

9 Bodies of Easter Revellers at Beaches Washed Ashore

By: Emelia Ennin Abbey | Thursday, 24 April 2014 08:31 | Category: [General News](#)



FLASHBACK: Revellers at the La Pleasure beach on Easter Monday

Nine bodies have been retrieved from two beaches near Accra. They are all males and believed to have drowned during the Easter festivities when many people went to the beaches to have fun. Five bodies were washed ashore along the Kokrobite and Bojo beaches, while the rest were found by fishermen at the Sakumono Beach.

Reports indicate that the bodies were in decomposing states, but the police, who conveyed the bodies, said they could still be identified by family members.

Found by fishermen

The Weija District Police Commander, Superintendent of Police Mr Shaibu Osei, told the Daily Graphic in a telephone interview that two bodies were found at the Bortianor Beach and one at the Kokrobite Beach about 11 a.m. on Tuesday.

He said about 11 a.m. yesterday, the police received information from some fisherfolk that two more bodies had been found along the Bortianor Beach.

Bodies identified

As of the time of going to press, the bodies that had been retrieved last Tuesday had been identified by family members.

Mr Osei gave their names as Felix Kojo Ofori, 21; Richard Ameko, 21, and Evans Akuoku, 18. He said the bodies had been deposited at the Korle-Bu Teaching Hospital morgue for autopsy, while the two which were yet to be identified had been conveyed to the Police Hospital morgue. "The coastal line here stretches from Kokrobite through Oshiyie, Aplaku, Bojo to Lamgba. At a point we had to use a boat to cross the Densu River before we could recover one of the bodies," he said.

Beach managers overwhelmed

Mr. Osei said although the beaches had coast guards, the number of people who patronised them on Easter Monday was overwhelming. The Sakumono District Police Commander, Superintendent of Police Mr Alex K. Wowolo, told the Daily Graphic that the police had information about 1 p.m. that the bodies had been washed ashore after some fishermen had spotted them. He said the police conveyed the bodies to the Police Hospital morgue after some family members had identified them.

- See more at: <http://graphic.com.gh/news/general-news/21754-9-bodies-of-easter-revellers-at-beaches-washed-ashore.html#sthash.w3O3oOT9.dpu>

Land guards on rampage, kill one, injure three

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The bullet-ridden body of a 32-year-old man believed to have been killed by land guards has been found in a bush at Amanfrom, near Accra.

The victim has so far been identified only as Awal and the police say his body has since been deposited at the Police Hospital morgue in Accra pending autopsy.

Two other persons, identified as the Chief Executive Officer of Irroko Estates, Mr Ofori, and a man who was with him, Mr Kojo Abankwa, sustained gunshot wounds and are currently on admission at the 37 Military Hospital in Accra.

Mr Ofori, who was shot in the elbow and upper limb, was still unconscious as of yesterday, while Mr Abankwa, who was shot in the left thigh and left elbow, had regained consciousness.

Land guards

The Adentan Police Commander, Deputy Superintendent of Police Mr Stephen Kofi Ahiatafu, told the Daily Graphic that the police had information about 4 p.m. on Saturday that a group of land guards had attacked an estate developer and two others while they were on their way to see a piece of land.

He said the police proceeded to the scene and found an old Land Rover, with registration number GE 749 W, which had bullet marks all over it.

The rear and front windscreens, as well as the side mirrors, were smashed, the left front tyre had also been deflated by gunshots, while the driver's seat and the doors had bloodstains on them.

Mr Ahiatafu said the police found the body of the deceased about 300 metres from the car.

Previous day attack

Police investigations also established that about 2 p.m. on Friday one Jonathan Ablade had been assaulted by land guards with cement blocks and clubs on the same piece of land.

The victim sustained wounds all over his body and was admitted to the Legon Hospital.

According to the police commander, the land in question was in dispute because the people of Oshiyie, Amanfrom and Katamanso were all claiming ownership.

No suspect has been arrested yet.

The police have since intensified their patrols in the area, while investigations continue.

One third of Greater Accra residents live in slums



A report by the Population Division of the UN Department for Economic and Social Affairs indicates that has estimated that nearly one-third of the population of Greater Accra Region lived in slums.

The total number of people living in slums in Ghana was estimated at 4.1 million in 2001 and then to 5.5 million in 2008.

“The locus of the poverty is now moving to cities. This phenomenon has been referred to as the urbanization of poverty” it said, and noted that urban poverty was not only characterized by low levels of income and consumption but also by squalid living conditions and lack of access to services and opportunities.

This, the report said, has brought about uncontrolled growth of urban areas and the emergence of slums have culminated in a deterioration of the urban environment with part of Accra like Kaneshie and part of the Central Region for instance being prone to flooding due to improper disposal of solid waste generated by increasing urban residents.

Urbanization also leads to the conversion of agriculture lands to urban land uses including housing and infrastructure development. The Ghana Country Environmental Analysis conducted by the World Bank estimates that the poor resource management cost Ghana 10 per cent of GDP with 4 per cent due forestry and wildlife depletion and other 4 due to water and air pollution.

Violent crimes are also more common in cities than rural areas; the report said, adding that in 2008, Greater Accra, Central and Volta regions experienced 403, 118 and 27 cases of robbery and that these rose to 519, 166 and 50 respectively in 2009.

The situation leads to a sense of general insecurity and invariable proliferation of Private Security Organizations of Ghana (PSOG) with more than 350 security agencies in the country most of which were operating without proper documentation and clearance.

In general, urban residents tend to have a better access to social services as basic education health, drinking water and sanitation than their rural counterparts.

These inequalities, the report said, tend to promote rural-urban migration, government health facilities, which account for 70 per cent of the entire health service delivery system in the country, cater for only an estimated 30-40 per cent of Ghana's population who are mainly resident in urban area. The UN Department has therefore called for the revision of current National Population Policy, to reflect current realities particularly urbanization.

There is the need for an urgent facilitation, adoption and implementation of a comprehensive national urban policy as spelt out in the country's Medium Term National Development Policy framework Agenda.

United Nations agencies report steady progress in saving mothers' lives

News release

6 May 2014 | Geneva | New York - New United Nations* data show a 45% reduction in maternal deaths since 1990. An estimated 289 000 women died in 2013 due to complications in pregnancy and childbirth, down from 523 000 in 1990.

Another WHO study, also published today in *"The Lancet Global Health"*, adds new knowledge about why these women are dying. *"Global causes of maternal death: a WHO systematic analysis"*, finds that more than 1 in 4 maternal deaths are caused by pre-existing medical conditions such as diabetes, HIV, malaria and obesity, whose health impacts can all be aggravated by pregnancy. This is similar to the proportion of deaths during pregnancy and childbirth from severe bleeding.

"Together, the two reports highlight the need to invest in proven solutions, such as quality care for all women during pregnancy and childbirth, and particular care for pregnant women with existing medical conditions," says Dr Flavia Bustreo, Assistant Director-General, Family, Women's and Children's Health, WHO.

They also underscore the importance of having accurate data.

"Thirty-three maternal deaths per hour is 33 too many," said Tim Evans, Director, Health, Nutrition and Population, World Bank Group. "We need to document every one of these tragic events, determine their cause, and initiate corrective actions urgently."

Steady progress

"Trends in maternal mortality 1990 to 2013" includes new data which were not captured in the last set of global estimates in 2012, as well as improved methods of estimating births and all female deaths.

Eleven countries that had high levels of maternal mortality in 1990 (Bhutan, Cambodia, Cabo Verde, Equatorial Guinea, Eritrea, Lao People's Democratic Republic, Maldives, Nepal, Romania, Rwanda, Timor-Leste) have already reached the Millennium Development Goal (MDG) target of a 75% reduction in maternal mortality from the 1990 rate by 2015. Based on these latest trends however, many low- and middle-income countries will not achieve this goal.

Sub-Saharan Africa is still the riskiest region in the world for dying of complications in pregnancy and childbirth.

"A 15-year-old girl living in sub-Saharan Africa faces about a 1 in 40 risk of dying during pregnancy and childbirth during her lifetime," says Dr Geeta Rao Gupta, Deputy Executive Director, United Nations Children's Fund (UNICEF). "A girl of the same age living in Europe has a lifetime risk of 1 in 3300 – underscoring how uneven progress has been around the world."

Despite advances in the last 20 years, there has been too little progress in preventing adolescent pregnancies, abortions, maternal deaths, sexually-transmitted infections and HIV, and there are significant gaps in availability, quality and access to comprehensive sexuality education and services for young people, especially in low-income countries.

"More than 15 million girls aged 15 to 19 years give birth every year – 1 in 5 girls before they turn 18 – and many of these pregnancies result from non-consensual sex," highlights Ms Kate Gilmore, Deputy Executive Director, United

Nations Population Fund (UNFPA). “Relatively simple and well-known interventions, like midwifery services and gender-based violence prevention and response, can make a huge difference if scaled up and coupled with investments in innovations, especially in the area of contraceptives.”

New information on causes of death

A related WHO study of causes of more than 60 000 maternal deaths in 115 countries shows that pre-existing medical conditions exacerbated by pregnancy (such as diabetes, malaria, HIV, obesity) caused 28% of the deaths.

Other causes included:

- severe bleeding (mostly during and after childbirth) 27%
- pregnancy-induced high blood pressure 14%
- infections 11%
- obstructed labour and other direct causes 9%
- abortion complications 8%
- blood clots (embolism) 3%.

Strong health systems – with facilities that have adequate health workers and equipment and medicines – are key to delivering quality health care to save the lives of women and their newborn babies.

“The new data show a changing profile in the conditions that cause maternal deaths; reflecting the increasing burden of noncommunicable diseases in women throughout the world. Ending preventable maternal deaths will require both continued efforts to reduce complications directly related to pregnancy, and more of a focus on noncommunicable diseases and their effect in pregnancy. Integrated care for women with conditions like diabetes and obesity will reduce deaths and prevent long-lasting health problems,” says Dr Marleen Temmerman, Director, Reproductive Health and Research, WHO, and co-author of the study.

Better data needed to save lives

A major challenge in addressing maternal deaths is the lack of accurate data. Although knowledge on the number of women dying and the reasons behind their deaths is improving, much remains unrecorded and unreported. In many low-income countries, maternal deaths go uncounted and frequently the cause of death is unknown or not recorded correctly, particularly when women die at home. This is consistent with general global trends: only one-third of all deaths worldwide are recorded and fewer than 100 countries record the cause of death using WHO’s International Classification of Disease.

As a result, it is often hard for national health programmes to allocate resources where they are needed most. This is why the United Nations Commission on Information and Accountability for Women’s and Children’s Health is calling for better measurement of maternal and child deaths. The Commission requires that “by 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death”.

There is growing consensus worldwide that ending preventable maternal deaths can be achieved by ensuring that every woman has access to quality health care. Global and national targets beyond 2015 will be important for tracking progress in reducing maternal deaths and ensuring that maternal health continues to be a global development priority.

Highlights from "*Trends in maternal mortality 1990 to 2013*":

- **Maternal mortality has declined:** In 2013, the global maternal mortality ratio (MMR) was 210 maternal deaths per 100 000 live births, down from 380 maternal deaths per 100 000 live births in 1990 (a 45% reduction).
- **Faster progress needed:** The global reduction of MMR has accelerated, with a 3.5% annual decline from 2000-2013, as compared with 1.4% between 1990 and 2000. However, at current trends, most countries will not achieve the MDG target of a 75% reduction in MMR from 1990 to 2015. An average decline of 5.5% or more every year since 1990 is needed to meet the target on time.
- **Ten countries carry most of the burden:** Ten countries account for about 60% of global maternal deaths: India (50 000), Nigeria (40 000), Democratic Republic of the Congo (21 000), Ethiopia (13 000), Indonesia (8800), Pakistan (7900), United Republic of Tanzania (7900), Kenya (6300), China (5900) and Uganda (5900).
- **Somalia and Chad have the highest risk:** The highest lifetime risk of maternal death is in Somalia and Chad where women face a 1 in 18 and 1 in 15 lifetime risk respectively.

For interviews and further information, please contact:

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Cholera alert in Greater Accra

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The Ghana Health Service has warned of a possible cholera outbreak in Accra following the onset of the rain, coupled with the prevailing poor sanitary conditions.

According to the Greater Accra Regional Health Directorate, the outbreak could be prevented through measures such as the washing of hands with soap and water before eating or preparing food after visiting the toilet.

In a press statement, the directorate said the disease could also be prevented through the thorough washing of plates and cooking bowls before use, eating cooked food while it is hot and drinking safe water.

Other measures, it stated, included the covering of uncollected rubbish and the avoidance of eating or buying foods exposed to dust and flies.

“Keep yourself and observe good personal and environmental hygiene,” it said.

- See more at: <http://graphic.com.gh/news/health/23947-cholera-alert-in-greater-accra.html#sthash.UFDDld63.dpuf>

James Town stool lands not for sale – Nii Akumia

September 18, 2013 | Filed under: [Latest news](#) | Posted by: [VibeGhana](#)

Nii Sackey Akumia VI, Adanse Mantse and Head of the Senior Royal House of James Town, has said developers should stay clear of James Town Stool lands as they are not for sale.

He was reacting to an incident recently which nearly resulted in bloodshed at the Lavender Hill liquid waste disposal site.

A group of land guards hired by a developer, who claimed to have bought a piece of land adjacent to the Lavender Hill facility from the James Town Stool, clashed with residents of the area and cesspit emptier truck drivers who parked their vehicles at the site.

The resident had attempted to stop the developer from building on the plot and police intervention averted a clash.

Workers of the developer had started digging the foundation for construction to begin when the residents and the cesspit emptier truck drivers challenged them.

The residents claimed the land was the only open space in the area for funerals and other social activities including football and cesspit truck drivers park their vehicles there.

During the heat of the confrontation, the drivers blocked the main beach road linking James Town with the Korle Gonno and Chorkor.

Reacting to the sale of lands and other properties of the James Town Stool at Ngleshie Amanfro, Mcharty Hill, Bortianor, Kokrobite, Dunkonoh, Oshiyie and other places to private developers, Nii Sackey Akumia told the GNA that there was an Executive Instrument, EI 85, headed “James Town Stool Property (Seizure) Instrument, 1974” signed by the then Head of State and Chairman of the National Redemption Council who was responsible for Chieftaincy Affairs.

It ordered the then District Administrative Office, currently the Municipal Chief Executive or Mayor of Accra, to take possession of James Town Stool property including the James Town Mantse’s Palace from Nii Adja Kwao II or whomsoever was in possession of such property.

Nii Sackey Akumia also referred to another Executive Instrument (EI) 57 of 1978 signed by General I.K. Acheampong headed “James Town Stool Property (Disposition) Instrument” 1978 ordering the Mayor to deliver the James Town Stool Property to Nii Aryee Quaye IV, Sub-Divisional Chief, Adadentam James Town Division of the Ga Traditional Area, revoking EI 85 of 1974.

Nii Sackey Akumia said EI on James Town Stool Property had not been revoked and was still in effect and wondered how and who was behind the sale of James Town Stool lands and property when the matter had not been disposed of and was still pending before the Ga Traditional Council. GNA

God Has Blessed us in Navrongo

Travels

Oct 182010



It is the blessing of the Lord that maketh rich and He addeth no sorrow to it

The Good Lord must have had an elaborate plan when he threw Kwaku, Yayra, Odum and Naana together in Navrongo in Ghana's Upper East Region. Had this not been the case, one would certainly be hard put to explain why the region, known for grinding poverty should be the base for such a life of exploits and contentment among the four friends.

Of course in the telling of the story, it would be recalled that with the exception of Kwaku, the three; Yayra, Odum and Naana had been classmates at the University of Ghana Medical School where they had qualified as doctors over six years ago.

What about Kwaku?

For those in tune with the visionary work and leadership of Kwaku's Bishop, the story of how his great passion for the Lord made him to lose his stethoscope for the cross in founding the thriving charismatic church would be quite well known. Heeding the Lord's call without hesitation, the Bishop would start his life's work immediately after medical school to the chagrin of some. With over 20 years in Ministry however, the undimmed inspiration would variously manifest itself; uncensored preaching of the word, emphasis on evangelism, the working of miracles and perhaps more than anything else, the armies of young missionaries the Bishop has characteristically unleashed upon the world. I speak of the world because the facts would reveal that this church is apparently not one of those churches that are 'International' in nomenclature and intent only.

Missions have thus been established in all the continents; in South Africa, South America, Australia, United Kingdom, United States, Zimbabwe and Jamaica, in Paga and in Navrongo where the dynamic young Kwaku would be posted.

So there you have it. Kwaku is a young Pastor in his thirties and has been pastoring the Navrongo Church for the past four years. As the grand plan unfolds, Kwaku would marry Yayra and together, be sent to their first 2 year mission in Zimbabwe. On the other hand, with all the medical school "lovi-lovi" in which they were buried, it was hardly surprising when Dr. Odum, a Ga man from Oshiyie popped the magical question to the future Dr (Mrs) Odum and even less of a wonder when the Ashanti beauty willingly yielded.

As is often the case, their friends, loved ones and ‘enemies’ would bristle in confusion at Odum and Naana’s decision to opt, hopefully with both eyes open and ostensibly with all faculties intact, for posting to the vibrant Navrongo Health Research Centre (NHRC).

Simultaneously working in the Navrongo War Memorial Hospital, they have been in Navrongo a total of six years. Oh! And by the way, they are also members of this wonderful church which is why the arrival of Kwaku and Yayra two years into their stay couldn’t have been more welcome. So while Kwaku shepherds the church and does rural evangelism, the three classmates offer lay support services while applying themselves at the Hospital and the Research Centre.

You know how old folklore has it. With limited entertainment options, it would appear as if it is not just to their work both couples applied themselves. Their labour would bear ample fruits when the Good Lord shared 3 lovely children apiece to them. As the children grew however, the challenge that faces many a professional posted outside urban settings began to stare them in the face. The challenge is one of the children’s education. How do we educate the children such that they do not grow up wracked with self-doubts and insecurities while cursing the parents for making the wrong choices?

How did you tackle this challenge? I prod.

With her familiar demure smile and soft-spoken voice, Naana replied, “We started a school.”

“You did?! Great! Can we see the school? What made you take such a critical decision?”

“We had no choice”, Naana replied, to which Kwaku would later add, “Bishop clearly told us we had no excuses. He pointed out that had it been other missionaries, they would have focused on building and developing the place according to what standards they desired. Bishop was a great motivating force.”

And so without much ado, we visited the three year old school in Navrongo. Made up of five streams, it currently has 60 pupils spanning nursery, through kindergarten to Primary one with four pupils including the couples’ oldest children Samuel and Joseph. Adopting the Montessori technique of instruction, they have had their teachers trained at the parent School in Gbawe, Accra.

Training and retraining proceeds constantly. In fact on the morning of our visit, a teacher from the Kumasi campus of the University College of Education has reported for practical attachment. Since according to Headmistress Naana, “The school is growing with the children”, plans exist for further expansion to more permanent surroundings. These plans are constantly being fine-tuned by the school’s Board of Directors made up of Naana, Kwaku, Yayra and Odum. Of course!

Clearly, the moment is truly inspirational. If this is not Godliness with contentment, then what is? To probe further, I delve into their core professional jobs; doctors and pastor.

“Have you also experienced that favorite Korle- Bu pastime characterized by endless questions of ‘Are you guys still in the bush? Won’t you come down for your post-graduate education? How many days does it take you to reach Navrongo when you leave Accra?’”. Obviously, within the narrow limits of some people’s thinking, all are expected to proceed in that typical medical school same-class, one-destiny mind-set.

To bring it better home, Odum and Naana show me why they are not worse off professionally by coming to Navrongo. With an additional Masters in Public Health, Dr. Odum with the NHRC has been engaged in serious research aimed at improving our health fortunes. Odum is currently the Clinical Coordinator of a Meningitis vaccine trial for the treatment of meningitis in children under two years. Naana has for the past two years been doing the Rotateq vaccine trial aimed at testing the effectiveness of the vaccine in preventing Rota virus infection in African children. She is simultaneously pursuing a post graduate distance Programme with the London School of Hygiene

and Tropical Medicine. Yaira on the other hand has just last week been awarded a scholarship by Novartis to pursue a two year Post Graduate Programme in Italy.

Concerning the church, Kwaku inherited 3 branches with a 45 member main branch. Four years on, God has used Pastor Kwaku to grow the church to its current 75 membership with 19 branches in various communities. Very entrepreneurial, Kwaku has not been spared the nationwide challenges associated with land acquisition. This notwithstanding, he plans to soon move the church into more auspicious surroundings having both acquired land and raised an impressive church building nearing completion. As Kwaku shows me round, I can hardly resist the temptation to contrast the widespread notion of poverty with the progress ensuing before my very eyes.

“Why then are we so bent on the poverty label?” Shortly, Kwaku demonstrates from his robust response that I have struck a sore note. “There is no poverty in this area ooo. No poverty!” Subsequently he bumbles us into his air-conditioned car and drives us to the Tono Dam area in another part of Navrongo.

He wants to show us something. We see the dam, reputed to be the source of heavy duty tilapia. We also encounter the irrigation engineering plant built by the Osagyefo plus the huge silos for food storage. We are told the facility is currently undergoing rehabilitation work. In a nearby shed, we see many broken down tractors and then “as far as the eye can see”, (to quote Kwaku), one is confronted with wide expanses of fertile land. Make a mistake and drop a seed and it will grow to fruition. We concede how good the Lord is; in one fell swoop, he provides the water from which we can simultaneously generate electricity and irrigate the land which abounds aplenty.

As I come to appreciate, it always boils down to the magnificent difference between what is and what could have been. No poverty! To round up, we are driven to other residential areas where Odum and Naana’s private house stands majestically. Clearly, it has been built with ample aesthetic and space considerations. A few hundreds of meters away, Kwaku is himself engaged in some massive entrepreneurial skirmishes; the best demonstration perhaps of how his congregation may fully utilize the blessings that ensue from engaging with the preached word.

If this is what God can accomplish through men when they are faced with “no choice”, then perhaps now more than ever ought we to ask that our life’s choices be limited while the Good Lord grants us courage to turn our arid deserts into blessings.

Sodzi Sodzi-Tetty’s Blog ^{^^^} “Affirmatively Disruptive”

Volta Region introduces awards for health workers

By [Victor Kwawukume](#) | Monday, 28 April 2014 12:08 | Category: [General News](#)

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The Volta Regional Health Directorate has introduced an annual award scheme to reward hard-working staff to enhance quality healthcare delivery in the region.

The scheme is also to reward health personnel who accept postings to the remote parts of the region.

The Volta Regional Director of Health Services, Dr Joseph Teye Nuerterey, who disclosed this to the Daily Graphic, said his administration had observed for some time now that morale among a good number of health workers in the region had gone low.

This, according to him, is because the region has a lot of rural and hard-to-reach areas which require the services of health professionals.

“So naturally, if people suffer to go to such remote areas and nobody recognises them, they get demoralised,” Dr Nuerterey said.

The institution of the awards, he said, was a means of reaching out to those health workers and making them know that they had not just been dumped there and forgotten but that society valued the services they were providing to the people in those areas.

Rekindling spirit of hard work

He expressed the hope that with the institution of the award scheme, the spirit of hard work among staff of the health directorate would be rekindled.

The first awards, he said, which were given out at the end of the annual performance review of his outfit in February, came as a major surprise to those who won them because they had not expected anything of the sort.

The awards would now become an annual routine which would be replicated at the district level, he added.

For now, he said the various district directors had been tasked to monitor, recommend three persons and send their names to the regional directorate for screening to enable it to select a potential winner.

Decrease in mortality

Dr Nuerterey expressed optimism that increase in performance would result in a reduction in mortality levels in the region and by so doing, it will boost life expectancy and productivity among the people in the region.

However, one challenge that remains to be addressed, according to Dr Nuerterey, is the tendency of some health professionals pleading for their postings to be changed.

“If they don’t want to go there, then who do they expect to go there?”, he queried; adding that if another person accepted the posting and went, “then we will have to reward that person”.

Vision

His vision for healthcare delivery in the region is to make the Volta Region the region of choice as far as healthcare delivery is concerned so that it will come to a time when healthcare professionals all over Ghana will relish the opportunity of working in the Volta Region.

- See more at: <http://graphic.com.gh/news/general-news/21983-volta-region-introduces-awards-for-health-workers.html#sthash.j6O9lDCW.dpuf>