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journals.sagepub.com/home/trn**Francis Benyah** 

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Abstract

The provision of social services by Pentecostal/Charismatic churches in Ghana is discussed in this article. Focusing on four selected Pentecostal/Charismatic churches in Ghana, it is argued that Pentecostal/Charismatic churches are not only concerned with the proclamation of the gospel of Jesus Christ but are also actively engaged in the provision of social and welfare services aimed at transforming the lives of their constituents. This development, in the author's view, points to a paradigm shift from the well-known otherworldly nature of the Pentecostal/Charismatic movements and projects a rather new movement whose growing social sensitivity has implications for national development.

Keywords

Pentecostals, social services, Ghana, development, social engagement

Introduction

A recent shift in the ministry of Pentecostal/Charismatic churches in Ghana, particularly the provision of social and welfare services, is examined in this article. Earlier, the Pentecostal movement had been accused of and/or castigated for being otherworldly, focusing more on personal salvation to the neglect of transforming the communities within their reach, especially with the provision of social initiatives that will help transform the lives of their constituents holistically. Writing in 2004, Allan Anderson raises this important but missing component in the mission agenda of the Pentecostal movement globally. Anderson argues that whereas the Pentecostal/Charismatic movement has been able to make inroads through their spirited missionary effort, the movement has rather, primarily, focused on evangelism to the exclusion of the social implications of a Pentecostal theology. According to him, "The church not only has to evangelize the nations but also to love its neighbours and this is a vital part of its mission" (Anderson, 2004: 208). He further points out this apparent weakness among Pentecostals and inspires them to facilitate a more holistic theology of mission.

Apart from Anderson, other scholars have also criticized Pentecostals for the same reason mentioned above. One of such scholars is Douglas Petersen, who criticizes Pentecostals as those "who use their divine empowering and faith building message for self-serving purposes" and "neglect

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the social responsibilities that should accompany this phenomenon” (Petersen, 1996: 229). Peterson’s criticism is directed at Pentecostals in the Global North whose fixation on premillennial dispensationalism impedes them from active involvement in programs of social concern, but rather prefer to emphasize evangelism and conversion before Christ’s imminent return. The issue is similar to that of Pentecostals in the Global South whose missionary efforts in the past have focused more on evangelism and the planting of churches.

However, in the past two decades, Pentecostal/Charismatic churches, while maintaining an emphasis on evangelism, are “rebranding themselves as social and political campaigners contributing to the betterment of their communities” (Burgess, 2012: 29). Thus, in a variety of ways, Pentecostal/Charismatic churches are showing sensitivity to local contexts and the biblical mandate to love one’s neighbor by responding to the social needs of their constituents. Barker (2007: 409) has argued from the context of developing countries that “Pentecostal churches have come to function as non-state sites addressing social needs that have gone unmet by the state due to a combination of factors.” In the context of Ghana and many other African states, these factors may include bad governance, poor leadership and management of states resources, and corruption that accounts for the limited financial resources needed to undertake developmental and life-transforming projects. Ogbu Kalu, writing later in 2008, and recognizing this recent shift within some sectors of African Pentecostal Churches, notes the holistic mission of some African Pentecostal churches as paying attention not only to spiritual needs but also to the physical needs of the people. Kalu (2008:135) further observes the Pentecostal movements’ proclivity “for empathy and mission to the poor, marginalized and suffering, and that resources for theorizing such an orientation are available within Pentecostal spirituality.” Anderson (2004: 278) testifies that in Africa and elsewhere in the Majority World, Pentecostalism remains what Cheryl Johns calls a “powerful movement of the poor” and as such “is pregnant with potential for the transformation of society.” In an introduction to a recent volume on Pentecostalism and Development, Freeman (2012) also recognizes the recent social sensitivity of the Pentecostal movement toward the plight of people. According to Freeman (2012: 6), Pentecostals have a “holistic ontology” that “recognizes the social and cultural reality which people live.” She further states that “Pentecostal churches are often more successful in bringing about social and economic change than are secular development NGOs.” The growing sensitivity to issues of social concern among Pentecostal/Charismatics is a significant development that points to a holistic conception of mission among Pentecostals and belies a movement that is only known to be preoccupied with evangelism, prosperity teaching, spiritual matters and church growth. These social endeavors reinforce the idea of paradigm shift in their mission effort and agenda.

In this study, I use the term Pentecostal/Charismatic churches in reference to the new churches that emerged in the Ghanaian Christian scene between the late 1970s and early 1980s. They are the third generation of Pentecostal churches in Ghana. A distinctive feature of the Pentecostal/Charismatic churches that distinguishes them from the other generations is their avid use of the mass media, attraction to the upwardly mobile youth and the insistence on the need for one to be “born again” and experience the blessings, transformation, empowerment, success, and prosperity concomitant with the “born again” experience—material salvation, which is largely expressed and more evident in healing and deliverance (Asamoah-Gyadu, 2005). Since their emergence in the late 1970s, they have remained the fastest growing stream of Christianity in Ghana. The paper argues that the Pentecostal/Charismatic churches provide essential social services that help to complement governments’ effort in the provision of such services. The provision of such services by the Pentecostal/Charismatic churches also helps in providing a response to the problems of the day—solving the basic needs of people. This further helps the citizenry to cope with the realities

of daily life experiences that occur due to the absence of such social services such as schools, clinics, and water.

Methodologically, data for this article was gathered through fieldwork, interviews, and reports provided by the churches on the provision of social services. Fieldwork and interviews were conducted between March 2016 to July 2019. The fieldwork involved visitation to various sites where some of the social service initiatives by the churches under study are located. These included visitation to some towns in the Ga West Municipal Assembly, where water boreholes have been constructed by the International Central Gospel Church, and a visit to the Compassion Rehabilitation Center of the Action Chapel International on the Accra Prampram road. These visits mainly involved interviews as well as a validation of the provision of such services. Attempts were also made to interview some recipients or beneficiaries of such services. Other interviews were conducted with some key personalities of the churches.

In presenting the data, I discuss the provision of social services by four main Pentecostal/Charismatic churches in Ghana: the Christian Action Faith Ministries, International Central Gospel Church, Royal House Chapel International, and Manna Mission Church. These churches were selected on the basis that comparatively, they are the pacesetters and leading contributors of social services among Pentecostal/Charismatic churches in Ghana. Historically, they are also pioneers of the Pentecostal/Charismatic movement in Ghana and have maintained a strong presence in Ghana's public sphere through public and civic engagement in Ghana. The influence of their leaders transcends beyond the walls of their churches into the political space of the country. The article focuses on the provision of social initiatives such as education, health, rehabilitation services, and poverty reduction programs that are undertaken by these churches and discusses their developmental impact on the beneficiaries and the society at large.

Pentecostal/Charismatic Churches and Social Engagements

Although Pentecostal communities the world over are noted for their active involvement in evangelism and personal transformation, the discussion so far points to the fact that recent literature on Pentecostalism has begun to recognize the role played by Pentecostal movements in the provision of social services. Not moving away from their emphasis on evangelism and healing, Pentecostals have added to their dominant theologies of health and prosperity, the need to address the essential needs of their constituents. This resonates with Miller and Yamamori's (2007) description of "Progressive Pentecostalism." According to Miller and Yamamori (2007: 2), in spite of their continuous emphasis on "the apocalyptic return of Christ," Pentecostals are also "addressing the social needs of people in their community." They state that "Pentecostals are confronting the AIDS pandemic in Africa, they are educating impoverished children around the world, and they are establishing health clinics and initiating programs for street children" (Miller and Yamamori, 2007: 2). In developing countries, where economic conditions and unlimited resources mean the government of the day cannot offer certain basic social services, the production of such social services by the church remains very pivotal to the survival and organization of the daily life of the people. Pentecostalism, through the provision of such services, may be said to be responsive to the social needs of the people.

In relation to the provision of social services by Pentecostal/Charismatic churches in sub-Saharan Africa, Kalu (2008), for instance, has argued that Pentecostal churches have been providing employment opportunities for thousands through industrial projects such as bakeries, laundry services, transportation, banking, electronics, construction, and many more. He asserts that "Pentecostals in countries such as Congo, Zambia, Zimbabwe, and others incorporated agencies that participated in the government's development projects and poverty alleviation interventions"

(Kalu, 2008: 136). He cites the example of the True Redeemed Evangelical Mission in Lagos, which founded a nongovernmental organization (NGO), the African Mission Committee, to “support the RCCG [Redeemed Christian Church of God] in reaching its vision for Africa in fulfillment of its end time mission of saving souls, particularly the oppressed and underprivileged; to eradicate poverty by providing self-enrichment courses and community development programs; to educate on and reduce the spread of the HIV/AIDs epidemic in many African countries.” According to Kalu (2008: 137), “the mission offers the less privileged a free educational and vocational training in artisan vocations such as soap making, barbering, hairdressing, and hair weaving. The Redeemed Aids Program Action Committee (RAPAC) was specifically focused on the issue of HIV/AIDS.”

Similarly, in Ghana, Omenyo (2006: 9), commenting on the context for the emergence of Pentecostal/Charismatic churches’ social ministries, highlights that the economic volatilities during and after the Second World War led to economic depression with a fall in the world price of cocoa. This adversely affected Ghana’s economy and led to the cutting of government expenditure on education by 35%. It also adversely affected the country’s infrastructural and social services, particularly education and health. The situation around the 1970s, which coincided with the birth of the Pentecostal/Charismatic churches, was not any better. Omenyo (2006: 10) argues thus:

inflation was running around 100% per annum and in addition to this, there was widespread corruption; fall in the world price of cocoa, collapse of the mining industry and general strikes. As a result of these economic difficulties, Ghana submitted to the conditionalities of the World Bank and the International Monetary Fund (IMF) so that from the 1980’s to 1990’s, the country was taken through various Economic Recovery Programmes (ERP) which saw some modest economic gains; a 5% economic growth and a drop in inflation from 122.85% in 1983 to about 12% in 1992. Despite these gains there was widespread poverty with 70% of Ghanaians earning less than US\$ 1 a day.

Omenyo (2006: 11) further makes the striking point that, “the major effect of Ghana’s ‘inherited poverty’ and dismal economic performance negatively impinges on access to essential services such as health care, education and potable water, particularly in the rural areas. It also made it difficult for many Ghanaians to access medical care.” It is within such an economic quagmire that some Pentecostal/Charismatic churches began to realize the need to contribute in material terms to alleviate the hardships imposed on their members and the society in general. For instance, arguing from the historical context within which the Pentecostal/Charismatic emerged, the Kenyan scholar, Philomina Njeri Mwaura, has argued that “modern charismatic churches and now new religious movements generally can be linked to current economic, theological, cultural and political trends” (Mwaura, 2008: 186). Mwaura further asserts that “economic deprivation occasioned by poverty, bad governance and abuse of human rights in Africa of the 1980s led to people seeking solace and welfare in the churches for they provided material, spiritual and social support.” This is because these movements were seen to be very pragmatic in finding solutions to life’s debilitating issues such as hunger and poverty. Gifford (1998: 324) has also argued that the upsurge of Pentecostal/Charismatic churches can be linked to the economic situation in Africa since the 1980s. The Pentecostal/Charismatic churches emerged at a time when Ghana was going through serious political and economic difficulties. This, as highlighted by Omenyo, influenced the context for the emergence of the provision of social services by Pentecostal/Charismatic churches in Ghana. However, in terms of time structure, it is important to state that although the need to engage in social services was recognized and some initiatives even undertaken in the 1980s (for example, the establishment of the Central Aid in 1988), it was not until the late 1990s and early 2000s that the initiatives became more evident and visible and attracted attention in the public sphere.

Just recently, Acheampong (2018) has highlighted an important development regarding recent engagement of Pentecostal/Charismatic churches in the provision of social services and other important socioeconomic initiatives. He has argued that the Pentecostal/Charismatic movement in Ghana has taken advantage of and aligned itself to the government of Ghana's goal of socioeconomic development outlined in the Ghana Shared Growth and Development Agenda (I&II). Outlining the seven thematic areas of the development agenda, Acheampong (2018) discusses how the Pentecostal movement in Ghana has located itself within a broader political economy and three main areas, namely economic activities, social welfare initiatives, and economic advocacy. Through these areas, the Pentecostal movement in Ghana has channeled out numerous economic, social, and developmental projects that have contributed in diverse ways to the development and progress of the nation. It has also helped transform the lives of various citizens in the country. Acheampong (2018) further argues that although sometimes one cannot gloss over the economic motive behind the establishment of some of the welfare projects, there is also the need to always look at the economic impact of the projects since they are able to "free some funds for the beneficiaries to invest in other productive ventures" that are "more geared towards attending to the needs of the beneficiaries" (Acheampong, 2018: 85). An important aspect of this new development is that some of the Pentecostal/Charismatic churches have gone to the extent of registering their social service wings as foundations or aids. An example is the "Central Aid" of the International Central Gospel Church (ICGC). The activities of Central Aid will be examined more in the next section.

Evidently, the Pentecostal/Charismatic movement has adopted different levels of social action (Miller and Yamamori, 2007). In Latin America, for example, José Miguez Bonino pontificates that "due to the awareness of the place of social responsibility in the movement, Pentecostals have developed a social conscience, not just at a personal and occasional level, but in an institutional form, including social, medical and juridical assistance, and educational institutions" (Bonino, 1997: 66–67). These initiatives and the growing social sensitivity of the Pentecostal/Charismatic movement offer an illumination that refines our understanding of the new role of the Pentecostal movement in society. It shows that the global presence of Pentecostalism is not only being felt through their evangelism, healing, and media usage but also through their social and welfare services. These social and welfare services are helping to transform the lives of individuals and communities in whose milieu these projects are situated. In studying Pentecostalism in the United States, Martin (2002) has singled out one important function of the movement. According to him, Pentecostalism has produced a boulevard for the recognition and integration of marginalized people, naming the movement ". . .the mobilization of the culturally despised" (Martin, 2002: 167). Martin also talks of the evangelical upsurge creating ". . .autonomous social space within which people may participate in the creation of a different kind of sub-society. In this sub-society, those who count for little or nothing in the wider world find themselves addressed as persons able to display initiative and to be of consequence" (Martin, 1999: 41). The Pentecostal Movement, through its social services and welfare initiatives, is providing jobs, enabling people to pay their bills, rescuing them from debilitating debts, and bringing about a higher quality of life.

Provision of Social Services by Pentecostal/Charismatic Churches in Ghana

This section presents and discusses some of the social services provided by Pentecostal/Charismatic churches in Ghana. For the purposes of this study, I have chosen four Pentecostal/Charismatic churches in Ghana and discussed the various social and welfare services that have been put in place by these churches to improve the lives and conditions of people in the society. As indicated earlier,

these churches wield much public influence and they seem to have contributed a lot in the provision of social services in the country compared to other Pentecostal/Charismatic churches.

The International Central Gospel Church (ICGC) and the Provision of Social Services in Ghana

The International Central Gospel Church was established on 26 February 1984, under the leadership of its current General Overseer, Pastor Mensa Otabil. Beginning with a membership of about 20, the ICGC has grown to become one of the leading and vibrant Pentecostal/Charismatic churches in Ghana. Its annual program, “Greater Works”, attracts over 50,000 participants across the country and beyond. The ICGC sees itself as “a socially conscious Christian church which upholds the philosophy of Human dignity and Excellence. It engages in promoting and staging events whose impact have reached to the depths of the Ghanaian society and brought Christ to the doorsteps of the people.”¹

As a socially conscious church, the ICGC instituted an educational scholarship scheme known as “Central Aid” (CA) to provide financial assistance to needy children in pre-tertiary educational institutions in Ghana. However, since 1996, the organization has expanded its scope to include relief services, community development, advocacy and career guidance and counseling.² Today, Central Aid has grown to become one of the biggest and well-known NGOs, aiding various sectors of the Ghanaian society. In an interview, the General Secretary of the church, Rev. Dr. Michael Perry Nii Osah Tettey, disclosed that CA has grown to become the second largest scholarship scheme to that of the government of Ghana (interviewed on 4 July 2019, Humboldt University, Berlin, Germany).

The operations of Central Aid are funded solely by the ICGC with financial contributions from the church’s head office, local and foreign assemblies of the church, congregations, and kind donations from members of the church. Central Aid has become the main agency through which the ICGC “meets its corporate social responsibility to [their] people, communities and the nation at large.”³

Under educational grant and scholarship, the CA has, since the 1989/90 academic year, awarded scholarships to more than 3,000 needy students from diverse religious and ethnic backgrounds from various parts of the country as of 2016. The CA report indicates that as at the 2015/2016 academic year, there were 425 beneficiaries who were on the scheme pursuing their secondary education in 137 senior high schools across the 10 but now 16 regions of Ghana.⁴ Paul Gifford attests to the work of the CA in the area of educational grant and scholarship when he argued in 2004 that Central Aid has throughout “the 1990’s given scholarship worth over 200 million cedis to 500 needy students, most of them Muslims” (Gifford, 2004: 115–116).

Again, Central Aid, through its institutional support and community development initiative, has supported and undertaken numerous projects to support a number of institutions and individuals in peri-urban communities to alleviate their poor conditions and give them hope. Institutions that have so far received support from Central Aid include orphanages, schools, hospitals, and other health facilities. Some of its key social interventions includes the financial assistance that was offered to support the health delivery and expansion program of the Princess Marie Louise Children Hospital in Accra; the Ghana Heart Foundation; the breast cancer screening program of Mamocare Ghana; renovation of a three-classroom block of the Akufful-Krodua Catholic Junior High School in the Central Region, and a construction of a two-story 50-bed fully furnished boys’ hostel for the Osu Children’s Home in Accra at the cost of \$200,000 in 2007.⁵ The hostel facility comprised a dormitory, state-of-the-art e-learning center, staff flat, dining room, store room, sick

bay, and washrooms. In 2008, Central Aid constructed a \$100,000 recreational facility comprising basketball, volleyball, and tennis courts for the mutual use and benefit of its members, the community, and interested members of the general public.⁶ Not only that, according to Rev. Michael Tettey, in May 2019, the ICGC through CA also donated an electroconvulsive therapy machine to the Accra Psychiatric Hospital. This, to him, is very important since over the years, various governments have neglected their role in the general mental health care, and the provision of such equipment for the treatment of persons with mental health problems is crucial (Rev. Tettey interviewed on 4 July 2019).

Some of these initiatives include the construction of 20 water boreholes fitted with hand-pumps for 19 underserved communities (with an estimated population of over 12,000) in the Ga West Municipal Area of the Greater Accra Region. The construction of the water boreholes was under the “ICGC Clean Water Project” launched in November, 2008, by Mensa Otabil. Some of the beneficiary communities included Atoman, Kokoman, Aborborkodzi, Pobiman, Sapeiman, Onyaben, AyikaiDobloJeda, Achiaman, Atsiato, Ayawaso, Ablorman, Wozaamekope. Kuntunse, Achiato No. 2, John Teye, Mieso, Magbo, and Aborkope (cf. Attiogbe, 2014). The water project was aimed at enhancing community service through the provision of clean drinking water to selected catchment areas in the capital city of Accra. A subsidiary aim of the project was to eliminate challenges that faced the beneficiary communities due to lack of available potable water. Some of the challenges included the excessive amount of time and energy spent by mostly women and children in fetching water; and the high incidence of water-borne diseases as a result of insanitary conditions.

Royal House Chapel International and the Provision of Social Services in Ghana

Established in 1992 under the leadership of Apostle General Sam Korankye Ankrah, the Royal House Chapel has grown to become one of the leading Pentecostal/Charismatic churches in Ghana with a significant following. As part of its mission to transform the lives of people in the society, the Royal House Chapel International has established the “Compassion Ministry” as the social wing ministry of the church whose social programs are aimed at “transforming the lives of the vulnerable, socially excluded and the less-privileged in society to give them hope for the future.”⁷ The operations of the Compassion Ministry are located within the threefold vision of the church: “Bringing people into God’s presence through prayer, praise and worship”; “Preaching messages of hope that are relevant to the needs of the people”; and “Bringing comfort to people and providing them with a place and an atmosphere of love, care, sharing and fellowship.”⁸

The social ministry of the Royal House Chapel is spread under seven ministries and outreach departments under the Compassion Ministry. These are the Prisons Ministry, Community Outreach, Senior Citizens Ministry, School of Restoration, Scholarship Foundation, Feed the Hungry, and Hospital Ministry. Each of these ministries or departments has a special task that is aimed at reaching vulnerable groups, social outcasts, and the needy with the gospel of Christ and at the same time addressing their basic and fundamental needs.

Under the Prisons Ministry, the church undertakes regular visits to various prisons in Ghana to share the gospel of Christ Jesus to inmates. Through such visits, the church demonstrates love and care through the provision of free medical services, food, clothes, and toiletries. Some of the prisons that have benefited from this social initiative include the Nsawam and Akuse Prisons both in the Eastern Region, and the Winneba Prison in the Central Region of Ghana.⁹ For instance, in October and December 2013, more than 4,000 male and female inmates of the Nsawam Prison benefited from such services. This has continued in the following years. Again, in 2013, medical supplies were also donated to the infirmaries to ensure continuous health care of inmates.¹⁰ Similar to the activities undertaken by the Prisons Ministry is the work of the School of Restoration. As the

name connotes, the School of Restoration was established by the church to bring redemption, hope, and restoration to individuals whose lives are “heading nowhere.” Thus, the works and activities of the school of restoration serve as “improvement strategies” for individuals who have otherwise lost focus in life as a result of their own life decisions or pressure emanating from the society. The School of Restoration provides care and support for ex-prisoners, drug addicts, commercial sex workers, alcoholics, and other groups of persons suffering from negative addictive behaviors. The support includes the provision of financial aid, medical care, educational scholarship, regular food supplies, and free clothes. According to the report by the church, as at 2013, a total of 100 ex-prisoners and other socially disadvantaged individuals had benefited and been transformed by the work of the School of Restoration. The results are that some of the people who have passed through the School of Restoration have been able to establish their own businesses while others have continued their education.¹¹

The Community Outreach Department of the Compassion Ministry “reaches out to poor communities in Ghana whose adverse socio-economic conditions including malnutrition and poor hygiene usually result in high mortality rate.” Available reports indicate that since the early beginnings of the church in the late 1990s, the church has extensively embarked on several social relief programs to identifiable communities to alleviate their predicaments. The concentration of these programs has mainly been in the Northern, Upper East, and Upper West regions of Ghana.¹² The outreach program has also created the platform and opportunities for the Royal House Chapel to give special care and attention to children and the elderly who require emergency treatment of their ailment to save their lives. The intervention undertaken by the Feed the Hungry Department also shares affinities with the church’s community’s outreach program. Feed the hungry Department “reaches out to communities with very low socio-economic standards and are stricken with malnutrition problems.” The department also, through the help of the general overseer Apostle Sam Korankye Ankrah, organizes an annual party on December 26 every year for thousands of socially challenged people including hawkers who sell on the street, street children, and orphans, among many others. During this meeting, others are also provided with clothes, opportunities to continue their education as well as other life support interventions.¹³

The Health Ministry, which is one of the departments under the Compassion Ministry, also organizes frequent visits to hospitals on almost every Sunday to various hospitals within the Accra Metropolis. The main motive for the visit is to pray for the sick and support them emotionally with words of encouragement from the Bible. It is worth mentioning that through such visits, patients who need financial support in order to cater for their medical bills are introduced to the church leadership. As a result, those who need financial assistance in order to receive surgical and other medical treatments are sponsored by the church as and when the need arises. The Hospital Ministry sometimes supports other health facilities through the supply of medical equipment to enhance their work. The Senior Citizens’ Ministry also undertakes the task of addressing the needs of the elderly in the society, especially those who are neglected, marginalized, and maltreated. The ministry tries as much as possible to provide resources to meet the emotional, psychological, and spiritual needs of the elderly among them. Available reports indicate that, on the average, 400 elderly men and women older than 60 years meet at the church’s premises weekly to receive care in the form of breakfast, lunch, free medical care as well as fellowship.¹⁴

A significant part of the contribution of the Compassion Ministry is the Scholarship Foundation, which, like many other scholarship schemes, was “instituted to provide urgent intervention in the educational pursuits of brilliant but needy students from pre-school to the tertiary level.”¹⁵ Like the ICGC’s educational scholarship program, this is also available to both church members and non-members of the church. Some of the notable grants allocated to students so far includes over 100 scholarships awarded to pupils of the Kadjebi Community in the Volta Region of Ghana, and

Bongo and Ododen districts in the Upper East and Central Regions of Ghana respectively. Beneficiaries of the scholarship include a pastor of the church who was awarded a scholarship from the junior high school to the university. He is currently a holder of executive master's in business administration and working as a banker. There are examples of other members who have benefited from the scheme and have completed medical school.¹⁶

Action Chapel International and the Provision of Social Services in Ghana

The Archbishop Nicholas Duncan-Williams is the Founder and General Overseer of Christian Action Faith Ministries (CAFM), headquartered in Accra, Ghana. Nicholas Duncan-Williams is considered by many as the founding father of the Charismatic Movement in Ghana. The CAFM has over 300 affiliate churches and branch churches located in various parts of the globe—North America, Europe, and Africa.¹⁷ The CAFM has a global membership of over 100,000, trained and equipped for God's mission home and abroad. As part of his goal to transform society, Nicholas Duncan-Williams has also founded the NGO known as the Compassion in Action.¹⁸ The NGO also supports an orphanage with 150 children and a drug rehabilitation facility with about 50 people recovering from drug dependency. For the purposes of this study, attention will be placed on the drug rehabilitation facility.

With a personal experience of drug addiction and knowing the plight of people who are addicted to drugs, Nicholas Duncan-Williams established the Compassion Rehabilitation Centre to help address the needs of persons influenced by drugs in society. Duncan-Williams is known to have burned four of his fingers on his right hand in candlelight under the influence of hard drugs (Duncan-Williams, 1980). As a way of using his own life experiences, especially his conversion story, to transform the lives of those who are going through the same situation or having similar difficulties in dealing with alcoholism and drug addiction, the Compassion Rehab was established. The Rehabilitation Centre is located on the Accra-Tema-Prampram road and is managed by a team of pastors appointed by the Archbishop. The success story of the rehab center is satisfying. As part of the rehab process, they incorporate Christian beliefs and practices such as prayers, fasting, healing, and deliverance. Apart from these, they also integrate Pentecostal faith-based model of drug treatment dependency, vocational training, social reintegration, and aftercare. What is of concern to me and very important as far as this study is concerned is the phases of treatment for recovery and social reintegration of the drug addicts. The Compassion Rehab Centre employs two phases of treatment. The first phase involves healing and deliverance and the second phase includes training, counseling, and teaching the addicts how to preach and pray, all aimed at building their confidence level for social integration. These phases and how they enhance the development of the drug addicts will be explored in the next section.

The Manna Mission Church and the Provision of Social Services in Ghana

In Ghana, one of the Pentecostal/Charismatic Churches that is committed to the provision of social services, especially in the area of health care and education, is the Manna Mission Church. For the purpose of this study, the discussion will center on the provision of healthcare. The Manna Mission Church is headed by the Reverend Dr. Seth Mensah Ablorh, a trained physician from the Oral Roberts University. Rev. Ablorh was ordained as a preacher of the gospel by the American healing Evangelist, Rev. Dr. Oral Roberts in 1989 (Eshun, 2013). After his training as a medical doctor, Rev. Ablorh had the motivation of coming back to Ghana to help transform the lives of the indigenes through the knowledge he had acquired. According to Daniel Eshun, Rev. Ablorh in an interview indicated that the idea of coming home to help his people was paramount to him because

what had motivated his (Rev. Ablorh) desire to become a medical doctor was the debilitating socio-economic condition that had engulfed his people. Thus, according to Eshun (2013: 77), Rev. Ablorh claimed that “his intention after medical training was not to come to Ghana and work with the Ministry of Health or in the Government hospitals. On the contrary, his idea was to work in a medical facility where medical care was a blend of Christ-centered compassionate healthcare and effective evangelism, coupled with strategic community development,” which, according to Eshun, Rev. Ablorh viewed as a missing component in the health care provided by the Ministry of Health in Ghana.

This idea somewhat influenced the establishment of the Manna Mission Hospital a year prior to the establishment of the Manna Mission Church. The hospital began as a clinic in Teshie, a town in Accra. The facility was later expanded and upgraded into a 40-bed medical facility offering general medical care. Attached to the facility is a nursing training school (Eshun, 2013). The Manna Mission Hospital also provides scholarship for medical doctors to pursue postgraduate studies with the aim that they will return and offer useful services to the society. As observed by Eshun (2013), the Manna Mission Hospital, until the establishment of the LEKMA Hospital at Teshie in 2009, was the main medical facility in the whole of the Ledzokuku Municipality of the Greater Accra Region. An essential component of the general health care offered at the health facility is the free medical services offered to patients who cannot afford the cost of their medical bills. This service has been in place before the introduction of the National Health Insurance Scheme by the government of Ghana. Eshun (2013) further reports that on the average, the hospital has been treating about 50 people on a daily basis since its establishment in 1989.

Again, the hospital, in partnership with foreign medical missions, organizes free routine medical outreach programs within and outside the Greater Accra Region. The medical outreach program focuses on eye care, dentistry, and fistula repairs among others. The Manna Mission Hospital is a member of the Christian Health Association of Ghana (CHAG). The CHAG is known to cater for the health needs of about 35–40% of the total population of Ghana.

The Impact of the Social Services Provided by the Pentecostal/Charismatic Churches

The development and transformation wrought by the provision of social and welfare services by the Pentecostal/Charismatic churches cannot be overemphasized. The many examples offered in the previous section demonstrate how Pentecostal/Charismatic churches in Ghana are contributing to and promoting, enhancing, and transforming human lives through the provision of social services. In the following paragraphs, I discuss the various ways in which the provision of social services mentioned above affects human lives and the society, economy, and the nation at large.

First, the provision of scholarship schemes and other educational support services improves the human resource and capacity building. One of the essential qualities needed for socioeconomic development in any context is a strong human resource base. Over the years, Africa’s underdevelopment has been attributed to its lack of strong human resource base potentials and skills for development. One of the means through which the human resource base of the continent can be strengthened and improved is through education. Education is the most effective way to develop human potential as it serves as a privileged instrument of economic progress and development. Education creates awareness, promotes critical thinking and reflection, increases the level of acceptance, and the implementation of modern ideas and technology, and recovers confidence in people in order for them to discover that they can progress along with others. It is somewhat evident, though statistically difficult to prove, that the Pentecostal/charismatic churches have not lost

sight of this role played by education. They have, therefore, contributed immensely in this sector for development, especially by granting scholarships to people to study in pre-tertiary and tertiary institutions as noted earlier in the discussion. Through the establishment of educational institutions and offering of scholarships, the Pentecostal/Charismatic churches have produced brilliant academic professionals whose services can be said to be contributing to the economic developments in Ghana. It is generally assumed that the establishment of tertiary institutions by Pentecostal/Charismatic churches has also helped in producing trained human resources in the country since graduates from such institutions are also being employed or hired by corporate organizations in the country. Essentially, it can be argued that through the provision of educational scholarships by the Pentecostal/Charismatic churches, they have been able to equip and strengthen the human resource base and improved capacity building among the populace.

Second, the provision of safe drinking water by the ICGC shows the commitment of a Christian church that seeks to deliver social amenities that will help solve the basic needs of society. Undoubtedly, water is one of the essential commodities for human life and existence, and its absence is a threat to human life and progress. Communities with poor water conditions are mostly economically poor. The inadequacy of clean drinking water and sanitation systems is a severe public health concern in Ghana, contributing to the spread of diseases in the country. Consequently, households without access to clean water are forced to use less reliable and hygienic sources, and often pay more. The drinking water supply and sanitation sector in Ghana faces a number of challenges, including very limited access to sanitation, intermittent supply of water, high water losses, and low water pressure. In Ghana, there have been media reports on the deplorable nature of water conditions in most parts of the country. Some communities are still forced to rely on streams and rivers that are not very safe for drinking. This makes them prone to water-borne diseases such as guinea worm infection among others.

A community nurse in Wozoamekope, a town in the Ga West Municipal Assembly, who granted an interview on the provision of water boreholes by the ICGC disclosed that:

Yes, I can say to some extent that the provision of the water boreholes has been very beneficial to the people and our work as community nurses. You already know the problem we have in Ghana about water. Most people don't get potable water to drink and this usually affects their health conditions. Eeerm lemme give you one example. . .you see, in some of the villages around people suffer from Buruli ulcer, although we can't say for sure, but some causes have been linked to water. So it really helps in reducing all these cases (a community nurse interview on 20 February 2017, Wozoamekope, Accra).

It is obvious that the water project in the various communities has helped people gain knowledge and awareness of the causes, benefits, and control of water-related diseases such as Buruli ulcer. A resident and an educationist in Xedagbuikope, one of the catchment areas for the water project, had this to say:

On my part, I can say that before the provision of this water for our communities, students used to walk for some distance to fetch water. I believe strongly that this sometimes affected their punctuality to school. Although the problem still exists, I think the provision of these water boreholes has helped in reducing it because they do not need to walk long distance looking water (Ella, an educationist interviewed on 17 February 2017, Xedagbuikope, Accra).

Even in the urban city of Accra, there are reports of places that do not have safe sources of drinking water. The intervention by the ICGC in providing 19 communities within the Greater Accra Region with water is, therefore, a very important initiative that needs commendation. It shows that the

church is not only concerned about the spread of the good news but is also concerned about the basic needs of the people they seek to win for Christ.

Third, the establishment of NGOs by Pentecostal/Charismatic churches, especially in the area of rehabilitation such as the Compassion Rehabilitation Center by the Action Chapel International and School of Restoration by the Royal House Chapel as well as other support and relief services to orphanages and children homes, needs to be commended. These NGOs help in catering for the underprivileged in society such as orphans, the homeless, abused and drug dependents persons. Through these services, the Pentecostal/Charismatic churches are able to train, shelter, and protect these vulnerable groups, thereby raising the standard of living of the less-privileged, which in turn enhances their socioeconomic development. For instance, in the context of the Compassion Rehab Center and School of Restoration, the application of certain spiritual and religious practices such as fasting, prayers, healing, and deliverance at the rehab centers helps in reforming the addicts. A respondent at the Compassion Rehab in an interview disclosed the following, which evinces the transformation he encountered at the center:

Basically, am here because of alcoholism. Just to say that am addicted to alcohol. Initially it was difficult for me to admit defeat and so we thought we could manage our alcoholism until we got to know that we are really addicted. . . You cannot stop on your own when you are addicted to it. So you really need an external help but as I told you we were not admitting powerlessness. . . despite evidence to the contrary, we did a lot of things. . . We sometimes even tried to change the kind of alcohol that we were taking. We did substitution. This time I will not go for the hard liquor. I will go for something like beer. . . it took a long time before stopping it. Job losses severally. The rejection in the family at some point. It affected my punctuality to work and sense of duty. My last time of coming here I have lost the seventh job. . . We had to admit powerlessness and come to a place like this so we could get the necessary help we need. . . I have gone to men of God for prayers and all kinds of things. But those times I go there, I don't reside there. I would say that I have tried severally to contact people for help. . . but having come here and learning about the 12 steps, I see the need for one to submit his will power to God as one *submits his life to Christ*. . . the *prayer and fasting* here *has help to surrender my will power to Christ*. . . As Jesus said, these things goeth not unless by fasting and prayers. We all know the enormity of what prayer and added with fasting can do. So that has bolstered my faith and it has strengthened my spirituality. Fasting has really helped and encourage me and it is feeding a lot into my spirituality. The contribution of fasting and prayer to my recovery can never be gain said (a 42-year-old respondent interviewed on 5 September 2018, compassion rehab center).

The role of spirituality as a key component in aiding recovery cannot be said to be a wishful thinking. Indeed, there are several scientific studies that have pointed to the role of spirituality in the recovery process of drug and alcohol addicts (Avants et al., 2001; Geisler, 1978; Green et al., 1998; Pardini et al., 2000). The cessation of the use of substances by the individuals invariably transforms their lives for the betterment of society. It produces a transformation in their lives that has been described as redemptive uplift. This view echoes my earlier submission on how Pentecostals seek to transform people's lives for development by making them break with their past and announcing negative attitudes that hinder personal transformation. Writing about Pentecostals in Zimbabwe, Maxwell (1998) has argued that this kind of transformation as a result of breaking with past experiences of negative practices constitutes a re-socialization, changing the behavioral code of the individual that makes him or her deal with modern challenges. The transformation also turns the person into a free, trustworthy, hardworking individual and therefore makes them employable (Maxwell, 1998). This transformative experience has the potential of reducing negative attitudes and wasteful lives. In the larger and broader context, this has implications for the public image of the country to the outside world in terms of security. Again, it means that individuals who might

have earlier spent their monies in buying drugs and engaging in other social vices will no longer do so but will rather invest their monies for productive gains through the habit of savings. This will, consequently, improve their living standards and those of their families and children if any. Through the performance of these spiritual practices and rituals, the individual can experience power and hope, which build up social cohesion. This can help them to transform their lives and to take over self-control and invariably regain the willpower over drug dependency. Drug and alcohol addicts who go through the practices of healing and deliverance become acceptable members of the society because they have been purified by the rituals and are no longer dangerous to live with. Thus, personal experience with God at the rehabilitation centers gives the downtrodden a new identity and not just a new moral code. The loss of self-identity and self-esteem is regained through the Pentecostal experience encountered. The addicts regain self-confidence which helps them to reconnect with the society, find work, and eventually escape poverty. Furthermore, the healing received through the rehabilitation process also restores hope in a context where poverty and weak state-welfare services mean a majority of people in similar conditions are left without adequate medical care (cf. Atiemo, 2017: 265). These rehab centers function as surrogates for other health centers in dealing with the situation.

Fourth, the provision and support for health care delivery and services such as the building of clinics, hospitals, and supplies of health equipment have also helped in contributing to and improving the health service delivery at the beneficiary health centers. In Ghana, the intervention and/or the attempt by Pentecostal/Charismatic churches to provide services to those they minister to means that they have recognized such shortfalls in the nation's health care delivery and are offering the needed support to salvage a rather dire situation. For instance, the provision of free medical care for poor patients at the Manna Mission hospital is an indication of a church that is conscious of the plight of the poor in the society. This initiative helps in reducing poverty and curtailing the consequences of ill-health tragedies brought about by lack of finances. In a state such as Ghana, where inadequate state resources mean certain basic health care services are left uncared for or unattended to by the government, especially in deprived communities, the medical outreach programs organized by the Pentecostal/Charismatic churches in rural and deprived communities help in improving the health status of those in the deprived communities.

Conclusion

This article has demonstrated that some of the Pentecostal/Charismatic churches in Ghana have not only dedicated themselves to the proclamation of the gospel of Christ Jesus but are also in the business of providing social and welfare services. The initiative by Pentecostal/charismatic churches to provide social and welfare services does not suggest that these churches have rejected or abandoned traditional Pentecostal premillennial dispensationalist theology but are simply living with a dichotomy between their theology and praxis. In other words, while Pentecostal doctrine is concerned with how to guarantee eternal life in the hereafter, they are also concerned about improving the living standards of their people in the here and now and thus the need to contribute to development and social action. It also denotes a holistic approach to their mission theologies and agenda that encompass all facets of life. Thus, as argued by Nel (2019: 155), while Pentecostals “do not neglect to call the lost to reconcile with God through Christ, they do not only focus on the saving of ‘souls’ in preparation of the imminent rapture but contribute actively to social transformation that serves the interest of the kingdom of God.”

The provision of these services by the Pentecostal/Charismatic churches has helped them to provide support, which has transformed the lives of the vulnerable and the underprivileged beyond the walls of their churches. These initiatives by the Pentecostal/Charismatic churches complement

governments' effort in providing these essential services to the development of the nation. They have also, to some extent, belied the criticisms mounted against Pentecostal/Charismatic churches on their adherence to the doctrine of prosperity gospel and living lavish lifestyles and not contributing to the welfare of their constituents. These initiatives point to the fact that Pentecostal/Charismatics are redistributing their wealth into social welfare initiatives in a broader context for the improvement of lives in the society. Most importantly, the Pentecostal/Charismatic churches can diversify and expand their social engagement by encouraging individuals who are financially self-sufficient among them to undertake initiatives that will help grow the social ministries of the church. This attempt by the church in the delivery of social services will present a new model that could be considered by other denominations. This is because in an era of reduced donor support to churches for social development, especially from the Global North, which is negatively affecting the effectiveness of most social interventions by the churches in Ghana and elsewhere, a model driven by local support through individuals with financial capabilities in the church can be an answer to the logistical deficits in the churches' social ministries.

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Notes

1. ICGC, <https://www.centralgospel.com/74> (accessed on 15 March 2019).
2. Central Aid, <http://centralaidgh.org/page/about> (accessed on 16 March 2019).
3. Central Aid.
4. Central Aid, <http://centralaidgh.org/page/achivement> (accessed on 16 March 2019). Ghana formerly had 10 regional coordinating councils but now 16 through a referendum held on 27 December 2018.
5. Central Aid, <http://centralaidgh.org/page/achivement>.
6. Central Aid, <http://centralaidgh.org/page/achivement>.
7. Compassion Ministry, <http://royalhousechapel.org/compassion-ministry/#1453375563673-301b779c-f550> (accessed on 20 March 2019).
8. Compassion Ministry.
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