



SOS CHILDREN'S
VILLAGES
GHANA

ACTIVITY REPORT

WRIGLEY ORAL HEALTH PROJECT GHANA



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INTRODUCTION

In the months of September and October, the Oral Health Team extended its education and sensitization activities to Upper West Region of Ghana. Aimed at developing in children good oral care practices, the team engaged in a number of different activities including training workshop for selected teachers, live radio discussion and educating and distribution of tooth brushing materials to school children.

At the end of the campaign, 56 schools from 13 educational circuits with a total population of 17,764 children in Wa Municipal and Issa benefited from the exercise.

BACKGROUND OF THE AREA

The Upper West Region is located in the north-western part of Ghana and shares borders with the La Cote D'Ivoire to the west, Burkina Faso to the north, Upper East Region to the East and the Northern Region to the south. Its regional capital is Wa.

The major ethnic groups are the Dagaba, Sisaala and Wala. The Dagaba live in the western part of the region, the Sisaala live in the eastern areas, and the Wala live in Wa and a few of the nearby villages. Most of the Wala people are Muslims therefore, Wa is the largest predominantly Islamic city in Ghana. 'Waali', the language of the Wala, and the 'Dagaare' language are mutually intelligible.

The Wa municipality with a population of 107,214 according to the 2010 Population and Housing Census (Ghana) is the commercial hub of the Upper West Region. Agriculture remains the main economic activity in the area whereas commerce and industry are done on small scale. It remains the largest single contributor to the local economy and employs about 70% of the active population despite a climate characterized by long, windy and hot dry season followed by a short and stormy wet season.

The main staple crops grown are millet, sorghum, maize, rice, cowpea and groundnuts cultivated on subsistence basis. However, soybeans, bambara beans are produced as cash crops. The vegetation cover of the area is guinea savanna woodland, which is made up of grasses and economic tree species such as Shea tree, *Parkia biglolosa* (Dawadawa), baobab, cashew, Acacia, Ebony, Neem, Teak and others.

Tourism is one of the fast growing sectors in the municipality. Some notable tourists' attractions include; the Wa-Naa Palace (a symbol of authority of one of the three epical authorities of traditional Wa), in a flat roofed magnificent traditional building with rumble stripped walls; 'Chegli' crocodile pond as well Western Sudanese style built mosques e.g. the Centenarian Mosque at Nakor.



It is interesting to know a distinctive feature of the region's culture is the brewing of pito (pronounced PEE-toe) a sweet, mildly alcoholic beverage derived from millet. The pito is sold by the brewers in open air bars and drunk from calabashes.

ACTIVITIES IN THE WA MUNICIPALITY

1. Training Workshop for Selected Teachers

The team organized a training workshop for selected teachers on good oral care practices. This was aimed at giving practical knowledge on good oral care to the teachers who will in turn continue the education when the team is gone. The training focused on the need for regular brushing of teeth at least 2 times a day, morning before meals and evening after meals as well as proper ways of brushing teeth so as to effectively remove plaques formed on the teeth.

Thirty six (36) selected teachers participated in the training workshop. The participants were encouraged



A section of the participants at the workshop

to include regularly oral health education and sensitization in their school activities. A number of activities which could yield positive results came up as resolution during the workshop;

- Regular inspection of the children's teeth twice a week, possibly Mondays and Fridays
- Consciously teach oral health as a topic in their science lessons
- Include oral health topics during Parent Teacher Association (PTA) meetings

The workshop proved to be educative, interactive and eye opener for many of the participants. A number of them shared their personal stories which some are included in this report.

2. Live Radio Discussion

The team was hosted on Radio Progress the oldest and one of the most listened to radio stations in the upper West Region. A 30 minute per week program 'Radio Science Time' was dedicated to the team for discussions on oral health for two weeks. The discussions were basically on consequences of poor oral health, good oral care practices and the observations the team made during our visits to schools. The team used the opportunity to educate the listeners on proper oral care practices and at the same time encouraged parents to assist and ensure that their children adopt good oral care practices as early as possible in life so that they grow with it and reduce the occurrence of dental problems later in life.



3. Oral Health Education in Schools

As usual, the team moved from school to school educating the children on good oral care practices. Demonstrations, pictorial illustrations, posters and songs were important part of the educational exercise. In all, a total of 17,764 children benefited from the exercise. Below are tabular representations of the beneficiaries in the various schools selected from 13 educational circuits.

KPERISI CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	KPERISI MA KG/PRIMARY	269	293	562
2	KONJIEHI KG/PRIMARY	127	112	239
3	CHEGLI ISLAMIC KG/PRIMARY	188	164	352
4	CHEGLI T I KG/ PRIMARY	38	28	66
5	NYAGLI MA KG/PRIMARY	121	113	234
6	SAGU R.C. KG/PRIMARY	134	113	247
7	NAA-SOALI ISLAMIC KG/PRIMARY	189	175	364
	GRAND TOTALS	1,066	998	2,064

JONGA CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	JONGA KG/PRIMARY	214	212	426
2	JONGA TABIASI KG/PRIMARY	63	58	121
3	YIBILI KG/PRIMARY	68	68	136
4	SANCHIGA MA PRIMARY	42	48	90
5	CHARINGU E/A PRIMARY	109	107	216
6	KADOLI ISLAMIC KG/PRIMARY	88	78	166
	GRAND TOTALS	584	571	1,155

BUSA CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	BUSA MA KG/PRIMARY A	206	175	381
2	BUSA MAKG/ PRIMARY B	178	161	339
3	DOODIYIRI ISLAMIC PRIMARY	93	94	187
4	BIIHEE MA KG/PRIMARY	206	207	413
5	BONSOYIRI MA GK/PRIMARY	41	30	71
6	TANGAZU MA KG/PRIMARY	54	69	123
7	IMAM SADIQ KG/PRIMARY	27	33	60
	GRAND TOTALS	805	769	1,574



KPONGU CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	DIGNAFURO ISLAMIC KG/PRIMARY	141	180	321
2	KPONGU ISLAMIC KG/PRIMARY	464	401	865
3	TAMPIENI	103	88	191
4	CHANS MA KG/PRIMARY	205	196	401
5	NAKORE MA KG/PRIMARY	341	347	688
6	GURUMUNI MA KG/PRIMARY	54	79	133
7	ST.BENEDICT KG	20	51	71
	GRAND TOTALS	1,328	1,342	2,670

BOLI CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	SING MA KG/PRIMARY	244	201	445
2	BOLI MA KG/PRIMARY A	289	312	601
3	BOLI MA PRIMARY B	155	144	299
4	DAPUOHA MA KG/PRIMARY	111	109	220
5	SEIYIRI MA PRIMARY	19	33	52
	GRAND TOTALS	818	799	1,617

BAMAHU CIRCUIT		BENEFICIARIE		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	KPARESAGA KG/PRIMARY	113	87	200
2	BAMAHU MA KG/PRIMARY	345	354	699
3	DANKO ISLAMIC KG/PRIMARY	242	255	497
4	PIISI RC KG/PRIMARY A	218	207	425
5	PIISI RC PRIMARY B	102	90	192
	GRAND TOTALS	1,020	993	2,013



CHARIA CIRCUIT		BENEFICIARIS		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	ZINGU MA KG/PRIMARY	153	159	312
2	GBEGRUU ISLAMIC KG/PRIMARY	121	131	252
3	CHARIA RC PRIMARY A	161	159	320
4	CHARIA RC PRIMARY B	101	100	201
5	CHARIA RC PRIMARY C	89	89	178
6	CHARIA RC KG	126	112	238
	GRAND TOTALS	751	750	1,501

TAMPALI PANI CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	DINANSO	44	50	94
2	T I JUJEIDAYIRI KG/PRIMARY A	139	171	310
3	T I JUJEIDAYIRI KG/PRIMARY B	168	163	331
	GRAND TOTALS	351	384	735

SAWABA CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	FALLAHIA ISLAMIC KG	100	81	181
2	FALLAHIA ISLAMIC PRIMARY A	175	136	311
3	FALLAHIA ISLAMIC PRIMARY B	136	138	274
4	FALLAHIA ISLAMIC PRIMARY C	147	138	285
5	FALLAHIA ISLAMIC PRIMARY D	153	136	289
6	ADABIAT ISLAMIC KG/PRIMARY	207	197	404
	GRAND TOTALS	918	826	1,744

KONTA CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	WA SCHOOL FOR THE DEAF	144	109	253
2	WA MODEL KG	74	68	142
	GRAND TOTALS	218	177	395



DOBILE CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
2	Wa Presby KG	55	72	127
	Wa RC KG	136	100	236
	GRAND TOTALS	191	172	363

TENDAMBA CIRCUIT		BENEFICIARIES		
S/N	NAMES OF SCHOOLS	BOYS	GIRLS	TOTALS
1	Wa Methodist School for the Blind	134	96	230
2	St. Aidans Anglican KG	31	29	60
	GRAND TOTALS	165	125	290

ISSA CIRCUIT		BENEFICIARIES		
S/N	NAME OF SCHOOLS	BOYS	GIRLS	TOTALS
1	ISSA RC PRIMARY	182	194	376
2	ALL SAINT KG/PRIMARY	89	126	215
3	TABIASE D/A KG/ PRIMARY	238	240	478
4	WOGU RC PRIMARY	259	315	574
	GRAND TOTALS	768	875	1,643

EXPERIENCES/NARRATIVES

The team had the opportunity to interact with a number of people both children and adults who shared their personal experiences. These experiences exposed the team to the realities on the ground. Even though, the team was saddened by some of these stories, at the same time it was worthy to note that the project is impacting greatly in the lives of many and ultimately changing their situation for the better.

A story of a teacher who experiences tooth ache despite having white looking teeth

My name is Jennifer. I am a teacher. I am very happy and thankful to SOS for this initiative. In fact if I had this opportunity when I was young it would have prevented the problem I have now. I remember when we were young my mother used to clean our teeth with charcoal because it makes the teeth white. Even though there were times we brushed with tooth paste but not regularly. Few years ago I started having pains in my mouth, sometimes swollen jaw. In fact when the pains come, I find it difficult to neither eat nor drink water. So I visited the hospital and I was told that I have holes inside my teeth. Last year I was able to raise some money and one was removed but I still have a number of them that need



to be changed. The money involved is a lot and I don't have that kind of money now so I just bear the pain. My case is not exceptional, it is very common to find people with severe tooth discoloration and tooth decay. It is not surprising that some people lose all their teeth before they reach old age. I think that oral health education is necessary especially in our part of the country where unproven beliefs and practices are entrenched. People need to receive the right kind of knowledge so that they can change their attitude and reduce the occurrence of dental problems.

Alhassan, a 11 year-old primary 5 boy who had never brushed his teeth or chewed stick as at the time the team visited



Before brushing



After brushing for the first time

When I wake up in the morning, I wash my face and mouth with water. My brothers sometimes chew stick but I don't. I don't like the chewing stick because it is bitter. I know my teeth are not nice. I am happy to be in school today because what SOS people taught us is good. I have brushed my teeth for the first time and I like it. I will continue to brush everyday so that my teeth will become nice. I now know the secret to white teeth and I will teach my siblings when I get home today. I will even teach them the oral health song so that we always remember to brush twice daily.

An officer from Wa Municipal Education Office

I remember many of my colleagues in secondary school were first time introduced to brushing their teeth with tooth paste and tooth brush only when they came to secondary school. At that time, some of them already started developing problem with their teeth. Both parents and teachers must shoulder the responsibility to train the children to adopt good oral care practices right from the beginning. Parents must regularly provide brushing materials for their wards and ensure that they brush their teeth in the morning before they go to school and in the evening before they sleep. Teachers must as well develop strategies such as inspection of teeth, name and shame that will motivate the children to adopt good oral care practices. We must all get involved in this fight because the consequences of poor oral care affect all of us.



Zara, Primary 6 Girl

I thank SOS Children's Villages for coming to my school today. I learn so many things from them. I brush my teeth but not always and only in the mornings. But today I learn that I have to brush my teeth at least 2 times, morning and evening and for at least 2 minutes so that my teeth can be strong and healthy.

OBSERVATIONS/LESSONS

For most children the team visited in the schools, owning their very own toothbrush was something they had much anticipated. While some shared toothbrushes with their siblings at home, others could not afford one or simply had never owned one in their lives; and therefore resorted to the use of chewing sticks.

Some children displayed intense cases of tooth discoloration and were eager to brush for the very first time of their lives. Their expression was one mixed with anxiety and concerns as they did not know what to expect for the very first time they were brushing their teeth in the presence of their friends and teachers.

As the team guided these children to brush their teeth, one common characteristic was the visible shock on their faces as the foamy residue from the toothpaste was discolored with blood and brownish substances. The 'before' and 'after' look of their teeth was tremendous.

For most people, when water is unsafe enough to drink, then it might as well not be safe enough to brush teeth. This goes to say that water plays an essential role in maintaining good oral care to promote healthy living.

Some foods and drinks go a long way to stain the teeth of children and in some cases cause discoloration to some extent. When food particles remain on the teeth for a very long time without being brushed out, they contribute to teeth discoloration and that is why it is also essential to drink lots of clean water after eating.

It is important to use clean water to brush teeth on a regular basis to maintain good dental care but most children were either ignorant of this practice or could not access clean water due to no fault of theirs.

Some of the children the team spoke to were appreciative of the oral health campaign and expressed interest in maintaining good dental care. "I know that clean water can be used to wash away leftover food and residue that can cause cavities when left for a long time. This means that I don't have to necessarily carry my toothbrush to school each day"- Amina said.



CHALLENGES

A few of the schools visited had no teachers present at the time the team arrived. This was quite a challenge as the team had to do practically everything from organizing the children for the education to distributing the tooth pastes and tooth brushes.

A few of the children missed out on the exercise because they were either not in school or left for home before the team arrived. All the same, it is anticipated that their colleagues who benefited will share what they learnt with them.

CONCLUSION

The campaign in Wa municipality has been overwhelming. The team was exposed to many issues confronting deprived communities in the country that most people are not preview to. The team had the opportunity to experience firsthand some of the difficulties the people face from lack of access roads, lack of safe water, poor communication network connectivity amongst others. One would wonder why someone would never have seen something as common as tooth paste and a tooth brush, but that is the reality in some of the communities visited.

The team was left with mixed emotions. Saddened by the deplorable conditions of some of the locals and on the other hand feeling of satisfaction for impacting in their lives. Seeing the joy on the faces of the beneficiaries gives the team satisfaction. The team is most grateful for the partnership and your continuous support in reaching out to more children in deprived communities.

The support from Wa Municipal Education Office has been remarkable. It is the wish and hope of the team that the office makes follow ups on the schools especially the worst affected schools.



PICTURE GALARY

Facilitators educating children on good oral care practices



Children demonstrating brushing techniques



Each child received a tooth paste and a tooth brush



Some dental cases found in the children



Other scenes captured in the schools

