



Ananda Marga Universal Relief Team

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Ghana and Burkina Faso News December 2007

Dear Friends of AMURT and Friends of Africa

Time flies and the end of the year is here. It's time again to send all of you the news about the community development projects that AMURT are engaged here in West Africa. I trust that you are all at peace and keeping healthy. First I would like to thank all of you for every kind of support during the year. You have enabled us to move the programs forward so as to make a difference for the population in our project areas. They also thank you deeply.

In the summer, I had the privilege to attend the Global AMURT Forum in Germany. It was a wonderfully uplifting experience to learn about all the good works around the world and to meet the project workers in person. We hope that AMURT and AMURTEL will be able to network and pool all our talents and resources to take the global organization to another level. There is so much need out there and so many opportunities waiting for us.

Our work in Burkina Faso goes back to 1986. We are still the only NGO to keep a presence in the Deou area. The Safe Motherhood program continued to grow with eight more village midwives trained in June. In November we had an independent evaluation required by our donors NORAD. It was very helpful. The assessment of our field work was very positive and we got confirmation of the real impact the project has made on the lives of the tribal women. We welcome the recommendations of the evaluation report. They help us to set the direction for the program in 2008.

In Ghana, once again the Kekeli women were at the center of our work. Two young volunteers from the US, Jennifer and Olivia, did a great job, training 15 more women. They have started to educate their communities. The lively and creative approach chose for the training is now evident as the Kekeli women is carrying the torch to the people in their villages. They are being well received, and earning the respect and pride of their communities as they grow into leaders.

The Zongo Water Project has gone through times of challenge and change. The communities went through a major reorganizing of the management. We had a interruption of service on several occasions due to equipment failures, but everything was put in order in time for the dry season began. We hope to provide water without any interruptions, especially during the period when the need is the greatest. If things go well, with the help of AMURT Italy, we will extend water to one or two additional communities in the near future.

The project components, the culture and socio-economic conditions in Burkina Faso and Ghana are distinct. Still we find ourselves always returning to the basics of community development: education and leadership training with women as the key players. Empowerment is not just a fancy buzzword, it's absolutely the in the essence if we wish to see the project contribute to true development. The struggles continue, and we are looking forward to new opportunities and challenges in 2008. All of us working together can get it right and make a real difference.

You will find more photos than earlier in this newsletter. I hope that they can transmit the enthusiasm and inspiration that keeps us going.

Looking forward to hearing from all of you!

Brotherly yours,

Dada Daneshananda
AMURT coordinator

Deou Safe Motherhood Project, Burkina Faso

Our partnership with the health department in Burkina Faso to train village midwives and combat maternal mortality completes its sixth year at the end of 2007. It's also sees the end of three years of funding from NORAD/ Fokus Kvinner through AMURT Norway. Our Norwegian donors require a thorough evaluation of the program by an independent party. We contacted APAIB (Associacion pour le Promotion de Alimentation Infantile au Burkina).and they agreed to be our evaluators. While we felt good about the program, we were anxious to see how an independent and strictly objective party would asses our work and its impact.



Left: To work as a village midwife in a remote community requires character and courage, Salamata from Boula Est is a fine example; Right: Mariam, the village midwife from Ajafari shares an intimate moment with her baby during a break in the training sessions in Deou.

Our task, to educate the tribal women in the remote desert communities is a monumental and complex undertaking. We are very aware that the project has a long way to go before we can declare 'mission accomplished.' Consider some factors: the project area has no roads, no electricity, very little water and food. Solar powered fixed phones were introduced last year, still no cell phone coverage. The population is divided between three tribes, each with their own languages, French is understood by very few, English not at all. Illiteracy is close to 100 % among the women, and only in single digits amongst the men. The logistical challenges are considerable; 7-8 hours from Ouagadougou, last four hours on dirt roads and through the bush. The project area covers close to forty communities, some as far as 2-3 hours by four-wheel drive from our base in Deou.



Left: The Peuhl are nomads and their tents are easily disassembled and moved every season; Right: The Bellas are not nomads and live in larger grass huts

The evaluation team included a health department administrator, two midwives, two nurses and a journalist. The team also added drivers, translators, and guides from the local clinics. We were 13 staying at the AMURT compound in Deou. The team divided itself in two and for eight days visited all the forty communities touched by the Safe Motherhood program. Interviews were conducted, questionnaires filled up, and in village meetings the population got the chance to express their opinions about AMURT's work in general and the Safe Motherhood program in particular. It was touching to see how many of the communities had not forgotten Dada Rudreshvaranandaji and his great efforts over many years.

To be frank we had been a bit uncertain about how this evaluation would turn out. Our worries proved unfounded, as right from the beginning the response was overwhelmingly positive. The people were eager to talk about the changes the program had brought in their lives. They confirmed that the village midwives had actively shared what they had learnt from their training sessions in Deou. An old chief talked about how most families had now stopped the practice of female circumcision (Female Genital Mutilation). In other communities they spoke of how the women were no longer hesitant to visit the clinics for pre-natal counseling, and how the village midwives organized and accompanied the pregnant mothers to the clinics. The village midwives acquitted themselves very well in the interviews. They expressed their eagerness to learn more. All in all the evaluation process confirmed the importance and continued relevance for the program. The meetings with the population and all the brave village midwives strengthened our determination to continue the work.

In the Evaluation Report, the authors used selected quotes from their interviews to give a picture of the impact the Safe Motherhood project has had on the population:

“The approach is innovative in the sense that it is in line with the policy of decentralization and social contracts that is the order of the day, which promotes a greater participation and responsibility of the communities at the grassroots.”

“The project permits us to acquire capacities so that today that we feel capable to take charge of our health.”

“Even if the project stops, we feel a sense of power to continue the activities. In short, the project has been very useful.”

“The [village] midwives have clarified for us many things about our health and about women’s pregnancy that we didn’t know before. Now, thanks to them, we know the importance of going for check-up with the health agents at the clinic we are pregnant.”

The evaluation report points out areas in our administration where we need to improve. We humbly accept these points, and will strive to improve in 2008. They were also kind to offer very concrete recommendations to make the program more effective. By the end of the year we will meet with our partners and advisors to agree on a plan. We will be seeking grants to continue the program.

The evaluation process was full of adventure; even with four wheel drive vehicles and experienced drivers, we lost count of the times we got stuck in the deep sand. At Loukoudou we had to conduct the interviews in the midst of biting sandstorm. We drove through all impossible terrains to locate the village midwives who had gone to farm or to gather fire wood. Several days we returned only after dark. It was tough navigating in the dark, with no roads, few landmarks, and no lights other than the vehicle’s headlights. The communities received us very well, and offered us the only thing they have, milk and millet. The evaluation team from Ouagadougou was excited to visit a corner of their country that they had never seen before. They were charmed by the colorful culture of the Bella’s and the Peuhl tribes, and touched by their sweetness and inspired by the strength they demonstrated by surviving in this inhospitable environment. It’s their home, and we did not hear anyone express desire to leave their land for the city. Their determination and longing for a development and a better future for their children was clear. The three main needs: healthcare, water and education. Many mothers expressed that their dream is that their daughters will learn to read and write.



Left: The staple food in the area is millet; Right: They pounds into meal that is use to cook to, a doughy dish used with stew, or mixed with millet.



This girl from Liila showed us how the Peuhl spins thread from straw (left) and use it weave the mats (right) they use to make the tents they live in



The women in Petel were very vocal in expressing their appreciation for the work of the village midwife. They also spoke of their need for help with water

Training of village midwives is the heart of the Safe Motherhood project

With the addition of experienced midwives from Ouagadougou to the team of instructors, the training programs for the village midwives improved this year. In June eight new midwives were trained. We added several items to the midwife kit on their recommendations of the new teachers. Plastic spread, more bowls for washing hands and laminated illustrated displays that help new midwives to teach the women in their villages.



Left: Fanta from Boulekessi practicing the delivery techniques under the supervision of the trainer; Right: Madame Oubda uses illustrations to explain the danger to the women caused by the practice of female circumcision

At the 'recyclage' training in October, 36 out of a total of 37 village midwives participated. The program was held simultaneously in the three participating government health clinics, with everyone coming together for the last three days. Madame Oubda returned to take charge of the last three days, and did a wonderful job. She uses a relaxed and engaging approach. With her interactive and humorous style that made the women feel very comfortable. The classroom was filled with laughter and fun, with games and exercises for the women to practice what they had learnt. She also gave personal attention to the AV's that needed more clarifications. Everyone got the opportunity to come up front and demonstrate for the others. Madame Oubda has given many valuable recommendations that will be part of our plans for 2008. One example: to adopt a more decentralized approach for the training sessions, with smaller numbers and only one language group at a time. .



Left: At the closing ceremony all the 36 village midwives and 12 village health agents posed for a photo with their trainers; Right: At 22 Fatimata of Tontrou Pouli is the youngest of all the village midwives, here she is taking care of her sick child during a break in the training

Donkey cart ambulances for each village

During the evaluation, the village midwives, and the populations all mentioned means of transportation as a priority among all their needs. Some of the villages are 2-3 hours drive by car from the nearest clinic. If a woman should develop complications during the delivery, there are no means of transport available. There are no vehicles in the villages, and a pregnant woman is in no position to walk, or ride bicycle, or donkey, what to speak of climbing a camel! The best solution: a donkey cart in each village especially to transport sick people and pregnant women to the clinic. Donkeys are plenty, but flat carts are very scarce. On the recommendation of the evaluation team, backed up by the health department staff, AMURT has taken up the task of providing a 'Donkey Cart Ambulance' to each village. If you want to help with this, AMURT US's Christmas Gifts from the Heart web-page offers an opportunity. Check out this link if you are interested: <http://www.amurt.us/gifts/africa.htm>

We thank our donors for the Deou Safe Motherhood Program

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Mafi-Seva Community Clinic, Ghana



Women of the Kekeli Movement: *"Women together for health and development"*

Kekeli means "brightness", and it is the name given to the latest initiative in our grassroots community health education program in the Volta Region. Kekeli symbolizes the light of knowledge dispelling the darkness of ignorance and superstition to bring health and wellbeing to the remote villages in the project area. Ever since we started the community health education programs in 2005, it had been our intentions to structure the activities so as to be less dependant on outsiders. The key component is the training of Kekeli women to be village health promoters.

Fifteen new Kekeli women start their work

The second group of Kekeli women graduated on Thursday the 18th October. Kekeli mean 'brightness' and it's the name given to the latest initiative in our community health education program in the Volta Region. Kekeli is grassroots movement of women for health and development, and the key component is the training of Kekeli women, who are village health promoters. Kekeli symbolizes the light of knowledge dispelling the darkness of ignorance and superstition to bring health and wellbeing to the remote villages in the project area.

The training was led by volunteers Jennifer, a public health graduate, and Olivia, registered nurse, both from California, USA assisted by Bernice from Seva Clinic.. Organizing and logistics was taken care of by Emperor from Seva Clinic. They did a fantastic job in every way. The course ran for one month, with classes Tuesdays, Wednesdays and Thursdays. The trainees, who were selected by the women in their communities, walked from their villages to centrally located Somekpe village. From the fifteen participating communities nine come within the northern sector of Mafi-Zongo Water Project, and the remaining six communities lie to the north and east of the project area. Some of the women had to cross rivers and walk as far as seven kilometres each way to participate in the program. Jennifer and Olivia skilfully made the classes fun and engaging with a very dynamic and participatory format, without dry lectures. Right from the beginning, the women, many meeting for the first time, created unity and an affectionate bond between each other. It was inspiring to see. During the training the women were given 'homework', like to prepare talks, or to talk to their headmen about health issues. They responded very well, and the work in many villages started even before the course was over.

The topics taught as part of the Kekeli training are roles of a village health promoter, malaria, hygiene and sanitation, first aid, sexual health, nutrition, and diarrhoea & dehydration. Three more subjects were added in the session that just finished; high blood pressure, maternal health, and reporting symptoms of illness. Jennifer and Olivia also added many new teaching tips and appendixes to help the Kekeli women learn and also to give them ideas on how to pass on the knowledge to their communities.

The graduation program opened with the Kekeli Song, recently composed by one of the Kekeli women, Charity

from Mankukope. It's a soaring anthem that starts with 'We are the Kekeli women', and ends with 'if we put into practice we will have a healthy life'. The program included short talks by invited dignitaries, and representatives from AMURT and the Seva Clinic. The highlight was a drama about the importance of sex-education and the danger of HIV/AIDS. The one hour drama was written acted out by the Kekeli women and had the audience roaring with laughter, which turned to reflection and contemplation at the end. It gave food for thought, particularly to the men in the audience. At the close of the drama, the Kekeli women, danced in a circle chanting "Condoms are many, waiting for the men".



Enionam from Kpokope played Uncle George, the unfaithful husband, here with one of his illicit lovers, played by Selassie from Kpelebe. The happy and healthy family was played by Charity from Mankukope and Happy from Adanu, here they are showing how to use a condom.

After the graduation all received their certificate, the 100 page illustrated manual which has been translated into the local Eve language, a thermometer and a box of 100 condoms to help them promoter safe sex and family planning in their communities.



Left: The second batch of Kekeli women after the graduation ceremony with Jennifer and Olivia;
Right: Happy from Adanu village gets her certificate from Bernice, and the trainers

By facilitating the development of women as leaders and providing new role models for girls and young women, the Kekeli program has a tremendous potential. It takes a lot of thought and sensitivity to get things right. Subtle dynamics and locally specified strategies are required. We are still feeling our way, navigating through this process. Presently we are deciding whether to train more women in 2008, or concentrate on consolidating and strengthening the group that has already been trained.

We are happy to see some of the Kekeli women taking initiatives on their own and the reception from the communities has been encouraging. The women have formed small groups; Kekeli women from three or four neighbouring villages teach together, taking confidence and support from each other. Improvised comical role plays are a part of the teaching session. In early 2008 we will concentrate on developing the use of drama in health education with the Kekeli women.

Throughout the period about thirty health education programs were held in the villages in the water project area and beyond. Some programs were help for the general community, some for the women only, other times we presented in churches, or in the schools. Topics included hygiene and sanitation, sex education, blood pressure, (with testing), abuse of alcohol and medication, etc.

Kekeli Song

We are the Kekeli women
We have brought you knowledge
We have taught you
For everybody to have a healthy life.
If we put it into practice,
we will all have a healthy life

Three months with the Kekeli women

Jennifer Kotlewski, a Public Health graduate from California, who worked with the Kekeli program for three months, wrote this short piece for the newsletter:

Palm fronds, mud huts, and a crowd of inquisitive villagers: the scene had become a familiar one during my three months working as a health promoter in Ghana. An education session on hygiene and sanitation had just ended and I prepared myself for the barrage of questions that was sure to follow. A man with a child on each knee shouted a query that I had heard before: "You keep telling us to make sure our kids are wearing shoes. What's the point?" Just as I opened my mouth to reply, I heard a response from a confident voice to my left. "Dirt carries germs, which cause disease. When children run around barefoot, and then enter the house, those germs can get on your clothes and in your food, making you and your family very sick. When your family wears shoes, they can be left outside, and with them, the dirt and germs." The voice belonged to Kafui, one of the three newly-initiated Kekeli women who organized and taught the entire session.

After hearing her words translated from Ewe to English, I beamed with pride. The ability to give such a clear, concise explanation about a concept unfamiliar to most of her peers is the result of a month of health education and leadership training, completed in October by 15 women. For three days a week, my fellow volunteer Olivia and I did our best to chip away at a cultural belief system about disease which is hundreds of years old. We used role play, games, lecture, and round-table discussion to introduce new ideas while dismissing local superstitions and serious health-related misconceptions. It seemed a nearly impossible task, but in the weeks following their graduation, I was able to witness the fruits of their labour as well as my own. Traversing from village to village to observe their first teachings, I couldn't believe my eyes. Using the same tools that I had used only a few weeks before, the women were conveying the same complex concepts and commanding respect from their once-sceptical audiences. Not only could I say with pride that I helped them to develop those skills, but I could see that they improved upon what I had given them, adapting my methods to reach the ears of their neighbours. The simple lessons I taught them paled in comparison to the true gift of the Kekeli program: the confidence-inspiring truth that they are able to make a change for their communities, families, children, and futures.

A week after Kafui's health session, I found myself in another familiar scene as I stood facing a group of strong, beautiful women in bright blue Kekeli T-shirts. Only this time, I wasn't teaching, but addressing them as equals, as fellow health promoters, and as my dear sisters and friends. It was the last time I would see most of them, the final meeting before my departure back to the United States. Since I arrived in Ghana, the program has expanded by leaps and bounds. It has more than doubled in membership and has been dramatically strengthened in terms of training and sustainability. I am so proud to have been a part of a program that does more than just advertise "empowerment;" it truly delivers on its promise to instil real capability and confidence.

At the end of the day, I watched the clinic's old Land Rover drive away to drop off an incredible group of women at the villages that they call home, and that are so much better off since the Kekeli program began. I have nothing but great expectations for the present and future Kekeli women, for they have shown me the possibilities that sprout from a passion for change. In this case, the possibilities are endless.



Left: Jennifer with Kafui at Feda village; Right; Traditional Birth Attendants trained at the Seva Clinic studying the illustrations about pre-natal examinations. They had three training sessions with volunteer Olivia

Homeopathy: the experience at Seva Clinic proves homeopathy as a viable alternative for rural healthcare

When Radha Linda Shannon first brought Homeopathy to Seva in April 2006, we had no idea that it would catch on to the extent it has. Today homeopathy has become known in the area, and many come to Seva Clinic for homeopathic care through word of mouth. The work is lead by Emperor under the guidance of Sheila from the Ghana Homeopathy Project in the UK. Over the last months we had visits by five homeopath volunteers, Linda, Grace, Mel, Angie and Bill, helped at Seva Clinic and conducted homeopathy outreach camps in communities. A special homeopathy room has been prepared at Seva, well stocked with remedies and books.

Bill Rumble, a homeopath from Wales with 20 years experience visited Seva for a long week-end, shares his experiences :

When I heard about the Ananda Marga Homoeopathy project I was instantly excited as I have a life long fascination with African music and traditional spirituality. I'd like to share my experiences with you after my visit to Mafi Seva, a village in the Volta region of Ghana close to the border with Togo, an area inhabited by the Ewe [ayway] people. The clinic there is multidisciplinary and resolutely patient centred with an emphasis on empowering the local people to make their own choices about the kind of treatment they need. It opened in May 2003 and has been self sustaining from the beginning, apart from vehicles and solar power. The first Homoeopath arrived in April 2006 and a local man called Emperor was asked to act as translator. The Organon of Medicine is the seminal work on Homoeopathy, it was written by the founder Samuel Hahnemann in the late 18th century. It begins with these words: "The physician's highest and only calling is to heal the sick." So Emperor heard the call: "I knew immediately I had discovered my life's purpose; to practice Homoeopathy." So Emperor was my translator as we toured the neighboring villages in the clinic's pick up truck. We saw patients suffering from snake bites, malaria, typhoid, asthma, infertility and any number of injuries. We saw Traditional animists, Moslems and Christians. We saw Fetish priests, wild and sprightly old people, and pastors on motor cycles. All of them were treated individually and with the highest standard of care and the results of Emperor's prescribing under supervision are truly impressive. The clinic now provides front line treatment at a fraction of the cost of many "top heavy" health care projects. For myself it was one experience I will never forget; to be in such a beautiful and soulful place as Mafi Seva and to be involved in a community led project who's members set such an example of decisive and relaxed leadership was truly an education for me. Thanks.

Angie and Emperor prescribing in the homeopathy room at Seva
Teaching hygiene and hand washing at Horpoe school

We thank the donors for the Seva Clinic and Kekeli Program

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Mafi-Zongo Water Project, Ghana

Consolidating and strengthening the base

In the Mafi-Zongo Water Project, the work has continued to provide a lot of challenges. The size and complexity of the project is such, that difficulties can't be avoided, but at least we can say that the communities with support from AMURT has faced the difficulties bravely, with the confidence that for every problem there is a solution. During the period we had a series of breakdowns at the water treatment plant, that caused interruptions. The pumps, the generator, as well as the valves at the treatment plant, were repaired several times, and we saw several leaks. In August, heavy road construction equipment damaged many pipes causing leaks, and interrupting service to three communities for a long period.

In September and October, the whole management and financial management of the project was revised through a lengthy three step process – first the issues were discussed at the north zone and southern zone monthly meetings. The proposals and suggestions were taken to an executive meeting of the board, along with North and South chairmen and the staff that reads the meters and take charge of the revenue collection. Finally all the policy changes was sent in writing to all the headmen in all the communities, who came together to finally ratify the changes. All the standpipe vendors and headmen were trained in the operation of the standpipes and financial system of the project. .

The new system calls for a stronger involvement in the project by the village headmen. It's encouraging to see the communities take charge to address problems and make changes. It promises well for the future sustainability of the program. There is still a lot of work to be done to legally define and formally establish the project. AMURT continue to provide technical and logistical assistance to strengthen the project. We hope that it will not be long until it can truly stand on its own feet.

In the next months, if things go well, we will be able to bring piped water to two more communities, hopefully before the end of the dry season.. AMURT Italy has raised funds, and the surveying has been completed. The engineers are studying the finer technical details before giving the go ahead.. We remain in touch with Engineers Without Borders in Tucson, Arizona. With their assistance we hope to construct an additional pre-treatment filter to ensure better and more consistent water quality.

Kwaku at the Zongo water treatment plant has been busy planting under the guidance of Agryabuddhi from the AMURT board. In a few years we will have an orchard with grafter mango, avocado, orange, papaya and coconut. A natural fence of tight thorny bushes has been planted to protect the WTP and the new trees.

We thank our donors for the Zongo Water Project

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