

# *the promise*

News about our Covenant With the Poor

## **HELP FOR HEALTH WORKERS in a Ghanaian clinic**

The Huttel health centre provides healthcare for some 8,000 people in the village of Boamadumase and surrounding communities, in the Ashanti region of central Ghana. Established in 1994, today it provides round the clock medical attention. However, it struggles to provide suitable accommodation for its local medical staff, and through our next two CWP appeals we hope to raise the money needed to meet this essential need.

The health centre, run by **Foundation Human Nature** (fhn, a UK registered charity), is one of the most important buildings in the community, since without it there would be no health provision for the inhabitants of the region. Also, it is the focal point for training community health volunteers, for making decisions about water provision and education, and for vaccination programmes. But with all this activity the centre has outgrown its limited staff housing, making it increasingly hard to retain its Ghanaian medical staff. The centre also relies on specialist volunteers



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The link between poverty and ill health does not need restating. So it is not surprising that, in addition to the Clinica San Pedro in Honduras and the Kalalasi Clinic in Tanzania (see pictures of its opening on the back page), many of the other projects supported by our Covenant With the Poor have had health dimensions to them.

The project we are supporting in our first two appeals this year also involves a medical clinic - but this time the emphasis is slightly different, although no less urgent. The clinic, in Ghana, is already up and running, but unless it can attract and retain local medical staff, no amount of bricks and mortar can provide the continuing healthcare for the community it serves.

While the UK government has taken steps to stop our health service from poaching doctors and nurses from Africa and other developing countries - people these countries can ill afford to lose - many health staff trained in Ghana end up, not surprisingly, in Europe and the US.

So the equation is simple: without suitable accommodation, the clinic in Ghana cannot retain medical staff; without medical staff there will be no healthcare; and with no healthcare, there will be no end to ill health and poverty.



(predominantly western doctors) who provide quality control and augment the training of the centre staff. One such volunteer was **Jacqueline Harris**, who wrote from Ghana in November 2007 about her work and some of the difficulties that the centre faces:

*"I train and supervise the staff and do what I can to develop the services. I am proud to say the health centre provides vital services (especially antenatal care, delivery of babies by a trained midwife, and emergency care) to an area which would otherwise have nothing. We also organise a network of community volunteers (one man and one woman in each village) who are being trained in basic healthcare, and who undertake education sessions for the villagers in areas such as malaria and diarrhoeal disease prevention (the two biggest killers of under-5s in Africa), HIV/AIDS, TB etc.*

*"The health centre, which serves 13 villages in a rural area that has no other access to basic healthcare, is staffed by two Ghanaian nurses, a midwife and a nursing assistant, who do Monday-Friday clinics and look after emergencies at any time. There is a very basic laboratory doing viral tests such as malaria and blood grouping. Therefore it is imperative that all staff are on site. Whenever a volunteer doctor (like me) is available, one is sent, since due to a shortage of*

*local doctors and the difficulties in providing them with accommodation, they are hard to recruit. The accommodation is vital in retaining and recruiting staff in this relatively isolated rural area. Unfortunately, there is high competition for good nurses and midwives in Ghana - many who train in Ghana end up in Europe or the US rather than the villages.*

*At the moment two nurses (and their husbands) share the same three room house, which means one lives in the kitchen and the cooking is done outside whatever the weather. Our admin and support staff live in rented accommodation - some in other villages - and there is no space for volunteer doctors. This means I am living on the other side of the village in a leaky house with generally unhygienic conditions and dodgy well water."*



Dr. Ed Gold, FHN president, says that the health centre needs three new accommodation units, each of which would cost about £3,000.

***"It is vital that we build the new accommodation as soon as possible as it is becoming increasingly difficult to retain the excellent staff we have, since their living conditions are so cramped. We are in desperate need."***

For further information visit: [www.f-h-n.org](http://www.f-h-n.org)

# Emmaus Hampshire: Green Roof Project builds momentum

Last year you gave £11,000 so that Emmaus Hampshire can buy a van, which their formerly homeless Companions can use to collect and deliver donated second-hand goods and furniture in the local area, to be recycled and sold at affordable prices, providing a valuable service to the community. This will help give them opportunities, skills, support and a social structure in order to regain their self-esteem and their lives – for good. Emmaus Hampshire Trustee *Mike Matthews*, provides an update on the Green Roof Project.

“Those of you who make regular visits to the Household Waste Recycling Centre at Bar End will be aware by now of the rapid progress being made on the adjacent site as our Emmaus “live/work” Community takes shape. Building started in early March and already the steel frames of the workshop are all in place and the accommodation is beginning to resemble the architect’s design plans at ground floor level. Our builders, Amiri Construction, plan on completion just before Christmas with handover in early January 2009.

“All this is concentrating minds on preparations for occupancy next spring. For a start we still need to raise £500,000 to cover start-up costs. Then we must finalise a viable business plan enabling us to work towards self-sustainability as soon as possible and also agree the ‘house rules’ for the Companions whose home and place of work it will become. We have some dedicated and talented volunteers addressing all these areas. We continue to be enormously grateful to supporters such as yourselves with your fundraising in favour of a van being a wonderful example of well-directed giving.

“These are exciting times for what we hope will soon be recognised as your - rather than our - Emmaus Hampshire Community with its many future opportunities for building strong relationships with local people.”

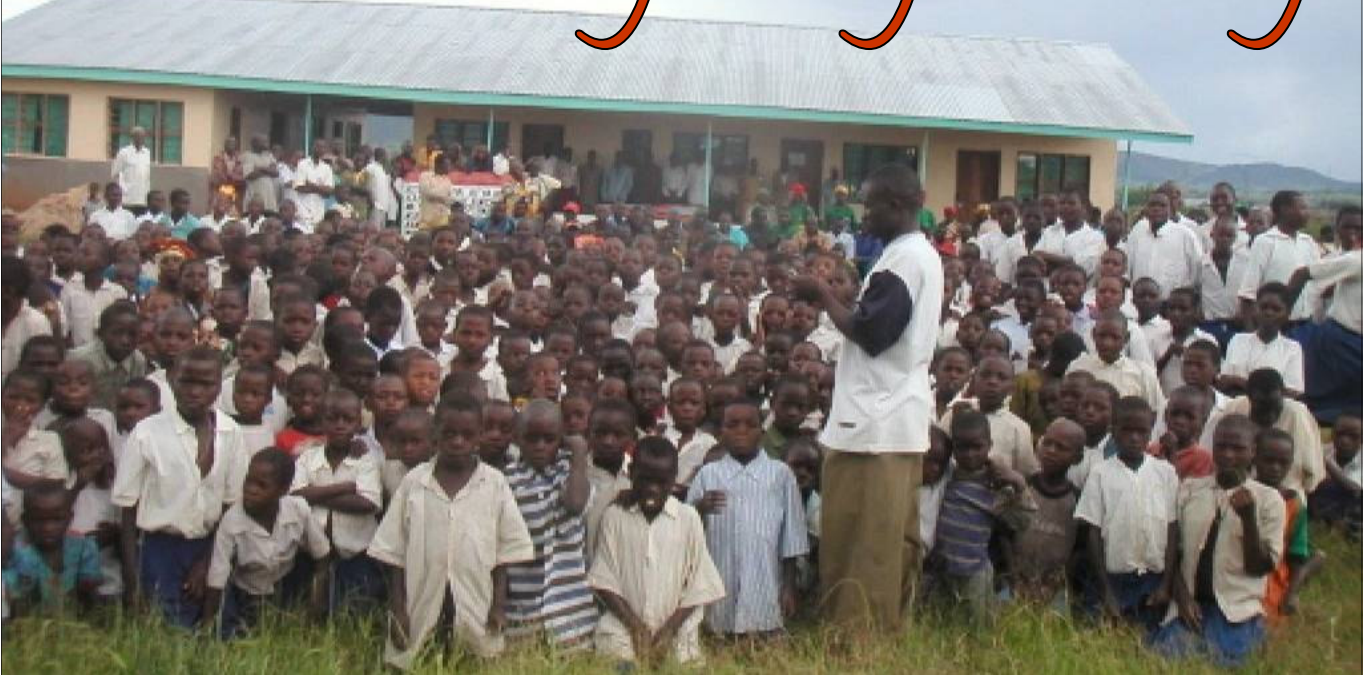


## Thank you Alistair (and Gordon), and everyone who Gift Aids their donation



We have received a two-year tax rebate from the Chancellor, amounting to an amazing £7,679, for all the donations to the Covenant With the Poor that were Gift Aided. This has allowed us to forward additional funds to the projects we have supported over the last two years. So please remember to fill in a Gift Aid envelope before you make your donation - it makes all the difference.

# 'There was a great gathering'



In mid March of this year, the Kalalasi Clinic, built with money raised through the Covenant With the Poor, was officially opened. It is now up and running. Congratulations to SUDA (Sumbawanga Development Action) and everyone involved on completing this amazing project. Here are some pictures of the happy occasion. More pictures at: <http://www.sumbawanga.org.uk/?m=200803>

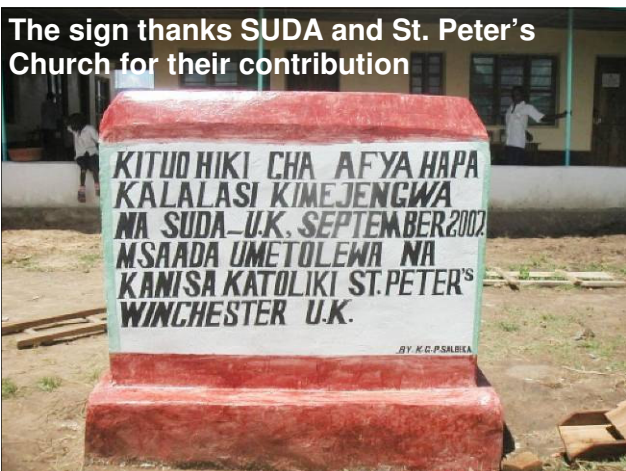
The opening ceremony



A true community project



The sign thanks SUDA and St. Peter's Church for their contribution



The clinic at work

