

SUMMARY OF DISCUSSIONS AT JIRAPA ST JOSEPH'S HOSPITAL  
P. Ofori-Atta. Motec/ IOM-MIDA sponsored volunteer. 6<sup>th</sup> to 7<sup>th</sup> April 2012.

*8<sup>th</sup> April 2012.*

In attendance

1. Medical Director Dr Richard Wodah-Seme
2. Hospital Matron – Grace Darkura
3. Principal of Midwifery – Rev Sr Elizabeth Angsotinge
4. Tutor at midwifery School- Rev Sister Genevieve Nen-Nome
5. Hospital Administrator- Mr Paschal Donzuing
6. Leader of Jirapa citizens in Canada- Associate Professor Godfrey S. Bacheyie. Neonatology, Windsor Regional Hospital, Canada
7. Motec Life –UK / IOM-MIDA recourse volunteer – P. Ofori-Atta.

Meetings

a. NUWLIFE – (Nutrition Working for LIFE) - project discussion.

(1, 2, 5, & 7)

Motec made payments of £5,000.00~GHC12, 000.00 and a separate amount of GHC1, 000.00 in October 2011 to Jirapa hospital towards the NUWLIFE project.

Dr Richard explained that the funds had been used to support the NUWLIFE project. Mr Ofori-Atta made a request to the Medical Director and the Hospital administrator for an official statement on the use of the funds to be backed by breakdown as per protocol. It was agreed that the statement should be emailed to Mr Ofori-Atta.

A guided tour of the relevant structures was made. This included the kitchen structure, the sinking maternity building, the uncompleted building earmarked as hostel and vocational training centre for the mothers of the malnourished children as well as a platform for the mothers to use as a washing bay. A tour of the refurbished children's ward was also undertaken to the delight of the Motec President. It was recalled that the children's ward in the past was in such an appalling state. The Medical Director explained that funds for the project was generate from internal sources. The renovation exercise is expected to be completed in the coming months.

It was decided that the farming area for the malnourished mothers should be fenced and mechanised. The project is expected to yield nutritious local materials to help feed the children. The Hospital administrator suggested that the farming season was not too far away and that the process should start sooner rather than later. A water bore hole was within the vicinity of the farm and a water pump and a sprinkling system were needed. The fencing material would be necessary to protect the farm from destruction of the crops by animals. Motec President requested a detailed estimate of the project as soon as practicable.

It was also discussed briefly that Maternal and child health projects seem to be well supported by donors worldwide. In this light, a project paper – ‘save the sinking maternity ward’ could also be written up which may receive support from donors. Perhaps the attention of the government and some of the new oil companies could be drawn to this neglected ward.

b. Vehicle for NUWLIFE (1, 2, 5 & 7)

It was agreed that NUWLIFE would need a vehicle to support the public health aspect of the project. The vehicle could be used for community visits to the families discharged into the community and also for community support and search for vulnerable children and families. It could also be used to pick up UK and other foreign NUWLIFE volunteers arriving in Accra from abroad. To facilitate the fund raising, Mr Ofori-Atta made available a sample draft to guide the Hospital management to apply to donors especially MEMISA. He suggested that the legal holder of the vehicle should be the Catholic Bishop of the diocese and that the diocesan Health Executive Director should have a role in the application. The advice was based on a similar project successfully undertaken by one of Motec’s target health institution – Donyina Maternity Home. Rev Father Gregory Amponsah-Nkansah of the Ejisu Diocese (Executive Secretary) who spearheaded the Donyina application has kindly offered assistance in this direction. Motec President suggested that the car application should be estimated at about EU20, 000.00. Mr Ofori- Atta also suggested that the application for help could be sent to some embassies in Accra for example – British High Commission, the Dutch and Spanish.

c. Building to be used as Nutritional Rehabilitation Centre.  
(1, 2, 5 & 7)

Mr Ofori-Atta said that realistically, Motec had inadequate funds to complete the old abandoned building which had been earmarked as the rehabilitation centre. The centre is expected to serve as a hostel for the mothers of the malnourished mothers, provide rooms for vocational training for the mothers a mini-shop to sell products from the finished materials from the centre. Mr Ofori-Atta advised that a project paper should be developed separately to donors to help the centre as Motec also continued to search for funding. The full purpose of the centre should be spelt out in the project paper backed by statistics in order to convince donors. It was estimated that the building project would cost about EU120, 000.00. Again it was suggested the legal ownership of the centre should be the Catholic Church (Bishop of the Diocese), not the government of Ghana to avoid the misgivings donors hold against government ownership of projects.

As Motec had received over 30 sewing machines from the Hertfordshire public in UK, Mr Ofori-Atta asked the administration if there was a possibility of a temporary shelter for a sewing centre. The hospital authorities suggested a small building which was available short term. It was therefore agreed that the sewing training could start in that building. It was made clear that the machines were mostly old manual SINGER sewing machines a few were electrical but all in working order. Mr Ofori-Atta said suggested that perhaps as many as four could be used for teaching and the rest held up in store to be given out to trained mothers to take home as a family investment. It should be guided by strict rules and a 'logbook' to minimise abuse. All were agreed that a sewing instructor needed to be recruited from the community with a reasonable remuneration (from NUWLIFE funds).

d. June 2012 working visit (1, 2, 5&7)

Mr Ofori-Atta confirmed that two Motec MIDA sponsored recourse personnel were allocated to Jirapa. Mr Caesar Mensah – infection control senior nurse will be making his second visit to Jirapa. Mid-wife Mrs Joanna Owiredu-Oppong – well known to Jirapa was also on the team. It was agreed

that lectures should be delivered specifically to the working staff on infection control in addition to work on the wards with the staff.

e. Education and training (1, 3, 4, 5, 6 & 7)

The Principal of the midwifery school submitted receipts for the books bought by the school for all the three colleges attached to the Hospital – Community, General Nursing and Mid-wifery Schools. The books totalled GHC1, 210.00. An amount of £460.00 was paid by the Motec President covering the full refund (at GHC: £ of 2.6). Mr Ofori-Atta explained that the educational funds came from IOM-MIDA-Ghana 111 and generated by the number of recourse personnel undertaken working visits to Ghana.

At this point Mr Ofori-Atta said that educational funds to be generated by four of the MIDA sponsored Motec recourse personnel from the rest of the working visits in 2012 would be allocated to Jirapa (about EU1, 000.00). As per normal practice, the school should solicit for the initial funds to buy the educational materials and be re-imbursed upon submission of receipts with an opportunity for the volunteers to inspect the educational items. On that note Associate Professor Bacheyie agreed to advance the money to the school to make the initial purchasing.

It was agreed that during the June visit, recourse personnel could provide lectures to the final year students on infection control and midwifery topical subjects.

Getting the Canadian Group and Motec working together (1, 2, 3, 4, 5, 7)

Mr Ofori-Atta proposed that both Motec and the Canadian group should collaborate in order to avoid duplication and conflict of efforts. He called for a joint working strategy for the Hospital to promote best practices. On this note Associate Professor Bacheyie explained that he was at the Hospital last year for ‘a need assessment visit’ with a team of 9 volunteers and that a final document would be developed for ‘grant assisted projects’ for the hospital. Prof Bacheyie summarised the work of Motec at Jirapa as educational, support for NUWLIFE and investment in human resources much to the delight of Mr Ofori-Atta. The Professor who is a native of Jirapa noted and appreciated the efforts of Motec and promised to keep Motec informed of



the final outcome of the Canadian deliberations. He offered his contact details ([godfrey\\_bacheyie@wrh.on.ca](mailto:godfrey_bacheyie@wrh.on.ca)) to Mr Ofori-Atta.

## June 2012 Motec working visit. (1, 3, 4, 5, & 7)

Motec proposed two volunteers for the June 2012 working visit. The volunteers were named – Mr Joanna Owiredu Oppong (a mid-wife) and Mr Caesar Mensah (infection control senior nurse). The Principal noted that only the senior students preparing for their exams would be in session in June -July. She welcomed lectures on infection control and maternal health. Mr Ofori-Atta explained that work on wards with the qualified staff and mentorship of students will form important part of the visit. At this stage, the Hospital Director confirmed that the faulty 4x4 vehicle had been repaired to pick up volunteers in June. This time round, the volunteers were to be picked up from Kumasi (Pramso St Michael's Hospital) per suggestion of Mr Ofori-Atta.

Other working visits October 2012 and others were in the pipeline – Mr Ofori-Atta emphasised.

## Summary of agreed tasks.

1. NUWLIFE Funds - Statement of account from the administration.
2. Estimate for the fencing and mechanised farming materials by the administration.
3. Submission of list of the educational materials for October 2012 to be submitted to Motec by the Schools (Nursing, Community and General Nursing – estimated 400 students). Cost to be covered by Educational allowance from 4 recourse Personnel.
4. Temporary vocational /sewing centre to be started with the sewing machines when they arrive at Jirapa.
5. A local sewing tutor to be recruited to teach the mothers.
6. Pick up of volunteers from Kumasi/Pramso for assignments in June/July.
7. Information EXCHANGE BETWEEN Motec and the Canadian group.
8. Development of three project papers by the Hospital administration –
  - a. NUWLIFE 4x 4 vehicles
  - b. Building project for NUWLIFE rehabilitation / vocational centre.
  - c. Building of a new maternity ward