2014 ARTHUR QUERN FELLOWSHIP:
Community Needs Assessment in Abesua and Bonkwaso, Ghana

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Acknowledgements

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Introduction

The 2014 Aurther Quern Fellowship supported an in-depth Community Needs Assessment (CNA) of two Ghanaian, Ashanti Region villages, Bonkwaso and Abesua. The purpose of the CNAs is to identify the needs of the communities, their strengths, weaknesses and their resources— in order to inform the future initiatives of University of Chicago’s Center for Global Health’s (CGH), the Ghanaian government, other external organizations, and even local development activities in the communities.
Key Personnel

- Kimberley Mbayiwa, Arthur Quern fellow, Master’s student at the University of Chicago (U of C) School of Social Service Administration and U of C Center for Global Health (CGH) Research Assistant oversaw the project development and implementation.
- Dr. Sola Olopade (Director of Clinical Programs at the U of C Center for Global Health and Professor of Medicine – Section of Pulmonary/Critical Care) and his post-doctoral scholar Dr. Donee Alexander supervised me and provided me with support and guidance during the project development and implementation.
- Dr. Daniel Ansong (Senior Lecturer in the Department of Child Health School of Medical Sciences at Kwame Nkrumah University of Science & Technology and Consultant Pediatrician and Senior Clinical Investigator, Komfo Anokye Teaching Hospital (KATH) in Kumasi), provided logistical support to support for my stay and activities, assisted in the development of culturally appropriate research tools, and took me on a guided tour of the rural communities in which he has existing health-related and community development projects.
- Evans Amuzu (Research Assistant at KATH), assisted in the development of research tools, data gathering and data management, provided logistical support, translated and administered surveys, interviews and a workshop.
- FASUL staff provided logistical support.

Left: From the left, FASUL staff member, FASUL staff member, Alex Eduful (FASUL director), Kimberley Mbayiwa, Evans Amusu and FASUL staff
Right: Dr. Ansong
Primary Activities

1. Evaluation of Existing Rural Development Projects in Ghana
2. Meeting with Bonkwaso and Abesua Leaders
3. Observations and physical assessment of Bonkwaso and Abesua villages
4. Household surveys and Community Readiness Assessments
5. Women and Youth Engagement in Bonkwaso and Abesua
6. Youth workshop in Abesua
1. **Evaluation of Existing Rural Development Projects in Ghana**

Dr. Ansong took me on a guided tour of rural communities in Barekese sub-district in which he has existing health-related, community development projects. The purpose of the tour was to provide me with the opportunity to learn about community development projects in rural Ghana including, but not limited to, best practices, common challenges and cultural considerations. Improved toilet facilities, a micro nutrition study on pregnant women, and rural healthcare centers are some of Dr. Ansong’s projects that I learned about during the tour.

Top left: Dr. Ansong pointing to the Offin River which is contaminated with bilharzia.
Top right: RA visiting a Community-Based Health Planning and Services site.
Bottom left: Dr. Ansong’s improved toilet facilities project.
Bottom right: Dr. Ansong’s classroom building project.
2. Meeting with Bonkwaso and Abesua Leaders

Before Evans and I began working in Abesua and Bonkwaso, FASUL introduced us to the community leaders. In this initial meeting, our role and agenda were clearly defined. We worked in partnership with the leaders of the communities, keeping them informed about our activities and seeking their input throughout the process. After completing the work in Abesua and Bonkwaso, we met with the Abesua and Bonkwaso leaders, once again, to debrief and inform them about the next steps in the project.
The CNAs performed in Bonkwaso and Abesua included a physical assessment of the villages. We assessed the village areas, taking note of various things including but not limited to, village water sources, conditions of school grounds, structures of houses, sites for waste disposal and management, and village activities.

Top left: Offin River, polluted by small scale gold miners upstream.
Top right: Site for waste disposal in Abesua.
Bottom left: Children playing Grand Theft Auto video game in Bonkwaso.
Bottom right: Skeleton structure for teacher’s quarter in Bonkwaso.
Top left: Mobile clinic in Abesua.
Top right: Buildings destroyed by flooding from this past rainy season.
Bottom left: Bonkwaso 1 clinic.
Bottom right: Community members in Abesua using machines to make palm oil.
4. Household surveys and Community Readiness Assessments

Thirty five household surveys were conducted in Abesua and 45 in Bonkwaso. Among other things, the household surveys aided in gathering general demographic information, highlighting common health problems in the communities of interest and identifying major problems being faced by communities as defined by community members themselves.

Three Community Readiness Assessments (CRAs) were conducted in Bonkwaso and Abesua: sanitation improvements, agricultural development and school development. Six interviews were conducted for each assessment in each community totaling 36 interviews with key respondents who were knowledgeable about the topic of interest. The interviews are currently being translated and transcribed, after which, they will be scored and analyzed in order to determine each community’s degree of readiness to address each issue.

Top left and right: Evans administering the household survey to community members.
Bottom: Evans giving Geisha soap, a small gift of appreciation to the respondent.
5. Women and Youth Engagement in Bonkwaso and Abesua

The CNA purposely sought out the voices of women and youth, who are often excluded from community decision making. A combination of formal and informal interviews and focus groups were used to engage these groups. Some recurring themes included unemployment, financial problems, teenage pregnancy, lack of finances to continue education beyond Junior High School and the need for leaders to support the youth and their ideas.

Bonkwaso has a noticeably smaller population of youth than Abesua; however Bonkwaso has a youth group and Abesua does not. The youth leader in Bonkwaso reported that most of the youth in his community are leaving in search of better opportunities and because the leadership in the community does not support them.

The youth in Abesua are full of energy and excited about making changes in their community; however they too complain that the leaders do not support them or their ideas. The male youth in Abesua mentioned that they were once punished for digging a new toilet facility without permission, yet this facility is now being used by other community members. They also say that their hope of animal rearing as a business venture has been shut down because of a ban against the practice in the community. Their desire to participate in community projects was evident in their active engagement in the construction of a new borehole; one of them is being trained in the maintenance of the boreholes.

The female youth in Abesua and Bonkwaso’s major concerns include teenage pregnancy and continuing their education. The Ghanaian government subsidizes education until Senior Secondary School (SSS) after which costs are paid out-of-pocket. Girls report that their low family incomes and the prioritization of boys’ education make it extremely challenging to continue their education through SSS.

It was also noted that most women, when menstruating, cannot afford to use commercial pads or tampons and thus use rags (cloth from old clothes). A 14 year old girl reported that if a girl is bleeding too much she may miss school because the rags to not provide sufficient protection.
6. Youth workshop in Abesua

Intrigued by the energy and ambitions of the youth in Abesua, I decided to organize a youth workshop to engage the young people in Abesua and explore the potential for them to be further involved in community development initiatives.

The workshop agenda was as follows:

1. An icebreaker during which each person introduced him/herself and told the group about their role model.
2. An overview of the workshop and its purpose.
3. An activity where students split into randomly assigned groups, identified a problem in their community, devised a solution to the problem, evaluated the solution and determined available and needed resources to implement the solution.
4. Presentation of group work (competition).
5. Refreshment break.
6. Comments from the Researchers about the presentation.
7. Announcement of the winning group.
8. Reflections and evaluation of workshop.

The attendance to the workshop was overwhelming; 37 youth from Abesua attended the workshop. At the end of the workshop the youth asked the Researchers how they (the Researchers) were able to gather the youth and how such gatherings can be organized in the future. Evans did a wonderful job of engaging the youth and challenging them to think about the impact they can have on their community.
Initial Findings and Recommendations

The data obtained from the Summer 2014 Ghana Project is currently being collated, translated and/or cleaned; however, there were recurring themes in Bonkwaso and Abesua that are worth noting:

1. **The Need for Improved Toilet Facilities**
   An improved toilet facility for each of the communities is among one of the most pressing issues in both Abesua and Bonkwaso. Both communities currently dig pit latrines (pictured below), which are the only toilet facilities available to most community members. These facilities last up to a year because they fill up or cave in due to flooding and soil erosion.

   The construction of more sustainable and sanitary toilet facilities is necessary in Bonkwaso and Abesua. An educational component to such an initiative would be essential to increase the adoption and maintenance of the new facilities.
2. The Need for the Infrastructural Development of Schools

Both communities are committed to improving the educational opportunities available and this can be seen in their efforts to construct buildings that will provide students with an environment conducive to learning and will attract qualified teachers. Unfortunately the completion of the computer lab in Abesua and a teacher’s quarters in Bonkwaso are being delayed because of lack of funds for materials; labor is available.

There is ample opportunity to assist in the development of the schools in Abesua and Bonkwaso: the provision of finances or materials for or the construction of teachers quarters, computer labs and classrooms, and the donation of computers and other school supplies are just some potential initiatives that the communities of interest would greatly benefit from.
3. **Challenges in Agriculture**

The majority of community members in Abesua and Bonkwaso are farmers. Both communities rely heavily on cocoa farming for income. Accessing fertilizers, pesticides and machines for spraying the chemicals has proven difficult because the main supplier of these, the government, has not been supplying these as promised. As a result yields are not as high as they could be, putting financial strain on the communities.

Bonkwaso and Abesua need assistance getting access to fertilizer, pesticides and spraying machines. The agricultural industry in both communities could also benefit from the diversification of crops as the commercial farming primarily consists of cocoa. There may even be a need for the diversification of income sources as both communities heavily rely on farming for the greater portion of their income.

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Left: The Abesua chief taking Kimberley on a tour of his farm.
Right: Cocoa fruit
4. **Inaccessible Adequate Healthcare Facilities**

Poor road networks makes accessing adequate healthcare a challenge for both communities especially those in Abesua that are farther away. In the household survey, respondents were asked how long it took to get to a healthcare facility the last time they needed healthcare, and some reported travelling for up to 3 hours.

A new clinic within the vicinity of Bonkwaso and Abesua would be appropriate if it provides more comprehensive services than existing healthcare facilities in the surrounding area. One of the major causes of problems accessing adequate healthcare facilities is however the transportation network in the area.

Left: A mobile private clinic in Abesua, which began bi-monthly visits in the community recently.
Right: A community health volunteer in Abesua who provides home-based care for children under 6 years old.
5. **Poor Road Networks**

The roads leading to Abesua and Bonkwaso from the main road in Mankranso are in a deplorable state. As a result taxi drivers and other providers of public transportation are often unwilling to travel to these communities especially during the rainy season. The poor road networks pose a great threat to the communities’ physical, social and economic wellbeing. In the youth workshop, the winning group identified the conditions of the road as a major community problem and noted that the construction of gutters would “help prevent the dislocation and natural creation of valleys [in the road].”

Improving/upgrading (e.g. widening and surfacing) of the existing roads leading to Abesua and Bonkwaso from Mankranso could make existing transport become cheaper, faster, more frequent, more reliable and safer, and could also encourage new transport services in the area. The increased accessibility could have a positive effect on the health and economic conditions in the communities.
Next Steps

The data gathered through the Community Needs assessments in Abesua and Bonkwaso is currently being collated, translated, transcribed and/or cleaned. Once this is complete it will be analyzed and evaluated, and the findings will be consolidated into a more detailed report, which will include specific recommendations for interventions that will help the communities of interest meet their needs.