

# DoctorsAct Ghana

Annual Report

*August 2016 - September 2017*



# DoctorsAct Ghana

*see a need, meet the need....*

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## **I. DoctorsAct Ghana**

### *Overview: Background and vision*

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

### *Overview: Vision and Mission*

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 Accra, Akim Ofoase, Assin-Fosu, Asante Akrofuom, and Bibiani in the Greater Accra, 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:

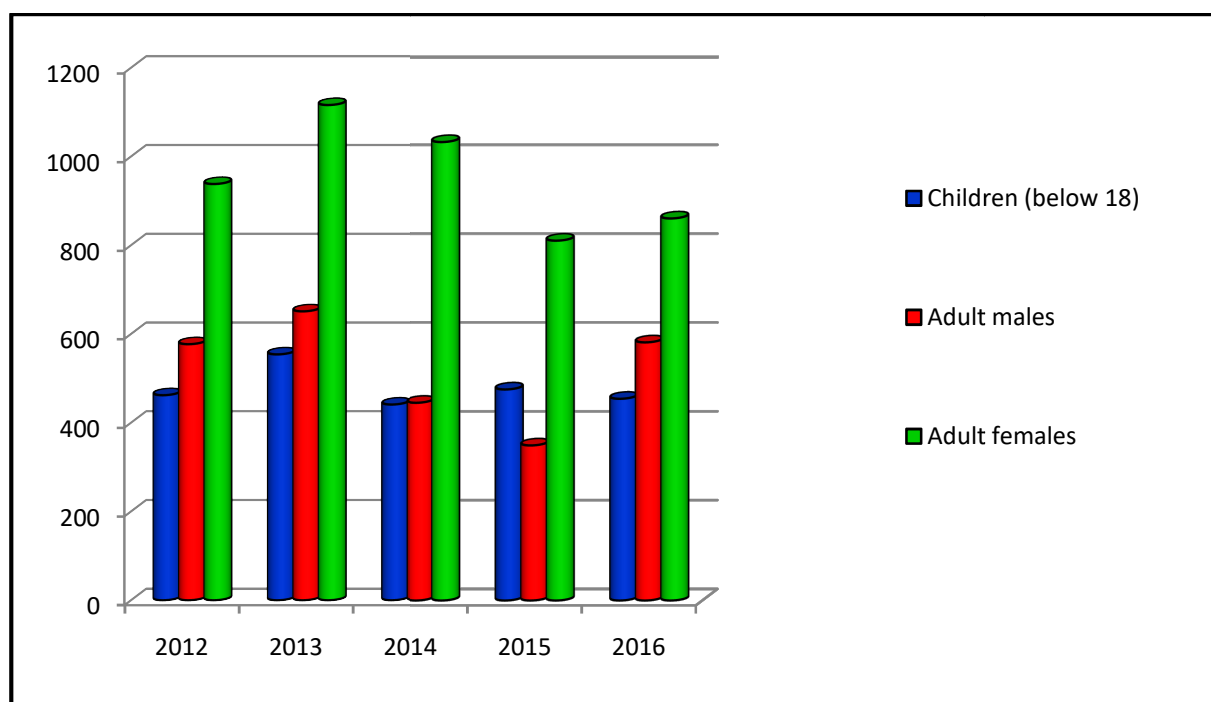
- Providing deprived communities with free and quality healthcare;
- Conducting surveys to ascertain the main health challenges facing the people;
- Educating the people on environmental and public health;
- Supporting the poor but brilliant students with our Dream Alive project;
- Establishing innovative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

### *Areas we have visited since 2012 in Ghana*

2012	• Akim Ofoase • Eastern Region, Ghana
2013	• Akim Ofoase • Eastern Region, Ghana
2014	• Assin Fosu • Central Region, Ghana
2015	• Akrofrom • Ashanti Region, Ghana
2016	• Bibiani • Western Region, Ghana



## Our Success



*Distribution of males, females and children we have seen since 2012*

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## The 2016 Beauty in Small Deeds Project

The 2016 Beauty in small Deeds project took place at Sefwi Anhwiaso Traditional Area in the Western Region of Ghana from 31st July- 6th August 2016.

### In cooperation with:

- i. Omanhene of Sefwi Anhwiaso Traditional Area, Ogyeahoho Yaw Gyebi II
- ii. The Municipal Health Directorate
- iii. Mensin Gold Bibiani Limited, Ghana.

### Our objectives for the missions were:

- i. To provide the people of Sefwi Anhwiaso Traditional Area with quality healthcare;
- ii. To educate the people on environmental and public health.
- iii. To support the poor but brilliant students with our "DreamAlive" project.

## **The missions details**

### **Beneficiaries**

Over 2000 people of the Sefwi Anhwiaso traditional area benefited from the 2016 BISD project.

### **Medical supplies**

In advance we had both received drugs donations and bought some other medical supplies from the cash donations provided by our donors and volunteers.

During the medical screening we realized that we easily ran out of medications like vitamins, cough syrup, paracetamol, diclofenac ointments for body pain, and malaria treatment drugs because the numbers exceeded our anticipation. In such cases, we had to get more drugs from Kumasi (the nearest city, 2 hours away).

### **Accommodation**

Accommodation was fully sponsored by the Mensin Gold Bibiani Limited, Ghana.

### **Transportation**

Accessibility to transport always remains an issue in the rural areas but luckily for us, the Omanhene, Ogyeahoho Yaw Gyebi II provided a bus which took the whole team and supplies from one village to the next.

### **Meals**

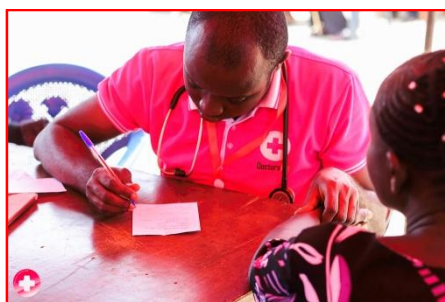
Three square meals were provided for all the volunteers daily.

## **Services Provided**



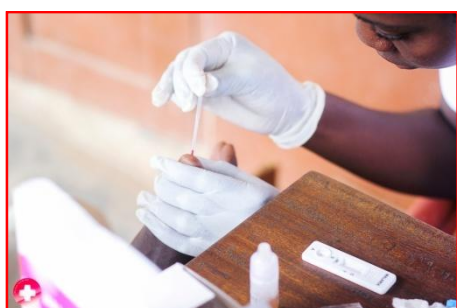
### **Nurses Station**

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.



### **Consultation**

This station was made up of medical doctors who were responsible for listening to patients complaints, taking their history and making necessary physical examinations. Upon making their diagnosis, they prescribed drugs for patients. They also performed simple medical procedures and referred cases which couldn't be resolved on the field to the Bibiani



### **Laboratory**

The laboratory department was responsible for testing and examining patients' blood and urine samples. The tests we run included RDT for malaria, blood glucose, urine dip stick test, Hepatitis B, and urinary pregnancy test.



### **Dispensary**

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



### **Counseling**

The counseling team advised the people on general hygiene, preventive methods for various diseases, and made sure they understood how they were supposed to take their medications. Our counseling team also advised the townsfolk on the conflict resolution and the beauty of living at peace with neighbours.



### **Kids Department**

Whilst medical screening was in progress, the kids were being entertained by members of the Kids department. They were given books, drinks, biscuits, etc for free. They are also taught basic English language and songs.



### **Freebies**

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.



### **Youth Empowerment Program**

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 students about career choices, avoiding peer pressure, reproductive healthcare among others.

## **Sequence of Activities**

### **Day 1 report**

On the first day of missions, the team arrived at the town at **Ahwiaso** at 08:50 am. The team then met the chiefs and elders of the town who welcomed us. We did a formal introduction and the medical screening exercise started at 09:30 am. The place was set up and the people were organized and ready to receive the DoctorsAct-Ghana team. The screening was held at the forecourt of the palace with the leaders of the community there to support.

The screening process run very smoothly in general. The team was visited by a nurse and a medical assistant from the Bibiani Health Centre. A delegation from the Mensin Gold Bibiani, Limited were also present to show their support. At 16.30, the team began the distribution of gifts to the townsfolk. The team departed at 17:45.

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	7	6	1	Cardiovascular	60
1-5 y.o.	16	7	9	Respiratory Tract Infections	19
6-17 y.o.	42	29	13	Integumentary (Skin)	10
18-45 y.o.	148	51	97	GIT	55
46-70 y.o.	148	66	82	Genitourinary	36
> 70 y.o.	49	19	30	Malaria	36
				Musculoskeletal	146
				Eye	11
				Others	130
<b>TOTAL</b>	<b>410</b>	<b>178</b>	<b>232</b>		<b>467</b>

## Day 2 report

The exercise began at 09:00 am at **Asawenso** Methodist School. Set up was then done, and the day's activities begun with series of screening which ended at 5:00pm. The delegation then departed around 6 o'clock pm. 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	12	7	5	Cardiovascular	83
1-5 y.o.	29	10	19	Respiratory Tract Infections	39
6-17 y.o.	46	19	27	Integumentary (Skin)	26
18-45 y.o.	158	74	84	GIT	58
46-70 y.o.	118	36	82	Genitourinary	26
> 70 y.o.	41	17	24	Malaria	66
				Musculoskeletal	148
				CNS	40
				Others	91
<b>TOTAL</b>	<b>404</b>	<b>163</b>	<b>241</b>		<b>575</b>

### Day 3 report

The bus set off at 8:25am and by 8:50 am, we were at **Wenchi**. Quickly, the place was set up and the screening process began.

The children department started their event at 11 am and about 300 children actively participated. Gifts, books, etc were distributed to them. Nevertheless, the sharing of balloons were a little chaotic.

Our **Youth Empowerment Program** also happened on this day at the Anhwiaso Chief Palace. The facilitators of this program were Daniel Kwakye Nomah, Patience Pratt, and Pastor Stephen Okyere Nomah who spoke on Reproductive Health, Peer pressure, and Entrepreneurship. The program was attended by 219 young men and women from the various communities.

The team departed from Wenchi at 16:10 hrs.

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	3	1	2	Cardiovascular	41
1-5 y.o.	28	10	18	Respiratory Tract Infections	17
6-17 y.o.	61	21	40	Integumentary (Skin)	10
18-45 y.o.	186	75	111	GIT	64
46-70 y.o.	98	34	64	Genitourinary	38
> 70 y.o.	28	19	9	Malaria	47
				Musculoskeletal	174
				CNS	15
				Diabetes	15
				Others	107
<b>TOTAL</b>	<b>404</b>	<b>160</b>	<b>244</b>		<b>534</b>

#### Day 4 report

The bus set off at 8:40am and by 9:05 am, we were at **Dominibo**. Quickly, the place was set up and the screening process began.

The children department started their event at noon and about 200 kids actively participated.

Gifts, books, balloons, etc were distributed to them. The team departed from Dominibo at 15:45 hrs. 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	3	3	Cardiovascular	32
1-5 y.o.	40	17	23	Respiratory Tract Infections	18
6-17 y.o.	79	35	44	Integumentary (Skin)	10
18-45 y.o.	102	41	61	GIT	54
46-70 y.o.	92	39	53	Genitourinary	15
> 70 y.o.	27	11	16	Malaria	36
				Musculoskeletal	132
				CNS	26
				Others	79
<b>TOTAL</b>	<b>346</b>	<b>146</b>	<b>200</b>		<b>402</b>

### Day 5 report

The team arrived at **Basegire** at 9:00 am. Upon arrival, set up was done and the day's activities begun with series of screening. Members of the kids department visited a local school to teach and encourage the kids. They played different educational games with the kids. The team departed 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	11	3	8	Cadiovascular	45
1-5 y.o.	40	11	29	Respiratory Tract Infections	15
6-17 y.o.	34	18	15	Integumentary (Skin)	17
18-45 y.o.	126	47	79	GIT	63
46-70 y.o.	78	20	58	Genitourinary	13
> 70 y.o.	42	16	26	Malaria	49
				Musculoskeletal	117
				Eye	7
				Others	79
<b>TOTAL</b>	<b>331</b>	<b>116</b>	<b>215</b>		<b>405</b>

### Conclusion

1. Total number of patients attended to – 1895
2. Total number of children attended to (< 18 y.o.) – 454
3. Total number of males attended to – 763
4. Total number of females attended to – 1132
5. Total number of youth reached through the youth empowerment programme- 219
6. Most common diagnosis – Musculoskeletal pain

### **III. Dream Alive Scholarship Project (DASP)**

The Dream Alive Scholarship project is a fund for needy but brilliant students in the communities that DoctorsAct Ghana visit on its annual Beauty in Small Deeds medical missions.

Our very first beneficiary is Ms Vera Tawiah Acheampong, a now 3rd year General Science student of St. Louis Senior High School. She was selected after a careful screening of applicants from the Sefwi-Anhwiaso Traditional area in 2016.

The scholarship caters for tuition fees of beneficiaries mainly from high school through to the university (first degree). The idea is to help empower these individuals through education and mentorship with the professionals of DoctorsAct to be able to influence others positively.

#### **Eligibility:**

1. Be a Ghanaian.
2. Be resident of a BiSD beneficiary community.
3. Must have strong academic and financial need.
4. Comply with other criteria set up by the management board at the time of the award of scholarship.

#### **Value**

Approved tuition fees in a public institution.

#### **Payment**

Fees are paid directly to the institution.

#### **Continuity of Scholarship**

The Dream Alive Scholarship Project shall be awarded for one academic year. Renewal and continuation of awards shall be dependent upon maintaining a good academic progress. Students must gain a cumulative GPA of 3.0/4.0 or 70% to qualify for renewal of the award.

#### **Funding**

Currently, the DASP is being funded by the executives of DoctorsAct Ghana on a quarterly basis. To make the fund sustainable and improve accessibility, we are appealing to groups and individuals to help.

#### IV. Christmas at the Orphanage home

DoctorsAct Ghana visited the Home of Excellence and Underprivileged Children in Tema, Ghana on 24th December, 2016 to share love of the Christmas season with the children with the children, mainly orphans and workers of the home.

The owner and mother of the home, Madam Amanda gladly received us. She then introduced all the children and staff.

Our 25-member team which comprised of doctors, nurses and social workers provided free medical screening with ophthalmologists, dentists, and a pediatrician for an estimated 150 children and caregivers in the home.

Our health resource persons took the children through basic personal care and hygiene tips, especially on how to prevent contracting diseases and how to properly brush the teeth in order to maintain proper oral hygiene.

All hundred and fifty children were provided with food, drinks, gifts, and good music.

After the screening, the medical team played fun Christmas games with the kids and joined them on the dance floor to some Christmas tunes.



## V. First-Aid Support Tool (FAST)

The First-Aid Support Tool was initiated on 24th December, 2016 after a free screening exercise at the Home of Excellence in Tema, Ghana.

During the screening exercise, we noticed that the common complaints were skin diseases, fever, and common cold.

The first-aid support tool is setup of emergency medications and supplies that is needed by the home on daily basis.

DoctorsAct Ghana plans to restock this quarterly for use by the home for the children's health needs. This contains gauze, plasters, analgesics, Rapid test kits for malaria, antimalarials, thermometers, ORS, zinc, multivitamins etc.



## **VI. Establishment of the communications team**

At the beginning of the year, DoctorsAct Ghana set up a communication team to provide a chance for our volunteers who do not make it to the field to actively take part in our work and also to address the increasing media demands in the modern day.

The team which is made up of our brand managers and 5 other members have been tasked to:

- i. assist with our announcements and determine the best placement for the greatest impact.
- ii. be in charge of any brochure, postcard, poster, event sign, flyer, or other item that requires a graphic design solution.
- iii. create complete directory profiles and periodic reviews for all members and volunteers.
- iv. work on digital promotions including web page slides, announcements, event calendar, and social media.
- v. prepare strategies for creating and maintaining a social media presence that's sustainable year-round.
- vi. monitor and pull out the resources needed to create positive experiences for our website visiting audiences.

## VII. The 2017 Beauty in Small Deeds Project

**Theme: Improving Maternal Health: access to good-quality reproductive health care and Education needed.**

This falls in line with the WHO's Millennium Development Goals (MDGs).

Goal Number 5. Despite a significant reduction in the number of maternal deaths – from an estimated 523 000 in 1990 to 289 000 in 2013 – the rate of decline is less than half of what is needed to achieve the MDG target of a three quarters reduction in the mortality ratio between 1990 and 2015.

To reduce the number of maternal deaths, women need access to good-quality reproductive health care and effective interventions. In 2012, 64% of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 12% wanted to stop or postpone childbearing but were not using contraception.

The proportion of women receiving antenatal care at least once during pregnancy was about 83% for the period 2007–2014, but for the recommended minimum of 4 or more visits the corresponding figure drops to around 64%.

The proportion of births attended by skilled personnel – crucial for reducing prenatal, neonatal and maternal deaths – is above 90% in 3 of the 6 WHO regions. **However, increased coverage is needed in certain regions, such as the WHO African Region where the figure was still only 51%.**

*Source: WHO Fact Sheet No. 290. <http://www.who.int/mediacentre/factsheets/fs290/en/>. Retrieved on 29th January, 2017.*

The 2017 missions was again at Sefwi-Anhwiaso from 3rd to 9th of August, 2017. As part of missions this year, we introduced the Public Health Talks session where we educated the people on our theme for this year.



The missions was generally successful aside few financial setbacks.

The biostatistics team are currently working on our data and a comprehensive report should be ready by mid October. For the first time, we kept detailed information of all the patrons of our screening program and we hope to use that to plan better and focused missions in the year ahead.

The team reached out to about 1400 people.





## VIII. Community Social Entrepreneurship Project

Our Community Social Entrepreneurship Projects establish sustainable ideas and programs which aim at improving the living conditions and the finances of the youth in deprived/remote communities.

Under this project, DoctorsAct provides vocational training, business/entrepreneurship workshops, social and community development services to disadvantaged populations.

DoctorsAct partnered with Mr. Daniel Osei, the young and vibrant CEO of Abrantie Shoes Ghana to train 12 young men and women of the Sefwi-Ahwiaso traditional area in the art and business of shoe-making.

We at DoctorsAct hope to see at least 50% of the participants go through the training and set up their own businesses in the coming months.



## IX. Save-Your-Liver-Today Project

2 Billion People have been infected with Hepatitis B Worldwide. Without intervention, approximately 15% to 40% of chronically infected individuals will eventually develop cirrhosis, end-stage liver disease or hepatocellular carcinoma, or require liver transplantation.

Ghana has been grouped as part of the areas of the world where the prevalence of chronic HBV infection is high ( $\geq 8\%$ ).

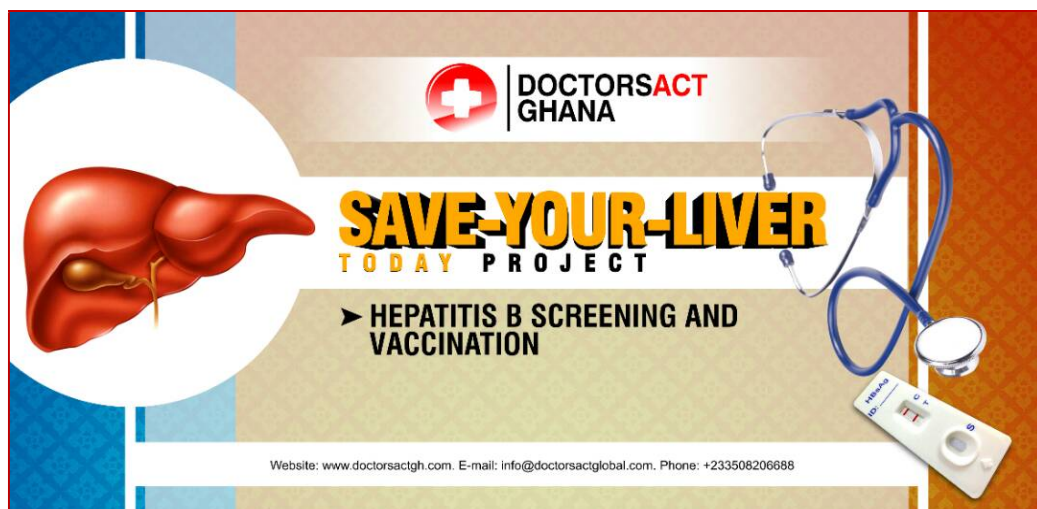
On Saturday, 9th September, 2017, 9 members of DoctorsAct team conducted a talk and screening exercise at Asokorekuma, Koforidua. Present were 73 people.

The program was in three parts. The talk, where we educated the public on the infection and answered all questions. The screening, where we test the public for the virus free at no charge. Those who test negative were encouraged to vaccinate (if not done already).

Individuals who tested positive were invited for further investigations and management.

48 people requested for the vaccination which we will be doing on 17th September, 2017. A vaccination card will be provided and we will follow up with all who take part in the vaccination.

We look forward to helping increase the awareness of the disease and putting in the necessary preventive measures.



## **X. Next steps**

1. We looking forward to having a more focused medical missions in the coming years which will concentrate on non-communicable diseases in adults, and malnutrition in kids.

Our experiences over the years have taught us that these are real areas of concern and a focused missions will help to have put a better follow up system in place.

2. In October we looking forward to partnering with Chale Foundation to have a screening exercise at the Oboom Special School in Cape Coast.

3. We plan to have an Accra office to be able to coordinate our affairs from the capital city.

4. Our December at the Orphanage home and the FAST project will happen in December.

5. Training of the participants of the shoe-making project is ongoing and we appealing to the public to support.

6. Deliberations are on-going to decide on the next community for our BiSD 2018 project.

7. We hope to identify more needs and meet them.





## XI. Appreciation

1. To our patron **Omanhene of Sefwi**

**Anhwiaso Traditional Area and**

**President of the Western Regional**

**House of Chiefs, Ogyeahoho Yaw Gyebi**

**II and the Executives of DoctorsAct Ghana**

who worked tirelessly to make all our

projects successful;

**Executive President-** Dr. Mike Tuffour

Amirikah

**Director of Projects-** Dr. Josephine

Quarcoo

**Executive Secretary-** Dr Charles Debrah

**Brand Manager-** Dr. Daniel Osafo Darko

**Brand Manager and Head of Statistics-**

Dr Daniel Kwakye Nomah

**Director of Finance-** Dr. Abigail Doduwah

Sackey

**Director of Finance-** Dr. Romeo Boaheng

**Chief Advisor-** Dr. Afeke Hormeku

### 2. To all our partners:

- Christian House Chapel, Moscow, Russia.
- DanAdams Pharmaceuticals Industry Limited, Ghana.
- H.E. Dr Kodzo Alabo, Former Ambassador Extraordinary and Plenipotentiary to the Russian Federation
- Amponsah-Effah Pharmaceuticals Limited, Ghana.
- Tobinco Pharmaceuticals Limited
- Divine Lodge, Bibiani.
- Inter Foods Limited
- Accra Breweries Limited
- LIM Events Consult
- Divine Group International
- Megalife Sciences
- Evangelical Bookshop of the Dutch Reformed Tract Society
- Abrantie Shoes - Ghana
- Neo-Pharma Center Limited
- Mr Ebenezer Donkor
- Mr Charles Kwakye
- Mr Eric Prah
- Mr Kwame A. Danso
- Miss Benedicta Arhin
- Mensin Gold Bibiani Limited, Ghana.
- International Christian Assembly, Moscow, Russia.

- Dr Mike Williams
- Mr Paul Ampadu
- Miss Pamela Adio
- Madam Lawrence Wurah
- Mrs Eunice Otchere Twum
- Mr Kwaku Twum
- Mr Ernest Essien
- Mrs Natalie Abena Darko
- Mr George Quaynor
- Dr Emmanuel Selasi Agbefe

Assumadu

- Dr Peter Kwaku Afrifa
- Dr Agnes Addo Antwi
- Mr Kofi Osei-Annor
- Ms Emmanuella Dua-Sakyi
- Ms Ehoenam Ama Mawunyefia
- Mr Ebenezer Donkor
- Dr E. Ben Crentsil
- Dr Betty Obimpeh
- Mr Elvis Adu
- Ms Zara Addison
- Mr Richard Twum
- Mr Eric Prah
- Divine Group International

- Dr Samuel Arthur
- Dora Nketsia Anokwa
- Michael Katey Ocansey
- Wilhemina Adabla Philip Iwu
- Palmer Ofori Nyarko
- Fred Danso Amoako
- Matilda Amuzu
- Bernice Amofa
- Senam Ntow Amanda

### **3. To all who volunteered with us throughout the year.**

We say "Thank you". Many feel fortunate because of your generosity. We at DoctorsAct Ghana are grateful. Through you, God's love reached the many who are in difficulties and in need.

*See a need, Meet the need...*

[www.doctorsactglobal.com](http://www.doctorsactglobal.com)