



Ananda Marga Universal Relief Team

PO BOX 328, Mamprobi, Accra, GHANA Tel: 233-21-666-746 / 233-24-518-9086.
B.P. 3665, 01 Ouagadougou, BURKINA FASO Tel: 226-50343455 / 226-78 34 03 85.
E-mail: amurt.gh@amurt.net or amurt.bf@amurt.net Web site: www.amurt.net/africa

Ghana and Burkina Faso News January 2007

Dear Friends of AMURT and Friends of Africa,

I would like to wish all of you a Happy New Year on behalf of AMURT Ghana, AMURT Burkina Faso, and all our friends and partners in the project areas. Looking back at the months since our last newsletter in August we feel happy that a lot was accomplished. But the time to sit back and relax is still far off. While the preliminary goals of the projects have been achieved, we need to consolidate and stabilize the projects and take the projects to a higher level. This involves new technology, training, expansion and most importantly: the empowerment of local leadership and the establishment of effective management to sustain the projects. Unless and until this is accomplished, we can't fairly speak of true development, and we it would be premature proclaim success.

By the end of September 2006 the infrastructure of Ghana's Mafi-Zongo Water Project was completed and water started flowing regularly to all 23 communities. The emergence of new leadership brought fresh motivation. At Seva Clinic, the long awaited six week training program was successfully conducted. The role of homeopathy at the clinic expanded and local TBA's (Traditional Birth Attendants) received more training and support. The Safe Motherhood and Midwifery Program in Deou department in Burkina Faso was strengthened when 29 village midwives attended a 10-day course in October.

Our responsibilities are very great. The expectations of the communities in the project areas are high. Good intentions are not enough. We need to elevate the standard of all our works in the new year. The strength of the projects is proportionate to the commitment of the communities. We must not let them down, but see all these projects through, until they are truly self reliant. We are looking forward to the challenges that we are sure to face in 2007.

Sincerely yours,

Dada Daneshananda

AMURT coordinator

Ghana

In Ghana the Mafi-Zongo water project remained the focus of AMURT's efforts. Representatives from AMURT Italy and Amici Nel Mondo, the main donors for the project visited and was honored by the communities. Engineers Without Borders from Tucson, Arizona, USA made two visits to provide technical assistance to the project. Finally, we are well on our way to completing the Phase 2, extending the pipe network to serve 13 more communities. We got a wake-up call when the dam was damaged by the heaviest rains in memory. As is the history of the project, we were able to cope and move forward by the courage and commitment of the communities and with assistance of our overseas friends and sympathizers who continue to believe in the project.

Water to 23 communities

The day was September 30th, the day we all had hoped for, but many doubted would ever come; that's when Tsatsukope, the last community in Phase 2 of the Mafi-Zongo Water Project, received piped water for the first time. It's 12 years, filled with struggle, since AMURT, with Bholanath and Dada Vishvodbhasanandaji leading the way, first embarked on this project. During the last weeks the work on the pipe trenches slowed to a crawl. The engineers have designed a loop for the Northern Zone of the project. The villages are on a ring that pass through the villages. The advantage is this: if there is trouble on the line, the village can be supplied water from the other direction, thus minimizing interruptions to the water supply. The communities were ready to dig the trench to take water to their own community, But when all the communities had been reached, and the loop needed to be closed, they were less eager. The youth leaders of Adanu village set a good example, declaring that if other communities were not ready, Adanu would complete the last 4.5 km by themselves. This bold stand woke the other communities into activity. And finally everything was done.



Workpoe community opens the tap for the first time (left), while Somekpe (right) puts the finishing touches on their platform

The Adanu youth football team was specially active, and received a set of football jerseys from AMURT in appreciation. They promptly declared that they had named their team The Adanu AMURT Club, and they have been undefeated ever since!



The Zongo Red Scorpion Football Club coached by pump room operator Koroku worked hard to wash and install the filter media. They were rewarded with football jerseys. The project is maintained by communal labor and the youth, including the football teams have played an important role

New management structure

With the expansion of the project from 15 to 37 km of pipeline, and from 10 to 23 communities, serving a population of more than 8,500, the need to decentralize became apparent. It was decided to divide the project area into two zones, the Northern Zone and Southern Zone. Willy Sattey, the Youth Leader of Adanu became coordinator for the Northern Zone, and William Atsu, the Sitorloko headmen became the coordinator for the Southern Zone. The work of the meter reader/revenue collector was also divided between the two zones. Monthly meetings are held regularly, with Somekpe

and Seva selected as the permanent venue for the Zonal meetings due to their central location. Gradually much of the supervisory duties are delegated to the zones, and the result so far is very encouraging.

Water quality concerns

The water quality at the Zongo project was satisfactory from the beginning, and lab tests confirmed the safety of the water. However, following the heavy rains last year, particularly the minor season rains in October, saw the color of the water worsening. With the help of Engineers Without Borders we have available a turbidity meter to test the water from the dam and at different stages of the filtration process all the way to the standpipes.

We have taken several steps, such as regular cleaning of the clearwell at the water treatment plant, and the water tower on top of Kpokope Hill. We now have both sand filters operating which allows for a slower filtration speed which should increase the effectiveness of the treatment. The roughing filters are being flushed frequently and regularly.

As the dam flooded large areas of vegetation the silt flowing into the dam increased and the dam floor became muddy. With a make-shift design from Losu, our local driver/mechanic/repairman and bush-engineer, we were able to take water from near the surface of the dam. I was worried how we could fix the big heavy pipes at the bottom of the dam, but Saco from Adiekpe, an ever-ready volunteer and local fetish priest, along with a fisherman friend, expertly dived and did the difficult work holding their breath at nine feet depth. The improvement in the turbidity of the water was significant.



Korku (left) monitors the water quality with the turbidity meter. Right: Adiekpe community doing communal labor at the dam

The color of the water remains a concern. The Engineers Without Borders have recommended the construction of a larger (in fact seven times larger!) roughing filter or pre-treatment filter. As soon as we receive the final designs we will be making efforts to gather resources so that the filter can be operational before the heavy rains start next summer. This larger filter will be able to handle lower quality raw water that follow the big rains.

Mafi-Seva Community Clinic

The clinic in the North Tongu district has continued to expand and improve its services, both in patient care on health education in the villages. With the help of AMURT Italy and Amici Nel Mondo we were able to start the work on Phase 2 of the water project in late January. The pipe network for Phase 2 is 31 kilometers, more than twice the length of Phase 1 which was challenging enough. When we met with the 13 communities of Phase 2 in January they assured us; they needed the water, so we should not worry, they would do the work that was required of them. We had already measured and marked the tracks for the trenches. The response when the headmen beat the gong-gong for communal labor was very good. The first community Horkpoe was connected already in April, and Fiekpe, who had the longest trench, nearly 4.5 kilometers, received water in May. Other communities followed as best as they could.

Training for clinic staff

Following nearly two years of planning, from August to early October the Seva Clinic became a training center. Seven trainees from four clinics associated with AMURT and AMURTEL participated in a comprehensive primary health training course given by Mila Campbell, a registered nurse from Canada. The initiative, funding and planning came from Dr. Scott from the US and Agnethe from Norway who visited the clinics together in December 2004. Mila chose a very practical approach with a lot role play and games. The trainees greatly increased their skills in doing examining patients and reaching a diagnosis and in managing the many emergencies that commonly occur in rural clinic in Africa. The candidates also benefited from direct experience as they assisted in caring for the patients at Seva clinic. The final exam had two parts, written and oral/practical, and all the trainees did well, and received their diploma for successfully completing the course.

After five weeks with Mila, the last week was devoted to maternal health and delivery. Suniiti from the UK returned to Seva for the third time in one year took take charge of this portion of the training.

It was inspiring to observe how many of the local leaders got quietly got the work done with a soft leadership style: by setting a personal example and emphasizing unity and community spirit. This deepening feeling of cohesion and confidence as the people experience the potential and power of working together, is perhaps just as important as the water itself. As of today, the pipe line has reached 12 out of the 13 communities in Phase 2. Three communities have received water regularly and the pipeline has been successfully tested to a further four communities.



Left: Mila with trainees at the start of the training at Seva. Right: Mary from AMURTEL Akwakwa clinic learn resuscitation

Midwifery kit for the traditional birth attendants

AMURT's program partnership with the health department to establish village midwives throughout the remote communities struggles bravely on with financial backing through AMURT Norway.

On each of the three visits Suniiti from AMURTEL UK has made to Seva, we have invited local TBAs (Traditional Birth Attendants) to participate and benefit from teachings of an experienced midwife teacher. The TBAs are mostly older women, many of them illiterate, who have many years experience assisting in deliveries in their communities. They have little or no formal training and lack the most basic supplies. This time, with the initiative of Suniiti and financial help from AMURT and AMURTEL UK, we were able to provide eight of the TBAs with a kit which included essential supplies and equipment that will help to make the projects.



Right: Suniiti and Bernice presents the midwife kit to the TBA in Kpokope and demonstrates the special scissors to cut the umbilical cord. Left: Mila and Diana in role play during the six weeks training course for staff from four AMURT and AMURTEL affiliated clinics in Ghana

Homeopathy gains popularity in the villages

The response was positive from the very beginning when Radha first introduced homeopathy at the Seva Clinic in April last year. But few had anticipated the way the homeopathic care has grown in popularity and now plays an important role at the clinic. Emperor, the director of Seva, has been studying hard, and is gaining confidence as his experience grows. Further training was made available in October when Radha and her colleague Sheila Ryan, along with Didi Ananda Rucira from Abha Light in Nairobi, Kenya visited in October. (Ananda Marga now runs a Homeopathic clinic at the two Yoga Centers in Accra.) Joseph Magana, an experienced homeopath and graduate from the Abha Light Homeopathic Academy in Nairobi is resident doctor at the clinics in Accra. During his monthly visits to the Seva Clinic he has been conducting homeopathic medical camps in remote villages with a very good response.

Burkino Faso

Deou Safe Motherhood and Midwifery Program

This AMURT project is now into its sixth year. The partnership between AMURT and the Department of Health continues to give promising results. Thirty midwives, including 12 new candidates participated in the annual eight week literacy program. All irrespective of tribe, take classes in Fulfulde, the language of the Fulani (Peuhl) the indigenous tribe in the area. Literacy is crucial in the efforts to raise the skills and knowledge of the midwives. It will also help them record all the data of each birth.

In June the basic training for twelve new midwives was completed. The

candidates attended classes in their respective medical centers in Deou Department: Deou, Gandafabou and Boulekessi. The SMI Mobile program operates regularly with six villages per month benefiting from a visit from the health department for health education for women, and examination and weighing of all pregnant mothers.

Ten village health promoters are working in villages near Deou, they are supplied and supervised by the health department in cooperation with AMURT.

The midwives receive one sack of millet every year in the lean season to see them and their families through to the next harvest. AMURT's food security program was started by Dada Rudreshvarananda after drought and subsequent famine hit the area in 2005. This year the rains came late, but when they hit they caused floods and made many villages inaccessible.

Further training for village midwives

In October 29 village midwives assembled in at the Deou Medical Center for further training organized by AMURT in partnership with the Burkina Faso Department of Health. Midwives under the jurisdiction of Boulekessi and Gandafabou Medical Centers also came to Deou to take advantage of the special training offered by Suniiti from the UK. An experienced teacher of midwives, she adopted a less theoretical, more 'hands-on' approach to the instruction that suited the needs of the tribal women. All of them, except one, remain functionally illiterate. Suniiti brought posters to show the development of the baby in the womb, and the different stages of delivery. The specially designed dolls offered the village midwives an opportunity to observe the teacher and then practice with their own hands. All the women got many chances to demonstrate and show what they had learnt. It was inspiring and touching to see the smiles and concentration on their faces as they very tenderly practiced the movements of the delivery with the dolls. Topics covered included:

- Process of normal labour and birth – explanation of anatomy and physiology
- Safe and helpful birth positions
- Care of the bladder and pelvic floor in birth. Discussed urinary and faecal incontinence and importance of labour care
- Avoidance of fistulas and length of labour issues
- Haemorrhage management in the community setting
- Care in the 3rd stage of labour (birth of placenta) and potential problems



Suniiti with trainees at the training in Deou, and (right) the experienced midwife from Bungelday

Following the training we traveled to visit the village midwives in their villages. We selected a balance of recently trained and more experienced midwives, representing all the three tribes in the area. The travel took us from Boulekssi in the south to Boula Est in the North, a Bellah grass hut village just 8 km from the Mali border.

Suniiti writes in her report:

"This was a very inspiring and energizing project to visit. The work done over the years to support this work must be applauded. The massive growth of the project over the years is to the merit of the co-ordinators. Reaching out to very isolated communities, where before no trained help was available to women in childbirth, is an incredible contribution to local health needs. This project tackles grass roots issues in an area of visible neglect in an area that requires constant input if the lives of women and babies are to be saved from unnecessary suffering. The effects on the local community are clear to see. The many stories and insights shared with me by the village lay midwives (AVs) are evidence of a change in both practice and clinical care but also in attitude to women's health. I was moved constantly by the strength and courage of the women I had the privilege to work with in my short visit."



Left: Midwives from Boulekessi and Gorolbay at the blackboard. Right: With the midwife of Boula Est in front of her grass hut

While we are proud to see how far the project has reached, but the program needs to be taken much further. We hope that in 2007 we will be able to elevate the program to the next level. With funding uncertainties and the difficulties in finding qualified personnel staff ready to spend extended periods in the desert, the Deou project continues to be a big challenge. But AMURT is committed to follow up on this project and hope to be able to implement some of the important recommendations made by Suniiti, and bring more resource personnel during the year.

The plans for 2007 include two sessions of "repetition and further training" for the existing midwives, and one session for new midwives. AMURT continues to sponsor the ambulance for Deou Medical Center and the SMI Mobile program that makes regular visits to the communities to examine infants and pregnant and nursing mothers. Every visit features an education program with video presentation and discussion. The program for Village Health Promoters also continues with ten active promoters. All the midwives receive annual food aid during the lean season, and literacy courses.

Some numbers: Among 29 active midwives:

When trained: 2002- 4, 2003 - 2, 2004 - 5, 2005 - 7, 2006 - 11

Tribal distribution: Fulani (Peuhl) - 11, Moussi - 6, Bella - 12