

January 2006

Dear fhn supporters

Having just returned from the rather opulent surroundings of the Royal College of Surgeons, I am de-stressing post exam. What better way to do that than by writing the report of our most recent Ghana trip sat on my rather decadent couch in Camden!

Well, it's always hard to summarise a trip to Ghana, or express it in words since the experience is as much to do with the heat, the language, the smells, the food and the frustrations.

Fortunately, this trip was very low on frustration and much of that is directly proportional to having someone to 'unwind' with and someone to aid the decision making...so many thanks to Nick Trueman for accompanying me when a place on England's cricket tour to Pakistan was up for grabs. He cuts a mean orange.



The mission of this trip was really two fold:

First, I had been in Australia for over a year and no representative from the UK had not been in Ghana during that time, though we had been continually monitoring the health centre's activities and checking through receipts and reports. Our main function in the UK is more a matter of project guidance and motivation - to do that best, you have to be there in person...and of course, I wanted to visit all my co-workers and friends in Ghana, who work all year round on the project that you fund. They are motivated, altruistic people who want a better future for their country and who are prepared to work hard for that endpoint.....a lot like Nick, Sally and Paul, apart from they get paid.

Local children from villages near the Health Centre

Secondly, I wanted to gauge the commitment of the local communities and local/national government. It's almost 3 years since the first Ghana 'expedition' and fhn with its ethos of community based development, wants to 'develop' more! In a very positive way, our primary 24/7 health project is almost at its goal of long-term stability. As you are aware from other newsletters, this has not been easy! What I mean by this is that for the last year or so, we have had a full complement of staff, a health centre fully equipped with drugs and equipment, staffed by fhn employees trained sufficiently to manage all aspects of this. Allied to this has been fresh water provision in a number of local communities. We now wish to augment these services with others, in line with our goals – namely community health initiatives, education and fresh water provision for all villagers in the wider area. These are significant undertakings and can only be done so confidently, in the knowledge that we have capable staff in Ghana to interface with and the fact that we reached 100 supporters last month!!!! Hurray!!!

The fhn staff in Ghana work to a high standard on all fronts – being highly efficient and acting as an example to the communities. This is essential as we rely not only on teamwork between fhn and the local communities but also between fhn and local, regional and national governments. This is where it gets tricky! The people of the region in which we work are particularly poor, even by Ghanaian standards. Before us, there was zero healthcare provision, negligible education provision, very low income and almost no fresh water.

Working with the government

When Nick and I met with the local government, it was a very pleasant experience (which makes a change!). It was also a very positive one. Really, for the first time we were seated surrounded by Ghanaians who were committed to improving the health of the region for which they are responsible. They listened to all we had to say and gave honest answers.



The basic points we covered were:

- a. Is the government willing to take over the running and partial funding of the clinic?
- b. Will they run it efficiently, transparently and with its long-term survival in mind?

The government gave us 3 options to consider:

1. The government takes over running the clinic completely

This would entail handing over the clinic in a formal ceremony to the Ghanaian Government. However, we learned that due to staff shortages, the centre would not be provided with a doctor or midwife for at least 5 years! Additionally, the government stressed that after the handover, they would immediately increase consultation and drug prices in order to run the centre as a profit-making endeavour.

2. A partnership between the government and fhn

This would entail fhn funding everything associated with the clinic and continuing to be responsible for its organisation and logistics, with the promise that we would receive certain help from the government - a community nurse, vaccinations, education materials etc.

3. No change

fhn would continue to run and fund all aspects of the health centre

From the above, it is not difficult to see the option we chose - it really chose itself. How can we give a clinic over to the government, when they will not be able to provide the two senior medical staff members and increase the cost of consultations and drugs? By keeping control, but partnering with the Ghanaian government and their help where needed, seemed the most sensible way forward and enables us to ensure the future of the health centre. It was a real key moment in the history of fhn Ghana. For the first time I was sitting with like minded government people, whose hands were tied by the lack of funds and personnel at their disposal. The bottom line is that there is an extreme lack of medical personnel in Ghana, as almost all are working in the UK and USA, earning pounds or dollars. Government help with key medical staff will never come.

I appreciate that this does not sound very positive. However, the framework in which we have to work means the planning/future of the project can be worked on without any random variables. Furthermore, the government can offer some essential aid. For example, they are able to provide us with a community nurse. This individual's role is crucial to augment our community programme. He or she will pay home visits, vaccinate, survey communities for ill-health, educate (in terms of pregnancy, HIV, nutrition etc) and will be the formal health centre interface between the community and the clinic. We have been promised a community nurse by next summer...so by the end of 2006, we will have someone. In addition was the promise of education materials, on subjects such as malaria, HIV etc which is crucial in community health meetings. It is almost impossible to create these resources *de novo* in Ghana.

Essentially, local government has access to vaccinations.....I really am 'chomping at the bit' to vaccinate. What greater preventative good is there than stopping horrendous diseases that have to be borne throughout life if they don't kill you as a child? In the more-developed world, we often forget this since we don't have these diseases anymore. In the local communities, we regularly see the sights of withered limbs from polio, deafness and blindness from measles, not to mention diphtheria, tetanus and pertussis. We will vaccinate this year.



Solar Energy

This leads nicely on to the solar project that Nick Trueman has been supervising. The solar panels and installation equipment has arrived in Ghana and will soon be installed. This equates to free energy for the medical areas of the health centre, its equipment and accommodation facilities. Most importantly, it will give us power for a solar fridge, where we can store the vaccines enabling us to press forward with the vaccination programme.

Thanks to Nick for all his effort over the last year, as this has involved many twists and turns, since the money arrived from a Rotary Club donation in Germany. This will really assist the productivity of the clinic on all fronts and reduce our costs.

Community Health

As I mentioned previously, all our efforts this year will be directed towards improving the health of people in the local communities so that we can help to prevent diseases before someone presents themselves at the health centre. A man and a woman from every community are being trained by fhn in monthly sessions. This will have two 'arms':

1. Knowledge dissemination to the communities about what we are offering - health centre services, drug and consultation costs, free antenatal and labour care etc.
2. The second arm is health education – for example malaria, nutrition and STDs.

So, Lydia (the fhn Ghana co-ordinator) and myself are working on a series of workshops to cover the above issues.

Physiotherapy

A little mention for Sally Gold who co-ordinates the provision of physiotherapists to the hospital in Agogo, (the nearest city to the health centre with which we have links. These physios are working specifically with the children who have undergone major surgery and skin grafting from Buruli ulcer, as well as on general ward patients. The feedback from both hospital staff and patients was so positive and the impact these volunteers are having is immense!

A special 'thank you' to Suzi Edwards, who recently returned from 6 months in Ghana. She was absolutely wonderful and took the project forward on all fronts - she is greatly missed by everyone who met her in Ghana.

One of our supporters, Claire Johnson, is risking life, limb and everything else during her daily marathon endurance challenge in Costa Rica – that's 240km in total! Please check out the link below to see what she is putting herself through to raise money for fhn - <http://www.justgiving.com/CJdoesCostaRica>

And almost finally, congratulations to Phil Brown, my housemate from Leeds, who designs downhill mountain bike courses. He was recently awarded the Olympic contract for the BMX track design. Well done mate!

Finally, we are going to have our annual fhn party on **Saturday March 25th, so please put that date in your diary.** More info to come soon.....

Thanks for reading and a very Happy New Year from all of us at fhn



Boamadumasi, the village in which the Health Centre is located

