Torun & Ingrid at Adiekpe



Seva Clinic staff demonstrating at the TBA training session



Village midwives in training in Deou

The Seva Clinic has been in transition as long time staff moved on and their places taken by new faces, all from the local communities. The role of homeopathy at the clinic and in the out reach work continues to expand. A new kitchen and storage building has been constructed.

The Kekeli women movement is growing, both in numbers and scope. It has been wonderful to see the full participation in every meeting and the creativity and confidence of the women grow as they become more established in their roles as health educators.

Since 2005 we have been working with Traditional Birth Attendants in the area. This summer, with the help of Lisa, an experienced mid-wife from West Virginia in the US, we are again turning our focus to maternal health, and the response has been great.

The Safe Motherhood program in Deou, Burkina Faso is in transition. We are very happy to welcome Dada Purusottama in June who has taken over responsibility for AMURT Burkina Faso. After three years of funding from the Norwegian Agency for Development, we are now studying which direction to take. Still we were able to initiate the program of supplying donkey carts for transport of pregnant women, construct a maternity room and health post in Gorolbay, and conduct training sessions for all the village midwives and village health agents.

The project areas in Ghana and Burkina Faso continue to provide fantastic opportunities for AMURT to shine. By charting a progressive course for the work, it's our hope that our presence in these areas will be a catalyst for genuine change and development. Our long presence in the project areas has taught us much. The people welcome us and accept us, and have understood that AMURT's only goal is the upliftment of the communities. It's our realization that, just as we need to be vigilant as individuals to ward against selfish intentions, as an organization we need to maintain the same purity of purpose. That's the key.

Brotherly yours,

Dada Daneshananda, AMURT coordinator

25 July 2008

GHANA

MAFI-ZONGO WATER PROJECT :

Adalekpoe Community gets water.

Instead of embarking on another major project, we are trying to connect communities, one by one, to existing water projects in the project. This is made possible with funding from AMURT Italy. Since AMURT first came to the district, we have been helping to bring water to nearly forty communities, through the Mafi-Dekpoe project with its extensions and the Mafi-Zongo Water Project. Presently we are working to connect new communities to the Mafi-Zongo Water Project and the neighbouring Mafi-Kumase Water Project.

In April the people of Adalekpoe were celebrating pipe borne water coming to their community. In 2004 AMURT assisted Adalekpoe in opening a small community clinic and during a visit in 2006, AMURT Italy's Maurizio Albani saw first hand the black dirty water that was the only source of drinking water for the village. The funds came from SCANCAD International via AMURT Italy. The communities with the ever positive leadership of Billy, did an exemplary effort with the communal labour, digging trenches deeper, wider and straighter than we have seen in our years in the district. A few weeks after the work started, tragedy struck as fourteen houses were destroyed by fire while most people were away on market day. AMURT was able to give some small assistance to each to repair their homes, and soon they were back working on the trenches for the pipes.



Celebrations on the first day of pipe borne water at Adalekpoe!



The women of Adalekpoe came in numbers to help with the work.

Phase 3 of Mafi-Zongo Water Project starts:

Due to limitations of the grants available for Phase 1 and Phase 2 of the Mafi-Zongo Water project, some of the communities had to wait. With help from AMURT Italy, we have now started to connect these communities. We hope that as the project gets more established, and is able to produce more water, that we will be able to connect all the adjacent communities that were part of the early planning for the project.

Mankukope and Avlavikope are located close to the water tower at Kpokope Hill in the north eastern corner of the project area. Avukope is located in the south eastern part. All three communities started their work in May. We had hoped to complete the work in time for this newsletter. However, the busy farming season, the frequent rains, and many funerals in the communities, have delayed the communal labour. Ghanaians take their funerals very seriously, and often stop all other activities for a week or more.

Making changes:

We started the year with an audit of the finances. It revealed some defects in our systems that caused financial losses. After a general tightening of the systems, things have improved. Since the beginning the project has been plagued by water losses. In January we discovered a major leak that had gone undetected as it was near a water logged area. After repairing this leak, our water losses are no longer alarming. Since the project started we have had problems with breaking of pipes during the tractor ploughing season. This year we made special efforts with circulars, meetings and new pipe line markers in some areas. The result was good: only one leak caused by farming equipment so far this year. In April we re-roofed the water treatment plant, the old beams had been eaten by termites.

Upcoming tasks: expansion and improvement at the Water Treatment Plant:

Since the beginning of the project we have seen the water quality and filtration compromised during the rainy season. Our partners in Engineers Without Borders – University of Arizona Chapter in Tucson, Arizona, prepared a detailed a report and new design for a larger horizontal roughing filter. Technically, our current small vertical roughing filter is unable to handle the higher turbidity raw water during the rainy season. The problem is exasperated by an inadequate drainage system that makes it difficult to clean and maintain the filters. Engineers Without Borders contacted Rotary International in Arizona, and together they have raised \$40,000 for the construction of new filters and improving the drainage. The funds will be channelled through Rotary in Ghana. The amount is going to be close, but we still need to raise more funds to complete this crucial improvement to our filtration system.

We thank our donors for the Mafi-Zongo Water Project :

Amici Nel Mondo, Postal, Italy
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As. Scambi Internaz. Minerbio
Gli Altri Siamo Noi, Parma
Lanesra Foundation, Philippines
AMURT UK
AMURT USA
Neo Humanistic Barnebage, Oslo, Norway
Individual donors

MAFI-SEVA COMMUNITY CLINIC

Many changes at Seva Clinic:

The Mafi-Seva Community Clinic has been in transition. Bernice and Enionam moved on after more than three years of service, and we wish them all the best. Holali, the Kekeli women at Adiekpe, is also an experienced TBA. She stepped in to take charge of the delivery room. Selassie, the bright young Kekeli woman from Kpelebe stepped in to be an apprentice. Our partner in the homeopathy work, Pastor John from Mafi-Kumase recommended Waida, and the new line-up is completed by Gideon who arrived last November. After some early challenges due to lack of experience, the staff has grown through training, study and on the job learning, the staff is now confident. It remains a priority for AMURT in the coming period to make arrangements for more training for the staff. The tiny kitchen next to volunteers quarters have now been replaced by a whole new kitchen building, with two spacious rooms. Visitors and passersby marvel at a colourful mural painted by Nikhil from the UK, who visited in January.



Gideon has been learning homeopathy and now works with Emperor to provide homeopathy care to an increasing portion of the patients coming to Seva. During the last six months, the homeopathy and allopathic treatments have become well integrated. The name of Seva Clinic and homeopathy keeps spreading as volunteers from The Ghana Homeopathy Project come two weekends every month to help train our staff and conduct homeopathic outreach camps in communities. Dozens of long time sufferers have found cure through homeopathy where conventional medicine has failed.

Kekeli women are getting the message out to their communities through drama

The Kekeli women continue to grow from strength to strength. We are all encouraged by the sustained enthusiasm of the Kekeli women as they grow together and establish themselves as a presence in the area. We chose to concentrate on developing the program through more training and activities rather than hold new training sessions. Still the number has grown to 32; we have six new Kekeli women, these include replacements for two who dropped out and the first Kekeli women from among the Fulani tribe. The

Fulanis are Muslims and speak a different language, their interaction with the communities are very limited. That we now have a Fulani Kekeli woman is a big breakthrough.

Two young volunteers, Ingrid and Torun from Norway, worked with the Kekeli women from mid-January to early April. The Kekeli women have been doing role play from the get go, but this time, we are decided to take the dramas to another level with the help of volunteers who had just completed drama studies at college. The women work in groups, according to the format set up by Olivia and Jennifer last year. The women work with four or five of their Kekeli sisters from the nearby villages. It's a great format as it helps to build the unity and sisterhood, and it's so much easier to stand up in front of an audience when you are not alone.

Since February the Kekeli women have taken monthly topics and prepared dramas to introduce the topics to their communities. The first topic, Superstition, stimulated a lot of discussion and some controversy. It was a fine line between exposing the irrationality of old beliefs without offending the cultural sensibilities and traditions. As health promoters, the Kekeli women addressed the issue from the perspective people's choice of healthcare. It is still common that people take illness to be caused by a black magic curse, and so seek the supernatural for a cure. The message was generally well received, although rooting out superstition is going to be a long and slow process.



The abuse of Alcohol is a very serious problem. Alcohol related deaths are very common, especially amongst middle aged men. The topic gave a lot of scope for comedy as well as melodrama. Many of the Kekeli women revealed a stunning comic talent. As the use of alcohol is so close to home, it generated a lot of heated discussions. Upon seeing the display and listen to the Kekeli women's rational explanations, many felt ashamed and stood forward requesting help to stop drinking.

In May the problem of abuse of antibiotics was in the topic. In the area, the proper use of medication is not well understood. Many reckless vendors sell strong medicines without any diagnosis or clear prescription. People are seen to mix many antibiotics even if they don't have an infection.

Networking with other NGOs:

In NGO work, networking opens many doors. We invited Village Exchange Ghana to get involved with the Kekeli women. Village Exchange Ghana runs a centre in Ho, the capital of the Volta Region. They work with women’s empowerment and reproductive health issues. We invited them to lead a session with the Kekeli women about the problem of teenage pregnancy and unsafe abortions which is a top priority issue in our project area. The women participated, told personal stories and brainstormed about how they can help to reduce teenage pregnancies and unsafe abortions in their communities. They acted out a drama which presented the problem from various perspectives. This will be performed for in the communities later in the year.

Micro-finance opportunity for the Kekeli women:

Village Exchange Ghana runs a number of micro-finance credit schemes throughout the Volta Region, and agreed to allow the Kekeli women also benefit from this program. These kinds of programs are essential in the economic empowerment the women. The Kekeli women got several presentations, including training in basic business planning and analysis, accounting and profit calculations. About half of the women have signed up to join the micro-finance program to get small loans to expand their trading enterprises. If things go well, we hope to extend mirco-finance opportunities to more women in the future.

Maternal Health:

The women in the project area have no habit of going for regular check-ups during pregnancy. It’s quite common that the first time the midwife or clinic staff sees the woman is when she is ready to deliver. AMURT and Seva Clinic is mounting a campaign to create awareness about the importance of pre-natal counselling. The Kekeli women play an important role in this. They have already had two sessions with Lisa, the midwife volunteer at Seva, to learn how to advice pregnant women in a better way. (See more on this below.)



Fati is the first Kekeli women from the Fulani tribe



Kekeli women make their own t-shirts teaching about the vital organs of the body

Learning the vital organs:

Tash and Gillian from Canada are at Seva now. They were recruited by Andree that spent a month at Seva last year. They are training the clinic staff and working with the Kekeli women. We hope that over time the Kekeli women develop into a genuine health care resource persons for their communities. We are still at the basics, and the topic of July has been the vital organs of the body, and the role they play in keeping us healthy. After learning, the Kekeli women share the information with the people in their communities with role play and classes.

TRAINING OF TRADITIONAL BIRTH ATTENDANTS:

With the help of Lisa Dalporto, an experienced midwife from Kentucky, USA, we have launched a big campaign to improve the maternal health in project area in Ghana. During 2005 and 2006, with the help of Suniiti, we trained and equipped eight TBA's, traditional birth attendants. During 2007 we had a few sessions with them, but it was not until this summer that everything was in place to give maternal health work the attention it deserves. Prompted by the need for better training for the delivery room staff at Seva Clinic we announced for an experienced midwife, but Lisa found us through an article in the Wall Street Journal that led her to AMURT and Seva Clinic via Kids Worldwide.



Twenty TBA's attend weekly sessions, Selassie and Holalti assist Lisa by demonstrating procedures

The TBA's learn about breech births and other difficult situations.

We started the work by conducting group pre-natal conducts in several communities and speaking in churches on Sunday morning about the importance of pre-natal consultations and the training sessions of Traditional Birth Attendants. Weekly full day sessions for the TBA;s are held at Seva Clinic, Kpedzeglo and Somekpe alternately. Each session has been attended by about twenty candidates. In addition Lisa has had several meetings with the Kekeli women and the training of the Seva Clinic staff is on going. The District health department and the midwives at the Adidome hospital have been supportive of the program. We are trying to establish good communication and understanding between the village TBA's and the health department. Lisa will have three months with us. We are still trying to confirm more midwife volunteers to help us follow up this important program.

We thank the donors for the Seva Clinic and Kekeli Program :

AMURT Italy
Jolly Casa
AMURT and AMURTEL United Kingdom
AMURT and AMURTEL USA
Ghana Homeopathy Project, UK
Volunteers and their families
Individual donors

BURKINA FASO

Deou Safe Motherhood Program

A program in transition:

In May we were very happy to welcome Dada Purusottama as the new AMURT in-charge in Burkina Faso. He has already made several visits to the project area and has been captivated by the landscape, the people and their culture. You can write him directly at purusottama@gmail.com With no stable funding for 2008, we have still been able to maintain the basic program with the help from AMURT Norway, AMURT UK and AMURTEL USA, and personal donations from Australia and elsewhere. We are studying the effect of the program that we have followed the last six years since we first turned our attention to maternal health in 2002. We are sitting with our partners in the Health Department to determine the priorities for our future engagement in the Deou department. Thirty six village midwives are active, some are still struggling to be established and well accepted and need more support, while many are working very well and have emerged as leaders in their communities. The need for transport has always been central in the Burkina Faso project. Good vehicles are absolutely necessary for AMURT to reach the remote villages and also for the Health Department to provide the minimal healthcare services in the harsh desert environment. In the semi-desert environment, water remains a problem and we are considering some opportunities to work with water harvesting, following up work done by Dada Rudreshvaranandaji in the 80's and 90's.

Donkey Cart Ambulances for four communities

In March, with sponsors including Mad River Valley Ambulance service in Vermont, USA, and several generous individuals in the UK, we were able to provide four remote villages with a donkey cart. The donkey carts can save lives as there are no vehicles or available means of transport to carry pregnant women or other ill people to the government clinics. We are looking for sponsors of \$300 each to supply donkey cart ambulances to close to all the villages in the project area. This project was made in direct response to the priorities as stated by the village midwives themselves.



cBoulekessi Soum made good use of the donkey cart ambulance



The women of Rafnaman greeted the donkey cart with song and dance!

Cas Maternite and Health Post constructed through communal labour in Gorolbay:

To help establish the health care infrastructure in the area, AMURT has assisted one community to construct its own maternity house (cas maternite') and health post. Gorolbay village has active and well established village midwife and village health agent that have been trained and working with AMURT for many years. The community leaders agreed to supply the mud blocks and construct the building through communal labour. AMURT brought in a mason to supervise and finish the building. We also supplied the cement, windows, doors, paint, and roofing sheets to ensure that the building had a good standard. The building has two rooms, a large delivery room and consultation room for the village midwife, and a small office/consultation room for the village health promoter.



The Gorolbay Cas Maternite' was put with communal labour



The midwife from Deou conducts pre-natal consultation during SMI Mobile in the new facility at Gorolbay.

AMURT has trained twelve village health promoters in the area, some of these communities also have well established village midwives. As new communities become ready, we are seeking funds to continue to put up more cas maternite's and health posts in the remote communities. The facilities will serve communities as a venue for SMI Mobile, and vaccination campaigns etc.

Continued training for the village midwives and village health agents:

During the first week of June, thirty six village midwives and eleven village health promoters participated in training sessions in Deou, organized by AMURT and the local health department. We again brought Madame Oubda and Madame Bouli from Ouagadougou to take charge of the training for three days. They reviewed about delivery and pre-natal consultation with the village midwives. They also covered sexually transmitted diseases, family planning, and the fight against Female Genital Mutilation. The men attending the classes for village health agents got review about the treatment of malaria, diarrhoea/dysentery, conjunctivitis, wounds and snake bites.

Press coverage for the Safe Motherhood Program.

In early January, Carrefour Africaine, which is a monthly magazine of the leading daily Sidaway, published a double page spread on the AMURT and the Safe Motherhood Project in Deou. It was a very serious and positive coverage of our work. They quoted from interviews with the community members in the villages and with Burkina Faso Health Department staff in the area: Here are a few excerpts:

"Previously, our women did not frequent the health care center to give birth or treatment. But now, thanks to the activities of the village midwives we are now aware of the importance of check up for the pregnant women and babies (at the dispensary). We now recognize that our women and children are in better health," said the chief of Fadar Fadar Sud, a village of a few huts built on a rocky hill on the banks of Beli, a providential river of the Sahel that runs along the border with Mali. *"I would have died during my last pregnancy if not for the presence of the village midwife who took good care of during the childbirth,"* a woman from Rafnaman testifies with emotion

The (major) responsible of the CSPS of Deou, Triendrebeogo Claude Evariste, is happy about the collaboration with AMURT.

"We have a lot of work supported by AMURT, like the SMI Mobile or the training of village midwives. We travel with portable and audio-visual equipment furnished by AMURT for educational and awareness activities in the villages. The village health agents who are also trained by AMURT, are also supported by the NGO with medicines and medical supplies for the treatment of afflictions like malaria, diarrhea, conjunctivitis, and wounds. Also the village midwives, each has a delivery kit with medical supplies for deliveries and some medicines.

Thanks to the support of the project, the CSPS could improve the performance indicators. The women now accept to deliver in the health care facilities, thanks to the work of the village midwives, sensitizes, (raises awareness) and refers cases with complications to the CSPS.

The state government should appreciate and taking into consideration the work of these village midwives, as a woman cannot, objectively speaking, travel 45 Km on a donkey cart to the CSPS to deliver."

We thank our donors for the Safe Motherhood Program:

AMURT and AMURTEL Norway
AMURT and AMURTEL USA
AMURT and AMURTEL UK
AM Foundation, Taiwan
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Donations are very welcome!

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