

Beauty in Small Deeds Project

Report

July 29 - August 04 2018



DoctorsAct Ghana



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The poster is for the 'Beauty in Small Deeds' project, organized by DoctorsAct Ghana in partnership with The Community Hospital - Akim Oda. It features a red and black color scheme with a background image of a person's face. The central text 'BEAUTY IN SMALL DEEDS' is large and bold, with 'IN SMALL' in a smaller font. Below it, 'Humanitarian & Medical Missions' is written in a smaller font. The poster is divided into sections: 'INFO' (location: AKIM ODA AND SURROUNDING COMMUNITIES, dates: 29TH JULY - 4TH AUGUST TWENTY EIGHTEEN), 'COMMUNITIES' (ASENE, ABOABO, AYIREBI, ODA NKWANTA, GYADAM, AKIM WENCHI, AKIM SWEDRU), 'ACTIVITIES' (SCREENING ON NON-COMMUNICABLE DISEASE, SCREENING FOR KIDS ON MALARIA AND MALNUTRITION, SICKLE CELL DISEASES CLINIC, SCREENING OF PREGNANT WOMEN FOR TORCH INFECTIONS, PUBLIC HEALTH EDUCATION, READING CLUBS AND SPELLING BEE COMPETITION, CAREER GUIDANCE WORKSHOP FOR SHS STUDENTS, A COMMUNITY SOCIAL ENTREPRENEURSHIP PROJECT, COUNSELLING SESSIONS AND EVANGELISM & GIFTS FOR THE LOCALS AND BRILLIANT STUDENTS), and 'FOR MORE INFO' (email: admin@doctorsactglobal.com, phone: +233 202332562, +233 550377101, +233 209300328, 79 268991664). At the bottom, there are buttons for 'Volunteer', 'Donate', and 'Support'.

INFO

AKIM ODA
AND SURROUNDING
COMMUNITIES

29TH JULY - 4TH
AUGUST
TWENTY EIGHTEEN

COMMUNITIES

ASENE ABOABO AYIREBI
ODA NKWANTA GYADAM
AKIM WENCHI AKIM SWEDRU

DoctorsAct Ghana
in partnership with
The Community Hospital - Akim Oda

**BEAUTY
IN SMALL
DEEDS**

Humanitarian & Medical Missions

ACTIVITIES

SCREENING ON NON-COMMUNICABLE DISEASE
SCREENING FOR KIDS ON MALARIA AND
MALNUTRITION SICKLE CELL DISEASES CLINIC
SCREENING OF PREGNANT WOMEN FOR TORCH
INFECTIONS PUBLIC HEALTH EDUCATION READING
CLUBS AND SPELLING BEE COMPETITION CAREER
GUIDANCE WORKSHOP FOR SHS STUDENTS A
COMMUNITY SOCIAL ENTREPRENEURSHIP
PROJECT COUNSELLING SESSIONS AND
EVANGELISM & GIFTS FOR THE LOCALS AND
BRILLIANT STUDENTS

Lets curb NCDs, Malaria
and Malnutrition...

FOR MORE INFO

admin@doctorsactglobal.com
+233 202332562 +233 550377101 +233 209300328 79 268991664

Volunteer + Donate + Support

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I. DoctorsAct Ghana

Overview

DoctorsAct Ghana – Is a non-profit and non-governmental charity organization, registered in Ghana under the Companies Registration Act and the Department of Social Welfare . The charity provides free medical, humanitarian and social services to the poor, underprivileged and deprived in society through education, empowerment and Short Term Medical Missions (STMM). Through our annual Beauty in Small Deeds (BiSD) Humanitarian/Medical Project, we establish innovative community projects with the aim of improving the quality of life in these communities.

These projects often bring together highly trained professionals such as doctors, pharmacists, lab technicians, engineers, social workers, and students (medical and non-medical) with an immense desire to share the love through health missions.

Our team of medical doctors, nurses and paramedical professionals work in collaboration with community-based groups to provide free healthcare, in the form of medical screening, consultation, health education, and counseling to communities that need it the most.

DoctorsAct Ghana has gained a wide variety of experience and expertise in the area of urban and rural healthcare throughout the years and is currently running different projects all with the aim of increasing awareness of preventive medical measures and improving lives in the rural communities.

We currently run the following projects:

1. The Beauty in Small Deeds Project (BiSD)
2. Dream-Alive Scholarship Project (DASP)
3. First-Aid Support Tool (FAST)
4. Save-Your-Liver-Today Project
5. The Social Entrepreneurship Community Project

II. The Beauty in Small Deeds Project

Beauty in small Deeds project is an annual project of DoctorsAct. The week long project, in conjunction with the selected communities, seeks to address the health problems of rural individuals and establish innovative community projects with the aim of improving the quality of life in these communities.

These projects often bring together highly trained professionals such as doctors, physician assistants, nurses, pharmacists, lab technicians, engineers, social workers, students (medical and non-medical), and people from various sectors with an immense desire to meet the needs of the deprived through health missions.

Since July 2012, the charity has supported and sent various medical teams to Akim Ofoase, Assin-Fosu, Asante Akrofuom, and Bibiani in the Eastern, Ashanti, and Western regions of Ghana respectively. Our team of medical doctors, nurses and paramedical professionals work provide free healthcare, in the form of medical screening, consultation, health education, and counseling.

The medical humanitarian project aims at:

- i. Providing deprived communities with free and quality healthcare;
- ii. Conducting surveys to ascertain the main health challenges facing the people;
- iii. Educating the people on environmental and public health;
- iv. Supporting the poor but brilliant students with our Dream Alive project;
- v. Establishing innovative community projects.



III. BiSD 2018

Background and Vision

The prevalence of major chronic non-communicable diseases and their risk factors has increased over time and contributes significantly to the Ghana's disease burden. Conditions such as hypertension, stroke and diabetes affect both the young and the old, urban and rural communities, and as well as the wealthy and poor. Awareness and knowledge are limited, health systems and services (biomedical, ethnomedical and complementary) are weak, and chronic disease policies are nonexistent. These factors contribute to increasing risk, morbidity and mortality.

Malaria has been a major cause of poverty and low productivity accounting for about 32.5 percent of all OPD attendances and 48.8 percent of under five years admissions in the country.¹ . Malaria is the leading cause of death for children under five. Another critical period is during the first 30 days of a child's life (the newborn period)².

The attempt to control malaria in Ghana began in the 1950s. It was aimed at reducing the malaria disease burden till it's no longer of public health significance. It was also recognized that malaria cannot be controlled by the health sector alone therefore multiple strategies were being pursued with other health related sectors³. In view of this, interventions were put in place to help in the control of the deadly disease.

Ghana's capacity and willingness to harness its economic and social potential have yielded impressive results, particularly over the last decade. As facilities at community level have gradually improved and incomes have risen, increasing numbers of people have gained access to basic services. However, the progress is not uniform.

In Ghana's northern regions, the majority of the population continues to go without, and those who are poorest are seeing little benefit from Ghana's growth. Malnutrition is a significant indirect cause of child mortality, contributing to one-third of all childhood deaths. Although levels of malnutrition in Ghana have dropped, 23% of children are stunted and 57% are anaemic. Nutrition is particularly poor in Northern Ghana, where almost two in every five children are stunted and more than 80% of children suffer from anaemia⁴.

¹ NMCP annual report 2009

² WHO Fact Sheet. Children: Reducing Mortality. 31st October, 2017.

³ National Malaria Control Programme: Background

⁴ UNICEF Ghana: Advocating for Development that leaves no child behind 2018.

Because of the importance we at DoctorsAct place on quality healthcare and nutrition in human and economic development, we are taking concrete steps in our annual Beauty in Small Deeds Project to reduce the incidence non-communicable disease in adults and malaria and malnutrition in children.

At DoctorsAct we attach great importance to health care and health related states as reflected in targets 1C, 4A, 5 and 6C of the Millennium Development Goal's (MDG), which identify the need to reduce hunger and mortality among children under five years of age, as well as increase universal access to universal reproductive health and reduce the incidence of malaria and other major diseases.

In partnership with The Community Hospital - Oda and other stakeholders, from 29th July - 4th August, 2018 we attended to the health needs of more than the one thousand and five hundred inhabitants through medical screening, education and empowerment.



IV. Our Main Partners

The Community Hospitals Group

The Community Hospitals group is a limited liability company that operate various hospitals and related ventures across the country.

The hospital has a unique vision to make clients feel special and relaxed within a hospital environment and a mission to provide excellent customer care as a part of healing process in a stress-free condition.

Tagline: The excitement of health care.

Core-values: customer friendly, professional excellence, empathy, discipline, teamwork, training.

Throughout the 9 years of operation, the Group has made giant strides in the industry with a dedicated team which has resulted in positive growth extending to different locations of the country.

The TCH group currently have branches in:

- TCH - Akim Oda.
- TCH - Ashongman - Accra.
- TCH - Ashaiman.
- Kaneshie Medical Center - Kaneshie, Accra.
- TCH - Kukurantumi.



V. Health Education and Screening Report

Medical Consultation

The focus of our outreach this year was to screen for diabetes and hypertension in adults, malaria, malnutrition and sickle cell in the children.

Blood pressure was measured for all adults and blood sugars for all adults with history of hypertension or diabetes or with BMI greater than 25kg/m². There were about 6 doctors and a dietician per day for consultation. Patients came in with different complaints and concerns and received appropriate advice, treatment or referral. There was a significant number of diabetics and hypertensives in each community.

Many were reassured and encouraged to continue their medications. The newly diagnosed and non compliant patients were given special attention. We spent time to counsel and emphasize the need for long term treatment. Referrals were given to The Community Hospital for adequate follow up and management.

This partnership was perfect because the hospital accepts National Health Insurance, increasing the chance of continuous management beyond the outreach. We were able to review some other test results - ECG and Urine routine exams.

In Akim Aboabo, there were 5 people who most likely had cerebrovascular accidents with hemiparesis in the last 8 months but had not been to the hospital for management.

Child Health Corner

The focus on this year's BISD for child health was to assess the risk of malnutrition and sickle cell disease in the areas we visited. As such we did detailed anthropometric measurements of all the children under 12 and recorded them. We also enquired about signs and symptoms of sickle cell disease when seeing the children. The overall risk of severe malnutrition was low in the areas we visited. The dietician was also present to educate mothers of children that were small for age. We also had one acute case of possible hemolysis in a sickle cell disease patient. Overall, there is the need for proper advice on nutrition in poorly resourced areas and CHPS compounds and the major stakeholders should endeavour to do so.

The Triage

The Triage was responsible for checking vital signs of the beneficiaries and examining their blood and urine samples. The tests we run included RDT for malaria, blood glucose, urine dip stick test, Hepatitis urinary pregnancy test, HB Electrophoresis, TORCH screening in pregnant women. The major challenge we faced in this department was the limited number of test kits per community. As a result, some adult participants were not screened for possible high blood sugar levels.



Examination and ECG Unit

The 2018 BiSD was privileged to have the electrocardiogram (ECG) machine in the examination room.

Clients with cerebrovascular accident (stroke), uncontrolled hypertension, previous myocardial infarction (heart attack) and Diabetes had their ECG done. Two thirds of these clients were referred to the Community Hospital (our partners) in Akim Oda. Their diagnoses included left ventricular hypertrophy, Sinus arrhythmia and premature ventricular contractions. Some also registered normal sinus rhythm. In general, there were lots of hypertensives and diabetics throughout the towns.

Apart from ECG, other sensitive physical examination such as Breast examination were performed at this unit.

The general atmosphere in the examination room was welcoming. The screens provided privacy for the clients.



Sickle cell education and screening report

Sickle cell diseases education and dialogues were also key in this year's missions. The aim and objectives of the public health education was to allay myths and fears regarding sickle cell diseases and educate the people on the causes of the disease and its related symptoms and signs.

Questions on sickle cell diseases were answered. HB Electrophoresis test were carried for clients who showed signs of sickle-cell disease and one tested positive.



Report from the dietician

As part of our missions this year, several public health educations and dialogues were organized for the local residents of the Birim Central District. The aim and objectives of the public health education from the dietician was to provide dietary recommendations on healthy eating, dietary regimen of Diabetes Mellitus and DASH diet modified meals were provided.

Again, questions on dietary and lifestyle related conditions were also answered and recommendations were given.

In addition, the dietician had a number of consultations for clients who were referred by the doctors. Such cases included, dyslipidemia, obesity, cerebral palsy, failure to thrive and uncontrolled Diabetes Mellitus and Hypertension cases which needed dietary modifications.

A number of cases that were sent to the dietary consult were further referred to see a clinical dietician at the Community Hospital for follow-up and further management. For instance, obesity cases that needed weight management were initially primed during the dietary consult and were referred for weight management, calorie cut downs and meal planning.

In cross section, among the obesity cases that were seen, majority had their blood pressures over the normal and hence became evident for their weight to be managed. However, very few anthropometric measurements were carried out which included weight, height and occasionally intake of waist circumference. Other dietary assessment methods could not be employed due to low work force and inadequate time.

Recommendations: Further missions should foster the use of other anthropometric methods for better assessment especially in nutrition cases related screening.

Report from the eye clinic

Knowing the possible complications of non-communicable diseases, the 2018 BiSD had an eye clinic as part of the missions program. Clients with all forms of ocular diseases had their eyes checked.

Some of the diseases recorded included allergic conjunctivitis, glaucoma, cataract, pterygium, hypertensive and diabetic retinopathy. 80% of these clients were referred to our partner, The Community Hospital in Akim Oda. There were lots of cataract, presbyopic, hypertensive and diabetic retinopathies cases throughout the towns we screened.

There was a general observation that most of the clients had never had their eyes examined before.

In totality, the screening was successful with no emergency cases. Clients were satisfied with the service rendered.



Counseling unit

The purpose of the counseling unit was to ensure that every participant of our program received maximum assistance and to address issues with regards to the other possible determinants of health that might have been ignored during the screening process. These included religion, income/employment, family challenges, education or vocational training, psychological/mental health issues and other more private issues that might not necessarily be considered medical. The members of this unit employed other methods like giving advice, praying with the participants, referring to community leaders for help, making recommendations to DoctorsAct to intervene with some of their issues. Almost every adolescent or adult who was at the screening program passed through this unit. Though very emotional to deal with some of the issues, we believe, we were able to address majority of them. We appeal to donors to particularly support this session of our mission program

Brief analysis of the screening program

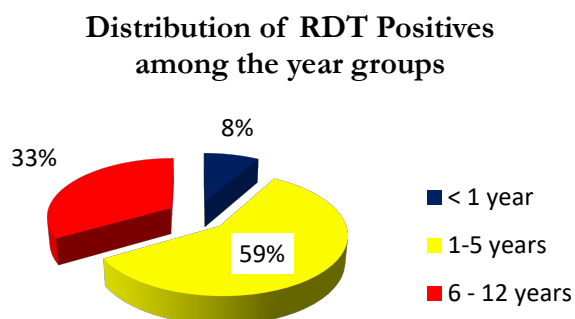
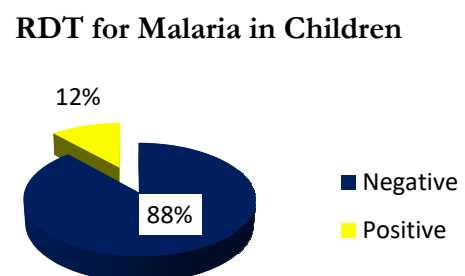
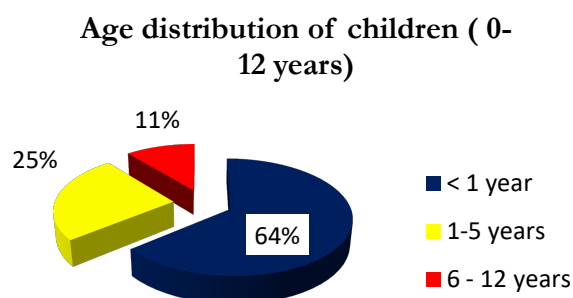
Adult male (>13) : 373

Adult female (>13) : 665

Children: (<13) : 224

Total: 1262

Pediatric screening report



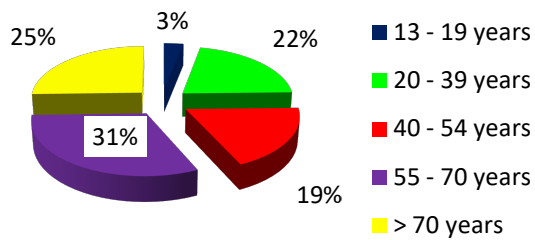
Highlights:

11.7% of the children (0 - 12 years) we screened tested positive for malaria. About 80% of these kids were not symptomatic for malaria. The acutely ill who were referred to the Community Hospital for emergency interventions were not registered under the National Health Insurance Scheme.

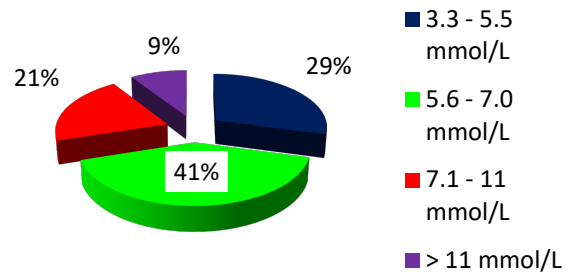
69% of the children who tested positive for malaria were below 5 years which is in line with the WHO assessment of children under 5 being the most vulnerable group with malaria.

Adult screening report

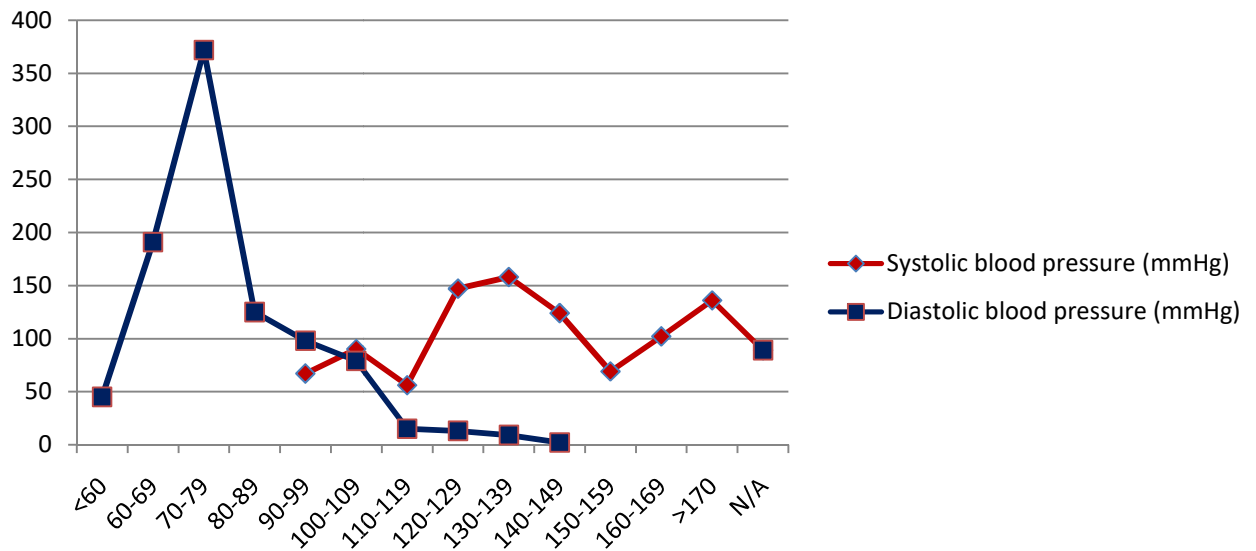
Age distribution of the adults



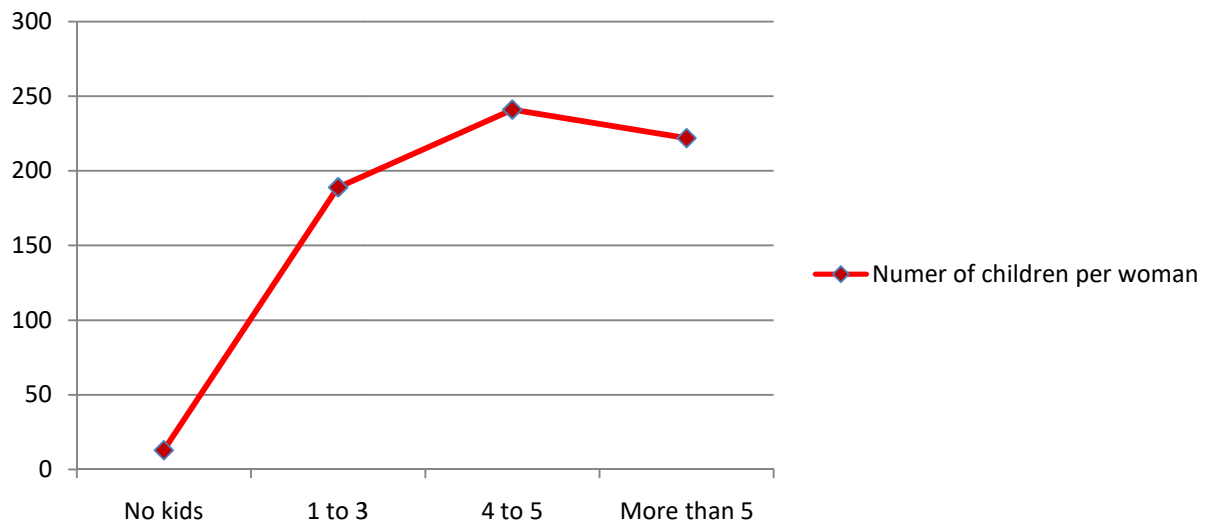
Sugar levels among 271 adults



Systolic/Diastolic blood pressure (mmHg)



Number of children per woman



Highlights

Many in the adult population showed signs of glucose intolerance. Poor control in terms of adhering to medications and dietary recommendations were major challenges. The inadequate number of glucose strips limited the number of adults we screened for Diabetes. Only 271 adult were screened. Better testing methods like the HbCA1 should be adopted to get better picture of the chronic disease.

41 of beneficiaries presented with varying levels of Cerebrovascular accidents. All chronic hypertensive clients had ECG done. Participants who presented with very high blood pressures were given immediate attention.

The child per woman ratio in the communities are outrageous with the major form of work being farming. About 50% of the women we saw are widowed or divorced.

It is clear that NCDs are on the rise in low income communities now. Education on these diseases and their complications should be intensified.



VI. Community Social Entrepreneurship Project (CSEP)

DoctorsAct Ghana started the above named project last year with a shoe training project at Ahnweaso as part of its BiSD 2017. This year, we partnered with HK Collection of Takoradi to train the people of Akim Aboabo, in the art of bead making.

The aim was to get the people to be able to make different types of bead chains, bracelets, earrings, key holders, and many others. Enhancing and nurturing of creativity was also part of the training.

The training was organized for 3 days. The number of people who showed up were about 80 which was very impressive and they all stayed till the end of the training. The trainees were given the opportunity to try their own designs and styles. Glass beads, seed beads, lockers, stoppers, twines and other materials were used in the training.

There was a talk from the instructors about setting up their own business, branding and marketing. At the end of the training, it was a huge success. Everyone who participated was able to make different types of chains, bracelets, earrings and many others in their own style.

Certificates were awarded to all who took part in the training.



VII. Spelling Bee Competition

Reading has been identified as one of the major challenges of the growing Ghanaian child. Reading as a culture is chronically lacking in the rural communities in Ghana. We at DoctorsAct believe that a collaborative effort from the community leaders, teachers, parents, and the children can help cultivate the habit of reading. We believe that encouraging reading in the young will contribute to a brighter future ahead. As part of our Beauty in Small Deeds Project, we organized a reading club and Spelling Bee competition for the Junior High School Student from Oda Nkwanta. There were a total of twenty-nine finalists from five different schools.

The winner of the Spelling Bee competition received a full tuition scholarship for her high school education from our Dream Alive Scholarship Project.



VIII: Financial Report

GAINS

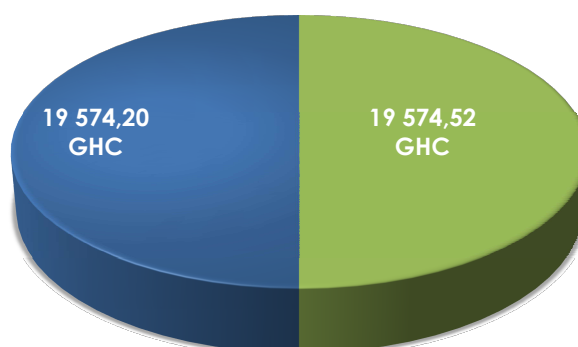
19 574,52 GHC

EXPENSES

19 574,20 GHC

BALANCE

0,32 GHC



GAINS	AMOUNT
Volunteer donations (hand received)	2 807,00 GHC
Donations (MTN Mobile Money)	3 734,52 GHC
Donations (Vodafone Cash)	0,00 GHC
Online (Paypal, GoFundme, Globalgiving etc)	340,00 GHC
Coporate funding (Liquid)	0,00 GHC
Executiveboard	2 930,00 GHC
Russian churches (ICA,CHC,SFC)	3 763,00 GHC
Bank transfers	3 000,00 GHC
Donations (others)	3 000,00 GHC

EXPENSES	AMOUNT
Screening kits and equipment	2 540,70 GHC
Medications	1 672,00 GHC
Feeding	4 634,50 GHC
OC members operations	850,00 GHC
Transportation (to and from Oda)	2 300,00 GHC
Transportation (internal)	3 500,00 GHC
Accomodation	Funded (TCH Group)
Welfare	254,00 GHC
Printing cost	1 600,00 GHC
Community Social Entrepreneurship Project	1 810,00 GHC
Miscellaneous	413,00 GHC

IX. Appreciation

On behalf of the executives and organizing committee, I would want to thank you for your support during our 2018 Beauty in Small Deeds Project held in the Birim Central District, Eastern Region, Ghana.

Thanks to your generous support, we were able to raise the awareness of non-communicable diseases, malaria, malnutrition, sickle-cell diseases and their possible complications.

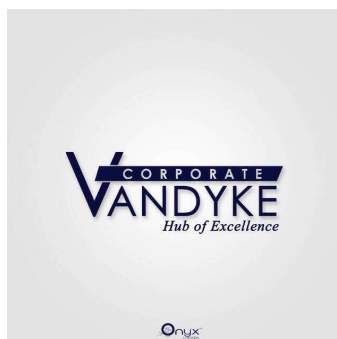
This year's missions would not have been a success without your contribution. We deeply appreciate the willingness with which you have and continue to augment our efforts to make significant positive changes in the area of health and community development.

We sincerely hope that this association will be maintained and that you will continue to support us in our future endeavors.

Thank you.

Sincerely,
Daniel Kwakye Nomah, MD
Head of the BiSD 2018 Organizing Committee

Our Partners





Individual Donors

Mr Palmer Ofori Nyarko

Dr Richard Kwasi Addo

Mr Eugene Adablah

Ms Lilian Kyei

Mrs Catherine Fynn and family

Mrs Dora Nketia and family

Mr Eric Prah

Mr Ebenezer Donkor

Mr Kwame Akoto-Danso

Mr Shadrack Fordjour

Ebenezer Adu Aryeh

Dr Daniel Kwakye Nomah

Tariro Mwadira

Adriana Safoa Bempong

Patience Pratt

Esther Oduro

Emerald Vieira

Esther Dwumah Poku

Kazima Kwame Kpesese

Josephine Frempomaa Amankwah

Claudia Sarfo

Gershon Tsordzo

Ebenezer Adu Lartey

Antwi Osbert Darko

Danso Charles Kumi

Eugene Denkor

Esther Ocran

Osei Boa Jnr

Cynthia Datsumor

Daniel Entsie

Emmanuel Bekoe

Derrick Coffie Twum

Volunteers

Dr Daniel Osafo Darko

Dr Charles Debrah

Dr Josephine Quaynor

Dr Yaw Acheampong Owusu

Dr Abigail Essuman

Dr Mike Tuffour Amirikah

Tafadzwa Mwadira

Dr Romeo Yeboah Boaheng

Dr Emmanuel Selasi Asumadu Agbefe

Dr Mawuli Hiamadey

X. References

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WHO World Malaria Report 2017.

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https://www.unicef.org/ghana/Ghana_Booklet_Final.pdf

See a need, meet the need...

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