



- A Documentary of
Missions Aid Int'L

M.A.I ...reaching out to suffering, poor and neglected peoples!



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A NON-GOVERNMENTAL ORGANIZATION IT/CERT. NO. 15,492

MISSIONS AID INTERNATIONAL

VISION STATEMENT

To go where others wouldn't to touch needy lives, make peace and build up rural communities.

MISSION STATEMENT

Striving to touch unreached or neglected persons and communities in Africa and improve their lives through healthcare, training, community development and the Word of God.

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MAI Mission volunteers undertaking the construction of a school building in Gidan Gizo, Kamo State.

MAI: Touching Lives, Rebuilding Communities

Nigeria

The Federal Republic of Nigeria is a country in West Africa bordered by Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast in the south lies on the Atlantic Ocean. Nigeria occupies a total area of 923,768 km² (356,669 sq mi) and a population of about 186 million people, making it the most populous black nation in the world.

Nigeria has more than 500 ethnic groups, with varying languages and customs, creating a country of rich ethnic diversity. The largest ethnic groups are the Hausa, Yoruba and Igbo which together account for more than 70% of the population, while the Urhobo-Isoko, Edo, Ijaw, Kanuri, Ibibio, Ebira, Nupe, Gwari, Jukun, Igala, Idoma and Tiv comprise between 25% and 30%; other minorities make up the remaining 5%. Nigeria runs the federal system of government with 36 federating states.

Needs Analysis

Nigeria is the major pool of Missions Aid International's (MAI) man power and resources, as well as the mirror of the depravity and suffering which characterize most African Society. For Nigeria, the attendant implication of a multi-ethnic, cultural and religious mix compounded by bad governance evidenced by the gap between the real and anticipated result, is

overwhelming. Resources are poorly harnessed and distributed resulting in gross under development. This has contributed in the spiking of mortality, crime and poverty rates across the country.

The goal of Missions Aid International is to help in bridging this gap in various communities across the different ethnic, cultural and religious divides.

OUR INTERVENTIONS IN NIGERIAN COMMUNITIES

Since 1998 MAI has partnered mostly with faith based organizations such as the Charismatic Renewal Ministries (CRM) to undertake projects in needy communities to bring about succor and development. The projects range from drilling of water boreholes, electrification, construction of school blocks, construction of jetty, construction of Market, providing free vocational training and skills acquisition, free medical outreaches, provision of cloths and food stuffs for the poor, reaching out to Special People groups (widows, orphanages, prisons and victims of disaster),



MAI volunteers undertaking the construction of a Jetty in Itaka, Cross River State, Nigeria.

scholarships, schools outreach and gospel outreaches. As at December 2019, a total number of 103 communities in Nigeria have benefitted from our interventions. Among these are:

I. Itaka, Mkpot and Nsofang (Cross River State, Nigeria) in 1998.

Itaka is one of the riverine communities on the fringe of the Cross river. It is about 5km to the Cameroun boarder, with Nsofang and Mkpot lying on the same costal belt. It is located in Etung LGA of Cross River State. In 1989, it would take a visitor about three hours of local boat ride from Ikom to Itaka due to the slow motion and leaky boats. Itaka had a population of about 10,000 people (1998) comprising of peasants. They speak Ejagam as the local dialect and pidgin English. Their religious inclinations are Christianity and African traditional religion. Cult groups such as the Ekpe cult which had hijacked the culture of the people had become an underlying authority in Itaka and some of the surrounding communities.

Needs Analysis

The poverty level in Itaka is very high and mortality rate is about 30%. About 85% of the population is not literate (have not had any form of formal education) and this has impacted greatly on their poor way of life. It is therefore not strange that the people are far from civilization, such that an 80-year-old indigene was yet to see a bicycle for the first time by 1998. As at 1998 there was no known professional from Itaka at home or abroad. The need gap in this community is staggering as well as pathetic. The same applies to some of her neighboring communities, Nsofang, and Mkpot.

Intervention

On the 22nd of June 1998, 85



Plaiting hair free of charge in a rural community.

volunteers comprising of Medical practitioners, social workers and missionaries took part in the MAI community development intervention project in Itaka. This intervention also extended the



MAI Doctor attending to the sick in a rural community in Nigeria

medical and welfare outreach to Mkpot and Nsofang. The intervention took the form of the following:

- I. **Free Medicare:** 3 medical doctors, 2 pharmacists, 4 nurses attended to 1521 patients within five days in the three communities with Itaka accounting for about 65%. Each patient received free medical attention and free drugs. Four surgeries were also carried out in Itaka.
- II. **Social welfare:** About 500 persons benefitted from the welfare project of free clothing, foodstuffs and toiletries.

2 Itaka, Cross River State, Nigeria in 2003.

With continuous monitoring of the impact of our previous intervention in Itaka, we also set up the Itaka advocacy campaign which facilitated the building of an ultra Modern Secondary school in Itaka to address the literacy deficit and pave the way for a healthy paradigm shift for the emerging generation.

3 Itaka, Cross River State, Nigeria in 2010.

As at 2010, the population of Itaka had increased to about 21,000 people with a significant drop in poverty and mortality rate. The literacy level had also increased significantly to about 60%.

Need Analysis

In our Need analysis of Itaka in 2010, we noticed a gap in economic productivity of the people, which in turn fueled poverty. Itaka is one of the largest producers of cocoa in Etung LGA. However this produce hardly gets to

the market due to poor accessibility of the beach into the community. This has had a negative impact on the economic disposition and livelihood of the people. In order to address this gap, we came up with a framework to address the issues of making Itaka accessible. The muddy, eroded and sloppy beachfront made it difficult for movement and transportation of services and farm produce. Conveying goods to the boat was nearly impossible because of the terrain. People would usually take a change of clothing when leaving the village because of mud stains or a possible fall.

Intervention

Because this community is not connected by road, we focused on addressing the challenge posed by the beachfront – the construction of a jetty.

In March 2010, we mobilized 150 volunteers who came to Itaka to take part in this construction project. This number comprised of medical practitioners, engineers,

architects, social workers and missionaries. The project took the form of:

- I. **Free Medicare:** 10 medical practitioners (3 doctors, 6 nurses, and 1 pharmacist) attended to 2000 patients with free drugs.
- II. **Community Development:** a jetty estimated at about 5 million naira as at that time, was



OLD LOOK OF ITAKA BEACH HEAD BEFORE MAI PROJECT



NEW LOOK OF ITAKA JETTY CONSTRUCTED BY MAI

constructed. As part of a counterpart agreement, the community provided 90 percent of the unskilled labour force while 10% of the labour came from the Missions Aid International (MAI) Volunteers. The community also contributed a quota to the project team and the materials used.

III. Social welfare: About 250 persons benefited from free clothing and foodstuff. 10 persons benefited from hair braiding and about 200 secondary school students benefited from career development talks.

Evaluation: Through our interventions in Itaka since 1998 and our advocacy, the attention of the government has been drawn to Itaka and other surrounding communities. A health center and a school have been built by the government. Efforts have been made towards sinking water boreholes and road and electrification project have also been commissioned by the government.

The standard of living in Itaka has improved significantly. The challenge posed by the beach front has been overcome and the community witnesses influx of people coming to live or do business. The community has now produced many graduates and public office holders and elected government officials.

4 Kano and Gidan Gizo, Kano State, Nigeria in 2006.

Kano State is located in Northern Nigeria. It was Created on May 27, 1967 from part of the Northern Region and borders Katsina State to the north-west, Jigawa State to the north-east, Bauchi State to the south-east and Kaduna State to the south-west. The capital of Kano State is Kano and it is also the commercial nerve centre of Northern Nigeria and the second largest city in Nigeria, after Lagos. Kano covers an area of 20,131 km² (7,773 sq mi) and consists of forty-four (44) Local Government Areas (LGAs).

Needs Analysis

Kano appears to be a cosmopolitan city.

However, deep religious bias has kept her in the fore of cities with the highest level of religious intolerance. This was also



compounded when the state government introduced sharia as the administrative system of government. Other religious minorities (especially Christians) were on the receiving end as crisis after crisis rocked the city leading to Christians being killed.

Kano is said to be about 75% Muslim while 23% are Christians and 2% account for other religious inclinations. Out of the 23% Christians in kano, 45% are indigenous people living in rural areas. Most of these non-Muslim communities are deliberately marginalized or ignored in the distribution of resources and development by the government. They live in abject poverty.

Intervention

The area of intervention focused on providing free Medicare for those who could not afford to pay or access the government or private hospitals/clinic. The other aspect of this intervention was to provide free vocational training for the vastly unemployed indigenes; to equip them to start up their own



businesses.

In the heat of the full implementation of the sharia, on Monday the 27th of March 2006, fifty MAI volunteers 'sneaked' into kano for a God sent intervention. The volunteers engaged in the following:

- I. **Free Medicare:** a medical team of 10 (3 medical doctors, 1 pharmacist, 6 nurses) attended to a total number of 1700 patients in two locations. The medical outreach took place in two venues, Sabon Gari (within Kano the city Capital) and Gidan Gizo – one of the neglected non-Muslim communities in Sumaila LGA of Kano State.
- II. **Social Welfare:** The SPG (Special People Group) gave free clothing and food stuffs to 375 persons in the two locations.

5 Gidan Gizo, Kano State, Nigeria in 2008.

The intervention of 2006 gave us a shocking insight into the level of neglect the non-Muslim communities suffer in Kano State. Most of these communities, in a bid to escape being forced to convert to Islam, have moved to very remote areas of the State; far away from the city and centre of Islamic influence. One of such communities is Gidan-Gizo. Gidan Gizo is a community in Sumaila Local government Area of Kano state. The

population of Gidan Gizo is put at about 70,000 people. It is strictly an agrarian community.

Needs Analysis

About 99.8% of the people of Gidan Gizo are non literate. The mortality rate is put at over 85%. In this community, there is no form of government presence. No school, no portable drinking water, no clinic, no road and no electricity. When night comes, the people literally grope in darkness.

It is even more saddening to note that her neighboring Muslim communities, like Siti and Baburi, enjoy most of these amenities. The people of Gidan Gizo equally refused to send their children to school in the Muslim communities because of reports of persecution and forced conversion to Islam.

Intervention By MAI.

The focus of this intervention was to provide water by drilling water bore hole. It also involved the construction of a clinic, construction and equipping of a school for the children, providing free Medicare



during the period of the event and doing skill acquisition training for them.

In March 2008, a total number of 160 volunteers cutting across skilled professionals, young graduates, under graduates and school leavers converged in

Gida Gizo, Kano state for the life transforming engagement. The project took the form of:

- 1) Construction of 2 blocks of six class rooms each.
- 2) Provision of 50 wooden desks
- 3) Drilling of water borehole.
- 4) Providing an electric generating machine to provide light for the community and wiring some of the houses
- 5) Provision of materials for the construction of public toilets

Idoma, and Igede languages respectively. The Tivs comprise the Etulos while the Idomas comprise the Ufia's (Utonkon) and Orokam at the west border of the state. The state occupies an area of 34,059 km² (13,150 sq mi) and it is bordered by five other states namely: Nasarawa State to the north, Taraba State to the east, Cross-River State to the south, Enugu State to the south-west and Kogi State to the west. It also shares a common boundary with the Republic of Cameroon on the southeastern side.

Needs analysis

Agatu is a Local Government Area of Benue State, Nigeria, created in 1996. It used to be the Agatu district of the old Otukpo division. With its headquarters in Obagaji, it is one of nine local government areas in the south senatorial zone which is mainly occupied by the Idoma people of Benue State. The resident population is mainly farmers who contribute about 35% of the total food grown in the whole state.

The people of Agatu have suffered from an age long neglect. The lack of access roads to



The welfare point at a MAI event with free clothing and other amenities for the poor.

- 6) Training some of the villagers on how to make soap, pomade and snacks.
- 7) 600 patients were treated
- 8) Free Cloths and foodstuffs were distributed.

6 Enungba, Benue State, Nigeria in 2012.

Enungba is a community in Agatu LGA of Benue State. Benue State is in the middle-belt region of Nigeria with a population of about 4,253,641 (2006 census.) It is inhabited predominantly by the Tiv, Idoma and Igede peoples, who speak the Tiv,



A MAI Doctor attends to the sick in a rural community.

Agatu thwarted the efforts of the farmers. They were not able to transport their farm produce to the market or allow buyers come to buy from them. Enungba is one of the villages that make up Agatu Local Government.

Intervention

The major focus of our intervention was to assist them in organizing a market place by building market stalls in Enungba, which as at then, had no organized market for selling their farm produce. MAI also worked at helping them diversify into other business ventures by training them to acquire skills that could help them achieve that purpose. We also took care of their medical needs by doing a free medical program for them. The Free medical program was also extended to two towns: Oshugbudu and Obagaji which is the local government headquarters.

On the 5th of March 2012, a total number 120 MAI volunteers cutting across skilled professionals, young graduates, under

graduates and school leavers came from the different parts of Nigeria to Enungba, Agatu LGA of Benue state to take part in what is known as the MAI Kingdom commandos community development project. The project took the form of:



The free medicine dispensary point at a MAI event in Enungba, Benue State,



After a Vocational Training Event with the products to show.

1. Construction of 4 blocks of 60 market stalls in Enungba.
2. Practical training on how to make soap, air freshener, pomade, snacks, bread, beads and batik making.
3. Free Medicare for about 718 patients in the three venues
4. Gift of free clothing and foodstuff for widows and people in need.

7 Gokana, Rivers State, Nigeria in 2017.

Gokana is a local government in Rivers State of Nigeria. Rivers state is one of the 36 states of Nigeria. The state has a population of 5,198,716, making it the sixth-most populous state in the country and occupies an area of 11,077 km² (4,277 sq mi) with 23 Local Government Areas. Its capital and largest city, Port Harcourt, is economically significant as the centre of Nigeria's oil industry. Rivers State is bounded on the South by the Atlantic Ocean, to the North by Imo, Abia and Anambra States, to the East by Akwa Ibom State, and to the West by Bayelsa and Delta states. It is home to many indigenous ethnic groups: Ikwerre, Ibani, Opobo, Eleme, Okrika, and Kalabari, Etche, Ogba, Engenni, Egbema, Obolo and Ogoni. The Ogonis are found in Gokana and Kana LGA of the state.

The story of the Ogonis date a long way back. The **Ogoni Kingdom** is one of the many indigenous peoples in the region of southeast Nigeria. Their number is about a million people and they occupy a 404-square-mile (1,050 km²) homeland which they also refer to as **Ogoni**, or **Ogoniland**. They share

common oil-related environmental problems with the Ijaw people of Niger Delta.

The Ogoni rose to international attention after a massive public protest campaign against Shell Oil, led by the Movement for the Survival of the Ogoni People (MOSOP) and the death of an environmental activist, Ken Saro Wiwa- an Ogoni man.

In 1990, under the leadership of activist and environmentalist Ken Saro-Wiwa, the Movement for the Survival of the Ogoni People (MOSOP) planned to take action against the Federal Republic of Nigeria and the oil companies. In October 1990, MOSOP presented *The Ogoni Bill of Rights* to the government. The Bill hoped to gain political and economic autonomy for the Ogoni people, leaving them in control of the natural resources of Ogoniland; protecting against further land degradation. The movement lost steam in 1994 after Saro-Wiwa and several other MOSOP leaders were executed by the Nigerian government

In 1993, following protests that were designed to stop contractors from laying a



new pipeline for Shell, the Mobile Police raided the area to quell the unrest. In the chaos that followed, it is alleged that 27 villages were raided, resulting in the death of 2,000 Ogoni people and displacement of 80,000.

The Ogoni people have been victims of human rights violations for many years. In 1956, four years before Nigerian Independence, Royal Dutch/Shell, in collaboration with the British government, found a commercially viable oil field on the Niger Delta and began oil production in 1958. In a 15-year period from 1976 to 1991 there were reportedly 2,976 oil spills of about 2.1 million barrels of oil in Ogoni land, accounting for about 40% of the total oil spills of the Royal Dutch/Shell Company worldwide.

In a 2011 assessment of over 200 locations in Ogoni land by the United Nations Environment Programme (UNEP), they found that impact of the 50 years of oil production in the region extended deeper than previously thought. Because of oil spills, oil flaring and waste discharge, the alluvial soil of the Niger Delta is no longer viable for agriculture. Furthermore, in many areas that seemed to be unaffected, groundwater was found to have high levels of hydrocarbons or was contaminated with benzene, a carcinogen, at 900 levels above WHO guidelines.

UNEP estimated that it could take up to 30 years to rehabilitate Ogoni land to its full potential and that the first five years of rehabilitation would require funding of about US\$1 billion. In 2012, the Nigerian Minister of Petroleum Resources, Deizani Alison-Madueke, announced the establishment of the Hydrocarbon Pollution Restoration Project, which intended to follow the UNEP report

suggestions of Ogoni land to prevent further degradation.

However, Ogoni land has not recovered from these neglects and human right abuses.

Need Analysis

The neglect, prolonged agitation and government's brutality have created an 'unsafe' Ogoni community with the emergence of various militant groups in Ogoni land. Most of these militants have been driven to the creeks by the constant harassment, killings and arrest by the government. Some of these militants have over the years metamorphosed into a monster that terrorizes even its every own.

In spite of the vast rich oil fields in Ogoni land, the signs of prolonged neglect and under development are as glaring as day light. The effect of the contamination caused by prolonged oil spillage still lingers. The once arable land has now become 'desolate', forcing the once agrarian community into unemployment and other vices. It is estimated that about 45% of the youths are unemployed. Out of this number, 70% of them are involved in various forms of militancy and violence, which usually results to wanton destruction of lives and properties.

Intervention

In 1989, an outreach was carried out by the missions department of the Charismatic Renewal Ministries in one of the largest towns in Ogoni land – Bodo city. About 70 volunteer missionaries engaged the community in a life-changing encounter which initiated a transformational paradigm.

With recurrent restiveness in the region and government's failure to fully address the issue of security and marginalization in the region, the elders in the community and concerned individuals began to seek the intervention of

religious leaders and organizations towards the transformational engagement of the youths who have become a day light dread to the community.

In 2013, through the persistent missionary efforts of the Charismatic Renewal Ministries and a Roman Catholic clergy, some of the dreaded militants surrendered their arms and began a journey of spiritual transformation. This act stirred up a stream of spiritual revival amongst the militants as many more joined. As this continued, different communities in Gokana LGA began to experience a change amongst some of the militants as they surrendered their weapons and charms to embrace God for a spiritual transformation.

Soon the wave got to the 17 Communities in Gokana LGA and the communities opened up their town hall and buildings to be used as church centers for the boys and girls who have embraced this wave of spiritual transformation.

There was also a great need to rehabilitate the boys who have been involved in all forms of vices ranging from kidnaping to oil bunkering, assassinations to armed robbery and so on

Missions Aid International began a campaign to fully rehabilitate the people and shift their economic survival paradigm to other legitimate sources of income. To this end, Missions Aid International with its anchor partner Charismatic Renewal Ministries mobilized volunteers for a one week Free Medicare, Vocational Seminar and training and gospel crusades in various communities in Gokana local government area.

About 170 skilled volunteers converged in Gokana on the 26th of June 2017 for what is known as the Gokana Great Visitation. The project took the form of the summary below:

I. Free Medicare: the medical team had 20 medical personnel who attended to 2500 patients in Kpor, Bodo city, Biara, Bera, Deyor, Yege, Barako, Nwebiara, Deken, Mogho, Nweol, Bogo and K-Dere. The patients were attended to with free drugs and about 450 patients with sight problem were given eyeglasses. About 15 persons underwent surgeries. Many of the patients underwent laboratory tests for various investigations and HIV counseling.

II. Free Vocational Seminar and Skill Acquisition: 1600 persons were trained in soap making, perfume and pomade making, baking (bread, cake, meat pie, dough nut and egg roll), bead and hat making, leather works (shoes, sandals, bags, belts and wallet making).

OTHER AFRICAN COUNTRIES

GHANA 2004

The Republic of Ghana (formally known as Gold Coast) is a country in West Africa located on the Gulf of Guinea, a few degrees north of the Equator. Ghana spans an area of 238,535 km² (92,099 sq mi), and has an Atlantic coastline that stretches about 560 kilometers (350 miles) on the Gulf of Guinea in the Atlantic Ocean to its south. It is also bordered by Togo to the East, Cote d'Ivoire to the west and Burkina

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Faso to the North. According to the World Bank, the population of Ghana is put at 20.99 million (2004). Ghana operates the parliamentary system of government having ten administrative regions, which are divided into 6 metropolitan assemblies; 55 Municipal assemblies and 216 districts, each with its own district assembly.

Needs Analysis

Ghana is probably one of the very few countries in Africa that has had fare democratic reforms and a relatively stable government. However, like most of the other African countries, it is grappling with rising poverty levels occasioned by increase in unemployment and infrastructural deficits.

Kokrobite: this is a coastal village located in the central region of Ghana mostly occupied by the Ga tribe and a very large fishing community with a population of about 20,000 people. This community is notorious for violence and bloodshed, and also reputed to be a center of witchcraft activity and fetish practices. Despite being a fishing community, the poverty level was alarming. Idle youths took to different vices while teenage pregnancy was on the increase. Mortality rate was equally high and the standard of living was very low. Unemployment was put at 75%, school dropout was in the ratio of 2:5, while illiteracy was at 45%.

Bortianor, a neighboring community shares similar traits with Kokrobite, though safer and better organized.

Chantan: this is a much more civilized community (compared to Kokrobite) on the fringe of Accra, Ghana's capital city. It also grapples with a high rate of unemployment. About 63% of the people lack entrepreneurial skills or drive. The school dropout ratio was high and the literacy level was put at 63%.

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MAI FREE MEDICARE POINT

MAI VOCATIONAL TRAINING CLASS

Intervention

On the 19th of October 2004, 40 skilled volunteers from various professions arrived Ghana from Nigeria for the Missions Aid International 'October Event' intervention project. This project would span from Free Medicare to free vocational training and skills acquisition, and other social welfare outreaches to widows, orphanages and gifts of clothing and foodstuff to the needy.

I. Free Medicare: a medical team of 12 (4 medical doctors, 1 optician, 1 pharmacist, 1 nurse and 5 attendants) prosecuted the project. Due to security concerns, Bortianor was used as one of the venues for the Medical outreach. A total number 400 persons from Kokrobite, Bortianor and other neighboring communities were given medical attention and drugs for free. Also about 250 persons were attended to medically in Chantan.

II. Free Vocational Seminar and Skill Acquisition: 150 persons took part in the vocational seminar and skill acquisition. 30 persons were trained in soap, perfume and pomade making, 25 persons were trained in baking (bread, cake, meat pie and chinchin), 15 persons were trained in bead and hat making. Out of the 150 that came to be trained, 85 were trained for three months in tailoring and computer studies.

III. Social Welfare: The Liberian Refugee Camp located in Buduburam, Ghana which officially hosted about 42,000 displaced Liberians, was also visited and clothing and foodstuffs were donated to the displaced persons. Other persons who were identified to be in need of clothing or food were given cloths and foodstuffs.

Ghana 2010 Intervention

As a way of follow-up, on the 4th of October 2010, 65 skilled volunteers arrived Ghana again for a social intervention project in Bubuvashe and Bortianor.

I. Vocational Training and Seminar: 45 persons benefited from the vocational seminar and acquired skills in videography and photography, Soap making, insecticide and perfume making, pomade making, baking, beads and hat making, tie and dye (batik making).

II. Free Medicare: 200 persons benefited from free Medicare; with free drugs and eyeglasses.

III. Children Outreach: 450 children were reached with literatures, gifts and recreational crafts.

Ghana 2016 Intervention

On the 30th September 2016, 20 missionaries were deployed to Ghana for follow-up and discipleship to provide moral and spiritual stability to the persons we had impacted in some of the communities.

TOGO 2005

Togo is officially called the **Togolese Republic** (French: *République Togolaise*). It is a sovereign state in West Africa, bordered by Ghana to the west, Benin to the east and Burkina Faso to the north. It extends south to the Gulf of Guinea, where its capital Lomé is located. Togo covers 57,000 square kilometers (22,008 square miles), making it one of the smallest countries in Africa, with a population of 5,683,268 (2005 World Bank).

From the 11th to the 16th century, various tribes entered the region from all directions. From the 16th century to the 18th century, the coastal region was a major trading center for Europeans to search for slaves, earning Togo and the surrounding region the name "The Slave Coast".

Need Assessment

Togo like some of the other African counties is struggling under the burden of poverty occasioned by bad leadership. The infrastructural deficit is alarming. High rate of unemployment and juvenile delinquency was high. Lome (the Capital) had many slums occasioned by the high migration rate for those seeking for a better life; about 30% of the inhabitants of the city live in slums and unemployment was very high. It is also worthy to note that crime rate in this part is low when compared to Nigeria and Ghana.

Intervention

On the 10th of October 2005, 55 skilled

professional volunteers Participated in the Lome intervention of MAI. 3 communities (Agoe, Casablanca and Asiyeye) were the targeted communities. Due to the language barrier, 40 interpreters were hired to bridge the gap in communication. The project took the form of:

- I. **Free Medicare:** the medical team comprised 8 medical practitioners who attended to 600 persons, giving drugs and glasses in the three centers.
- II. **Vocational training:** 219 persons participated in the free vocational seminar and acquired skills like, baking, soap making, insecticide and perfume making, bead making, batik making, photography and computer training.
- III. **Social Welfare:** 110 persons benefited from the gift of clothing and foodstuff in the three centers.

Kara, Togo in 2013.

Kara, the capital city of the Region de le Kara is in the Northern part of Togo about 413km from Lome. It has a population of 769,940 with a mix of different people groups and foreigners; however the Kabiyes are in majority. It is famed as the second most developed city in Togo with tangible government presence. French, Kibuye and Ewe are the languages spoken in Kara. Education in Kara is compulsory with a net primary school enrollment of 81.3%. However, education suffers greatly because of shortage of teachers.

The number of skilled men and women from Nigeria that took part in the Kara MAI project is 80. They were divided into teams that fell under the following:

- I. **Free Medicare:** the medical team

comprised 10 medical practitioners. They attended to 524 persons with drugs and glasses for free.

- II. **Vocational training:** the number of persons that participated in the free vocational seminar and acquired skills such as baking, soap making, insecticide and perfume making, bead making, batik making, photography and computer training is 500
- III. **Social Welfare:** 180 persons benefited from the gift of food materials and clothing.

The Gambia in 2007

Republic of The Gambia is known as the smiling coast. It is a country in West Africa that is entirely surrounded by Senegal, except for its coastline on the Atlantic Ocean at its western end. The Gambia is the smallest country in mainland Africa. The country has an area of 10,689 square kilometers (4,127 sq mi) with a population of 1,539,000 (2006.) Banjul is the Gambian capital, and the largest cities are Serekunda and Brikama. The Gambia has a mix of people and culture, the **Mandinka** (about 41% of the population); the **Wolof** (15%); the **Fula** (19%); the **Jola** (10%); the **Serahuli**

(8%); the **Serer** (2.5%); the **Aku** (0.8%) and the **Manjago** (1.7%) and persons from other countries.

Need Analysis

The Gambia is one of the very few countries in Africa that has enjoyed a relatively stable government; however, like most of the other African countries, it is grappling with rising poverty levels occasioned by increase in unemployment and infrastructural deficit.

Intervention

A team of 90 skilled MAI professionals from Nigeria participated in the event. Three towns (Serekunda, Daranka and Lamin) were used as venues for the projects which ran simultaneously. The teams were divided according to the projects:

- I. **Free Medicare:** the medical team was made up of 11 medical practitioners (7 doctors, 2 pharmacists and 2 nurses). They attended to 793 persons with free drugs and glasses in the three venues (**Serekunda, Daranka and Lamin**).
- II. **Vocational training:** the vocational training and skills acquisition had 145 persons who participated in the free vocational seminar and acquired skills like baking, soap making, insecticide and perfume making, bead making, batik making, photography and computer training.
- III. **Social Welfare:** 180 persons benefitted from the gift of clothing and foodstuff in the two towns



MAI CLOTH DYING CLASS



MAI COMPUTER TRAINING CLASS

The Gambia 2017

After monitoring and evaluating the work in The Gambia, we sensed a need to go back in 2017. Over the years we have monitored the progress of our trainees and saw the need to go back and bridge the gap. The population of The Gambia now stands at 2.039 million (2016) World Bank. The tension created by the change in government had just begun to settle and life was beginning to return.

From the survey and the need assessment, three communities (Fulakunda, Sifoe and Serakunda) were picked to benefit from the project.

A total number of 20 skilled persons from Nigeria participated in the project. The team arrived Banjul on 29th of September 2017 and executed the following projects:

- I. **Free Medicare:** a medical team of 13 (4 medical doctors, 1 optician, 1 pharmacist, 7 nurses) attended to those who needed medical attention. The team worked simultaneously in the three communities (Fulakunda, Sifoe and Serakunda). A total number 1520 persons benefited from medical attention, free drugs and eyeglasses for free in the 3 centers.
- II. **Free Vocational Training and Skill Acquisition:** 450 persons took part in the vocational training/skill acquisition. They were trained in soap, perfume and pomade making, baking (bread, cake, pie), bead making and computer literacy.
- III. **Social Welfare:** 2 schools were visited with career development seminars.

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The Republic of Benin 2008

The **Republic of Benin** formerly known as **Dahomey**, is a country in West Africa. It is bordered by Togo to the west, Nigeria to the east, and Burkina Faso and Niger to the north. About 65% of its population lives on the small southern coastline of the Bight of Benin, part of the Gulf of Guinea in the northernmost tropical portion of the Atlantic Ocean. The capital of Benin is Porto-Novo; however the seat of government is in Cotonou, the country's largest city and economic capital. Benin covers an area of 114,763 square kilometers and its population in 2016 was estimated to be approximately 8.697 million (World Bank).

The official language of Benin is French. However, indigenous languages such as Fon and Yoruba are commonly spoken. It is also known as the birthplace of vodun (or "voodoo").

Needs Analysis

Republic of Benin like some of the other African countries is struggling under the burden of poverty. The infrastructural deficit is alarming. It has high rates of unemployment with very low crime rate as against its Nigerian neighbor.

Intervention

In October 2008, about 60 MAI skilled professionals arrived Cotonou for what has come to be known as the October Event. The project took place in two communities; Menote and Agla. Due to the language barrier, 35 interpreters were hired to bridge the gap in communication.

- I. **Free Medicare:** the medical team comprised of 7 medical practitioners who attended to 657 persons, giving

drugs and glasses in the two centers.

- II. **Vocational training:** 300 persons participated in the free vocational seminar and acquired skills like baking, soapmaking, insecticide and perfume making, bead making, batik making, photography and computer training.
- III. **Social Welfare:** 112 persons benefited from the gift of clothing and foodstuff in the two centers.

The Republic of Benin in 2017

On the 29th of September 2017, 26 missionaries went to Cotonou for a follow up project in order to provide moral and spiritual stability to some of the communities in Menote.

- I. **Vocational training:** There was also a need to empower some of the unemployed persons with vocational skills, hence 50 persons were trained in shoe and sandals making, making of hand bags and wallets and the making of belts. 30 people were thought how to make peanut burger for sale.

Liberia in 2009

The **Republic of Liberia** is a country on the West African coast, bordered by Sierra Leone to its west, Guinea to its north and Ivory Coast to its east. It covers an area of 111,369 square kilometers (43,000 sq mi) with a population of 4,503,000 people. English is the official language; however, over 20 indigenous languages are spoken representing the numerous ethnic groups who make up more than 95% of the population. The country's capital city is Monrovia.

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A MAI VOCATIONAL TRAINING SESSION

Liberia is the first African republic to proclaim its independence, on July 26, 1847 and is the oldest modern republic. Political tensions from the rule of William R. Tolbert resulted in a military coup in 1980 that overthrew his leadership soon after his death, marking the beginning of years-long political instability. Five years of military rule by the People's Redemption Council and five years of civilian rule by the National Democratic Party of Liberia were followed by the First and Second Liberian Civil Wars. These resulted in the deaths of about 250,000 people (about 8% of the population), the displacement of many more and shrunk Liberia's economy by 90%. In 2003, a peace agreement led to democratic elections in 2005, in which Ellen Johnson Sirleaf was elected President.

Need Analysis

In 2004, while we were executing the Ghana project, we came across a Liberian refugee camp in Buduburam in Ghana. The condition of the refugees and their tales of their people trapped in Liberia gave us concerns about the war torn country and opened our eyes to the reality of how devastated Liberia is due to the prolonged civil war.

About 85% of the population lives below the international poverty line and infrastructural deficit was more glaring than imagined. The new government was trying to salvage the

ruins of war, heal wounds and bring hope to the people. Children who had lost parents to war were most vulnerable. Child soldiers were living in trauma as rehabilitation and societal integration was difficult. The health sector was in coma and non affordable for the poor. Jobless youths were taking to prostitution, drugs and other vices.

Intervention

On the 2nd of October 2009, a team of 105 skilled MAI volunteers of different professions converged in Monrovia for the project. With the help of 21 Local Liberian churches who functioned as our partners, three towns were picked as venues for the project which ran concurrently in the three locations: Paynesville in Monrovia, Kakata in Margibi County and Bensenville in Montserrado. The projects took the form of the following:

- 8 Free Medicare:** a medical team of 15 (7 medical doctors, 2 opticians, 3 pharmacists and 7 nurses). A total number 1700 patients were attended to with free drugs and 250 of them were given free eyeglasses.
- 9 Free Vocational Seminar and Skill Acquisition:** 1115 persons took part in the vocational seminar and skill acquisition. 300 persons were trained in soap, perfume and pomade making, 220 persons were trained in baking (bread, cake, meat pie, dough nuts, buns and egg roll), 140 persons were trained in bead and hat making, 150 persons were trained in Batik (cloth dying) making, 125 were trained in GSM phone repairs, 100 were trained in Event decoration, 80 persons were awarded scholarships to be trained in computer literacy by a local

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computer institute.

- 10 Social Welfare:** The SPG (Special People Group) team visited 2 orphanages, 1 old people's home and 2 schools. Mattresses, cloths, toys and books were given to them. Other persons who were identified to be in need of clothing and food were giving cloths and foodstuffs.

Liberia in 2012

The outcome of our Liberia 2009 intervention was outstanding. The rate at which the young men and women who took part in the vocational trainings picked up their lives was very encouraging. Our continuous evaluation report showed that they were doing well and many more were eager to benefit. This report was a big motivation for a remount of the programme in Liberia in 2012.

Intervention

A total number of 75 skilled MAI volunteers from Nigeria arrived Monrovia on the 29th of September 2012 for the October Event project. The over view of the project executed is captured below:

- I. Free Medicare:** a medical team of 10 personnel attended to an average number of 90 patients per day in each of the two centers. The patients were attended to with free drugs and some were given eyeglasses.
- II. Free Vocational Seminar and Skill Acquisition:** 957 persons turned out for the one week entrepreneurship seminar, but 650 persons were trained in soap making, perfume and pomade making, baking (bread, cake, meat pie, dough nut and egg roll), bead and hat making, Batik (cloth dying) making and computer literacy.
- III. Social Welfare:** The SPG (Special People Group) team visited 1 orphanage and 1

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The impact of the over 10 years civil war devastated everything – from infrastructure to lives. About 57% of those living in the country were rendered homeless while about 37% of the children were orphaned. 42% of those within the teenage age who served as child soldiers battled with integrating into the society and finding other means of livelihood. Many who thought there was hope in the mining of diamonds (one of the countries abundant natural resources) were disappointed by the cruelty of the trade. The great challenge posed by the infrastructural deficit compounded the problem of government in meeting the basic needs of the people.

Intervention 2011

On Sunday the 9th of October 2011, the first batch of 35 Skilled MAI volunteers from Nigeria arrived Freetown the Capital of Sierra Leone. The second batch of 60 persons arrived on Monday the 10th of October.

The opening ceremony which is an official flagging off of the programme recorded over 3400 participants with the representatives of both the Sierra Leonean and Nigerian government in attendance.

- I. Free Medicare:** 10 medical personnel made up the medical team from Nigeria. There were three centers for the free Medicare within Freetown and in each of these centers an average number of 130 patients was attended to daily. The patients were attended to with free drugs and some that had sight problems were given eyeglasses. The medical team also had two veterinary doctors who set up a mobile clinic to attend to animals.
- II. Free Vocational Seminar and Skill Acquisition:** after the first day of the opening ceremony and vocational seminar, 3700 persons turned out for the seminar the second day. In order to contain the number, the government of Sierra Leone

old people's home with gifts.

- IV. Children Outreach:** 180 children teachers/workers were trained. 2000 children literatures were distributed to children in schools. 100 copies of gospel songs were also distributed. About 1300 children were reached in the schools and the neighborhood. Gospel crafts were also taught to the children and their teachers.

- V. School outreach:** 3 Secondary schools benefited from the career choice/guidance and Motivation Seminar.

Sierra Leone in 2011

The Republic of Sierra Leone is a country in West Africa. It is bordered by [Guinea](#) to the north-east, [Liberia](#) to the south-east and the [Atlantic Ocean](#) to the south-west. Sierra Leone has a total area of 71,740 km² (27,699 sq mi) and a population of 6.612 million (World Bank) the 2015. It is a constitutional republic with a directly elected president. The country is made up of five administrative regions: the Northern Province, Northwestern Province, Eastern Province, Southern Province and the Western Area. These are subdivided into sixteen districts.

From 1991 to 2002, Sierra Leone was immersed in a bloody Civil War, which devastated the country. The war left more than 50,000 people dead, with 85% of the country's infrastructure destroyed and over two million Sierra Leoneans displaced as refugees in neighboring countries.

Needs Analysis

moved us to the stadium for the one week seminar. They were trained in soap making, perfume and pomade making, baking (bread, cake, meat pie, dough nut and egg roll), bead and hat making, Batik (cloth dying) making, Photography and video coverage, tailoring and computer literacy.

III. Social Welfare: The SPG (Special People Group) team visited orphanages, old people's homes and widows with gifts of food and clothing.

IV. Children Outreach: 60 children teachers/workers were trained. 2500 children literatures were distributed to kids in their schools. 150 copies of gospel songs were also distributed. About 1600 children were reached in the schools and neighborhood. Gospel crafts were also taught to the children and their teachers.

V. Schools Outreach: 2 Secondary schools benefited from the career choice/guidance and Motivation Seminar.

Tanzania in 2014

The **United Republic of Tanzania** (Swahili: *Jamhuri ya Muungano wa Tanzania*) is a sovereign state in eastern Africa within the African Great lakes region. It borders Kenya and Uganda to the north; Rwanda, Burundi, and the Democratic Republic of the Congo to the west;

Zambia, Malawi and Mozambique to the south; and the Indian Ocean to the east. Mount Kilimanjaro, Africa's highest mountain, is in north-eastern. Tanzania occupies an area of 947,303 square kilometers (365,756 sq mi) having a population of 52.23 million people (World Bank 2014). This population is composed of several ethnic, linguistic, and religious groups.

Its official capital city has been Dodoma, where the president's office, the National Assembly, and some government ministries are located. Dar es Salaam, the former capital, retains most government offices and is the country's largest city, principal port, and leading commercial centre.

Need Analysis

Tanzania is struggling under the burden of gross unemployment with infrastructural deficits. It has a high rate of unemployment with a large number of its population living below the international poverty line.

Intervention

The team from MAI, Nigeria arrived Dar es Salaam, Tanzania on the 29th of October 2014. The number of mission volunteers was 54. And the project took the form of the outline below:

III. Free Medicare: 6 medical personnel attended to 515 patients in Sinza and Nbagala. The patients were attended to with free drugs and some that had sight problems were given eyeglasses.

IV. Free Vocational Seminar and Skill Acquisition: 250 persons were trained in soap making, perfume and pomade making, baking (bread, cake, meat pie, dough nut and egg roll), bead and hat making, Batik (cloth dying) making and computer literacy.

V. Children Outreach: 48 children teachers/workers were trained and given teaching aids. 1200 children literatures were distributed. The team visited 6 schools and ministered to about 3000 children and teenagers in the schools and neighborhoods.

Gospel crafts were also taught to the children.

VI. School outreach: 1 Secondary school benefited from the career choice/guidance and Motivation Seminar.

Rwanda in 2016

The **Republic of Rwanda** is a sovereign state in Central and East Africa and one of the smallest countries on the African mainland. Rwanda is bordered by Burundi Uganda, Tanzania and the Democratic Republic of the Congo. It is in the African Great Lakes region and is highly elevated; with its geography dominated by mountains in the west and savanna to the east, with numerous lakes throughout the country. Rwanda occupies an area of 26,338 square kilometers (10,169 sq mi) with a population of is 11.92 million (World bank 2016).

It would be correct (considering the genocide against the Tutsis) to say that the population is young and predominantly rural, with a density among the highest in Africa. Rwandans are drawn from just one cultural and linguistic group, the Banyarwanda, although within this group there are three subgroups: the Hutu, Tutsi and Twa. The Twa are a forest-dwelling pygmy people who are believed to have descended from Rwanda's earliest inhabitants. The Hutu and Tutsi are basically differentiated based on social castes within a single people.

Need Analysis

The genocide against the Tutsis in Rwanda is reported to be the most horrific event in Africa in recent times. Here was a situation where a person would kill his own flesh and blood in the name of cleansing. This event brought a deep sense betrayal and mistrust into the Rwandan society.

With the help of our local partner, Authentic Word Ministries Rwanda, we had an insight into areas and community in Rwanda that needed our intervention most. Mwurire in Rwamagana district in the Eastern province and kamashashi, kanombe of kucikiro districts in Kigali



A MAI PHARMACY SECTION AT A FIELD IN BADAGRY



MAI YOUTH VOLUNTEERS



A MAI VOCATIONAL TRAINING CLASS



A MAI MEDICARE CENTRE IN BADAGRY

Intervention

On the 30th of September 2016, 37 MAI volunteers took part in the Rwandan project.

- I. **Free Medicare:** a medical team of 6 personnel attended to an average number of 90 patients per day in each of the two centers. The medical attention centered on eye checks and giving of eyeglasses.
- II. **Free Vocational Seminar and Skill**

Acquisition: 650 persons turned out for the one week entrepreneurship

Thank You