the Michael & Mauritia Patcha Foundation
the brand of care that makes a difference

REPORT

THE CASEC MEDICAL MISSION 2017

June 26 to June 30
Maroua, Far North, Cameroon

CONDUCTED BY

THE MICHAEL & MAURITIA PATCHA FOUNDATION

Compiled by Carine Mouchingam, 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, Screening & prevention, 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

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!

President's 2017 Mission Letter

Acronyms to Note:

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

MM17 – **M**edical **M**ission 20**17**

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

eMed – The Foundation's Telemedicine Platform

Letter from the President

August 2017

Dear friends,

There are many reasons this mission to Maroua was our most challenging yet.

We faced the security threats from the Boko Haram extremist group. This region continues to suffer the devastating effects of several years of attacks by this group. There is a large population of displaced persons and medical personnel have abandoned the region, leading to a broken health infrastructure and physician to patient ratio of 1 to 50,000, according to international relief organizations.

Some of our key volunteers withdrew from the mission because of the risks. The US embassy in Yaounde issued travel advisories for the area and one week before we arrived the market was bombed. So, the concerns were justified.

Getting to Maroua was also challenging. Taking a team of 140 volunteers and 5000 pounds of medical equipment, drugs and supplies to Maroua was even more so. The journey is approximately 2 days by road or train and 2 hours by air from Douala. One way.

Suffice to say that the planning team put in a lot of effort and time to mitigate these difficulties and we are thankful we pulled it off albeit with some transportation delays. Over 3400 people were able to receive much needed medical, dental and pharmaceutical interventions, with 140 surgeries performed and over 400 screened for cancer

However, our celebration has been tempered by the dire conditions in which we found our neighbors in Maroua…and to which we left them when we closed the mission. Friends, the people of this region are truly some of the forgotten ones. There is a high incidence of malnourished and under-nourished children. The hospital is under-staffed and lacks basic equipment and supplies. Exposed gutters run through the grounds leaving a stench in the air. The literacy rate is low as most residents, especially females, have only mid- primary school education or none at all. Conversely there is a high rate of child marriages. We saw first-hand worsening health and the negative impact on lifestyle from preventable and treatable medical conditions, including breast cancer. The fact that the entire region, and its closes neighbors Adamawa and North, have no cancer diagnostic or treatment resources is a cause for concern that must be addressed.

This report covers some of the cases consulted during the mission to Maroua in June 2017, but there were a lot more that we did not get to see or could not help. The cases for follow up cannot be handled in a mission setting. They require more specialized intervention and long term rehabilitation. Services provided during the mission are free. However, when care is provided outside of the mission, patients have to pay out of pocket. Post mission care is just as important and as much a determinant of mission success as all other mission activities. Please support the medical care of these patients by making a tax-deductible contribution online at www.patchafoundation.org. You may designate in the comments who your donation is for. Status update on each patient will be shared.

I urge you to read this report, and resolve to continue this journey with us, to forge ahead on our mission to alleviate pain and suffering due to health challenges; to bridge the gap for those who do not have access to health care resources; to be of service to the underserved; and to reduce the cancer burden in disenfranchised communities, one region at a time.

Thank you and God bless,

Stella-Maris

1.0. INTRODUCTION

The mission of the Michael & Mauritia Patcha Foundation (the Foundation) is to contribute to improvement of the community's health, focusing on increasing **C**ancer **A**wareness, **S**creening/prevention, **E**arly detection and **C**are (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. The vast majority of Cameroonians will never undergo any type of cancer screening. 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.

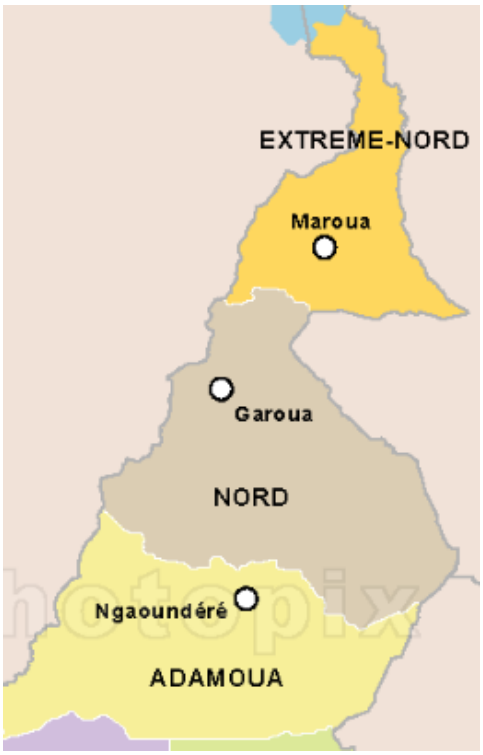
The 2017 Medical Mission to Maroua is the fifth that the Foundation has organized to Cameroon, and sixth total including one to Bo District in Sierra Leone in 2016. So far in Cameroon over 20,000 people have benefitted from the FREE medical services provided under this program, including cancer screening & treatment, vital health screening and consultation, surgery, cardiology, ophthalmology and dental services and medications.

1.1. 2017 MISSION GOALS

- The 2017 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 surgeries
- 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 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, malaria, PSA and urinalysis
- Free screening for and management of pediatric malnutrition, referral of severe cases
- Free medications
- Educate the public and create awareness on critical health issues, especially Cancer, HIV/AIDS, malnutrition especially in pediatric population, Diabetes and Hypertension, Trachoma, Pterygium.
- General Health Consultations
- Fully integrate MMPF e-Med telemedicine platform into mission activities
- S.A.WYZE Bands Show and Tell
- Training of medical and non-medical workers/volunteers
- Other health services as determined appropriate by our medical providers

1.2. MISSION SITE AND ACTIVITIES



Site – Regional Hospital of Maroua

This year's Medical Mission took place in the Far North (Extreme-Nord) Region of Cameroon, at the Maroua Regional Hospital. Maroua is the capital of the Far North Region of Cameroon, stretching along the banks of the Ferngo and Kaliao Rivers, in the foothills of the Mandara Mountains.

The choice of Maroua was motivated by extreme need in terms of lack of health resources in the Far North Region, the extreme poverty of people in the area and the large population of displaced people. Based on 2017 Reliefweb publication:

- The Far North is host to 87,000 of Cameroon's over 360,000 refugees, 191,000 internally displaced people (IDPs) and 36,000 Cameroonian returnees.
- Overall, including local Cameroonians, an estimated 1.6 million people in the Far North need urgent humanitarian assistance, more than half of 2.9 million people who share the same plight throughout the country.
- Influx of refugees fleeing Boko Haram persecution in neighboring Nigeria
- There are over 1,855,695 inhabitants in the area with only one major health facility
- Physician - Population ratio of 1:50000+
- No specialized medical services including oncology and cardiology in the area

(Reference: Reliefweb: The Humanitarian Fallout from Cameroon's Struggle Against Boko Haram)

The medical mission was therefore an opportunity to provide much needed comprehensive health care and cancer screening to the disenfranchised people of Maroua and neighboring regions.

Patients came from all over the Adamawa, North and Far North Regions including Garoua, Ngaoundere, Tokombere and Maiganga.

The choice of the Regional Hospital of Maroua was based on the fact that it is a secure and accessible facility with adequate grounds to host the mission. It is the biggest and main medical center in the Far North Region. The Operating Room (OR) was well-equipped to handle the hundreds of surgical cases anticipated. At the time of the medical mission, Medicins Sans Frontiers [(MSF), (Doctors Without Borders)] was present and using the OR as well.

1.3. MISSION IMPACT ON THE COMMUNITY

- ✓ The Patcha Foundation reached out again to thousands of Cameroonians in need of healthcare. This year, we touched over 3400 lives in one week!
- ✓ Over $900,000 worth of drugs and medical supplies targeted to meet particular health needs of the community were distributed.
- ✓ 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.

- ✓ 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.
- ✓ Capacity building: to get the cervical screening program started at the Maroua Regional hospital three nurses were trained in cervical cancer screening technique visual inspection with acetic acid or with Lugol's iodine VIA/VILI. In addition, a donation of testing materials and supplies was made to the hospital.
- ✓ 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.
- ✓ Technology and innovation: MMPF eMed Telemedicine platform was fully integrated into the medical mission, with a network of 90 practitioners across 4 continents and 5 countries, providing diagnostic support of difficult cases. The MMPF eMed continues post mission, providing on–going support to local physicians.
- ✓ Medical mission volunteers form a unique bond that fosters continued collaboration, personal support, friendship, and an amazing family-like relationship.
- ✓ 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.
- ✓ 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.

1.4. 2017 MEDICAL MISSION SERVICES

A. Medical services offered were as follows:

B. General consultations were performed by volunteer primary care physicians from the USA and Cameroon, headed by Dr. Bih Wakam, and the Patcha Foundation “Volunteer Medical Corps (VMC)” team.

C. Pediatric consultations were performed by VMC pediatricians, headed by Dr. Vicky Ngwa and Dr. Nicole Mbarga.

D. Breast (Clinical Breast Exam) and cervical cancer screening (Visual Inspection with Acetic Acid), and biopsy were performed by the Cameroon Government Ministry of Health National Cancer Control Program (NCCP).

E. Gynecological services were performed by physicians of the VMC and by NCCP. The lead gynecologist was Dr. Gaelle Badjang.

F. Prostate screening (DRE) was performed by volunteer physicians from Cameroon and NCCP. Prostate Specific Antigen (PSA) screening was performed by MOMECS (Mobile Medical Care System).

G. Cardiology consultation and screening were performed by the Shisong Cardiac Centre team led by cardiologist Dr. Cabral Tantchou.

H. Dr. Theophile Kamguep and the surgical team of the Protestant Hospital of Ndogbati Cite Sic, Douala, were in charge of the Pediatric Surgery department; Dr. Georges Bwelle and his ASCOVIME team handled adult surgery. Members of the VMC joined each team in our effort to contribute towards training of the next generation of surgeons.

I. Dental services were provided by Dr. Tchoffo Desire Ishmael, Dr. Menyih Tamotsap Ronald, and Dr. Nseke Cecile Florence of ASCOVIME

J. Ophthalmology services were provided by Prevent Blindness International (PBI) led by the founder Mr. Emmanuel Ekumah.

K. Mobile Medical Care System (MOMECS) led by Mr. Etando Immanuel provided laboratory services including Malaria Screening (RDTs), HIV Screening using Determine & 1st response, Hepatitis B Surface Antigen, Hepatitis C Antigen, Haemoglobin concentration checks, Syphilis, 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.

L. The Pharmacy team comprised of pharmacists from the USA and Cameroon and support staff from Cameroon. Dr. Rosalie Ngachie Makoudjou was the head of the team.

M. Mme Therese Fogang Temfack, MMPF nutritionist, provided nutrition and lifestyle counseling. Practitioners and Pediatricians also provided nutrition counseling.

N. Diabetes and hypertension counseling was provided by Nutritionist, Mme Temfack, and the General practitioners.

O. 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 Dr. Anne Burnley, Dr. Ellis Morfaw and Bah Bonie Chungong.

P. WYZE Band Show and Tell introduced the innovative S.A. WYZE bands that will be capable of biometric measurements for future applications. For MM17, it was featured only as a way to introduce the technology to participants of the medical mission. This Field Coordinator was Ms. Khadijah Adamu.

Q. General registration and vital signs were under the supervision of Mme Mary Tomdio and Mr. Ebai Davis.

R. Training of nurses in cervical cancer screening using VIA/VILI was provided by NCCP.

2.0. 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 5%, mostly due to human factors such as omission in capturing patient data. Sometimes patient data is not captured in the shuffle of crowd control. This year, over 60% of the volunteers responsible for recording data were new, working under non-routine conditions. Due to transportation issues, the volunteer pre-mission orientation meeting that would have provided face-to-face guidelines did not occur. The data recording process improved as 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.

2.0.1. GENERAL REGISTRATION

S/N	ITEM	Women	Men	Children (under 18 yrs)	Total
1	Registration	**1691**	**969**	**792**	**3452**
	Total Registration	**3452 patients registered for services**			

REGISTRATION REMARKS

The mission was delayed by 2 days due to transportation issues from Douala and Yaounde, where almost all volunteers traveled from. During those 2 days, huge crowds of anxious people gathered around, waiting eagerly for the mission to start. Led by volunteer Aime Fotso, a handful of volunteers who had traveled ahead on the 2-day bus journey to Maroua, began registration the evening before the start of the mission.

The Registration Unit, headed by Mme 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, and at times, difficulties with crowd control. A few local volunteers joined this unit as translators.

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.

2.0.2. VITAL SIGNS

S/N	ITEM	Women	Men	Children	Total
1	Total Screened	**1691**	**969**	**-**	**2660**
2	Hypertensive	**349**	**269**	**-**	**618**
3	Diabetic	**62**	**33**	**-**	**95**

VITAL SIGNS REMARKS

About 25% 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.

2.0.3. FAMILY MEDICINE – PRIMARY CARE CONSULTATIONS

S/N	ITEM	Women	Men	Children	Total
1	Consultations	**1518**	**800**	**65**	**2383**

PRIMARY CARE REMARKS

The ages ranged from newborns to as old as 101. The most frequent pathologies were peptic ulcer disease, osteoarthritis, lumbosciatica, poorly controlled hypertension, and eye disorders. The few diabetes cases encountered were also poorly controlled. Unusual was the considerably high number of patients that presented with enlarged multinodular goiter that they had for years and most never consulted a doctor before about it. One Practitioner, for example, saw a series of about 10 patients with multinodular thyroid goiters. None had never consulted a physician before about their condition.

2.0.4. FAMILY MEDICINE – PEDIATRIC UNIT CONSULTATIONS

S/N	ITEM	Women	Men	Girls<18 yrs	Boys<18 yrs	Total
1	Consultations	**70**	**22**	**186**	**211**	**490**
	(parents accompanying children were consulted by the pediatric team)					

PEDIATRIC REMARKS

The Pediatric (PED) Unit was set up in a tent at the Maroua Regional Hospital grounds, where there were three days of consultation. 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 six doctors and two nurses who served as translators. On day one, we started with the setup of the tent clinic, and concluded on day 3 with some pictures with our new friends.

The team registered about 490 patients, which included cases of pediatric oncology and general pediatric surgical cases of hernias, hydroceles, undescended testes, a case of pregoria, several malnourished and vitamin deficient children, and a case of imperforate anus in a twelve year old girl with recto-vaginal fistula.

General surgical cases were referred to the medical mission pediatric surgical team, with some of them benefiting with immediate surgical intervention.

Malnutrition is a major cause for concern, as there were several cases of varying degree of malnutrition. Some of the causes of the high incidence of malnutrition are underlying HIV infections, sickle -cell diseases with recurrent infections, other chronic conditions, food scarcity in large families, ignorance and poverty.

One instance is a 13-years old boy weighing 23kg (under 51lbs), with no muscle mass and a thin skin over his bones. All muscles including the heart muscle are wasted. He had an enlarged spleen and liver, and oedema of the lower limbs. He benefited from HIV testing, which was negative and cardiology consultation with heart sonogram that was not conclusive of any heart pathology. There was no loss of appetite. He was referred for a chest X-Ray and started on Cameroon's national protocol for management of severe malnutrition. He was one of many children that benefitted from the hyper-caloric milk RealDiet, that was donated to the Patcha Foundation for the Maroua mission by MMPF volunteer pediatrician Dr. Vicky Ngwa.

There was such a high incidence of anemia that it seemed impossible to find a child without it. The pediatric team could identify patients simply by watching the sadness in their pale looking eyes, and observing their behavior. One such behavior was Pica, a symptom of iron deficiency, where children ate things other than food such as sand. For many of these children eating sand was common.

The PED team found only three cases of normal hemoglobin of 11, 12, and 13g/l. The rest were all below normal limits. The suspected case of Pott's disease (tuberculosis of the spine) was not confirmed because it required x-ray of the vertebrae. This service was not covered by the scope of the mission. The patient was referred.

The overwhelming number of children with residual limping due to poorly managed documented fractures was also a cause for concern.

Other rare diseases diagnosed by pediatric team included:

- Progeria, diagnosed in an eight-years old boy. Drugs were dispensed, parents counseled and referred for follow up by local physician.
- Muscular dystrophy, a gender-linked, genetic disorder with pseudo-hypertrophy of the calves.
- There were two cases of ichthyosis, which manifests as dry scaly skin. Treatment is symptomatic with moisturizer, antihistamine when itchy and antibiotics in case of secondary bacterial infection. Moisturizer and antihistamine were dispensed, mothers were counseled and cases referred to local doctor for follow up.

GENERAL CONCERNS:

- The population consulted seemed to generally be in poor health.
- There were quite a few cases of young girls in their early teens who were pregnant or were already mothers themselves, which relates to the culture of child brides.
- Most of the children seen do not go to school and could not communicate with the PED team in french, and neither could the some of the parents.

2.0.5. BREAST, CERVICAL, PROSTATE SCREENING

S/N	ITEM	Screened	Normal	Abnormal	Biopsied	Treated	Referred
1.	**Breast**	**274**	271	3	-		-
2.	**Cervical**	**274**	264	10	10		-
3.	**Prostate (NCCP)**	**34**	33	1	-		1
4.	**Prostate (GPs)**	**145**		5 **			5 **

** This data is also included in the Laboratory Unit Report.

BREAST, CERVICAL, PROSTATE SCREENING REMARKS:

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)
- Capacity building: training local nurses in VIA/VILI

These free cervical, breast and prostate cancer screenings were conducted by Cameroon's National Cancer Control Program (NCCP), with support by a team of two doctors and two nurses from the Maroua Regional Hospital.

Genealogical consultations were provided by mission Medical Volunteer Corps (MVC) physicians along with the team from NCCP. The head gynecologist was Dr. Gaelle Badgang

Upon arrival, the Foundation had prepared two consultation boxes for the screening of cervical and breast cancer and one box for prostate cancer. 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.

Workshops were held every morning before screening started whereby some basic knowledge on cancer risks, prevention, early detection, treatment and care was shared with the population.

Building local capacity is one of the mutual objectives of MMPF and NCCP. During the 2017 medical mission three local volunteers, all nurses at the Maroua Regional Hospital, were given training and are thus capable of performing the VIA/VILI method. At the end


of the mission the hospital was given a donation of screening materials and supplies to continue impacting their communities. We hope to replicate this in other underserved communities as part of our cancer fighting objectives.

In addition to the 34 men screened for prostate by the NCCP team, as estimated 145 men were screened by General Practitioners during consultations. Those suspected as abnormal were sent to the Laboratory Unit for PSA testing.

Six prostate cases were referred for further diagnostic tests, 4 for PSA levels, and 2 for ultrasound of the prostate.

The following treatment is recommended for patients with minor lesions of the cervix with support from the Patcha Foundation, NCCP and CBCHS (Cameroon Baptist Convention Health Services.)

S/N	Description	Qty	Unit Cost USD *(CFA)*	Total Cost USD *(CFA)*	By
1	Biopsy	10	$27 *(15 000)*	$270 *(150 000)*	Anatomopathologist HGOPY
2	Treatment of lesions **	10	$180 max *(100 000 max)*	$1800 *1 000 000*	CBCHS
4	Hospitalization	10	-	-	
	TOTAL		**$207.30** ***115 000***	**$2073** ***1 150 000***	

** Treatment of lesions will depend on the characteristics of the lesion, thus will vary between $54 (30 000 FCFA) to $180 (100 000FCFA).

HGOPY: l'Hopital Gyneco-obstetrique et Pediatrique de Yaounde

2.0.6. CARDIOLOGY

S/N	ITEM	Day 1 June 28	Day 2 June 29	Day 3 June 30	Total
1	№ of Patients	66	67	42	175
2	№ of Males	37	32	12	81
3	№ of Females	29	35	30	94
4	№ of Children	07	08	02	17
5	№ of Adults	59	59	40	158
6	№ of Electrocardiograms	00	08	17	25
7	№ of Echocardiograms	15	18	18	51
8	Age Range of Patients	07 yrs-85 yrs	18 mths-83yrs	9 mths-76 yrs	9 mths –85 yrs

CARDIOLOGY REMARKS:

Statistics and Common Pathologies

The Registration, Vital signs and General Consultation Units referred patients to the Cardiology Unit for further screening. During the 2017 CASEC medical mission, the Cardiac Centre consulted 175 patients. Most of them were diagnosed with hypertension,

palpitation, diabetes, and chest pain. There were some cases that require specialized follow up of their treatment at the Shisong Cardiac Centre.

Cases for Follow-up

S/N	Age	Sex	Address	Diagnosis	Remarks
1	38 yrs	F	Maroua	Severe Mitral Valve Stenosis	Requires Open Heart Surgery
2	14 yrs	F	Maroua	Severe Mitral Valve Regurgitation, Tricuspid valve regurgitation and moderate aortic valve regurgitation	Requires Open Heart Surgery
3	18 months	M	Maroua	Communication interauriculaire (CIA), Large Atrial Septal Defect	Requires Open Heart Surgery
4	2 yrs	M	Mouda	Tetralogy of Fallot	Requires Open Heart Surgery
5	48 yrs	F	Yagoua	Ischemic Heart Disease, Angina	
6	9 months	F	Maroua	Intermediate canal	Requires Open Heart Surgery
7	32 yrs	F	Maroua	Aortic Valve Regurgitation	

Cardiology Conclusion

The 2017 CASEC Medical Mission will always be remembered as a daring venture – a mission that defied the odds of possible terrorist attacks of the 'Boko Haram' sect that has continuously menaced the communities of the Far North Region of Cameroon. Cameroonians in the diaspora and at home through the Patcha Foundation, reached out to their fellow countrymen.




Cardiovascular diseases are on the rise in urban and rural areas. Barely nine months from the Cardiac Centre's maiden outreach to the Grand North of Cameroon (September 2016), the CASEC Medical Mission gave the Cardiac Centre another chance to extend its services to those who could not make it last year, to follow up cardiac patients in Maroua particularly post operated patients and pre-empt complicated cardiac conditions.

The Social Case Manager of the Cardiac Centre was able to dialogue with patients and

guardians and guide/counsel the patients on resources available to assist in the treatment of their conditions.

We remain grateful to the Almighty God for this fruitful mission – the safe travels and the warmth of the elite and the organizers, the Central Administration and the people of the Far North Region.

2.0.7. DENTAL CONSULTATIONS

S/N	ITEM	Women	Men	Girls<18 yrs	Boys<18 yrs	Total
1	Consultations	**69**	**33**	**1**	**5**	**108**

DENTAL REMARKS:

The Dental Unit was set up in a tent at the hospital grounds. The dental team from ASCOVIME led by Dr. Tchoffo Desire Ishmael 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 both extractions and fillings.

Intraoral Examinations	Treatments Provided
124 caries	
55 missing teeth	49 dental extractions
148 retain root	25 feeling
58 periodontitis	07 cleaning
45 chronic pulpitis	02 operculectomie
05 abscess	02 curettage
20 gingivitis	02 gingivectomie
03 peritonitis	
03 gingiva epulis	

About 69 patients rejected dental extractions and 53 patients were referred.

* Some patients received medication alone as management of their condition.
* Each patient left with at least two toothbrushes, toothpaste and proactive care counseling.
* There were also educational sessions with the public on proper oral hygiene.

2.0.8. OPHTHALMOLOGY

S/N	Consultations	Total
1	Females	**460**
2	Males	**410**
3	Females < 15 Years	**20**
4	Males < 15 Years	**16**
	Total	**870**

Eye Conditions Screened		
S/N	**Medical condition**	**Total**
1	Trachoma	34
2	Pterygium	15
3	Presbyopia	390
4	Glaucoma	17
5	Cataract	120
6	Conjunctivitis	70
7	Allergy	30
8	Dry eyes	130
9	Staphyloma	2

OPHTHALMOLOGY REMARKS:

In 3 days, 870 patients were consulted. Overall, there were 53% female and 47% male participants. 650 Reading and 495 UV-Protected Sunglasses were dispensed.

The most common eye conditions were Trachoma, Presbyopia (Refractive Errors), Cataract, Glaucoma and Dry Eyes.

Two children presented with blindness caused by end stage glaucoma.

The following medications were administered either on the spot or dispensed depending on the condition of the patient/disease: Tretracycline Eye Ointment, Erythromycin, Cosopt Ophthalmic Solution, Ketorolac Trometamine Ophthalmic Solution, Ofloxacin Ophthalmic Solution, Timolol Ophthalmic Solution and Azithromycin tablets. The majority of participants were given some form of ophthalmic medication to alleviate pain, eye dryness and progression of their condition(s).

Note: It should be noted that some participants presented with multiple eye conditions requiring a combination of more than one drug therapy.

2.0.9. LABORATORY - MALARIA, HIV, HEPATITIS, PSA AND OTHER SCREENINGS

		Screened					Positive			
S/N	ITEM	Total	Adults		Children/Teens		(Reactive Cases)			
			Females	Males	Girls	Boys	Females	Males	Girls	Boys
1	Malaria	301	75	51	78	96	06	09	14	07
2	HIV	433	131	83	97	122	09	07	01	02
3	Hepatitis B	116	39	32	27	18	00	04	00	02
4	Hepatitis C	34	10	10	08	08	00	01	00	00
5	Syphilis	37	19	15	03	00	00	00	00	00
6	Tuberculosis (TB)-(IgG, IgM)	11	02	06	02	01	02	04	00	02
7	Prostrate (PSA)	15	00	15	00	00	00	05	00	00
8	H-Pylori - Gastritis	06	05	01	00	00	03	01	00	00
9	(HcG) Pregnancy Test	03	03	00	00	00	00	00	00	00
10	Albumin Sugar Urine analysis	130	54	24	27	25	08	03	00	00
11	Bleeding/clotting time	04	03	01	00	00	00	00	00	00
12	Haemoglobin (Hb) - Anemia	174	Severe anaemia (Hb <2g/gl)		Anaemic (Hb <5g/gl)		Slight anaemic (Hb <7g/gl)		Normal	
			-		**02**		**20**		**152**	

LABORATORY REMARKS

About 866 persons had requests for laboratory examination and over **507** were received and 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), Haemoglobin concentration checks, Syphilis, TB (IgG, IgM), Prostate Specific Antigen (PSA), H-Pylori, hCG, Albumin/Sugar Urine analysis, Complete Physical and Biochemical Urinalysis, Blood Clotting and Bleeding Times.



- **Malaria** - Thirty six (36) out of 301 people screened for malaria showed positive, thirteen (13) of them being children, eight (8) teens and fifteen (15) adults. Some of these cases were referred to the Maroua Regional Hospital Laboratory for blood film microscopy.
- **HIV**- over 430 persons were screened for HIV. Nineteen (19) cases revealed positive HIV Determine results. Fourteen (14) cases were further confirmed with second line screening using 1st Response (HIV1/2), which revealed 13 cases of HIV-1 and one (01) case of HIV-2. Four (04) cases showed negative for 2nd line screen using 1st Response (HIV1/2) and were concluded ''Indeterminate''. 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.
- Of the 19 positive cases, 02 were children, one teenager and 16 adults with majority as females.
- **HBsAg** – Over one hundred (100) persons were screened for Hepatitis B surface antigen. Only 06 showed positive which were all referred to nearest health facility. Some returned hours later with result confirmation upon further testing using methods like ELISA. All positive cases were conveyed to the physician for follow-up/management at Maroua Regional Hospital. Demographic information was retained for follow-up purposes.
- Of the 06 positive cases were 02 female children & 04 male adults.
- **HCV** – Just a single case out of 34 was detected positive for Hepatitis C and was handled in same manner as Hep B.
- **Syphilis –** Of the 37 persons screened for Syphilis, none showed positive using the test strip.
- **TB (IgG, IgM)** – Tuberculosis was noted especially with HIV cases. Eleven (11) persons were screened for Tuberculosis using IgG/IgM TB Test card, 08 showed positive leaving 03 cases with a negative status. Among them were 02 adolescent females, 04 adult males and 02 adult females.
- **PSA** – Prostate Cancer screening using PSA (Prostate Specific Antigen) Test card was done for 15 men over the age of 45 years. Five of them were positive and referred for further testing. Because we had a limited supply of ELISA assay, a handful of men could not be tested. They too were referred. Some referred cases returned after a few hours with test confirmation. All patients with positive ELISA were reported to consulting physicians who made the necessary arrangements for appropriate management. Demographic information was retained for follow-up purposes.
- **H-Pylori –** Gastritis was also noted especially among females. Four (04) out of 06 persons were positive for H-Pylori test.
- **hCG –** Three (03) cases were tested for Human Chorionic Gonadotropin (hCG) – Pregnancy Test. There were zero positive results.

- **Bleeding/Clotting Time** – Four (04) surgical cases required bleeding/clotting time before their procedures. Results were normal.
- **Haemoglobin (Hb) –** 174 persons were tested. No cases of severe anaemia (hemoglobin <2g/dl) was diagnosed during the mission. Two (02) women confirmed to be known sickle cell patients were diagnosed anaemic with haemoglobin concentration < 5g/dl. Slight anaemic status was diagnosed among 20 other participants having haemoglobin concentration <7g/dl.

Laboratory assessment:

- Laboratory tests and supplies were donated by MOMECS Foundation, and when compared to past missions, overall progress was made in the extension of laboratory services. Unlike the last mission, there was better organization, which favored turnaround time and eventually, adequate follow-up of cases even with the heavy workload.

- One significant difficulty encountered by the Lab team was fingertips blackened with henna and other skin dyes, a decorative body painting tradition practiced by people of the Far North Region, which to some extent though no proven, might affected some test results especially as capillary finger prick was the main choice of blood collection.
- There was also a huge demand for laboratory exams this year, which surpassed the limited supplies available during the mission. It is important to note that for some conditions, clinical diagnosis without laboratory confirmation can be a prerequisite to failed treatment. Laboratory exams in general are not very costly (as was seen at Maroua where costs for simple screens of tests were: for HIV -$14, HBV-$14, HCV-$14, PSA-$30 = $72). However, for those in low income settings, these are huge expenses they cannot afford. However, lab tests are important to confirm clinical diagnosis so that correct treatment can be administered. The combined efforts to make available these supplies could contribute to a much greater diagnostic outcome to the communities we serve.
- 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 Foundation.
- Contagious conditions that pose a public health threat were reported to Ministry of Health following standard reporting procedure for Cameroon. The MOMECS team conducts post-mission follow up of positive cases through phone calls and text messages, in French and the local dialect.

2.0.10. SURGICAL UNIT

A total of 140 surgeries were performed by the two surgical teams led by Pediatric Surgeon Dr. Theophile Kamguep of the Protestant Hospital Ndogbati, Cite Cic, Douala, and Visceral Surgeon Dr. Georges Bwelle of ASCOVIME.

A. REPORT BY DR. BWELLE'S TEAM:

During MM17, ASCOVIME carried out 100 surgeries in 3 days. Despite this relatively huge number of surgeries carried out within the limited time we had, we are far from eradicating suffering amongst the people of Maroua. However, we did contribute a great deal in putting a smile on the faces of these people desperately seeking specialized healthcare.

The following are examples of surgeries conducted:

i. CASE ONE

We received A.C., a 17 year old boy and his mother who had been moving from one hospital to another and had gotten several medical opinions for the severe right abdominal pain he had been suffering from for one month. The abdominal ultrasound or the CT scan requested by the doctors wasn't done because they couldn't afford it.

The boy was receiving traditional treatment and Paracetamol (acetaminophen) 1000mg twice daily. With tears, his mother reached out to the consultants during the CASEC Medical Mission, asking us to do something else she will not allow our team to travel back to Yaounde. We were impressed by the determination of this mother and our team diagnosed a severe right Psoas abscess.

Well equipped with all the important equipment and consumables Patcha Foundation brought for the care of surgical patients, we succeeded to perform the surgery in 20 min. More than 2.5L of pus was extracted from this abscess as you can see in the video we did. (Some scenes and pictures were removed to protect people who are sensitive to some images).

The patient received adequate post-operative treatment and his daily wound dressing is being followed up closely.

ii. CASE TWO

We received also H. a 26 year old single non gravid woman with no child, with complains of purulent discharge through her umbilicus. The abdominal CT scan showed a huge ovarian

mass. This pus had an odor so bad her family and friends found it difficult to be around her. When we met her, she had lost more than 20kgs, was anemic but very happy to be in this Patcha Foundation medical mission because many people had their hope in us.

Our first impression upon physical examination was that she was not physically and medically fit for surgery (Wasting and hemodynamic instability). However, seeing someone discharge so much pus with such a bad odor moved the team to put their efforts together for this young woman. Our skilled and dynamic team of anesthesiologists decided to do a light general anesthesia and thanks to the solidarity of the patient's family, we collected 1 pint (500cc) of compatible blood.

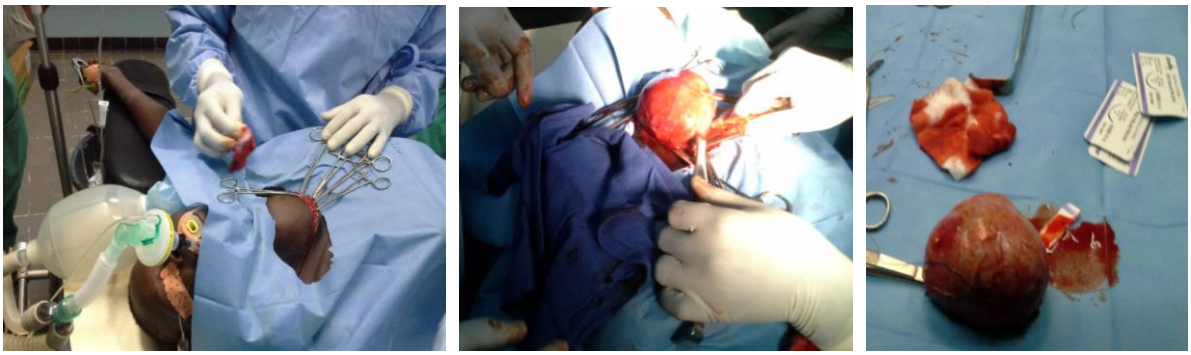
The second motivating factor that made us perform this surgery was the patient herself. She was so courageous and when she saw the surgical team deliberating about her treatment, she came to us with a smile and asked us to be strong, as God will help us save her life.

During the surgery, we removed 9 fibroids from her uterus with the biggest one being 26cm in diameter and the second one 19cm, all of them in a state of necrobiosis with infection reason why she was having this fistula with pus. We removed all the fibroids in the uterus and treated the peritonitis.

Amazingly, the Patcha Foundation had in stock this perfect and expensive antibiotic called Imipenem that we gave her for 10 days. MSF agreed to help with her post-operative care. Today she is fully recovered and ready to restart a better life.

iii. CASE THREE

D.D. a 33 year old female trekked 23km to come to this medical mission, presenting her 11 year Goiter that God helped us to successfully operate.



iv. OTHERS

We also received several adult and pediatric hernia cases on whom we performed herniorrhaphy.

B. REPORT BY DR. KAMGUEP'S TEAM:

The surgical team from the Prostestant Hospital Ndogbati, Cite Sic, Douala was honored to participate in the 2017 CASEC Medical Mission to Maroua organized by the Patcha Foundation. The team was led by pediatric surgeon Dr. Theophile Kamguep and included Dr. Tchoutang Lucas, nurse anesthetist Betty Nana and Dr. Ngatchi and Baudelaire Njanteng.

In total 40 patients were operated on, with 26 being children and 14 adults. The ages ranged from 2 years to 70 years. The most common conditions presented were inguinal hernia, followed by un-descended testes, hydrocele vaginale of the testes, lipoma testicular and ovarian cysts. There was one case each of umbilical hernia, goiter, appendicitis, and myoma.

There were a number of cases that could not be handled in the setting of the mission. One such is a 12 years old with a congenital recto-vaginal fistula. This an abnormal connection of the rectum to the vagina which results in passing of feces through the vagina. This case will be operated on at the Prostestant Hospital Ndogbati by Dr. Kamguep.

The mission surgical team shared the hospital operating room with Medicins Sans Frontiers (MSF), which had first rights to the OR. Therefore, the mission team could only access the OR when MSF was not using it. This caused some delays and impacted the number of cases attended to.

2.0.11. PHARMACY

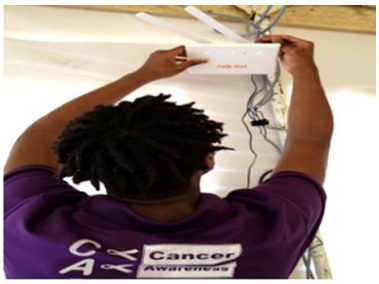
- Over 9400 prescription orders were filled by the Pharmacy Department.
- All registered participants received free medication and all received either Albendazole or Mebendazole for deworming.
- Pharmaceuticals dispensed during this mission included prescription oral and topical analgesics, anti-infectives 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, calcium supplements, Aspirin 81mg, Calcium, Folic Acid, Thiamine and other vitamin supplements; topical and oral anti-infective, anthelmintics and analgesics and RealDiet.
- Some medication items were dispensed by the specialized teams, and these are not included in the pharmacy medication order totals.

- 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 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.

2.0.12. UNREGISTERED PARTICIPANTS

As is typical during the medical missions, there are usually thousands of 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, toothbrushes 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.

2.1. MMPF eMed NETWORK



In 2016 MMPF launched eMed, its telemedicine platform. This year eMed was fully integrated in the mission activities and it played a vital role in the management of some unique and challenging cases.

MMPF eMed in Maroua was set up to equip each clinical department/specialty (a total of 7) with an eMed station comprised of: A laptop computer with a 23 Inch external Monitor, HiRes webcam, external speakers/Microphones to facilitate remote consultations over the Internet. Headphones with Microphones were also available for situations where background noise interfered with communications between remote physician and patient.

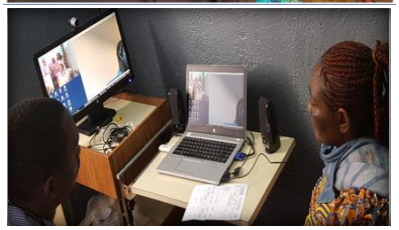
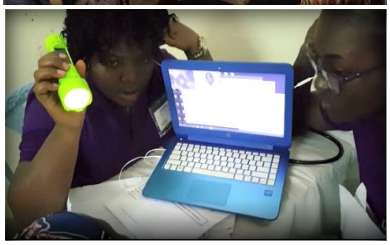
Program leads established a schedule of available remote specialists to provide live assistance and support (consultation) to the field clinical teams through Vsee and WhatsApp during the mission. The group of physicians resident in Europe were available

from 9 AM to 1 PM local time while the group resident in the US were available from Noon until 4 PM Local time.

Field Physicians took advantage of the availability of remote specialists on the most complex cases. Some patients had the opportunity to have 3 and sometimes 4 Physicians from 3 different continents (Africa, Europe and the US) consulting and discussing their conditions in real time.

The MMPF Digital team provided free WiFi Internet access to not just the Field eMed team but to all the more than 160 MMPF volunteers for the duration of the mission.




Challenges:

Most of the mission team, including the eMed field team (MMPF Digital) arrived in Maroua 2 days later than scheduled due to transportation delays and had less than 2 hours to setup. Consultations were well underway before the network was set up. Additionally, some specialties (Pediatrics, Family Practice, Dental, Ophthalmology, Pharmacy and Laboratory Services) were setup in makeshift tents, hence lost some degree of quiet. Space within these tents was restricted limiting the availability of dedicated areas for a typical MMPF eMed station setup. The field team resorted to using individual webcam equipped laptops and headphone/microphones to mitigate the effects of surrounding noise. Most of the patients in the Maroua area were not fluent in either French or English, so attending physicians had to depend on local interpreters to communicate with patients.

Sample MMPF eMed Cases by a young physician, Dr. Amta

1. *The saddest situation was that of a little girl of 14 years. She had already been to so many Doctors and health centers but her problem was never diagnosed. After consulting with my colleagues through the MMPF eMed/Telemedicine platform, we were able to diagnose her condition as a severe cardiomyopathy. The MMPF Medical Mission Cardiologists on site, Dr. Cabral, through an ultrasound, also confirmed this. Unfortunately, she died just 2 week after the medical mission and before we could further help her. Her life could have been saved if this diagnosis was made earlier. Hers is a good example of the problems faced in remote areas due to the lack of a cardiologist.*
2. *There was the case of a child who came in with difficulties moving his limbs and trunk, problems that evolved over a period of several*

years. In consultation with my colleagues who were available through the MMPF eMed/Telemedicine network during the mission on Vsee and Whatsapp, we were able to diagnose this child's condition as multiple sclerosis. This was a rare diagnosis and only the neurologist could diagnose. I had never seen that before this mission. The mere fact that we could finally tell this child his real problem was reassurance that he was not the victim of witchcraft, and proper management could be discussed.

2.2 S.A. WYZE BAND SHOW & TELL

During the medical mission, the prototype of the Wyze Band was introduced to local health workers, the community and other stakeholders as a "Show & Tell" only. In the form of a simple bracelet and a phone application, the Wyze Band has the ability to detect and calculate a person's motion, pH levels, SpO2 levels, temperature, heart rate, and more utilizing innovative technology.

Useful feedback was collected and submitted to the owners of the bands so that improvements can be made that will improve functionality and accuracy with the ability to adapt to the environmental and situational demands of each target community. The Patcha Foundation sees great benefits in the bands as a means to drastically improve the health care systems of communities with great need but few resources.

The target audience for this "Show & Tell" were people familiar with Cameroon's healthcare system and affiliated with the CASEC Medical Mission of 2017. The subject group included Doctors, Nurses, NGO managers, government officials, community leaders, patients and other medical personnel.

The "Show & Tell" was conducted by volunteer, Ms. Khadijah Adamu.

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 examination, to in-services and workshops, to more specialized clinical/surgical instruction. Three nurses were trained in cervical cancer screening. Two physicians requested and were placed with the surgical team where they got the chance to both observe and assist during surgery.

Training offered included but is not limited to the following:

- Continued mentoring of fifth year medical school students, medical residents and new medical school graduates by senior doctors
- In-service and hands on training in pharmacy functions for doctors. Doctors usually do not get any exposure to prescription processing and dispensing. This is a skill that is vital in a low resource setting where the physician sometimes is required to fill all roles.

- Use of MMPF eMed telemedicine platform to share knowledge and provide specialized support on rare, unfamiliar or complicated cases. Mentoring, continuing education and grand rounds through this platform is ongoing beyond the medical mission.
- Two recently graduated doctors and one intern requested and were placed with both surgical teams where they got a chance to observe and assist during surgery.
- Three nurses trained in cervical cancer screening technique called visual inspection with acetic acid (VIA) and visual inspection with Lugol's iodine (VILI). This technique was developed by Johns Hopkins Hospital and is recommended by the WHO for use in limited resource settings where a PAP test is not feasible. Prior to the training, the entire Far North region had no oncology screening or treatment services.
- Medical and Pharmacy Assistants: Volunteers with and without prior formal training were given hands on instructions and experience on basic tasks and were able to perform their functions and assist in the delivery of care.

Complete data was not collected on the number of non-medical volunteers and local staff that received training, however, at least 40 cases were recorded.

2.4 SUMMARY OF DATA

S/N	HEALTH CATEGORY SCREENED	TOTAL NO.	ABNORMAL	TREATED	Biopsy	REFERRED
1	Registration (adults + children)	**3452**	-	-		
2	Vital Signs	**2660**	-	-		
3	Adult Consultation	**2410**	-	-		
4	Pediatric Consultation	**754**	-			
5	Breast Cancer Screening (CBE)	**274**	3	-		-
6	Cervical Cancer Screening (VIA)	**274**	10	-	10	6
7	Prostate Cancer Screening (DRE)	**179**	6	-		6
8	Cardiology	**175**	-			
9	Dental	**108**	-	-		
10	Ophthalmology	**870**				
11	Laboratory Tests Done	**1264**	112	-		112
12	Surgeries	**140**	-	-		-
13	Pharmacy Prescriptions Filled	**9400+**	-	-		-
14	MMPF eMed Network Consultations	**46**	-			
15	Focused Training	**40**	-	-		
	Total seen	**3452**				

2.5 UNUSED MEDICATION

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:

1. The Regional Hospital of Maroua
2. ASCOVIME
3. Garoua Regional Hospital
4. The Protestant Hospital of Ndogbati
5. Tokombere Health Centre
6. Ngoundere Regional Hospital
7. MPUMA NWET Hospital
8. Maiganga Health Centre
9. St. Francis Polyclinic, Kumba
10. Providence Polyclinic, Bamenda
11. Doctors of the MMPF Volunteer Medical Corps
12. Shisong Cardiac Centre

2.6 MEDICAL MISSION 2016 AND 2017 MAIN STATISTICAL COMPARISON

This year, the Patcha Foundation impacted over 3400 lives over the 3 days of the mission compared to about 5300 in 5 days last year. This amounts to an average of 1000 registered per day both years. The variance is statistically insignificant.

There were more surgeries performed this year, 140 compared to 69 in 2016, even though the cases were complicated and invasive. The Maroua Regional Hospital has two working Operating Rooms and this year we had more surgeons working for the entire mission. In 2016 both lead surgeons participated for only 2 days each.

The incidence of cervical pre-cancer is slightly lower than in the 2016 mission to the West region. This year, unlike previous years, there were no cases of pre-cancerous cervical lesions that required treatment. However, fewer patients received cancer screening than in 2016. Also, fewer cases (ten) were referred for biopsy. This underscores the importance of early intervention: finding and treating precancers before they progress.

Dental services were not in demand as has been in prior missions. High incidence of malnutrition and a low incidence of diabetes were recorded this year than in any previous CASEC mission.

2.7 MEDICATION AND MEDICAL SUPPLIES DONORS

This year, the Foundation received medication and supplies worth about 1 million dollars (US), about 580 million FCFA. We remain indebted to Americares, Direct Relief, Brother's Brother Foundation, Kingsway Charities, MedShare, Blessings International, Medicap Pharmacy, Restoring Vision, Lions International, Prevent Blindness International, ASCOVIME, MOMECS, Community Dentistry On Wheels, Dr. Irwin and Catholic Missionaries, Prince Georges Hospital, MD; Howard University Hospital, DC, Dr. Vicky Ngwa, Ms. Joan Foretia; Ms. Pamela Lewis Jones; Ms. Dorothy Agbaw Nanga, Dr. Marianne Siewe, Dr. Georgette Bibum and other members of the Foundation.

3.0 MEDICAL MISSION EXPENSES

Exchange rate at the time of the mission and used in this reporting is 575 FCFA to $1.00.

	US $	FCFA
Accommodation, Feeding/Drinks and Closing Ceremony in Maroua	Not Captured - See Note	
Transportation to /from Maroua and Bus Service	Not Captured - See Note	
Routers, Miscellaneous Connectivity Items, other Miscellaneous Items	Not Captured - See Note	
Security	Not captured – See Note	
Medication and Supplies Purchased in USA	14,244	8,190,300
Medication and Supplies Purchased in Cameroon	5,506	3,166,000
Shipping of Medication & Supplies from USA	12,275	7,058,125
Air Travel	16,032	9,218,400
Planning and Publicity	2,827	1,625,670
Lodging and Feeding in Douala During 2-Day Transportation Delay	3,776	2,171,000
Partners Cost Offset	2,087	1,200,000
Imprinting and Supplies in Cameroon	3,750	2,156,500
Photocopies and Printing	449	258,175
Media, Video and Pictures	330	190,000
Estimated Value of Donated Medications and Medical Supplies from USA	1,007,337	579,218,967
Miscellaneous Supplies	616	354,200
Total Expenses	**1,069,230**	**614,807,337**

Note: The medical mission expenses shown do not include items that were paid for directly by the elites of the Northern regions and other sponsors. The Foundation did not receive a breakdown or receipt of these expenses for reporting. The Foundation expresses deep gratitude to all the sponsors for ensuring the success of the mission.

4.0 PARTNERS / VOLUNTEERS

The success of the 2017 Medical Mission is attributed to the efforts of our partners, volunteers, sponsors and members. We are grateful for their vast contributions, which are impossible to fully qualify and quantify. Our primary partners this year included the host institution the Regional Hospital of Maroua; the Association des Competences pour Une Vie Meilleure, (ASCOVIME); the St. Elizabeth Cardiac Centre, Shisong; the Protestant Hospital Ndogbati, Cite Sic Douala; the Mobile Medical Care System (MOMECS); Prevent Blindness International (PBI); and the National Committee for the Fight Against Cancer, (Comité National de Lutte Contre le Cancer) (CNLC aka NCCP).

Sponsors of this year's mission were the Elites of the Far North, North and Adamawa Regions of Cameroon; MTN, Orange, Partygig, Brussels Airlines and all the generous people who contribute during fundraising events and online. The complete list is found on the Foundation website (www.patchafoundation.org)

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 is the MMPF Volunteer Medical Corps (VMC) comprised of medical practitioners from Cameroon and abroad. This year 32 members of the VMC joined the mission.

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. Patcha Foundation's board and management teams from the USA and Cameroon also joined the volunteer pool.

Within Cameroon, volunteers came from the Far North, Adamawa, Littoral, SW, NW, East, Central and South Regions. Physicians from USA, Italy, UK, Germany and Cameroon also provided consultations remotely via the MMPF eMed Network.

VOLUNTEERS FROM THE USA	
Mr. Emmanuel Ekumah (PBI) Dr. Rosalie Makoudjou Ngachie Bah Bonie Chungong Ms. Amira Nanji Mr. William Nkem	Dr. Bih Irene Wakam Dr. Stella-Maris Adamu Mme Marie Patcha Jones Ms. Kahdijah Adamu Mr. Michael Adamu
MMPF eMed NETWORK Link Here	
Bah Bonie PaJoe Chungong (USA) Mr. Michael Adamu (USA) Dr. Ata Atogho (USA) Dr. Georgette Bibum (USA) Dr. Anne E. Burnley (USA) Dr. Oluwadamilola Olaku (USA) Dr. Hyginus Ngassa (Italy) Dr. Elvis Ngassa (England)	Dr. Ndemazie Nkafu Bechem (England) Dr. Judwin Alieh (England) Dr. Crespo'o Ndiabamoh (Cameroon) Dr. Ellis Morfaw (USA) Dr. Bonaventure Ntamu (Italy) Dr. Mike Lenczyk (USA) Dr. Alice Grabowski (USA) Dr. Bimal Gandhi (USA)

	Volunteer Medical Corps (VMC)
VOLUNTEERS FROM CAMEROON	
(Volunteer Medical Corp) Dr. Vicky Ngwa Dr. Amta Pierre Dr. Ayoh Gideon Burah Dr. Bayebane Carine Cathy Dr. Binyet Annette Olivia Manfreddy Dr. Binyet Elizabeth Dr. Bogoue Takou Horline Dr. Chancelline Ntoh Alunge-Nnangsope Dr. Cheudjui Nguemedyam Anne Jocelyne Dr. Chifor Mfu Theresia Dr. Diego Tchouakam Dr. Evindi Abomo Olivia Nadia Dr. Fatimatouz-Zahra'ou Dr. Joel Tochie Dr. Kodoumé Motolouze Dr. Leuwe Donse Frank Elie Dr. Linda Njokam Dr. Manyi Catherine Asek Dr. Messomo Donald Yvan Dr. Mike Christelle Nancy Diane Dr. Mkoh Dikao Anne Dr. Ndongo Manga Nicole Alvine Dr. Nzang Jeffrey Dr. Omeichu Agwenam Amadeus Dr. Paul Nkemtendong Tolefac Dr. Taila Wenie Tagalak Dr. Takongue Djoum Christian Belmond Dr. Tchoufong Fabrice Gael Dr. Therese Gaelle Badjang Dr. Therese Nicole Mbarga Essim Dr. Tiaye Douanla Elodie Dr. Yonta Cyrille	Mme Jacqueline Patcha Mme Mary Tomdio Mme Mouchingam Carine Mme Adeline Sede Kamga Ms. Melanie Foju Mr. Bernard Besong Mme Temfack Therese Mr. Aaron Goufak Ms. Achi Justance Falone Ngu Ms. Adiang Afounga Sarah Gaelle Ms. Amira Nanji Mr. Bahaya Awang Gerard Mosselly Mr. Daniel Toukea Ms. Douanla Marie Chantal Mr. Ebai Booker Mr. Eliva Mbimbi Rudolf Mr. Foncha Emmanuel Ms. Fonken Clemency Manzogeh Mr. Fotso Aimé Mr. Fouda Minala Georges Marie Junior Ms. Houriatou Ms. Indira Sangui Mr. Koutang Salmon David Mr. Kwankam Kambong Merime Mr. Lawan Ms. Lobe Iya Diale Hannah Marilyne Mr. Mbanda Daniel Ms. Mbiada Blandine Mr. Nana Petto Marius Arnaud Mr. Ndifor Emmanuel Shu Ms. Ndong Malaica Bebam Mr. Nyingefe Horisius Fohme Mr. Nyuyreri Eugene Bongaseurti Ms. Nyuyreri Mary Therese Ms. Reina-Marie Tchami Mr. Samieh Mgboron Aissatou Ms. Silvie Nana Ms. Tainenbe Taddi Raissa Guidona Ms. Tawamba Virginie Ms. Tiara-Marie Njamfa Ms. Tiki Makembe Anne Hillary Ms. Vutise Tumban Ms. Zeufack Poupina Adamaris
Mr. Acho Fon Abongwa Ms. Bagdaban Adèle Letysia Mr. Doan-Christley Chungong Mr. Giron-Davis Ako Ebai Mr. Koumi Jouatouo Emmanuel Ms. Mambu Nguepnang Milene Ismaella Ms. Monmatcha. T. Moukam Agathe Mr. Mony Gbala Loic Ms. Ondouah Assoumbang Danielle Audrey Ms. Tsanag Diane Rosine	

PARTNERS

ASCOVIME Link Here	
Dr. Bwelle Georges Dr. Leonid Ndaya Dr. Menyih Tamotsap Ronald Dr. Nseke Cecile Florence Dr. Tchoffo Desire Ishmael Ms. Aurel N Mr. Eric	Ms. Djuidjie Irene Lyonelle Kamga Mr. Nangfang Mesmin Ms. Masso Rostelle Mr. Stephan Meva'a Mr. Teclaire Mr. Vincent
NCCP	
Mr. Cyril Folabit Dr. Kamga Talom Armand Dr. Tcheundem Josephine M Tiock Epolle Mme Guiolobo Bernadette	Mme Kouamou Jeannette Mme Manjuh Florence Mr. Boukar Abdoulkarim Boukar Mr. Tchineye Jean Bosco
MOMECS Link Here	
Ayukafangha Etando Eyome Choke Melvis	Tadoum Talla Christian Tibab Brice Ihoe Zuo Beltus Fuh
PBI Link Here	
Mr. Emmanuel Ekumah	Ms. Goretti Zinkeng Mr. Emmanuel Ndang Chia
PROTESTANT HOSPITAL NDOGBATI	
Dr. Kamguep Theophile Dr. Tchoutang Lucas Dr. Theo Penda	Me Baudelaire Njanteng Njankou Dr. Nana Betty Dr. Ngo Bayemi Rose Dr. Lydie Mbango
CARDIAC CENTER at ST ELIZABETH HOSPITAL SHISONG Link Here	
Dr. Tantchou Tchoumi Jacques Cabral Br. Diezoumbe Boniface	Mrs. Nicoline Barah Lukong Mr. Ndanle Habirou
MPUMA NWET MEDICAL CENTER, KRIBI	
Ms. Ngo Nyem Hermine	Epada Botombaha Elisabeth
LOCAL VOLUNTEERS MAROUA	
All hospital staff that supported the mission on as-needed services.	All local volunteers who joined locally as translators

4.1 OTHER COLLABORATORS

4.1.1 Hotels

In Maroua, volunteers lodged at the Hotel le Sahel and Hotel Misao.

4.1.2 Transportation

Danya Voyages Bus Service not only transported mission medications, equipment and supplies from Douala to Maroua, but they also transported volunteers to all locations throughout the period of the medical mission.

4.1.3 Donors

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

4.1.4 Media

Cameroon national TV and radio, CRTV, and Cameroon Tribune provided mission coverage.

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

5.0 2017 MISSION CHALLENGES

Some observers have remarked that the 2017 Mission was the most challenging of all the missions the Patcha Foundation has organized. This was due, in part, to the following reasons:

5.1 Limited budget:

- Funding is the biggest challenge with every mission. The medical missions are multi-millions dollar programs and vast sums are expended in planning as well as execution.
- This year we are grateful to the elites of the Far North, North and Adamawa regions who covered most of the expenses on the ground. However, MMPF expenses far exceeded funds raised through donations. One of the crucial expenses is transportation of drugs, equipment and supplies via air and sea freight respectively. As in prior years, foundation members were obligated to cover the shortfall. We are grateful to all members for their generosity, their patience and continued willingness to serve. We continue to seek grants, corporate sponsorship and other financial sources in support of the missions.

5.2 The planning phase:

- Planning was intense and involved multiple meetings in Yaounde and trips to Maroua to assess the facilities, map out the workflow and confer with the stakeholders. Several critical issues had to be addressed.
- One was the security risk and threat from Boko Haram. Working with the Cameroon military and the elites of the region a carefully crafted security plan was implemented. We thank the government for assigning armed military personnel throughout the mission.
- Another was the two-day journey by road from Yaounde/Douala to Maroua.
- Securing exoneration from Ministry of Health for medical mission drugs and supplies
- Procurement of medications and supplies was challenging. Some donors had limited quantities because their stock was spread across several global disasters; some had modified their policies and imposed weight limits per mission traveler, still others just did not have the stock. This year we faced another difficulty. There was only one physician traveling with the USA team. Some donors would only deliver drugs to a traveling doctor so we were unable to receive deliveries of much needed medications because the traveling physician resided in California and did not have the manpower resources to bag and transport all of the supplies. Therefore, only limited quantities were shipped to California for transportation to Cameroon, rather than the Maryland office thus limiting mission inventory.
- Logistics (volunteer recruitment, particularly physician and other medical personnel; lodging, transportation, meals etc) was planned over several months
- Resistance by locals: There are instances when the local community is resistant to the free services provided. This was a problem in Maroua where the host hospital's eye department insisted on charging participants a consultation fee contrary to prior agreement. After much harassment, the mission ophthalmology team was left no choice but to relocate under a tent to continue rendering the free services to a much deserving and grateful community.
- In another incidence, some locals were found to be selling the opportunity to register, to needy people who were already in dire situations. The Foundation had to continuously announce to the public that the services were absolutely free, and no one should be compelled to pay.
- This year there was also resistance from volunteers that would have normally joined the mission from Europe and America, due to security concerns brought on by Boko Haram activity in the mission area.

5.3 Language barrier

- The majority of patients only spoke Fulfude, the local dialect. This made communication very tasking. Many volunteers had to quickly learn some basic

phrases that were helpful in registration, consultation and dispensing of medications, dental items and glasses. Many local volunteers were added to the mission as translators.

- We noted that the majority of patients were illiterate, with limited formal education. Most do not advance beyond primary level. This posed some challenges for example in pharmacy where drug dosage was handwritten.

5.4 Patient identification

- Some patients did not have any form of identification, therefore we had to rely on information that they provided verbally in the local dialect, which then had to be translated. It is not unusual to go by only one name, therefore quite a number of patients had no last name, making proper identification difficult. The team had to rely on other information to confirm identify like age which often times was not available also. Additionally, a general observation was that a good number of patients looked a lot older than the ages recorded on their ID. They confessed that they did not know their actual ages, and we just guessing.

5.5 Patient overflow

- The turnout was heavier than we could have imagined. Coordinating the crowd was a major challenge. Intake and registration had to be closed early (at 2pm) on the last day, yet the last patient wasn't consulted until 7pm with the last medication order dispensed by pharmacy at 10:30pm. About 300 people were not registered and did not receive any medical services. They were, however, given a donation of OTC medications and counseled on the impact of health, nutrition and lifestyle choices on cancer and other chronic diseases.

5.6 Delayed start

- This mission duration was reduced to three days instead of the planned five days due to travel delays. The mission team was scheduled to arrive the mission site on June 25th to begin set up and volunteer orientation. Consultations were scheduled on June 26th. However, volunteers were faced with canceled flights on both the 25th and 26th, and did not arrive at the mission site until evening of June 27th. Even with this delay, volunteers were eager and willing to give their all to serve as many patients as possible, working tirelessly until very late every evening.

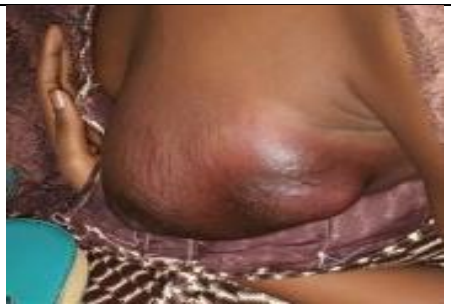
5.7 Environmental impact on volunteers

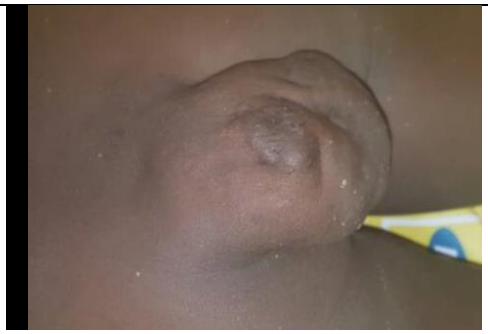
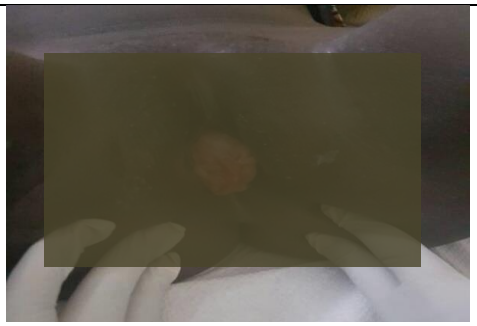
- The Far North Region of Cameroon is generally hot, dry, dusty, and sandy with an uncontrolled abundance of mosquitoes and flies. During this year's missions, some volunteers became fatigued and ill from environmental effects, and had to stay back in the hotels to rest. This drastically affected the medical and non-medical manpower.

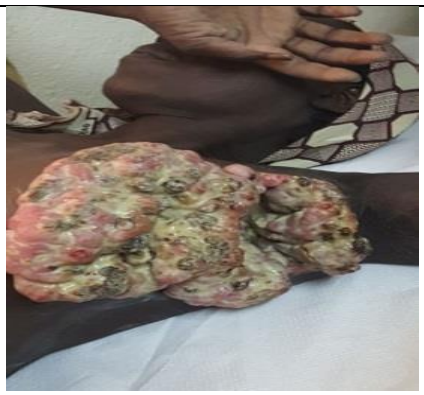
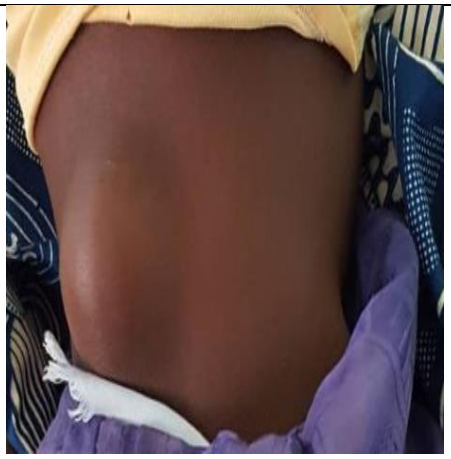
6.0 RECOMMENDATIONS FOR MAROUA AND FAR NORTH REGION

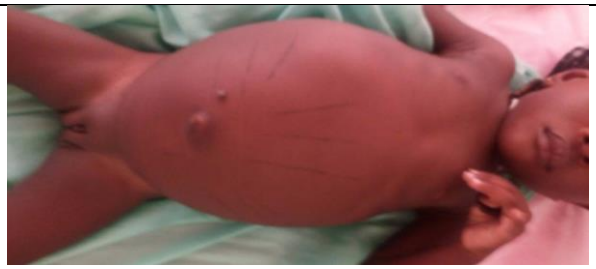
- Cameroon's most northern region, and Maroua specifically, suffers severe limitations on access to basic healthcare. While this can be attributed to several factors, the socio-economic impact on the community is well documented by international agencies and relief workers. The Regional Hospital in Maroua is ill-equipped, understaffed and lacking in basic medical equipment and supplies. The physician to patient ratio is 1:50,000. The drainage system ran right through the open gutters leaving a foul odor in the air. There are insufficient beds and some patients were observed sleeping on the floor and hospital grounds. The closest oncology or cardiology service is in Yaounde, a distance of 1150 km or 714 miles. Because of the dry, arid conditions food is scarce and there is a shortage of clean water. There is a high incidence of pediatric malnutrition and trachoma, a preventable cause of blindness that has been linked to unsanitary or parasite infested water. The absence of adequate medical infrastructure combined with abject poverty, and a lack of awareness has produced a community where very few access the health system and many die of treatable conditions.
- Included below is a summary of some of the patients that need assistance to treat their respective conditions. We are asking for help so that these patients can realize the full benefit of having participated in the mission. In addition, we are submitting some recommendations to mitigate some of the suffering witnessed in Maroua. Government must intervene to improve not only access to healthcare but quality of life. The plan should include strategies to:
    - Augment the services available at the regional hospital. There is an urgent need of cardiology and oncology services.
    - Implement a program to retain more medical and nursing staff
    - Increase the hospital bed count in all units
    - Subsidize cancer diagnosis and treatment
    - Strengthen and expand the malnutrition management program already in existence
    - Aggressively address food and water shortage to improve access to quality nutritious food and clean water
    - Empower the community through promotion of education through at least high school. The majority of the participants were not in school, had never attended school or had attended only primary school, particularly females.
    - Empower women and young girls by discouraging child marriages. There were quite a few very young girls between ages 12 to 15 who were pregnant or already mothers. Upon inquiry, we were informed that they are married.
    - Execute a robust awareness campaign on nutrition, cancer and other chronic diseases and health in general.
    - MMPF eMed telemedicine and mobile clinics can have immediate positive impact on the health of the vulnerable populations. The Patcha Foundation is willing to help set up a mobile clinic unit which would address some of the limitations.

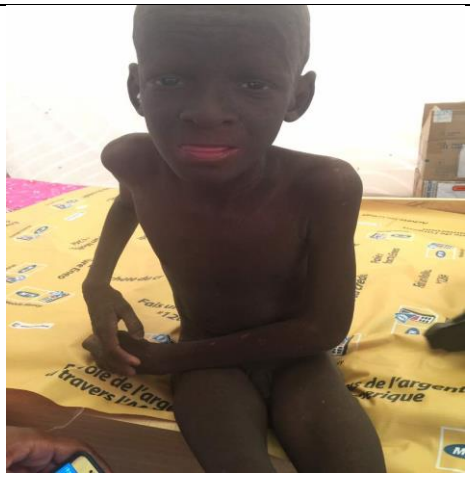
FOLLOW UP CASES

	Diagnosis	Pictures	Remarks
1	22 year old girl with breast problem. Cancer was suspected but not certain.		Waiting for result of needle aspirate test.
2	12 year old who needs heart transplant		Operation cannot be performed in Cameroon. Child will have to be evacuated. In mean time will need to be under care of cardiologist
3	➢ Twelve year old boy with Pregoria ➢ A rare condition occurring in 1 out of 4 million births. ➢ Random stats claims only 150 cases in the world.		There is no cure. - He will need specialized care, with specific drugs to take, for the rest of his life.
4	Twenty-seven year female with headache, right eye pain and Proptosis since 2 years. Left hemiparrsis since one year ago		

5	A case to review		
6	Three year old with sacrococcydeal teratoma		Requires surgery to remove mass
7	12 year old girl needing a new heart.		Surgery could not be done in Cameroon. This 12 yrs old girl was reported to have passed on a few days after the mission.
8	Girl with no anus		Corrective surgery can be performed by pediatric surgeon. She will need more than one operation.

9	Woman with advanced breast cancer.		Needs treatment.
10	Nine month old female with Intermediate canal		Requires Open Heart Surgery
11	Six year old male with suspected Spina bifida		
12	Man with Goitre		Requires Surgery

13	Six year old male. Rhabdomyosarcoma of buttocks.		Needs chemotherapy
14	Fifteen year old male with cervical thyroid tumor.		Need for a biopsy to determine the kind of tumor before any treatment can be initiated
15	Five year old with chronic osteomyelitis of radius.		Need surgery to remove the death bone.
16	Abdominal mass (nephroblastoma probably)		
17	Eleven year old male. Sublingual cyst.		ENT surgeons consultation

18	Hyroglossal cyst on 5 year old female.		Surgery for excision if the mass and tract. SISTRUNK PROCEDURE
19	Thirteen year old boy weighing 23kg with no muscles and the thin skin over the bones. All muscles including the heart muscle are wasted with enlarged spleen and liver with odeoma of the lower limbs.		
20	Ichthyosis		
21	Thirty–eight year old female with Severe Mitral Valve Stenosis		Requires Open Heart Surgery
22	Fourteen year old female Diagnosed with Severe Mitral Valve Reguritation,		Requires Open Heart Surgery

	Tricuspid valve regurgitation and moderate aortic valve regurgitation		
23	18 months old male with Communication interauriculaire (CIA), Large Atrial Septal Defect		Requires Open Heart Surgery
24	Two year old male diagnosed for Tetralogy of Fallot		Requires Open Heart Surgery
25	Fourty-eighty year old woman with Ischemic Heart Disease, Angina		
26	Thirty-two year old female diagnosed for Aortic Valve Regurgitation		Requires open heart surgery
27	Sixty-five year old man with Cancer to his spine		Need chemotherapy and radiation treatment, and rehabilitation
28	Mobile Medical Care System (MOMECS)	Following confidentiality, all referred cases were advised to present consultation cards and laboratory results within 14 days at Maroua Regional Hospital for respective procedures. Reminder calls and texts were made by MOMECS. Depending on individual test results, management will be initiated at appropriate centres. Material/financial support (Cost of Tests) may be available if required. Communication is kept confidential between MOMECS, the patient and responsible health personnel in Maroua. **<u>Number of referrals:</u> HIV – 15, Hepatitis B – 04, Prostate Specific Antigen – 02, TB – 02**	

7.0 CRITIQUES AND RECOMMENDATIONS FOR FUTURE MISSIONS

- Mission pharmacy units are always closing very late. Consider pre-packing some drugs items in sachets to speed up processing time.
- The selflessness of volunteers is an indication that the spirit of volunteerism is feasible within our local context. More volunteers are thus encouraged to sign up for future missions organized by the Patcha Foundation, so that we can continue assisting the ailing populations of Cameroon.
- *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.
- We appeal that more sponsors join the Patcha Foundation in the fight against cancer and other diseases in Cameroon. This would help reduce the financial burden on the Foundation.
- Doctors should be aware of the medications available on the mission formulary and limit their prescriptions to those whenever possible. This will reduce the burden on the patient to purchase from local pharmacies out of pocket, which in turn results in non-compliance and treatment failure.
- 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.
- Volunteers should be educated well ahead of the mission about lodging, feeding, and transportation expectations.

8.0 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 National Cancer Control Committee
- The elites of the Far North, North and Adamawa regions
- The Medical Director and staff of the Regional Hospital Maroua
- Dr. Georges Bwelle, the Patcha Foundation Cameroon Vice-Chair, and ASCOVIME.
- Dr. Theophile Kamguep and the surgery team of Protestant Hospital of Ndogbati.
- St. Elizabeth Cardiac Centre Shisong and the mission cardiac team led by Dr. Cabral
- MMPF Volunteer Medical Corps physicians
- The MMPF eMed Network Team led by Dr. Anne Burnley and Bah Boni Chungong
- Prevent Blindness International headed by Mr. Emmanul Ekumah
- Mobile Medical Care System Foundation (MOMECS)

- Donors of medical equipment, supplies and medication: Americares, Direct Relief, Brother's Brother Foundation, Kingsway Charities, MedShare, Blessings International, Medicap Pharmacy, Restoring Vision, National Vision, Lions International, Prevent Blindness International, ASCOVIME, MOMECS, Community Dentistry On Wheels, Dr. Irwin and Catholic Missionaries, Prince Georges Hospital, MD; Howard University Hospital, DC, Dr. Vicky Ngwa, Mrs. Anwi Etame, Ms. Joan Foretia, Ms. Pamela Lewis Jones, Ms. Dorothy Agbaw Nanga, Dr. Marianne Siewe, Dr. Georgette Bibum and other members of the Patcha Foundation
- Brussels Airlines for supporting the missions and MMPF 3 years in a row
- The Hotel le Sahel and Hotel Misao in Maroua
- Danay transportation service
- PartyGig Cameroon for all mission imprinting needs
- Mr. Chrys Atanga and Transit & Procurement Services
- Dr. Cletus Fonmedig and Rosedale Smiles
- SNS Mobility and Mr. Manfred Tumban
- Freelance Services Buea and Mr. Gabby Achunche (for laptops used for MMPF eMed)
- Mrs. Mary Tomdio
- GMJ Travel and Edith Tengen for impeccable travel service
- **More From Cameroon** - FabAfriq, SNS Mobility, Mary Tomdio, Collins Ajifack
- **More From USA**–2016 monetary donors of more than $1000: Dr. Rose Oma of Integrated Community Services, Inc.; Mr. Craig Jones; Bangoulap Community; Ladies of Cameroon; Dr. Solange Nono; Dr. Marie Bibum; Mr. Marc-Eric Mongbet-Lamare, Yanick Mongbet; Ernest & Agnes Njaba of Bota Consulting Engineers; Dr. Albert Zeufack; Mr. John Foretia of ABA Inc.; Dr. Banyo Makia of Banvera LLC; Dr. Tabe of Medical Care, Inc.; Mrs. Pambe Nemb;, OPSA DC; Mr. George William Ntemi; Mr. & Mrs. Philip Gladstone.
- 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.

9.0 DEPARTURE

The Patcha Foundation volunteer team left Maroua at 10 am on Saturday July 01, 2017.

10.0 SOME TESTIMONIES / VOLUNTEER EXPERIENCE

10.1 Eye Glasses and Sunglasses by Ophthalmology team:

Prolonged exposure to the dry, arid, sandy conditions and UV rays from the sun can cause pterydium, a condition that can result in diminished vision over time. We diagnosed a few cases of this disease during the Maroua mission.

Thanks to Prevent Blindness International, Restoring Vision and Americares we distributed reading and sunglasses to participants of the mission. The immediate impact of the reading glasses goes without saying. The sunglasses will protect the eyes from UV rays damage, thus reducing the incidence of vision problems and improving quality of life.

10.2 Dr. Olivia Binyet with 4 months old daughter, understood the people's need of hope:

I was at the General Practitioners' station and we received a lot of patients that we had to dispatch for various services. It was my very first time at the CASEC Medical Missions and I was so amazed seeing the number of people who needed us. "Were all these people really in need of a cure?" I asked myself. Then I understood. **They are in need of HOPE!**

These people had chronic diseases and pathologies lasting for years like osteosarcoma and psoriasis. They knew my colleagues and I couldn't cure them in 1 week but we could give them greater things like hope, love, concern; we could be compassionate towards them, and that was just what we gave. In return, they spoke a lot of blessings onto us in fufulde, the local language ☺.

In addition, through the MMPF eMed Network, we could always count on input from our physician colleagues overseas when we encountered a challenging case. I should also say the ambiance around the mission was extraordinary. I knew I came for something big but little did I know that this mission would become the big project of my life.

This year I brought along my 4-month-old daughter and I want her to grow in this Patcha Family. I pray that I will be available to attend each mission moving forward. Thanks again to the MMPF for this incredible experience.

10.3 Dr. Paul Tolefac recounts his experience as a first-time mission volunteer:

As a young graduate from medical school with little experience in the field and lots of interest in community development, there could not be a better opportunity worthwhile than serving thousands of underprivileged in Maroua, living in poverty and with little or no health facilities.

When I received the news of the CASEC Medical Mission to Maroua back in November 2016, I asked myself several questions: Who are the organizers? What do they do? Are they genuine? and several others. The answers to these questions were immediately gotten without meeting anybody from

the Foundation. I immediately checked online and after reading the reports of their previous missions successfully carried out in Cameroon, I could not wait and immediately registered for the 2017 mission. Six months passed and about a month to the mission and considering the insecurity in the medical mission region, I decided to withdraw but an inner voice kept telling me to go to Maroua. I finally made the decision to go about five days to the mission after receiving a call from the Program Officer to confirm my availability.

While in Maroua, I met people living in poverty, with chronic medical conditions, people that have stayed for more than ten years without seeking medical care, people eager to see and discuss with the doctor. I worked at the General Consultation unit where about 10 of us consulted close to 700 patients per day, where most people could express themselves only in their local languages, "Fulfulde and Hausa". This was a big challenge, as we had to make use of sign language and translators whose interpretations were not always exact. We resorted to learning a few medical terms in their local languages. I have never seen so many patients waiting eagerly just to be seen by a doctor. This image shows a few of over 1000 patients waiting to be called for consultation.

As the mission advanced, we saw cases that were more complex. Yes, we provided basic health care needs to most of the population, but we equally had complex cases where we could not help the people, as the cases needed sophisticated diagnostic procedures and or treatments. I took particular note of a series of thyroid disorders. I saw about 10 patients with multinodular thyroid goiters. Shown in image is a 50-year-old patient with an enlarged multinodular goiter that has been there for more than ten years and that he had not consulted a doctor before for it. Even to patients that we could not provide curative treatments to, consulting a doctor was still a great relieve.

I will not finish without talking about my experience in the pharmacy. Throughout my training in medical school, I never served in a pharmacy, but I found myself serving in the pharmacy in Maroua. This was exciting for me, as l had to learn a new skill and apply it immediately.

Maroua was not only about work. We equally had a lot of fun as the medical mission provided opportunities for us to meet old friends and make hundreds of new friends. Thank you to the coordinators of the CASESC Medical Mission 2017 for making my dream of volunteering a reality and for adding more meaning to the lives of the people of Maroua. See you in 2018.

10.4 My Maroua experience by Ebai Giron Davis:

It has been always been a great blessing and pleasure for me to work as a volunteer with "the brand of care that makes a difference," Patcha Foundation. My trip to Maroua was remarkable, starting with 2 two-day bus ride from Douala with 4 other volunteers.

I worked mainly in the vital signs unit, screening participants for high blood pressure and diabetes. I discovered that I had a natural ability to use signs and body gestures to communicate with people speaking a different language, as most of the people only spoke fufulde, the local dialect.

Maroua was filled with many amazing moments; however, this one touched me the most:
I was moved when I saw how the Patcha Foundation President, Stella-Maris Adamu, walked towards a woman suffering from advanced breast cancer which had already proliferated and taken over the entire left breast. Everybody ran away from her due to the odor from the breast. The woman, was relieved when she saw how Ms. Stella approached her and talked with her, and reassured her in order to allay anxieties that showed on her face. I saw an act of great love manifested by Ms. Stella for this woman that will forever mark me.

10.5 Mme Mary Tomdio - the most challenging but most fulfilling mission:

For all the blessings I have received in life, I feel compelled to give back to the society. Supporting the CASEC Medical Mission is the best opportunity I have been given by the Patcha Foundation to my nation building, promoting good health and giving disadvantaged fellow citizens another chance in life and above all, putting big smiles on their faces.

The 2017 Patcha Foundation medical mission has been the most challenging but the most fulfilling mission that I have experienced so far. Maroua, our 2017 medical mission town, was experiencing some unrest due to Boko Haram attacks, and the insecurity at the borders. It is a Region that is difficult to access due to its geographical location. Even the long 2 days wait to get there, the anxiety, and sometimes frustration did not dampen my motivation to arrive at the site to get to work. We finally did get there. I have a strong belief that one can never fail when one's intention is to lend a helping hand to a needy. I also think that sitting around and complaining won't change a thing; one has to make an effort, no matter how small, to reach out to the less privileged in any society.

That's what we did in Maroua amidst the sad situations we encountered. I saw in Maroua, humans under such abject poverty; I saw desperation; I saw abandonment; I saw malnutrition. What I saw was overwhelming. The two situations that struck me the most were an elderly lady crawling to the registration table pleading to be registered, and a second lady who also came in to be registered all covered up with flies. She was later diagnosed with very advanced stage breast cancer.

I won't forget the looks on so many faces pleading to be registered even to the point where in one instance I was totally surrounded by a thick wall of people with seemingly no way out. I was momentarily held hostage but for the rapid intervention of the security forces. The CASEC Medical Mission to Maroua is exactly the reason the Foundation was created. We will fight cancer and other diseases and we will WIN!

10.6 Impressions of Mr. Emmanuel Ekumah, President/CEO, Prevent Blindness International:

On behalf of the Board of Directors of Prevent Blindness International (PBI), I wish to express our utmost appreciation to the entire Patcha Foundation Team for once again bringing PBI onboard as an Ophthalmology partner for the 2017 CASEC Medical Mission to Maroua, Far North Region of Cameroon.

For PBI, the 2017 mission was a challenge from planning, fundraising, acquisition of needed mission supplies to other logistical matters. Then, upon reaching Cameroon, the entire mission team encountered a two-day transportation delay totally beyond our control. In view of all these challenges, the Patcha Foundation machine slipped into high strategic management gear, providing each mission volunteer and partner the utmost comfort, compassion and assurances for a safe, productive and successful medical mission in Maroua.

Due to the high prevalence of vision diseases in the northern regions of Cameroon, PBI saw the selection of Maroua as the site of the 2017 CASEC Medical Mission as not only appropriate, but a great opportunity for a young organization like ours to encounter head-on the vision conditions faced by the residents of the area.

While in Maroua, our team experienced a difficult work condition due to climatic circumstances typical of the area. As head of team, I came across logistics issues on site as well as exposure to very difficult health, vision and environmental conditions the residents of Maroua endure on a daily basis.

Nonetheless, I am so honored to have had the blessing of making any form of change in the lives of the patients my team consulted. I left Maroua feeling so sad about the multitude of residents we could not see at the closure of the campaign and the surgeries we could not carryout but referred to the Eye Clinic staff of the hospital.

I commend The Patcha Foundation for their excellent mentorship and enthusiasm to share knowledge and expertise. Thanks for helping open our eyes, minds and souls to the complexities underlying our administrative, political, healthcare and cultural structures in Cameroon. Most importantly, giving us a front row position as we witnessed how the Patcha Foundation has been tackling the diverse and dire medical needs of our communities in Cameroon.

Based on the great success of the 2017 mission, I am very pleased to assure The Patcha Foundation that PBI, remains committed to a long-lasting partnership in not only meeting the ophthalmological needs of subsequent medical missions, but also being a trusted partner in your journey to make a difference and changing lives across the world. May God continue to bless the entire MMPF Team abundantly for the great efforts your group has been undertaking at improving the lives of our people.

10.7 Mission experience by Goretti Zinkeng, SRN, Vision Nurse, PBI Team:

The choice of Maroua as the 2017 medical mission site was well thought of. Everybody who went did his or her best in whatever tasks assigned to them. The following items in my humble opinion were the strengths of the mission: logistics, number of patients consulted, medications/supplies and the sufficient personnel and volunteers.

On the other hand, we encountered some challenges such as transportation delays, and the fact that PBI did not carry out any eye surgeries. In fact, one of the patients even remarked that, "I thought you people will remove this cataract from my eyes"

Overall, many people expressed the desire to read and were happy to have a pair of reading glasses. Everyone on the mission was very useful and productive.

I would like to suggest that in view of the severity of vision diseases in the area, the elites should advocate for more NGOs to assist in blindness prevention. I conclude by saying "we went, we saw, and we conquered.” May the good Lord continue to bless the Patcha Foundation, members and its donors.

11.0 2017 MISSION PICTURES







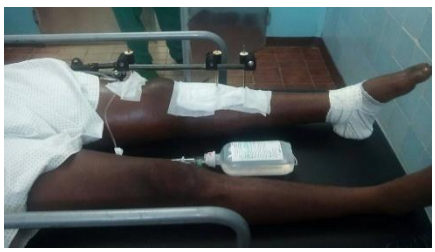


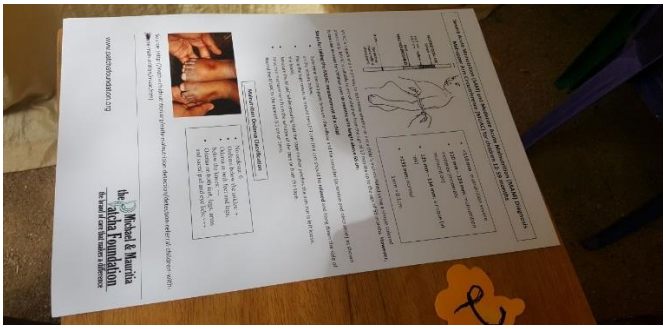


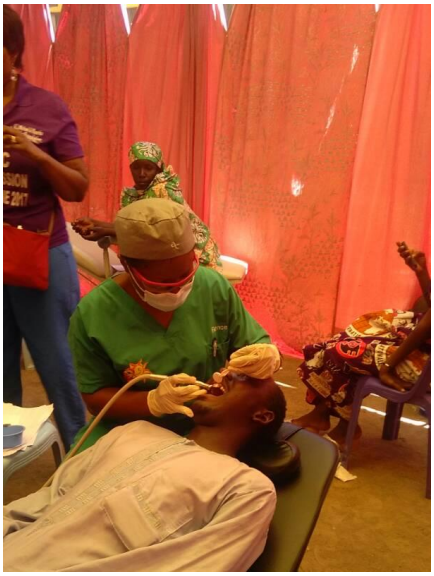










For more pictures, select **View 2017 Galleries** when you visit

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