

**A COMPREHENSIVE REPORT  
ON  
THE MICHAEL & MAURITIA PATCHA FOUNDATION  
2016 MEDICAL MISSION  
IN  
BANA, BANKA AND BAGANGTE, BANGOULAP  
(June 20 – 24)**



**Compiled by Ariane Moko, Program Officer, Patcha Foundation Cameroon**

## *Our Goal*

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

## *Our Mission*

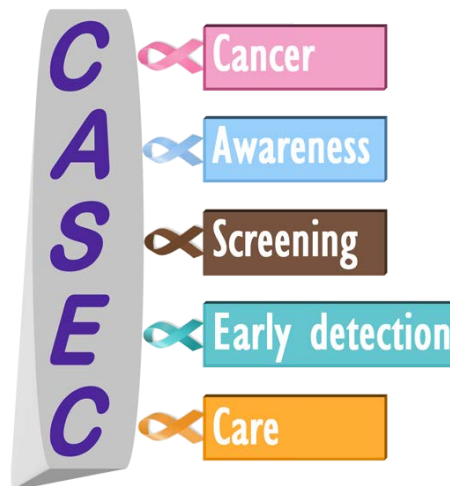
Contribute effectively and efficiently to improvement of the community's health, focusing on increasing Cancer Awareness & prevention, Screening, Early detection and Care (CASEC).

## *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 is quite simply a world without cancer!*

## *Our Tool and What We Promote*



## *How We Do It*

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

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

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### **Acronyms to Note:**

MMPF – Michael & Mauritia Patcha Foundation

MM16 – Medical Mission 2016

CASEC – Cancer Awareness & prevention, Screening, Early detection and Care

# *Letter from the President*

July 2016

**Dear friends,**

As I reflect on the 2016 CASEC Medical Mission one word comes to mind: **GROWTH.**

The missions are growing by all measures!

The services provided to the community have increased each year. The mission can be likened to a mobile hospital, providing many of the same services as a full service facility. We are drawing larger and larger crowds, as well as more and more volunteers, because the Patcha Foundation and the missions have built a strong, positive reputation in just 4 short years. The community's trust also has increased and people travel very long distances, from across several towns and villages to benefit from the services. Sponsors have witnessed the impact of their hard earned donations.

With growth comes increased challenges and funding remains the major challenge we continue to deal with. As the demand for our services grow, so too does the need for all the variables that can be a logistics nightmare: more medications, equipment and supplies with the shipping costs involved; funding for screening, treatment and surgical interventions, follow up care for those requiring it and adequate lodging, transportation and feeding for the hundreds of volunteers.

It is important to note that every single mission service is provided free of charge to the community, but not free to the foundation, or its partners. For example cervical cancer screening and treatment; cardiac screening; and surgery, cost millions of francs (thousands of dollars) that patients are not billed for.

In light of this, I heartily thank all members, volunteers, sponsors and partners without whom there would be no mission trip. You make it possible. You continue to pull us up, and put the needs of the disenfranchised in the forefront, even in the most challenging times. We are humbled to have your trust!

We will continue to call on your support, counting on you now more than ever, as together we expand the missions to bring the gift of health to more of our friends in Cameroon, one region at a time.

With Appreciation and Best Wishes,  
*Stella-Maris*

## **1.1. INTRODUCTION**

The mission of the Michael & Mauritia Patcha Foundation is to contribute effectively and efficiently to improvement of the community's health, focusing on increasing Cancer Awareness and prevention, Screening, Early detection and Care (CASEC).

The Foundation is committed to reducing the cancer burden in Cameroon. In addition to the many activities planned throughout the year, the Foundation organizes a yearly medical mission in Cameroon with a focus to increase health care access to the underserved, the poor, needy, and underprivileged in the society. In order to accomplish this, the Foundation pulls together resources locally and internationally, medical and non-medical volunteers, and financial and in kind donations from a pool of very generous partners.

This is a vital undertaking because cancer is devastating Cameroonian communities. The Patcha Foundation is cognizant of the numerous health challenges facing communities today. Most people who die of cancer in Cameroon are unaware that they have the disease; there are a high percentage of undiagnosed cases. The vast majority of Cameroonians will never undergo any type of cancer screening. Those who seek diagnosis or treatment often do so at a late stage of the disease, and have little or no access to drugs or funding. The public needs education to understand that early diagnosis and treatment are the keys to cancer survival.

Although the Foundation's main focus is CASEC (Cancer Awareness & prevention, Screening, 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 2016 Medical Mission to Cameroon is the fourth that the Foundation has organized. The total now served stands at over 16,500 people that have received free healthcare including cancer screening & treatment, vital health care, surgery, cardiac, ophthalmology and dental services and medications.

## **1.2. 2016 MISSION GOALS**

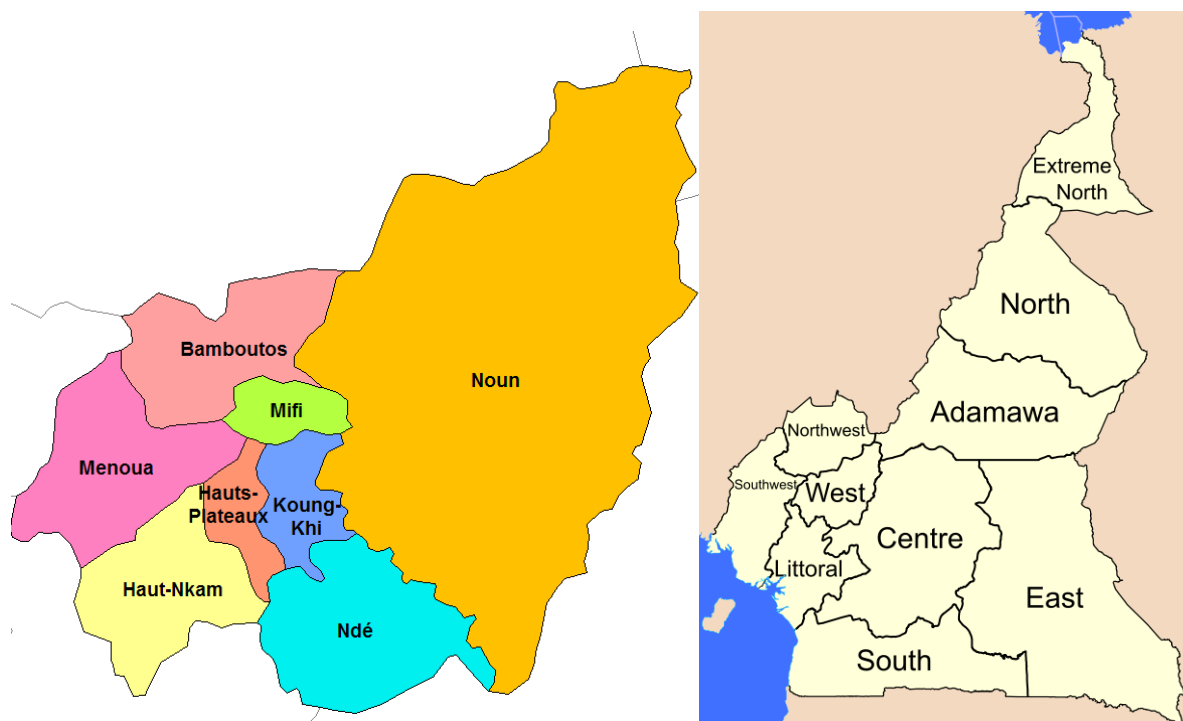
The 2016 Medical Mission goals included the following:

- ◆ Free cancer screening of the breast, cervix, prostate
- ◆ Free treatment of precancerous lesions of the cervix and referrals for more advanced cases
- ◆ Free surgery
- ◆ Free dental services including oral cancer screening, cleaning, tooth extractions, fillings, root canals and treatment of other oral problems diagnosed
- ◆ Free screening for and management of diabetes and high blood pressure
- ◆ Free cardiac consultations, management of heart ailments and referrals

- ◆ Free eye exams, reading glasses and sunglasses
- ◆ Free screening for HIV, Hepatitis B and malaria
- ◆ Free medications
- ◆ Donation of mosquito nets
- ◆ Educate the public and create awareness on critical health areas, especially Cancer, HIV/AIDS, Diabetes and Hypertension, Hepatitis and malaria
- ◆ General Health Consultations
- ◆ Other health services as determined appropriate by our medical providers

### 1.3. MISSION SITES

The 2016 Medical Mission took place in the West Region of Cameroon, in Bana and Banka in the Haut-Nkam subdivision and Bangoulap/Bangangte in the neighboring Nde subdivision. These villages are surrounded by many communes of varying sizes and population.



- ◆ In Bana, the mission was at the District Hospital of Bana, on June 20<sup>th</sup> and 21<sup>st</sup>
- ◆ In Banka, the mission was at Ad-Lucem Hospital On June 22<sup>nd</sup>
- ◆ In Bangangte, the mission was at the District Hospital of Bangangte on June 23<sup>rd</sup> and 24<sup>th</sup> and also served the people of Bangoulap.



### Site 1 – District Hospital of Bana

The choice of the Bana was motivated by the great healthcare needs and poor financial condition of people in the area. The single health facility, the District Hospital of Bana, serves more than the 10, 254 inhabitants of Bana and the surrounding communes.



The Patcha Foundation's CASEC Medical Mission was thus an opportunity to bring health care services and cancer screening not available in the area, closer to the people.

Patients came from all over the Haut-Nkam subdivision including Baboate, Bana, Bafang, Banka, Babouantou and from other parts of Cameroon including Oku.

His Majesty Sikam Happy V, Chief of Bana, was very instrumental in ensuring that Bana was chosen as a mission site, and that the inhabitants of Bana receive the full benefit from all of the medical mission services. Along with the elites of Bana, he was a major sponsor of the mission in Bana, in the neighboring Banka and Bangoulap/Bangangte.

### Site 2 – Ad-Lucem Hospital, Banka



About 8km away from the District Hospital of Bana, the choice of the Ad-Lucem Hospital of Banka was based on the fact that the facility was better equipped than the Bana hospital thus allowing access for the more invasive dental and surgical cases in the Region to be taken care of.

### Site 3 – District Hospital, Bangangte:

The District Hospital of Bagangte is the biggest hospital grounds in the Nde Division. It is also



very accessible to the entire Nde community by its nature of being in the capital of the division. This hospital serves the 65000 inhabitants of Bangangte, as well as the surrounding communes.

About 10km from the town of Bangangte, the village of Bangoulap with a population of about 15000 inhabitants was also served.

His Majesty Yonkeu Jean Marie, the Chief of Bangoulap was a major sponsor of the mission in Bangangte, in the interest that the citizens of Bangoulap benefit from the health services provided. The medical campaign received no sponsorship from the Bangangte community.

#### 1.4. 2016 MISSION - MEDICAL SERVICES

In the 2016 medical mission, services were offered as follows:

- A. General consultations were performed by volunteer physicians from the USA and Cameroon, headed by Dr. Bih Wakam, Dr. Ellis Morfaw and the Patcha Foundation “young doctors” team.
- B. Pediatric consultations were performed by volunteer physicians from the USA and Cameroon, headed by Dr. Vicky Ngwa and Dr. Nicole Mbarga.
- C. Breast (Clinical Breast Exam) and cervical cancer screening (Visual Inspection with Acetic Acid), treatment (Cold Coagulation LEEP) and biopsy were performed by the CBC, Cameroon Baptist Convention Health Services Women’s Program.
- D. Gynecological services were performed by volunteer physicians from the USA and Cameroon.
- E. Prostate screening (DRE) was performed by volunteer physicians from Cameroon.
- F. Cardiology cases were screened by the Shisong Cardiac Center team led by cardiologist Dr. Cabral Tantchou.



- G. Surgeries were performed by the surgeons of the Protestant Hospital of Ndogbati Cite Sic, Douala, headed by Dr. Theophile Kamguez, Dr. Georges Bwelle and his ASCOVIME team, and Patcha Foundation member, Dr. Georgette Bibum, and team of medical students from the USA.
- H. Dental services were performed by Dr. Tiayah Munge, Dr. Marianne Siewe, Dr. Nana, and Dr. Nseke.
- I. Ophthalmology services were provided by the Prevent Blindness International (PBI) Team headed by Mr. Emmanuel Ekumah.
- J. Mobile Medical Care Services (MOMECS) led by Ettando Immanuel and Brice Tibab, provided screening for HIV, Hepatitis B and malaria.
- K. Pharmacy was run by Dr. Solange Nono and Dr. Rosalie Makoudjou (Ngachie), Lead Mission pharmacists of the Patcha Foundation.
- L. Mme Therese Fogang Temfack was in charge of nutrition and lifestyle counseling.
- M. Diabetes and hypertension counseling was provided by nurses from Cameroonian Nurses Association-Washington, DC led by Gladys Ngatchou Happi and Marie Françoise Dongmo.
- N. EMed Network, a newly formed e-network where physicians use various ICT platforms to share medical knowledge/information and provide mentorship to newly graduated doctors in Cameroon was piloted with team leads Dr. Anne Burnley-Ekiti and Bah Bonie Chungong.

## **1.5. MISSION STATISTICS**

Collection and dissemination of statistical data remain an integral part of the CASEC Medical Mission.

With the exception of pediatric consultations, the following reported data is generally within an error margin of 5%, mostly due to human factors such as omission in capturing patient data upon completion of the respective service. This is especially true at the start of the mission at each site, when volunteers are functioning under non-routine conditions. Sometimes patient data is not captured in the shuffle of crowd control.

This is a process that is improved as registration and the work flow process become routine. The error margin reported is based on estimated numbers projected to have been consulted compared to the numbers recorded in the registration books.

Refer to 1.5.3, GP Consultations below, for comment on pediatric error of margin.

### 1.5.1. GENERAL REGISTRATION

S/N	ITEM	Bana	Banka	Bangangte	Bafang Prison	Total
1	Total Registration	2296	1130	1814	50	5290
2	Males	623	254	426	49	1352
3	Women	1199	654	925	1	2779
4	Pediatrics	474	222	463	0	1159
	<b>Grand Total</b>	<b>5290 patients registered for services</b>				

### 1.5.2. VTAL SIGNS

S/N	Items	Bana	Banka	Bangangte	Total
1	Total screened	1822	908	1351	4081
2	High Blood Pressure	1323	623	89	2035
3	Diabetic	86	53	19	158

### 1.5.3. GP CONSULTATIONS

S/N	Items	Bana	Banka	Bangangte	Total
1.	General Practitioners	1548	754	1009	3311
2.	Pediatrics	474	222	463	1159

It is important to note that this mission recorded children from 0 to 18 years old in the pediatric category, and that according to the pediatric team, data collection was poorly managed and therefore the pediatric figures above have a 10% factor for the recording omissions.

#### Some pediatric cases recorded, classified by type

- ◆ Congenital malformations: Achondroplasia, cryptorchidism, imperforated anus and imperforated vagina, and suspected cardiac malformation.
- ◆ Surgical cases referred: umbilical hernias, cryptorchidism, imperforated anus, and goiter.
- ◆ Infectious diseases: Upper and lower respiratory tract infections (catarrh, bronchitis, tonsillitis, pharyngitis), skin infections including dermatophytosis and scabies (superinfected or not), genitourinary infections and extrapulmonary tuberculosis.

- ◆ Malnutrition: Vitamin D deficiency (rickets) with associated genu varum or valgum.
- ◆ Legal cases: Sexual abuse/pedophilia with all cases in girls aged 4 and under.

#### 1.5.4. BREAST CANCER SCREENING

S/N	ITEM	Consulted	Normal	Abnormal	Treated	Referred
1.	Bana	359	357	2	0	2
2.	Banka	164	162	2	-	2
3.	Bangangte	233	232	1	-	1
4.	Total	756	751	5	-	5

\*Lumpectomy performed: 1

#### 1.5.5. CERVICAL CANCER SCREENING

S/N	ITEM	Consulted	Normal	Abnormal	Treated	Biopsy	Referred
1.	Bana	351	336	15	12	2	2
2.	Banka	164	157	7	6		1
3.	Bangangte	233	219	8	7	1	3
4.	Total	748	715	30	25	3	6

#### Breast and Cervical Summary

- ◆ Total seen = **756**, total negative = **716(94.7%)**, total seen for breast only (VIA/VILI not done) = **8(1.1%)**, total cervical pre-cancer = **30 (4.0%)**, total suspicious for ICC = **02(0.3%)**, total suspicious for breast cancer = **01(0.13%)**, Total treatment (cold coagulation) same day = **25(83.3%)**, total for LEEP=**4(13.3%)**
- ◆ The 4 positive cases with LEEP eligible lesions would be called for treatment in Mbingo Baptist Health Dept and Mbingo Baptist Hospital
- ◆ 1 positive cold coagulation eligible case had Reproductive Tract Infection and thus was syndromically managed and referred for review and possible cold coagulation or Cryotherapy in 2 months in MBHD, MBH or NkBHC.
- ◆ All the 3 biopsies: 2 ectocervical and 1 vaginal biopsy were sent to HGOPY for pathology.

- ◆ The 1 breast cancer was referred to MBHD for palliative chemotherapy and other 4 most probably benign breast masses were referred to MBHD and MBH for further evaluation and management.

#### 1.5.6. PROSTATE CANCER SCREENING

S/N	ITEM	Consulted	Normal	Abnormal	Treated	Referred
1.	Bana	189	174	15	-	5
2.	Banka	60	39	21	-	9
3.	Bangangte	104	70	34	-	5
4.	Total	353	283	70	5 (drugs dispensed)	19

#### 1.5.7. DENTAL CONSULTATIONS

S/N	Item	Bana	Banka	Bagangte	Total
1.	No. of Patients Consulted	180	85	172	437
2.	No. of Extractions	4	7	32	43
3.	No. of Fillings	1	2	12	15
4.	No. of Referred cases	0	0	2	2
5.	Full mouth observations (cleaning, scaling, restoration)	3	1	56	60

#### Dental Remarks

- ◆ Some patients underwent extractions only, some had fillings only, and others had both extractions and fillings.
- ◆ Some patients in Bangangte were referred. Dentists at mission site stated that the number of cases referred was a result of lack of dental instruments and equipment.
- ◆ Some patients received medication prescriptions alone as management of their cases.
- ◆ Each patient left with at least two tooth brushes, toothpaste and / or proactive care depending on patient need.
- ◆ Typical referred cases fall under one or more of these:
  - Root canal treatment
  - Crown restorations
  - Prosthetic devices



- ◆ Grateful to Brother's Brother Foundation for the donation of a mobile dental chair that was used during this mission.

### 1.5.8. OPHTHALMOLOGY

S/N	ITEM	Bana	Banka	Bagangte	Total
1	Total Consulted	457	264	405	1126
2	Males	148	61	114	323
3	Females	309	203	291	803
4	Blepharitis	54	15	48	117
5	Presbyopia	150	96	160	406
6	Glaucoma	75	32	66	173
7	Photophobia	20	5	18	43
8	Alphalutine AMD	2	0	2	4
9	Cataract	63	38	74	175
10	Conjunctivitis	8	6	20	34
11	Allergy	10	2	3	15
12	Myopia	1	1	2	4
13	Dry eyes	6	3	9	18
13	Discharging	2	0	0	2
14	Thyroid disorder	1	0	1	2
15	Ametropia	0	0	13	13
	Others				120

#### **Ophthalmology Remarks:**

A total of 1,300 reading and sunglasses were dispensed thanks to donations from PBI, National Vision through Restoring Vision and Lion's Club via Community Dentistry On Wheels (CDOW), Inc.

Prevent Blindness International (PBI) donated 600 pairs of reading glasses, 300 sunglasses and many eye medications which were distributed free of charge. National Vision/Restoring Vision donated 300 pairs of reading glasses and 100 pairs of sunglasses. A second set of glasses from Restoring Vision were donated to Mpuma Nwet Health Centre in Kribi, the host site of the 2015 medical mission.

### 1.5.9. CARDIOLOGY

S/N	Item	June 20	June 21	June 22	June 23	June 24	Total
1.	No. of Patients registered	61	99	85	74	59	378
2.	No of patients consulted	44	95	85	74	59	357
3.	No. of Males	20	26	17	25	20	108
4.	No. of Females	24	69	68	49	39	249
5.	No. of children	02	02	03	01	01	09
6.	No. of adults	42	93	82	73	58	348
7.	No. of Electrocardiograms	11	09	04	03	05	32
8.	No. of Echocardiograms	06	05	02	03	02	18
9.	Age range	4 mths-83 years	05-86	03-90	03-84	13-84	4 mths - 90 years

#### **Statistics and Common Pathologies**

The Registration, Vital signs/triage and General Consultation Units referred patients to the Cardiology Unit for follow-up. During the period under review, the Cardiac Center consulted 357 patients. Most of them were diagnosed with hypertension. Some had palpitation, chest pain and general body pains. Some patients after consultation with the cardiologist were sent into the echocardiography room for echocardiograms and/or electrocardiograms. It is worthy to mention that this type of exercise is very welcome in rural areas not having specialists or equipment to investigate heart pathologies. We are very grateful to the Patcha Foundation for raising awareness of not only cervical, breast and prostate cancer but also cardiovascular diseases affecting many people in urban and rural areas. All consulted patients benefited from good medications brought by the Foundation. There were some six cases requiring specialized cardiac procedures like open-heart surgery and device implantations.

#### **Specific cardiology cases referred for follow-up**

1. A 1 year 6 month old male child was diagnosed with ventricular septal defect and pulmonary artery stenosis. This child requires Open-Heart Surgery.
2. A 45 year old male with dilated cardiomyopathy with low injection fraction and hypertension and requires an intracardiac cardioverter defibrillator (ICD).
3. A 6 year old male with a small atrial septal defect type 2.
4. A 52 year old female with low heart rate that requires a Pacemaker.
5. A 54 year old female with aortic valve regurgitation and severe mitral valve regurgitation and atrial fibrillation.

6. A 69 year old male with atrial fibrillation who requires a Pacemaker.

According to the cardiology team, although medical mission services are free to patients, it is generally a challenge to treat cardiac patients as most of them are low income and lack the funding or access to resources. Therefore, follow-up of diagnosed cases remains a challenge.

#### 1.5.10. MALARIA, HIV AND HEPATITIS B SCREENINGS

S/N	Item		Malaria	HIV	HBV
1.	No. of Patients screened	320	278	250	60
	Adolescents/ Adults	70			
	Children (below 10 years old)	250			
2.	Positives		35	03	02
3.	Negatives		243	247	58

#### Malaria HIV and Hepatitis B Remarks

The Mobile Medical Care System (MOMECS) was involved in the screening of some common diseases of public health concern especially in Cameroon.

They undertook:

- ◆ Malaria screening using a Rapid Diagnostic Test
- ◆ HIV Screening using 'Determine Strip' and First Response Test Card for HIV
- ◆ Hepatitis B Viral Screen using DIASPOT Diagnostics

#### Malaria No More - Cameroon

Through their representative in Cameroon, Dr. Olivia Ngou, the Malaria No More organization donated 40 mosquito nets to the CASEC Medical Mission 2016. The mosquito nets were distributed to:

1. Akum Health Centre
2. Atanga Foundation
3. Clinique de Koumassi
4. Providence Polyclinic, Bamenda
5. Our Lady of Love Hospital, Logpom



### 1.5.11. SURGICAL UNIT

		Bana District Hospital		Ad-Lucem Banka Hospital/ Prison		Bangangte District Hospital		Mission Total
S/N	Items		Breakdown		Breakdown		Breakdown	
1.	Total cases	25		10		34		69
2.	Total number of procedures	25	Children: 3 Women: 14 Men: 8	10	Children: 0 Women: 3 Men: 7	34	Children: 5 Women: 14 Men: 15	69
2. a	Hernia (including umbilical, inguinal, bilateral, white line)	16		8		19		43
2. b	Laparatomy	1	Women: 1 Men: 0	0		0		1
2.c	Hysterectomy	0		1	Women: 1 Men: 0	1	Women: 1 Men: 0	2
2.d	Cryptochidism	0		0		3	Women: 0 Men: 3	3
2.e	Pendiculated vulva growth	1	Women: 1 Men: 0	0		0		1
2.f	Breast nodules	1	Women: 1 Men: 0	0		0		1
2.g	Appendiceal peritonitis	0		0		1	Women: 0 Men: 1	1
2.h	Lipoma	6	Women: 6 Men: 0	3	Women: 1 Men: 2	4	Women: 4 Men: 0	13
2.i	Cyst	2	Women: 2	0		2	Women: 1 Men: 2	5

#### Surgery Remarks

1. A 7 year old boy with hypospadias was referred to Presbyterian Hospital Ndogbati where mission pediatric surgeon Dr. Theophile Kamgoup performed the corrective surgery free of charge.
2. An 11 year old boy with imperforated anus and ostomy was referred and is awaiting corrective surgery.
3. 1 case of severe vaginal and rectal prolapse is awaiting surgery.
4. 1 case of osteosarcoma was referred
5. The Michael & Mauritia Patcha Foundation visited the Bafang Prison where the surgeons of the Protestant Hospital Ndogbati performed 5 surgeries.



### 1.5.12. CONSULTATIONS AND SURGERY – BAFANG PRISON

S/N	Item	Statistics	Further break down	Total
1.	Total consulted	50	- Women: 1 - Men: 49	50
2.	Surgeries - Hernia	5	- Women : 0 - Men : 5	5
3.	Diagnosed diseases		- Orchitis:2 - Colopathy and viral infection: 1 - Allergies:1 - Hemoerrhoid: 3 - Bronchitis: 1 - Dermatitis: 3 - Hypertension : 1 - Dental carries : 2 - Intestinal parasites : 5	

### 1.5.13. PHARMACY

S/N	Item	Total
1.	No. of Patients with medication orders	4252
2.	No. of medication orders dispensed	17408

- ◆ Drugs dispensed included prescription medications, over the counter cough, cold, pain, fungal, steroidal and anti-inflammatory medications (OTC), Albendazole, hydration packs and vitamins. Those with chronic diseases (diabetes, hypertension, heart ailments) received a minimum of 3 month's supply of medication.
- ◆ High demand items included medications for diabetes, hypertension and cardiac conditions, calcium supplements, vitamin supplements, topical and oral anti-infectives, anthelmintics and analgesics.
- ◆ In all over 17400 prescription orders were dispensed. Medications dispensed by ophthalmologists, pediatricians and surgical team as well as OTC meds dispensed to unregistered participants are not included in pharmacy numbers.

### 1.5.14. UNREGISTERED PARTICIPANTS

As is typical during the medical missions, there are usually more people waiting to be registered than can be seen due to time constraints. This year we estimate that 300 people who could not be registered received disease counseling and assorted over the

counter medications, including cough and cold remedies and analgesics. The mission did not keep a record of this segment of participants.

### 1.5.15. eMED NETWORK

Using the Vsee platform for Video Communication, the team piloted eMED Network platform during the medical mission and it worked really well. Vsee is a video communication application designed for use in Telemedicine and works well in very low bandwidth situations like at the mission sites. Physicians in the network were able to do 2-way, 3-way and even 4-way video conferencing and screen



sharing in combination with Whatsapp for telemedicine. Doctors in the USA performed remote consultations on Vsee with patients and attending practitioner at the mission sites. The Nexttel network in Cameroon was used during the pilot in Bangangte and Bana with no issues. Although tests conducted with MTN and Orange (Cell providers) worked, the team found out that Nexttel had a better connection at those sites.

### 1.5.16. SUMMARY OF DATA

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	TREATED	Biopsy	REFERRED
1	Registration (adults + children)	<b>5209</b>	-	-		
2	Adult Consultation	<b>3351</b>	-	-		
3	Pediatric Consultation	<b>1159</b>	-			
4	Vital Signs	<b>4081</b>	-	-		
5	Breast Cancer Screening (CBE)	<b>756</b>	5	0		5
6	Cervical Cancer Screening (VIA)	<b>748</b>	30	25	3	6
7	Prostate Cancer Screening (DRE)	<b>353</b>	70	5		19
8	Cardiology	<b>378</b>	-			
9	Dental	<b>437</b>	-	-		
10	Ophthalmology	<b>1126</b>				
11	Surgeries	<b>74</b>	-	74		-
12	Non-registered Vitals	<b>300</b>	-	-		-
13	Malaria, HIV, Hepatitis B	<b>320</b>	40			
14	Pharmacy	<b>4252</b>	-	-		
<b>Total seen</b>		<b>5209</b>	<b>145</b>	<b>104</b>	<b>3</b>	<b>30</b>

## **1.6. UNUSED MEDICATION**

As is customary, at the end of the medical mission, the Patcha Foundation donated the supplies, equipment and leftover medications to host and partner institutions and various clinics and health centers. Some medications were also donated to non-profit organizations that some medical mission doctors are involved in. Refer to Section 1.16. Far Reaching Effects of the CASEC Medical Mission, to read how these donations impacted communities beyond the medical mission sites.

Donated items are intended to help the needy patients 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.

All donated medications **MUST** be distributed for “FREE” and under the supervision of a physician to the poor in the respective communities. This, again, is a ripple effect of the CASEC missions.

Unused medications were distributed to:

- |                               |   |
|-------------------------------|---|
| 1. The Hospital of Bana       | 2. University of Buea Medical Students Alumni Association |
| 3. ASCOVIME                   | 4. Cameroon English Students Medical Association (CAMESA) |
| 5. Shisong Cardiac Center     | 6. St. Francis Polyclinic Kumba                           |
| 7. CBC Hospital               | 8. Providence Polyclinic, Bamenda                         |
| 9. Clinique de Koumassi       | 10. Our lady of Love Hospital, Logpom                     |
| 11. Atanga Foundation         | 12. Doctors of the Medical Mission                        |
| 13. Akum Health Centre        | 14. The Protestant Hospital of Ndogbati                   |
| 15. Awing District Hospital   | 16. MPUMA MWET Health Center                              |
| 17. The Hospital of Bangangte |   |

## **1.7. MISSION IMPACT ON THE COMMUNITY**

- ✓ The Patcha Foundation reached out again to thousands of Cameroonians in need of healthcare. This year, we touched over 5000 lives in one week!
- ✓ The drugs and medical supplies distributed are intended to meet particular health needs of the community.
- ✓ The educational sessions given by the nutritionist Mme Temfack Fogang Therese were well appreciated by the patients in all sites served. Mme Temfack’s educational sessions included discussion on nutrition and healthy lifestyle choices, chronic diseases like diabetes, hypertension and HIV, cancer awareness and risk reduction through diet.
- ✓ The volunteers, from every sphere of Cameroon, returned to their respective communities with the Patcha Foundation CASEC message. This expands awareness of the dangers of cancer and other related diseases beyond the medical mission. The

CASEC message emphasizes **C**ancer **A**wareness and prevention, **S**creening, **E**arly detection and **C**are (CASEC), as the way to fight cancer and related diseases.

- ✓ The drugs received by volunteers and partner institutions for free distribution are an extension of the mission and the CASEC message.
- ✓ Medical mission volunteers form a unique bond that fosters continued collaboration, personal support, friendship, and an amazing family-like relationship.

## **1.8. MEDICAL MISSION 2015 AND 2016 MAIN STATISTICAL COMPARISON**

This year, the Patcha Foundation impacted 5290 lives, over 1000 more than last year's 4208.

Even though fewer surgical procedures were performed (69 in 2016 vs 102 in 2015) the cases were more complicated and more invasive, requiring more time and expertise.

This year thanks to the partnership with PBI we had a dedicated ophthalmology team and therefore more patients received eye services and slightly shorter wait times than last year.

We also saw an increase in the number of pediatricians, General Practitioners, 2 additional full time and 2 part-time pharmacists this year compared to last year.

## **1.9. MEDICATION AND MEDICAL SUPPLIES**

This year, the Foundation received medication and supplies worth about 1 million dollars (US), over 500 million FCFA. We remain indebted to Americares, Direct Relief, Brother's Brothers Foundation, Kingsway Charities, Lambe Cameroon Diabetic Foundation, Zonetak Pharmacy, Medicap Pharmacy, National Vision, Restoring Vision, Prevent Blindness International, ASCOVIME, Community Dentistry On Wheels, Malaria No More-Cameroon.



Lightweight, portable, dental chair donated by Brother's Brother Foundation was transported to each of the mission sites for use by the dental team



## 1.10. MEDICAL MISSION EXPENSES

Exchange rate at the time of the mission and used in this reporting is 580 FCFA to \$1.00.

	<u>US \$</u>	<u>FCFA</u>
Medication and supplies purchased in USA	6,186	3,587,764
Medication and supplies purchased in Cameroon	6,827	3,959,600
Air Travel	23,832	13,822,560
Planning and Publicity	1,920	1,113,400
Lodging, Feeding, Security	14,376	8,338,300
Cardiology & CBC Expenses	2,291	1,329,000
Transportation in Cameroon	5,779	3,352,000
Imprinting, Misc. Supplies, Expenses in Cameroon	2,377	1,378,700
Photocopies, and Printing	621	360,110
Water and Beverage	1,192	691,300
Media, Video and Pictures	1,000	580,000
Estimated Value of Donated Medications and Medical Supplies from USA	973,076	564,384,335
Misc. Supplies In USA	1,161	673,461
Shipping of medication & supplies from USA	15,760	9,141,044
<b>Total Expenses</b>	<b>1,056,399</b>	<b>612,711,574</b>

## 1.11. PARTNERS / VOLUNTEERS

The success of the 2016 Medical Mission is attributed to the efforts of our partners and volunteers. Our primary partners this year included the host institutions (the District Hospital of Bana; the Ad-Lucem Hospital of Banka; the District Hospital of Bangangte; the Chief of Bana and the Bana Elites; the chief of Bangoulap and the Bangoulap Elites; the Association des Competences pour Une Vie Meilleure, (ASCOVIME), Cameroon Baptist Convention Health Services,, the St. Elizabeth Cardiac Center, Shisong; the Protestant Hospital Ndogbati, Cite Sic Douala; Cameroonian Nurses Association DC; Mobile Medical Care Services (MOMECS); Prevent Blindness International (PBI); Mr and Mrs. Ignace Siewe, Ms. Anie Nnakey and UBA Cameroon.

The foundation maintains a core group of medical and non-medical volunteers that are an integral part of its regular activities including the medical mission. One such group of volunteers has been fondly labeled "Our Young Doctors" and include Drs. Walters Arrey, Ellis Morfaw, Xavier Tchetrya, Vitalis Fete, Tiayah Munge and Baudelaire Njanteng Njankou. They were joined this year by Drs. Karen Kengne, Mbam Ambindei, Nana, Ndiabamoh Crespo'o, Takou

Horline, Nicole Alvine Ndongo Manga, Cheofor Roland Ngu, Pearl Boma Kamga, Therese Nicole Mbarga Essim, Taila Wenie Tagalak

Other core members of the CASEC Medical Mission volunteer team that participated in this year's mission are identified in the ensuing tables by [C]. A core member typically has served in more than one CASEC Medical Mission, and is instrumental in the planning and execution of the mission. A core partner has typically taken part in multiple missions or has pledged in future medical mission partnerships. Volunteers identified by [M] are also officers / management committees of the Patcha Foundation.

Within Cameroon, volunteers came from the Littoral, SW, NW, West, East, and Central Regions.

<b>VOLUNTEERS FROM THE USA</b>	
Dr. Bibum Georgette [C] [M] Mr. Emmanuel Ekumah Dr. Solange Nono [C] [M] Dr. Rosalie Makoudjou Ngachie Ms. Rhea Green Ms. Marie Françoise Songong Dongmo Mr. Richard Mbakop [C] Bah Bonie PaJoe Chungong [C] [M] Ms. Anne-Olive Nono	Dr. Marianne Siewe [C] Dr. Bih Irene Wakam [C] [M] Dr. Stella-Maris Adamu [C] [M] Ms. Germaine Noukelak Ms. Linda Eldora Ngachie [C] Ms. Gladys Happi, MSN Ms. Marie Patcha Jones [C] [M] Ms. Kahdijah Adamu Mr. Michael Adamu
<b>VOLUNTEERS FROM THE UK</b>	
Ms. Melanie Foju	
<b>VOLUNTEERS FROM CAMEROON</b>	
Dr. Walters Arrey [C] Dr. Ellis Morfaw [C] Dr. Tchetnya Xavier [C] Dr. Karen Kengne Dr. Vitalis Fambombi [C] Dr. Ndiabamoh Crespo'o Mbe-cho Dr. Ndemazie Nkafu Bechem [C] Dr. Tiayah Munge [C] Dr. Nicole Alvine Ndongo Manga Dr. Cheofor Roland Ngu Dr. Bougoue Takou Horline Dr. Pearl Boma Kamga Dr. Mbam Leonard Ambindei Dr. Therese Nicole Mbarga Essim Dr. Fritz Tambi	Ms. Jacqueline Patcha [C] [M] Ms. Ariane Moko [M] Ms. Mary Tomdio [C] [M] Ms. Susan Mufor [C] [M] Mr. William Nkem [C] Ms. Adeline Sede Kamga [C] [M] Mr. Bernard Besong [C] [M] Mr. Brian Njotsa [C] Mr. Eugene Nyuynenei [C] Mr. Emmanuel Foncha [C] Mr. Aime Joseph Fotso [C] Mr. Nyingefe Horisius Fohme [C] Ms. Ngo Nyem Hermine [C] Ms. Mbianda Blandine Ms. Douanla Marie Chantale

Dr. Zachs Ebongo Dr. Taila Wenie Tagalak Dr. Vicky Ngwa [C] Dr. Nana Ms. Goretti Nzenkeng Mr. Emmanuel Chia [C] Mme Therese Temfack [C] Ms. Temfack Claire Ranelle Ms. Reina–Marie Tchami [C] Ms. Tiara–Marie Njamfa [C] Mr. Teh Reagan [C] Mr. Kelly Blaise [C] Ms. Iya Lobe [C] Mr. Giron - Davis Ako Ebai [C] Mr. Daniel Toukea Djou [C] Ms. Eyome Choke Melvis [C] Mr. Agbormanyor Oben George Mr. Tibab Ihoe Brice [C] [M]	Ms. Mbei Elisabeth Ms. Comfort Sede Mr. Peeter Nguafac [C] Ms. Elizabeth Kamga Ms. Lumafor Sonia Ms. Nana Betty Ebako Ms. Esemé Synthia Emade [C] Ms. Anne –Hilary Makembe Mr. Marius Petto Mr. Anye Elvis Fru Ms. Mbianda Blandine Mr. Nyureri Eugene Bongaseurti [C] Mr. Tadoum Talla Christian Ms. Indira Sangui Mr. Tangi Tatta Larry Mr. Ayukafangha Ettando [C] Mr. EGA Djeukam Paul Sylvain Mr. Touko Hilaire
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## PARTNERS

<b>ASCOVIME [C]</b>	
Dr. Bwelle Georges [M] Dr. Florence Nseke Dr. Epoupa Frantz Ms. Masso Rostelle Ms. Takwi Linda Ms. Edzene Noel Christiane Ms. Djuidjie Irene Lyonelle Kamga Mr. Messanga	Ms. Mary Dement (USA) Mr. Ben Goldman (USA) Mr. Erick Heiman (USA) Mr. Jay Shen (USA) Ms. Emma Myers (USA) Ms. Elissa Ballas (USA) Mr. Nangfang Mesmin Mr. Stephan Meva'a Mr. Nzung Anicet
<b>CAMEROON BAPTIST CONVENTION (CBC) [C]</b>	
Mr. Njodzeven Divine Ms. Che Claudette Ms. Simeni Magdaleine	Ms. Tangi Gracious Ms. Mbumenyuy Mary Ms. Shey Janet
<b>SHISONG CARDIAC CENTER [C]</b>	
Dr. Tantchou Tchoumi Jacques Cabral Sr. Delphine Dzekashu	Mr. Ngoran Peter Wongibe Ms. Nicoline Barah Lukong
<b>CAMEROON NURSE ASSOCIATION – WASHINGTON DC [C]</b>	
Ms. Marie Francoise Dongmo, RN	Ms. Gladys Ngatchou Happi, MSN RN

<b>PROTESTANT HOSPITAL NDOGBATI [C]</b>	
Dr. Kamgueb Theophile Dr. Tchoutang Lucas	Dr. Baudelaire Njanteng Njankou [M]
<b>PREVENT BLINDNESS INTERNATIONAL [C]</b>	
Ms. Goretti Nzenkeng Dr. Fritz Tambi Dr. Zachs Ebongo	Mr. Emmanuel Ekumah Mr. Emmanuel Chia
<b>eMED NETWORK [C]</b>	
Bah Bonie PaJoe Chungong (USA) Dr. Anne Burnley Ekiti (USA) Dr. Oluwadamilola Olaku (USA) Dr. James Tansinda	Dr. Dr. Ellis Morfaw Dr. Vitalis Feteh Dr. Bih Irene Wakam (USA) Dr. Crespo'o Ndiabanoh
<b>DISTRICT HOSPITAL OF BANA</b>	
Dr. Josephine Woubinwou Dr. Nguechè Eric Mrs. Kameni Philomène Mrs. Tientcheu Clarisse Mrs. Sidjou Catherine Mrs. Noulaghue Pauline Mrs. Woktchou Catherine Mrs. Anong Makamthe Charlie Mrs. Jeungoue Marie Claire Mrs. Hameni Wemo Françoise Mr. Ega Djeukam Paul Sylvain	Mr. Wekam Christophe Mrs. Tchamdjou Josiane Mr. Yantcheu Appolinaire Mr. Kamga Joseph Mrs. Ngamo Georgette Mrs. Nzeket Aïchetou Mr. Elock Mankollo Hubert Mrs. Ngamo Tchamga Georgette Mr. Tientcheu Tchamdeu Mrs. Tchammeliu Martine Mr. Sitcheu Mrs. Monkam Tchokomeni Lucile Claire
<b>DISTRICT HOSPITAL OF BANKA</b>	
Dr. Julius Ndanji Achidi	
<b>DISTRICT HOSPITAL OF BAGANGTE</b>	
Dr. Bouba Siddik MFOKUE Mrs. Tatchou Leocadie Mrs. Polofea Natalie	Mr. Nguessi Jacques Mr. Nana Levi
<b>LOCAL VOLUNTEERS BANGANGTE(UDM)</b>	
Ms. Ngamgo Kamdem Jenny Christelle Ms. Kemhou Meyawo Marleine Mr. Fontep Fongang Mr. Kamgang Youbi Xavier Dylan Mr. Damtse Guy Paulin	Ms. Sah Ngoua Meffo Daniele Audrey Ms. Youmbi Tankam Ingara Mr. Nouwedoui Tieyam Orelie Cedric Mr. Philippe Albert Lingo



## **1.12. OTHERS COLLABORATORS**

### **1.12.1. Hotels**

Centre Touristique de Bana.  
Crystal Hotel and Penko Hotel in Bangangte

### **1.12.2. Transportation**

General Voyages Bus Service and ASCOVIME transported volunteers to all locations throughout the period of the medical mission, and Noblesse Agency transported volunteers for the return to Douala.

### **1.12.3. Drinks**

UCB provided a variety of soft drinks and water.

### **1.12.4. Donors**

The Patcha Foundation sincerely appreciates and recognizes the efforts of all who contributed materially, financially, or otherwise to the success of the 2016 Medical Mission. The complete donor list is found on the Foundation's website ([www.patchafoundation.org](http://www.patchafoundation.org)).

## **1.13. MEDIA REPORTS**

CRTV radio and Canal 2 International provided pre-mission coverage through the popular programmes Hello and NEWSROOM respectively. A press-conference was organized on Friday June 18 with many media outlets including The Sun, Equinoxe, STV, La Nouvelle Expression, Cameroon Tribune, Mutations, CRTV, LTM TV, RTM radio, Balafon, Nostalgie Cameroon, Ouest Echo. Canal 2 International also covered the main event in Bana.

## **1.14. 2016 MISSION CHALLENGES**

### **1.14.1. Limited sponsorship:**

The Patcha Foundation has always relied on the goodwill and support of the community for the success of the missions. However, this year the mission was almost compromised when support that had been expected from the Bangangte elites and the community was withdrawn last minute. That resulted in insufficient accommodations, meals, beverages and transportation. The mission proceeded due to the determination and resilience of the foundation's members and volunteers, and with great financial sacrifice of a handful of key members and sponsors to whom we are eternally grateful.

#### **1.14.2. The planning phase:**

Planning for this year's medical mission was long and difficult. There were frequent trips to Yaoundé to acquire exoneration for the sizeable consignment of medications and supplies necessary to be brought into Cameroon for the medical mission. The exoneration process is inexcusably time-consuming and costly. We are asking the government via the Ministries of Health and Finance to streamline the process so that those who are engaged in charitable work are not over-stressed and over-burdened.

There were also multiple trips made to the mission sites of Bana, Bangoulap and Bangangte. Planning for the Bangangte segment was unusually prolonged and difficult, and the mayor and elites were unyielding, requiring more than 50 trips by the planning team, including the VP and Medical Advisor for Cameroon Dr. Baudelaire Njanteng Njankou and Program Manager Ms. Ariane Moko.

These trips combined, put added financial and time constraint on the foundation.

#### **1.14.3. Patient overflow:**

Community response can be overwhelming and no matter how hard we try sometimes we are just not able to attend to everyone who shows up. This year we estimate 300 people could not be screened. They were counseled and given a combination of OTC medications like vitamins, acetaminophen, vaseline, and cough and cold products.

#### **1.14.4. Lack of equipment and supplies:**

We continue to suffer from a lack of key equipment and medications. This year we did not have adequate dental instruments; and twice we had to drive to Bafoussam, a neighboring city, to purchase surgical supplies and prophylactic drugs. These are items that were either not available from our donors or were in insufficient quantity: Ceftriaxone 1g, Yellow Betadine, Red Betadine, Saline 1% 500cl, Perforated Plaster, Xylocaine 3%, Dexamethasone 1ml, Alcohol, Catherer (size 15, 20, 22), Ephedrine 50 mg, Spinal Needle, Surgery Blades, Fentanyl 100mg FL/2mL, Vicryl 2, Vicryl 1, Vicry 0, Diazepan 10 mg, Marcaine, 10ml syringes.

#### **1.14.5. Travel delays:**

This year around the period of the mission, flights into Cameroon were inundated with arrival delays and lost luggage. Some volunteers from the USA did not receive their luggage until 3 days after their arrival in Cameroon. Some bags with medications and supplies also arrived 3 days late, and with some items missing. One bag with medications and supplies did not arrive until after the mission was over. The Foundation incurred extra expenses to retrieve these delayed arrival bags and to replace some missing items.

## 1.15. SOME TESTIMONIES

### Dr. Bibum Georgette

*The pulse oximeters donated by Americares were very helpful and useful during our 2016 CASEC Medical Mission in Cameroon as evidenced by the following 2 examples*

#### **Case #1: Umbilical Hernia Repair on an 11 months old infant boy.**

*The surgery was done under general anesthesia and the infant developed laryngeal spasms during the operation and desaturated. The pulse oximeter quickly picked it up, alerted the anesthesiologist who promptly realized that he was desaturating and swiftly initiated resuscitative measures by giving him supplemental oxygen and ultimately inserting a LMA (Laryngeal Mask Airway). The pulse oximeter allowed us to closely monitor his oxygen saturation, prevented the development of irreversible hypoxia and allowed us to safely perform the very much needed hernia repair.*

#### **Case#2: Total Abdominal Hysterectomy on a 46 years old woman with a history of menorrhagia secondary to symptomatic uterine leiomyomas.**

*The case was done under general anesthesia however the patient experienced nausea and vomiting during the procedure and desaturated. Thanks to the pulse oximeter this was promptly diagnosed and a LMA inserted as she was becoming apneic. Once the LMA was in place, her oxygen saturation was easily and closely monitored during the rest of the procedure which was uneventful.*

*Needless to say that these Lifebox Pulse Oximeters saved lives and definitely gave us piece of mind in the operating room.*



Picture of the pulse oximetry in use

Thanks Americares

Thanks Lifebox

## **Dr. Cabral Tantchou of Shisong Cardiac Center**

*The Medical Mission of the Patcha Foundation remains a wonderful initiative. We would like to appreciate this love and concern for humanity by the Patcha Foundation. All the donors and facilitators of this Medical Mission impact in a special way on communities particularly the underprivileged sick people who hardly visit hospitals or only do so very late. Cameroonians and the people living in Cameroon would continue to reminisce about this act of love and charity. In a special way, we also appreciate all the volunteers from the U.S.A and Cameroon for their various contributions. The diversity of specialized services gives this mission the image of a 'panacea'. We pray for more missions like this to change the lives of Cameroonians and to impact positively on the health of the people and on the economy of Cameroon. Health and wealth are inseparable. (**Source:** Shisong Report on the 2016 CASEC Medical Mission).*

### **1.16. FAR REACHING EFFECTS OF THE CASEC MEDICAL MISSION**



#### **Health campaign to Donga Mantung, Northwest Region, Cameroon**

July 14, 2016

Led by Dr. Arrey Walters, and joined by local medical and non-medical volunteers, the health campaign conducted at the Ako District Hospital, benefited over 100 adults who were screened for diabetes and hypertension. Unused medications from the CASEC Medical Mission were donated and given for free as prescribed by the consulting physicians.



#### **Health Campaign by the University of Buea Medical Students Alumni Association**

July 2016 – August 2016

This health campaign was conducted in the SouthWest Region, Cameroon, and involved medical mission volunteer physicians, Dr. Vitalis Fetei and Dr. Nicole Mbarga.





## **Health Campaign by the Cameroon English Students Medical Association (CAMESA)**

July 31, 2016 – August 7, 2016

Health campaign in Ekondo Titi, a village in the south west region of Cameroon.

1800 people were consulted including 400 children, 980 women and 420 men. 30 surgeries were performed by Dr. Georges Bwelle and the ASCOVIME team, including hernias and acute abdomen. The most symptoms treated were malaria, gastric problems, HTN, diabetes, polyarthralgia UTI, URT... Services offered were GP consultations, lab (hepatitis, HIV, malaria, syphilis...), vital signs, and surgery. There was no cervical, prostate cancer screening. There were 5GPs and one anesthetic resident accompanied by about 50 medical students from different med school in Cameroon but most from the Yaounde school of medicine (CUSS).

CAMESA is thankful for the pioneering by the brand of care that makes a difference, PATCHA foundation, through their example and the left over mission drugs donated to CAMESA.



## **Surgery at the Protestant Hospital Ndogbati, Douala**

July, 2016

This 7 year old boy was brought to the medical mission in Bangangte with a hypospadias, which is a birth defect in which the urethral opening is located on the underside of the penis instead of the tip. Because of the complicated nature of the procedure the boy was transported to the Protestant Hospital Ndogbati, Douala, where Dr. Kamgueb Theophile, a pediatric surgeon, MMPF member and MMPF medical mission volunteer performed the surgery for free.



## **MMPF raising funds to help pay for this surgery**

July, 2016

11 year old male with imperforated anus and ostomy. Surgery to create a rectum and anus as well as close the colostomy will be performed in Yaounde, Cameroon. MMPF is trying to raise the 1 million FCFA (\$2000) to pay for the procedure.

## 1.17. RECOMMENDATIONS FOR FUTURE MISSIONS

- ◆ The selflessness of the mission team is an indication that the spirit of volunteerism is alive within our local context. More volunteers including clinicians and other health professionals are thus encouraged to sign up for future missions organized by the Patcha Foundation in order to continue assisting the ailing populations of Cameroon.
- ◆ The Ministry of Public Health and the Ministry of Finance should institute a hassle-free exoneration process so that the Patcha Foundation and other NGOs can import the medication, medical supplies and equipment required to serve the disadvantaged in Cameroon.
- ◆ We appeal that more sponsors join the Patcha Foundation in the fight against Cancer and other chronic diseases in Cameroon. All donations are tax deductible.

## 1.18. APPRECIATION

The Patcha Foundation continues to honor the selfless spirit of donors, partners and volunteers. Without these resources put together, the mission is at stake. THANK YOU for accepting to serve our beloved Cameroon. Thank you for thinking about the poor and underserved in our communities. Thank you for making a difference in the fight against cancer.

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

- ◆ His Majesty Sikam Happy V, Chief of Bana, for his steadfast support and generosity towards the success of this mission and for hosting the mission in Bana and Banka, bearing the burden of lodging and feeding over 140 volunteers, and providing transportation throughout the mission.
- ◆ His Majesty Yonkeu Jean Marie, the Chief of Bangoulap for his support and generosity during the mission in Bangoulap/Bangante.
- ◆ Mr. & Mrs. Ignace Siewe for their endless support throughout the mission.
- ◆ UCB and Nicole Kadji
- ◆ The elites of Bana for their support, including the following:  
Chef Supérieur Baboate, Mr. Juimo Monthe Claude, Mrs. Esther Tiako, Dr. Alain Georges Juimo, Mr. Juikou Jean Prosper, Mr. Tchokote Clovis, Mr. Nana Charlemagne, Mr. Ngassa Willy, UBA, Le Groupe 15, Amical 2e samedi, Amical 3e samedi, D.O Bana, Mrs. Seme Elizabeth
- ◆ The elites of Bangoulap for their support
- ◆ The SDOs of the Nde and Haut-Nkam Region
- ◆ The Mayors of Bana and Bagangté
- ◆ The Commissioner of Police in Banka



- ◆ The security officers
- ◆ Dr. Georges Bwelle, the Patcha Foundation Cameroon Vice-Chair, and the entire ASCOVIME family
- ◆ The Protestant Hospital of Ndogbati headed by Dr. Theophile Kamgueb
- ◆ St. Elizabeth Cardiac Center Shisong, headed by Sr. Delphine Dzekashu and Dr. Cabral Tantchou
- ◆ CBC Hospital Women's Program, headed by Mr. Njodzeven Divine
- ◆ Mobile Medical Care Services (MOMECS) for partnering with the Foundation and for being a core unit at the medical mission
- ◆ The medical students from the USA, from Howard University and Midwestern University, who continued the tradition of medical mission volunteers
- ◆ Cameroonian Nurses Association-Washington, DC
- ◆ Prevent Blindness International
- ◆ The eMED Network Team
- ◆ Safe Bridge of Help and the Founder and CEO Richard Mbakop
- ◆ The Hotel Centre Touristique of Bana is well appreciated for their wonderful service rendered to volunteers.
- ◆ The Hotel Crystal Fouandingong, Bangangte
- ◆ Penko Hotel Bangangte
- ◆ The Medical Director and staff of the District Hospital of Bana
- ◆ The Medical Director and staff of the District Hospital of Bangangte
- ◆ The Medical Director and staff of the Ad Lucem Hospital, Banka
- ◆ The student volunteers from Universite des Montagnes, Bangante
- ◆ CRTL, Canal 2 and other media
- ◆ United Bank for Africa Cameroon and Anie Nnkakey
- ◆ Malaria No More Cameroon and Olivia Ngo
- ◆ GMJ Travel and Edith Tengen for impeccable travel service
- ◆ Brussels Airlines
- ◆ Mission drivers Emmanuel Foncha, Stephane Meva'a and Aime Fotso
- ◆ Mission audio / visuals, Teh Reagan and Kelly Blaise Achu
- ◆ Dr. Baudelaire Njanteng Njankou for his tireless efforts in planning and to rally local elites behind the mission
- ◆ Mr. Manyo Besong and Ms. Elmer Nene Jimla Shadzeka for media coordination
- ◆ PartyGig Cameroon for printing and logistics support

- ◆ All donors, including corporate donors listed here. The complete list of donors is available on [www.patchafoundation.org](http://www.patchafoundation.org).
  - **From Cameroon** - Addax Petroleum Cameroon Company, BOCOM S.A International, KIA Motors, FabAfric, SNS Mobility, Mary Tomdio, Collins Ajifack
  - **From USA** – Americares, Brother's Brother, Kingsway, Prince George's Hospital Center, Medicap Pharmacy, Zonetak Pharmacy, Lambe Diabetic Foundation, Rosedale Smiles, National Vision, Restoring Vision, Community Dentistry On Wheels, Transit and Procurement Services, Mrs. Anwi Etame, Prevent Blindness International, Washington Adventist Hospital [Christopher Good & Ingrid Awong]
- ◆ ALL VOLUNTEERS, medical and non-medical, all DONORS of cash and in-kind donations and all those who stand with us in prayers

### 1.19. DEPARTURE

The Patcha Foundation volunteer team left Bangangte at 11 am on Saturday June 25, 2016, after a visit to the Fondation Jean-Felicien Gacha, where Chief Yonkeu of Bangoulap invests in the youth of the area to build them up and to preserve Cameroonian culture.

*the Michael + Mavritia Patcha foundation congratulates Fondation Jean-Felicien Gacha on this impressive initiative to give back to the community, invest in the youth and the future, and preserve Cameroonian culture.  
Stella-Maria Patcha Adams  
President.*



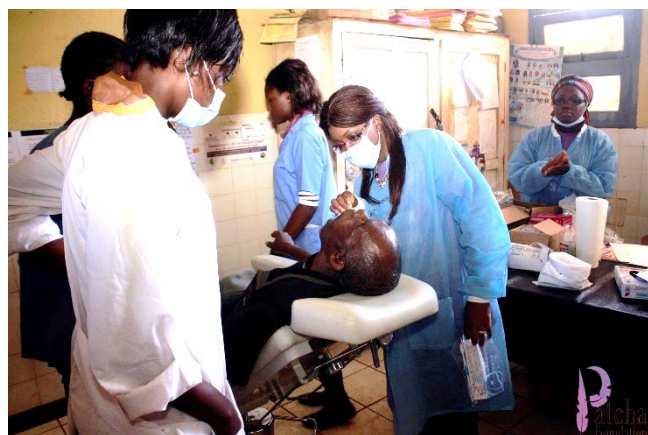
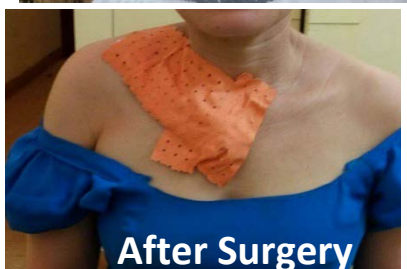
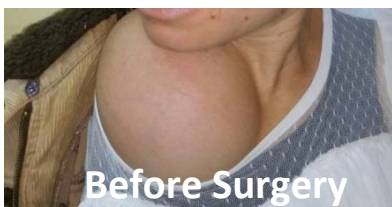
### 1.20. 2016 MISSION PICTURES











For more pictures, select **View 2016 Galleries** when you visit  
<http://patchafoundation.org/services/medical-mission-program/>