

REPORT

THE CASEC MEDICAL MISSION 2019

July 1 to July 4

Dschang/Santchou, West, Cameroon

CONDUCTED BY

THE MICHAEL & MAURITIA PATCHA FOUNDATION

Compiled by Ayukafangha Etando, Program Officer, Patcha Foundation Cameroon



Our Goal

To reduce the impact of cancer on African communities in diaspora and on the continent.

Our Mission

To eradicate diseases through an effective mobile health delivery system by improving the living conditions of people in disadvantaged communities through the creation, support and distribution of economic and knowledge-based development systems, agro-industrial methods for sustainable living, education, and life-improving infrastructure.

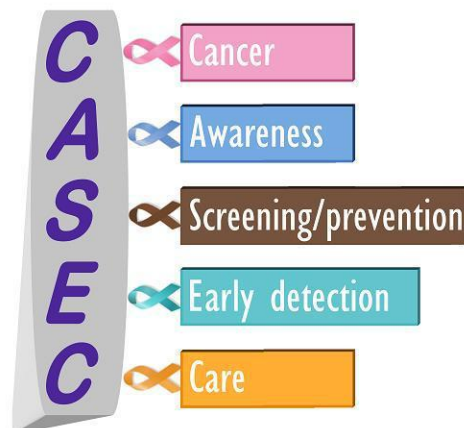
Our Values

We strive to promote healthy living, early and correct diagnosis, as well as access to and the efficient use of resources. We believe in confidentiality, value, integrity, excellence and dedication. We welcome the opportunity to earn your trust and deliver the best service we possibly can.

Our Vision

To become the pre-eminent health, educational, economic empowerment, and life-improving delivery system in impoverished regions of the world

Our Tool and What We Promote



Achieved through

Medical Missions | Conferences | eMed Network | Walk/Run to Fight and...WIN Events Workshops | Health Fairs | Social Media | eNewsletter | Follow Up Care

TOGETHER LET'S FIGHT CANCER AND...WIN!

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Acronyms to Note:

MMPF – **M**ichael & **M**auritia **P**atcha **F**oundation

MM19 – **M**edical **M**ission 2019

CASEC – **C**ancer **A**wareness, **S**creening & prevention, **E**arly detection and **C**are

eMed – The Patcha Foundation’s Telemedicine Platform

1.1 INTRODUCTION

The goal of the Michael & Mauritia Patcha Foundation (the Foundation) is to reduce the impact of cancer on African communities in diaspora and on the continent. One of the vehicles by which the Foundation achieves this goal is through the focused work to increase **Cancer Awareness, Screening/prevention, Early detection and Care (CASEC)**. The Foundation is committed to reducing the cancer burden in African communities in the diaspora and on the continent. In addition to the many activities planned throughout the year, the Foundation organizes medical missions with a focus to increase healthcare access to the underserved, and underprivileged. In order to accomplish this, the Foundation pulls together resources from a pool of highly skilled partners, local and international medical and non-medical volunteers, and financial and in-kind donors.

This is a vital undertaking because cancer is devastating African communities. The Patcha Foundation is cognizant of the numerous health challenges facing low and middle-income countries today. For example, in Cameroon where there are very limited cancer diagnostic or treatment resources or funding, there is a high percentage of undiagnosed and therefore untreated cases and most people who die of cancer are unaware of the disease. Many Cameroonians are unlikely to make preventative health screenings a priority due to financial constraints. Those who eventually seek medical intervention, do so at an advanced stage of the disease when prognosis is poor. The public must be educated about the importance of early diagnosis and treatment to cancer survival.

Although the Foundation's primary focus is CASEC (Cancer Awareness, Screening/prevention, Early Detection, and Care), through the medical mission initiative a comprehensive range of healthcare services are offered to promote access that participants would otherwise not have.

The 2019 medical mission is particularly important and critical since the Patcha Foundation and partners focused on those persons rendered internally displaced by socio-political conflict in the North West/South West regions of Cameroon, and living in several towns in the West region.

The 2019 medical mission to the IDPs is the sixth that the Foundation has organized in Cameroon. So far in Cameroon over 22,400 people have benefitted from the FREE medical services provided under this program, including cancer screening & treatment, vital health screening and consultation, surgery, cardiology, Ear-Nose-Throat (ENT), ophthalmology and dental services, and medications.

1.2 2019 MISSION GOALS

The 2019 CASEC Medical Mission goals included the following:

- ✓ Free cancer screening of the breast, cervix, prostate, oral
- ✓ Free treatment of precancerous lesions of the cervix and referrals for more advanced cases
- ✓ Free OB/GYN consultations and management of women's health issues
- ✓ Free surgeries
- ✓ General health consultations
- ✓ Free screening for and management of diabetes and high blood pressure
- ✓ Free pediatric consultations and screening for and management of pediatric malnutrition with referral of severe cases

- ✓ Free Ear-Nose-Throat screenings
- ✓ Free dental services including oral cancer screening, cleaning, tooth extractions, fillings, root canals and treatment of other oral problems diagnosed
- ✓ Free cardiology consultations, EKG and echography, management of heart conditions and referrals
- ✓ Free eye exams, management of some eye diseases, distribution of reading glasses and UV protected sunglasses
- ✓ Free screening for HIV, Hepatitis B and C, Syphilis, Typhoid, Rota Virus, malaria, PSA, Bleeding/Clotting Times and urinalysis
- ✓ Free medications
- ✓ Fully integrate MMPF eMed telemedicine platform into mission activities
- ✓ Educate the public and create awareness on critical health issues, especially cancer, HIV/AIDS, malnutrition, diabetes, hypertension, trachoma, pterygium
- ✓ Training of medical and non-medical workers/volunteers
- ✓ Other health services as determined appropriate by our medical providers

1.3 MISSION SITE AND RATIONALE

This year's medical mission took place in Dschang in the West Region of Cameroon, at the FIANGEP Clinic. Dschang is the capital of the Menoua Division that is composed of six sub-Divisions (Santchou, Dschang, Fongo-Tongo, Nkong-Ni, Penka Michel and Fokoue). The division spans from Santchou at an altitude of 600m through Dschang situated at a high elevation of over 1400m. Dschang has a relatively cool temperature and attractive scenery. To the south by the cliff of the town of Dschang is Santchou, located on a plain and part of the region known as the Plain des Mbo. Dschang is known for the spectacular Chutes d'Ekoum, an 80 metre (260 ft) high waterfall and the Santchou Faunal Reserve that lies to the east of the Haut Nkam river.

The choice of Dschang and Santchou as mission site was motivated by the numerous reports revealing that over 41,000 persons had taken refuge in this region as a result of the conflict in the North West and South West Regions of Cameroon. The West Region shares boundaries with these conflict regions, making it accessible for those fleeing the conflict. The Menoua Division shares boundaries with the Lebialem and Kupe Manegouba Divisions in the South West Region, that are severely affected by the ongoing crises. Since March 2018, as violence escalated in the conflict regions, a good number of affected populations that were displaced took refuge in Menoua Division.

Fountain of Justice Cameroon (FJC), a social activism NGO in Cameroon, is an organization at the grassroots level that took an interest in the plight of these Internally Displaced Persons (IDPs) to make available a broad database of a great proportion of the IDPs in the Menoua Division. After due diligence following the reports by FJC, the Patcha Foundation (MMPF) found that the IDPs were in need of the most basic health attention considering the financial and social constraints they found themselves in. MMPF worked with FJC to reach out to the IDPs and to conduct the 2019 medical mission.



Extreme lack of health, personal, and social resources of the IDPs, and the large population of the IDPs made this mission paramount. Based on the FJC information and our understanding, the scope of the problem was multifaceted:

- A. Life sustaining issues such as feeding and shelter (overcrowded accommodations).
- B. Health problems were going crescendo (within a year of acute influx of IDPs the mortality rate was increasing on a monthly base); from all indications poverty leading to high cost of medical treatment was prohibiting many to promptly ask for medical attention.
- C. Schools are expensive and opportunist schools created because of the crisis were largely not capable of delivering acceptable standards of education, and IDP school age children are simply out of school.
- D. Increasing administrative problems as many cannot obtain identification papers and are subject to police harassment.
- E. Other social problems such as alcoholism and parents abandoning their parental duties are growing.

(Reference: [FJC](#), Email: fountain201justice@gmail.com Tel: Tel (+237) 697 62 1 780

The medical mission was therefore an opportunity to provide much needed comprehensive health care to the IDPs of Dschang/Santchou and neighboring regions.

IDPs came from all over Cameroon including Menoua, Melong (Moungo division), Lebialem, Kupe, Manegouba, Meme, Fako, Ndian, Mezam, Momo, Ngobetunja and Haut-Nkam Divisions.

1.4 2019 MEDICAL MISSION SERVICES

This 5-day mission was the 6th CASEC Medical Mission to Cameroon. On days 1 and 5 volunteers travelled to/from the site. Day 1 was also a day to set up, kick off the mission and provide volunteer orientation. On days 2, 3 and 4 medical mission services were provided. On each of the service days, volunteers arrived the mission site at 8am to find large crowds that had been waiting expectantly for hours to be seen. Although day 3 had been planned for services in Santchou, those patients were bussed instead to the Fiangep Clinic because logistically quite a bit of time would have been lost to breakdown at Fiangep Clinic and set up at Santchou. Remaining at the Fiangep Clinic made it possible for all registered IDPs to be seen.

Medical services offered were as follows:

- A. General consultations were performed by volunteer primary care physicians from the USA and Cameroon, headed by Dr. Bih Irene Wakam. From Cameroon, general consultation services were performed by:
 - the Patcha Foundation “Volunteer Medical Corps (VMC)” team, and
 - Health Education Research organisation (HERO Cameroon)
- B. Pediatric consultations were performed by VMC pediatricians, headed by Dr. Bougoue Takou Horline and Dr. Ebenye Veronica Njie.
- C. Breast (Clinical Breast Exam) and cervical cancer screening (Visual Inspection with Acetic Acid), and biopsy were performed by the Cameroon Baptist Convention, Women Health Program (CBC-WHP).
- D. Gynecological services were performed by physicians of the VMC and by CBC-WHP. The lead gynecologist was Dr. Binyet Annette Olivia Manfredy.
- E. Prostate screening (DRE) was performed by physicians of the VMC.
- F. Cardiology consultation and screening were performed by the Cardiac team of the Cardiac Centre at St. Elizabeth Hospital, Shisong, and led by cardiologist Dr. Cabral Tantchou.
- G. Pediatric surgery was done by Dr. Theophile Kamgoup and the surgical team of the Protestant Hospital of Ndogbati Cite Sic, Douala. Members of the VMC joined this surgery team as part of the Foundation’s skill-related training initiative of the medical mission.
- H. Dr. Georges Bwelle and the ASCOVIME team handled adult surgery. Members of the VMC joined this surgery team as part of the Foundation’s skill-related training initiative of the medical mission.
- I. Dental services were provided by Dr. Nseke Cecile Florence of ASCOVIME.
- J. Ophthalmology services were provided by Prevent Blindness International (PBI) led by Dr. Fritz Tambi and Mr. Emmanuel Ekumah.

- K. Ear-Nose-Throat screening was performed and led by ENT surgeon Dr. Montio Morgan of the Cameroon Doctors in UK (CamDoc-Uk). She was joined by members of VMC.
- L. Family medicine consultation was performed and led by ENT surgeon Dr. Nkuayep Mpafe of the Cameroon Doctors in UK (CamDoc-Uk).
- M. Mobile Medical Care System (MOMECS) led by Mr. Tadoum Talla Christian provided laboratory services including Malaria Screening (RDTs), HIV Screening using Determine & 1st response, Hepatitis B Surface Antigen, Hepatitis C Antigen, Haemoglobin concentration checks, Syphilis, Typhoid, Tuberculosis [TB (IgG, IgM)], Prostate Specific Antigen (PSA), H-Pylori, hCG (pregnancy), Albumin/Sugar Urine analysis, Complete physical and biochemical urinalysis, blood clotting and bleeding times.
- N. The Pharmacy team comprised of pharmacists and physicians from the USA and Cameroon, with support staff from Cameroon. Dr. Rosalie Ngachie Makoudjou was the head of the team.
- O. Mme Therese Fogang Temfack, MMPF nutritionist, provided nutrition and lifestyle counseling. Practitioners and Pediatricians also provided nutrition counseling.
- P. Diabetes and hypertension counseling was provided by Nutritionist, Mme Temfack, and the General practitioners.
- Q. MMPF e-Med Network, the telemedicine platform that connects health practitioners across various ICT platforms, allowing them to share medical knowledge/information and clinical management of challenging cases, as well as provide mentorship to new medical school graduates in Cameroon, was led by Pajoe Bonie Chungong.
- R. General registration and vital signs were under the supervision of Mme Mary Tomdio and Mr. Ebai Davis.
- S. Participant exit consultations were performed by physicians of the VMC, led by Dr. Bih Irene Wakam.
- T. Training of nurses in cervical cancer screening using VIA/VILI was provided by physicians of the VMC and by CBC-WHP.

1.5 MISSION IMPACT ON THE COMMUNITY

- A. Over 2400 disenfranchised were served in the 3 work days of the mission. This brings the total number that have been served during the Patcha Foundation CASEC Medical Missions to over 22,400. The community benefited from the FREE comprehensive services of the mission.
- B. Over \$365,000 worth of drugs and medical supplies targeted to meet particular health needs of the community were distributed.
- C. The educational workshops by MMPF nutritionist Mme Temfack Fogang Therese were well appreciated by the participants, and included discussion on nutrition and healthy lifestyle choices, management of chronic diseases like diabetes, hypertension and cancer risk reduction through diet.
- D. The cancer sessions held by the MMPF team served to increase awareness, and stressed the importance of self-examination, risk reduction behavior and early diagnosis.

- E. Broadening the impact of the mission: the partners and volunteers from every sphere of Cameroon returned to their respective communities, some with prescription or over the counter drugs, but all armed with the Patcha Foundation CASEC message. This creates a ripple effect, broadens the reach of the CASEC message beyond the medical mission, and are extensions of the mission's impact.
- F. Technology and innovation: MMPF eMed Telemedicine platform was fully integrated into the medical mission. The MMPF eMed service continues post mission, providing on-going support to local physicians. With a network of 120 practitioners across 4 continents and 5 countries, providing diagnostic support of difficult cases, this is a progressive platform for future missions.
- G. Medical mission volunteers form a unique bond that fosters continued collaboration, personal support, friendship, and an amazing family-like relationship.
- H. Training of local healthcare workers is an invaluable benefit of each medical mission and the Foundation is dedicated to supporting the trainees impact post-mission.
- I. Post mission care: As is typical of each mission, there are cases that require follow up care, including cancer diagnosis and treatment, and surgery. The Foundation advocates for care for these patients.

2.1 MISSION STATISTICS

Collection and dissemination of statistical data remain an integral part of our medical mission.

The following reported data reflects an error margin of 3%, mostly due to human factors such as omission in capturing patient data in the shuffle of crowd control. This year, some of the volunteers responsible for recording data were new, working under non-routine conditions. The data recording process improved as the registration and the workflow process progressed. The error margin reported is based on estimated numbers projected to have been consulted compared to the numbers recorded in the registration books.

2.1.1 GENERAL REGISTRATION

		Day 01	Day 02	Day 03	total
1	Children (Under 18 Years)	126	223	210	559
2	Women	349	484	353	1186
3	Men	290	218	209	717
	Total	765	925	772	2462
	Total Registration	2462 Patients registered for services			

REGISTRATION REMARKS

The MMPF pool of volunteers arrived the mission site one day before the mission. IDP patient pre-registration already begun weeks before the mission using the IDP database provided by Dr. Folefack Ernest, President of Fountain of Justice.

IDP patients were contacted, uniquely identified, pre-registered and given a unique mission identifier prior to the medical mission. This was a collaborative effort between MMPF and the Fountain of Justice NGO. This was to ensure that the intended recipients of the 2019 medical mission would be the true beneficiaries of the mission services. A few participants without the proper IDP identification information, about 5% of the total registered, were also served.



The Registration Unit, headed by Mme Mary Tomdio, faced a lot of challenges due to language barrier, patients without identity cards, or patients without complete information on their ID cards, participants with only one name and no last name, patients who did not have birth information on their ID cards and did not know their age, and at times, difficulties with crowd control.

Although crowd control continues to be a problem during medical missions, for this mission, the gated entry into the Fiangep Clinic meant that crowd control was significantly managed right at entry, which made registration for services a bit easier than in past missions.

For future missions, it would be good to have calculators for each volunteer that is recording to quickly figure out patient ages without having to do so manually.

2.1.2 VITAL SIGNS

S/N		Women	Men	Children	Total
1	Total Screened	1109	514	05	1628
2	Hypertensive			-	618
3	Diabetic			-	95

VITAL SIGNS REMARKS

About 15% of those with hypertension exhibited stage 1 hypertension. Stage 1 hypertension is a systolic pressure ranging from 140 to 159 mm Hg or a diastolic pressure ranging from 90 to 99 mm Hg. Stage 2 hypertension is a systolic pressure of 160 mm Hg or higher or a diastolic pressure of 100 mm Hg or higher.



Considering the cross section of patients and the fact that some had been waiting in very long lines for hours, blood sugar levels over 180 mg/dL is reported in the table as high fasting. Some patients with high sugar levels reported that they had eaten a light meal several hours before while some had not. The physician at Triage discussed results further with participants and counseled them on benefits of lowering and maintaining low blood sugar and blood pressure.

MMPF nutritionist, Mme Temfack Therese also counseled patients on the importance of good nutrition as part of a healthy lifestyle.

2.1.3 FAMILY MEDICINE – PRIMARY CARE CONSULTATIONS

		Day 01	Day 02	Day 03	Total
1	Children (Under 18 Years)	--	--	--	--
2	Women	280	248	369	897
3	Men	165	122	170	457
	Total	445	370	539	354
	Total Registration	1354 Patients consulted			

PRIMARY CARE REMARKS



A medical team of 10 General Practitioners and 7 non-medical volunteers headed by Dr. Bih Wakam, served 1354 people. Women were more represented than men. 30-60-year-old patients were the most consulted.

The most recurrent diseases presented were: disco-vertebral pathologies, gastrointestinal ulcers duodenal, high blood pressure, malaria, diabetes. Special pathologies presented that were the subject of multidisciplinary discussions are: the Intra-Cranial Expansive Process (brain tumor), congenital malformation of the type of hermaphroditism (presence of both sexes), Burkitt lymphoma, Parkinson, Alzheimer's disease, multiple sclerosis, left unilateral gynecomastia.

2.1.4 FAMILY MEDICINE – PEDIATRIC CONSULTATIONS

Children (Under 18 Years)			Day 01		Day 02		Day 03		Total
2	Females (F)		77		79		62		224
3	Males (M)		52		62		67		181
	Total		129		141		136		406
			406 Patients consulted						
	PATHOLOGIES								
	Pathology Type	Age Group	Day 01		Day 02		Day 03		
			F	M	F	M	F	M	
4	Medical pathologies	4 Months to 16Yrs	70	50	80	59	59	57	375
5	Surgical pathologies		05	09	04	08	02	03	31
	TOTAL CONSULTED								406

PEDIATRIC REMARKS

The Pediatric (PED) Unit was set up in the same building where Family Consultations took place at the Fiangep Clinic. There were three days of consultations. Clinical management started daily immediately after breakfast and ended after consultation of the last patient or when visibility became impossible at dusk. The pediatric team was made up of 2 doctors, Dr. Bougoue Takou and Dr. Veronica, and two nurses who assisted.

Over 406 children were consulted. The main medical pathologies observed include: malaria, intestinal parasites, upper respiratory tract infections (rhinitis, rhino bronchitis and bronchitis), gastroenteritis, skin infections (fungal, bacteria and parasitic) while the main surgical pathologies were: hernias (inguinoscrotal and umbilical), cryptorchidism, Lower limb deformities (genu valgum and varus).

Many pediatric patients received mebendazole for deworming even when no particular health issue was detected. Children known to have sickle cell anemia with vaso-occlusive crisis also received up to a 6 month supply of folic acid, and counseling on lifestyle changes was provided to the families to help them cope better with the condition.

Pediatric patients for surgery were prepped and all underwent free surgery provided by Dr. Kamgueb and his team.



2.1.5 BREAST, CERVICAL, PROSTATE SCREENINGS

S/N	ITEM	Screened	Normal	Abnormal	Biopsied	Treated	Referred
1	Cervical Cancer	397	381	16	-	15	
2	Breast Cancer			03	-	-	03
3	Prostate Cancer	07	07	-	-	-	-
4	Sexually Transmitted Infections (STI)	397	319	21	-	21	0
	Positive for Precancer					16	
	Treated with Thermal Coagulation					15	
	Referred for LEEP					03	
	Diagnosed with breast Masses					02	
	Referred for Mammography					03	
	Diagnosed and treated for reproductive tract infections					21	
	Polypectomy done					02	
	Biopsy					01	

BREAST, CERVICAL, PROSTATE SCREENING REMARKS:

1. Expectations:

A week before the mission, a team member of CBCHS-WHP joined MMPF to visit the mission sites to inspect, confirm and pre-plan the flow, process and required tools to meet standard requirements. Medical Mission Minimum expectations:

- Screen 500 women for breast and cervical cancer
- Screen 300 men for prostate cancer
- Information, Education and Communication (IEC)
- Comprehensive Cancer Control (CCC)

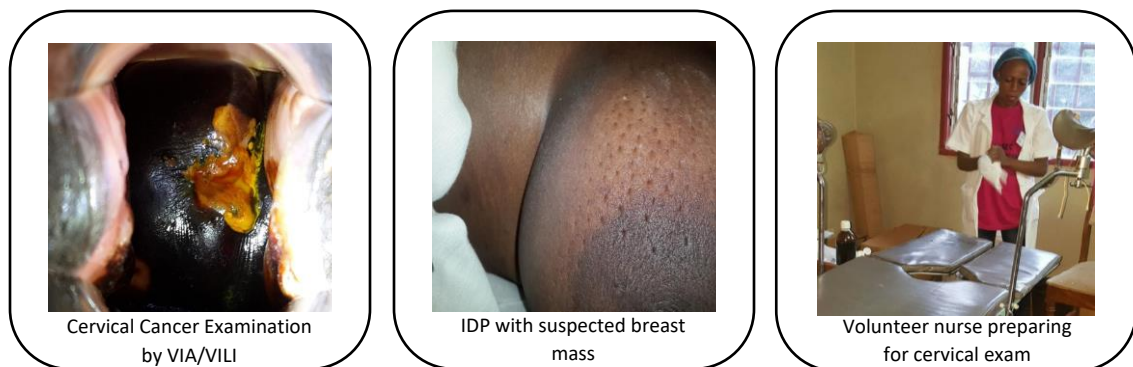
2. Prostate Cancer:

Prostate cancer screening was provided by physicians from the Volunteer Medical Corps (VMC), when necessitated through general consultation. Men consulted generally did not want prostate checks, so only the few that had complaints had prostate screenings with no abnormalities found.

3. Breast and Cervical Cancer:

A team of 7 volunteers made up the cancer screening teams. Cameroon Baptist Convention Health Services – Women’s Health Program (CBCHS-WHP) performed the mission’s free cervical, breast and STI screening and treatment, with support from 2 trained MMPF nurses. Gynecological consultations were provided by physicians from the Volunteer Medical Corps (VMC). The head gynecologist was Dr. Binyet.

The gynecologist and the screening team starting screening after breakfast each day for the 3 days of the medical mission. The method for cervical cancer screening consisted of applying acetic acid and lugol and interpreting the changes. This is known as VIA/VILI method. Breast cancer screening involved clinical breast examination.



Of the 400 patients screened, a few abnormalities were detected including 2 breast lumps. 3 patients were referred for mammography.

Using clinical features for sexually transmitted infections, the abnormalities found were treated with appropriate antibiotics.

2.1.6 CARDIOLOGY

		Day 1 June 28	Day 2 June 29	Day 3 June 30	Total
1	Nº of Patients	69	117	73	259
2	Nº of Males	31	48	31	110
3	Nº of Females	37	69	42	148
4	Nº of Children	01	00	00	00
5	Nº of Adults	34	117	40	258
8	Age Range of Patients	07 years to 80 years old			

CARDIOLOGY REMARKS:

The Registration, Vital signs and General Consultation Units referred patients to the Cardiology Unit for further screening.

During the 2019 CASEC Medical Mission, the Cardiology team led by Dr. Cabral, consulted 259 patients. Most of them were diagnosed with hypertension, palpitation, diabetes, and chest pain.

Common pathologies and Frequencies

PATHOLOGY	FREQUENCY
Hypertension (HTN)	85
Congestive heart failure (CHF)	06
HTN + CHF	05
Palpitation	11
Palpitation + HTN	04
Chest Pain	98
Type 2 Diabetes mellitus (DM2)	03
DM2 + HTN	13
Post Mitral valve replacement (MVR)	03
(M - Mitral valve replacement (MVR)	02
DM2 + Palpitation + HTN	01
Cardiovascular Accident (CVA)	01
Gastritis	02
Obesity	01
Arterial Fibrillation	01
Pulmonary Hypertension (PHTN)	01

2.1.7 DENTAL CONSULTATIONS

		Women	Men	Girls<18 yrs	Boys<18 yrs	Total
1	Consultations	81	61	7	11	108

DENTAL REMARKS:

The Dental Unit from ASCOVIME led by Dr. Nseke Florence came prepared with all the equipment necessary. Foundation volunteers provided support as needed. Some patients underwent extractions only, some had fillings only, and others had extractions and fillings, some dental curettages and some Cleanings.

Intraoral Examinations

caries
missing teeth
periodontitis

Treatments Provided

26 dental extractions
5 fillings
30 cleaning
9 curettage



- ❖ In general, there was a high incidence of periodontal disease
- ❖ Majority of the patients refused to receive cure but ash only drug to go back.
- ❖ Lack of knowledge in dental hygiene was major concern
- ❖ Lack of finance to afford a dental consultation was the cry of many of the patients

2.1.8 ENT (Ear, Nose & Throat) CONSULTATIONS

		Children	Adults	Total
1	Consultations	11 (21%)	42 (79%)	53

ENT REMARKS:

Dr. Montio Kaba Morgan led this team. The IDPs consulted for ENT were referred mainly by the General Practitioners and Pediatricians. They were in relatively good general health. Most of the clinical presentations were for chronic complaints such as age related hearing loss and ear wax impaction. There was no set up within the context of the mission to manage these.

Majority of patients came with hearing loss of varying durations. It would certainly have been more helpful to have access to audiology (hearing tests) and ear syringing services. Out of these, very few were children and majority were adults with age related hearing loss rather than chronic infectious ear disease. About a third of patients with ear complaints had no evidence of ear disease on otoscopy and upper endoscopy (using a nasal endoscope that I brought along on loan from a colleague) showed no pathology. These patients were suffering from Temporomandibular joint dysfunction which is classically seen in patients who are highly stressed and end up with ear pain from clenching their jaw.



One patient had classical symptoms of Benign positional paroxysmal vertigo. She was treated successfully by Dr. Morgan, performing an Epley maneuver on her.

One gentleman presented with hoarseness. Considering that he was a heavy smoker and that there looked to be a suspicious lesion on nasal endoscopy, he was referred. Thankfully, further examination and biopsy showed this lesion was not cancerous.

Challenges: There had not been any triage of ENT patients at the start of the mission, hence it took a long time for the ENT team to start to consult. Furthermore, the logistics of seeing patients in a large room with people milling around, and no privacy was a challenge.

Education: Dr. Morgan worked with a medical student and junior doctors who by the end of the mission, were able to carry out otoscopy and recognize a good few landmarks in the ear.

Recommendation: Dr. Morgan recommends a more tailored approach to the ENT provision at the next mission, with collaboration with a volunteer audiologist and physicians.

2.1.9 OPHTHALMOLOGY

		Women	Men	Total
1	Consultations	550 (66%)	284 (34%)	834

NOTE: The number of children seen was very small, estimated at about 5% only.



OPHTHALMOLOGY REMARKS - Principal Pathologies Encountered

1. Refractive Errors

These were principally cases of Presbyopia, with very few cases of Myopia and Hypermetropia. This was understandable giving that mostly the aged were consulted. There was a great supply of reading glasses which had to be distributed to those consulted by the two Prevent Blindness International (PBI) units responsible for the medical mission's Eye Care unit.

2. Glaucoma

Chronic Simple Glaucoma was a preponderant presentation diagnosed by the Ophthalmologist by funduscopy and it was very often confirmed with the patient when questioned.

3. Cataracts

The incidence of cataracts was surprisingly low when compared to glaucoma in this group of patients. This may be because of previous eye care and cataract surgery campaigns that had been conducted by International NGOs.

4. Conjunctivitis

Very few people presented with conjunctivitis among which were children and adolescents suffering from allergic or atopic conjunctivitis.

5. Dry Eye Syndrome

The typical presentation with gritty, burning eyes was absent in this cold environment. The mission had a quantum of bottles of Artificial Tears that was distributed to patients as needed.

6. Age related Macular Degeneration (AMD)

The few patients with AMD were among the very old women (those above 80 years old) who curiously appeared younger physically. The most that could be done for them was to supply multivitamin tablets for a month.

7. Other Ocular Pathology

The most striking were:

- ✓ Bilateral Optic Atrophy (hereditary) found in 2 blind males aged 17 and 38 yrs. The 38 year old is a carpenter who is still maintaining some degree of vision (VA: 1/10 in each eye) and who was referred to the local Centre for the Blind victims of Low Vision and also given Vitamin B Complex tablets for one month.
- ✓ Corneal Dystrophy: one case of bilateral corneal dystrophy was seen. It was a 30 year old male school teacher with Visual Acuity 2/10 in either eye. He was given multivitamin tablets and Artificial Tears.
- ✓ Commotio retinae of 3 years duration in the right eye of a 26 year old male footballer with only 'Hand Movement Vision' in that eye but excellent Vision in the fellow (left) eye (VA: 10/10).
- ✓ Retinal Detachment: One case of a 44 year old female with a 5 year history of retinal detachment in the left eye. She got a pair of reading glasses (+1.75) for her associated presbyopia, multivitamins and Artificial tears.
- ✓ Orbital Lymphoma: An 80 year old was seen with an 8-year history of left orbital soft tissue tumefaction that looked like lymphoma (probably Burkitt's). She was referred to see an Oncologist and was given Artificial tears and multivitamins.

2.1.10 LABORATORY SCREENINGS - MALARIA, HIV, HEPATITIS, PSA, OTHERS

S/N	ITEM	Total	Screened				Positive			
			Adults		Children/Teens		(Reactive Cases)			
			Females	Males	Girls	Boys	Females	Males	Girls	Boys
1	Malaria	419	175	111	81	52	13	23	30	17
2	HIV	174	101	60	07	05	01	01	00	00
3	Hepatitis B	68	27	30	06	05	03	04	00	00
4	Hepatitis C	51	21	24	02	04	00	01	00	00
5	Syphilis	66	26	34	03	03	02	00	00	00
6	Prostrate (PSA)									
9	(HcG) Pregnancy Test	06	06	00	00	00	02	00	00	
10	Albumin Sugar Urine analysis	298	151	96	35	20	--	--	--	--
11	Bleeding/clotting time	09								
12	Hemoglobin (Hb) – Anemia	201	Severe anemia (Hb <2g/gl)		Anemic (Hb <5g/gl)		Slight anemia (Hb <7g/gl)		Normal	
			-		21		36		144	

LABORATORY REMARKS

Over 830 patients were screened for one or more Communicable, Non-Communicable and/or Tropical Neglected Diseases and others. Among some of the lab tests were Malaria Screening (RDTs), HIV Screening using determine & 1st response, Hepatitis B Surface Antigen (ABsAg), Hepatitis C Antigen (HCV), Hemoglobin concentration checks, Syphilis, TB (IgG, IgM), Prostate Specific Antigen (PSA), hCG, Albumin/Sugar Urine analysis, Complete Physical and Biochemical Urinalysis, Blood Clotting and Bleeding Times.



1. **Malaria**

83 of 419 people screened for malaria showed positive, 47 of them being children, and 36 adults. All positive cases were prescribed and provided antimalarial medication.

2. **HIV**

Of the 174 persons screened for HIV, 2 were positive. The HIV results were further confirmed with second line screening using 1st Response (HIV1/2), which revealed positive for HIV-1. All positive cases were logged into referral forms for 3rd line screening and confirmatory HIV analysis by local health facility. Demographic information was retained for follow-up purposes.

3. **HBsAg**

68 persons were screened for Hepatitis B surface antigen. 7 showed positive and were all referred to the nearest health facility. All positive cases were conveyed to the physician for follow-up/management. Negative cases were advised to get vaccinated. Demographic information was retained for follow-up purposes.

4. **Hepatitis C (HCV)**

Just a single case of 51 screened was detected positive for Hepatitis C and referred to the nearest health facility.

5. **Syphilis**

Of the 66 persons screened for Syphilis, 2 showed positive using the test strips. Management was initiated at mission sight using antibiotics.

6. **PSA**

Prostate Cancer screening using PSA (Prostate Specific Antigen) Test card was done for 5 men over the age of 45 years. None tested positive.

7. **hCG**

2 cases tested positive for Human Chorionic Gonadotropin (hCG) – Pregnancy Test. A total of six tests were performed.

8. **Bleeding/Clotting Time**

9 surgical cases required bleeding/clotting time before their procedures. Results were normal.

9. **Hemoglobin (Hb)**

201 persons were tested. No case of severe anemia (hemoglobin <2g/dl) was diagnosed during the mission. 21 patients were diagnosed to be anemic with hemoglobin concentration < 5g/dl. Slight anemia status was also observed among 36 other participants having hemoglobin concentration <7g/dl.

Laboratory assessment:

- ✓ There was also a huge demand for laboratory exams this year, which surpassed the limited supplies available during the mission.
- ✓ There is a need to introduce a broader spectrum of laboratory assays especially clinical biochemistry (Calcium, Sodium, Cholesterol etc.) as well as assays requiring microscopy.
- ✓ The possibility to screen and diagnose a reasonable number of patients during a medical mission would generate data that could be of great significance to the public health sector as well as the Patcha Foundation.

2.1.11 SURGICAL UNIT

A total of 48 surgeries were performed by the two surgical teams led by Pediatric Surgeon Dr. Theophile Kamguez of the Protestant Hospital Ndogbati, Cite Cic, Douala, and Visceral Surgeon, Yaoundé Central hospital, Dr. Georges Bwelle of ASCOVIME. While the surgical team from the Protestant Hospital performed mostly pediatric surgeries, the surgical team of ASCOVIME performed mostly adult surgeries.

A. REPORT BY DR. BWELLE'S TEAM:

The Surgical team of ASCOVIME arrived at the mission site on the 2nd day of the mission and performed surgeries from that afternoon, through the night to the third day.

The ASCOVIME surgical team confirmed that of the more than 30 patients needing surgery, successful surgery was performed on 17 adult patients with the majority being females. There were 10 females and 7 males. The procedure and surgery materials needed to perform surgery on some of the remainder of patients required a more equipped surgical room than was available for the mission. These patients were advised and referred to consider performing surgery in a larger facility.

Majority of the surgeries performed were hernia cases comprising left, bilateral, right, umbilical and inguino-scrotal hernias. Surgery was also performed for Lipomas, Cysts, and few cases of undescended testis. Post-operative pain control was managed on site using Paracetamol and Trabar (tramadol) injections meanwhile oral antibiotics and pain killers were issued after recovery for home use.

A significant observation made was that most of the cases were very chronic, and a significant number of patients explained that owing to their social displacements, they were financially crippled and had not been able to seek medical help which would require payment.

B. REPORT BY PEDIATRIC SURGERY TEAM DR. KAMGUEP'S TEAM:

The surgical team from the Protestant Hospital Ndogbati, Cite Sic, led by pediatric surgeon Dr. Theophile Kamguep, included Dr. Tchoutang Lucas, nurse anesthetist Betty Nana and Lydie, Dr. Ngatchi and Baudelaire Njanteng.

In total 31 patients were operated on, 2 of the cases were of 5 and 7 year old boys with undescended testes and umbilical hernia respectively. The surgeries were successful. Antibiotic prophylaxis was achieved with ceftriaxone, then premedication with atropine and diazepam. Fentanyl was administered for central analgesia, ketamine and propofol as hypnotics, and norcuron as curare. Curarisation was necessary for the umbilical hernia operation so as to permit the surgeon reposition the intestines in the abdominal cavity and close the abnormal opening without perforating the intestines. But curare was not necessary for the correction of the undescended testes and so it was not used.



Endotracheal intubation and oxygenotherapy was utilized on the umbilical hernia case so as to best protect the airway and ensure release of gas in the intestines for better manipulation by the surgeon.



Albuterol spray and dexamethasone helped to counteract laryngeal and bronchial spasms which occurred during the extubation phase of the umbilical hernia case. Positive pressure ventilation was also applied.

Paracetamol and Trabar (tramadol) injections were administered for immediate post-operative pain control. Oral antibiotics and pain killers were issued after recovery for home use.

Venous access was put in place and fasting compensation ensured with the use of Ringer's Lactate before the start of anesthesia and surgery, and glucose 5 present on recovery.

Patients' guardians/parents were counselled for post-operative requirements especially the necessity for follow-up and wound dressing.



The absence of halogenated anesthetics (e.g. halothane and isoflurane) meant that anesthesia could be maintained only through venous access thus increasing the post-op recovery time.

2.1.12 PHARMACY

Over 7004 prescription orders were filled by the Pharmacy Department. Each prescription was double-checked for accuracy and counselling was provided to every recipient. The Pharmacy Department was led by Dr. Rosalie Ngachie, working with the medical mission's volunteer pharmacy team. The volunteer pharmacy team includes volunteers that have worked as pharmacy assistants in multiple missions, pharmacy students, pharmacy techs, physicians, and pharmacists.

- ✓ All registered participants received free medication, and all received either Albendazole or Mebendazole for deworming.
- ✓ Pharmaceuticals dispensed during this mission included prescription oral and topical analgesics, anti-infectives and anti-inflammatory drugs; over the counter (OTC) cough, cold, pain, fungal and anti-inflammatory medications; Albendazole, Mebendazole, hydration packs, vitamins supplements and the high calorie food supplement RealDiet dispensed to malnourished children. Those with chronic diseases received a minimum of 3 month's supply of medication. High demand items included medications for diabetes, hypertension and cardiac conditions, Antibiotics, calcium supplements, Aspirin 81mg, Calcium, Folic Acid, Thiamine and other vitamin supplements; topical and oral anti-infective, anthelmintics and analgesics and RealDiet.
- ✓ Some departments like the pediatric and ophthalmology dispensed medications from their respective units.
 - Eye drops to treat various eye ailments like glaucoma, infections, dry eyes, as well as oral Azithromycin for trachoma treatment and prophylaxis were dispensed by the ophthalmology team.
 - Pediatric medications (oral antibiotic suspensions, analgesic syrups, chewable and liquid vitamins supplements and some topical drugs were dispensed by the pediatricians.
 - Albendazole and Mebendazole was also dispensed by the pediatric team for deworming.
- ✓ Injectable antibiotics, oral antibiotics and oral analgesics were dispensed by the surgical team, pre- and post-surgery.
- ✓ OTC medications dispensed to unregistered participants are not included in pharmacy numbers.
- ✓ Exit counselling was done by Dr. Rosalie Ngachie, Dr. Bih Wakam and Dr. Xavier Tchetya.



Pharmacy Report on Use of Mebendazole:

Per World Health Organization guidelines all participants 12 months and older received the recommended single dose of mebendazole 500mg and albendazole 400mg for deworming. This is important because of the high incidence of intestinal worms due to the poor sanitary conditions in the area.

2.1.13 MMPF eMed NETWORK

The MMPF eMed platform was once again, greatly leveraged for this year's mission. While there were not as many remote video consults during the 2019 mission as in past missions, eMed was invaluable to both onsite and remote communications amongst mission participants and specialties.

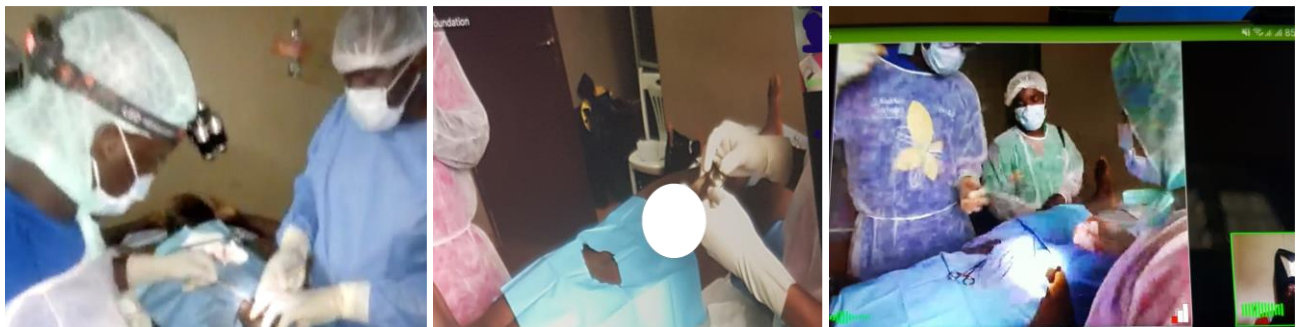
A. A SAMPLE eMed CASE:

The case of 17 year old Dylan stands out as an example of the power of the MMPF eMed program. Dylan came in for consultation when the ENT expert, Dr. Morgan, was already on her way to the Airport to fly out of the Country. Through the eMed platform with Dr. Amta onsite, Dr. Morgan was able to do a remote video consultation with appropriate and correct diagnoses.



B. eMed IN SURGERY:

This was the first time that the eMed Network was used in surgery during a CASEC Medical mission. eMed stations were set up in operating rooms for some of the surgeries to provide access for eMed remote and onsite providers to observe surgical procedures. Although this was on an observation basis only, for future missions the intent is to enable or provide the ability of remote specialists to participate in surgical procedures.



C. eMed SPONSORS:

The eMed platform achieved a major milestone with MTN Cameroon becoming a major sponsor. At MMPF's request, MTN Cameroon provided 3 routers and 5 internet hotspots for use during the medical mission. MTN also provided MMPF with Internet credit worth 150,000 Frs. CFA making MTN's total sponsorship of the platform worth 750,000 Frs. CFA. Laptops were donated by Gannett Fleming, Inc, USA. Freelance Services and Mr. Gabby Achunche, donated other infrastructure components used as the eMed medical components.



The MMPF eMed program would not have been as successful without such generous contributions.

D. MMPF eMed CENTER

With inventory of the equipment donated by the sponsors listed above, the Patcha Foundation also created its first eMed center in Cameroon. This eMed center in Tokombere, in the Far North Region is run by Dr. Amta. This is the first of several eMed centers that the Patcha Foundation plans to set up in Cameroon and across Africa.



2.1.14 UNREGISTERED PARTICIPANTS

This year, all pre-registered IDPs were seen, along with a few of the locals.

Typically, during the CASEC Medical Missions, there are hundreds of people waiting to be registered for services that cannot be registered and seen due to time constraints. This year was no different. However, due to the gated entry that prevented the majority of unregistered participants to enter the site for services, only a small number of people were noted as

Unregistered Participants. These people had made their way in but could not be seen. They were given disease and healthy lifestyle counselling, toothbrushes and a variety of medical supplies. The mission did not keep a record of this segment of participants.



2.2 SUMMARY OF DATA

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	TREATED	BIOPSY	REFERRED
1	Registration (adults + children)	3462	-	-		
2	Vital Signs	1628	-	-		
3	Adult Consultation	1909	-	-		
4	Pediatric Consultation	406	-	-		
5	Breast Cancer Screening (CBE)	397	3	-		3
6	Cervical Cancer Screening (VIA)	397	20	-	1	19
7	Prostate Cancer Screening (DRE)	07	-	-		-
8	Cardiology	259	-	-		
9	Dental	160	-	-		
10	Ear, Nose & Throat (ENT)	53				1
11	Ophthalmology	840				
12	Laboratory Tests Done	830	90	-		90
13	Surgeries	48	-	-		-
14	Pharmacy Prescriptions Filled	7004	-	-		-
15	MMPF eMed Network Consultations	Ongoing as needed throughout the mission				
16	Focused Training	Ongoing by Unit throughout the mission				

2.3 INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Information, communication and education are important objectives of the medical missions. Local volunteers, healthcare workers and clinicians receive various training from informal knowledge sharing during patient consultation and examination, to in-services training and workshops, to more specialized clinical/surgical instructions.

Medical students and new medical school graduates continue to benefit from first-hand working experience with the medical mission physicians. Physicians that joined the surgery teams also benefited from the in-service training received during surgeries.

An important component of this year's mission was the nutrition and healthy lifestyle talks provided to majority of the patients. This was done by Mme Temfack Therese, Dietician.

2.4 MEDICATION AND MEDICAL SUPPLIES

This year, the Foundation received medication and supplies worth about 375,000 dollars (US), about 215 million FCFA. We remain indebted to Americares, ASCOVIME, Blessings International, Brother's Brother Foundation, Community Memorial Health Systems (CMHS) CA, Direct Relief, Kingsway Charities, MOMECS, Prevent Blindness International, Restoring Vision, Dr. Georgette Bibum and other members of the Foundation.

2.5 UNUSED MEDICATION AND MEDICAL SUPPLIES

At the end of the medical mission, the Patcha Foundation donated unused and leftover supplies, equipment and medications to host hospital and partner institutions. These donated items are intended to help those in need in the respective communities and are not to be resold. A full inventory of the donated items was recorded. Some left over over-the-counter medications were also distributed to mission volunteers.

Recipients of medications and supplies were instructed that donated items **MUST** be dispensed for **“FREE”** to the poor in their respective communities. Unused medications were distributed to:

- ✓ The Fiangep Clinic
- ✓ ASCOVIME
- ✓ The Protestant Hospital of Ndogbati
- ✓ Tokombere Health Centre
- ✓ MPUMA NWET Hospital
- ✓ Maiganga Health Centre
- ✓ Doctors of the MMPF Volunteer Medical Corps

3.1 MEDICAL MISSION EXPENSES

Exchange rate at the time of the mission and used in this reporting is 577 FCFA to \$1.00 (USD).

	US \$	FCFA
Estimated Value of Donated Medications and Medical Supplies from USA	364,272	210,184,966
Medication and Supplies Purchased in USA	9,034	5,212,508
Air Travel (UK and US) and Medication / Supplies Transportation	24,996	14,422,611
Expenses in Cameroon [lodging, transportation, feeding, planning, etc]	12,283	7,087,275
Miscellaneous Expenses USA [printing, supplies, etc]	397	229,069
eMed Expenses	2,250	1,298,250
Total Expenses	413,232	238,434,680

3.2 SPONSORS

Major sponsors of this year’s mission include Beneficial Life Insurance, MTN Foundation, The Taku Family, Partygig, all medical mission partners, Patcha Foundation members, medication and medical supplies donors, and the generous people who contributed during fundraising events and at different times of the year.

Donors of medication and medical supplies are listed above in Section 2.4.

Partners and other collaborators are listed in Sections 4.1, and Section 6.3.

4.1 PARTNERS / VOLUNTEERS

The success of the 2019 Medical Mission is attributed to the efforts of our partners, volunteers, sponsors and members. Volunteers from partner organizations work in partnership with foundation members and volunteers to ensure the success of the mission. We are grateful for their vast contributions, which are impossible to fully qualify and quantify.

The volunteer team is diverse and includes multiple medical, dental and surgical specialties, pharmacists, nurses, dietician, lab scientists, digital technologists, translators, logistics and support personnel. The Foundation maintains a core group of medical and non-medical volunteers that are an integral part of foundation activities including the medical mission. Leading this group for the medical mission is the MMPF Volunteer Medical Corps (VMC) comprised of medical practitioners from Cameroon.

Volunteers came from across Cameroon, the United Kingdom and United States of America. Within Cameroon, volunteers came from the Far North, Adamawa, Littoral, SW, NW, East, Central and South Regions. Physicians from USA, UK, and Cameroon also provided consultations remotely via the MMPF eMed Network.

Our primary partners this year included the host institution, the Fiangep Clinic, Dschang; the Fountain of Justice organization; Cameroon Doctors UK (CAMDOC UK); Prevent Blindness International (PBI); the Association des Competences pour Une Vie Meilleure, (ASCOVIME); the Protestant Hospital Ndogbati, Cite Sic Douala; the Cardiac Centre at St. Elizabeth Hospital, Shisong; the Mobile Medical Care System (MOMECS); the Cameroon Baptist Convention Health Services – Women’s Health Program (CBCHS-WHP), Mpuma Nwet Medical Center, Kribi; Clinic Koumassi, Douala; Health Education Research Organisation (HERO) Cameroon.

In the volunteer listing below, a name with an asterisk (*) signifies multiple listing.

VOLUNTEERS FROM THE USA	
Dr. Stella-Maris Adamu Mr. Bah Bonie Chungong* Mrs. Christie Ekumah* Mr. Emmanuel Ekumah (PBI)* Mrs. Marie Patcha Jones	Dr. Rosalie Makoudjou Ngachie Mr. Alvin Christian Ngachie Mr. Marcel Bruce Ngachie Dr. Bih Irene Wakam*
VOLUNTEERS FROM CAMEROON	
Mme Mary Tomdio Mme Jacqueline Patcha Mme Temfack Therese* Mr. Ayukafangha Etando Mme Mouchingam Carine Ms. Abeng Quinta Nsih Ms. Achi Justance Falone Ngu Ms. Arrey Tairy Etaka Ms. Asanga Doshima Mah Mr. Ashu Jerex Ms. Asoh Fombi Emelda Mr. Atchomi Aristide Narcisse* Mr. Awang Gerard Mosselly	Mr. Ndell'ejong Nzegge James Mr. Ndifor Emmanuel Shu Mr. Nji Molan Suh Ms. Nyambo Yvette Ndua Mr. Nyingefe Horisius Fohme Mr. Nyuyreri Eugene Bongaseurti Ms. Nyuyreri Mary Theresia Kwanyuy Ms. Mallela Salomé Danielle Ms. Mbiada Blandine Mr. Mony Gbala Loic Gaetan* Ms. Moukam Agathe* Ms. Mua Valerie Nchung Ms. Musa Ngangeh Valery

Ms. Ayuk Felicia Akemon* Ms. Begangacha Brenda* Mr. Binyet Lizbeth Fabienne Raissa Mr. Foncha Emmanuel Ms. Fonken Clemency Manzogeh Mr. Fotso Aimé Mr. Fotso Tchoupa Mr. Giron-Davis Ako Ebai Ms. Lumafor Sonia Mr. Nana Petto Marius Arnaud	Mr. Tadoum Talla Christian* Ms. Tazoh Delphine Ache Epse Azih Ms. Tchami Reina-Marie Mr. Tekoh Roland Wenong Mr. Tibab Ihoe Brice* Mr. Toukea Daniel Ms. Tsague Langa Romalie Carole* Ms. Wallang Sheron Eziah Ms. Yossa Tchawe Lisette Mr. Zuo Beltus Fuh*
VOLUNTEER MEDICAL CORPS (VMC)	
Dr. Amta Pierre* Dr. Anubodem Felix Ngoasong Dr. Betegne Evinda Jeanne Ines Dr. Binyet Annette Olivia Manfreddy Dr. Bougoue Takou Horline Dr. Chifor Mfu Theresia Dr. Christelle Nancy Diane Mike Dr. Diego Nitcheu Tchouakam Dr. Ebenye Veronica Njie* Dr. Fai Karl Gwei Njuwa* Dr. Fosso Saha Karl Ivan* Dr. Jerry Brown Njoh Aseneh* Dr. Kwawa Ines	Dr. Lebond Rosette Nkangu Dr. Maiga Nathalie Guidona Dr. Manyi Catherine Asek Dr. Mbolingo Ngu Franklin Dr. Mbony Joshua Cho Dr. Mengalle Britha Dr. Messaline Fomo Dr. Messomo Donald Yvan Dr. Njang Mbeng Emmanuel* Dr. Nti Mvilongo Prudence Tatiana* Dr. Omeichu Amadeus* Dr. Rabbi Labaran Nagambo* (Dr) Doan-Christley Chungong
MMPF eMed NETWORK Link Here	
Dr. Amta Pierre (Cameroon) Mr. Bah Bonie Chungong (USA) Dr. Montio Morgan (UK)*	Dr. Bih Wakam (USA)

PARTNERS

ASCOVIME Link Here	
Dr. Bwelle Georges Ms. Aurel N Ms. Djuidjie Irene Lyonelle Kamga Mr. Eric Ms. Masso Rostelle Dr. Menyih Tamotsap Ronald	Mr. Nangfang Mesmin Dr. Nseke Cecile Florence Mr. Stephan Meva'a Dr. Tchoffo Desire Ishmael Mr. Teclair
CABINET FUCUS - CLINIC KOUMASSI BALI – DOUALA	
Mme Temfack Therese	
CAMDOC UK Link Here	
Dr. Montio Njopa-Kaba Morgan	Dr. Nkwayep Mpafe
CAMEROON BAPTIST CONVENTION HEALTH SERVICES – WOMEN'S HEALTH PROGRAM (CBCHS-WHP) Link Here	
Mr. Mony Gbala Loic Gaetan Ms. Bonghase Dianna	Ms. Jato Yvette Ms. Ketu Comfort

Ms. Djatsa NZEMGUE Salome Ms. Eyome Choke Melvis	Ms. Mbumenyuy Mary Wirnkar
CARDIAC CENTER at ST ELIZABETH HOSPITAL SHISONG Link Here	
Dr. Tantchou Tchoumi Jacques Cabral Sr. Delphine Dzekashu	Mr. Mabou Njong Norbert Mr. Sidoine Guessom Kuate
DYNAMIQUE PARTICIPATIVE DE MAKENENE POUR LE DEVELOPEMENT (DYPAMAK)	
Mr. Atchomi Aristide Narcisse	
FIANGEP CLINIC	
Dr. Djiegoue T Joël Mrs. Atem Comfort Mr. Chick Romeo Mrs. Etindele Aline Mrs. Gnimpiep Suzette Mrs. Kenghagsto N Clementine Mr. Mayumkam T P E	Mr. Nkemajeh Boniface Mrs. Nkemngu Esther Mr. Noumelowou Mathias Mr. Tamonkem Martin Mr. Teukeng Joseph Mrs. Tsofack Esther Beatrice Mr. Zeuse Henri
FOUNTAIN OF JUSTICE CAMEROON	
Dr. Folefack Ernest Mr. Akawung Martin Mrs. Akwen Mary Magdalene Mr. Atemnkeng Elvis Mr. Awungacha Peter Mr. Betangambu Felix Mr. Dongji Winnem Mrs. Fualefac Mercy Mr. Mbunya Zinkeng Mr. Mosoh Promise	Mr. Nchnidia Francis Ms. Ngecheh Chiara Mr. Nguatem Alexander Atabong Mr. Ngune Thomas Mr. Njaha Gatchou Helly Mr. Nkhangotiah Edward Mr. Nkhangotiah Randsom Mrs. Nkongmih Pascaline Mr. Tafon Awa Jonadab Richard Mr. Zingwa Forcha Jemia
HEALTH EDUCATION RESEARCH ORGANISATION (HERO) CAMEROON	
Dr. Ebenye Veronica Njie Dr. Fai Karl Gwei Njuwa Dr. Jerry Brown Njoh Aseneh Dr. Lebong Rosette Nkangu	Dr. Nti Mvilongo Prudrnce Tatiana Dr. Njang Emmanuel Dr. Rabbi Labaran Nagambo
MOMECS Link Here	
Ayuk Felicia Eyome Choke Melvis Tadoum Talla Christian	Tchatam Moukam Agathe Tibab Brice Ihoe Zuo Beltus Fuh
MPUMA NWET MEDICAL CENTER, KRIBI	
Ms Epada Botombaha Elisabeth	Dr Mbapah Leslie Tasha
PREVENT BINDNESS INTERNATIONAL (PBI) Link Here	
Mrs. Christie Ekumah Mrs. Dorah Tambi Mr. Emmanuel Ekumah Mr. Emmanuel Ndang Chia	Dr. Fritz Tabe Tambi Ms. Goretti Zinkeng Dr. Joseph Bah Dr. Oumarou Adouramani
PROTESTANT HOSPITAL NDOGBATI	
Dr. Kamguep Theophile	Mrs. Lydie Mbango

Dr. Theo Penda Dr Baudelaire Njanteng Njankou	Mrs. Nana Betty
LOCAL VOLUNTEERS - DSCHANG DISTRICT HOSPITAL AND OTHERS	
Mr. Mab Charlie Ms. Toumbou Alliance Mr. Tsobeng Jikrng Arnard Marivs Mrs. Bessem Diana Fotabong Ms. Dessap Florantine Ms. Dondji Winnie Michelle Ms. Donfack Sydie Adelaide Ms. Essinin Lekeufack Merveille Ms. Meneming Nadine	Ms. Natemzem Momo Clairin Ms. Nguefack Assonfack Robertine Carole Ms. Nguegang Mimie Laure Ms. Nguete Mervaille Ms. Sikatie Marie Madeline Ms. Tah Ephemia Ms. Tchepbou Nana Kely Verlaene Ms. Tiandji Allette Ms. Tiandji Flore Ms. Sophie

4.2 OTHER COLLABORATORS

5.1.1 HOTELS

In Dschang, volunteers lodged at the Hotel Emeraude and Teclair Palace Hotel.

5.1.2 TRANSPORTATION

General Voyage Bus Service transported mission volunteers, medications, equipment and supplies from Douala to Dschang. While in Dschang, in-town transportation was done by Nkemdem Voyages bus service. A few volunteers also provided personal vehicles for use throughout the mission.

5.1.3 DONORS

The Patcha Foundation sincerely appreciates and recognizes the efforts of all who contributed materially, financially, or otherwise to the success of the 2019 Medical Mission.

5.1.4 MEDIA

Television and radio stations were not invited to the mission for due to the sensitive nature of the mission.

Social Media coverage was conducted through the Foundation's Facebook page, Twitter, and eNewsletters.

5.1 FOLLOW UP CASES

As is typical of the CASEC Medical Mission, there are a few patients seen that require treatment and services beyond what can be provided in the mission setting. The Foundation continues to advocate for these patients, organizes their transfer to a qualified facility for treatment, ensures

that the patient receives treatment and continues to follow up with the patient and patient's family.

5.1.1 EXAMPLE OF THE 2019 MISSION FOLLOW UP CASES

A 17 year old boy was with Hodgkin lymphoma

He was transferred to the Bonassama hospital, Douala for comprehensive Chemotherapy treatment that could not be provided during the medical mission. Initial payment for treatment was made possible by Dr. Mpafe of CAMDOC UK. Subsequent payments were made by sponsors that responded to the call for support of his treatment. Sponsors included Hon Paul Tasong and his Njangi Club, Mr. Manfred Tumban, Dr. Rose Oma and Patcha Foundation. He is presently undergoing oncology treatment.



5.1.2 REFERRALS DUE TO LAB RESULTS

Following confidentiality, all referred cases based on lab findings were advised to present consultation cards and laboratory results within 14 days at any nearby hospital in Dschang for respective procedures. Reminder calls and texts were made by MOMECS. Depending on individual test results, management will be initiated at appropriate centers. Material/financial support (Cost of Tests) may be available if required. Communication is kept confidential between MOMECS, the patient and responsible health personnel.

6.1 2019 MISSION CHALLENGES

Planning a medical mission is always a challenging undertaking, and the 2019 Mission was no different. This was due in part, to the following reasons:

6.1.1 LIMITED BUDGET:

Funding is the biggest challenge with every mission. This medical mission costs over four hundred thousand dollars from planning to execution. It remains a challenging undertaking to raise funds, to solicit donations and to transport donations.

6.1.2 THE PLANNING PHASE:

- ✓ Planning was intense and involved multiple meetings and trips to Dschang to assess the facilities, map out the workflow and confer with the stakeholders.
- ✓ Several critical issues had to be addressed including:
 - Mitigating the security risk and threat supposedly from the ongoing Anglophone crisis that rendered the beneficiaries the IDP status.
 - Securing exoneration from Ministry of Health for medical mission drugs and supplies
 - Procurement of medications and supplies was challenging. Some donors had limited quantities, some had imposed weight limits per mission traveller, some

would only ship to the work address of the traveling physician, some had limited quantities of some needed items, and some had very short duration items that could not be used.

- ✓ Logistics (volunteer recruitment, particularly physician and other medical personnel; lodging, transportation, meals, etc) was planned over several months and required many trips to the site.
- ✓ This year due to security concerns brought on by the Anglophone medical volunteers that would have normally joined the mission from Europe and America did not make it. This also limits the amount of one on one training that would have been provided.

6.1.3 LANGUAGE BARRIER:

- ✓ Language barrier was not a major problem as majority of the patients could express to some degree in the English or French language, or the local Pidgin expression.

6.1.4 PATIENT IDENTIFICATION:

- ✓ The Fountain of Justice Cameroon was very instrumental in identifying the IDPs.
Before the mission, registration numbers were provided to the patients through the use of customized coded paper. This was done to ensure that the target beneficiaries of the medical mission were served.
- ✓ For some of the patients, the medical mission teams had to rely verbal information provided by the patients for their identity because they had no ID cards with them. Some of the IDPs had left everything behind when they fled their homes because of the crisis.
- ✓ For patients with identifying paperwork, a general observation was that a few of the patients looked a lot older than the ages recorded on their IDs. They confessed that the age recorded had been provided by them but that they did not know their actual ages.

6.1.5 PATIENT OVERFLOW:

- ✓ The turnout was what we had imagined, however, coordinating the crowd is always a major challenge. Intake and registration had to be closed early (at 2pm) on the last day. All registered participants were seen. Unregistered local populations that were waiting outside the clinic gates did not receive any medical services or donations. Unregistered locals that had entered the clinic grounds did not receive any medical services but were given a donation of OTC medication, dental or other supplies and counseled on healthy nutrition and lifestyle choices.

6.1.6 ENVIRONMENTAL IMPACT ON VOLUNTEERS:

- ✓ The West Region of Cameroon is generally cold, and stony. During this year's missions, some volunteers became fatigued and ill from environmental effects, and had to stay back in the hotels to rest. This had an effect on the medical and non-medical manpower.

6.1.7 CONSULTING IN LIMITED ROOM SETTING:

- ✓ It was challenging to have the entire Family Medicine team, Pediatric Medicine team and ENT in one room with a classroom style capacity of no more than 24. In this limited room setting there were periods of overcrowding, and maintaining patient privacy was often challenging.

6.1.8 FRAUD:

- ✓ Some locals were found to be selling the opportunity to register for the mission to needy people who were already in dire situations. The CASEC Medical Mission is a FREE mission to all participants.

6.2 COMMENTS AND LOOK AHEAD

1. Prepacking

This year the pharmacy team pre-packed some quick moving drugs in an attempt to improve the time that pharmacy takes to process all of the prescriptions. While this helped a bit compared to past missions, it is a process that needs to be refined.

2. Volunteer Selflessness

The selflessness of volunteers is an indication that the spirit of volunteerism is feasible within our local context. The Patcha Foundation continues to see an increase in volunteer registration for missions. This is very encouraging since volunteering promotes civic and social values within the community.

3. Exoneration

The exoneration process continues to be tasking. The Ministry of Public Health and the Ministry of Finance should continue assisting with the prompt granting of exoneration to enable the Patcha Foundation bring in medication and medical supplies to help the sick populations in Cameroon.

4. Funding

Funding continues to be an issue. The Patcha Foundation is continuously looking for grants and sponsors of the mission in the hopes that we can reach as many needy people as possible.

5. Partnerships

The Patcha Foundation continues to encourage partnerships. We recognize that the fight against diseases, particularly with the vulnerable populations is a fight for all of us. As many partners as can join and bring their expertise to serve, the deeper the impact will be felt.

6. Use of Formulary

Some physicians, especially some that are new to the medical mission, were not prescribing medications from the mission formulary, which caused delay in some patients receiving prescriptions. In the future, physicians may require more frequent reminders about the use of the mission formulary whenever possible.

7. Patient Information

Ensure the population is fully informed that all mission services are free of charge so that they are not tricked into spending money or deterred from attending for lack of finances.

8. Volunteer Information

Volunteers should be educated well ahead of the mission about lodging, feeding, the work process, and transportation expectations.

6.3 APPRECIATION

The Patcha Foundation continues to honor the selfless spirit of donors, partners, volunteers and members. Without these resources put together, the mission is at stake. THANK YOU for accepting to serve the disenfranchised in Cameroon.

Though it is difficult to mention everyone here, special gratitude goes to:

- ✓ Ministry of Health
- ✓ Fiangep Clinic and staff
- ✓ Dr. Ernest Folefack and the Fountain of Justice organization
- ✓ CAMDOC UK represented by Dr. Montio Morgan and Dr. Mpafe
- ✓ Dr. Theophile Kamguez and the surgery team of Protestant Hospital of Ndogbati
- ✓ Dr. Georges Bwelle and the ASCOVIME team
- ✓ St. Elizabeth Cardiac Centre Shisong and the mission cardiac team led by Dr. Cabral
- ✓ Cameroon Baptist Convention Health services (CBCHS) - Women's Health Program (WHP)
- ✓ MMPF Volunteer Medical Corps physicians
- ✓ The MMPF eMed Network Team led by PaJoe Boni Chungong
- ✓ Prevent Blindness International headed by Mr. Emmanul Ekumah
- ✓ Health Education Research Organisation (HERO Cameroon)
- ✓ Mobile Medical Care System Foundation (MOMECS)
- ✓ Donors of medical equipment, supplies and medication: Americares, ASCOVIME, Blessings International, Brother's Brother Foundation, Community Memorial Health Systems (CMHS) CA, Direct Relief, Kingsway Charities, MOMECS, Prevent Blindness International, Restoring Vision, members of the Patcha Foundation.
- ✓ MTN Cameroon
- ✓ Gannett Fleming, Inc, USA
- ✓ Mr. Gabby Achunche
- ✓ Air France for free humanitarian transportation of 2 bags of medication
- ✓ Emeraude and Teclair hotels in Dschang

- ✓ General Voyages bus service and Nkemdem Voyages bus services
- ✓ PartyGig Cameroon for all mission imprinting needs
- ✓ LECD A Toronto (Canada)
- ✓ **More From Cameroon** – Sa Majeste Sikam Happy V, Taku Family, Mrs. Prisca Soares, Mrs. Monica Diaz Matombi, Ms. Helen Arrey, Mr. Paul Chefor Chungong, Mme Harriet, Mme Perps Ntche, Mrs. Mary Tomdio, FabAfriq, and Patcha Foundation members.
- ✓ **More From USA – monetary donors of more than \$1000:** Dr. Rose Oma & Integrated Community Services, Dr. Georgette Bibum, Dr. Bih Wakam, Mr. Craig Jones, Dr. & Mrs. George Okang, Mr. & Mrs. Burnley, Mr. & Mrs. Wete, Bangoulap Community, Ladies of Cameroon, Friends of the Buea School for the Deaf, Mrs. Mary Givvines, Ngo Ngum USA, Ms. Pamela Jones, Mr. Paul Atang, Captial Care, Inc., Mr. George Ntemi and Patcha Foundation members.
- ✓ All medical and non-medical volunteers, all DONORS of cash and in-kind contributions and all those who stand with us in prayers. The complete list of donors is available on www.patchafoundation.org.

6.4 DEPARTURE

The Patcha Foundation volunteer team left Dschang at 10 am on Thursday July 04, 2018.

7.1 2019 MISSION PICTURES



For more pictures, select **View 2019 Galleries** when you visit <http://patchafoundation.org/services/medical-mission-program>



**6 MEDICAL
MISSIONS**

*All Services
completely
FREE*

**OVER
\$4.3 MILLION**
worth of
MEDICATIONS
dispensed

3276 received
OPHTHALMOLOGY
screening, reading
& sun glasses

1336
SCREENED
for Malaria, HIV,
Hepatitis, PSA

**1895 MEN
SCREENED**
for
Prostate
Cancer

1439
CARDIOLOGY
consultations
& screening
[ekg]

**391 FREE
SURGICAL
PROCEDURES**
performed

**THE PATCHA
FOUNDATION**

**Over
22400
PEOPLE**
*received **FREE***
**HEALTH
CARE**

**3830 WOMEN
SCREENED**
for
Breast Cancer

2705 received
DENTAL services

53
Ear, Nose & Throat
(ENT)
consultations

16513
Blood Pressure
Blood Sugar
Testing and
Triage

**3665 WOMEN
SCREENED**
for
Cervical Cancer

110
Precancerous
Cervical Lesions
TREATED

*Unmatched
Accomplishments*

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