



21 Downing Court, Grenville Street, London WC1N 1LX, UK
 T: 44 (0)207 837 3172 • M: 07713 743398
 E: penny.david@freenet.co.uk
 W: www.ashanti-development.org

Ashanti Development, Ghana

The charity I work for, Ashanti Development, is based on the friendship of three people: Martha Boadu, a Ghanaian living in central London; David Williamson, a volunteer WaterAid engineer; and me, Martha’s friend and neighbour.

Martha came to the UK in 1982. She married, had children and now works as a night cleaner and child minder for the London Borough of Camden. But she never ceased to worry about the terrible lives of the people of her home village, Gyetiase (pron Jay-tee-ahser), and in particular the women who, she said, had to walk for four or five or even six hours a day for water. From time to time, she would present me with requests for donations for one or other project for the village but I was busy and never paid much attention.

Then in 2002, Martha asked me to look at an estimate for £32,000 she had been sent by the Ghana Water Company for laying three kilometres of water pipes from the mains supply to Gyetiase. She wanted to know whether the amount was reasonable and if I could suggest how to raise the money. I rang WaterAid and one of their water engineers, David Williamson, helped me conduct long-range bargaining with the Ghana Water Company, which brought the estimate down several £ks. He was still not satisfied and volunteered to visit the village if we could find his fare. We did this and he brought the total down to £18,000, picking up a grant of £10,000 from the UK High Commission in Accra in the process. We managed to raise the rest of the money in grants and donations and the taps were finally turned on in Gyetiase amid general rejoicing in April 2005.

At that point, David and I were inclined to consider the job done and to move on. However one of our corporate donors informed us that they had difficulty spending money well in Africa, that they had been pleased with the way we had spent it and that they had therefore decided to give us £10,000 a year indefinitely to continue the work. We were taken aback by this unsolicited gift, which was not entirely welcome. However, we realised that £10,000 a year would enable us to do a great deal in Africa, and finally decided we should not refuse. In December 2005 the three of us registered Ashanti Development as a charity.

*

At this time, I knew little about Ghana, much less than is shown in the table below. I knew it was peaceful and prosperous compared with its near neighbours and that, with oil recently discovered offshore, its prospects looked good. I quickly discovered that inflation was high and often stimulated by shortages of hydroelectricity as a result of drought, and that prices and price rises varied widely in different parts of the country. I also came to doubt some of the official statistics. For example, Ghanaians are eligible for free anti-retroviral drugs, but obtaining a test for HIV/Aids can be difficult or impossible, raising a question about the low official figure for HIV/Aids.

Population, mid-year (millions)	22.5
Life expectancy at birth (years)	57
Infant mortality rate (per 1,000 live births)	68
Child malnutrition (% children under 5)	22
Literacy rate, youth female (% of females ages 15-24)	65.5
GNI (current US\$ billions)	11.7
GNI per capita, (Atlas method, US\$)	520
Prevalence of HIV, total (% of population ages 15-49)	2.3
GDP (US\$ billions)	12.9

Source: World Development Indicators (2006)

Gyetiese is in the Ashanti Region which, by virtue of its gold and cocoa production, is the most prosperous Region in the country. Unfortunately the money does not seem to benefit local people and to make matters worse NGOs by-pass Ashanti, concentrating on the poorer regions in the north. In consequence, the villages we work with are among the poorest that David – who has spent his working life in developing countries and disaster areas – has ever seen.

The village is on a hilltop and has 1,200 inhabitants, of whom 46 per cent are under 18 years old¹. As I said, until recently, the women spent many hours a day fetching water and in consequence had lost their traditional skills, like basket weaving or beadwork. At some point in their lives, most were forced to go abroad to work as prostitutes, so HIV/Aids is probably very widespread. The doctors we take to Gyetiese report seeing indications, such as a type of skin rash, at their surgeries.

As for the men, they farm on the hillsides, producing crops such as cassava, groundnuts, maize, yam, cocoa yam, okra and tomatoes. They grow enough to feed themselves and their families and make an annual surplus which we estimate as under £70 a year for the whole village. They use this money to buy clothes and shoes. In past years, they also grew cocoa but it no longer thrives, perhaps because the soil is exhausted.

So if you were anything of a strategic thinker living in Gyetiese, until recently you must have judged the outlook to be grim. For all sorts of reasons it is difficult to move house in Africa, particularly in Ghana, which is densely populated and where much of the land is privately owned. Gyetiese must have seemed like a prison, stuck on top of a hill. The village was producing more and more children and the soil was producing less and less food. You must have thought that things could only get worse. Of course, you could try your luck finding work in one of the cities but being illiterate and untrained your prospects would have been poor.

There was, however, at least one other exit available. You could ask the head of your extended family to lend you the family gold, which had been collected in small lumps from the surface of the earth over several centuries. You could raise a bank loan against the gold, and use it to buy a ticket to the UK. Then you could borrow or rent a friend's passport, get yourself a holiday visa and come to London, where you would post back the passport and look for work as an unlicensed taxi-driver or hotel worker. If you followed this route, your first duty was to repay the bank loan and redeem the family gold. Soon after, you would be able to send money home to feed your wife and children – but you would very likely never see them again. The lives of illegal immigrants are typically miserable and lonely, and lived in constant fear of discovery. Many miss their families terribly, while their families in Ghana long to see their husbands or fathers again.

Of course a few illegals ultimately come home to Gyetiese. There are two or three large houses on the outskirts of the village which some of them have built. A few other houses, in a permanently half-finished condition, were built by illegals who were discovered and sent home and have now no money to finish the work.

The presence of these well-travelled people serves to add an unexpected street-wisdom to the local culture. The traditional village chief, for example, worked for 26 years for London Underground, and has a good line in cockney jokes; while last year the village elders responded to consultation about a new school building with the excellent and unexpected suggestion that we apply for a local authority grant.

There is no electricity in Gyetiese. Typical family size is around ten to seventeen, while one or two other children have probably died in infancy of convulsions, usually due to

¹ ProNet, (June 2006) *Baseline Survey conducted at Gyetiese in the Sekyere West District in Ashanti Region*, Ashanti Development

drinking polluted water². Families live in one or two roomed huts, using a rusty, roofless outhouse with a bucket as a washhouse and cooking on wood fires in the open air. Until recently, knowing that liquid seeps down from the hilltop to pollute the stream, these 1,200 people shared a ten-seater communal latrine. Long queues formed each morning in front of it and the smell travelled across the village.

Gyetiase has a primary and a junior secondary school where children receive nine years free, compulsory education in line with state provision.³ In the past, pre-school children were left to themselves while their parents worked, and some suffered serious accidents in consequence. During the 1990s, Martha saved £13,000 from her wages to build a pre-school for the village and later gave this to the state. It is now attached to the primary school.

Everyone in Ashanti is desperate to own a mobile phone, and the connection between London and Gyetiase is usually better than between London and parts of Cornwall. Re-charging it may mean a long walk to the nearest electricity supply, but mobiles provide access to key information. They inform farmers, for example, of comparative selling prices for farm produce in several market towns, enabling them to know where they may get the best prices. They also enable villagers to summon help or keep in touch with relations who have moved perhaps to Kumasi – only forty kilometres distance but a long journey by bus.

As for health, the most widespread complaint is among women who suffer from severe muscular-skeletal problems from carrying water and other weights on their heads. The older they get, the worse this becomes and some of the elderly are in constant pain, incontinent and unable to lean forward without falling. We are taking a physiotherapist to Ashanti next week in the hope she can suggest a mass exercise programme which might be adopted in schools as well as among adults, with a view to prevention or cure.

Next most prevalent are eye diseases, including cataracts and a virulent form of conjunctivitis. Ashanti is on a trade route from North Africa via the old desert caravan routes, and the traders brought conjunctivitis from North Africa long ago. They account too for the caftans some people wear, and the Islamic religion⁴.

Then of course are the water-related sicknesses, diarrhoea and dysentery, and fevers including malaria. There are worms, which everyone has, and malnutrition – or at least lack of vitamins. The diet in Ghana is often said to be the worst in Africa⁵. Ghanaians eat very little meat through poverty, and few fruit or green vegetables through choice. They supplement the lack of protein in their diets with beans and ground nuts, but argue that fruit are worthless and not even proper food.

In 2005, we took a GP to Gyetiase, to obtain information about health. The villagers asked very strongly that the clinic he ran should be repeated, at least until some more sustainable health care became available to them, and we therefore brought other doctors in the following two years. Below is one of our doctor-trustee's reports of the clinic she ran in 2006.

² Much of the information in this section comes from structured interviews carried out during 2004-7 with village residents chosen mainly for their ability to speak English.

³ The Republic of Ghana, *The Educational system in Ghana*. www.ghanaembassy.or.jp/educational.html

⁴ Interview with eye specialists at Kumasi Komfo Anokye Hospital, November 2006.

⁵ Interview with the London School of Hygiene and Tropical Medicine, June 2006.

Report by Dr Claire Walford, Gyetiase Clinic, November 2006

Most patients had more than one presenting problem. The commonest presenting complaints in the general clinics were:

- *Neck, waist (mid back) or lower back pain*
- *Leg pain*
- *Conjunctivitis*
- *Poor vision/blindness due to cataract, corneal scarring, short and long sightedness.*
- *Fever often diagnosed as malaria, acute respiratory infection or diarrhoeal disease of varying origin.*

Less frequent presentations were:

- *High blood pressure either known or just identified*
- *Diabetes*
- *Abdominal pain including chronic malaria presenting as enlarged spleen, jaundice and urinary tract infection*
- *Surgical conditions such as keloids, hernias*
- *Skin infections and injuries (cuts, burns, ulcers)*
- *Cerebral palsy and delayed child development*
- *Congenital abnormalities e.g. clubbed feet*
- *Malnutrition in adults and children*
- *Infestation e.g. roundworm, ringworm, presumed threadworm*
- *HIV – known or presumed*
- *Gynaecological problems eg heavy or painful periods, infertility*

*

There are many churches in Gyetiase. Most, including the Pentecostal Church, Divine Grace International, Deeper Life Bible Church, Saviour Church, Seventh Day Adventists, Methodists, Church of Christ and Salvation Army, are based on Christian, particularly Methodist, teaching. There is also a Muslim congregation and two Kwatra churches, traditional religions run by witchdoctors and worshipping the gods of wood, stones, sun and moon, who make libations of whisky and sacrifice animals⁶. The witchdoctors initially worked in opposition to us, particularly to Martha who is the leader of the Divine Grace International church. However the principal witchdoctor has recently been negotiating with her on his possible conversion.

It would be hard to overstate the importance of religion to the village. Life is incredibly difficult, and the people consider god to be their only hope of a better life. They pray for up to half an hour on waking and again before sleeping. Many attend church every morning while it is still dark and spend hours at services on Sundays. Church is also a social event, and people typically meet their husbands and wives among church congregations.

*

⁶ Interviews, 2004-7.

The work that Ashanti Development undertakes in villages like Gyetiase can be divided into three main parts: water, health and general development. We always start by providing clean water, and follow this with training in health, hygiene. This is a complex subject, and the training would probably be impossible to deliver for someone of a different culture so we use a Ghanaian NGO called Pronet, founded and trained by WaterAid, for the purpose. They are remarkably successful and certainly without their training the villagers might well revert to drinking water from the stream. It is, after all, free - except in terms of time and effort, and these are contributed by the women - and many apparently think it preferable to the 'tasteless' liquid that comes from water pipes.

Finally, ProNet teaches the villagers how to make a latrine for each household. Villagers provide their labour and all locally-available materials, while Ashanti Development pays for the rest.

We face two serious problems during this work. The first is the result of climate change, which often provides that water supplies which were safe a few years ago now need large-scale investment, of the type only government can provide, to remain so. Second, is the geological structure of the ground, which makes it difficult to identify where best to drill boreholes. Only one in three of those drilled by the District (local authority equivalent)⁷ yields enough water to be worth the effort, and drilling is expensive.

Earlier this year, and in line with their mission statement to 'shape a better world',⁸ consulting engineers Ove Arup seconded a hydrogeologist and a geochemist free of charge to Ashanti Development to advise on this problem⁹. The two of them first carried out lengthy desk research, and in September made a site visit. Their report¹⁰ found that few groundwater exploration projects had been carried out in the region and that there was a high failure rate, but they were unable to identify a clear pattern of yields in relation to rock type. In other words, fewer than one in two boreholes was likely to be successful.

They therefore recommended that alternative surface water sources should be considered, including rainwater harvesting, infiltration galleries, mini-dams, and borehole drilling – this last on the basis of a more informed selection of site than had previously been available. They recommended the work should be carried out in consultation with local water agencies, and that it should be documented with a view to informing future projects in similar terrain¹¹.

At around the same time, we were fortunate in obtaining annual grants of £100,000 for the years 2008 and 2009 to provide water to outlying villages. There are 220 communities in the Sekyere West District, and Ashanti Development intends to provide clean water to as many as possible.

*

The second stage of our work is to provide primary healthcare. In Gyetiase, we have recently completed the ground floor of a ten room, two-storey clinic to serve the village and surrounding communities. It will be staffed by a full-time nurse or midwife and

⁷ Meredith, Martin (2005) *The State of Africa*, Simon & Schuster UK, London. The current constitution is based on that introduced by the British before Independence in 1957.

⁸ Arup, O (1970) *The Key Speech*, Ove Arup & Partners. Available at http://www.arup.com/_assets/_download/download5.pdf.

⁹ See Tindale M, Swain N, Coy V and Parry-Jones S, *Global Strategic partnerships to share international and local expertise between private sector and NGOs*, Paper submitted to the 33rd WEDC International conference, Accra, Ghana, 2008.

¹⁰ Ove Arup & Partners Ltd (October 2007) *Water Resources Survey Report for Ashanti Development, Ghana*, Ashanti Development

¹¹ Ove Arup also organised a survey of waste disposal in several villages and will use this information to recommend ways of tackling the growing problem of waste. In one market town, an enormous rubbish tip is located next to the principal water supply constituting a serious threat of cholera.

equipped with some of the second-hand medical equipment which will become available when the Elizabeth Garrett Anderson Hospital in London closes next year. We hope it will also serve as a centre for other healthcare workers whom we will train for outlying villages, and for a mobile clinic/ambulance.

Because we are not satisfied with the quality of local training available for healthcare workers, we are also planning as often as possible to bring over medical staff from University College London Hospital (UCLH), asking them to pay their own fares, board and lodging. We hope they will run clinics, including occasional clinics in specialist health areas, while boosting the training of the Ghanaians we recruit. There will also be an initial large build-up of patients, most of whom have never received any form of medical care before, for them to work through.

Forty doctors, a nutritionist, a physiotherapist and a couple of nurses responded to the first advertisement we ran in UCLH's internal website for medical staff to spend two weeks in Gyetiase at their own expense. In our experience, medical staff not only want to help developing countries but, like the Ove Arup specialists mentioned above, they also see this as an important means of gaining experience. We recognise that it is not a sustainable exercise but hope that it will fill a short-term gap.

The clinic will have a second function. One of its rooms will be equipped as an operating theatre and used for cataract surgery under the provisions of Vision 2020. We are currently paying for two local women to receive training at Kumasi Komfo Anokye Hospital, so that they will be able to identify operable cataracts. They will then be employed at the clinic at Gyetiase with the aim of summoning the Kumasi surgeons when they have enough patients for one or two days' operations.

Surgery will be part funded by the Ghanaian National Insurance Scheme, though at around £10 a year it is too expensive for most villagers. We are therefore extremely grateful to SpecSavers, the London opticians, for agreeing to finance the first one thousand operations. SpecSavers are also collecting second-hand spectacles for Gyetiase in their London shops.

Operating space in Kumasi Hospital is at a premium, and the eye surgeons are considering using Gyetiase for more of their operations, possibly even making it a centre of eye health for the District. SpecSavers' personnel are coming out to Ashanti with us later this week to meet the eye surgeons and discuss this further.

*

Our third objective is to pump a little money into the local economy. So for example, we buy local farm produce to provide **free school meals** for children between the ages of three and five. We do this in the knowledge that if a malnourished child survives to age three, s/he will probably live to be an adult. A spin-off benefit is that as soon as we announce we are going to provide free meals, registrations typically double. However, we still spend time arranging for local hospitals to admit starving one and two year olds, in the hope they survive long enough to qualify for free school meals.

At the villagers' request, we have also set up a **woodcarving** school. They found a carving teacher for the school and persuaded him and his family to move to Gyetiase for a year. We now sell carvings in UCLH's reception hall, along with strips of the traditional kente cloth and clothing or greetings cards made from local material in this country. Our hope is that we may be able to train Gyetiase women to take over the sewing, thereby giving them a regular income.

Last year, Ashanti Development was given 35 acres of **farmland** by a local chief in gratitude for the water we had brought to his village. As stated above, the men of Gyetiase are short of farmland, and we are now on the point of concluding an agreement about how they will use it. Lending money to men in the developing world is high risk,

but we cannot see how the villagers can manage without loans for seed, tubers, tools and a tractor to clear the land. A few months ago, we therefore asked the men to work out a safe system on the understanding that when the money was fully repaid they or other people from Gyetiase might borrow it again and that this would continue indefinitely.

The men suggested they divide themselves into three groups, growing cassava (of which they say there is a national shortage), cow pea (which will hopefully boost their protein consumption) and yam respectively on a rotating basis. We have arranged for them to receive training in setting up this system, including selecting officers, and opening and using one bank account for each group. In the planting season, March, we will provide money to hire a tractor to clear the land and to buy seed or tubers and tools; and after each harvest, the men will pay back as much as they can afford, with the aim of repaying the total, plus 23 per cent interest (the standard local agricultural interest rate) before the end of the year. If any man fails to repay his share, the rest of the group have undertaken to pay it back for him.

The men added all sorts of embellishments – providing, for example, that each man signs a copy of the agreement, possibly by means of a thumbprint, and attaches a passport photograph. They also asked that the loans should be extended to cover the cost of Wellington boots, to protect them from snakebite. We have told them that if all goes well they may borrow the money again for a second year so that they can extend the land, and that after the cassava harvest we will buy the women a **cassava-milling machine** to enable them to market gari locally, and provide technical and organisational training for this purpose too.

Thereafter, the village will redistribute the money in the form of new loans. We doubt there will be a shortage of applicants since we regularly receive requests for money, often based on carefully thought-out plans. People in particular want to breed **grasscutters** – a hamster-like animal which is a good source of protein – and keep **bees**.

In the second half of next year, two British women have agreed to go out to Ashanti for several months to set up a **microfinance** system for the women. This is a system of small loans, repayable over a long period with a high rate of interest¹². It has been hugely successful in many parts of the world, though less so in central and West Africa for reasons we do not know, though possibly some form of local adaptation is required.

We have also financed the **construction** of a clinic and for one household latrine per family and for public latrines for the schools. We intended to pay for labouring work for the clinic as a means of putting money into the local economy, but the villagers decided to do the work themselves, free of charge. We were told that last June there were sometimes over two hundred men working on site. This gives us confidence that they have acquired a sort of ownership which will encourage them to maintain and manage it well in our absence – but leaves us to find other means of putting money into their pockets.

Finally, we would like to improve **education**, particularly among primary school children. The local language is Twi, and the children need to learn English before they can progress to reading and writing. Many currently leave school illiterate, so last year we invited the District Director of Education to come to London and visit some of our primary schools, in the hope she would pick up new teaching methods. As a direct result she is transforming the Gyetiase primary school into a model school for the District and encouraging teachers from other schools to come and observe. Some of the schools she

¹² Yunus, Mohammad and Jolis, Alan, (1998) *Banker to the Poor: Micro-Lending and the Battle Against World Poverty*.
Aurum Press Limited

visited have collected and shipped books and teaching aids to Ghana and several teachers have volunteered to teach for a few weeks in the summer. We hope this will be the start of a series of visits by volunteer teachers, whether or not they have teacher training.

*

Our aim for the next five years is to work for the benefit of all 143,000 people living in the 220 communities of Sekyere West District. Many consist of refugees from 18th and 19th century tribal wars which took place all over Ghana and further afield.¹³ The local chiefs allowed them to settle on hilltops in Sekyere West and, because of the bad roads and absence of bicycles or donkeys, we suspect that many may still retain their particular tribal characteristics. We are therefore beginning to document their histories and cultures before they disappear.

For the future, we are confident that, with the help of Ove Arup and the grants we receive, we will succeed in taking many of these villages through the first two stages of our work – water and health. However to help them develop further will take money, time and planning well above our current capacity. We are therefore seeking to network with community groups including Rotary Clubs, women's organisations, schools and churches who are willing to *adopt a village* or a school. We hope to take representatives of such groups out to Ashanti, to introduce them to suitable villages and to interpret and facilitate their discussions with community representatives with the aim of drawing up agreed strategies for village development. Groups and villages will be free to choose the methods they prefer, and hopefully valuable lessons will be learned in the process. Ashanti Development will try to record and disseminate these, always remaining available for help and advice.

*

Ashanti Development has itself developed over the years. Two doctors, a banker and a lawyer have now joined our original three trustees and our annual income has risen from £25,000 in 2006 to £91,000 in 2007, with new grants of £100,000 promised for 2008 and 2009. We work to five key principles:

- a. *Our work must be sustainable - no village shall be allowed to become dependent on us.*

Some of our work is clearly not sustainable except in the short term, but where necessary we include provision for its continuation by others. For example, we have a written commitment that the District will take responsibility for providing free school meals after five years; the village woodcarvers understand they must find outlets for their carvings in the next few months; the UCLH doctors are invited to Gyetiase to clear a backlog of patients and boost training, not indefinitely.

- b. *Villagers must contribute to every project, usually by giving their labour free of charge.*

As described above, they now carry out labouring work free of charge for us whether we ask for it or not.

- c. *Whenever we give a village clean water, we will follow it up with training in health, hygiene and the construction of latrines.*

¹³ Martha describes how the people of Gyetiase left their homeland in southern Ghana following a dispute over high taxes. They walked for many weeks inland, gathering members of a different tribe en route, and finally settled in the town of Nusuta. However because they were quarrelsome the Nusuta chief eventually told them to leave but allowed them to settle on Gyetiase. She does not know when this took place.

- d. *We will always consult the villagers and take account of their views at a formative stage in our programme planning.*

Our methods vary according to the message involved and the circumstances, and include public meetings with or without giving the interpreter a written transcript to study in advance; and smaller meetings with the chief, assemblyman (local authority councillor equivalent), village unit committee or other specific groups. We try to walk round the villages at least once a day, so that individuals can speak to us. We also consult through Martha, who often telephones several times a week; directly by letter; through Pronet; and, via a complicated route, by email. We judge our success by the feedback we receive. None of these methods is completely satisfactory but we are improving with practice.

- e. *Our trustees and helpers in the UK are 100 per cent volunteers so that every penny we raise goes toward funding our programmes.*

We have never run short of volunteers.

We have recently developed an informal link with the Development Planning Unit of University College London, particularly valuable because none of our trustees is expert in general development (David Williamson specialises in water provision). This link provides that a group of students, known as Friends of Ashanti, makes a study of the Ashanti Region and responds to occasional requests from us for advice; while they are welcomed to carry out research in the area.

*

Ashanti Development's principal asset has always been the close friendship between Martha Boadu, David and me. The object of our work at first was no more than to help Martha's friends obtain the clean water which they desperately needed. This meant that we were careful to check out whether we were doing exactly what people wanted and, since we were ignorant of local customs and language, we did this through Martha. Only later, as our reach extended, did more formal consultation become necessary.

Our work in Ashanti has so far been almost wholly with two villages, because until Ove Arup came to our rescue we could not see how to provide others with clean water. Though at first this seemed disappointing, we now see it as a benefit; it enabled us to make a steep learning curve without becoming over-extended and forced us to consolidate relationships before moving on.

As a consequence, we now confidently entrust the villagers with supervision, procurement and overall management of all our building projects and the job of buying provisions and delivering free school meals to the children. At first we did this with trepidation, particularly since government and company officials were not slow in asking for *a little ink for their pens*. However projects run by villagers recommended by the chief, assemblyman and Martha are invariably finished on or before time, and on or below budget and the District Engineer comments that the buildings are of very high quality.

The villagers thank us constantly for our help, and show their gratitude with gifts of food and kente cloth. We were particularly pleased when last September the sum of £250, which had been misappropriated during my first visit to Ashanti, was returned by the Unit Committee.

Gyetiase shows only small signs of economic upturn so far. These include the opening of at least ten small shops, some no more than table-top, while four people have bought bicycles. We cannot claim to have banished malnutrition but feel that free school meals must be making a contribution. Our hopes are that with the help of the various



21 Downing Court, Grenville Street, London WC1N 1LX, UK
T: 44 (0)207 837 3172 • M: 07713 743398
E: penny.david@freenet.co.uk
W: www.ashanti-development.org

microcredit schemes we plan for 2008, which will for the first time put extra money into the hands of a substantial number, the villagers' finances will start to improve more rapidly.

As to the future of Ashanti Development, as time passes we aim to put more work into the hands of volunteers¹⁴, either in this country or Ghana. Meanwhile, each of our seven trustees now has responsibility for a specific area of interest, and Martha, David and I, continue to coordinate from the centre.

We estimate that at least in the short term we shall continue to expand, and that the work will get easier as we learn more about the villages. The unknown for 2008 is whether we shall be able to network successfully with other community groups under our Adopt a Village scheme. If so, our rate of progress could become much faster.

¹⁴ To find a new administrator to help me in the UK, I recently sent advertisements to all those in my email address book whose names began with A, B, C or D. I got nine applications.