

Millennium Cities Initiative

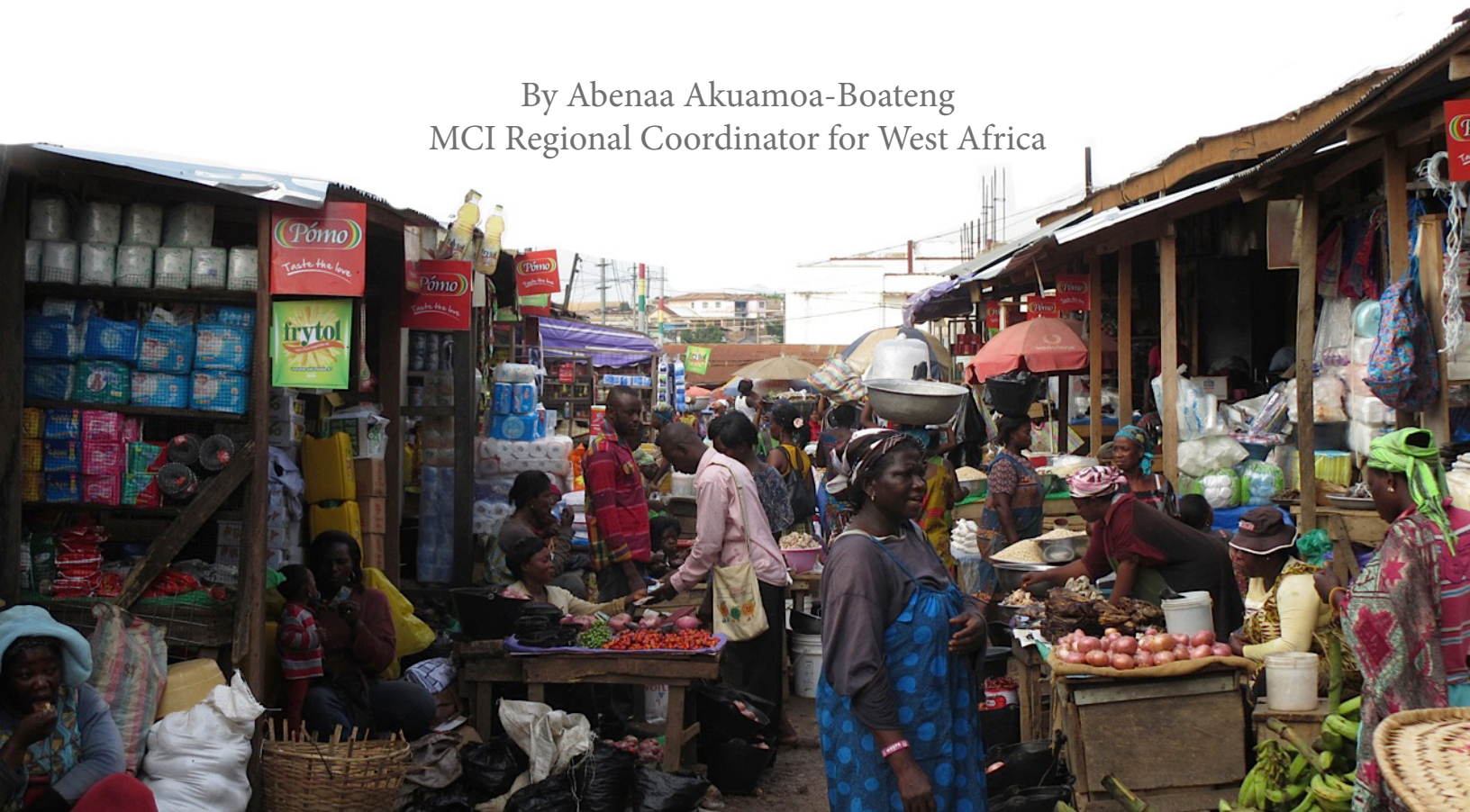
EARTH INSTITUTE | COLUMBIA UNIVERSITY

July 2014

Bantama Market Clinic Report

Enhancing Women's Lives: Market Clinic Brings Healthcare and Credit to Women Traders

By Abenaa Akuamo-Boateng
MCI Regional Coordinator for West Africa



BACKGROUND

The Bantama market is situated in the heart of the Bantama sub-metro of the Kumasi metropolis, one of four historic quarters of the Kumasi traditional area. The market occupies an area of about 250 square feet and has well-defined boundaries. It is the city's second biggest market in terms of the volume of goods traded, and second in size only to the Kumasi Central Market, the largest in all of West Africa.

The market is a significant fixture on the Bantama landscape, as a major source of livelihood for women living in and around Kumasi metropolis engaged in the selling of local foodstuffs, imported food and drinks and imported second-hand goods, and in trades such as tailoring and hairdressing.

Results from a baseline assessment conducted by MCI on gender activities in 2008 revealed that women in the metropolis faced major barriers in education, sexual and reproductive matters, and challenges in the informal business sector with regard to access to credit and business development.

In October 2012, MCI facilitated a broad-based stakeholders' meeting with the Kumasi Metropolitan Assembly (KMA) to consider MCI's findings with regard both to its social and private sector development research and to arrive at recommendations aimed at addressing those gaps and barriers that would hinder Kumasi from achieving the MDGs. With respect to gender issues, on the advice of the KMA and the Regional Head of the then-Ministry for Women and Children's Affairs, MCI engaged further with the women traders in the Bantama Market to discuss the suggested recommendations and to prioritize their implementation.

The women expressed their priorities as having access to both affordable health, with a focus on sexual and reproductive issues, and to affordable credit (at reasonable interest rates), so they might capitalise and expand their trading activities in order to provide a sound education for their children and thus be assured of their successful future. The traders who took part in the discussion also requested the opportunity to study the uses of Internet Technology (IT), for their children and themselves.

These ideas were articulated and further expanded into the concept of a full-service Bantama Women's and Girls' Resource Centre by MCI, together with Columbia University's Urban Design Lab (UDL), a joint programme of The Earth Institute and Columbia's Graduate School for Architecture, Planning and Preservation, during the Spring 2012 semester, when some 30 UDL graduate students and faculty members came to Kumasi for an intense period of joint study with some students and professors from the Department of Planning of Kumasi's own Kwame Nkrumah University of Science and Technology (KNUST), who had already been working on the project in the preceding months. That weeklong workshop was followed by six months of studio design work, culminating in a full publication during the autumn of 2012.

While MCI and the KMA were seeking to mobilise funds to set up such a centre on an identified piece of land given by KMA within the Bantama sub-metro, MCI felt obliged, as a quick win that could benefit countless Bantama vendors and their families, to address some of the immediate concerns right on the market premises.

Between March and June 2013, a further dialogue with the women traders revealed that they would greatly appreciate a clinic situated within the market to provide family planning services, treat minor ailments such as uncomplicated malaria and diarrhea, and offer screening services for non-communicable diseases such as hypertension and diabetes and cancers of the breast and cervix, which are the major causes of morbidity and mortality in this group of women. MCI conducted a baseline survey during July - August 2013 to ascertain the demographic and health characteristics of the women plying their trade in the market as a prelude to setting up a small clinic where critical health screenings, treatment for minor ailments, and family planning and counselling services could all be provided.

SIGNIFICANT BASELINE SURVEY FINDINGS

1. Out of the 316 randomly selected respondents, 297, representing 93.98 percent of the population, were females aged between 19 - 72 years, with a mean age of 31.7 years.
2. The educational status of the females broke down as follows: 95 (32 percent) had no schooling; 80 (26.9 percent) did not complete primary school; 83 (27.9 percent) completed middle school, while 39 (13.1 percent) had some secondary education. It is important to note that nearly 60 percent of the women trading in the market had fewer than six or zero years of formal education and could not read, although a few had basic arithmetic skills and were capable of writing down figures.
3. Most female respondents are married: 197 respondents, representing 66.3 percent; 25 (8.4 percent) were widowed, 47 (15.8 percent) were divorced and 28 (9.4 percent) were unmarried. Despite these numbers, over 85 percent of the women were the sole or major breadwinners for their households. As a matter of fact, only 23.9 percent of the married women reported substantial financial support by spouses.
4. The average number of children born to the respondents was 5.8, and the average number of children alive was 4.2.
5. A total of 163 women, representing 54.9 percent of respondents, said they were the sole financiers of no fewer than two children in basic and or secondary schools.
6. A total of 216 women indicated that the major source of stress in their lives was their inability to get credit at reasonable rates of interest, in order to grow their businesses and support their children.
7. Though 181 women, representing 60.9 percent of respondents, were within the fertility age of 15 - 45 years, only 47 (26 percent) out of the 181 reported having ever used a modern contraceptive, and 23 (12.7 percent) of this number reported current use of a modern contraceptive.
8. Less than 10 percent (27) of the women had had any health screening for high blood pressure or high blood sugar within the last five years, and about the same percentage were aware that they had either diabetes or hypertension and was currently on medication.
9. Out of the 297 female respondents, only two (0.7 percent) had reported ever undergoing a cervical screening for cancer. None had ever undergone the routine breast examination or had the benefit of a mammogram.
10. In response to a question about what they did when they fell ill while at the market, four out of five respondents reported buying drugs from itinerant drug peddlers who operate in the market. Respondents expressed the desire for a small clinic in the market that could serve that purpose with more reliable products and prices.

SURVEY HIGHLIGHTS:

FINANCIAL INSTABILITY

85% of women were sole or major breadwinners for their families.

3/4 of women said that the major source of stress in their lives was their inability to get credit at reasonable interest rates to grow business and support their families.

Nearly 60% of women trading in the market had fewer than 6 years of formal education and could not read.

LACK OF HEALTHCARE

0 women had ever had a routine breast examine or mammogram.

Only 2% of women had received cervical cancer screening.

LESS THAN 10% of women had had high blood pressure or high blood sugar screening.

4 out of 5 expressed the desire for a reliable market health clinic.

ESTABLISHMENT OF THE CLINIC

In response to the overwhelming clamour for a small clinic for the market women, in September 2013 MCI, with the support of the Kumasi Metropolitan Health Directorate and the Bantama Sub-metro Health team, established the Bantama Market Clinic, the first of its kind in the metropolis.

Clinic Objectives

- To provide counselling and screening services for non-communicable diseases and cancers for all resident market women;
- To facilitate appropriate and timely referral for women found to have hypertension, diabetes, breast lumps and precancerous cervical lesions;
- To provide treatment for minor ailments and first aid in case of accidents to the market women;
- To promote family planning services and reproductive health counselling to both market women and other women and girls within the surrounding area;
- To establish outreach child welfare services for children of the market women and residents living in the vicinity; and
- To use the activities of the clinic, especially the screening services, as point of entry for market women to enroll in the Social Capital Credits (SoCCs) programme.

The SoCCs programme, as developed by MCI Advisory Board and Urban Design faculty member Geeta Mehta, is aimed at rewarding women for engaging in acts that are beneficial to the communities and to themselves. The rewards, known as 'SoCCs Abosoc,' can then be used by the actor to purchase rewards that further empower her. In this way, a social service conducted by an individual can be converted to a simple marketable asset that can be traded for other goods or services estimated at a similar value.



Section of traders at Bantama Market.



Paperwork completed at Bantama Market Clinic.

IMPLEMENTATION

The clinic is staffed by two community health nurses, one health assistant/cleaner and one National Service volunteer who serves as the SoCCs manager. The salaries of the nurses and the National Service gentleman are paid by the Government of Ghana, while that of the assistant is paid by MCI. Clinic activities are supervised and supported by the Regional MCI Coordinator. In September, all market women in stalls and the market clinic team created a roster of enumerated stores, registering a total of 263 women traders. Women traders selling on the pavements and open spaces in the market were not included at this stage, as it would have been extremely difficult to track them.

A stall was acquired and refurbished by MCI to serve as the clinic for the women. Basic equipment was provided by MCI, while drugs and supplies were supported by MCI's long-time partner, the American nonprofit AmeriCares. Screening services at the clinic started in earnest on 3 October 2013 and have continued until today. Various training programmes have been funded by MCI to improve the knowledge and skills of the nurses and assistant, so as to enhance the service scope and provision for the women. Thus, in January 2014, MCI funded the training of 12 nurses in PAP smear sample collection techniques. In March 2013, a two-week training in the use of acetic acid for the visual inspection of the cervix for precancerous lesions was conducted for the clinic's two nurses. Experts from the Ghana Health Service facilitated both workshops.

RESULTS SUMMARY OF CLINIC ACTIVITIES

Table 1: Summary of Women Screened

October 2013 - May 2014

Source: Field data, 2013-2104

	BMI	BP	FBS	Breast Exam	VIA	PAP	TOTAL
OCT	77	76	52	75	12	0	292
NOV	63	63	65	61	6	0	258
DEC	30	30	21	30	0	0	111
JAN	9	9	8	9	0	8	43
FEB	60	60	60	59	0	58	297
MAR	29	29	29	29	51	22	189
APR	24	57	58	24	26	10	199
MAY	24	24	24	23	26	12	133
TOTAL	316	348*2	317*3	310 ⁴	121	110	1522

^{2*} Note that these figures are more than 316, as some 32 women only had their blood pressure and sugar levels measured in April.

^{3**} In the programme's first three months, a significant proportion of women who had eaten prior to their scheduled screenings could not have their blood sugar levels tested.

⁴ Six women who were breastfeeding young infants at that time did not undergo the examination.

As of May 31, 2014, a total of 1,522 assessments had been conducted for 316 market women.

This number included 316 (20.8 percent) body mass index (BMI) assessments, 348 (22.8 percent) blood pressure measurements, 317 (20.8 percent) fasting blood sugar tests and 310 (20.4 percent) manual breast examinations.

However, only 121 (8 percent) pap smears and 110 (7.2 percent) VIA cervical screenings had been done, due to the initial lack of expertise by the clinic staff, which severely affected this segment of the screening for the first four months of the work.

Thus, by the end of May 2014, only 231 women had completed the screening, representing 73.1 percent of the 316 clients seen.

OVERVIEW OF FINDINGS FROM SCREENINGS

The screening resulted in the following findings:

- A total of 110 obesity cases and 90 other abnormalities were found.
- Out of the 316 women assessed, 110, representing 34.8 percent of participating market women, had BMI over 30, implying that one in three market women in the Bantama market is obese.
- Of the 348 women whose blood pressure measurements were taken, 57 (16.4 percent) had elevated readings indicative of hypertension. These women had the measurements taken again over two consecutive days to confirm the initial readings, before being referred to a physician for treatment.
- Fifteen women had elevated fasting blood sugar levels, out of the 317 women tested.
- Ten out of the 310 women whose breasts were examined were found to have lumps, meriting their referral to the Komfo Teaching Hospital Breast Clinic for evaluation. In three of the 10 women, the lumps were found to be malignant growths, and they have been scheduled for surgical assessment.
- Of the 121 women under 40 years of age who underwent VIA, eight, representing 6.6 percent, had precancerous lesions, six of whom were scheduled for cryotherapy, and two had frank cervical cancer and were referred to the oncology department for further treatment.



Women traders offering their goods at Bantama Market.

ACCESS TO SOCIAL CAPITAL CREDIT SCHEME

Once they have completed the screening schedule, the market women gain entry into the SoCCs programme, where they enjoy the opportunity to benefit from business development sessions organised by the NGO Self Help Ghana. The sessions cover a series of topics aimed at helping the women improve record-keeping practices and build capital through small group formation, thereby helping them become more attractive to financial institutions as potential borrowers.

As of end-June 2014, 16 groups, each consisting of between 3-5 women, have been established, with more on the way. Self Help Ghana has disbursed a total of 25,000 Ghana cedis in small loans, more than \$7,300, at a 30 percent interest rate and with no collateral required of 14 of the 16 groups. Four market women spent some of their SoCCs earnings on school supplies for six dependants now in secondary school.



Abenaa Akuamoa-Boateng working with women to complete loan applications.

THE WAY FORWARD

The Bantama Market Clinic is the first of its kind in the city and, we daresay, in Ghana as a whole. Our experience within the last six months has been positive; if the program were to continue and expand, we would want the following ideas to be considered as possible plans for the next period:



Completing loan paperwork at Bantama Market Clinic.

- Expand the screening programme to include women who come to shop in the Bantama market;
- Increase the number of market clinics in Kumasi to three, in the course of the next 18 months;
- Provide mobile screening services to the three major market centres in the districts surrounding Kumasi, namely Ejisu market, Abuakwa market, Mamponteng market and two other markets within the Kumasi metropolis;
- Seek donors / raise funds for the expansion of the SoCCs programme, as we expect more market women to enroll in the programme;
- Consider a clinic in Accra: the Minister for Gender and Social Protection has expressed interest in establishing such a clinic as a pilot in one of the markets in the Greater Accra region; and
- Strengthen the referral system to deal with the ever-increasing number of new cases of non-communicable diseases currently being identified and recorded. Discussions are being held with the Lady Doctors Association to explore that organisation's availability to offer some voluntary clinical hours at the clinic and in any planned additional clinics, as well.

CONCLUSION

In conclusion, the new Bantama Market Clinic has already had a major impact on the lives of hundreds of market women, fewer than one in 10 had previously undergone any health screening within the last five years. The clinic has also provided the opportunity to inform and advise those who unknowingly had hypertension, diabetes, precancerous lesions of the cervix, breast lumps and cervical cancer to seek early care.

Moreover, MCI has also made it possible for the market women to learn more about pertinent health issues through the weekly informational radio programmes we have produced in association with the clinic, which are broadcast over the market's own FM station.

Exciting new opportunities have also been made available through the SoCCs programme for the further development and expansion of the women's businesses.



Women at Bantama Market Clinic on loan meeting day.

ABOUT THE MILLENNIUM CITIES INITIATIVE

The Millennium Cities Initiative was established to help selected, under-resourced municipalities across sub-Saharan Africa eradicate searing urban poverty and attain the Millennium Development Goals (MDGs). MCI assists the “Millennium Cities” – generally regional capitals near to the sites of the Millennium Villages Project (MVP), MCI’s sister integrated rural development effort – in identifying critical gaps in realizing the MDGs, as well as the financing, programs and partners capable of filling them. MCI’s extensive network of partners around the world – including investors, philanthropists and entrepreneurs; nonprofits and corporations; and governmental and multilateral institutions – joins MCI in the belief that, for the first time, our generation has the opportunity to complete an urban transformation across Africa and beyond.