

**REPORT OF CAMEROON MEDICAL MISSION OF HOPE 2013
HELD IN LIMBE, BUEA, TIKO AND KUMBA OF THE SOUTH
WEST REGION OF CAMEROON FROM 1ST – 10TH JUNE, 2013**

SUBMITTED TO THE:

**MINISTRY OF PUBLIC HEALTH
REPUBLIC OF CAMEROON**

BY

THE MICHAEL & MAURITIA PATCHA FOUNDATION

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INTRODUCTION

The Cameroon Medical Mission of Hope 2013 organized by the African Women's Cancer Awareness Association (AWCAA) and the Michael & Mauritia Patcha Foundation (The Patcha Foundation – maintains a Country Office in Douala, Cameroon) both International US based organizations with emphasis operations in Africa, took place in four localities of the South West Region of Cameroon from the 3rd to the 10th of June 2013.

Based on the experience of these organizations working with Cancer patients of Cameroonian / African descents in the diaspora, and support to cancer cases home on the African continent, and given the “high level of ignorance” to the root, symptoms and manifestations of the disease, both organizations deemed it necessary to conduct this mission in Cameroon.

MISSION OBJECTIVES

The mission had as objectives the following amongst others not listed:

1. Screen, and diagnose Breast, Cervical, Oral and Prostate Cancer cases under The Patcha Foundation's ongoing Cancer Awareness Screening Early Detection and Care (CASEC) Program
 - a. Treat pre-cancerous cervical lesions
 - b. Perform surgery on appropriate breast cancer cases
 - c. Refer prostate abnormal findings for further diagnostic tests
2. Mobilize health providers and community based organizations to be active in the campaign against cancer
3. Perform dental care and surgery to the community
4. Undertake screening, control and management of diabetes and hypertension
5. Provide free medication and treatment
6. Educate the public and create awareness on critical health areas, especially cancer, diabetes and hypertension

AREAS OF INTERVENTION

The mission targeted key health areas that have a direct or an indirect link to the health of the population. While focus by both organizations has been on Cancer, the following constituted the areas of concern during the mission:

- Breast Cancer
- Cervical Cancer
- Prostate Cancer
- Dental and Oral health
- Hypertension and Diabetic control
- Free pharmaceutical services
- Regular Education, especially with breast self- check and cervical monitoring

MISSION SITE

The mission was initiated to originally cover the South West and North West Regions of Cameroon because of the remoteness of these localities. Also, they are largely comprised of under-privileged peasant persons. Furthermore there is considerable distance between the population and specialized cancer services in the central cities of Douala and Yaoundé with more specialized personnel and services.

The time to plan both sites was limited due to the delay by Cameroon's Ministry of Public Health in granting approval to the organizers of the mission. Consequently the event was scaled back to only the South West Region.

THE TEAM

The team was comprised of a pool of medical experts of different nationalities from the USA.

A pool of national medical practitioners from Cameroon was also mobilized for the event in an effort to begin to initiate the national medical corps more deeply into such novel areas of health challenges.

There was a team of non-medical personnel assisting with other tasks and assignments. Opportunity was granted young nurses, doctors and other clinicians and allied health personnel, especially medical trainees to participate on the program and keep abreast with the current trend in cancer screening, diagnosis and treatment.

OTHER VOLUNTEERS FROM CAMEROON

1	Nanji Diran Dasi
2	Mboh Denis Ayamba
3	Tadoum Talla Christian
4	Ayuk Afangha Ettando
5	Nyuyreri Eugene Bongaseurti
6	Tibab Ihoe Brice
7	Lobe Iya Diale Hannah Marilyne
8	Banye Ethel
9	Chunga Ignatius Ngufor
10	Bagouna Marie Divine
11	Teboh Rose Tangwi
12	Ngamkwi Karl Mark
13	Jobain Francisca Mbu
14	Tsangue Langa Romalie Carole
15	Vumombi Edith Boyo
16	Eseme Synthia
17	Tchokouaga Wandji Elvis
18	Ejapi Thomas Agbor
19	Anurin Nwunembom
20	Ngaleo Tchokogueu Pascaline
21	Anye Elvis Fru
22	Foy Cynthia Seng
23	Touguinbo Laurence
24	Geh Kisito
25	Nkadji Tchawe Moukam
26	Enow Diana
27	Brian Njotsa

28	Awung Dave Tamboh
29	Atehkeng Zikeng
30	Ekokobe Aloysius
31	Nkwetta Marvis
32	Anjia Marion
33	Dorah Eben
34	Comfort Besilom
35	Hannah Bei
36	Chamnda Roland
37	Nzike Lucy
38	Dontio Pelagie
39	Ndie Yvonne
40	Besong Cecilia
41	Emilia Fese
42	Tchoutezo Christian
43	Bimbie Gladys
44	Ajang Michael
45	Itoe Jovel
46	Iluka Susasan
47	Echani Henry Ndoh
48	Malaika Fese
49	Franz Ajebe Munge Ntoko
50	Ngochi Genevieve
51	Esong Mirabel
52	Prudentia Essake
53	Mrs. Beryl Fofung
54	Mama Ngassa
55	Mrs. Bibiana Taku

MISSION ACTIVITIES AND HIGHLIGHTS

TRAVEL AND MOBILIZATION, JUNE 01 – JUNE 02, 2013

Team members traveled from the USA and Nigeria to Cameroon, with most arriving on June 2nd. Volunteers also traveled from Douala, Yaounde, North West Region and from areas of the South West Region, arriving in Limbe on June 2nd. Some of the key personnel were present in a meeting to review logistics and agenda for the week that was already in place. Finishing touches were made to the different mission sites, with the churches and media organs taking up the responsibility to inform the public about the mission.

LIMBE – REGIONAL HOSPITAL, MONDAY JUNE 03, 2013

The mission kicked-off at the Regional Hospital Limbe on Monday June 3rd, 2013 at exactly 9:30 AM. The Management of the Hospital had been instrumental in the course of the weekend in setting up workstations. This same workstation flow chart is going to be applied to all mission sites and in the entire course of the mission.

The team went to work with the following breakouts:

- Registration: Received patients, registered and directed them to the different health units from the Registration workstation
- Triage: This unit was staffed by experienced nurses who monitored Patient's Vital Signs (Sugar level, Blood pressure, pulse, etc.).
- General Practitioners (GP): Patients were examined by a GP who addressed health issues and reviewed personal health and family health histories. Patients were then referred to specific screening stations, e.g. Prostate, Cervical, Breast team.
- Breast Unit: The breast and cervical cancer units worked very closely together. Women were screened for abnormal breast lumps and taught the breast self-exam. The breast unit also provided education on breast cancer and each woman screened was given educational pamphlets and other print materials to take home and share. Appropriate cases for surgical intervention were referred to the mission surgeon.
- Cervical Cancer Unit: The Cervical Cancer unit team worked closely with the breast team and some cervical team members also performed breast screening and education. Women were screened for cervical cancer using VIA and Lugol's. Cryotherapy was performed on diagnosed lesions. Advanced cases were referred

to an Oncologist for appropriate treatment and follow up. Women were also provided education on prevention, risk factors and treatment of cervical cancer.

- Prostate Cancer Unit: There was a Urologist on site who performed DRE and made referrals for PSA levels and other diagnostics where required.
- Dental Unit: The dental unit had the privilege of providing services to people of both gender and all ages, performing oral cancer screening, surgical operations, filling, extractions and general cleaning.
- Pharmacy Unit: Medications were provided **Free of Charge** to all patients after consultation and prescription by any of the clinicians. This was handled and supervised by Licensed Pharmacists on site.

Limbe had 2 mission sites: The Regional Hospital and the Community Field. Due to crowd overflow, the team broke out into two (02) units, with part of the breast cancer team reassigned to the Limbe Community Field area under supervision by Uphealth Foundation. Participants attended from other regions including Bamenda from where a bus load of men and women came for screening.

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FACTS AND FIGURES

NO	WORKSTATION	TOTAL NO.	ABNORMAL	NORMAL	TREATED	REFERRED
1	Registration	631	-	-	-	-
2	Vital Signs	631	-	-	-	-
3	Breast Cancer: CBE	165	31	134	09	01
4	Cervical Cancer: VIA/ Lugol's	111	01	110	01	0
5	Prostate Cancer: DRE	49	06	43		06
6	Pharmaceuticals	115	-	-	-	-
7	Surgical	10	-	-	09	01
8	Dental	106			106	00

Fig. 2: Table of Figures for Limbe

The table excludes the list of pre-diagnosed cases of Prostate and Breast Cancer and with already advanced stages of Cancer that surpassed the intervention areas of the current mission. The 3 cases of abnormal prostate finding cited in the table were determined using the DRE method only. Referrals have been made for further diagnosis including PSA testing and biopsy.

Cases of advanced cervical and breasts identified have also been recommended for chemotherapy and radiography, and LEEP at the Baptist Hospital Facility in Mutengene.

BUEA – GENERAL HOSPITAL: TUESDAY JUNE 4TH, 2013

The CASEC (Cancer Awareness, Screening, Early Detection and Care) exercise was carried out at the Buea Regional Hospital on Tuesday the 4th of June 2013. The exercise exemplified the same work flow as in Limbe.

The population turnout was good given that many persons who had missed the exercise in Limbe the day before followed the team to Buea. Also media reports of the mission were generating increased interest by the community. Even though a fraction of the team still was detached to Limbe to oversee completion of cases not seen the day before, the Medical Team registered 511 participants to the event.

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FACTS AND FIGURES

NO	WORKSTATION	TOTAL NO.	ABNORMAL	NORMAL	TREATED	REFERRED
1	Registration	511	-	-	-	-
2	Vital Signs	275	-	-	-	-
3	Breast Cancer: CBE	254	22	232	00	22
4	Cervical Cancer: VIA/Lugol's	133	03	130	04	00
5	Prostate Cancer: DRE	48	11	37	00	04
6	Pharmaceuticals	68	-	-	-	-
7	Surgical	00	-	-	00	00
8	Dental	202	-	-	202	-

Fig. 3: Table of Figures for Buea

Please note that all persons going through the Dental Unit had work done either in the form of cleaning, filling, removal and or surgical. The team enjoyed the work environment in Buea based on the fact that the Dental Unit at the Buea Hospital is fully equipped.

TIKO – COTTAGE HOSPITAL: WEDNESDAY JUNE 5TH, 2013

The screening exercise at the CDC Cottage Hospital in Tiko was much more engaging because of its central location and proximity to the two preceding towns. The population turnout in Tiko was heavier than in Limbe and Buea given that interested persons who missed the exercise in Limbe and Buea resorted to the use of Tiko venue.

Participants were recorded from as far off as Douala, Bamenda, Yaounde and Muyuka.

FACTS AND FIGURES

NO	WORKSTATION	TOTAL NO.	ABNORMAL	NORMAL	TREATED	REFERRED
1	Registration	423	-	-	-	-
2	Vital Signs	362	-	-	-	-
3	Breast Cancer: CBE	223	17	206	00	17
4	Cervical Cancer: VIA	180	03	177	03	00
5	Prostate Cancer: DRE	62	06	56	00	06
6	Pharmaceuticals	137	-	-	-	-
7	Surgical	00	-	-	00	00
8	Dental	264	-	-	263	-

Fig. 4: Table of Figures for Tiko

KUMBA – ST FRANCIS CLINIC: THURSDAY 6TH & FRIDAY 7TH JUNE, 2013

The legendary city of Kumba benefitted 2 days of the mission. 1,200 persons pre-registered prior to the screening exercise. The number of clients present exceeded the combined capacity of the medical team, and the team had to request reinforcement from Kumba Regional Hospital.

The exercise was conducted at the St. Francis Polyclinic at the Buea Road. The joint coordination of Dr. Mbamuluh (the Divisional Medical Officer for Meme) and Dr. Eben Emmanuel, Proprietor of the clinic made the work a much easier for the team. The Meme Doctors' Forum had pledged full participation to the program and had worked ahead of time registering the different cases for the event and providing six GP's and a Gynecologists.

FACTS AND FIGURES

NO	WORKSTATION	TOTAL NO.	ABNORMAL	NORMAL	TREATED	REFERRED
1	Registration	1,863	-	-	-	-
2	Vital Signs	958	-	-	-	-
3	Breast Cancer: CBE	411	35	376	00	35
4	Cervical Cancer: VIA/Lugol's	408	09	399	07	02
5	Prostate Cancer: DRE	195	26	169	00	26
6	Pharmaceuticals	323	-	-	-	-
7	Surgical	00	-	-	00	00
8	Dental	512	-	-	512	-

Fig. 5: Table of Figures for Kumba

STATISTICAL ANALYSIS ON CANCER FINDINGS DURING THE MEDICAL MISSION

The below figures represent the rate of **Abnormal Findings** within the sample community of the South West Region of Cameroon

NO	HEALTH ISSUE	MISSION SITE	TOTAL SCREENED	ABNORMAL FINDINGS	% RATIO	REMARKS
1	Breast Cancer	Limbe	325	38	11.69	
	Cervical Cancer					
	Prostate Cancer					
2	Breast Cancer	Buea	435	36	8.27	
	Cervical Cancer					
	Prostate Cancer					
3	Breast Cancer	Tiko	465	26	5.59	
	Cervical Cancer					
	Prostate Cancer					
4	Breast Cancer	Kumba	1,014	70	6.90	
	Cervical Cancer					
	Prostate Cancer					
	Average totals				8.12	

Fig. 6:

MISSION FACT SHEET SUMMARY

MISSION SITES	WORKSTATION	TOTAL NO.	ABNORMAL	NORMAL	TREATED	REFERRED
LIMBE BUEA TIKO KUMBA	Registration	3,428	-	-		-
	Vital Signs	2,190	-	-	-	-
	Breast Cancer: CBE	1,053	105	948	10	75
	Cervical Cancer: VIA/Lugol's	832	16	816	14	02
	Prostate Cancer: DRE	354	49	253	00	26
	Pharmaceuticals	643	-	-	-	-
	Surgical	10	-	-	10	1
	Dental	1,064	-	-	1,063	-

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MISSION EXPENSES

DATE	ITEM	UNIT PRICE	QUANTITY	TOTAL COST
	Radio announcements	65,000	-	65,000
	Video editing	100,000	01	100,000
30.05.2013	Transportation	24,000	-	24,000
	Airtime	10,000	-	10,000
	Documentation	5,000	-	5,000
	Specula	203,165	-	203,165
	Toothbrushes/paste	60,000		60,000
	Airfare	700,000	24	16,800,000
	Excess luggage	160,000		160,000

	Medications	30,000		30,000
31.05.2013	Pressure pots	20,000	02	40,000
	Biopsy forcep	60,000	01	60,000
	Airtime	15,000	-	15,000
	Transportation	19,500	-	19,500
	Volunteer fare	10,000	-	10,000
	Folder jackets	7,500	1 pkt	7,500
	Plastic bags	10,000	-	10,000
	Photocopies	20	400	8,000
	Electric cookers	3,500	02	7,000
	Javel's water	2,500	01	2,500
	Trash cans (small)	1,100	09	9,900
	Trash cans (big)	2,500	01	2,500
	Trash liners	2,000	05	10,000
	Transport	400		400
	Pens	100	15	1,500
	Paper napkins	1,000	06	6,000
	Sitting pads	1,000	04	4,000
	Photocopies	20	500	10,000
	Speculum	22,000	03	66,000
	Syringes	3,000	08	24,000
	Gloves	2,500	20	50,000
	Buckets (5 L)	4,000	02	8,000
02.06.2013	Airport security	5,000	01	5,000
	Sandwiches	10,000	-	10,000
	Garanti Express	1,050,000	-	1,050,000
	Airtime	40,000	-	40,000

03.06.2013	Airtime	4,000	-	4,000
	Transportation	5,550	-	5,550
	Driver tip	500	-	500
	Fuel (Dr. Anjorin)	20,000	01	20,000
	Meals	60,000	-	60,000
04.06.2013	Pharmaceutical supplies	90,000	-	90,000
	Chairs	100	100	10,000
05.06.2013	Sitting pads	3,500	03	10,500
	Toilet tissue	250	04	1,000
	Examination gloves	3,000	02	6,000
	Airtime	4,500	-	4,500
	Chairs	100	50	5,000
	Transport chairs	3,500	-	3,500
	Photocopies	20	175	3,500
	Printing	250	02	500
	Transport	1,200	01	1,200
	Volunteer transport	1,250	02	2,500
	Meals	-	-	16,000
	Fuel	5,000	-	5,000
06.06.2013	Sitting pads	3,000	08	24,000
	Taxi fare	1,650	-	1,650
	Toilet paper	250	04	1,000
	Internet time	500	-	500
	Juices	300	03	900
	Airtime	2,000	02	4,000
	Transport	1,000	01	1,000

	Lancets	8,500	01	8,500
	Surgical supplies	50,000	-	50,000
07.06.2013	Exam gloves	3,000	09	27,000
	Lancets	7,000	01	7,000
	Water (10 L)	1,250	04	5,000
	Water (1.5 L x 6)	1,750	04	7,000
	Airtime	2,500	02	5,000
	Test strips	5,000	06	30,000
	Alcohol	1,600	02	3,200
	Photocopies	20	230	4,600
	Printing of certs	400	13	5,200
	Taxi	1,100	01	1,100
	Syringes – 10 ml	3,500	01	3,500
	Envelopes	750	-	750
	Meals	20,000	-	20,000
08.06.2013	Drinks	7,400	-	7,400
	Limbe tours	36,000		36,000
	Transportation	1,000	02	2,000
	Taxi	400	01	400
	Printing of certs	150	37	5,550
	Airtime	1,500	-	1,500
	Media package	100,000	-	100,000
	Volunteer stipend	30,000	-	30,000
	Barbecue	246,000	-	246,000
	Airtime	20,000	-	20,000
	Airport tax (Dr. Onyewu	15,000	01	15,000

09.06.2013	Fuel to airport	20,000	-	20,000
	Airport tax	10,000	01	10,000
	Driver's motivation	2,000	01	2,000
	Security fees	100,000	01	100,000
	Transportation	3,000	01	3,000
	Airport meals	3,500	02	7,000
10.06.2013	Transportation	6,000	01	6,000
	Volunteer support	300,000	-	300,000
	Medic motivation	25,000	59	14,750,000
11.06.2013	Airport tax	10,000	01	10,000
	Printing	200	27	5,400
	Folders	100	20	2,000
	Paperclips	300	-	300
	Transportation	1,900	-	1,900
	Airtime	15,000		15,000
	Volunteer assistant	50,000	01	50,000
	Lodging & meals	-	-	3,000,000
	Videography	250,000	-	250,000
	External Hard Drive	40,000	01	40,000
	Reporting & printings	150,000	-	150,000
	Post-mission follow-up	-	-	100,000
	Miscellaneous cost	-	-	3,897,600
	GRAND TOTAL			41,873,565

In Words: Forty One Million, Eight Hundred and Seventy Three Thousands, Five Hundred and Sixty Five Francs CFA

DONATIONS

No	DONOR	ITEMS
1	Addax Petroleum	1,130,000 Frs.
2	Mr. Tumban Manfred	500,000 Frs. CFA
3	Source du Pays S.A	156,000 Frs.
4	Mr. Tasong Paul	250,000 Frs. CFA
5	Mr. Ini Peter	300,000 Frs. CFA
6	Perps Ntche	100,000 Frs. CFA
7	Dr. & Mrs. Eben Emmanuel	Mission Site, + Catering
8	Mr. Awambeng Jude	50,000 Frs. CFA
9	Savoy Palmz Hotel	Lodging
10	Mary Tomdio	100,000 Frs. CFA
11	Mr. Nkeng Michael	250,000 Frs.
12	Garanti Express	1,050,000 Frs.
13	Cameroon Development Corporation	Mission site, + 60,000 Frs.
14	Mr. Nyenty Patrick	10,000 Frs. CFA
15	Mrs. Elango	5,000 Frs.
16	Mrs. Beryl Fofung	25,000 Frs. CFA
17	Semme Mineral Waters	7,500 Frs.
18	Neighbour Group	25,000 Frs. CFA
19	Mrs. Bibiana Taku	25,000 Frs. CFA

Currency Exchange Rate: \$1 = 500 Frs. CFA

CHALLENGES

Several challenges were registered in the course of the just ended exercise:

1. The timeline to the mobilization of resources was too short given that the Letter from the Ministry of Public Health arrived the host organizations late and on the verge of the mission being put off. However, based on the keen interest of both organizations in undertaking this exercise for the benefit of the population of Cameroon, material, financial and personnel sacrifices had to be made to embark on this mission.
2. The financial burden for the treatment of cancer 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 \$10 a month. This made the mission more financially heavy for the host organizations trying to cope with the growing rate of abnormal findings and especially cases of already diagnosed cancer that require specialized care / surgery.
3. There is only one (01) Urologist serving the entire South West Region and extending to the Littoral Region, a population of 3 million people. This slows down the cycle time to diagnose and follow up on referred cases.
4. There are only a handful of Oncologists in the country and all are located in the major cities of Douala and Yaoundé. This made patient referrals for follow up challenging.
5. The lack of funding prevents the sustained operation of a viable a battle front against the invasion of cancer in Cameroon
6. There were few screening and diagnostic equipment to facilitate complete diagnosis during the mission. For example mammography equipment are available only in the major cities of Douala and Yaoundé. A mobile screening system would have been beneficial.

OBSERVATIONS

The conduct of this mission enabled the host organizations to observe the following:

1. There is still a very high degree of ignorance about Cancer
2. There are more deaths as a result of cancer and related diseases than HIV/AIDS,
3. The absence of fully equipped health facilities with proximity to resource poor population segments is one factor in the increasing rate of the disease in Cameroon
4. There are few and most times no specialist services available in most health facilities
5. The cost of treatment for cancer is far higher than the standard annual earnings of most of the sufferers
6. People with HIV/AIDS are prone to certain cancers for example cervical
7. Most people know someone who has died of cancer or is living with cancer
8. All cases of abnormal cervical VIA screening diagnosed during this mission are in women between the ages of 26 and 35 and most are HIV positive.
9. There are good numbers of patients forgoing treatment for cancer because of the inability to pay for surgery, chemotherapy or radiotherapy.

RECOMMENDATIONS

- The Government of Cameroon through the National Cancer Control Committee of the Ministry of Public Health need to solicit international funding to strengthen the fight against Cancer and make it more effective.
- There is great need to secure and make available mammography machines at the different regional levels of the country.
- The government needs to engage fully in the training of health professionals in this area of health delivery so as to effectively cater for the needs of the growing cases.
- The availability of a mobile screening van will improve access to screening, and diagnosis that will impact the burden of cancer on the individual, the family and the community.
- The National Cancer Control Committee needs to build on the public-private partnership with the long term objective of reaching a greater segment of the population with the small available resources

- The National Cancer Control Committee should, in collaboration with other health providers like the Cameroon Baptist Convention Health Board, and other international organizations like the Michael and Mauritia Patcha Foundation, be actively involved in the fight against cancer in Cameroon by carrying out frequent field campaigns to sensitize, mobilize, screen, diagnose, treat and above all educate the public on this very challenging health sector.
- The government of Cameroon while anticipating international support and funding for the fight against cancer in Cameroon needs to emphasize the involvement and collaboration of the different corporate bodies in the country.
- The government and the international community like the WHO, UNICEF, African Development Bank, World Bank, USAID etc. need to join forces and engage the fight against cancer on the understanding that the only means to improve survival of cancer is by early detection and care. This emphasizes why The Patcha Foundation's CASEC program needs full media, government and international support in order to bring the public to awareness and action.

VOTE OF THANKS

We extend a thank you note to the Ministry of Public Health for the need they have identified to engage in the fight against cancer despite its very limited resources.

We equally share our gratitude with the Administrative community of the South West Region.

We want to further thank the men and women of goodwill who during the course of this mission sacrificed their own personal engagements to save lives in Cameroon.

We share our gratitude with the Medical Administrators of the different hospitals around the South West Region that accepted to host this event at their sites (Dr. Kinge Thompson and Mr. Tabi Tanyi of the Limbe Regional Hospital, Dr. Enow Orock George of Buea Regional Hospital, Mr. Njie Franklin, Mr. Nzegge Eric, Dr. Ekokobe Martin, and Dr. Ayuketang of the CDC Cottage Hospital in Tiko, and Dr. Mbamuluh of Meme Health District and Dr. Eben Emmanuel and Mrs. Eben Francisca of the St. Francis Polyclinic Kumba)

The support from the All Cameroonian Cultural and Development Foundation (ACCDF)

team led by Madam Justine Mbianda, and aided by Mr. Bonie Chungong was an added value to the mission. We appreciate further the participation of team members of the Safe Bridge of Help. The Volunteers and their tireless effort cannot be underpriced.

We equally thank the churches that at short notice helped to mobilize the population through their announcement slots during worship, and the media which was instrumental in generating wide publicity and interest.

Special thank you note goes to corporate partners like Savoy Palmz Hotel, ADDAX Petroleum, Supermont, Semme Mineral Waters, SNS Mobility, Chariot Group of Companies, AmeTrade, Garanti Express and African Premium Services, for their invaluable support to this cause.

PICTURE GALLERY



Screening Line

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Pharmacy Department



Surgical Team

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Dental Team

© Lifiedepicted Photography - USA



Mission Participant



Vital Sign Unit



Surgical Team

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