Newsletter No. 25

Dear Members

Our delayed summer meeting, which was held in mid September, featured a very interesting talk by Malcolm McLeod on the St Andrew’s Clinics for Children, a video of the activities of Cerebral Palsy Ghana and a display of pictures of Ashanti gold artefacts from the Burrell collection. St Andrew’s Clinics for Children is a Scottish based charity with a novel approach to providing assistance where it is needed most and the talk, an account of which is included in this Newsletter, generated much discussion.

We were saddened to learn of the death of Rev Norman Macrae in January, Dr David Murray in June and Eric Lomax at the end of September. Norman’s connections with Ghana were through his wife, Clare, who studied Akan spirituality for her doctorate, David was a medical officer at Achimota College and Eric worked in the Colonial Service in Ghana for a number of years before Ghana gained independence.

We are also saddened to learn of the death of the President of Ghana, Professor John Atta Mills. A Memorial service was held in Glasgow on the 2nd September at which several of our members were present and Donald Smith signed the Book of Condolences on behalf of the Society.

Alex Morrow

Next Scotland Ghana Society Meeting – June 8th 2013

Eulogy given by Dr Charles Aryiku, Honorary Consul General for the Republic of Ghana to Scotland, at the Memorial Service in Glasgow for the late President John Evans Atta Mills

Distinguished guests and fellow Ghanaians,

I feel very sad to be standing here before you to read about a man who I never had the privilege of meeting, a very distinguished son of Ghana who was the 3rd President of Ghana’s 4th Republic. I learned that he was a man with great wisdom; he was a man of peace and of integrity; he operated with sincerity and honesty in all his undertakings. He was tolerant and humble, and he always showed dedication to his duty. He was God-fearing and I hope that his spirit will be here with us this afternoon.

Born at Tarkwa in the Western Region of Ghana on the 21st July 1944, John Evans Fiifi Atta Mills had a very fulfilling life and, after 68 years of many achievements, the Lord Almighty called him to eternal rest on Tuesday the 24th July 2012 after a period of illness.

During his early formative years he was observed to possess a strong desire to acquire knowledge. This desire won him a place in the then prestigious Achimota Secondary School in Accra, where, in 1963, he obtained his General Certificate of Education (GCE) Advanced Level qualification. He proceeded to the University of Ghana from where he obtained his Bachelor’s degree and Professional Certificate in Law in 1967. Further Education took him to the School of Oriental and African Studies in London and while there he won a Fulbright Scholarship to Stanford Law School in America where he defended his thesis on taxation and economic development and, at a young age of 27, he was awarded his PhD.

He returned home and back to his Alma Mater at the University of Ghana to impart knowledge and wisdom to the youth of Ghana who also had burning desire to acquire knowledge. He spent the next 25 years teaching and carrying out research in the Faculty of Law at the University. In 1992 he was made an Associate Professor of Law. During his 25 years in the University he presented many research papers at International Conferences and Seminars; he was a visiting professor at a number of Institutions both in Africa and outside the continent of Africa. In the year 2002, he was a visiting scholar at the Liu Institute for Global Issues at the University of British Columbia in Vancouver, Canada.
Professor Mills became an active member of the National Democratic Congress, founded by the then head of state Fl Lt Jerry John Rawlings, and in 1997 President Rawlings selected him as his Vice President. On 3 consecutive occasions the NDC selected him as their flag-bearer for the country’s General elections. This shows the immense trust and belief that the Congress had in this very dedicated, forward-looking and selfless man. He won on the 3rd occasion, albeit by a very narrow majority, and on the 7th January 2009 he was sworn in as the 3rd President of the 4th Republic of Ghana.

During his Presidency, “Peace” was his watchword and this earned him the nickname “Asomdweehene”, which literally means the “King of Peace”. There were many developments during his short tenure of office as Professor Mills continued to build upon the successes and developments of his NPP predecessor, Ex-President John Agyekum Kufuor.

- Professor Mills had the privilege to commission the famous Jubilee Oil field, for the start of the country’s 1st commercial Oil production, which is reported to have recoverable reserves estimated at over 600 million barrels. The field delivered first oil in December 2010. By May 2011, the field was producing 70,000 barrels of oil per day from five wells.
- Ghana’s increased economic growth, since the start of the Dec 2010 oil production, was due in part to the push by Atta Mills for effective oil revenue management. He pioneered the Ghana Petroleum Law, committing to the publication of the Government oil agreements, the 1st such initiative in African Oil countries.
- As part of this petroleum law he also created the Public Interest and Accountability Committee in his effort to promote clarity and transparency. This is an independent body with a responsibility to monitor and enforce government compliance with oil regulations. The Committee has a duty to report its findings to the presidency, to parliament and also to the public.
- Under the Late President, Ghana gained an unprecedented GDP of 14%, a first in the history of the country. He has left behind a robust and transparent management process which we all hope will help take Ghana’s economy to greater heights.
- Professor Mills worked hard to continue the work that had been championed by his predecessor, ex-President J. A. Kufuor, to promote Ghana’s image both in Africa and abroad and we, as Ghanaians, should be very proud to have had people like them to fight our course. What we have to do now is to take up the mantle and emulate them in whatever way we can for the good name of Ghana.

Such was the dedication of the man that President Obama made the following statement about him, "President Mills tirelessly worked to improve the lives of the Ghanaian people. He helped promote economic growth in Ghana in the midst of challenging global circumstances and strengthened Ghana’s strong tradition of democracy.”

Outside the field of Academics and Politics, the late President, who also had a warm sense of humour, had a splendid love for sports. He was a keen hockey player and he once played for the Ghana National Team. Swimming was his pastime activity.

Professor Atta Mills left behind a widow, Ernestina Mills and a son, Sam Kofi Mills. Our prayers go to the late President, who also had a warm sense of humour, had a splendid love for sports. He was a keen hockey player and he once played for the Ghana National Team. Swimming was his pastime activity.

Professor Atta Mills left behind a widow, Ernestina Mills and a son, Sam Kofi Mills. Our prayers go to the Lord to hold them up and strengthen them in this time of bereavement.

May his soul rest in peace and may the souls of the other faithful departed also rest in peace.

In the Akan language in Ghana one says, “Demirifa due”. I don’t quite understand it, but I shall repeat it, Asomdweehene, “Demirifa due”!

Long live the Republic of Ghana; long live the relationship between Ghana and the United Kingdom, and Long Live the growing relationship between Ghana and Scotland!

Visit: The Scotland Ghana Society website on http://myweb.tiscali.co.uk/dasmith/SGS.

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“Words of Encouragement” given by Donald Smith at the Memorial Service in Glasgow for the late President John Evans Atta Mills

Distinguished Guests, Ladies and Gentlemen

I am greatly honoured to stand here today as a non-Ghanaian, but as a friend of Ghana, to offer words of encouragement to the Ghanaian community, particularly those of you living here in Scotland. Although I am specifically representing the Scotland Ghana Society I hope that my words may also be seen as reflecting the best wishes of Scots in general to all Ghanaians living amongst us.

I was actually in Accra myself on Tuesday 24th July this year, the afternoon on which Professor Atta Mills passed away. That is a day that will live with me for a long time. As I emerged from my hotel in Kokomlemle that evening, I was acutely aware of the large numbers of people on the streets. Even before I discovered the reason, I could plainly see that the mood was subdued and reflective. This was no typical political rally, but a nation united in grief and with a certain disbelieving air.

The taxi driver soon told me the sad news and together we listened to the radio on the way to the airport. The main question being asked was, “What
happens now? Is there a political void?”, but the commentators were crystal clear that the Constitution had anticipated this situation and that Ghana was ready to show its political maturity.

Nevertheless, I was impressed by the speed with which key issues were resolved. The Vice-President was immediately deputising. By the time I was at the departure gate for my flight, we were able to watch on Ghana TV as John Mahama was sworn in as the new President of Ghana. The country had been without a president for only 6 or 7 hours and there had been no void. Nor did I hear any dissent: no argument, no alternative moves put forward, no-one seeking to take advantage. On the contrary, Nana Akufo-Addo was quick to join calls for unity, sent his condolences and immediately suspended his own election campaigning.

On that night alone, Ghana was able to demonstrate how far she has come in terms of political maturity. Here was a country able to handle the sad and unexpected developments of the day with a confidence and dignity that many another country could learn from. Indeed, as an oburon in an African capital city, after dark, on the night the president had died and with crowds on the streets, I can think of many countries that I was glad not to be in: but in Ghana I felt entirely comfortable and secure.

The events of the last 2 months, including that 3-week return visit to a country I first worked in as a volunteer 12 years ago, have made me reflect on how Ghana is developing; and there are many encouraging signs.

At the top of my list I think I would put communication, both in terms of technology and the opportunity that comes with it. Phones and the internet have made a massive difference. This perhaps shows up best in the willingness that many Ghanaians have to participate in radio and TV phone-ins, and chatroom postings, which really bring to the fore the opinions, whether political or social, of the general public. Never before have the people and the politicians been so closely connected.

Mind you, I still find it very strange to board a tro-tro out in the further reaches of Western Region and find all my fellow passengers whipping out their phones to text or call their friends or check up on something online, just like my students do in Scotland the moment they emerge from a lecture theatre! Tro-tros were never like that in my day.

Economically, prospects are looking brighter. Another first for me on this trip was to see an oil platform offshore at Sekondi and the growing infrastructure associated with the oil industry was very evident in that area. Of course, the discovery of oil brings challenges as well as benefits, but I have always been impressed by the determination that Ghanaians have shown to make the most of this opportunity and not to suffer the same setbacks that other countries have encountered when the industry is not controlled for the benefit of the country. I wish Ghana well in that quest, for it will not be easy.

Certainly GDP growth in the country has been doing well and the new President pointed out in a speech last month that Ghana actually had the highest growth rate in the world last year. This may depend on which figures you look at but undoubtedly Ghana has recently been one of the top few countries in terms of GDP growth rate on whatever measure you use. Growth rate is not the same as actual GDP, of course, which still has some way to go, but this is certainly a very encouraging sign of progress.

Transport is changing for the better as well. Wherever I travelled on my recent trip, I found the Metro Mass buses were being well used and they seemed to be replacing small buses to some extent. They were available on many routes where there had previously been no alternative to tro-tros and were clearly popular with the people.

There were signs of big road-building projects also, on the Winneba Road in Accra and on the northwest edge of Kumasi. Again this is a positive sign although much yet needs to be done in the rural areas where many roads, in themselves important links between significant towns, are still in a poor state of repair and suffer particularly after heavy rain.

Ghana is now becoming more prominent on the world stage. As well as Kofi Annan’s United Nations work and recent diplomacy in Syria, John Kufuor has served the African Union well and has championed the issues of water, sanitation and neglected tropical diseases. Ghana contributes more than its fair share of UN peacekeepers, being in the top ten countries worldwide; and I am told that her police and soldiers on peacekeeping duties are well thought of by the countries they are stationed in.

Ghana is becoming a bigger player in the field of sport. Perhaps there were no Ghanaian medal-winners at the Olympic Games in London this year but we only need to look back to the last football World Cup in 2010 where, if there were any justice in the world, the Black Stars would have been the first African team to reach the semi-finals and, who knows, possibly even go beyond that!

But while these are the headline-catching images of Ghanaians abroad, a large part of Ghana’s influence in the world is due to the diaspora itself. Wherever you look in Europe or America, whether in medicine, law, accountancy and other professions or in the universities, Ghanaians will be found. Indeed, you only need to look around the hall today to see how significant the influence of Ghana is in Scotland. This contributes to the success of these countries as well as helping Ghana, whether through those returning to their mother-land with new-found expertise or even through the more mundane, but equally important, channel of remittances to family members.

I have already mentioned the growing political maturity of the country. This will come under the
microscope again in December when Ghana goes to the polls for what is bound to be another close-fought Presidential election. As a friend of Ghana, I am always immensely proud to look back at recent elections, from 2000 when I was working in the country at the time John Kufuor took over from Jerry Rawlings to 2008 when Atta Mills at last became President. The closeness of that contest with the added difficulty of the rerun constituency had the world watching intently, and yet Ghana came through with flying colours, demonstrating both stability and dignity in a potentially volatile situation. I am confident that she will do us proud again in 2012, whatever the outcome.

I have spoken of the positive changes I saw in Ghana on my trip there this summer, but it struck me that there was one particular thing that had not changed at all in the 12 years since I first arrived in the country. That is the unfailing kindness, generosity, helpfulness and respect shown to me and other visitors by the local people wherever we went.

Travelling round Accra, Kumasi, Eastern, Western and Central Regions on my own by public transport was not always easy. Some things were familiar but also some lorry stations had moved and I was twice dropped in parts of Koforidua and Tarkwa that I did not recognise, but help was always at hand. Whenever I was unsure of my whereabouts there was always someone quick not just to direct me but to take me to a more familiar spot where I could get my bearings, usually accompanied by cheery conversation about Scotland or my experiences in Ghana.

On buses I was always well looked after, being offered a better seat (or even just a seat) by fellow passengers more concerned with my welfare than their own and there was always willing advice from passengers or the driver about where I should alight when they realised that I was unsure.

In church I would frequently find that I was joined by a good English-speaker, realising that I was unlikely to follow all the procedure of the service with my limited words of Twi and keen to keep me right as the service progressed. Copies of the bible, the hymnbook or the daily worship schedules in English were often pushed into my hands to help me.

That friendship, that courtesy, is what really makes Ghana special to me. It has not changed since I worked there and I hope it never does. From speaking to others who have travelled in Ghana, I know that my experiences are not unique but are shared by many. There is so much that we in Scotland can learn from the cultured ways of Ghanaian custom and society.

So, what can we take from this? Although we are gathered here today to remember the passing of the late President, we must also look forward; and what do we see? I, for one, see a growing nation, developing, progressing and doing so with great dignity, great pride, great concern for others and a great future.

As a Scot speaking to Ghanaians in our midst, I am sorry for your loss but I urge you now to go forward, to be proud of your country’s achievements, her principles and her plans for the future. Continue to work for the success of Ghana, whether here in Scotland or perhaps in the future back home, and so ensure that her reputation as a modern, mature democracy is secured and enhanced in the years to come.

I wish you well.

The Scotland Ghana Society endeavours to make a charitable donation each year to a worthy development or medical cause in Ghana. All members with ideas or suggestions on such causes are asked to make contact with Moragh Gibson who is our Charity Coordinator. Do not hesitate to tell us about worthy causes that you are already associated with or get help from other donors. What we need is as much information as possible so that the Society can select with care.

St Andrew’s Clinics for Children
Edited transcript of a talk given at our meeting in September by Malcolm McLeod

The St Andrew’s Clinics for Children (STACC) operates in six African countries and is concerned with getting treatment to the places and the children that need it most. It was set up in the 1990s by David Crompton, who was a Professor of Parasitology at the University of Glasgow and had worked for a long time in Africa, mainly in Nigeria where he became aware of the high rate of infant mortality.

David Crompton decided to do something about this and started a clinic in Sierra Leone. He was fully aware of two major causes of high infant mortality, firstly the perennial killers in Africa: malaria and dengue fever, and, secondly, sudden outbreaks of diseases such as cholera. But there are other common illnesses that severely affect children such as diarrhoea and intestinal worm infections and these have a hugely damaging effect. Worm infections are easily picked up from food, water and other things and those infected pass the worm infections amongst themselves if they are not cured. Children with these infections are often unable to go to school because they are so ill and thus they miss out on education. However, these worm infections can be cured with a tablet costing just a few pence: you give the child a tablet, it gets rid of all the worms, they get better and they get stronger and the danger of cross infection is reduced. You repeat the dosage every year or two.

So David decided one way to help children was to give them these worm tablets. What was the best way to get the tablets and other help to them? The obvious answer was through the mothers. If you can educate mothers about what is needed to keep their children healthy, if you can teach them how to treat
common illnesses like malaria, diarrhoea or dysentery, then you can save lots of lives. Basic medical support therefore has to go where the mothers go. So the staff of the initial STACC clinic in Freetown, Sierra Leone, started to go out to the markets where women assemble regularly, initially working in the city then in the villages around Freetown. The team set up mobile ‘instant clinics’ on market days to distribute the anti-worm tablets and talk to the mothers explaining to them about health, disease prevention, healthy diets etc. This worked very well and there soon grew up a demand for this mobile clinic service. Various Chiefs in Sierra Leone kept requesting that the clinic go and work in their area. This went on for about seven or eight years and all the time David and his team were learning how best to do it. There were volunteers going out from the Biology and the Medical Faculties in the University of Glasgow to help and to learn and do research at the same time. It proved to be a small but efficient way of operating. Since then the programme has continued in Sierra Leone although with setbacks during the civil war when the clinic was looted, its Landrover taken and set on fire and the motorbikes used to send nurses out into the country looted, its Landrover taken and set on fire and the programme has continued in Sierra Leone although with setbacks during the civil war when the clinic was looted, its Landrover taken and set on fire and the motorbikes used to send nurses out into the country looted, its Landrover taken and set on fire and the medical statistics on infant death under five show there is still an enormous need in Sierra Leone: one in four children dies before it reaches the age of four. But with the cheap medicine available one can treat many children for a very small sum of money. That was the first clinic. The people involved with St Andrew’s Clinics were learning how best to do it. They did this by talking to local people, finding out what they wanted and where they wanted the Clinics to go. Now our de-worming programme operates within the Government’s own programme and tens of thousands of children are treated every year.

The clinics next expanded into Nigeria, into the Yoruba areas around Ife. A different way of operating was needed there because there was also a very good local hospital system based on the local university. So what has happened is the doctors in the university volunteer their services to go out to what are now sixteen clinics dotted around the area where they carry out the treatment of children. They see about 11,000 children a year, once again the main disease is malaria. The treatment delivered is always focused as far as possible on very young children, children under five. STACC provides drugs and a vehicle and it pays for nurses to help in the clinics. It also provides anti-malarial bed nets so that people can protect themselves and their children from malaria.

We also operate in Uganda, in northern Uganda in a hospital which is primarily funded and run by an Italian religious group. Once again the STACC operation is different so as to work effectively in the local situation. Because there is already a very good hospital there, STACC helps fund the children’s ward. This treats about 7,000 inpatients and day-patients a year. One reason the Clinics are successful is that they adapt to local conditions and local needs.

The fourth place the Clinics work is in Kenya, amongst a group of Maasai living around a lake where malaria is prevalent. Initially the clinic was carrying out its usual programme of helping mothers understand why their children got sick and what they could do to treat them, as well as providing some of the basic drugs needed to treat the sick. At that point the local women said they would prefer to run the local operation themselves since they knew what they wanted and how best to do it. STACC regarded this as a very positive step so it now funds the women’s group who have total control of what should be done. It provides anti-malarial drugs and bed nets as well as technical support.

The next area where we set up a clinic was on Pemba Island off Zanzibar in Tanzania. Now again this operates in a different way with STACC operating through the national health programme by building a small clinic on Pemba and providing all the drugs and employing a nurse. The clinic on Pemba treats about 12,000 people a year, we reckon in the four years it has been running something like 70% of the inhabitants of the island have been through the clinic doors. Treatment is not restricted to children and mothers because there is no other medical facility at all on the island so anyone with an illness comes along to try to be treated.

Finally Ghana. In this case we were approached by someone who knew about the St Andrew’s Clinics. He had been an officer in the West African Frontier Force during his national service and he had such happy memories of the Gold Coast that he wanted to do something to help. He wondered why we did not work in Ghana. He agreed to fund a clinic for five years in an area of Ghana where medical needs were greatest. Discussions took place with our colleagues at the University of Ghana at Legon and with others in Ghana and it was decided to open a clinic in Bongo, north of Bolgatanga, in the area of the people who used to be called the Frafra. Illnesses that are most prevalent in the area include malaria and bilharzia. Many of you know this disease is caused by a parasite with a very complicated life cycle involving a snail that lives in water. Some of you who have lived in Ghana may remember that Frafra people often had very brown teeth; they look as if they had been heavy smokers: this is because the area has a very high level of fluoride in the water. Whilst in the UK we put fluoride in tap water to prevent decay, after a certain point, as the dosage increases, it leads to much darker teeth and various dental problems. So with our Ghanaian colleagues we decided the main things that need treatment in the Bongo area would be malaria and bilharzia, which has a devastating effect on people causing anaemia and general debility. We also decided to attack the problems caused by the excess fluoride in the water and set up a dental unit in the clinic.
Again the clinic is run largely by doctors from Bolgatanga hospital volunteering their time although we pay for support staff. The campaign against bilharzia involves teaching people how the infection is picked up and how it can be treated with the drugs we provide. We have also been setting up schemes to clear local waterways of the vegetation on which the snails live to break the cycle of infection and re-infection. The clinic in Bongo has been running for about four years and is having a very beneficial effect on the health of the area by treating thousands of people every year.

Underlying all this work is the question of how best to support development in Africa. As you know it is always very easy for outsiders to come in and say ‘we are going to do this for you and do that for you’. This is where so called aid often goes horribly wrong, with people from outside claiming to know better than the local people what they want and what they need. The whole of the St Andrew’s Clinic work has been based on the opposite approach, that is we go out to the local community and say we can provide you with drugs and other materials, we can pass on technical knowledge but we need to understand what you really want, what is really troubling you, what are the things that you need help with locally. So far our approach seems to be working well and I see it as an excellent way to get the right things to the people who actually need them.

Costs are low for the huge amount that is achieved. The whole operation in Africa runs on about £100,000 a year and it treats about the same number of people, spread across the six countries. Everyone involved in the UK provides their services without cost and voluntarily. The Clinics’ administrative cost is minute compared to more famous development agencies: their overheads can be as much as 20%; ours are 5%.

So far the St Andrew’s Clinics for Children have been successful and because of that we get many requests from other countries wanting us do the same sort of thing for them. At present we cannot: we just don’t have the funds. Raising £100,000 a year from donors is not easy. But I am sure the Clinics work so effectively because from the beginning our basic premise has been that you can do an enormous amount of good for a very small amount of money by working with local people. It is possible to decrease infant mortality greatly if you use simple drugs and simple techniques and teach people preventative measures. That’s my account of St Andrew’s clinics so far.

Visit: The St Andrew’s Clinics for Children website on www.standrewsclinics.org.uk

SCOTLAND GHANA SOCIETY NEWS

Our delayed summer meeting, which was held at Mayfield Salisbury Church Halls on 15 September, was attended by 20 members and friends. We had hoped to have a meeting on the 9 June but due to other commitments of a number of members it had been decided to delay it until the autumn, and as a result there won’t be another meeting later in the year. Many thanks to Malcolm McLeod for his interesting talk, to Moragh Gibson and Christina Morrow who did the catering and to Mayfield Salisbury Church for the use of their halls.

The Society Annual General Meeting, which preceded the event, was attended by 16 members with apologies received from 10 other members.

Charitable Fund: Last year £290 was raised through our charitable fund. So far this year £223 has been donated to our charitable fund. The Committee is actively engaged in identifying suitable projects to support with these funds. The money raised in 2010/11 was given to Love Ghana for the roofing of a classroom at a Kindergarten they are supporting in the village of Wayanu near Ho.

Scotland Ghana Society Committee as approved at the AGM held on 15 September 2012.

John Day (Chairman), Peter Akyeampong (Vice-chairman), Alex Morrow (Secretary), Donald Smith (Hon. Treasurer), Max Shardow, John Crispin and Moragh Gibson.

Annual membership subscription of the Scotland Ghana Society is due in June each year and has been set at £5 per individual/family. Those wishing to remain members and who have not already done so should complete the enclosed renewal slip and return it together with their subscription (cheques made payable to the Scotland Ghana Society) to the Treasurer, Donald Smith, 7 Ritchie Place, Crieff, PH7 3SL. It would be helpful if members with E-mail addresses would include these on the membership renewal slips – meetings can be organised at short notice when important visitors arrive from Ghana!