

GLOBAL ACTION PROJECT REPORT I

International Food, Water & Healthcare Project

Northern Togo 2008 Project



Dates: 21ST – 28TH JULY, 2008

Project location: Dapaong, Tantoatre and Nayeng all in Tone district of Savannah region, in the northern part of the Republic of Togo.

Project duration: Eight (8) days.

Population of Area: Dapaong – two hundred and fifty thousand (N250,000)
Tantoatre
Nayeng

Team size: Eleven (11) Volunteers comprising the following;

Ettebong Ette	Medical Doctor (team leader)
Ajayi A.T.	Teacher/Evangelist
David Ejibe	Medical Doctor
Enwerem Kenneth	Medical Doctor
Ndubisi Smile	Optometrist
Osuji Samuel	Optometrist
Oziegbe Yetunde	Pharmacist
Etim Godwin	Pastor
Udungwo Grace	Evangelist
Usoro Beverly	Linguist/Evangelist
Williams Lily Maclean	Evangelist

Brief Background of the community:

Dapaong means new market. It is a town comprising of many different ethnic groups, majority being Moba and Gorma. Major occupation is farming. The majority are traditionalists, followed by Christians (mainly Catholics) and then Muslims, most of which are said to have migrated from Nigeria. The main raw material in the region is cotton and groundnut. The main staple foods in the region are millet and maize. There are a few social amenities like hospitals (General Hospital, Polyclinique, etc), banks (Ecobank, Union bank, Commercial Bank, Development bank and microfinance houses). Community **Water supply** in Dapaong is available. For instance, portable pipe-borne water in Dapaong is supplied by two water plants, though the surrounding villages only have access to rain and well water. There is a need to address water needs in the villages. Dapaong town also has a fairly constant **Power supply**, which is absent in the surrounding villages. Electricity supply comes from Ghana and is constant for those who can afford it. Though farming and processing of Cotton appears to provide the main **Occupation and Industry** of Dapaong perhaps due to the presence of a cotton industry, majority of the people are peasant farmers. Few people work in Government established ministries, most women engage in small scale petty trade, tailoring and local brewing called *chaqualo*.

Background of the church

The first church to be established in Dapaong was the Catholic Church which has covered a wide portion of the region, followed by the Assemblies of God church which was said to have come to Dapaong in 1928 from missionaries in Burkina Faso. Although there are about fifty branches of

the Assemblies of God church in the region, their growth has been remarkably slow. Other churches in the region include Pentecostal churches and other smaller churches.

PROJECT OVERVIEW

Evangelistic Outreaches: Evening open air evangelistic campaigns were held throughout the project and hundreds gave their lives to Christ. These gospel campaigns were well attended by the traditionalists /animists, Muslims and others. The Jesus film was shown in Moba language. The village heads of Tantoatre and Nayeng gave their lives to Christ during these outreaches. From the first day God gave us a sure word of prophecy concerning the project (“I have set the land before you, walk into it and conquer it”). The evening outreaches were very powerful as souls were won for the kingdom of God.

Advocacy: Courtesy calls were made to the Paramount Ruler of Dapaong and the Director of the health centre and our team and Mission were well received. The visit afforded the opportunity to solicit stake-holders participation in meeting the social & health challenges of the people. While at work, the team was visited by the Togolese National Television Crew, The Editor-in-Chief of Togo Press and the local radio journalist. Interviews and broadcast were granted. The Governor of the state fixed an appointment with the team but was unable to visit as planned.

Free Health Care Outreaches

The free medical services began at 9am and lasted till 6pm each day with an hour break at 2pm for lunch. There were two major foci; **General Consulting and Optometry. A Pharmacy** was also run to administer all prescriptions. The **General Consulting Team** was led by Dr Dave Ejibe and assisted by Drs. Etebong and Enwerem. Patients with different ailments were attended to on out-patients basis. Most of the patients seen complained of some form of musculoskeletal pain or the other. Malaria fever and Helminthiasis also featured prominently on the consultation lists. See Attached tables & figures for a statistical overview of cases attended to. The **Optometry Team** was headed by Dr Samuel Osuji and assisted by Dr Ndubisi. Major cases treated were inflamed pterygium, allergic and vernal conjunctivitis, keratitis, cataract, uveitis, retinopathies and glaucoma. Lenses were also dispensed for cases of refractive error. The **Pharmacy** was headed by Pharmacist Yetunde Oziegbe. The pharmacy had the following class of drugs available: antiulcer/antacids, antimalarials, antihypertensives/diuretics, antibiotics, antimotility/antispasmodics and rehydration salts, analgesics/anti-inflammatory agents, vitamins and heamatunics, antihelminthics, steroids and antihistamines, antidiabetics, antiasthmatics, antitussives, antifungals, scabicides, antihaemorrhoids, skeletal muscle relaxants/sedatives, ophthalmics. The pharmacy attended to all the prescriptions for all the medical and ophthalmic cases. The major problem encountered was that of crowd control and the fact that there was only one pharmacist available for dispensing. Ad hoc pharmacy staff had to be recruited and on two occasions we had a nurse come in from Dapaong to assist and a pharmacy assistant helped out in the village of Tantoatre. Some drugs were pre-packed to ease dispensing. We exhausted most of the drugs.

Inreach & Member Care: Prayers, devotions, team studies (Bible, Missions & Development studies) and team-welfare were part of activities carried out to edify and build the capacities of

team members, as well as care for one another. Dr Smile Ndubisi was responsible for planning the morning devotions, evening outreaches, night team prayers, prayer walking of the communities, Bible study and Mission Studies. The Bible study for instance, was taken from the book of Isaiah chapters 40 – 45. Every member of the team attended the devotion as attendance was mandatory and part and parcel of the programme and God's presence was always mighty in our meetings. Also the night prayers sessions were always a time of refreshing as God always came to replenish our strength. We never lacked words of edification from the Lord. It was indeed a great time to minister to us as we were busy ministering to others. Pastor Etim and Dr Ndubisi went round the town to pray. Mama Grace was responsible for **Team-welfare**. Team members participated in **Team Welfare** which was also an important opportunity of **reaching in** to ourselves though this was very difficult in view of the work load and small team size. Above all the challenges, God enabled team members to care for one another.

COMMUNITY & GLOBAL RELIEF NEEDS ASSESSMENT:

- 1. Foods rich in Protein** are needed as Malnutrition, worsened by alcoholism is a great plaque in the area. Pray for donations towards purchase & distribution of large quantities of 'Plumpy Nuts'
- 2. Relief in clothing & foot wears** for the great number of poor will be very useful.
- 3. Literacy & Education:** Illiteracy is rampant and limits capacity of communities to tackle development problems. Illiteracy is so high among the people that some of them do not even understand their lingua franca! In Nayeng, the only primary school was abandoned for 5 years and teachers ran away because of evil spirits. Prayers and community deliverance were conducted for the land.
- 4. Poverty Reduction;** There is a need to reduce poverty in the communities. For instance, the village-head in Nayeng also added that even **pupils were unable to pay their fees in order to take care of teachers' salaries**. That abandoned school is being used as a meeting place for the church. Some form of economic empowerment project will be useful here.
- 5. Church Building:** the host Church visited is a 'house Church'. Apart from the Catholic Church, whose members are in Government leadership and control sale of land, it is difficult for any other church to obtain land as the price is high. **About N500, 000.00** is needed to buy a piece of land and raise Church building..
- 6. Christian Development Workers** are needed to help develop programs to address Education needs, health needs, water needs and economic empowerment needs.
- 7. Teachers and Missionaries** are urgently needed to disciple the converts on ground and to give support to Pastor Egra, Pastor Pascal and Pastor Godspower. They are grossly inadequate to reach these 956 villages.
- 8. Four Bicycles and Two Motor -Bikes** are needed urgently for rural evangelism in this region.
- 9. A new Project Vehicle preferably a coaster bus** for Global Relief is urgently need to compliment the Land Rover which is incapable of carrying all relief supplies, let alone the increasing number of volunteers on our projects
- 10. Evangelistic Equipment:** A video projector, digital and video camera are needed.
- 11. Adequate Project Funding;** There is a need to improve project funding to make future projects more effective.

PROJECT IMPLEMENTATION CHALLENGES

Major challenges faced during the period include:

1. **LANGUAGE BARRIER:** it was difficult to communicate with patients and community members as most of the team members did not understand French (the lingua franca in Togo) neither did the community members speak English.
2. **CROWD CONTROL.** In most cases we had difficulty controlling the crowd of people that wanted to be attended to by the doctors.
3. **INADEQUATE PROJECT EQUIPMENT & RESOURCES:** not having necessary tools like video projector paucity, digital & video cameras, a vehicle or more and sufficient finances constituted a significant setback/frustration in the progress of our work in Togo. (Pray for equipment)
4. **UNAVAILABILITY OF PARTICULAR DRUGS:** some of the cases seen could not be attended to because the particular drugs for such cases were not available.
5. **LAPSES IN PLANNING:** Inadequate Logistic planning was also a major constraint and made the project execution more difficult than necessary.

PROJECT IMPACT:

Among others, the project had the following impact:

1. Data collected shows that 1, 179 persons received free general treatments and optometric care.
2. 238 of these being optometric cases with Conjunctivitis taking the lead of 112 cases and refractive errors following by 52. Beneficiaries received both eye medications and prescribed glasses free.
3. Of these treatments 186 were poor helpless babies under the age of four while 127 were children under ten.
4. A total of 53 aged women between ages 60 and 70 received free health care.
5. Besides persons who received free healthcare, a large number made a commitment to Christ during the evening Jesus Film shows bringing many converts to the churches for discipleship.
6. Many of those who attended the Jesus Film shows were animists and Muslims in the northern part of Togo. The Project gave them access to the love of Christ and His gospel.
7. The Project attracted the Good will of the people and Government of Togo. The beneficiary communities, minister of health and Governor of this region all appreciated & commended our mission. This has strengthened Global Relief advocacy efforts and further increased opportunities for future projects in the region.
8. The project helped create a bond of unity among the few churches in the region.
9. The project helped increase the knowledge of volunteers on Mission and Development issues.

*** Please see tables and figures for details of project outcomes.**

RECOMMENDATIONS

The following recommendations have been made having carefully considered the challenges faced.

1. **Project Planning;** Important details should be communicated to volunteers prior to the project. More attention should be given to Logistics; transportation,

- accommodation, feeding etc. Volunteers whose sole responsibility is welfare should be enlisted rather than Team –Welfare.
2. **Project funding** should be adequate & sufficient. Funds to cover project cost should be fully raised.
 3. More volunteers should be enlisted to avoid wearing out the available few.

APPRECIATION:

We greatly appreciate all the prayer, financial, medical and logistic support given to Global Relief by different ministries, individuals and organizations. While we can not publish an exhaustive list of all who partnered with Global Relief on this project, we wish to acknowledge the following collaborating partners of Global Relief:

- 1 St. Piran's Anglican Church Jos.
- 2 FourSquare Gospel Church Asokoro, Abuja.
- 3 Pro-Health International Jos.
- 4 CHAN Pharm Bukuru, Plateau State.
- 5 DUMJos Pharmacy.
- 6 Christian Central Pharmacy, Jos, Nigeria.
- 7 The Redeemed Christian Church of God, Mount of Deliverance Parish, Uyo.
- 8 UMCA Chapel, Tanke, Ilorin, Nigeria.
- 9 UMCATC Chapel, Ilorin, Nigeria.
- 10 Insight Bible Church, Uyo.
- 11 Foursquare District headquarters, Jos.

Conclusion

Amidst all the challenges and setbacks, it suffices to say that the Togo Project was a successful outing. It was a great & awesome experience helping people who would otherwise not have afforded the services rendered. It gave every volunteer a great sense of fulfillment helping put smiles on the faces of the poor people of Dapaong. Also, helping these communities discover and participate in tackling their development and spiritual problems on a long term was a great privilege. As we look forward to revisiting Togo with greater supplies, we call on all our readers to continue to pray for Dapaong and also partner with Global Relief to expand this project!