



# UNITED MISSION TO AFRICA

Together We Can Save Lives!

## UMA MEDICAL MISSION REPORT

KOUTOUKPA 2024

October 14-25, 2024

[WWW.UMISSION2AFRICA.ORG](http://WWW.UMISSION2AFRICA.ORG)

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## INTRODUCTION

“Together we can save lives.” This is the idea and motto on which United Mission to Africa (UMA) has based its actions and executed its very first medical mission to Africa, precisely to Togo (West Africa).

Planning for this mission started in September 2022, right after the donation of medical supplies to the Centre Medico-social de Baguida-CMS Baguida (Togo). This 2024 medical mission provided a very needed medical care and healthcare education to the underserved populations of Koutoukpa and surroundings. With the help of all the members of the organization, foreign and local volunteers, healthcare professionals and staff, individual donors and sponsors, this medical mission was a success.

## GOAL OF THE MISSION

The main goal of the mission is to improve the quality of life and provide access to health care services, particularly access to diagnosis and treatment of chronic and infectious diseases to Koutoukpa and surrounding villages.

## SPECIFIC OBJECTIVES OF THE MISSION

- ✓ Screen, identify diagnosis, and treat for various health conditions like diabetes, high blood pressure, infectious diseases, pain, wounds, and other illnesses.
- ✓ Provide free medications and treatment to all identified cases that fall within our mission objective and means.
- ✓ Educate the population and create awareness on critical health conditions, especially chronic diseases like hypertension and diabetes.

## MISSION SITE

The 2024 medical mission to Togo took place in the village of Koutoukpa situated about 110 miles (177 km) from Lomé, the capital city and about 15km from Atakpamé (the closest City), between Amlamé and Hiheatro. Our clinic was set up inside the Community Health Center of Koutoukpa (Unité de Soin Primaire de Koutoukpa-USP Koutoukpa)



Unité de Soin Primaire de Koutoukpa- USP Koutoukpa

## MISSION ACTIVITIES

The mission activities started at the USP-Koutoukpa on Monday October 14, 2024, by cleaning the site, setting up of equipment, organizing the pharmacy, packaging of medications, and visiting with the Chief and other leaders of Koutoukpa.

On Tuesday October 15, as early as 6 am, patients began arriving at the clinic premises. Upon the arrival of the UMA team at approximately 9 am, patients were registered and subsequently assessed in triage. Nurses and medical assistants documented clinical symptoms during this process. Two Registered Nurses, one Togolese and one American, took vital information, described patients' chief complaints, and provided education where needed. Patients then visited with a provider, one Togolese Medical Assistant and one American Nurse Practitioner for clinical diagnosis, medication management, and a treatment plan.

Between October 15 and October 24, the clinic operated for 8 days treating more than 600 patients. It is estimated that more than 1000 visitors came to the clinic. With limited staff and long waiting periods, not all visitors received treatment, and sadly had to be turned away. Patients came from the local community of Koutoukpa and surrounding villages, as well as nearby cities. Documentation was kept for the 600+ patients, from infants to the age of 90+, that were registered, screened, treated, and educated by the team.

The patients ranged in age from four days old girl to ninety-two years old man. Patients presented with various health conditions like diabetes, hypertension, ulcerative disease, constipation, back and knee pain, infections, malaria, wounds, heart diseases, hernia, rashes and other skin diseases.



Patients awaiting registration.



Patients waiting in line to see the provider.

## **CRITICAL CASES & TREATMENT**

### **Heart Failure Case**

UMA providers met with a 15-year-old schoolgirl Christelle D, with signs and symptoms of possible heart failure. She presented with her grandfather the third day of the mission with a blood pressure of 110/59, heart rate of 101, oxygen saturation of 74 % in room air, with three bilateral lower extremities edema, blue lips, low energy, generalized weakness, and mild respiratory distress. USP-Koutoukpa did not have the appropriate treatment equipment, nor was UMA prepared for accute care for this patient, the patient was evacuated to the nearest hospital. In coordination with the regional health department director and the head nurse of USP-Koutoukpa, the patient traveled by bus to a hospital in Lome, 110 miles (177km) away. It was a three hour journey by public bus without oxygen. Our organization, the host clinic and the regional medical center do not have oxygen tanks, ambulances, or a cardiologist on staff. Christelle and her mom Kafui will spend thirteen days in hospital in Lome (the first ten days without a cardiologist available). Cristelle subsequently was diagnosed with pulmonary hypertension and right heart failure. UMA provided funding for the hospital and prescribed medications.

### **Scrotal Hernia Case**

A 14-year-old School boy, Vivien D, presented to the clinic accompanied by his father with bilateral scrotal hernia. According to the father, the hernia started when Vivien was about 4 years old, very small and grew to the size of 2 oranges. He looked very uncomfortable and had difficulty walking. Vital signs were stable except for the discomfort and body image. Previously, his father took Vivien to the regional hospital for evaluation and treatment. Surgery was suggested but was not performed due to the parents' lack of funds. In coordination with the head nurse of the USP, Vivien was referred to the regional hospital in Atakpamé for reevaluation and surgery. UMA provided funding for hospital, surgery, and medication charges.

### **Breast Nodule Case**

Reine T. is an eighteen-year-old high school student presented to the clinic with a nodule in her right breast. She came from Lomé, 177 km away on a bus for evaluation by our team. After evaluation, the provider noticed a sizable round nodule in the right breast. She denied having any pain, or other discomfort at that time. She stated the nodule started five years ago and is now the size of a quarter in diameter. She now lives with her aunt who never took her to seek healthcare professional opinion until now.

She was referred to a hospital in Lome for mammograms of both breasts, evaluation and treatment by a gynecologist.

## TEAM AND STATIONS

The team consisted of 1 Nurse Practitioner, 1 Physician Assistant, 2 Registered Nurses, 1 lab Technician, 2 Interpreters, 1 nurse aide, and 3 support staff.

## NURSING STATION

Two nurse stations were set up to register patients, take vital signs, obtain chief complaints, provide primary education as needed, and direct patients to see one of the two providers.



Vich S., obtaining patient information.



Grace C., obtaining patient information.



Vich and Grace, discussing a case.

## PROVIDER STATION

At this station, patients were seen by the practitioners for comprehensive assessment, diagnosis, treatment plan, medications management, and healthcare education.



Treana P., assessing a patient.



Kafui K., assessing a patient.

## **LAB UNIT**

The lab technician using point of care testing kit and a microscope screened for pregnancy, malaria, infections, Blood sugar level, sickle cell anemia, and others.

## **PHARMACY UNIT**

Almost all patients who were screened and diagnosed with health condition(s) by the mission providers, received prescribed medications, over-the-counter medications, vitamins, and supplies. Approximately 400 reading glasses were distributed to the population.



Vonda S., at the pharmacy



Donné M., distributing reading glasses.

## **MEDICATION AND MEDICAL SUPPLIES**

Catholic Medical Mission Board (CMMB) donated medications and an inventory of medical supplies. Additional medications and supplies were acquired at a reduced cost through Blessings International. We received donations for over-the-counter medications and medical supplies (new and used) from individuals or groups of individuals.

Scanlan International provided us with basic surgical instruments that we used during the mission for wound care and minor cut treatment and sutures.

## **VOLUNTEERS, PARTNERS, AND DONORS**

This medical mission was facilitated by our partners and both foreign and home-based volunteers.

Our volunteer's staff composed of a Nurse practitioner, a Physician Assistant, 2 Registered Nurses, 1 Nurse Aide, and 3 non-medical personnel. We also received help from the 3 staff members of the USP Koutoukpa and 2 non-medical volunteers delegated by the Chief of the Village to assist with the crowd management during the whole mission.

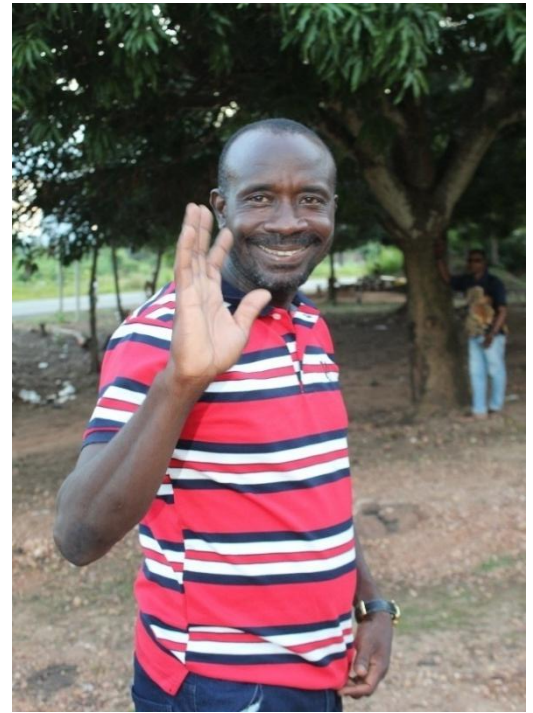
**Association de Development et de Promotion des Agents de Sante (ADEPAS)**, our partner on the ground, helped us prepare the mission site and to get authorization from the Health Ministry of Togo. Without them, the mission might not be possible.

**Catholic Medical Mission Board (CMMB)** provided medication and medical supplies used during the mission.

**Sena Electronic** provided us with a desktop computer and a printer which greatly served us during the mission.

**Reverend Father Bonaventure Ofori** hosted one of our volunteers in his house and provided us with a bus for our in-town transportation.

We appreciate **individual donors** who contributed financially, materially or otherwise to the success of this mission.



Messan S., President ADEPAS

## PROGRAM ACHIEVEMENTS

Our first medical mission to Togo achieved remarkable results:

- ✓ A team of healthcare professionals and non-medical volunteers were recruited and then sent to Koutoukpa for the 2 weeks mission.
- ✓ Donated and purchased medications and medical supplies were sent with the team and utilized during the mission.
- ✓ The population of Koutoukpa responded favorably to the



Vonda, Grace and Treana at the airport, ready for the adventure

mission. More than 1000 patients from Koutoukpa and its surrounding villages visited the clinic. Some of them travelled from Lome the capital (110 miles away) and other distant villages.

- ✓ 600 patients were screened, consulted, treated and/or educated.
- ✓ Hundreds of people received, free of charge, prescribed and over the counter medications.
- ✓ The organization provided funds for/to some patients that were referred to hospitals for specialized care.
- ✓ The mission team, the patients, and the community stakeholders were very satisfied with the services and supplies received.
- ✓ The mission was uneventful for the team members.

## CHALLENGES WE FACED

Our first mission faced exciting challenges which we will address as we plan for future missions.

### ✓ **Staff Shortage:**

2 nurses, 2 Nurse practitioners and 1 Lab technician were the only healthcare professionals on the staff. In order to satisfy the need we experienced; additional recruitment of professional healthcare volunteers is required for our next mission.

### ✓ **Registration:**

Too many people queued every morning before the team got to the site to open the registration lines. More than 1000 patients aged from 4 days old to 92 years old visited the clinic during the 8 days. Many were turned away without consultation and/or treatment.

### ✓ **Medication Shortage:**

We ran out of medication, including pain medication, vitamins, anti-parasitic, antibiotics, antihypertensives and antimalaria.

### ✓ **Medical Team:**

Last minute resignations from Doctors, Nurse Practitioners and Registered Nurses put great pressure on the team. The team worked long and continuous hours until the close of the workday, usually taking a break only for a quick lunch. More potential patients could be served with a larger staff.

### ✓ **Financial**

While we appreciate those who supported the mission financially, and materially, it is very important that we indicate that the overall financial support fell way below our expectations. The lack of health insurance and limited resources of our target population have put a very heavy financial burden on the organization. Limited funds prevented us from carrying on our mission to its fullest.

## IMPACT ON THE COMMUNITY

One major revelation during the medical mission was our patients' lack of awareness of signs and symptoms of diseases. There were patients who presented with high blood pressure or high blood sugar readings who had not ever been tested. With this being the first test received; most were unaware that they were chronically ill. The 2024 UMA Mission goal is to examine these underserved populations and provide them with guidance and healthcare education on how to better manage their health-related issues. Visible smiles on hundreds of faces were the result of the care provided. The care and education provided during those two weeks and were very appreciative.

## UNUSED MEDICATION

At the end of the mission, the United Mission to Africa donated the rest of the supplies,

equipment and leftover medications to the Unité de Soins Primaire de Koutoukpa (Host Clinic) to be provided without charge for the care of the underserved population of Koutoukpa. A full inventory of the donated items was recorded. The clinic director and the chief signed the organization donation record to confirm receipt of the medications and supplies and in pledge to use them for the intended purpose.



The President presenting the donation document to the USP Koutoukpa Head Nurse

## RECOMMENDATIONS FOR FUTURE MISSIONS

- ✓ Doctors, Nurse practitioners and Nurses, foreign and local, should be encouraged to participate.
- ✓ More individuals, business/corporate communities are encouraged to donate money, medications and medical supplies to help with future missions.
- ✓ Education of the public about diseases like cancer, hypertension, diabetes, and malaria; on healthy living and lifestyle changes such as eating well (balanced diet), exercising regularly, and taking primary responsibility for one's health.
- ✓ Collaborate with the Ministry of Finance and the Ministry of Health to facilitate authorization paperwork and to avoid problems with customs.
- ✓ Encourage volunteers to work in a relaxed but serious and optimistic atmosphere.
- ✓ Ensure preparation is completed at the mission site two or three days before the event begins.
- ✓ Collaborate with the authorities of the host communities.
- ✓ Develop partnerships with organizations at the local, state and national levels to collaborate with the United Mission to Africa medical trips to Togo.
- ✓ Increase engagement and fundraising to enable the UMA to reach and help more people.
- ✓ Build relationships with local physicians and hospitals to aid in patient's referral and follow up.

## **MEDIA REPORTS**

Three media outlets covered the medical mission. Articles are in French.

**Plateau Actu:** A local and online news outlet for the Plateau Region of Togo

<https://plateaux-actu.tg/koutoukpa-amou-1-united-mission-to-africa-lance-une-operation-medicale-foraine-pour-ameliorer-lacces-aux-soins-de-sante/>

<https://youtu.be/cevpspLVixM?si=tQ1xJ6o1h0krStY>

**L`Humanite Togo:** A national news source

<https://lhumanitetogo.info/2024/10/28/sante-long-uma-fait-don-de-medicaments-et-de-materiels-medicaux-aucms-de-koutoukpa/>

**La Depeche:** A national newspaper covering the opening and closing ceremonies.

“La Depeche N°1204” from October 16<sup>th</sup>, 2024, p5

“La Depeche N°1206” from October 30<sup>th</sup>, 2024, p6

## **DEPARTURE**

On its final day in Koutoukpa, the UMA team enjoyed a reception provided by the village Chief at his residence. The team left Koutoukpa for Lomé on Friday October 25, 2024, at about 2 pm.

## MISSION EXPENSES

<u>Amount</u>	<u>Descriptions</u>
\$3,067.40	Medication and supplies purchased in USA
\$754.16	Medication and supplies purchased in Togo
\$1,178.06	Lodging
\$2,058.49	In-country Transportation
\$1,369.77	Food and water
\$844.69	Emergency Patients Care Costs
\$2,406.85	Travel Cost (Shipping and Customs)
\$251.01	Office Supplies and communication
\$467.62	Volunteers Expenses
\$942.00	Mission site preparation
\$183.14	Administrative Expenses
\$888.24	Other Expenses
<b>\$14,411.43</b>	<b>Total Mission Operating Expenses</b>
\$149,701.21	Value of donated medications and supplies from the USA (In-kind donations)
\$5,332.95	Board Members Travel expenses (In-kind donations)
\$169,445.81	Total Expenses (Mission Operating Expenses + In-kind donations)



For more pictures, please visit our website: [www.umission2africa.org](http://www.umission2africa.org)