
THE COMMUNITY DEVELOPMENT INITIATIVE IN ATSIKPOE-BATTOR



Process Report 2:

Problem formulation and action orientation for Improving Health Care in
Atsiekpoe-Battor, an eco-tourism community in the Volta Region, Ghana

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Written by Cindy Noordermeer-Panou

**Stepping Stones
for Africa**



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1. Introduction

The Community Development Initiative in Atsiekpoe

This process report describes the outcome of the second rapid rural appraisal that was organized as a follow-up on the first appraisal conducted in Atsiekpoe ending October 2014. These appraisals are part of the Community Development Initiative, a participatory approach to community development in Atsiekpoe. This initiative is spearheaded by Stepping Stones for Africa Foundation (SSFA) who works in partnership with Jolinaiko Eco Tours (JET) on bringing development to eco-tourism destinations. We recommend to read the first process report for more information about this initiative.

Summary of the first appraisal

The purpose of the first appraisal was to mobilize the community and to facilitate a process whereby the community identifies the areas where development and intervention is mostly needed. Different community participatory activities, such as focus group discussion, transect walk and mapping, were organized to generate this information from the group.

The appraisal ended by asking the community members to prioritize the identified needs from a combined perspective taking into account the viewpoints of the community, Jolinaiko Eco Tours and its tourists and the foundation rather than solely from their own personal perspective. The outcome is significant as it determines the focus of the development initiative in Atsiekpoe in the future.

The needs that were ranked as highest priority (3 stars) were:



- ✓ Improved Health Care
- ✓ Safe drinking water
- ✓ Sufficient streetlights
- ✓ Maintenance Culture
- ✓ Work/Jobs
- ✓ Sufficient household latrines
- ✓ Appropriate Technology
- ✓ Improved Sanitation

An assignment was given to the community after this first appraisal. They were asked to arrange a meeting and to brief community members who were absent and to decide together on the topic they would like to address first under the Community Development Initiative.

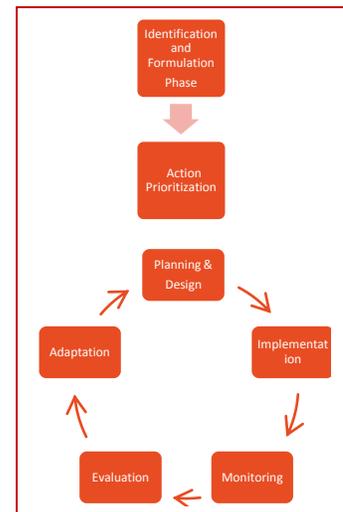


Figure 1. Draft image of the SSFA project cycle for community development initiatives.

Purpose and design of the second appraisal

The purpose of the second appraisal which is part of the first two steps of the project cycle (see figure 1), was to discuss the outcome of the community meeting and to brainstorm on possible solutions and next actions to address the selected development need. The approach to this appraisal was a focused group discussion.

Roughly 25 people attended the meeting that started at 8 am at Friday 5 December, National Farmers Day. There were a number of people who were absent last time but were able to attend this meeting. After introducing ourselves and our mission to the new attendees and an opening prayer, we started the meeting with a presentation by Delali. Delali was asked to refresh our mind on what was discussed during our first appraisal by presenting the information on the flip chart papers of the past meeting. The summary of the discussion and decisions made on solutions and actions are described in the next chapter.



2. Outcome of the Appraisal

Atsiekpoe's Development Priority

The discussion started with the following question: **“What was the outcome of the community meeting where you discussed the development need you would like to address first?”**

Mr. Eziemel gave us the report of this meeting and explained that 'Health Care Clinic' was mentioned as their first target. *“The challenges we experience by going to the hospital in case of an emergency are enormous. It starts by finding a boat especially if it's in the evening, followed by the hours it takes to find a taxi to get to the hospital. If we finally get to the hospital, there's an absence of nurses, especially in the night”.*

Mr. Eziemel elaborated that it's especially difficult for expecting women in case of delivery or complication, and other emergency situations. *“The only facilities are Volo and Bator which is too far and too difficult to reach in these emergency situations”.*

Mr. Ameko confirmed that the absence of a clinic is their biggest challenge. *“Even though all the other topics we prioritised are important as well, the absence of a clinic imposes the biggest challenge on us”.* The rest of the group confirmed this.

Mr. Eziemel also explained that the focus of the local government is on improving education and the road network, and electricity supply and not on health care, and they could therefore not expect much from the government.

Other contributions were made and these were in line or confirmed the input from Mr. Eziemel and Mr. Ameko.

The above information explains that the community has decided that Health Care should be the initial of the first community development initiative. However, it needs clarification for better formulation of the problem, possible solutions and related actions.

The discussion continued with Margriet and Cindy sharing their thoughts and arguments in order to obtain more clarification on the health problem. Margriet explained that running a clinic is not easy. First, you have to think about the building and furnishing the clinic followed obtaining a license and running the clinic by employing staff like nurses and a doctor. *“Have you thought about all this?”* she asked. Mr. Eziemel answered by explaining that when the community builds the clinic, the government provides and pays staff.



Cindy responded that that is positive, but we need to find out the details of this regulation at the District Assembly. There are probably rules and regulations including the possibility that their need to be a minimum distance from the nearby health care facility. “We need to know the current details before we can be sure about this regulation” is what she said.

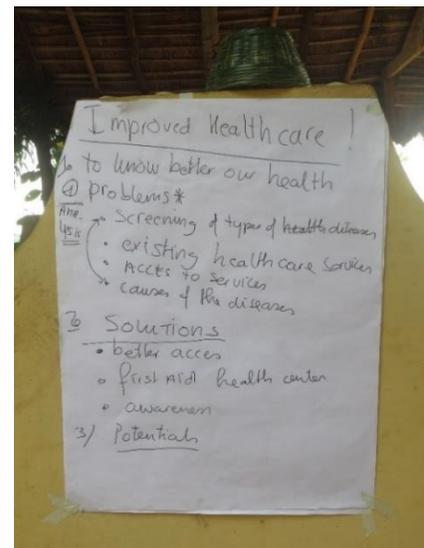
She continued by saying: *“Today you are making a decision and the outcome will determine the direction of the first development initiative in the community. This is an important decision because the resources you have generated for development and the resources we are going to raise together as going to be used for a health care project and not for the other development needs you have prioritized. That’s the reason I like to trigger your thoughts to make sure that you are convinced that you are making the right choice for your community”.*

Health is a very broad topic and there are a lot of factors we have to take into consideration. For example, it has much to do with behaviour and sometimes, emergency situations could be prevented by behaviour change. Cindy explained that if you decide to go to the hospital early, you are still able to take public transport or walk, however if you wait too long it becomes an emergency with sometimes disastrous consequences. Still, if you have a clinic nearby but you don’t go early enough, you find yourself in the same situation. This explains that we have to be very conscious about our body and our health. Secondly, a clinic in Atsiekpoe could not solve serious health problems. *“We have to be realistic, we can’t build a second Bator hospital in Atsiekpoe. A simple clinic can take care of the minor problems, but for major problems like deliveries, you still have to go to an advanced hospital like Bator”.*

Another question we should ask; *“What makes us sick?”* “There is something called chronic diseases like diabetes and asthma, and other health issues like high blood pressure or parasites like bilharzia and malaria. If we know what makes us sick, we can maybe prevent it, treat it or manage it by taking medication. Therefore, it will be very helpful to know what makes us sick”.

The participants explained that they were not thinking of a hospital, just a smaller clinic for Atsiekpoe and surrounding communities as there is nothing nearby on this side of the river. We elaborated on this topic and the most feasible approach would be a two-bedded health post focused on minor health problems and first aid.

They also explained that access to the hospital in Bator is their main issue, as they know that it’s a good hospital. Mr. Ameko also said that knowing what makes them sick will be very helpful, even though they already know that some behaviour, like drinking from the river, imposes health risk.



We ended the discussion by concluding that we should define the development need as ‘Improving Health Care’ and that the focus should be much broader than ‘a health care clinic’ only.

Possible solutions to address the problem

Three possible solutions for improving health care derived from the focus group discussion, namely:

1. Better access to the existing health care facilities
2. Availability of a small two-bedded clinic to address minor health issues and first aid.
3. Awareness on what makes us sick and knowledge and ability to prevent or treat this sickness.

One of the participants asked if SSFA is going to help us with funding to realise these projects. Margriet answered him by reminding us that we are working in a partnership: Stepping Stones for Africa, Jolinaiko Eco Tours and the community, and all of us have a role to play. Margriet explained that we have to write a proposal and seek for funding from a donor organisation and we also have to generate money ourselves as a donors hardly fund project for 100%. At the moment, SSFA doesn't have much funding available, but their role is to write a proposal together with the community. She sketched the following table to explain how it works. Contributions could also be made in kind by making land available, providing manpower, vehicle rental etc. This brought us to the next questions: "What are the potentials we have achieve the solutions?"

Projects Cost	Community	Jolinaiko	SSFA	Stakeholders	Funding
20.000 GHC	20000	2000	500	1500	14000

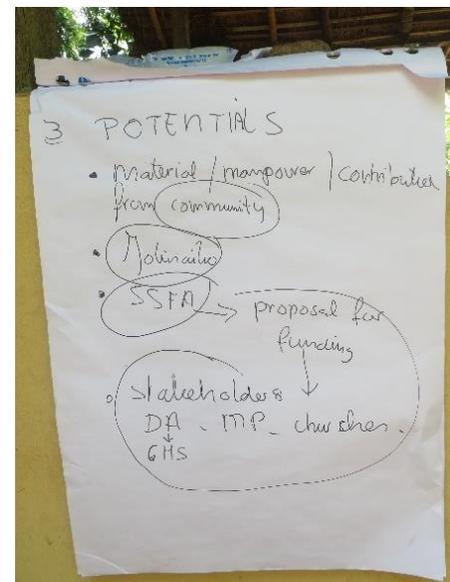
Table: Example of a funding a health care projects of 20.000 GHC

Potentials

The Community Development Initiative in Atsiekpoe is based on a partnership, which means we are working together on a development project that benefits all the partners involved and all of us have a role to play to realise this project. This will become more concrete when we know exactly how the project is going to be designed. However, it's already helpful to think about the potentials we have as being the three most important stakeholders. The outcome of the discussion that followed was:

Atsiekpoe Community:

- Providing building materials, land, manpower by organising community labour and a small financial contribution generated among themselves, from the tourist fund and the fundraising event.



Jolinaiko Eco Tours:

- Providing transport and fuel for fieldtrips to Atsiekpe, accommodation of facilitators and financial contribution, exposure of Atsiekpe to tourists (and consequently generating funds for the community).

Stepping Stones for Africa:

- Provides expertise and facilitation, proposal writing and financial contribution.

Other possible stakeholders of a health care project were also discussed and the following suggestions were made: District Assembly and specifically the District Health Services, MP, churches, hospital and other NGO's.

These stakeholders should be approached and could possibly play a role as well. However, this will only be possible in a later stage. First, we have to undertake a survey to know more about the actual health problem in Atsiekpe, what is already being done and available in the area including a stakeholder survey. This will provide us with useful information for designing a comprehensive health care project for Atsiekpe, for writing a proposal and seeking for funding and partnerships.

Next Actions

The action we decided to undertake:

1. A **health survey** based on a questionnaire among 50 inhabitants of Atsiekpe. We would like to involve the three health workers who are from Atsiekpe but work in Bator as well as volunteers.

Time frame: Festival time 26-31 December

Responsible: Cindy (SSFA) and Ezeikel (Community)

2. The topic of the **fundraising festival** at 27 December is going to be Health and the money generated will also be used for the project we are yet to design. A separate planning meeting for the festival will be organised.

Time frame: Festival time 26-27 December

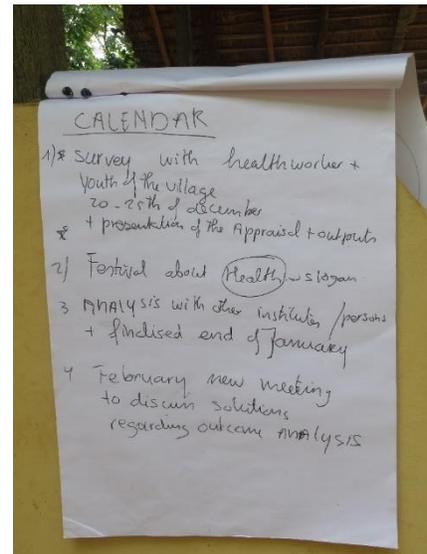
Responsible: Cindy (SSFA) and Ezeikel (Community)

3. Stakeholder analyses, which means interviews at district level and at the nearby health facilities.

Time frame: 13-27 January

Responsible: Cindy (SSFA) and community members (yet to design)

The outcome of the three action points is going to be presented during the next meeting early February and we expect that this will provide us with enough information based on which we could design the project: Improving Health Care in Atsiekpe.



3. Conclusion

It was a relatively short but successful meeting as the community seems to be on the same page when it comes to identifying their major development concern. They all seem to be convinced that health is the issue they like to address first. Knowing that SSFA was not informed about the outcome of the community meeting prior to this appraisal and could therefore not prepare a more comprehensive assessment on health, the outcome of this appraisal was satisfying. It made clear that 'Improving Health Care in Atsiekpoe' is going to be the direction of the Community Development Initiative in Atsiekpoe and we formulated short-term actions that are needed generate more information and to be able to design the project in detail.

It was promising that the community immediately decided to change their fundraising goal, set earlier this year, from a community library to the health care project. This shows that they understand the concept that they have to be proactive in achieving their goals. The festival in December is a great opportunity to convey the message that improving health is the Atsiekpoe's focus for 2015.

Other issues we discussed were responsibilities and expectations from all the three partners (SSFA, JET and the community) which is important as we are at the beginning of this new partnership.



“Meaningful community participation extends beyond physical involvement to include generation of ideas, contributions to decision making, and sharing of responsibility” Principles of Community Engagement p13.
