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# DoctorsAct GLOBAL

BEAUTY IN SMALL DEEDS PROJECT  
( MEDICAL & HUMANITARIAN MISSIONS )

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**2015 BiSD Project Report (Akrofuom, Ashanti Region, Ghana)**

## **Background of DoctorsAct and the Beauty in Small Deeds Project**

DoctorsAct is a non-governmental non-profit charitable health organization, run by exuberant professionals (doctors, pharmacists, lab technicians, engineers, accountants, bankers, graphic designers etc.) and students (medical and non-medical) at various levels united by the sole aim of demonstrating the love of God by providing free humanitarian, social and medical services to the poor, underprivileged and deprived in society through education, empowerment and Short Term Medical Missions (STMMs).

### **Beauty in Small Deeds (BiSD) project**

Beauty in Small Deeds project is an annual project of DoctorsAct. The 7 day project, in conjunction with the selected communities, seeks to address the health problems of rural individuals and the community at large.



## **The 2015 Beauty in small Deeds project**

The 2015 **Beauty in Small Deeds medical humanitarian project** took place at Akrofrum and surrounding communities in the Ashanti Region of Ghana aimed at:

- i. Providing deprived communities with free and quality healthcare;
- ii. Conducting a survey to ascertain the main health challenges facing the people;
- iii. Educating the people on environmental and public health.
- iv. Sharing the word of God with the people of these communities.

The team arrived on 24th July, 2015 at Akrofrum and lodged at "*Ken's Golden Hotel*".



## **Modus Operandi of the Screening Exercise**

The screening had the following departments;

### **1. The nurse's station**

This station was responsible for taking basic information from patients like name, sex and age.

Nurses were also responsible for taking vitals of patients which included height, temperature, blood

pressure, pulse, body mass index, oxygen saturation etc. Wound dressing was also done at this station.



## 2. Consultation

This station consisted of medical doctors who were responsible for taking patients' complaints; history, making necessary physical examinations and concluding on a probable diagnosis. Upon diagnosing, our registered doctors prescribed the necessary medications for the patients. They also performed simple/basic medical procedures and referred cases which couldn't be resolved on the field.



### **3. Laboratory**

The laboratory department was responsible for testing and examining patients' blood and urine samples. The tests we ran included Rapid Diagnostic Test(RDT) for malaria, blood glucose, urine dipstick test and pregnancy test.

### **4. Dispensary**

The dispensary or pharmacy department was responsible for the distribution of drugs prescribed by the doctors. The members of this department also made sure that patients clearly understood how they were to take their medications.



### **5. Counseling**

The counseling team advised the people on general hygiene, preventive methods for various diseases and confirmed how best patients understood how medications were to be taken. DoctorsAct believes in holistic healing. The team shared the gospel of Jesus Christ and prayed with the people. This was done one on one with the townsfolk who were present at the medical screening grounds without compulsion.

### **6. Kids department**

DoctorsAct is committed to helping the young in making the very best choices. As part of our missions program, we held talks with the youth and pupils in schools about career choices, avoiding peer pressure, reproductive healthcare among others. Whilst medical screening was in progress, the kids were being entertained by members of the Kids department.



## 7. Gifts

Gift items like drinks, biscuits, tooth paste and brushes, slippers, balloons, toiletries among others were distributed to the townsfolk at the end of screening in every community.



## 8. Presence of the NHIS

We worked along with personnel from the National Health Insurance Scheme who took the opportunity to talk to the gathered people about the scheme and registered the people.

## Visited Communities

- Ampunyase
- Church of Pentecost, Akrofuom
- Wamase
- Sikaman
- Akrofuom

### Day 1.25th July, 2015 –Ampunyase.

On the first day of missions, 421 people were screened. Upon arrival, the team met the chief and elders of the town. The exercise began at 10:30 am at Ampunyase CHPS premises and ended at 5:00 pm. The team distributed different gifts to the people of Ampunyase. The member of parliament of the constituency was also present to show appreciation. The delegation then departed at 6:15pm to Akrofuom and ended the day with supper at 7:20pm.

The table below is a summary of the data on the screening exercise at Ampunyase.

Age		Gender		Diagnosis	
Range	No. Of people served	Male	Female	Disease	No. Of Cases
0-11 months	10	6	4	Cardiovascular	101
1-5 y.o.	51	23	28	Respiratory Tract Infections	28
6-17 y.o.	69	19	50	Intergumentary (Skin)	9
18-45 y.o.	113	36	77	GIT	31
46-70 y.o.	121	39	82	Genitourinary	14
> 70 y.o.	54	20	34	Malaria	59
				Musculoskeletal	120
				Eye	11
				Others	78
<b>TOTAL</b>	<b>418</b>	<b>143</b>	<b>275</b>		<b>451</b>

**Day 2. 26th July, 2015 –Church of Pentecost, Akrofuom**

The team worshiped with the Church of Pentecost in the area on the Sunday. We told the congregation about our projects in their community and surrounding villages. We made a donation of 300 Ghana Cedis towards the building of their church and gave other items such as sanitary pads, toilet rolls, beverages, soaps and others to the youth of the church.

**Day 3. 27th July, 2015 – Wamase**

The team arrived at 9:40 am at Wamase Catholic Health Center. Very few of the townsfolk were there and this was because the people were given a late notice of the programme. Upon arrival, set up was done and the day's activities begun with series of screening. Lunch was delayed and as a result the team had to do with coconuts whilst waiting for lunch. Lunch arrived at 3:30 pm. Members of the kids department visited a local school to teach, counsel and encourage them. We had two special cases of mentally challenged people. The ministry team took time to counsel their families and was encouraged to support them. The team departed from Wamase at 6:00pm. The table below is a summary of the data on the screening exercise:

Age		Gender		Diagnosis	
Range	No. Of people served	Male	Female	Disease	No. Of Cases
0-11 months	18	10	8	Cardiovascular	74
1-5 y.o.	30	15	15	Respiratory Tract Infections	37
6-17 y.o.	77	21	56	Intergumentary (Skin)	19
18-45 y.o.	256	52	204	GIT	56
46-70 y.o.	111	38	73	Genitourinary	16
> 70 y.o.	35	11	24	Malaria	68
				Musculoskeletal	189
				Eye	10
				CNS	2
				Others	82
<b>TOTAL</b>	<b>527</b>	<b>147</b>	<b>380</b>		<b>553</b>

#### **Day 4, 28th July, 2015 - Sikaman**

The team arrived at 10:00 am at Sikaman Health Center. Upon arrival, the place was set up and the day's activities begun with series of screening. Members of the kids department visited a local school to teach, counsel and encourage them. They played different educative games with the kids. The team departed from Sikaman at 5:40pm. The table below is a summary of the data on the screening exercise:

Age		Gender		Diagnosis	
Range	No. Of people served	Male	Female	Disease	No. Of Cases
0-11 months	6	2	4	Cardiovascular	45
1-5 y.o.	51	29	22	Respiratory Tract Infections	19
6-17 y.o.	68	23	45	Intergumentary (Skin)	16
18-45 y.o.	145	60	85	GIT	31
46-70 y.o.	72	31	41	Genitourinary	18
> 70 y.o.	51	19	32	Malaria	82
				Musculoskeletal	110
				Eye	3
				Others	90
<b>TOTAL</b>	<b>393</b>	<b>158</b>	<b>235</b>		<b>414</b>

#### **Day 5, 28th July, 2015 –Akrofuom**

The team arrived at 9:00 am at Akrofuom Medical Center. Akrofuom is the capital town of the constituency. They have a relatively good health facility with a physician assistant, nurses, midwives, dispensary and laboratory technicians. The DoctorsAct team worked together with the staff. Upon arrival, set up was done and the day's activities begun with series of screening. The NHIS representatives were around to register the local people. Dr Daniel Darko, Mike Amirikah Tuffour Jnr and Daniel Kwakye Nomah from the team spoke to the local media about the screening exercise, advised the people of preventive health practices and showed appreciation for their presence. The exercise ended with the usual sharing of gifts to the people especially the kids. The team departed for supper at 6:00pm. The table below is a summary of the data on the screening exercise:

Age		Gender		Diagnosis	
Range	No. Of People Served	Male	Female	Disease	No. Of Cases
0-11 months	21	13	8	Cadiovascular	56
1-5 y.o.	43	14	29	Respiratory Tract Infections	18
6-17 y.o.	31	18	13	Integumentary (Skin)	9
18-45 y.o.	124	47	77	GIT	41
46-70 y.o.	80	21	59	Genitourinary	20
> 70 y.o.	42	20	22	Malaria	38
				Musculoskeletal	98
				Eye	6
				Others	68
<b>TOTAL</b>	<b>341</b>	<b>133</b>	<b>208</b>		<b>354</b>

### Conclusion:

1. Total number of patients attended to – 1679
2. Total number of children attended to (< 18 y.o.) – 475
3. Total number of males attended to (>18 y.o.) – 394
4. Total number of females attended to (>18 y.o.) – 810
5. Most common diagnosis – Musculoskeletal pain
6. Some patients presented with more than one diagnosis.

### Challenges

1. By noon, we almost always have a shortage in our medications.
2. Absence of more sophisticated diagnostic equipment made it difficult for the doctors to make concrete diagnosis in some cases.
3. We couldn't visit one community we planned visiting as a result of inadequate funding.

### Departure

The team departed from Kens Golden Hotel on 26th July, 2016 at 11:00 am via Kumasi to Accra.

**Appreciation.**

DoctorsAct is immensely grateful to the following corporate bodies and individuals for their great support and contribution towards the successful execution of the 2015 BiSD medical humanitarian missions.

1. Novgorod State Christian Fellowship, Russia.
2. International Christian Assembly, Moscow, Russia.
3. Word of Life Church, Veliky Novgorod, Russia.
4. International Students Assembly, Ryazan, Russia.
5. Christian House Chapel, Moscow, Russia.
6. H.E. Dr. Kodzo Alabo.
7. WCCI, Kursk, Russia.
8. Ghana Health Service.
9. DanAdams Pharmaceuticals Ltd., Ghana.
10. Divine Group International, Ghana.

## **Volunteers:**

1. Dr Josephine Quarcoo (37 Military Hospital, Accra, Ghana)
2. Dr Charles Debrah (Ho, Ghana)
3. Dr Daniel Osafo Darko (St Dominic Hospital, Akwatia, Ghana)
4. Dr Afeke Hormeku (Domaa Presby Hospital, Domaa, Ghana)
5. Dr Louis Awuku Avokliya (Tema General Hospital, Ghana)
6. Dr. Nana Ama Wiafe ( Komfo Anokye Teaching Hospital, Kumasi, Ghana)
7. Dr Qunicy Ofori (Graduate, Novgorod State University, Russia)
8. Dr Romeo Boateng (Graduate, I.M.Sechenov First Moscow State Medical University, Russia)
9. Dr Abigail Sackey (Graduate, Ulyanovsk State Medical University, Russia)
10. Nii Lante Lampitey (Pharmacist, Ghana)
11. Yaw Amirikah Tuffour Jr. (I.M.Sechenov First Moscow State Medical University, Russia)
12. Daniel Kwakye Nomah (Novgorod State University, Russia)
13. Patience Pratt (Kursk State Medical University, Russia)
14. Claudia Osafo (Presbyterian University College, Ghana)
15. Tatiana Zoe (Moscow, Russia)
16. Kingsley Ohemeng (GBC, Ghana)
17. Victoria Addison Woode (Kazan State Medical University, Russia)
18. Erik Moltzen, Denmark
19. Natalie AbenaDarko (Chemical Engineer, Ghana)
20. Eugenia Ohene Asare (Novgorod State University, Russia)
21. Omosede Ekao (Kursk State Medical University, Russia)
22. Oderinde Omowumy (Kursk State Medical University, Russia)
23. Oderinde Oluwakhemy (Human Resource Manager, Nigeria)
24. Divine Group International



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