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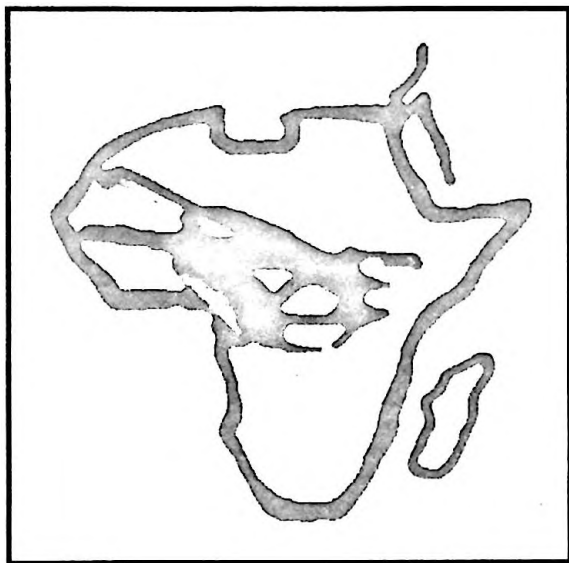
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# Health Care and Population Growth in Ghana: A Catalyst for Development in New Dwaben

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## *Abstract*

*Health care is one of the important elements in the development of every nation. In view of that every government makes it a priority to provide efficient health care to its people through the establishment of facilities, providing medication and also training health workers. The construction of modern health care facilities by the colonial government in New Dwaben, Koforidua, in 1926, represents a serious attempt to provide for the health needs of the people of the Gold Coast. The advent of the hospital helped to improve the health of the people of the community and, to a large extent, contributed to the development of social and economic activities in New Dwaben. This article examines the factors that led to the establishment of the hospital and how it contributed to growth of social and economic activities in New Dwaben, Koforidua. There was growth in social and economic activities including employment, agriculture, transportation, population, entertainment, trade, sanitation, jobs partly due to the advent of the Koforidua Government Hospital in New Dwaben.*

**Keywords:** New Dwaben, Government Hospital, Colonial Medical Policies, Ghana Health Service

## Introduction

The lack of modern methods of health care delivery was one of the problems that confronted the settlers of New Dwaben in the late 19<sup>th</sup> century. Without hospitals, clinics, trained medical doctors, nurses and other health workers in the early stages of settlement the only available method of health care at the time was the traditional medical system which was administered by traditional healers, usually referred to as herbalists. Many health professionals refused posting to the area because they could not educate their children in any school in New Dwaben. The major sources of medication for ailments were leaves, roots and the skin of plants. Diseases, perceived to have been caused by the gods, were treated by the traditional priests after pacifying the gods. But these methods of cure became ineffective over the years as new and complicated diseases emerged which called for a more efficient approach to health care. Nevertheless, prior to the establishment of modern methods of health care, the traditional system was the only acceptable form of treatment because the people of New Dwaben were in a society that was still going through transition and transformation.<sup>1</sup>

It is said that a healthy mind always operates better in a healthy body, and to keep a healthy body required good medical services. Thus, anticipating a possible outbreak of diseases due to the interaction of people from different backgrounds moving into New Dwaben to live and work there, the colonial government made it a priority to provide health care services. First of all, the colonial government was very much concerned about the health needs of the European merchants and their families who traded in raw materials such as cocoa, oil palm, timber and other finished goods. The colonial government's commitment to the provision of good health care for the Europeans and the local people of New Dwaben, Koforidua, was evidenced by the construction of the Koforidua Government Hospital in 1926<sup>2</sup>.

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<sup>1</sup> Interview with Nana Oko Yaw, Dwumakwachene of New Dwaben, on 30<sup>th</sup> October 2008.

<sup>2</sup> PRAAD (New Dwaben) ERG 101 Extension of Koforidua Central Hospital, 1.

However, the history of modern health care in New Dwaben dates back to an earlier period before 1926. With the assistance of the Christian Missionaries, New Dwaben chiefs established a mini health post in Koforidua in 1921.<sup>3</sup> The health post was then known as Koforidua Native Hospital. It was managed by the European Christian Missionaries who had acquired some knowledge of clinical health care from health training centres in Europe. The establishment of the health post complemented the efforts by traditional healers to provide health care to the people of New Dwaben and the neighbouring towns and villages.<sup>4</sup>

However, the growth in population with the influx of migrants rendered the health post inadequate for health care delivery. The population growth and the rate at which people threw rubbish indiscriminately in the Koforidua Town alarmed the government as well as the chiefs and there was anticipation that there could be an outbreak of unfamiliar diseases<sup>5</sup>. This situation created panic among the people when they began to experience the outbreak of strange diseases like river blindness, typhoid, yellow fever, influenza and bilharzia in the early part of the 20<sup>th</sup> century.<sup>6</sup>

### **Improvement of Health Care Facilities**

The alarming situation as a result of the outbreak of diseases called for immediate action to bring the deteriorating situation under control. The new types of diseases required a new method of health care different from the old method of traditional health administration. The new change in health administration was to speed up the health care delivery to meet the needs of both the people of New Dwaben and its environs. To expedite action on this situation, the colonial government quickly came to the aid of the chiefs and the missionaries by constructing the Koforidua

<sup>3</sup> Ibid.

<sup>4</sup> Ibid., 2.

<sup>5</sup> David K Patterson, "Influenza Epidemic of 1918-1919 in the Gold Coast," *Transactions of the Historical Society of Ghana*, New Series, 1 (1995), 206-208.

<sup>6</sup> PRAAD (New Dwaben) ADM 4692/1657/24 Report by the Ministry of Health, 5.

Government Hospital in 1926. The hospital had a number of clinical departments which were managed by qualified medical doctors, nurses and paramedical personnel. One of the new additions incorporated into the hospital structure was the child welfare unit.<sup>7</sup> Children were the major victims of the outbreak of the new diseases. The clinic provided important medical services to the children in New Dwaben and the neighbouring towns and villages. As had been anticipated by the colonial government and the chiefs in 1927, barely a year after establishment of the hospital, New Dwaben began to experience a persistent outbreak of malaria and yellow fever.<sup>8</sup>

In 1929, a report from the Ministry of Health to the Acting Commissioner of the Eastern Province indicated that the medical doctor in charge of the children's ward worked assiduously from 8 a.m. till 6 p.m. six days every week, particularly to see to emergency cases concerning children.<sup>9</sup> Although he had little equipment to work with, he never relented in his efforts to counsel pregnant women and nursing mothers on the proper method of handling pregnancy and the care for infants and children. He administered the required medication to all patients.<sup>10</sup>

The modern methods of health administration worked hand-in-hand with traditional methods of health care which used herbs, tree barks and roots.<sup>11</sup> These forms of medicine have existed alongside each other for quite a while. However, modern scientific medicine has, indeed, been beneficial to the people of New Dwaben in the areas of increasing life expectancy and

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid., 6.

<sup>9</sup> Ibid.

<sup>10</sup> PRAAD (New Dwaben) ADM 60/2/29 Report by the Ministry of Health to the Acting Commissioner Eastern Province, 3.

<sup>11</sup> Emmanuel Asante and R. Avomyo, "Enhancing Healthcare System in Ghana through Integration of Traditional Medicine," *Journal of Sociological Research* Vol. 4, 2 (2013): 256-257.

lowering death rates.<sup>12</sup> With the professionally trained medical doctors and nurses and the scientific methods of health diagnoses, the rate of mortality related to malaria, yellow fever and water-borne diseases were reduced, if not totally eliminated.<sup>13</sup>

There was also an improvement in anti-natal health care in New Dwaben and this reduced the death rate of pregnant women and unborn babies. New born babies were also taken good care of and that also reduced child mortality rate.<sup>14</sup> The joy of some of the local people was due to the move away from the idea of superstition which had shrouded the outbreak of diseases. To them, the modern form of diagnoses and cure enlightened them on preventable diseases.<sup>15</sup> The Koforidua Government Hospital was later upgraded to a regional hospital in 1953 by the Government of Ghana with an improvement in its infrastructural facilities to provide quality health care. For example, the anti-natal ward, child care unit, out-patient department, accident and emergency wards were all expanded.<sup>16</sup>

The expansion of medical services called for the construction of clinics and health care centers in other communities in New Dwaben besides Koforidua. Thus, the increase in the number of hospital patrons compelled the New Dwaben Urban Council, in collaboration with the government, to purchase a plot of land from Mr. D. K. Ankrah an estate agent, for the construction of a second hospital.<sup>17</sup> The congestion at the Koforidua Government Hospital informed that decision by the Government and the Urban Council. For example, in the old hospital both the child welfare and the maternity clinics operated in the offices of the

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<sup>12</sup> Ibid.

<sup>13</sup> Patrick A. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology* (Tema: Ghana Publishing Corporation, 1975): 256.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid., 257.

<sup>16</sup> Ibid.

<sup>17</sup> PRAAD (New Dwaben) File CSO 1367/4451 Ministry of Lands Report 1930, 1.

medical officer in charge of the health services.<sup>18</sup> The situation caused much nuisance and inconvenience to the medical officer in charge of health services, the doctors on duty and the patients as well.<sup>19</sup>

From February 1929 to October 1930, the daily average child attendant at the clinic was one hundred. Dealing with these cases all involving daily consultation, injection, dispensing of drugs, created congestion and embarrassing situations for the management of the hospital.<sup>20</sup> What worsened the situation was that the only two people who assisted the doctor were not professionally trained nurses and, thus, most of the duties were undertaken by the medical doctor himself.<sup>21</sup> However, in spite of all the difficulties no death was recorded for a period of nine months. What a joy it was for the medical officer, the staff as well as the entire community of New Dwaben when on April 23, 1930, a new clinic was commissioned by the then Honorable Commissioner of the Eastern Province, Mr. F. W. Applegate, who was accompanied by D. H. O'Hara, the Deputy Director of Health Services and Mrs. W. J. D. Innees, the wife of the Director of Medical and Health Services.<sup>22</sup>

To ease the pressure on the hospital, two new clinics were constructed in the early 1930s at a new site to accommodate the child welfare and the maternity clinics.<sup>23</sup> In the new clinics, the number of patients attended the hospital went beyond an average of 185 a day during the months of August, September and October.<sup>24</sup> This was due to the fact that many people who traveled to New Dwaben to trade in cocoa and other agricultural

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<sup>18</sup> *Ibid.*, 2.

<sup>19</sup> *Ibid.*, 3.

<sup>20</sup> PRAAD (New Dwaben) CDV/JSEAT Child Welfare Clinic, 4.

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*, 5.

<sup>23</sup> PRAAD (New Dwaben) ERGKC12/86 Koforidua Hospital, 7.

<sup>24</sup> *bid.*



produce such as oil palm, coconut, maize, plantain, cassava, yam and other food items found it opportune to seek medical care for their children and spouses.<sup>25</sup> A fee of one shilling was charged for the prescription of medicine. However, daily consultation with the Doctors was free. But in the case of yaws patients, two shillings was charged for the first injection given and one shilling for every subsequent injection<sup>26</sup>.

Besides the charges for health care delivery, fines were levied for other related services and on people who were found guilty of various offences. For example, a patient was made to pay one shilling for the loss of a hospital identity card, six pence for defacing the card, one shilling for unnecessary talking and disturbances in the consulting room and one shilling for spitting in the room.<sup>27</sup> For a period of six months, from April to September 1930, the total fees collected into the treasury amounted to £625.<sup>28</sup>

Wives and children of government workers attended the health care centers free of charge. School children who brought official sick permits from their respective head-teachers were also catered for free of charge. Arrangements were also made to offer treatment to patients in their homes at a special fee.<sup>29</sup> These arrangements were specifically for those who could not visit the clinics or the hospital due to the severity of their ailments. Such fees were also paid into the central treasury.<sup>30</sup> But this opportunity was abused as it became difficult to sometimes collect money from patients who were treated privately in their homes.<sup>31</sup> As a result of this, the medical officer gave instructions to cut off all

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<sup>25</sup> Ibid.

<sup>26</sup> Ibid., 8.

<sup>27</sup> PRAAD (New Dwaben) File ERGN7/Vol. II Koforidua Hospital Improvement, 2.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid., 3

<sup>31</sup> Ibid.

those private services and all patients were then directed to go to the hospital for treatment in spite of their condition.<sup>1</sup> That decisions by the medical officer enabled the clinics to collect monies from patients who were given treatment. Those with financial difficulties consulted the senior medical officer for consideration and special arrangement.<sup>2</sup>

### **Increase in Hospital Attendance**

To ensure effective and efficient health care delivery, additional qualified medical personnel were employed by the government to support the medical personnel who worked at the Koforidua Government Hospital. For instance, on days when the number of patients was very huge at the out-patient department and the children's unit when it seemed too difficult for one person to dispense drugs, extra qualified dispensers were employed temporarily to assist the permanent staff on duty. On August 1, 1930, for example four people were employed to support the staff strength at the central hospital.<sup>3</sup> The first to be employed was Mrs. Williams, a professional midwife at the anti-natal clinic. The others were Marrian Bordoh, a clerk responsible for hospital correspondence including the patient identification cards, and Rose Peters an interpreter and a cleaner.<sup>4</sup>

Occasionally, some of the European women residing in Koforidua offered voluntary assistance to the cleaners and other Para-medical staff at the Koforidua Government Hospital. The hospital authorities expressed their profound gratitude to the volunteers, especially, Mrs. W. W. Greer and Mrs. G. C. Cuthbert, for their invaluable contribution to the upkeep of the hospital.<sup>5</sup> In the 1930s the majority of the cases reported at the hospital were malaria in children under two years of age. The danger that

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<sup>1</sup> Ibid.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid., 4.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

loomed was that anti-malaria drugs were in short supply and the lives of the affected children were in danger. However, during that same period, there was a drastic reduction in the spread of yaws.<sup>6</sup> But there was also a report of other strange diseases that threatened the life of the people of New Dwaben at the time. On a daily average, four cases of typhoid were reported, eight cases of pneumonia, four leprosy cases, two of scurvy, two of leukemia and two of dysentery. Most of the serious cases were referred to the Gold Coast Government Hospital in Accra for emergency treatment.<sup>7</sup> In spite of this menace the services rendered at the anti-natal clinic improved steadily and many pregnant women traveled from distant villages from Krobo, Akuapem and Akyem Abuakwa to seek medical care in New Dwaben.<sup>8</sup>

The smooth journey to and from New Dwaben was made possible due to the availability of modern means of transportation, especially, railways which was the cheapest means of transport at the time.<sup>9</sup> Some of the pregnant women found it convenient to travel by rail transport than road transport. Those who could not get medical attention the same day preferred to live in New Dwaben for a number of days or months to receive medical treatment from their doctors.<sup>10</sup> Although they initially found it strange to live in a new town they quickly adjusted to the new situation as the days went by. The influx of people to New Dwaben for health care delivery partly contributed to the creation and expansion of some satellite communities like Asokore Kuma, Akwadum, Jumapo, Aboabo, Ada, Nsukwao, Sorodae and Zongo communities.<sup>11</sup> This fostered the development of New Dwaben into an urban area.

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<sup>6</sup> Ibid.

<sup>7</sup> PRAAD (New Dwaben) ERGGQ2/18/SF/38 Extension to Koforidua Hospital.

<sup>8</sup> Interview with John Kobina Nunu, Retired Traffic Officer, Ghana Railway Corporation, Koforidua, on 15<sup>th</sup> February, 2009.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

The table below shows the level of increase in utilization of child welfare, school children and anti-natal clinics at the Koforidua Government Hospital between the years of 1929 and 1930.<sup>12</sup>

ATTENDANCE	1929	1930
Child Welfare Clinic	5,222	13,508
Anti Natal Care	224	1,068
School Children	267	746

As shown in the table, in 1929, the child welfare clinic cared for five thousand, two hundred and twenty-two patients. The patient number increased to thirteen thousand, five hundred and eight in 1930. The anti-natal clinic in 1929 cared for two hundred and twenty-four patients. But the patient number shot up to one thousand and sixty-eight in 1930. A similar situation occurred in school children's utilization of the hospital. The number of school children cared for at the hospital in 1929 was two hundred and sixty-seven. This number increased to seven hundred and forty-six in 1930.<sup>13</sup>

The Koforidua Government Hospital prides itself on efficient and effective health care delivery. To the medical staff of the hospital a satisfied customer was their best form of advertisement to the general public. To monitor the progress of their work and services to the public, an arrangement was made for some health officers to visit the homes of patients who had been treated by the hospital and discharged. The purpose of the visit was to assess the rate at which the discharged patients were recovering from their ailments.<sup>14</sup> Even the mortal remains of a few dead people were monitored as to how they were buried. This was because some of the diseases that killed the patients

<sup>12</sup> PRAAD, New Dwaben ADM 40/635/12 Ministry of Health Report, 1930, 7.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

were contagious and thus the bodies were to be buried properly to avoid the spread of such diseases.<sup>15</sup>

### **Contributions by the British Red Cross Society**

In 1931 an extension of the maternity ward was constructed to cater for child delivery and related maternity cases whilst the main ward concentrated on pregnant women.<sup>16</sup> To increase the staff at the new maternity ward, traditional birth attendants were recruited and offered professional nursing and midwifery training to complement the work of the nursing staff. After the training they were employed as nurses and midwives in the maternity department.<sup>17</sup> To support the female and children wards with advanced medical treatment that prevailed in Europe at the time, the colonial government created a branch of the British Red Cross Society in New Dwaben in 1935.<sup>18</sup> After the branch was firmly established in New Dwaben, the infant welfare clinic was handed over by the colonial government to the management of the British Red Cross Society. However, the government exercised general control over the clinic to ensure effective health care delivery. The Ministry of Health also collaborated effectively with the society to achieve its intended purposes.<sup>19</sup>

The financial resources and administration of the British Red Cross Society were taken over by the government so that it could judiciously use the funds generated internally for its operations.<sup>20</sup> However, during difficult financial times the government subsidized the society's activities.<sup>21</sup> The salaries and pension gratuity of the medical doctors and all the health

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<sup>15</sup> PRAAD, New Dwaben ADM 41/271/13 New Dwaben Government Hospital, 10.

<sup>16</sup> Ibid.

<sup>17</sup> PRAAD (New Dwaben) ADM 355/1983/29 Midwifery and Nursing Training offered the Traditional Birth Attendants.

<sup>18</sup> Ibid.

<sup>19</sup> PRAAD (New Dwaben) ADM 296/2/1935 The Child Welfare Clinic Handed Over to the British Red Cross Society, 10.

<sup>20</sup> Ibid., 11.

<sup>21</sup> Ibid., 12.

workers of the Koforidua Government Hospital were paid by the government.<sup>22</sup> To mobilize enough funds for the upkeep of the health sector, individuals and private companies contributed generously to support the colonial government's expenditure.<sup>23</sup> Others too offered manpower support to the health sector. The United African Company (UAC), for example, in 1936, contributed to the rehabilitation of the Koforidua Government Hospital.<sup>24</sup> One of the health personnel of the Company, Mr. E. A. Kwapong, was asked by the company to offer assistance to the British Red Cross Society in the organization and delivery of health care education for the people of New Dwaben and the whole of the Eastern region.<sup>25</sup> Among the towns outside New Dwaben where health care education was delivered was Anyinam in the Akyem District.<sup>26</sup>

In 1939 the British Red Cross Society expanded its operations when the colonial government constructed a new medical block for the society in Koforidua.<sup>27</sup> The request for a new medical block was made to the colonial government by the executive committee of the society. After the colonial government approved the request, authorization was given to the Commissioner of the Eastern Province, Mr. Eugene Smith, to cut the sod for the commencement of the project.<sup>28</sup> For administrative purposes, a board of directors made up of the District Commissioner as chairman, the medical doctor in charge of the British Red Cross Society and the resident engineer as members, were appointed on behalf of the government to

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<sup>22</sup> Ibid.

<sup>23</sup> Ibid., 13

<sup>24</sup> Interview with Mr. Jonathan Aboagye, Public Relations Officer, Ministry of Local Government, Accra, on 4<sup>th</sup> April, 2008.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> PRAAD (New Dwaben) ADM 296/2/1935 Construction New Medical Block for British Red Cross Society, I.

manage the affairs of the society.<sup>29</sup> Report on the operations of the society was submitted to the Governor annually.

The increase in population due to urbanisation invariably increased the number in hospital attendance during the middle part of the 20<sup>th</sup> century. Besides those who were residing in New Dwaben, others traveled daily by rail from the neighbouring towns to seek medical care in New Dwaben.<sup>30</sup> The increase in hospital attendance created congestion again in the main hospital and the affiliate clinics.<sup>31</sup> The patients outnumbered the health workers both in the hospital and in the associated clinics. In some instances, patients had to sleep on the bare floor to receive medical treatment due to lack of beds.<sup>32</sup> The situation worsened the conditions of some of the patients even to the point of death. In October 1954, the people of New Dwaben as well as the chiefs raised serious concerns about the congestion at the Koforidua Government Hospital and its effects on the health of the people. The matter was subsequently reported to the Government by the management of the hospital.<sup>33</sup>

The poor hospital conditions created tension between the people and the Ministry of Health. To reduce this the Government carried out major renovation and expansion work at the Koforidua Government Hospital. The first phase of the project was started in October 1954. New departments were constructed in addition to the existing ones. The new departments, including X-Ray, Surgical, Out Patient, Laundry, Consulting Rooms, Recovery Wards and a Photographic Unit were constructed at the new site. The existing kitchen was expanded to accommodate food prepared for the patients. New diagnosing equipment was also purchased. The government solely financed the project and

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<sup>29</sup> Ibid.

<sup>30</sup> Ibid., 2.

<sup>31</sup> Ibid.

<sup>32</sup> Interview with Mr. Abeka Amoah, Public Relations Office, Ministry of Health, Takoradi, on 28<sup>th</sup> December, 2007.

<sup>33</sup> Ibid.

construction was undertaken by the public works department at the cost of £16,000.<sup>34</sup> A second phase of the renovation and expansion works were carried out in November of the same year at a cost of £18,160. Additional bungalows were built for doctors and nurses to ease the burden of accommodation and also to boost the interest of the new ones posted to the hospital.<sup>35</sup> The foot paths leading to the hospital were cleared and widened whilst the tarred roads in bad conditions were reconstructed. The drainage systems were improved to enable free flow of waste water from the hospital and a demolition exercise was carried out to get rid of encroachers on the hospital land.<sup>36</sup> The regional minister financed the construction of a reservoir to serve the hospital.<sup>37</sup> Water was pumped from the Densu River to supply the hospital and the residences of the staff. The regional minister subsequently furnished the new maternity ward with beds and sterilizers.<sup>38</sup>

In 1955, a fully furnished kitchen was provided by the Ministry of Health for the patients at the Koforidua Government Hospital.<sup>39</sup> The purpose of the kitchen was to relieve the relatives of the patients of the burden of providing food and also to ensure that patients were given nutritious food from the hospital. In a report to the regional minister the hospital management indicated that patients had better treatment at the New Dwaben hospital. All patients were properly diagnosed before treatment and adding to the improvement in the hospital health care delivery was the provision of sheds and adequate seats for visitors.<sup>40</sup> For security purposes, security staff were stationed at the main entrance in each of the wards to prevent intruders and protect both patients

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<sup>34</sup> PRAAD (New Dwaben) ERG KC 12/15 Congestion in Koforidua Hospital, 14.

<sup>35</sup> Ibid.

<sup>36</sup> PRAAD (New Dwaben) ERG 170/vol2/3472 Extension to Koforidua Hospital, 9.

<sup>37</sup> Ibid.

<sup>38</sup> PRAAD (New Dwaben) ERG KC12/30 Office of the Regional Minister, 13.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.



and staff.<sup>41</sup> The management of the hospital ensured that besides the monthly salaries and allowances given to the staff, they would also have a better working environment to motivate them to give off their best to the service.<sup>42</sup>

As the population of New Dwaben continued to increase, companies including United African Company and G. B. Olivant volunteered to support the Ghana Government in health care delivery.<sup>43</sup> This was due to the fact that the government hospital and clinics alone could not cater for the health needs of the people. Churches, especially, the Roman Catholic Church, supported the government in this sector. The R. C. Church established the St. Joseph's Hospital in 1959. The hospital was noted for its specialty in orthopedic treatment and other diseases.<sup>44</sup> There was speedy delivery of health services and patients were even transferred from other hospitals, particularly, in other parts of the Eastern region to Koforidua. Some of the patients after recovery found themselves in permanent residence in New Dwaben due to the efficiency and professionalism from the medical staff.<sup>45</sup>

### **Challenges in Health Care Delivery**

Due to the rapid growth in social and economic activities such as trade, agriculture, transportation and entertainment the Government of Ghana established a branch of the Department of the Town and Country Planning in Koforidua in 1959. The responsibility of the Department was to restructure the demarcation of residential areas to control the haphazard manner of putting up buildings, disposing waste, constructing sewerage systems, siting of lorry parks, markets, schools and recreational centers, to ensure both the beautification and a

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<sup>41</sup> Ibid., 14.

<sup>42</sup> PRAAD (New Dwaben) ERG GQ2-18/SF38 Extension to Koforidua Hospital, 8.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> PRAAD (New Dwaben) 2003 Annual Report: A Brief Development History of New Dwaben, 21.

healthy environment in New Dwaben. One of the measures adopted by the department to achieve its objectives was to prevent the people of New Dwaben from either building or farming without permits.<sup>46</sup> Anyone who required land for any project had to go for a permit prior to the commencement of the project. A permit was issued on payment of twenty-four shillings (24s).<sup>47</sup> The tenancy agreement further stated that every land, farm or house owner had to make a payment of an annual rent of twelve-shillings (12s) to the Town and Country Planning Office. Foreigners who had already utilized land were made to pay a penalty of forty-shillings (40s) per person for violating the law.<sup>48</sup>

The effort of the Town and Country Planning Department yielded positive results such that by the end of 1959, New Dwaben had started enjoying treated and purified water drawn from the Suhyien and Okume Rivers.<sup>49</sup> There was improvement in drinking water from wells and streams which were major vehicles for the outbreak of waterborne diseases like bilharzia and river blindness.<sup>50</sup> The tremendous efforts displayed by the Government of Ghana, the chiefs and the health workers of New Dwaben to bring the situation under control were commendable. They complemented the efforts by the hospital to reduce and control diseases like malaria, yellow fever and water born infections.<sup>51</sup>

From 1967 the hospital faced another round of problems. The first was financial difficulties that affected its operations. It retarded the rate at which progress was being made in health care delivery in New Dwaben and its environs. The financial problem was due to the fact that funds were not been released regularly and sufficiently by the Ministry of Finance to cater

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<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid., 22.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

for expenses incurred by the Koforidua Government Hospital.<sup>52</sup> The internally generated funds from the hospital were also not enough to meet the challenging needs at the time. This situation presented difficulties for the Ministry of Health which was the statutory body that supervised the operations of all government hospitals and clinics in the country at the time. This financial difficulty affected the provision of Hospital beds and night wear for patients, let alone carry out major renovations and extensions.<sup>53</sup> This problem was not common to most government hospitals in the country in 1967. The situation hampered the development plan by the Government of Ghana to construct another hospital with modern facilities in the Eastern Region.<sup>54</sup>

By 1968 the number of people attending the Koforidua Government Hospital in New Dwaben was over sixty-one thousand. The patrons were people from Akuapem, Krobo and Akyem towns and villages. At the time, the hospital had only one hundred and seven beds distributed to the various wards. The female ward had 18 beds, the male ward 20, the maternity ward 42, anti-natal ward had 6 and children's ward, 21. Due to lack of rooms, temporal structures were used for dispensary, consulting room, registration office, laboratory, administration, X-ray section and a tuberculosis unit.<sup>55</sup> The hospital at the time had only one dental clinic. The surgical theater was still under construction and the small building used as a mortuary was outmoded with malfunctioning refrigerators. Dead bodies sometimes decomposed in the refrigerators. As well, frequent power cuts also affected the functioning of the mortuary.<sup>56</sup>

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<sup>52</sup> *Ibid.*, 23.

<sup>53</sup> *Ibid.*

<sup>54</sup> PRAAD (New Dwaben) ERG ER/DS/D-31 Press Criticism on Koforidua Hospital, 7.

<sup>55</sup> *Ibid.*

<sup>56</sup> PRAAD (New Dwaben) ERGKC12/TJ Koforidua Hospital Needs Supervision. p. 6.

Another problem was lack of sufficient staff at the Koforidua Government Hospital. For the over sixty-one thousand people across the length and breadth of New Dwaben, there were only four doctors, one dental surgeon, three pharmacists, five dispensary assistants, one secretary, one assistant catering officer, two X-ray technicians, one store keeper, one dental assistant, one medical assistant, one record keeper, thirteen orderlies, two labourers for general duties and one telephone operator.<sup>57</sup> A little encouraging was the one hundred and sixty-nine nurses including those in the University of Ghana Nursing Training School. These were the devoted staff at the hospital in the late 1960s. On average, one doctor was caring for over fifteen thousand patients. There was also only one surgeon at post was for the entire Koforidua Government Hospital. On average, one bed was serving seven hundred and thirty-six patients and one maternity bed was for one hundred and twenty pregnant women.<sup>58</sup>

There was also the problem of noise-making from nearby communities and activities such as excessive noise from passing trains, noise from the electricity corporation generating plants and from primary and middle schools around the hospital. These disturbances compelled the Government of Ghana to consider the construction of another hospital far from the city center in 1971.<sup>59</sup> Another problem was the attitude of some of the staff at the hospital, particularly, the nurses. In 1969, a report to the Progress Party Government indicated that some of the nurses were not polite and, thus, had neglected patients in the course of their duty. The lack of supervision by the senior nursing sisters created a situation in which the junior ones acted in their own interest and ignore the rules and regulations governing the medical profession.<sup>60</sup> The report further indicated that

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> PRAAD (New Dwaben) File ERG F16/27 Petition from Regional Hospital Koforidua, 5.

<sup>60</sup> Ibid.

the services at the hospital were not up to standard. Patients complained about noise made by the staff to their discomfort. To find lasting solutions to these problems, the government issued an order to the staff to desist from aggravating patients' woes and reminded them of the duties and responsibilities of medical professionals, especially on the cardinal point of how to treat patients with care. The health workers were asked to emulate the example of Lady Nightingale who introduced nursing the service during the Crimean war and how she exhibited humility and modesty by showing courtesy to people. This improved the situation at the Koforidua Government Hospital<sup>61</sup>.

The Koforidua Government Hospital continued to have problems after 1969. In 1970, for example, a visit to the hospital by a Committee of the New Dwaben Traditional Council, led by the Nifahene Nana Frimpong Mposo II, revealed that the hospital was in dire need of doctors.<sup>62</sup> This was because many doctors refused posting to Koforidua due to the conditions in the hospital. For this reason, doctors had to be persuaded to accept the government request.<sup>63</sup> Among the conditions that convinced doctors to accept posting to New Dwaben Hospital was the fact that the government promised to build a new hospital with modern equipment and facilities in 1971. This promise by the government and an improvement in the service conditions of doctors by increasing their salaries and allowances and also providing equipment for work motivated medical staff to go to New Dwaben.<sup>64</sup>

Living up to its promise, the Progress Party Government authorized the Ministry of Health to acquire a two-hundred-acre land for the construction of a new hospital in 1971. But while waiting for the construction of the new hospital, problems in the

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<sup>61</sup> PRAAD (New Dwaben) ERG Vol. 1/No 51 Koforidua Hospital Needs Supervision, 2-3.

<sup>62</sup> *Ibid.*, 4.

<sup>63</sup> *Ibid.*

<sup>64</sup> PRAAD (New Dwaben) ERG 13/472/70 New Hospital for Koforidua, 3.

old one kept on increasing. In 1972, the surgical and maternity wards were closed down due to persistent outbreak of contagious/infectious diseases.<sup>65</sup> The outbreak was partly blamed on the lack of space in the old hospital to accommodate patients. As well, most of the equipment in the wards were not in good condition. The ambulances and mobile vans that transported patients from Koforidua to other Regional Hospitals had also broken down. Subsequently the Epidemiology Division of the hospital recommended the closure of specific wards.<sup>66</sup> Investigations conducted by the Deputy Director of Medical Services revealed that the situation was so bad that he approved the request. As a result, the government did not relent in its efforts to avert the looming danger that posed a threat to human life. It sped up the construction of additional wards, but the immediate action taken by the government was to furnish the old hospital with new equipment. The new equipment bought was worth N¢ 4,268,000.<sup>67</sup>

### **Efforts by Government to Resolve Problems at the Hospital**

For the hospital authorities, the most important step to prevent the repetition of the problems in future was the quick completion of additional new wards at the new site. To see to the progress of the work the Senior Medical Officer, Dr. Hammond Grant, paid a working visit to the site in April 1972. He reported that the work on the new ward was progressing steadily.<sup>68</sup> To ensure the safety and protection of the children, the child welfare clinics which operated in distinct locations were taken over by the Public Health Division of the Koforidua Government Hospital.<sup>69</sup> The hospital management took the decision in the wake of an outbreak of infectious diseases including bilharzia, yellow,

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<sup>65</sup> Ibid.

<sup>66</sup> Ibid., 4.

<sup>67</sup> PRAAD (New Dwaben) File ERG N7/Vol. 11 Improvement on Koforidua Hospital, 1.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid., 2.

malaria and river blindness in Koforidua in the early 1970s. The diseases were fast spreading among children in New Dwaben and the nearby villages and, therefore, quarantine was enforced.<sup>70</sup> The hospital management introduced a pilot project called the "under five health care programme" to control the spread of the diseases. The intensive health care unit also supported the public health care division in the fight to cure the affected children.<sup>71</sup>

The Regional Medical Director, in a report to the government in 1972, stressed the importance of constructing a regional medical store in Koforidua, to facilitate quick access to medication in case of emergencies. This was because the delay in transporting medication from Accra to New Dwaben caused serious problems. In some instances, patients died as a result of the delay.<sup>72</sup> Heeding to the request by the medical officer, an additional hundred-acre land was acquired by the government for constructing a regional store. Another fifty acres was acquired for the expansion of the midwifery training school to train professional midwives to handle all maternity cases.<sup>73</sup> As well additional wards were constructed and the out-patient department was also rehabilitated to accommodate more patients.<sup>74</sup>

Major renovation and expansions works were undertaken at the New Dwaben hospital in 1972. A number of new blocks, a new maternity block with an operating theatre, anti and post-natal units and an obstetric consulting room were constructed by the Government of Ghana.<sup>75</sup> Expansion works continued with the construction of surgical block, a bigger mortuary, paediatric ward, a new administration block, a sewing room, a physiotherapy department, a staff canteen, a library, a conference room, a staff

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<sup>70</sup> Ibid.

<sup>71</sup> PRAAD (New Dwaben) ERG 127/5/ 12 Koforidua Hospital Improvement, 16.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid., 17.

<sup>75</sup> Ibid.

common room, a regional laboratory and new medical wards.<sup>76</sup> After the completion of the new departments a section of the staff in the old blocks were assigned to these new units.<sup>77</sup> The child welfare division, by 1975, had outlived its usefulness. The increase in child patient attendance had rendered the size of the ward inadequate. The numbers were far greater than the division could admit.<sup>78</sup> To improve service delivery, a new block was constructed by the government with new facilities. Suitable beds and other equipment were also provided for the children. By the end of 1975 the daily child attendance at the hospital was three hundred.<sup>79</sup>

Medical equipment purchased by the government was screened by the University of Ghana Medical School prior to delivery.<sup>80</sup> For instance, a number of hospital equipment suppliers applied to furnish the surgical theatre, the orthopaedic theatre and the recovery ward of the Koforidua Government Hospital but only one of them, Hospital Services Ghana Limited, won the approval of the Medical School.<sup>81</sup> The company was tasked with the responsibility of supplying anesthetic equipment, surgical instrument, neurosurgical equipment and thoracic equipment to replace the obsolete ones.<sup>82</sup> Since 1975, the University of Ghana Medical School has continued to offer valuable assistance to the Koforidua Government Hospital by posting trained doctors, nurses and other health professionals to the Regional Hospital.<sup>83</sup> This invaluable assistance from the University of Ghana Medical

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<sup>76</sup> Ibid.

<sup>77</sup> Ibid., 18.

<sup>78</sup> Ibid.

<sup>79</sup> PRAAD (New Dwaben) ERG KC 12 Improvement Maternal and Child Health Care Division - Koforidua Hospital, 14.

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

<sup>82</sup> PRAAD (New Dwaben) MS/DA-71A University of Ghana Medical School Assistance to Koforidua Hospital, 8.

<sup>83</sup> Ibid.



School contributed greatly to the maintenance of quality health care delivery in New Dwaben. This in the long term had positive effects on the health status of the people by contributing a low mortality rate.<sup>84</sup>

To improve the efficiency of health care delivery, the University of Ghana Medical School continued to offer assistance to the hospital. The University of Ghana Medical School recommended the appointment of qualified medical staff to work at the Koforidua Government Hospital.<sup>85</sup> The hospital accepted the recommendation and, in October 1975, some medical professionals were assigned to the hospital wards. One senior nurse, four ward attendants with training in theatre work, twelve staff nurses, four instrument boys, three orderlies and nine porters were assigned to the Koforidua Government Hospital.<sup>86</sup>

The orthopaedic theatre was also allowed three ward assistants, six staff nurses, two instrument boys, two wardens, four porters and one messenger. To the recovery ward, two ward assistants, one nurse and five ward orderlies were assigned.<sup>87</sup> Periodically, these categories of professionals were given professional workshops at the Korle-Bu Teaching Hospital to enhance their efficiency.<sup>88</sup> Furthermore, regular outreach programmes were also organized so that doctors in Accra could work with the junior doctors at the Koforidua Government Hospital.<sup>89</sup> This was an opportunity for the junior doctors to learn more from their senior colleagues and to acquire

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<sup>84</sup> Ibid.

<sup>85</sup> Ibid., 9.

<sup>86</sup> Ibid.

<sup>87</sup> Ibid., 10.

<sup>88</sup> Ibid.

<sup>89</sup> Ibid., 11.

experience, especially, in the surgical field.<sup>90</sup> The expansion of the Koforidua Government Hospital created jobs not only for the health professionals but also unskilled labour like cleaners, watchmen, gardeners, washers, messengers.<sup>91</sup>

### **Conclusion**

It is a fact that New Dwaben is one of the urban communities in Ghana today. There were several factors that contributed to the urbanisation of New Dwaben including health care provision. Prior to the establishment of modern health care in Koforidua in 1926, the people of New Dwaben relied on traditional medicine in which healers used leaves and spiritual means to cure sick people. However, the use of traditional medicine became inadequate because the healers could not cure an outbreak of strange diseases including river blindness, bilharzia and yellow fever which attacked many people, including European Missionaries, who came to New Dwaben to spread the Christian gospel in the later part of the 19<sup>th</sup> century. As a result of the strange diseases some lives were lost. The alarming situation called for a more efficient method for curing ailments in New Dwaben. Thus, the colonial government was compelled to establish a hospital at Koforidua in 1926. The advent of the Koforidua Government Hospital helped to bring under control the upsurge of diseases including river blindness, bilharzia and yellow fever. Professional doctors and other health workers also helped to cure patients and, as a result, many lives were saved. The emergence of the hospital helped to improve the lives of the people in New Dwaben and neighbouring towns and villages. The improvement of lives contributed to increase in social and economic activities including trade, agriculture, transportation, entertainment and sanitation. These and other factors helped New Dwaben to become urbanised by the middle of the 20<sup>th</sup> century.

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<sup>90</sup> *Ibid.*

<sup>91</sup> *Ibid.*

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