The Unsung Gentle Green Giant
St. John of God Hospital -The Sefwi-Asafo Story

Reporting on visit By Raymond Ofori, Dr & Mrs Ofori-Atta Oct. 2007.

PRE-AMBLE

The front view of St John of God Hospital, Sefwi Asafo

In March of 2007, a few emails were exchanged between Eire and England on Asafo Sefwi. Mr John Mitchell was in Dublin and Paul Ofori-Atta in Hemel Hempstead in Hertfordshire. Both had not met before. Both had something in common; working for the good of underprivileged people especially in the area of health care improvement in sub-saharan Africa through hospitals established by the Hospitallier Brothers of St John of God in Ghana. John has a long track record of philanthropic work in the world and Paul is a novice beginning to feel the heat of human difficulties in ill health in Ghana. The email discussions were brief. The object was defined as 'help for Sefwi Asafo St John of God Hospital'. 'A meeting in July seems fine' says John in his mail dated 15th March, 2007. Paul replied: I lived in Kilkenny for 13 months and would love to take the opportunity to meet you in Dublin and re-visit my roots. This discussion led to a meeting of Motec Life UK duo Paul and Gladys, Mr John Mitchell and Bro Laurence Kearns in Dublin on a warm beautiful summer day of July in Dublin. The meeting set the grounds for an assessment visit by Motec team of three in October, 2007.

Perceptions of expansion of Motec's work to Asafo Sefwi

I lived in the Western Region of Ghana for about four years at the gold mining town of Tarkwa and had firmly established idea about the difficulties in the Western region of Ghana where Sefwi Asafo is located. Even having lived at Tarkwa, I never heard of the name Sefwi Asafo. For sure the road network of that region in the late 70's and 80's was extremely poor. Trains were the main reliable link between big towns and by the late 80's even this service had nearly been limited to night train services only where I suppose the passengers do not see the dangers of their train trip until announcements on the radio about the frequent derailments. I escaped one travelling between Tarkwa and Kumasi. My enquiries to friends in Ghana suggested that the road to Sefwi Asafo for about 70 miles stretch from Kumasi had deteriorated such that only four wheel drives could snail through to the remote town. To confirm this, I had been told that John had presented a four wheel drive to Asafo to help them through their difficulties. Motec members became apprehensive and the pressure was on. Upon careful deliberation, it became apparent to Motec's hierarchy that it was more likely that Asafo needed more help than the easily accessible target hospitals of Nkawkaw Holy Family, St Joseph's and Pramso Hospitals. So with humility a provisional team of five was set up to assess Asafo Sefwi although for practical reasons, the team will later be reduced to three on the ground in Ghana.

From the Centre of Western World, to the Forest West of Ghana.

So the Motec team arrived in Ghana between the 12th and 14th of October, 2007. The assessment and educational team of Motec for the Asafo and other jobs was re-organised in Accra due to operational reasons. It comprised of Mr Raymond Ofori Yeboah (Microbiologist UK, previously laboratory technician Nkawkaw Holy Family Hospital myself (orthopaedic surgeon UK, previously a general surgeon, Korle-Bu, Ghana, General Practitioner Nkawkaw Holy Family Hospital), and Mrs Ofori-Atta

(Nurse Operating Department Anaesthetic Practiotioner, formerly scrub nurse Imperial Ridge Hospital, Accra and Nkawkaw Holy Family Hospital).
The team arrived in Accra from Akosombo assignment at about 12:45pm on Sunday 21st October. We were picked up from Lister hospital at about 1:30pm by Asafo Hospital Driver in a four wheeled vehicle. We braced ourselves in apprehension of a 'bumpy samba drive'. We even thought that the journey was going to take us south through Cape Coast, Takoradi and then north west to Sefwi Asafo. Contrary to that the driver headed for Koforidua where the out-going Asafo Brother Superior Johannes was waiting. We were at Koforidua at about 3:45pm when I met Brother for the first time. First impression - down to earth. Positive outlook.

So after some cold drinks we were back on the road at about 4:00pm. At our request, we stopped over at Nkawkaw Holy Family Hospital, another work station to say hello to the team of five at about 5:15pm. and continued the journey. A welcome break at the outskirts of Kumasi at about 7pm was very satisfying. Our host Bro Johannes organised a meal in a restaurant with non-alcoholic drinks.

Kumasi to Sefwi Asafo: Forest NIGHT RIDERS

By 8pm, we were back on the road to 'eternity', at least so it felt. We kept waiting for the bumpy ride. It was densely dark. Occasionally we slowed down or blew the horn to get the sheep off the road. Much to my surprise, only them sheep on the road provided the imaginary turbulence that we anticipated during our travels for a good three hours. Otherwise the roads felt like UK Class 'A' roads. We slowed down almost stopping at a junction, turned right onto a street that reminded us of what we had almost forgotten. We feared that the moment had arrived -Samba dance at 5miles per hour. This lasted just under 5 minutes. It was therefore very pleasant when at about 10:30pm. Brother Johannes announced that we had arrived at our destination at the hospital at Sefwi Asafo. We were welcomed by the brothers and novices very warmly with variety of cold drinks, shown our rooms for the night and after agreeing the programme for the following day, we retired to our rooms satisfied with our trip and the care by our host. The journey was long but we were heartened by a lot including the story that the local town brass band had been waiting for hours to welcome us on our arrival but were not sure of our coming after 10pm. It made our night sleep sweeter.

BUSINESS TIME

Monday morning 22nd came quickly and for the first time in about a year, my wake up call at about 4.30am was by a little bird instead of my natural mental alarm that wakes me up at a pre-meditated time. Morning prayer was swift so was breakfast and the business meeting with the hospital management started at 8am prompt. By then, my team had studied the hospital annual report.

OBJECTIVES OF VISIT.

- First hand information about the hospital in particular health care delivery activities.
- Asses potential areas of collaboration between Motec and Hospitallier Brothers of St John of God for the benefit of the people of Ghana through improved health care delivery.

The business was planned in 3 stages stages:

1. Getting to know management and the hospital through self introduction and Question time. Review of Hospital Annual Report.
2. Tour of the hospital.
3. Feedback meeting and goodbye.

HOSPITAL WITH SOLAR PANELS ON LEFT

WALKABOUT

Something that needs observation – the tour of Sefwi Asafo Hospital looks left

Business Plan 1 and 2.

Present at meeting:

Rev. Bro Johannes Torwoe (Out-going Director)   Rev. Bro Gelasius
Mr Victus Kwaku Kpesese (Administator)   Matron Dogbe
Motec trio.Gladys, Raymond and Paul.

Facts Established at meeting in-cooperating observations of tour :

1. St John of God Hospital Sefwi Asafo established in 1956 by the Hospitallier Order of St John of God with 12 beds. Now expanded to 150 beds.
2. Probably only 'white collar job' available to local community.
3. Medical Staff: 2 permanent and four others including a Cuban contingent one a Paediatrician and another General Practitioner with special interest I General Surgery. Occasional locum appointments.
4. Nurses and Midwifes: 17 Qualified staff and about 33 Trained Ward Health Support Workers.
5. Wards: Male and female wards, Paediatric, Maternity Day Case Unit. Proposed Isolation Ward idle as Government directive changes the need,- we were made to believe.
6. Anaesthetist: On the job trained anaesthetist. Sponsored individual for national training in the offing.
7. Out-patient Department: Very active department.
8. Laboratory: 1 trained laboratory technician plus two assistants. 2935 individuals for blood donation and prevention of mother to Child transmission of HIV/AIDS screened for the year 2006, 80 tested positive: 2.7%. 693 individuals with suspected HIV/AIDS tested showed 28.6% positives. All basic blood, urine stool tests are carried out. No microbial cultures.
9. X'Rays: the department has plain x'rays that serve 3 districts.A total of about 2055 exposures were recorded in 2006. One radiographer. New x'ray machine installed.
10. Operating Theatre: 2 spacious theatres each with old Boyles anaesthetic machines in place. Inadequate instrumentation especially for CAESARIAN section. Inadequate recovery facility. Sorry situation of on the job trained anaesthetist. A nurse now selected for sponsorship by the hospital.
11. Pharmacy and Stores: modest
12. Nutritional Rehabilitation Centre: A novelty. Reported as the brain child of Mr John Mitchell, Ireland.
13. Public Health / Satellite Clinics: Active.
14. Electric Power Supplies: Sefwi Asafo Hospital is in a league of her own. No power disruptions as solar powered batteries kick-in automatically to maintain supply to the hospital and residences.
15. Educational Facility: Seminar room with audio-visual equipment including projector screen available. To seat about 20 people. Meant for HIV/AIDS Education but equally good for general staff education and workshops.
16. Discipline of staff /employees commendable. Supervision by people in authority shows high quality responsibility.
17. Medical referral centres for hospital: Sefwi Wiawso Government District Hospital about 80miles away which offer an extra specialised service.; Sekondi Takoradi Regional Hospital about 120 miles away with most specialist scantly covered: Komfo Anokye Teaching Hospital (KATH), Kumasi – 3hours drive away- an up and coming regional hospital that holds the key to the development of medicine north of the capital Accra ; and St Joseph's Hospital, Koforidua for orthopaedic trauma about six hours drive away.
18. Ambulance vehicle donated to hospital by philanthropist which is manned by a driver with no first aid training and hired for the road only if relatives/patients can afford.
19. **Health Statistics**

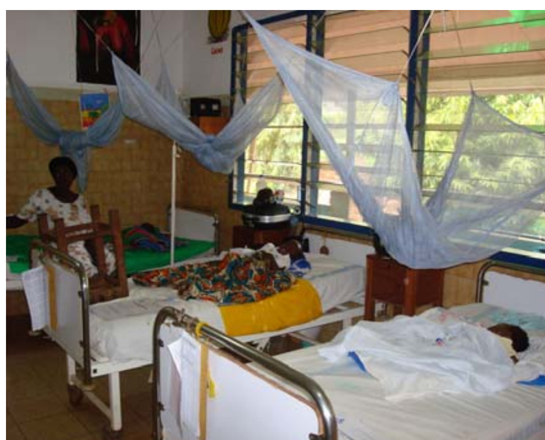
i) OPD: Nearly 27,000 attendances recorded for 2006 for a hospital that serves about 150,000 immediate population and some part of a 245,000 people of a neighbouring district. Recorded increase of attendances of 30% over 2005 attributed to the New National Health Insurance Scheme by the Government of Ghana.

ii) Morbidity: Malaria ranked no 1. Increase in newly diagnosed high blood pressure noted in 2006. Road Traffic Accidents noted to be very low.

iii) Mortality as percentage admissions: 4.3% in 2006 and 4.66% the year before attributed to the ease of early presentation and treatment facilitated by the National Health Insurance Scheme. Contrasting death rate for the insured versus non insured **1.4 : 4.66** speaks for itself.

iv) All operations in 2006 total 912: Caesarean Sections 46%, Herniorrhaphy26%, Exploratory laparotomy 9%, Appendicectomy 1.6%, hysterectomy 0 % haemorrhoidectomy only one done all year round, no amputations done since 2005. The records suggest more variety of surgical procedures in 1998 and 2000 including skin grafting, splenectomy / splenorrhaphy, sequestrectomy, gastrectomy, colostomy, colporrhaphy, haemorrhoidectomy, circumcision, supra-pubic catheterisation, procedures involving plaster of paris(trauma) etc etc. Following this period very limited surgical services noted. **It was easily concluded that the hospital lost key skilled surgical professional(s) or services at the end of 2000. The number of surgical procedures fell from 1145 in 1998 to 627.**

OBSERVATION A:CHILDREN'S WARD



The Children's Ward: neat, satisfactory nursing control and care, devoted medical attention.

Observation: B.

Nutritional Rehabilitation Centre

This centre inco-operates treatment of malnourished children with rehabilitation of families. Mothers participate in the preparation of food for their children and themselves, join in communal farming for the farm products required for the feeding programme and have a wide variety of vocational training options to choose from including sewing, commercial production of gari (cassava flakes) soap manufacturing etc. By the time he child is fully rehabilitated, about six months or so, the mother would have been sufficiently trained with nutritional care, have a happy smiling child, an have a vocation to maintain the care of her children. During the visit about 12 children suffering from marasmus (a clinical nutritional state that the child lacks almost all nutritional factors causing failure to thrive and typically making the child look like an octagarian), kwashiorkor and marasmic - kwashiorkor all nutritional problems. I recalled that the word kwashiorkor in the medical literature is the name given by the Ga people of coastal Ghana, meaning the disease the child gets when a new one is borne. Emphasises the nutritional (mainly protein) neglect the child suffers as mother concentrates on the newly born baby. Motec believes that this project should be popularised nationally by recommendation to the government and philanthropists.

28month old child looks like a healthy eighty year old –features Mothers and children, Motec and the Brothers of St John of God of marasmus. Both mothers and child ren need nutritional and health rehabilitation

Rev. Bro Johannes with a marasmic child on his lapse flanked by children responding well to treatment.

Bro Johannes in a pensive mood: 'we are in this together'.

We observed a new facility which was planned for isolation of T.B and Serious HIV cases that is not in use due to a new government programme of rehabilitating patients in he community. The facility was donated by a Spanish charity. Motec questioned the benefits of treating patients with open tuberculosis in the community but fell short of open criticism without reviewing the studies supporting the new scheme. Motec has a proposal to utilise this beautiful facility for the benefit of the patients.

OBSERVATION C.

Abandoned Intravenous Infusion Centre.

ASAFO SEMINAR ROOM

Project for the production of intravenous fluids was sponsored by the Japanese. This noble idea was obviously intended to help support the hospital and others in the region. Project abandoned apparently for lack of adequate funding and probably enthusiasm. Most health institutions rely on supplies from far away Koforidua infusions some 6 hours drive away with few distribution centres. This facility should be revived and will not only support the hospitals in the region but provide jobs for the local population without electricity interruptions. Governmental, private and philanthropic intervention necessary..

OBSERVATION D. SEMINAR ROOM

This facility can prove very useful for staff training and educational programmes.

BUSINESS PLAN 3
FEED BACK and *RECOMMENDATIONS*

i) Overall, the Motec team was impressed with the following:
Staff discipline, cleanliness, apparent dedication to duty by staff, level of supervision of health care delivery service, counselling services to HIV/AIDS patients.

ii) The project of child-mother nutritional rehabilitation supported by self sustaining vocational training of parent needs commendation . It is the opinion of Motec that other paediatric units in the country could learn from this project and seek governmental and philanthropic support to safe our children and families across the country.

iii) Permanent medical staff of two for the hospital is inadequate. Motec suggest to the authorities to encourage a training programme of doctors and residents from the City Teaching Hospital that would expose young doctors to the hospital. This may promote interest in permanent jobs at Asafo..

iv) Will be useful if the abandoned infusion project is revived.

v) Qualified Nursing staff numbers low, but this seems to be national problem and the training of Health Assistants to support is commendable. Encouragement to sponsor interested people in Nursing Training given but this idea is not new to the Hospital Administration as the sponsored individuals leave for the Cities. Perhaps extra incentives could reverse the imbalance.

A new Isolation Unit for 32 beds Donated by a Charity based in Spain now lying idle following changes by Government. MOTEC has an eye on this structure.

vi) a) The statistics of the hospital show a significant drop in the surgical services as from the year 2000. Motec identifies a significant reduction in cases like hernia operations, male circumcision, procedures involving Plaster of Paris..injury, small bowel surgery etc. With a an excellent block of building sitting idle (**isolation unit**), roomy enough to accommodate a theatre, recovery room, and a minimum of 20 beds, Motec proposes **"A Surgical Centre"** that could attract Motec team and other teams to concentrate on day surgery and other operations like **herniorrhaphy**, **varicose vein surgery,** removal of **lumps** and **bumps**, **cataract surgery**, **key hole procedures**, **minor orthopaedic trauma and plastic surgery.** Such a centre could attract **residents from KATH** for training and encourage local medical and nursing staff to pick up skills. It would be vital for the programme to attract the support of the permanent local doctors to co-ordinate and assess patients on a waiting list and to join at their convenience during working visits. The seminar room could be utilised for lectures and workshops and to educate.

b) WHAT it would take to effect the proposal:

Recommendations made to hospital authorities.
Details to be published in due course.

MOTEC say Good Bye to Asafo proceeding to Pramso St Michael's.Hospital, 3pm Monday 22nd October, 2007

Guess what is going through Rev Brothers mind: 'I LOVE YOU WITH THE LOVE OF THE LORD as I CAN SEE IN YOU THE GLORY OF THE LORD'

SUMMARY

We should be forgiven for preparing ourselves for a rough ride to Asafo. The stories that we had heard from some of our members who knew the place from several years ago and some visitors suggested that it was a no go area. We wondered why some missionary would cut through the forest to a remote place and set up a hospital but the answer is never far away: the lovely people, the children of God. For us as Motec members we felt the pre-trip difficulties described was an indication of how much Asafo needed us. We have been and realised the giant strides that St John of God Order, philanthropists and well meaning people are contributing to humanity. In the middle of the forest in Ghana, solar energy when the cities struggle with hydroelectric power in the midst of abundant sunlight, nutritional rehabilitation centre relying on the rich natural resources fruitfully running smoothly, facilities begging to be utilised sprinkled around for the benefit of humanity. We hope that we have found another hospital to extend our services where it is needed. So help us God!

LET YOUR LIGHT SHINE---Left: A flower in the sand where only few survive.
Right: The latest supporter of Motec in England -supporting children in Ghana.

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