



**A COMPREHENSIVE REPORT  
ON THE CASEC MEDICAL MISSION  
IN DSCHANG AND BAMENDA, CAMEROON  
ORGANIZED BY  
THE MICHAEL & MAURITIA PATCHA FOUNDATION  
June 2014**

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## 1.1. INTRODUCTION

*"The Best Way to find yourself is to lose yourself in the service of others"- Mahatma Gandhi;*

*"do something...not because you are paid, but because you have the privilege of doing it"- Henry David Thoreau;*

*"no one ever made a mistake than he who did nothing because he could do only a little"- Edmund Burke.*

These are the type of phrases from which the idea of the Patcha Foundation's 2014 Medical Mission has its roots.

Planning for the CASEC Medical Mission of 2014 started in June 2013, immediately after the Medical Mission of Hope in the South West Region (June 2 to 9, 2013), jointly organized by the Patcha Foundation and the African Women's Cancer Awareness Association (AWCAA).

For the 2014 Medical Mission the Patcha Foundation once more provided free quality healthcare to the local population in Dschang (on June 2 and 3) and Bamenda (on June 5 and 6).

These services were provided due to the selfless efforts of all the members of the Patcha Foundation, hundreds of foreign and local volunteers and sponsors/donors. They were really wonderful and we are in their debt!

## 1.2. 2014 MISSION GOALS

For the 2014 Medical Mission to Cameroon, the following were the guiding objectives:

- ✓ Screen, diagnose and treat Breast, Cervical, and Prostate Cancer cases under The Patcha Foundation's ongoing Cancer Awareness Screening Early detection and Care (CASEC) Program
- ✓ Provide oral cancer screening and other dental care to the community
- ✓ Perform surgeries in cases where necessary
- ✓ Undertake screening, control and management of diabetes and hypertension
- ✓ Provide free medication and treatment to all identified cases that fall within mission objective and means
- ✓ Educate the public and create awareness on critical health areas, especially cancer, diabetes and hypertension.

## 1.3. MISSION SITES AND ACTIVITIES

The 2014 Medical Mission in Cameroon organized by the Patcha Foundation took place in two regions of the Country: the Western Region, in Dschang and the North West Region, in Bamenda.

### 1.3.1. Dschang District Hospital



*Dschang District Hospital*

This is the structure, with a powerful back extension, that hosted mission activities in Dschang. The Dschang District Hospital was selected to host mission activities mostly due to the unflinching support and collaboration from some key persons: the Hospital Director- Dr. Bouting Mayaka Georges who welcomed the idea from the first day it was introduced to him; the Senior Divisional Officer for the Menoua- Mr. Mache Joseph Bertrand; the District Medical Officer for the Dschang Health Area- Dr. Edgard Sobze, and other Menoua elites like Maitre Penka Michel amongst others. They all stood firmly with the Patcha Foundation's purpose of delivering care to the people in their region.

Mission activities started at the Dschang District Hospital on Monday June 2, 2014. As early as 6am, patients had started trooping the hospital premises. Following the arrival of the Patcha Foundation team patients were registered and had vital signs checked. They were then triaged and counseled by mission Registered Nurses (RNs) before being directed to the appropriate screening area.

**Table 1: Dschang Statistics**

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	POSITIVE	TREATED	REFERRED
1	Registration (Adults)	1,187	-		-	
2	Registration (Pediatrics)	106				
3	Registered - Vital Signs	1187	-	-	-	
4	Breast Cancer (CBE)	421	13	0	0	13
5	Cervical Cancer (VIA)	440	36	36	27	9
6	Prostate Cancer (DRE)	331	8	2	0	8
7	General consultation	730	-	-	-	
8	Cardiology	177	-			
9	Dental (See analysis)	303	-	-	-	
10	Surgeries	10	-	-	8	2*
11	Non-registered Vitals	450	-	-	-	
12	Pharmacy	1743	-	-	-	
<b>13</b>	<b>Total Seen</b>	<b>1743</b>	<b>57</b>	<b>31</b>	<b>35</b>	<b>31</b>

\*- referred cases were treated in Douala at the Protestant Hospital

### 1.3.1.1. Analysis

From the above statistics, 1293 total participants were registered in Dschang including 106 pediatric patients (some unregistered participants received services as explained below). Of the 1,187 adult patients registered, 58% were females and 42% were males. Children below 10 years constituted 8% of the total number seen in Dschang, while elderly patients 60 years old and above constituted 14% of the total number of patients registered in Dschang.

#### Breast Cancer Unit

Of the 421 females who visited the breast cancer unit and received Clinical Breast Exams 13 abnormalities were discovered. The 13 abnormalities were all breast masses. These cases were referred back to the community for further screening because the mission did not have access to mammography or echography equipment. Not every female did both breast and cervical screening. Some of the women were not interested in either cervical or breast cancer screening. They went through general consultation, dental and other units, and left. Women under the age of 26 and over age of 65 were also not screened for cervical cancer per WHO guidelines. The foundation did not keep a separate record for this segment of the patients.

#### Cervical Cancer Unit

Cervical screening was performed using the VIA (Visual Inspection with Acetic Acid) technique. 36 abnormal cases were found during the cervical screening. Of these, 27 were positive for pre-cancerous lesions and received cryotherapy treatment. The rest were positive for more advanced cervical cancer and 3 were referred for LEEP, 6 for biopsies and polypectomies. The Cameroon Baptist Convention (CBC) hospital (Patcha Foundation partners who were in charge of the cervical unit) will follow up these cases with funding provided by the foundation.

#### Prostate Cancer Unit

With the prostate unit 331 men received DRE (digital rectal examination) of the prostate. There were 8 abnormalities; 6 suspicious cases that were referred for further examination and 2 positive cases that were already undergoing appropriate treatment. For the suspected prostate cancer cases, the prostate appeared hard and nodular after examination. With such cases, a confirmation of cancer can be done by testing the level of PSA (Prostate-Specific Antigen) in the blood, prostate ultrasound and prostate biopsy. Treatment is surgical or medical depending on the staging after biopsy, patient's age and health condition. The medical mission was limited due to the lack of access to laboratory facilities and ultrasound equipment.

### Cardiology Unit

The cardiology unit saw 177 patients. They recorded 85 cases with uncontrolled hypertension. 75 patients were obese; 80 had congestive heart failure; 22 had palpitations and 30 were stroke victims.

### Dental Unit

The dental unit performed 180 cleanings, 44 fillings and 44 extractions. 13 oral prophylaxes and 1 oral surgery were recorded. 4 participants were screened for oral cancer and referred. There were no positive oral cancer cases recorded.

### Surgeries

9 surgeries were performed in Dschang -3 lipomas, 2 hernias, 3 cases of badly infected wounds and 1 cyst. 1 patient was referred to Douala for surgery.

### Pharmacy

Patients with chronic diseases (for example diabetes, hypertension, heart) receive a 3 month supply of medications from the mission pharmacy. Every patient who was seen by the mission received an assortment of over the counter medications including analgesics, vitamin supplements and hydration packs.

### Additional

Of the estimated 700 people who showed up after registration had closed 450 received vital sign screening, diabetes and hypertension counseling and assorted over the counter medications, including vitamin supplements, cough and cold remedies, analgesics and hydration packs. This number is not included in the final registration totals for Dschang.

Due to time constraints an estimated 250 people could not be attended to and received no medications or screening. The mission did not keep a record of this segment of participants.

From the statistics, it is obvious that the population of Dschang who turned up for the mission received the promised care of the CASEC program and those with abnormal findings either received treatment during the mission or are still receiving treatment and care under the CASEC program of the Patcha Foundation.

### 1.3.2. St. Louis University Institute of Health and Biomedical Sciences, Bamenda



St. Louis

Mission activities in Bamenda took place on Thursday June 5 and Friday June 6, 2014. One of the main reasons that necessitated the choice of St. Louis was the availability of adequate space both within and outside the compound of the institute. Dr. Nick Ngwanyam, Chief Executive Officer of the institution, supported the mission by accepting to host the event on his grounds and making his staff, equipment and facilities fully available to the mission.

Patients had started queueing up at the site as early as 4am on the first day of the medical mission. The patients were to queue up, with numbers given to them in order to ensure order and speed in the exercise.

The table below summarizes work at the St. Louis University Institute for the Mission in Bamenda (June 5 and 6, 2014).

**Table 2: Bamenda Statistics**

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	POSITIVE	TREATED	REFERRED
1	Registration (adults)	1590	-		-	
2	Pediatrics	102	-	-	-	
3	Registered - Vital Signs	1590	-	-	-	
4	Breast Cancer (CBE)	458	9	0	0	9
5	Cervical Cancer (VIA)	503	11	11	6	5
6	Prostate Cancer (DRE)	258	10	1	0	9
7	General consultation	694	-	-	-	
8	Cardiology	185	-	-	-	
9	Dental (See analysis)	323	-	-	-	
10	Surgeries	3	-	-	2	1
11	Non-registered Vitals	300	-	-	-	-
12	Pharmacy	1992	-	-	-	
<b>13</b>	<b>Total Seen</b>	<b>1992</b>	<b>20</b>	<b>12</b>	<b>8</b>	<b>24</b>

\*= referred cases were treated in Douala at the Protestant Hospital

### 1.3.2.1. Analysis

From the above table, 1692 total participants were registered in Bamenda including 102 pediatric patients (some unregistered participants received services as explained below). Of the 1,590 adult patients registered 65% were females and 35% were males. Children below 10 years constituted 6% of the total number seen in Bamenda, while the elderly patients 60 years old and above constituted 12% of the total number of patients registered in Bamenda.

#### Breast cancer unit

The Breast cancer unit had no positive cancer cases but recorded 9 abnormalities.

#### Cervical cancer unit

The cervical cancer unit recorded 11 positives. 6 had cryotherapy treatment, 3 were referred for LEEP and 2 for biopsies and /or polypectomy.

#### Prostate cancer unit

The Prostate unit registered 10 abnormalities and 9 of them referred for further diagnosis and 1 case was positive and on treatment.

#### Cardiology unit

The cardiology unit registered 10 pre hypertensive cases and 20 severe hypertensive cases.

#### Dental unit

The dental unit performed 209 cleanings, 79 fillings, and 62 extractions. 42 oral prophylaxes were recorded. 26 participants were screened for oral cancer and referred. There were no positive oral cancer cases recorded.

#### Surgeries

2 surgeries were performed in Bamenda - 1 lipoma and 1 lumpectomy. 2 needle biopsies were also performed in Bamenda.

#### Pharmacy unit

All patients who were screened or consulted the mission doctors were dispensed a 3 month supply of chronic medications, if needed, from the medical mission pharmacy as well as over the counter medications and/or vitamins.

#### Additional

Just like in Dschang, due to time constraints, of the estimated 500 people who showed up after registration had closed, 300 received vital sign screening, diabetes and hypertension counseling and assorted over the counter medications, including vitamin supplements, cough and cold remedies, analgesics and hydration packs. This number is not included in the registration totals in the table. An estimated 200 people could not be attended to and received no



services or medications. The mission did not keep a record of this segment of participants.

### 1.3.3. Surgical Unit

Only one surgery was performed in Bamenda by the surgical team and it was for a lipoma, while a lumpectomy was performed by the OB/GYN team. One case of bilateral hernia was referred and later carried out in Douala. A case of severe warts was referred to the Bingo Hospital for further review. Another case of lipoma on the neck of a lady was referred to Bingo Hospital for further review. The foundation provided financial support for the follow up care of these cases.

Two surgeons from the Protestant Hospital NDOGBATI Cite Sic in Douala joined the mission and performed surgeries at the two mission sites and also on behalf of the Foundation, at their practicing hospital in Douala. During consultations, many cases were identified for surgery but most of them could not be operated on in Dschang or Bamenda during the mission due to a lack of access to a working operating room. The following pathologies were operated on at no cost to the patient:

1. Two posterior lipomas on the shoulders, average volumes.
2. A very large lipoma on the arm requiring surgery under general anesthesia with intubation. The patient was referred to Douala NDOGBATI Protestant hospital for surgery with expenses covered by the hospital.
3. An abdominal hernia above umbilicus. The patient was operated in Dschang during the mission.
4. A wide leg ulcer tropical type bureli. The patient was referred to Douala NDOGBATI Protestant hospital for surgery paid for by the Foundation.
5. Three prostate cases that were referred.
6. Two inguinal hernias; both patients refused surgery on the first day but returned too late on the second day for surgery to take place.
7. Three cases of badly infected wounds that were operated on and treated on the second day of the mission in Dschang.
8. A 41 year old woman with two lipomas on dorsal surface of the scapula. Lipomas were muscle-infiltrating. The procedure was done under local anesthesia.
9. A male patient 28 years old with a cyst on the left upper eyelid. Procedure was performed under local anesthesia.

10. A 40 year old woman with an abdominal eventretion. The surgery was done under general anesthesia.
11. A 54 years old man with a bilateral hernia that was a recurrence was referred from the mission in Bamenda to Douala NDOGBATI Protestant hospital for surgery that was paid for by the Foundation.
12. A needle biopsy and lumpectomy was performed on an elderly, blind man in Bamenda by the OB/GYN team.
13. After the mission, and as stated above, three patients were treated at the Protestant Hospital NDOGBATI Cite Sic on behalf of the foundation.
  - The first patient is a 54 years old man referred from the mission in Bamenda for a bilateral hernia that was a recurrence. He was operated under rachi anesthesia with full funding by the Patcha Foundation. (round trip transportation Bamenda-Douala, operating costs and post-operative care, hospital stay, meals etc).
  - The second 46 year old patient had a large lipoma of the right arm. The surgery was done under general anesthesia to extract a lipoma weighing 4.6 kg. The patient who was received as part of the foundation was given free surgery and care by the Protestant Hospital NDOGBATI Cite Sic.
  - A young girl of 26 years was hospitalized for two weeks at the Protestant Hospital NDOGBATI Cite Sic for tropical ulcer on the left leg, BURELI kind. The process of stripping the ulcer and dressing it has been done and the patient will undergo a skin graft.

Thirteen (13) surgeries in all were carried out during and immediately following the medical mission.

#### 1.3.4. Summary of Data

Data suggests that a grand total of 3,735 participants were attended to during the mission. 2,777 patients over 10 years old were registered and seen in Dschang and in Bamenda 208 children under 10 years old were seen. An estimated 750 people were not registered but received disease counselling, vital signs screening and assorted over the counter medications. Another estimated 500 people could not be seen and did not receive any type of service.

Two issues that merit attention are the recorded high blood sugar cases registered at the triage (66 persons in Dschang and 120 in Bamenda), and the recorded high blood pressure readings. A few low blood sugar cases were registered: 5 in Dschang and 8 in Bamenda.

16 breast masses were diagnosed and 8 biopsies/lumpectomies were performed. No breast cancer case was recorded. All female participants were encouraged to follow their breast self-examination very seriously for *early detection and care*.

943 cervical screenings were performed with 39 (4%) positives that were treated. The positive prostate cases were already following appropriate treatment.

Many people came for general consultation. Many had never heard of or done a cancer screening before. The statistics intensifies the necessity for services offered via the medical mission and through other CASEC initiatives to educate about cancer, hypertension and high blood sugar levels.

**Table 3: Summary of Data**

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	POSITIVE	TREATED	REFERRED
1	Registration (adults)	<b>2777</b>	-		-	
2	Pediatrics	<b>208</b>	-	-	-	
3	Registered - Vital Signs	<b>2777</b>	-	-	-	
4	Breast Cancer (CBE)	<b>879</b>	22	0	0	22
5	Cervical Cancer (VIA)	<b>943</b>	47	40	33	14
6	Prostate Cancer (DRE)	<b>589</b>	18	3	0	17
7	General consultation	<b>1424</b>	-	-	-	
8	Cardiology	<b>362</b>	-	-	-	
9	Dental	<b>626</b>	-	-	-	
10	Surgeries	<b>13</b>	-	-	10	3*
11	Non-registered Vitals	<b>750</b>	-	-	-	-
12	Pharmacy	<b>3735</b>	-	-	-	
<b>Total seen</b>		<b>3735</b>	<b>87</b>	<b>43</b>	<b>43</b>	<b>74</b>

\*- referred cases were treated in Douala at the Protestant Hospital.

DENTAL SERVICES	TOTAL NO.	CLEANING	FILLINGS	EXTRACTIONS	ORAL PROPHYLAXIS	SURGERY	ABNORMALITIES REFERRED
Registration	<b>626</b>	389	123	106	55	1	30

### 1.3.5. Impact on the Community

One major revelation during the medical mission was that lack of awareness of signs and symptoms of diseases and the fact that many participants who had very high blood pressure or blood sugar readings were being tested for the first time and were unaware that they were chronically ill. The Patcha Foundation therefore comes in to examine these underserved persons, and provides them with a suitable guide on how they can better manage and handle their health related issues. The Foundation has also provided an avenue wherein patients are

followed up in Cameroon, like the case with the Cameroon Baptist Convention (CBC) which has a timetable/schedule for follow up with the patients.

By the time the Patcha Foundation team was leaving Dschang and Bamenda, it was visible that smiles had been successfully put on thousands of faces. Reports from the various medical units during the 2014 CASEC Medical Mission confirmed that the Patcha Foundation succeeded in providing quality healthcare to those who needed it but could not afford it. Hence, communities were greatly touched, lives were positively impacted!

The foundation gave financial assistance to a few patients whose cases could not be diagnosed during the mission, (because of a lack of screening and diagnostic equipment) so that they could get screened and diagnosed at Bingo or Shisong.

The medical mission is blessed with hundreds of student volunteers from local dental and allied health schools. Some have formed a long-lasting relationship with the foundation and come back to each mission. There are advantages to the Patcha Foundation involving many student volunteers in the Medical Mission. These include educating them and giving them practical experiences on the field, forming future medical volunteers, and ensuring continuity. These student volunteers are also expected to impact their respective communities.

It would be recalled that the Senior Divisional Officer (SDO) for the Menoua Mr. Mache Joseph Bertrand, alongside his close collaborators, visited the mission site in Dschang at 11am on Tuesday June 3, 2014. During the visit, the SDO thanked the Patcha Foundation for taking up the initiative to provide quality healthcare to the underserved. *“Even if it means having you back again next year, we are ready to receive you.”* the SDO said.

#### **1.3.5.1. Unused Medication**

At the end of the medical mission, the Patcha Foundation donated the supplies, equipment and leftover medications to the Protestant Hospital NDOGBATI Cite Sic, the Shisong Hospital, Dschang District Hospital, St. Louis Hospital Institute and to the hospitals/clinics where the local volunteer doctors practice. These donated medications are donated to help needy patients and are not to be resold. A full inventory of the donated items was recorded.

#### **1.3.6. Other Mission Notes**

- At the end of each day's mission activities there was a review meeting to discuss the challenges and successes registered during that particular day. Recommendations were then made on what needed improvement for the following day such as time management and management of all the people (patients and volunteers) who took part in the medical mission.

- In both Dschang and Bamenda, there were huge numbers of people who turned out for the medical mission but were not attended to. This was because of limited resources, volunteers, medications, facility, time, amongst other factors. Over 450 persons in both towns (Dschang and Bamenda) went away unseen.
- Hundreds of people received over the counter medication although they did not consult mission physicians, the dental team, or received cancer screening.
- The foundation also provided funds for/to some patients that were referred for further consultations or surgeries elsewhere that could not be treated during the mission.
- At the end of the mission in each site, there was a complete assessment in collaboration with the team and the improvement points noted. Certificates were awarded to the volunteers to openly recognize and acclaim their selfless contributions towards a successful CASEC 2014 medical mission.
- “Learning without playing makes Jack a dull boy”. Hence, volunteers also had time off to relax after a busy day in the company of good music and a variety of entertainment.

### **1.3.7. Medical Mission 2013 and Medical Mission 2014 Statistical Comparison**

About 300 more patients were seen during the 2014 mission compared to the 2013 mission. However, at the 2013 mission, 3428 patients consulted with a physician compared to 2777 in 2014. The reduction in overall number that consulted is attributed to the more comprehensive consultations that each patient received in 2014. Unlike the 2013 mission in 2014 patients were encouraged to visit all the medical units. Thus the majority of patients took advantage of all the services provided: they had their vital signs checked, then consulted with the GP, cardiologist, OB/GYN, cervical unit, prostate unit and/or dental unit before depositing the medical record card to the pharmacy for prescriptions to be filled. In 2013, a patient was not obligated to do so, and many opted to go for one kind of screening only and then collect medication as prescribed. The procedure in 2014 offers a more rounded health care check and care to each patient. In 2014, the Foundation also saw an increase in the total number of medical and non-medical volunteers. The Foundation’s medical volunteer pool must be increased even more for future missions, to meet the demands of the population served.

## **1.4. MEDICATION AND MEDICAL SUPPLIES**

Medication for the 2014 Medical Mission came from the USA. Over 2400 pounds of medications and supplies were air freighted to Cameroon for the medical mission. The bulk of the donations came from Direct Relief and Americares, with

smaller but very much needed donations from Dr. Marie Bibum and State Pharmacy, Washington DC; Dr. Eugenia Kolkas; Holy Cross Hospital, Silver Spring, MD; Avion Pharmaceutical; Lab Corp; Dr. Banyo Ndanga and Medicap Pharmacy; Dr. Cletus Fonmedig and Rosedale Smiles Family & Cosmetic Dentistry; Dr. M. Siewe, Dr. K. Kabasela, Dr. D. Allen, Dr. M. Wyse, Dr. G. Bibum and other members of the Patcha Foundation. Drugs dispensed included prescription medications, over the counter medications and vitamins. Every prescription presented to the pharmacy was filled, and those with chronic diseases received up to 3 month's supply of medication.

After the medical mission, the host institutions (Dschang District Hospital and St. Louis University Institute) also received medication. Medication was also donated to the St. Elizabeth Catholic Hospital Shisong during the visit to the hospital on Saturday June 7, 2014. Medical Volunteers also received medications including over the counter drugs and/or vitamins to take back to their various hospitals/clinics to use in the care of the underserved. All recipients signed the foundation's donation record to confirm receipt of the drugs and supplies and in pledge to use the drugs for the intended purpose.

#### 1.5. MEDICAL MISSION EXPENSES

<u>Amount ( FCFA)</u>	<u>Details (At the time of the mission exchange rate was 450 FCFA)</u>
2,777,400	Medication and supplies purchased in USA
4,496,400	Shipping of medication & supplies from USA
1,215,000	Customs
17,550,000	Air Travel
1,172,000	Publicity
3,685,000	Lodging
2,042,500	Food
105,000	Security
889,200	CBC - cervical screening supplies
564,300	Lab tests and Miscellaneous medical supplies in Cameroon
272,000	Imprinting
77,000	Telephone
1,430,000	Photocopies, Printing and Miscellaneous expenses
2,500,000	Water
<b>38,775,800</b>	<b>Total Foundation expense (approx. \$86,168.00)</b>
<b>67,500,000</b>	<b>Value of donated medication from USA (approx. \$150,000.00)</b>
<b>106,275,800</b>	<b>Total mission expense (approx. \$236,168.00)</b>

## 1.6. PARTNERS / VOLUNTEERS

The pool of partners / volunteers for the 2014 Medical Mission organized by the Patcha Foundation was made up of both foreign partners / volunteers from the United States of America (USA) and home-based. The combination was made up of Physicians, Surgeons, Dentists, Pharmacists, Nurses and non-medical personnel who came to serve the local population in Dschang and Bamenda. These partners / Volunteers were at the center of the mission's success.

*For Cameroon, volunteers comprised those from these partner institutions:*

- The Cameroon Baptist Convention (CBC) headed by Mr. Simon Manga, Director of the Reproductive Health Unit at CBC.
- The Shisong Cardiac Centre headed by Rev. Sr. Jethro Nkenglefac, General Manager of the Cardiac Centre
- Protestant Hospital NDOGBATI Cite Sic, Douala
- The ACTWID headed by Mme Losha Bernadette
- The Dschang District Hospital (Host Centre)
- The St. Louis University Institute (Host Centre),

and

- Doctors from the South West and Littoral Regions
- Medical, dental and allied health students
- Individuals

This is detailed in the table below:

**Table 4: List of Medical Workforce**

From the USA	
-Dr. Stella-Maris Patcha Adamu (Pharmacist), Foundation's President	-Oksana Likhova (Public Health)
-Dr. Georgette Bibum (OB/GYN, Pharmacist), Foundation's Vice President	-Dr. Melville Wyse (Dentist)
-Dr. Eleanora Gokeyeva (OB/GYN)	-Dr. Kalambayi Kabasela (Dentist)
-Dr. Eugenia Kolkas (OB/GYN)	-Dr. Donald Allen (Dentist)
-Dr. Solange Nono (Pharmacist)	-Dr. Marianne Siewe (Dentist)
-Mrs. Esther Chibayere (Nurse), Foundation's Director of Survivor Services	-Michael Choi (Dental student)
-Mrs. Nina Wujech (Nurse), Foundation's Health Assessment Manager	-Michelle Baptiste (Dental student)
	-Margaret Pham (Dental student)
	-Kirstie Ninan (Dental student)

## From Cameroon

<ul style="list-style-type: none"> <li>-Dr. Xavier Tchetya - GP, Muyuka</li> <li>-Dr. Ellis Morfaw - GP, Limbe</li> <li>-Dr. Walters Arrey - GP, Limbe</li> <li>-Dr. Bechem Nkafu - GP, Buea</li> <li>-Dr. Awung Stanley - GP, Buea</li> <li>-Dr. Vicky Ngwa - Pediatrician, Douala -</li> <li>-Dr. Kamguep Theophile - Surgeon, Douala</li> <li>-Dr. Baudelaire Njankou - Surgeon, Douala</li> <li>-Dr. Cabral Tantchou - Cardiologist, Shisong</li> <li>-Dr. Njiki Jules - Gynaecologists, Shisong</li> <li>-Sr. Jethro Nkenglefac - Administrator, Shisong</li> <li>-Dr Nick Ngwanyam, CEO St. Louis Institute</li> <li>-Mrs. Chiamba Emelda - Nurse, Bamenda</li> <li>-Mrs. Ngwanyam Florence - Pharmacist, Bamenda</li> <li>-Mrs. Mary Patcha - Pharmacist, Bamenda</li> <li>-Mrs. Vero Patcha Kumcho - Nurse</li> </ul>	<ul style="list-style-type: none"> <li>-Mr. Simon Manga - Reproductive Health, CBC</li> <li>-Mrs. Edith Kiyang - Cervical screening, CBC</li> <li>-Mrs. Nfor Patience - Burkitt Lymphoma, CBC</li> <li>-Mrs. Che Claudette - Cervical screening, CBC</li> <li>-Mr. Symphorien Sadeuh - Cervical, CBC</li> <li>-Mrs. Taafo Blandine (General Supervisor)- Dschang</li> <li>-Dr. Bruno Kenfack (Gynaecologist)-Dschang</li> <li>-Dr. Bouting Georges Mayaka (Hospital Director)- Dschang</li> <li>-Dr. Agbor Michael, Emmanuel Dental Care, Bafoussam</li> <li>-Dr. Samuel, Dentist - Dschang</li> <li>-Dr. Batazard, Dentist - Dschang</li> <li>-Dr. Christiane Minlo Kamanou- Internist, Douala</li> <li>-Mr. Mbong Theodore, Econome - Dschang District Hospital</li> </ul>
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**Table 5: Non-Medical Workforce**

## From the USA

<ul style="list-style-type: none"> <li>-Mrs. Rosemary Atanga (Foundation's Media &amp; Publicity Coordinator)</li> <li>-Mrs. Joan Foretia (Community Liaison)</li> </ul>	<ul style="list-style-type: none"> <li>-Marie Claire Patcha (Foundation's Program Coordinator)</li> <li>-Dr. Samuel Dongmo, aka Dr. Musika, President of Menoua Elites, USA</li> </ul>
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## From Cameroon

<ul style="list-style-type: none"> <li>-Jacqueline Patcha (Foundation's Country Director)</li> <li>-Manyo Bernard Besong (Foundation's Media coordinator)</li> <li>-Melanie Foju (Foundation's Project Coordinator)</li> <li>-Nseme Stephen Nnode (Foundation's Program Officer)</li> <li>-Mrs. Prudencia Essake</li> <li>-Ms. Christelle Jackson</li> <li>-Mr. Langys Yvon</li> <li>-Mrs. Jacinta Satia</li> </ul>	<ul style="list-style-type: none"> <li>-Brian Njotsa</li> <li>-Philip Satia</li> <li>-Reina-Marie Tchami</li> <li>-Tiara Njamfa</li> <li>-Wendy Felicity</li> <li>-Mme Angelina Bambou</li> <li>-Mme Therese Ambijeh</li> <li>-Mr. Modikum Peter</li> <li>-Mr. John Tantoh</li> <li>-Mr. Shey Eric Banye</li> <li>-Mr. Kamse John</li> <li>-Mrs. Rosaline Assoua</li> </ul>
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-Mme Losha Bernadette -Mr. Augustine Njotsa -Mr. Isaac Patcha -Mrs. Jacinta Chia (Catering) -Mrs. Mary Tomdio -Mrs. Susan Mufor -Mr. Melvin Mugri -Mr. Collins Ajifack -Mr. Nchoeh Songwe -Mrs. Esther Amungwa -Ms. Florence Massénbé	-Mrs. Theresia Ndikum -Mrs. Elisabeth Bijengsi -Mrs. Helen Anyangwe -Mrs. Angela Anye -Mr. Ngu Samuel Asongwed -Mr. Joe Puwo (Garanti Bus Service) -Mr. Kam Justin (Garanti B.S) -Mr. Mekongchu Kashmir (Garanti B.S) -Mme Francoise (Catering) -Mr. Isaac Patcha (Security, Bamenda) -Mrs. Sabina Chi
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**Table 6: Student volunteers**

<b>Higher Institute of Applied Medical Sciences (HIAMS), Buea</b>	
Tibab Iheo Brice Ayuk AfanghaEtando Talla Tadoum Christain Vumombi Edith Boyo Esemé Synthia	Lobe Iya D. Anye Elvis Fru Tambi Daniel Nyuynenei Eugene Eyome Choke Melvis
<b>St. Louis University Institute of Health and Biomedical Sciences (UNIHEBS), Bamenda</b>	
Soh Emmanuel Lefo Benardine Mbiatat Sege Tembi Derrick Ndi Rudolf Madoung Gladys Nsangou Ladifetou Mokto Yolande Fonyuy Derrick Kongnyu Jones Kamgouchou Petrovick Othon Patrick Donfack Ulrich	Tatsing Frank Muakacka Yvette Sime Vanessa Ntsang Hilda Lunga Lorayoh Chienou Yannick Kemogne Bomel Dongmo Nguedia Mirlande Feidjio Berturine Gaelle Mbakop Christelle Ngounou Deppe Alphonsine Sayo Ebenyer
<b>University of Dschang (Faculty of Health Sciences)</b>	
Chiegue Nguenou Sheila Djogang Njiomuo Kevin Armelle Tanekeu Clovis Achile Jiofack Ngouadjeu Melissa Maffo Mboukeu Belmont Biyong Heumou Patrick Charles Donfack Alex Vital Sado Yousseu Francine Berlange	Jongo Voukeng Michelle Fotsing Kengne Edwige Victoire Fotso Idriss Tidjong Kamkui Anicet Nsongang Mbelleck Joseph Gatien Jiokeng Pierre Marcel Kutnjem Ibrahim Bello Monkaree

## 1.7. OTHER CORE COLLABORATORS

- A. **Hotels:** In Dschang, volunteers lodged at the Hotel de Malte. In Bamenda, lodging was at the Mawa Hotel. The hotel administration/workers were quite collaborative. In Douala lodging was at the Sky Hotel, a generous donation by the owner.
- B. **Transportation:** Garanti Bus Service for transporting volunteers to all locations throughout the period of the medical mission.
- C. **Drinks:** Brasseries du Cameroun for providing a variety of soft drinks and water to refresh volunteers after a hard day's work.
- D. **Donors:**

The Patcha Foundation sincerely appreciates and recognizes the efforts of all who contributed materially, financially, or otherwise to the success of the 2014 Medical Mission. The complete list is found on the Foundation's website ([www.patchafoundation.org](http://www.patchafoundation.org)).

## 1.8. MEDIA REPORTS

### 1.8.1. Main Coverage During Medical Mission:

Two main media organs were selected to cover the medical mission. These were Spectrum Television (STV) and The Post Newspaper.

STV covered the event in Dschang and Bamenda (the news, video and still pictures). The Post Newspaper in its Weekender edition of Friday June 6, 2014 wrote an article concerning mission activities in Dschang, including a highlight of the mission in Bamenda. Radio Yemba offered free publicity during the mission in Dschang.

### 1.8.2. Sensitization Prior to the Medical Mission

Prior to the medical mission, other media organs were used to sensitize the population about the medical mission (pre-event coverage). These included CRTV Bamenda (through *Luncheon date* and *Highlands Morning Show*), Cameroon Baptist Convention (CBC) Radio, Radio Evangelium, Abakwa FM, Radio Hot Cocoa. For Dschang, FM Nghie-Lah and Radio Yemba were the principal media houses used to sensitize the local population.

- ✓ Word of mouth communication, Posters and flyers, Meeting groups and Churches were also used.

## 1.9. TRIP TO SHISONG

One of the most fascinating aspects of the 2014 Medical Mission was the trip to the St. Elizabeth Catholic Hospital, Shisong. The visit was made Saturday June 7, 2014 with the primary aim being to tie a knot on the relationship between the Patcha Foundation and the Shisong Hospital, donate medication, and to look for a possible site for the 2015 Medical Mission.

In addition, the cardiac unit of the Shisong Hospital was an intricate part of the 2014 Medical Mission, consulting with all severe hypertensive cases. It was therefore relevant to invest in building a solid relationship with this hospital in general and the cardiac unit in particular, as we aspire for a long standing relationship between the Michael & Mauritia Patcha Foundation, and the St. Elizabeth Catholic Hospital Shisong.

Championing the trip to Shisong was the General Manager of the cardiac unit, Rev. Sr. Jethro Nkengfac, who happened to be part of the mission in both sites (Dschang and Bamenda).

After a walk around the hospital and visits made to the various units, the Patcha Foundation offered medication to the hospital. Volunteers were then served lunch offered by the hospital administration, and treated with a visit to the Fon's Palace where they had a firsthand experience of the culture of the people, and received insight to the history of the tribe.

After group photographs, the Patcha Foundation later returned to Bamenda that same Saturday, arriving at about 7:30pm. Upon arrival in Bamenda, the volunteers had time to dine in the house of one of the key volunteers in Bamenda, Mme Jacinta Satia. She welcomed all volunteers warmly and expressed her satisfaction at the fact that the medical mission went on hitch-free.

## 1.10. CHALLENGES ENCOUNTERED DURING THE MEDICAL MISSION

*"It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something!"* (Franklin D. Roosevelt).

The 2014 Medical Mission by the Patcha Foundation was accompanied with some exciting challenges which we must address as we plan for future missions for the Foundation.

- ❖ **Time Management:** Bus delays at some point also caused the Foundation some time.
- ❖ **Registration:** Too many people queued long before registration lines were open on all four days. While the majority waited their turn to be called in to register,

some people were determined to jump lines and /or lie their way ahead of the queue. This brought chaos and disorder that took too much time to set right. This was true for all lines of patients waiting to be seen by the various doctors.

Some people that had been in line but were not seen in Dschang traveled far to be seen in Bamenda and had to wait again in long lines. There was no system in place to determine who these people were to move them up in line.

- ❖ **Site Selection:** The organizing committee of the 2014 Medical Mission faced little or no problems as far as the selection of the mission site was concerned in Dschang. This was partly because the administration of the hospital, alongside the government of Menoua, and other important Menoua/Dschang elites decided to make the mission “their mission...a mission in the interest of the people they serve”.

While appreciating Dr. Achu of Mezam Polyclinic who willingly offered his site to accommodate the mission, it was later realized that the space was small, based on the Dschang experience.

Hence, it was not until the evening of Wednesday June 4, 2014 that the Patcha Foundation got a final site in Bamenda- the St. Louis University Institute of Health and Biomedical Sciences, situated at Mile 3, Nkwen-Bamenda. To this effect, the Program Officer for Patcha Foundation Cameroon was host to The Highlands Morning Show over CRTV Bamenda, 5am on Thursday June 5, 2014. The message of the new location was sent across, and was widely received.

While the St. Louis Site was spacious, it lacked the needed operating room; therefore no surgeries could be performed on site in Bamenda.

- ❖ **Volunteer Medical Team:** Some doctors who had signed up to be part of the mission could not make it. This put some work pressure on the number of doctors available. However, those on the ground were up to the task...they worked hard to serve the population. Doctors worked long, continuous hours until the close of the work day, usually taking a break only for a quick lunch. The cry on the Foundation’s part was that “many hands do light work”. The more medical staff that can be signed on, it is anticipated that this will somewhat lighten the collective load on the team as well as increase throughput.
- ❖ **Services not offered:** While the Foundation offered the services promised and to a great extent achieved the guiding objectives of the medical mission, some participants came hoping that vision screening was also available. The Foundation continues to solicit a wide array of medical expertise to join the

medical mission in the hopes of offering an even more comprehensive health service.

- ❖ **Financial:** While the Foundation sincerely appreciates those who assisted during the medical mission materially, financially or otherwise, it is pertinent to mention that the overall financial support fell somewhat below expectation. The financial burden for disease screening and treatment is extremely high for the average Cameroonian with no health insurance, and the resources available are limited where the majority of the population earn less than \$20 a month. While this only increases the need for the medical mission, it also translates to heavy financial burden for the foundation in carrying out the medical mission, and lack of funding prevents the sustained operation of a viable battle front against the invasion of cancer and other diseases in Cameroon.

For goods clearance, it would be good if the foundation acquires exoneration from the Ministry of Finance earlier for the 2015 Medical Mission.

- ❖ **Equipment and Supplies:** There was no screening and diagnostic equipment readily available to facilitate complete diagnosis during the mission. For example the Foundation depended on and paid the hospital lab for any pre-surgery tests required by the surgeons. At one of the mission sites, dental chairs were outdated. A mobile screening and diagnostic system and lab would have been beneficial. Currently, mammography machines are available only in the major cities of Douala and Yaoundé.

Screening equipment that would have aided in the quality of work provided include:

- Screening equipment such as mammography and X-ray machines
- LEEP machines
- Dental chairs, drills, sterilizing means
- Additional educational and sensitization materials
- Projectors and PA system

- ❖ **Referrals:** There was not a ready pool of local physicians to refer patients to. Referrals were directed to the Protestant Hospital NDOGBATI Cite Sic Douala, the St. Elizabeth Catholic Hospital Shisong, the Bingo hospital and CBC.

- ❖ **Exit Point:** Having an exit point is beneficial to the participant in that it provides an opportunity for a team of volunteers to assess and reassess a participant's medical needs based on diagnosis during the mission, and to offer additional specific counselling, direction and follow up mechanism. This continues to be a challenge as there is no social structure in place that would make an exit point easy to institute. The time and financial constraints that participant follow up

place on the Foundation is too high. Participant follow up after the Medical Mission of Hope (2013) was too costly. During this mission, some patients received additional counselling before leaving the pharmacy with their medications. Patients must learn to take their own health seriously and follow through on the various prescriptions/directions offered.

## 1.11. RECOMMENDATIONS FOR FUTURE MISSIONS

- ✓ More doctors should be encouraged to sign up.
- ✓ Education of the public in diseases like cancer, hypertension, diabetes, malaria should be encouraged and practiced by the medical community in Cameroon. It is also imperative to educate the public on healthy living and life style changes such as eating well (balanced diet), exercising regularly, and taking primary responsibility of one's health. These preventive measures fall in line with the Patcha Foundation's CASEC Medical Program.
- ✓ More individuals, business/corporate communities are encouraged to throw their weight behind future Medical Missions organized by the Michael & Mauritia Patcha Foundation; working in collaboration with the Ministry of Public Health in Cameroon. This will lighten the burden on the people on ground and enable the Foundation to reach out to many more people; thereby increasing the impact on the community.
- ✓ The main media, especially the video person, should always be with the volunteers. This is because his attention is key and could be needed at any time.
- ✓ Exoneration from the Ministry of Finance (2015 medical mission) to avoid the huge customs duty/fee paid this year.
- ✓ Team work as was the case this year.
- ✓ We should also encourage, as was the case this year, volunteers to work under a relaxed but serious and optimistic atmosphere.
- ✓ Adequately prepare mission sites a day before the event begins.
- ✓ Continuous collaboration with the government of the host communities.
- ✓ Collaboration between the National Cancer Control Committee and the Patcha Foundation.

- ✓ The government of Cameroon alongside other international bodies like the World Health Organization should support and fund cancer and other diseases campaigns through the efforts of organizations like the Patcha Foundation.
- ✓ Authorities at the local and national levels should be encouraged to collaborate with the Patcha Foundation for humanitarian missions, such as the Patcha Foundation Annual Medical Mission to Cameroon.
- ✓ Cancer education and education on other related illnesses should be encouraged by the government of Cameroon.
- ✓ Fundraising and financial support must be ramped up to enable the Foundation to reach more people. Volunteers may be asked to contribute to their transportation and accommodation while on the mission.
- ✓ Building local team of physicians to aid in patient referral and follow up.
- ✓ Building of local teams to facilitate pre-registration and when available, pre-screening using screening equipment like mobile mammography machine.
- ✓ Pre-screening patients would enable the team of volunteers to be able to provide quality and better care.

## 1.12. GENERAL APPRECIATION

In an interview granted by STV to the President of the Michael & Mauritia Patcha Foundation, Mme Stella-Maris Patcha Adamu, on the closing event in Bamenda, expressed joy and satisfaction at all who volunteered to support the Foundation in one way or the other during the 2014 Medical Mission. *“Our purpose is to provide quality healthcare to the local population. Our role is to save lives.”* she added.

Mme Stella-Maris Adamu also acknowledged the efforts of all government officials who put hands on deck to make the mission a success. She was also thankful to the organizing committee in Cameroon, headed by the Country Director for the Michael & Mauritia Patcha Foundation, Mrs. Jacqueline Patcha, Manyo Bernard Besong, Melanie Foju, and the Program Officer, Nseme Stephen Nnode.

The Vice President of the Foundation, Dr. Georgette Bibum, also thanked all volunteers, especially her medical colleagues from the USA who made it a point of duty to be part of the mission as well as those from Cameroon.

In the same manner, the Country Director for the Michael & Mauritia Patcha Foundation, Mrs. Jacqueline Patcha sounded positive and optimistic, *“We thank everybody who contributed in one way or the other to bring smiles to the faces of people. We look forward to a fruitful mission next year.”* she noted.

With such outpour of sincere thanks, **“THANK YOU”** is a gift Patcha Foundation has to offer to:

- The US Based charitable organizations that donated medication for the 2014 medical mission
- All volunteers from the USA
- All volunteers from Cameroon
- Foreign and local partners and
- Individual and Corporate sponsors
- All organs (Mass Media, Churches, Meeting groups) that helped to mobilize the population through announcements.

**NB:** The Michael & Mauritia Patcha Foundation needs **YOUR** continuous support to fulfill the goals of the medical mission and to fully realize the CASEC initiatives. And most importantly to reach and serve as many of the underserved population as possible. The Foundation contact in Cameroon is 79575959 / 97198719; or [www.patchafoundation.org](http://www.patchafoundation.org)

### **1.13. DEPARTURE**

The volunteers left Bamenda on Sunday June 8, 2014 at about 7am. Two buses were available: The one transporting volunteers heading to Buea, and the one transporting those heading to Douala on their way back to the USA.



## 1.14. 2014 MEDICAL MISSION IN PICTURES



*Crowd waiting outside the registration point*



*SDO in tete-a-tete with Patcha Foundation executives*



*Pharmacy*



*Preparation for an operation, Dschang*



*Volunteers*



*Oral care*

More pictures and videos on [www.patchafoundation.org](http://www.patchafoundation.org)

***THANK YOU FOR ALWAYS BEING THERE FOR THE PATCHA FOUNDATION;  
THE PEOPLE'S FOUNDATION!***

Dear friends,

The Patcha Foundation successfully executed its second medical mission to Cameroon from May 30<sup>th</sup> through June 8<sup>th</sup> 2014. The CASEC Medical Mission took place in two divisions: Dschang in the Menoua Division and Bamenda in the NW Region.

18 volunteers from the USA traveled to Cameroon to work side by side over 120 Cameroonian medical and non-medical volunteers to provide cancer screening, surgery, medical and dental services to over 3700 underserved people. Four US dentists on a private trip to Cameroon also participated in the mission.

An unprecedented more than \$150,000 worth of medications and supplies were transported to Cameroon and distributed to the participants.

Total mission expense to the foundation is estimated at \$86000 although it is impossible to put a price tag on the time, expertise and efforts of the volunteers and sponsors.

The list of partner institutions included the CBC, the Shisong Cardiac Centre, Higher Institute of Applied Medical Sciences (HIAMS) Buea, the Dschang District Hospital, St. Louis University Institute, the University of Dschang Medical School, The Association for Creative Teaching for Rural Women and Youth in Development (ACTWID), Foundation for Information and Literacy (FIL) and the Surgeons of the Protestant Hospital NDOGBATI, Douala.

We owe unmeasurable gratitude to all the patients, the foundation members, volunteers, partners and donors who continue to make it possible for these missions to impact and save lives.

We continue to thank God for opening doors, for His grace and guidance and for blessing us so we can be a blessing to the community as we promote the CASEC ideals which are the building blocks of our vision.

Stella-Maris Adamu

President