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Ghana and Burkina Faso News September 2009

Dear Brothers and Sisters,

Deep thanks from us in Burkina Faso and Ghana for all the support since the beginning of the year.

Since we started in the late eighties, AMURT's projects in West Africa have been low budget and community based. With a 'small is beautiful' approach we have made an impact in the project areas. Helping people to help themselves' through training and technology transfer, has been our strategy. Keeping with the trend in AMURT projects in Kenya, Haiti, Myanmar and other places, the time has arrived for AMURT in West Africa to take the projects to another level. We are now ready to think of larger and more professional programs. We need a larger and more qualified staff to meet the needs of the communities we serve, and achieve the

goals we have set for the coming period. With the needs of the population so evident, and the potential for true development so great, we will strive to do more.

After more than three years in the planning we were able to complete the construction of a new roughing filter at the Mafi-Zongo Area Water Project. Assisted by three teams from Engineers Without Borders from Arizona, USA, the local people directed by our contractor Benjamin Amu worked really hard. Three communities from Mafi Kumase Area Water Project got water in early 2009, sponsored by AMURT Italy. We were able to first improve the dam with bulldozer work in June.

Mafi-Seva Clinic took a big step forward in March when a new diagnostic laboratory was installed, with help from AMURT Italy. The focus on maternal health was maintained, with further training of the Kekeli TBA's and the Kekeli Women Village health promoters continued on a regular basis. Health education outreach programs continued regularly in schools, churches, at the Kekeli stand at the Mafi-Kumasi market, etc. We started more ambitious public health programs addressing neo-natal anaemia and HIV and the spread of STIs.

Dada Purusottama writes from Burkina Faso:

"It has been a very colorful six months since AMURT Burkina's last news letter. So much has happened in the dry, sunny and mystical Déou! Our mothers are getting new ambulances and care, theatre Forum is going on in the villages and water projects are coming up. New people have come and discovered AMURT's work in this remote yet not forsaken place. They have also been seduced by the people and the atmosphere.

In Sahel region life is extremely simple and very precarious. People are completely dependent on nature for the little wealth they have. If one single rainfall is missing, there will be no food for the next dry season; if one brother or one sister falls sick the whole

economy of the family is jeopardized... They own only a handful of objects and sometimes a few animals. Their preoccupation is not whether they are happy or not, but whether the future will provide them with what they need and, they hope, with new opportunities for improvement of their situation. I do not remember seeing someone depressed or impatient. There is always a smile, there is always some acceptance, some hope, much dignity and surrender while facing obstacles. We all are in God's hands, but here one can see it and one's heart gets touched at its very roots."



Neighborhood girls in the AMURT compound in Deou

It's amazing to see how doors have opened us for us with all kinds of good people literally knocking on our doors, asking to join in the project work! Such partnerships gives us great hope as we each play our parts and compliment each other.

We look forward to working together with all of you to continue to expand and improve the AMURT projects in West Africa. If you are interested to assist with any of the new out reach programs in Burkina Faso or Ghana, just contact us and we will be happy to tell you more.

Brotherly love,

Dada Daneshananda
AMURT coordinator
September 4, 2009

BURKINA FASO

DEOU SAFE MOTHERHOOD PROJECT

Thirty two AVs (village midwives) are active accompanying the pregnant mothers for prenatal consultations, providing cares at the time of giving birth and working along with the the seven active ASV (village health agents) for improvement of people's habits regarding hygiene, AIDS, education, combating female genital mutilation, etc. Our local coordinator, known by his now famous nickname "Numéro 1" (Number 1), is following up by providing drugs, guidance, support and supervision. He moves by motorcycle from one village to another to meet with them.



Mothers at CPN Mobile



Many of the local women get antenatal check for the first time

'C.P.N. Mobile' : Ante-natal consultations reach the most remote villages

We have a tight budget, so we have to be creative and the locals have to cooperate more so that together we can improve the situation. The last of those improvements was to equip huts in six strategically selected villages. The huts were released for ante-natal examination so the pregnant women in the area can get better care. Previously it had been difficult for us to find a place to do the examinations when we made the rounds to examine the pregnant women. The equipment is simple: a bench and a table (where pregnant women lie down) in each of these huts, a set of consultation devices (stethoscope, scale, etc) and drugs and supplements. During the monthly supervision visits Numero Uno brings (still by motorcycle!) an official midwife to perform checking of pregnant women. All the records are carefully kept.

These villages are too far from the health centers for many pregnant women to come for check up. Thanks to this program over 80 pregnant women got ante-natal consultation for the first time during our two first months, and over 170 women checked for the second or third time (three checking are necessary during pregnancy). In the near future, these numbers are sure to increase. This is very encouraging. The program also includes weighing and examining of every child 0-5 years old and nursing mothers. As a result the midwife was asking us if we could open a “Centre de ReEducation Nutritionel” (CREN), a center for caring for under-or-malnourished babies whom she meets during the visits. Actually in these two first months of the program she recorded 106 of those babies amongst whom 9 where in a severe condition... Such a center would save many lives and we hope to follow through on this proposal.



We hope to help children like this in the Deou area soon!

Donkey Cart Ambulances - in an emergency, the only way to reach the clinic

In the last six months we also provided ten new donkey carts, making a total of 15, and two donkeys to the AVs! The donkey carts can save lives. There are no roads and absolutely no vehicles or available means of transport to carry pregnant women or other ill people to the government clinics. In this way we offer a great service to the community.

Millet aid

The summer months is the “soudure” period, as people say (literally a “welding” period), that means a period of junction, i.e., an insecure period between the end of the stock of grains of the last harvest and the new coming harvest (a period which roughly last from July to September included). The AVs and ASVs are nowadays getting the promised bag of 100 Kg millet each, a welcome encouragement for their good services.

Theatre Forum - Festive and Creative, but with a serious message

The second part of our program “raising the consciousness through theatre” in Déou, Burkina Faso was a great success! Until the last moment we were not sure we would make it, because our finances were so short. Everyone really wanted to see it happen. We decided to save all we could, (thanks for everyone’s sacrifices!) and planned to perform 3 times in the 3 main villages of Déou area: Déou, Boulikessi and Gandafabou.

On Monday the 23rd of March we loaded our pick up in Ouagadougou with all the material and the sets for the show, and went back to our dear desert-like place with the trainer and another professional actor from Ouagadougou who was volunteering for the good

cause. It took three days of intense preparation to be ready for the campaign. Our trainers and actors sweated a lot in the heat of the Sahel. The rehearsals were held in temperatures of up to 45 degrees.

Theatre is quite a new thing for these villagers. There is hardly any theatre going on in Sahel and even less in the local language, Fulfuldé. The type of theatre we were to perform is called "théâtre forum". It works in three parts.

The first part is the actual play. It tells the story of a man, Mohama, who has just returned from the Ivory Coast after years of working there. He has earned some money, and is welcomed back to his village as a respected person. Sidi, one of the village men, decides to marry his daughter to Mohama in order to get some money himself. Of course, his daughter does not want to be married in this way, but she is unable to challenge her father's authority. The next morning at the market place, the same Mohama appears very confident, showing off his wealth, trying to flirt with all the girls passing by and telling his brothers that there is no need to bother about the AIDS screening that the village doctor is advertising. Mohama buys a piece of land at the gold mine, and competes with the manager, Rase, as to who has more wealth and who can get the most beautiful girls. In order to face the rivalry, Rase does not hesitate to drug his workers (who eventually become mentally imbalanced) with the charlatan's medicines in order to make them work harder. In the mean time, both the men get sick (with syphilis and gonorrhoea, sexually-transmitted diseases). Still they still refuse to take the doctor's advice, and instead continue swallowing the charlatan's drug (which according to them is trustworthy because they have a package!). Finally Mohama dies from AIDS. Rase loses his employees and eventually also dies alone and miserable in the gold mine.

The play is very humorous, and includes dancing and a musician who playing the African djembe-drum very nicely.

The second part is designed for the public to respond to what they have seen. The “jockey” encourages them to express what and who was wrong or right in the story and what, according to them, should have been the proper way to deal with the issue. The actors also react and provoke the public. This is the most interesting part!

One example: someone made a comment about the girl who was forced to marry Mohama, saying that the girl should also be consulted. Then the actor (playing Sidi, the father) said “no, no I needed money to buy my millet, how am I to feed my family?” It became a whole debate (some agree with Sidi!) where the jockey made the people understand that selling one’s daughter is no solution, and that if one is involved in such issue or even witnesses it one should consult competent people. The jockey then makes sure that they know who they can ask for help. For example, in this case they could inform the “Action Social” for assistance to solve the problem in a more human way.

The third and final part involves competent people (health officials, etc) explaining and providing further information in order to clarify people’s misunderstandings and open a discussion about ways to improve the situation in the local area. For example, this time it was clearly explained that AIDS screening is for free and is a confidential practice and that drug sellers may have cheap medicine, but usually these are out of date and of course they do not have any knowledge as to how to prescribe them.

On the next Tuesday –the market day- we went to our first destination, Boulikessi, and started get ready. Lots of people became curious, seeing us busy preparing the sets and surroundings. The acting started and soon we felt supported by the laughter and applause of the public. More and more people came, attracted by the show, and the final count was more than two hundred people, most of them standing... Then there was a very animated discussion. The whole thing lasted for about 2 hours. Everyone felt that there was a real endeavor from the villagers to improve their lives. We actually got a lot of encouragement from them and the officials to carry on our new mission of consciousness-raising.



The 'jockey' makes the public get involved in the discussion



Theatre forum is a practical way to get make the people think about issues

The same scenario repeated itself in a similar way in Gandafabou and Déou on Friday and Saturday respectively. Altogether the campaign touched about 650 people, thanks to the work of our newly born troupe and their willingness to do something fun and instructive. Since then we have gone one more time for a theatre mission in Déou and played in 3 more villages, Gorolbay, Bangelday and Gountawala. In the same way we were very warmly welcomed, the actors had become really good by the time (they underwent more training) and could play their roles wholeheartedly. In the villages where it became a great festive event and at the same time an educational experience for all. Theatre forum is a really good tool and we are planning more, much more, for the future!

The Bouli project: slow progress, new assistance.

For those who did not read our last news letter, “bouli” is a word currently used in Burkina to describe an artificial pond. A bouli contributes to the storage of rain-water, it allows the local ecosystem to be recreated through planting of trees; it regenerates the soil and flora at its perimeter and provides the underground water (instead of pumping it out through bore hole and endangering the whole ecosystem). It is an asset against desertification. It is a source of drinking water for the animals and it allows for the possibility for return of the wild local fauna. It is also a means of growing vegetables during the dry season. It is such a great asset in this region where hardly any water is available from November to June.

For all these reasons, last year we came up with a project to rehabilitate an old bouli (dug by our late Rudreshvaranda in 1993!) that the sands have now obstructed. It is in Ayagorou, 4 km far from Déou village. We also planned to dig another pond just nearby to provide the cattle with water during the long dry season.

The complete study of this big project (the digging involves renting a bulldozer, building of a fence, creation of a committee of farmers, etc) was completed early January and submitted to the Canadian Cooperation in Burkina Faso. It was pre-selected in March and then many other legal work and attestation were requested in order to satisfy all the Canadian demands. Somehow it could be done on time, and we are now enriched with a very good knowledge of Burkina’s administration intricacies! Now the in-charge at the cooperation tells me that the project is accepted but that from the Canadian side they have failed to send any funds to Burkina!!! So this is “status quo”, let us hope for the best...

The good news is that a couple from “Engineers Without Border” who helped Dada Daneshananda to construct a water filter in Ghana may come in October to Burkina to help us study what can be done to improve the water problem in Déou area. Tanmaya

from New Zealand saw a piece on the AMURT UK list, and donated essential surveying equipment for AMURT Burkina Faso. Thanks! We are hoping for new perspectives.

The new AMURT center in Ouaga 2000

We are so glad to settle in our new AMURT office and jagrti. Dada Rudreshvaranandaji had bought the land some years ago, but it has taken time to finish the construction . It is about 200 square meters, brand new, freshly painted, quite cool inside (thanks to the mud blocks which have been used for the wall and the tiles for the roofing) and divinely vibrated by kiirtan. We made it just in time before the rain comes; it is a great achievement for all the margiis and AMURT's volunteers in Burkina. Now we have our own place, our own base, and we hope for a new beginning.



The newly constructed house at Ouaga 2000 in Ouagadougou

We thank our donors for Safe Motherhood and Health Education in Burkina Faso:

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GHANA

MAFI-ZONGO AREA WATER PROJECT

Construction of new roughing filter completed

After three years of preparations, planning and fund-raising, a new roughing filter has been constructed for the Mafi-Zongo Area Water Project. The work started in January, and was completed by the end of May. Benjamin Amu, the contractor did a good job mobilizing artisans from the project area, and was able to complete the work on schedule. The filter was designed by a team from Engineers Without Borders at the University of Arizona in Tucson, Arizona, USA. They divided themselves in teams to have a

presence for supervision; the first came in February, the second in March, and the final team saw through the completion in May. We give thanks to Engineers Without Borders and Rotary USA, Rotary HO, and the Lanesra Foundation and other donors for making the project possible.



The Seva School children help to place the filter media



The drainage canal pit was dug by manual labour

The filter is still not fully operational. The weaning, sieving, and washing of the pebbles for the filter media proved to be more difficult, complex, costly and time consuming than we had thought. As of now, the filter is operating with the filters of the left side, the right side should be completed soon. The villagers have contributed communal labour though sieving, washing and placement of the media in the filter chambers. School children from Zongo and Seva primary and secondary schools have come several times

and done a great job! We hope that the new filters, when settled into use, will enable us to maintain good water quality through the rainy season and avoid clogging of the sand.

Kpevekor and Dekpoe connected to Mafi-Kumase Water Project

Our good cooperation with Mafi-Kumase Water Project continue. With funding from AMURT Italy, we were able to connect two more communities, Dekpoe and Kpevekor, in February and March, adding to Kpokukope connected in January and Adalekpoe in 2008. The surveying and study is ready for Doviokope to be added next and some other communities are also thinking to apply. When AMURT Italy came to inspect in March, a special reception with drumming and dancing was arranged in Kpevekor and Pavitram, the president of AMURT Italy was made an honorary chief of the village.



Kpevekor gets pipe water with help from AMURT Italy and Altro Bar



Italian regional president made honorary chie

Italian regional president installed as Torgbe Agbonegba

The piping and other expenses for Phase 1 and 2 of the Mafi-Zongo Area Water Project was donated from Italy by regional government of Trentino Alto Adige and the provincial government of Bolzano through the NGO Amici Nel Mondo. Luis Dumwalder is the president of both the regional and provincial government. In March he came with Renata Cotroneo of Amici Nel Mondo to inspect the work as a part of a tour that took him to Togo, Benin and Ghana. He was received with a special Durbar at Mafi-Zongo village and installed as a 'development' chief and given the name Torgbe Agbonegba the First in the presence of local dignitaries and representatives from all the communities in the project areas, and the whole of Zongo village. Agbonegba means 'the one who removes obstacles and distortions', referring to the great help the contribution from his government to solve the water problems in the area.

Cooperation with International Engineering School in Burkina Faso

In May we were contacted by a representative from the 2iE - Institut International d'Ingenierie de l'Eau et de l'Environnement in Ouagadougou, Burkina Faso. They requested permission to bring some students to visit the Mafi-Zongo Area Water Project. The contact, Mr. Bertram Grant explained that he was heading up a new bi-lingual program at the school, and that they were planning a field trip to Ghana. The visit was intended to give the students exposure to practical issues confronted in rural water projects in Africa. On 16th June two busses arrived with a total of 55 students and faculty from 2iE. They spent the whole day at the water project, studying the filtration, the dam, the reservoir and the distribution system. They had a lot of questions! They were treated to a traditional Ewe meal, of akple and groundnut soup at Kpokope village. In all thirteen French speaking countries from Cameroun to Senegal were represented in the group. During July and August, two graduate students, Bertrand from Cameroun and Thomas from Cote d'Ivoire worked at the water project as interns, giving us valuable technical assistance. We hope that we can establish a regular relationship with 2iE, so that we can have interns on a regular basis to assist us with technical challenges

We thank the donors for the Mafi-Zongo Area Water Project

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MAFI-SEVA COMMUNITY CLINIC

Diagnostic laboratory opens new possibilities at Seva

In March, Pavitram from AMURT Italy came to Ghana with Sergio and Franco from the laboratory at the hospital in Casalmaggiore. They carried with them equipment and supplies to install a laboratory at Seva Clinic. Gideon from the clinic staff had already worked as apprentice for two months at the Adidome District Hospital, and was well prepared. The clinic has microscope, centrifuge, refrigerator, and autoclave for sterilization. We have a good inventory of reagents and instruments for all the most of common

complaints seen in the clinic. Now we can diagnose malaria, HIV, syphilis, hepatitis, typhoid, strep, e-coli, giardia, and haemoglobin, urinalysis, blood sugar, pregnancy tests, and more.



Franco trains Gideon in the new lab



Staff celebrates the clinic getting running water in the kitchen

Kekeli Women and Kekeli TBA's grow and teach their communities

Regular meetings and training with the Kekeli women and the Kekeli TBA's. They also do meetings in the communities to address key public health issues, sometimes with drama. Thanks to all our volunteers Erin, Lily, Sarah, Hannah and Mark who all worked with the Kekeli women. In June we had a big group from the British Columbia Institute of Technology in Vancouver BC. We have

had more volunteers at Seva from Vancouver than from any other city in the world! This time teachers Lisa and Jody, came with three students, Pia, Fiona and Tracy. They brought a large donation of medicines and supplies. They assisted in the clinic and participated in community meetings about sexual health, facilitating animated discussions involving both men and women, young and old. Lisa came with the group and donated materials to prepare the Seva Clinic and the Water Treatment Plant for the electrification. She worked with local electrician Wisdom from Seva and got a lot done. The contractors are now putting up the poles and wires, and we are hopeful (still not confident!) that we will have electricity by the end of the year. Hannah also came with the group, made a lot of video, and donated supplies to the local schools and did some nice games and sports with the children. The group brought two seven year old boys, Jacob and Daniel, who also had a good time. We hope that the BCIT students and teachers will come regularly to Seva. A group from another nursing school in Vancouver is expected later in the year. AMURT will be seeking to continue to build partnerships with both local government, and groups and organizations around the world.



The Kekeli woman from Workpoe talks to the students at the school



Kekeli TBA's learn from Chris about shoulder distortion at delivery

Since January we have continued the regular health promotion programs at the Kekeli stand Mondays at the weekly Mafi-Kumase market. Clinic staff, Kekeli TBA Mary from Asanukope and others have help in taking blood pressure, distributing condoms and answer questions from the market goers. Every Sunday, we make rounds of churches to speak about maternal health, HIV/AIDS, family planning, high blood pressure, hygiene, malaria, and other key public health issues in the area

New public health initiatives in maternal health and sexual health

This summer, with the guidance of volunteer Dr. Chris McBrearty from Ireland, we expanded and improved the public health initiatives from Seva Clinic. We continue to focus on the 26 communities of the Mafi-Zongo Area Water Project, and about a dozen additional nearby communities. The programs are implemented by clinic staff and the Kekeli Women and the Kekeli T.B.A.'s (Traditional Birth Attendant). We coordinate the programs with the District Department of Health and the District Hospital.

Antenatal Anaemia Program

Iron deficiency in childbearing women increases maternal mortality and infant mortality. Forty percent of all maternal perinatal deaths are linked to anemia. Anaemia in pregnancy causes reduced birth weight as well as increasing the risks related to malaria and postpartum haemorrhage. In July, in Adidome hospital, 100% of women coming for a first ante-natal consultation were anaemic, with 5.5% of these women having severe anaemia (hemoglobin level <7).

An Iron Supplementation Program was launched in 30 communities in July. It provides iron pills to all pregnant women from 16 weeks of pregnancy until 6 weeks after delivery. The Kekeli TBA's and the Kekeli women distribute the pills to the women, one week's supply (7 pills) at a time. All the women will be de-wormed when they are six months pregnant (also in an effort to increase iron stores). The Mafi-Seva Clinic staff will supervise and document the program. The aims of the program are to reduce maternal

mortality, increase infant birth weight, reduce perinatal infant mortality and also improve survival at 6 months of age. We plan to add other antenatal services as the program gets established.



Christopher working at the HIV screening in Sitorloko



Chris and Emperor explain the documentation of anaemia program

HIV testing/counselling – Sexual Health Counselling

The national HIV rate in Ghana is at around 3%, and is among the lowest in Africa. But the prevalence of STI's (sexually transmitted infections) in our project area is very high and are among the most common complaints treated at the Mafi-Seva Clinic. STIs are said to 'hunt in packs'. The extent of the spread of STIs tells us that the population is also at high risk of contracting HIV. Mafi-Seva Clinic is working closely with the department of health to establish a HIV testing and counselling program in the

project area. Christopher has been trained in HIV counselling in accordance with WHO guidelines and we hope to get Christopher and Selassie certified as HIV counsellors through the government training program at the first opportunity. This will enable us to integrate the program with the Ghana National Policy on HIV/AIDS Prevention.

Over the last 4 years, we have done many sexual health education programs in the schools and villages in the project area. Too often the programs were directed to teenage girls only, neglecting the teenage boys. Most of the programs have been conducted with relatively large groups; often thirty or more in one session. The new strategy is for our staff to meet with small groups of eight teenagers, girls and boys separately, and play the Sexual Health Game. This format is fun and addresses all aspects of sexual health including puberty, hygiene, safe and appropriate sexual relationships, gender equality, STIs and HIV. The small intimate group makes it much easier for everyone to participate and express their own thoughts and opinions.

These educational programs go together with the promotion of condom use. Free condoms are available in the clinic, are distributed at the Kekeli stand at the weekly market in Mafi-Kumasi, and condom use is promoted in all the outreach programs we conduct. The Kekeli women also have condoms for distribution.

Homeopathy training continues

In February, Emperor from Seva Clinic went to India for three weeks of training valuable training with experienced homeopaths. The Indian homeopaths will come to Ghana in October. In April, Noam from the UK came for two weeks of training. Throughout the period we had many visits from homeopaths. Homeopathy outreach days was arranged in more than ten communities, with good results. The role of homeopathy at the clinic has become more defined, as the staff gets more experience. We look forward to continued cooperation with the Ghana Homeopathy Project, with several programs and visits already scheduled for the new year.

We thank the donors for the Seva Clinic and Kekeli Program

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