

NUTRITION WORKING FOR LIFE (NUWLIFE).  
PROPOSED PROJECT FOR THE MALNOURISHED IN JIRAPA  
*A MOTEC LIFE - UK & HOSPITALER BROTHERS OF ST JOHN  
OF GOD / INTERNATIONAL DEVELOPMENT CORPERATION  
(DUBLIN) INITIATIVE*  
*P Ofori-Atta, Dr Christine Amakye, Mrs Felicity Adu-Mills.*



**A twinned Project for the care of the vulnerable.**

**Location Country - Ghana**

**Town: Jirapa, Upper West**

**Sector: Family Health & Family Nutrition**

**Motec Life - UK is a British Registered Medical Charity (No 1118994) that provides clinical services, transfer of skills, and teaching in target Teaching Hospitals / Nursing Institutions in Ghana (in sub-Saharan Africa). The charity is linked with Tropical Health Education Trust (THET) in London, Migration and Development in Africa (MIDA) and the World Orthopaedic Concern –UK. The organization also collaborates with the Hospitaller Order of St John of God's International Development Corporation (IDC), Dublin (Ireland) to provide direction and improvements in Health Care Delivery Services in some target Mission Hospitals in the West African country of Ghana. It has been in existence for the past three years and has seen the gentle development of a surgical centre as well as an earlier Nutritional Rehabilitation Programme established by the IDC at Sefwi Asafo in the Western Region of Ghana.**

**The current initiative for Jirapa will have some similarities in some way to the proven programme at Sefwi-Asafo. Same key sponsor – IDC. It will be supported by the Diaspora and hopefully, in a fresh move, involve established governmental schemes (example- The**

**Benefit Sharing Programme of the Forestry Commission). There will be exchange of ideas, experiences, and personnel between the two nutritional rehabilitation centres at Sefwi Asafo and Jirapa. Sadly, there is severe poverty and malnutrition within the Jirapa District. Basic food to rehabilitate malnourished children seems to be beyond most of the families for two main reasons: poverty and lack of knowledge of good nutrition. There is no effective food rehabilitation programme and the same lucky ones who may survive the first hospital admission are the vulnerable ones that succumb to the condition of malnutrition on another day as the families struggle to provide adequate nutrition within the community ( A Global Opportunity – HSS4D [www.moteclife.co.uk](http://www.moteclife.co.uk) ).**

## **MOTIVATION**

**Jirapa St Joseph’s Hospital is a Catholic Mission Hospital run by lay people with church influence on the ground, inadequate church and government support. Motec has paid working visits to Jirapa hospital and the Sefwi Asafo Feeding Project three times since October 2008. Maintenance of Jirapa Hospital’s infrastructure is several decades behind. Malnourished children are no longer getting the nutritional support previously supported by the Catholic Relief Service – obviously and indirectly confirming the little effect of ad hoc food aid supplies as hospital data would confirm (A Global Opportunity in the North of Ghana [www.moteclife.co.uk](http://www.moteclife.co.uk) ). The Community remain poor and community based economic activity are hard to come by. Motec members have witnessed appalling failure of the health service established to support and sustain life especially young life at Jirapa. The experience has motivated Motec Leadership to act on this humanitarian problem by initiating a nutritional rehabilitation project side by side a community / agro-based project that would not only improve the wealth and health of the people, but also help redress the Savannah desert drift into Ghana.**

**Motec has been in consultation with the Hospital authorities at Jirapa and other key stakeholders including the Ghana Forestry Commission (London office). We are informed of a Savannah Project of the Forestry Commission that allows for BENEFIT SHARING. In this project, communal land may be leased to the Jirapa Hospital or Motec either by the chief or government for participants / farmers to grow short term cash crops whilst the ministry/ commission encourages**

and directs the plantation of commercial trees like shea butter which may be spaced sufficiently apart to enable the farmers / community grow their cash crops and have long term interest in maintaining the trees as they hold onto 'a shared benefit' with the local hospital from the sale of the commercial products.



**Mr Ofori-Atta, right of picture, locked up in talks with Dr Ben Donkor, Manager Ghana Forestry Commission, London.**

Motec's idea is that by the end of the tenure of the hospital nutrition project, education on nutrition would have been achieved and substantial funds generated from the community farms, shared between the community / farmer on one hand and the hospital on the other will sustain the community economically. This way, the hospital may generate funds to rehabilitate structures, invest in human resources and new development projects.

Arrangements are in place for the involvement of the Jirapa Chieftaincy / Community leaders. The International Development Cooperation of The Hospitaller Brothers of St John of God has a favourable track record in building bridges that bring hope and unassuming prosperity to the disadvantaged in many parts of the world especially in West Africa (Ghana, Sierra Leone and Ghana). It is hoped that the planned four year nutritional project in its limited form will be supported by the Order, as the Community based project is funded by various organisations like The Plantation Support Fund in Accra (sub-division of the Ghana Forestry Commission), Ghanaian Community in the Diaspora etc. The project(s) will effectively promote

**wealth and good health among the vulnerable population in the District of Jirapa.**

## **DEDICATION**

**This project is being established in memory of the children who have bravely succumbed to malnutrition in Jirapa Hospital.**



## **Aim**

**Our aim is to set up a programme of training and support for parents of malnourished children. This is especially for mothers of children in hospital (and those at risk in the community). Throughout the admission or supervision, it will enable them rehabilitate the children and upon discharge return to a hopeful position of wealth and health at home, and carry-on with a reasonable understanding and practice of good nutrition. It will provide vocation that will generate funds to sustain the care of the child and family. Fathers who are single parents of the vulnerable will be accommodated by the Savannah Community Project.**

## **PROJECT OBJECTIVES**

### **Immediate and Short term**

- 1. Identify children at risk in hospital and in the community.**
- 2. To engage in other activities that would lead to farming healthy local food / dairy products by parents.**
- 3. To establish a supervised training in nutritious food preparation for children relying on local produce and a local dietician.**
- 4. To establish vocational training that will help parents (mothers) of the 'at risk' children generate income after discharge from**

hospital or community support i.e. sowing, local soap manufacturing, and tie and die etc.

5. To provide funds and materials for parents at the time of discharge to enable parents to sustain a higher and healthier standard of care for the child / family.
6. To liase with the Ministry of Health, Catholic Health Service, Forestry Commission and other agencies involved in similar activities for the purposes of improvement, knowledge and experience sharing, support, investment and expansion of the programme.

## **LONG TERM OUTLOOK**

- 1.To promote awareness and education on Nutrition especially using locally produced and easily available foods such as millet, chick peas, moringa plant produce, brown rice, shea butter etc.
2. To advocate for continued financial and other support for vocational training and improvement in farming practices that would support well balanced diet.
- 3.To engage in fundraising activities within Ghana, and elsewhere to enable the project expand to cover vulnerable children within the Jirapa District of Upper West Region of Ghana.
- 4.To form local co-operatives to protect fledging and new local businesses that grow from this project.
- 5.To promote quality assurance and quality control of the projects.
- 6.To improve the standard of nutrition and standard of living of the ordinary man and use the achieved vocations to propagate jobs and means of family support.

- 7.To forge closer co-operation between established health related departments within the various ministries in Ghana. For example, bringing together Departments of Health, Forestry and Food and Agriculture at the level where help is most needed – in the community.**
- 8.To promote health education concentrating on the correct nutrition, and to create agro –based economic activity in Jirapa within the four year period of the Nutritional Rehabilitation Project so as to leave the Community to self sustain their experiences in nutrition and income generation.**

## **PROPOSED PROJECT START DATE**

**Negotiable –Target June 2010.**

### **Background on Ghana**

**Ghana is a poor African nation with tremendous inequality in income distribution. It has substantial mineral and agricultural resources. However, economic and social infra- structure is not well developed and where available, inadequately distributed, under-utilised or over-subscribed.**

**Life expectancy at birth is low for a number of reasons. High infant mortality rate, deaths from preventable causes especially maternal deaths, road traffic accidents, malaria, malnutrition, HIV-AIDS. There is a worrying trend of ageing population involved in agriculture as the youthful population indulge in itinerant trading mainly in overcrowded cities and towns. Land ownership leaves little room for individuals interested in farming.**

**Malaria –malnutrition –anaemia complex is the number one cause of death among the children up to 5 years of age. As the government tries to tackle the malaria with preventive measures and medications, nutrition is yet to catch up as the targets remain practically difficult for the government to cope. The irony of it all is that overall, Ghana has a fertile land.**

## **Management of The Foundation (Nutrition) and the Community Projects.**

The Ministry of Health (MOH) of Ghana is the principal source of funds for the Jirapa St Joseph's Hospital with the Catholic Church and foreign donors playing prominent roles in the financial and humanitarian needs of the Hospital. The Ministry of Health's Regional Office at WA provides direct supervision of the running of the Hospital. The local management team of the project will comprise the Hospital Medical Superintendent, Matron, Community Health / Public Health representative and a Dietician to run the local project liaising with local Community Leaders, the Regional Office of the Ministry of Health, Food and Agriculture, the Forestry Commission and the Main Fund Provider's representative (St John of God's International Development Corporation - Dublin). The Hospital may nominate a single person to be the co-ordinator who will be directly responsible to the Medical Superintendent who will in turn be the key link with all providers (reporting, purchasing and accounting as well as supervision). The Overseas coordinators will be the nominee from Dublin and a Motec expert. The Forestry Commission will advice on the commercial plantation which will be jointly owned by the hospital and the Community under pre-agreed terms.

### **Preparatory Work.**

#### **i. Hospital based.**

For the project to be successful, it is imperative that we prepare the hospital based workers who will be working with the mothers and children. Individuals should be employees of the Ministry of Health already based in Jirapa, an advantage if they are already involved in the care of patients in the children's ward and or involved in community health work at Jirapa. The recommendation will be that the individuals may have to go-on observational attachment to the Nutritional Rehabilitation Centre at Sefwi-Asafo for a minimum of ten days. Sponsorship for travel should come from the project funds as St John of God Hospital, Sefwi Asafo provide free food, shelter and training.

During this preparatory phase, other agencies providing the direction for the community based agro-reforestation could map out areas for

cultivation and identify the commercial trees that would accommodate the cultivation of nutritious cash crops. Terms of the operation of the farms will have to be discussed and agreed by all interested parties – hospital, community, Forestry Commission and the International Development Corporation.

**ii. Patient / Family selection**

This should follow a referral system by the medical officer, paediatric ward sister and community nurse to the Working Team of the Hospital. Approval has to be agreed by consensus but the final approval has to be given by the Medical Superintendent of the Hospital or in his absence his nominated deputy. Priority should be given to in-patients.

**iii. Community Benefit Sharing Farming**

The Community Leaders assisted by the Hospital Team, The Local Forestry Commission should be responsible for the selection of the farmers. For discipline to be maintained, the local chief (former Inspector General of Police, Ghana) should be given the authority to approve the selection based on informed 'leadership'. The crop selection should be agreed guided by viability and anticipated economic and health benefits to patients, the hospital, the community and the governments re-forestation objective.

**iv. Vocational Training – mothers of malnourished children.**

Invariably, basic machinery will be needed for the selected vocational training, which so far will involve the following:

- Local soap manufacturing using local products like shea butter and local source of fire, utensils, bulk of other biological and non biological agents.
- Sewing of dresses (children's wear, tie and die which will require sowing machines (3), clothing materials (bales) and a selected trainer from members of the public within the community to which mothers may have to 'travel' for training. (The alternative of creating a sewing centre within the hospital will be more



attractive so the mothers stay close to their children but will be at a cost of paying the trainer a token salary of £30 per week (on a three day / week working basis or so only when there are clients- mothers- who have opted for the vocation.)

- Modified farming practices under the direction of the Local Ministry of Food and Agriculture Adviser working closely with the local dietician.

v. Farming Practices for Parents with children in Hospital Beds

The recommendation is that individuals and the Jirapa chief may have to donate land for the mothers to farm on, preferably close to the hospitals to enable mothers stay close to their children on admission. The local agricultural officer, dietician on the team may have to be involved in the choice of crops to sow and the choice and provision of seedlings. The harvests from the farms have to be used to feed the children in hospital

vi. Single fathers of malnourished Children and volunteer community farmers.

In the current climate of high maternal morbidity and mortality, fathers as 'single parents' of malnourished children will be identified by the working group. The Government of Ghana does have a reforestation project for Northern Ghana – Savannah Reforestation Programme which includes Jirapa District. As part of that project land is made available to individuals to farm for free for as commercial trees are planted in an arrangement between the farmers and the interested parties who have signed up for participation. Cash crops produced will belong to the farmers and their families. The Commercial trees should begin to yield in four years after which it is hoped that the community would have generated sufficient income and acquired experience and education on nutrition.

This project will provide a self sustaining source of nutrition and funds for fathers who are actually or practically 'single parents' with an initial support from NUWLIFE with funds for basic farming equipment. Communication has been established between Motec and the London Office of the Ghana Forestry Commission through Mr Ben

Donkor (London based – Ghana Forestry Commission, Mill Hill, London) in order to arrive at a workable agro-based reforestation, and income generating programme that will address the nutritional problems of the community. The Commission has a lot of experience in Communal agro-reforestation projects having learnt a lot from the Taungya Agro-Forestry Project (TAFP).

### Initial Costs – INVESTMENT.

This is estimated to cost about £10,000.00

- Training and sponsorships for staff and parents (mothers) from Jirapa to Sefwi Asafo for two £200.00.
- Machinery for Soap Manufacturing - oil extractor, storage equipment - £2000.00
- Purchase of local materials, chemicals for soap manufacturing- £600
- Sewing machines £1500.00
- Costs of apprenticeship in sowing £600.00
- Search for farm land, cost of paperwork to secure project land (s), initial tilling of land, and appropriate , seedlings including support for the Benefits Share project subscribers- £2,300.00
- Basic farming equipment –machetes, shovels, hoes, pick-axes, wheel barrow, etc £300.00
- Equipped kitchen of the hospital to train mothers cook £500.00
- Food storage facility preparation £500.
- Office materials for documentation £300.
- Travel costs of co-ordinator £400.
- Bulk clothing materials £1100.00.

### Running Costs

First year hospital based project is estimated to cost about £300 per month (£3600.00 per year): replenishments, food supplements, travel necessary for co-ordination and supervision. A separate fund for mothers to get started at the time of discharge to cover materials will be needed. It is estimated that a minimum of two mothers will be

sponsored per month and a lump sum for materials and equipment should cost about £500 per mother. Realistically, no mother will be sponsored in the first three months and for a nine month sponsorship in the first year is anticipated ( $£500 \times 2 \times 9 + £3600 =$ ) £12,600 first year. Primarily, it is the lives that will be saved and the opportunities created that really count.

In the course of the second year, rains permitting, the running cost will be much lower as the yields from farm(s) become regular and the running costs estimate could be about 50% of the original (down to £150/ month) for care of patient(s) plus additional sponsorship of mothers ( $2 \times £500/\text{month}$ ). Difficult to estimate at this stage how much funds will be generated by sale of soap and clothing made by mothers but this could be re-invested in the project. Running costs is expected to be about £10,800 each year (second, third and fourth). Recommended project duration is 4 years after which the community based agro-forest project would have matured enough to generate self sustaining experience and funds. It is recommended that the programme be subjected to auditing every six months in the first phase and serious review made half way at the 2<sup>nd</sup> anniversary. Fund raising from the Diaspora will be necessary to mop-up additional (unexpected) costs. About £2000/ year could be raised from the sympathisers in the UK.

## FINANCE

Our aim is to co-ordinate Project finance and support by working in Partnerships, the Order of St John of God's International Development Corporation being the key player. Supplementary support in kind may come from the Ministry of Health and Health related Ministries like Food and Agriculture, The Forestry Commission. Sponsorship from the Plantation Support Fund, Accra will be crucial in the bigger picture. Organizations like Motec Life – UK could provide a lot in kind. Motec also intends to indulge in Fund Raising for the project. Other groups that could be targeted are friends of Jirapa Hospital and professionals in the Diaspora who in the past have been helpful with material support to institutions in the Northern part of Ghana.



**The main entrance of St Joseph's Hospital, Jirapa where doors are open for help.**



**Children's ward, Jirapa – east and west wings.**

### **Accountability**

**Monthly up-date of beneficiaries, costs incurred and projected costs to be submitted by the Medical Superintendent assisted by the Co-ordinator to the Development Officer of The Order of St John of God Dublin. It is recommended that a special account be opened with a bank with two signatories that should include the Medical Director and the Project Co-ordinator. Bi-annual review reports from the Forestry Commission to interested parties should be helpful.**

## **PREPARED FOR**

**The International Development Corporation of  
The Hospitaller Order of St John of God (SJOG)& St Joseph's Hospital  
c/o Mr John Mitchell, DUBLIN. IRELAND Jirapa, Upper  
West, Ghana**

**By:**

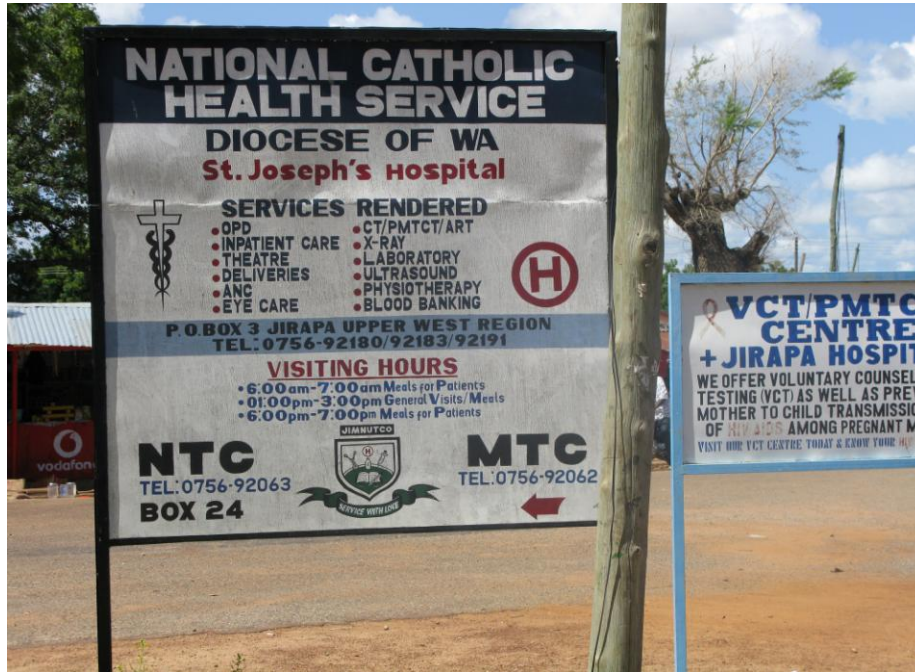
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**Some members of Motec's NUWLIFE Proposal Committee pictured at Jirapa June 2009. Dr (Mrs.) Christine Amakye, Raymond Ofori & Mrs Felicity Adu-Mills. Committee is expected to be a major link between Jirapa and the Diaspora.**

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