



# CASEC MEDICAL MISSION 2023

## MAKENENE

Centre Region, Cameroon

AUGUST 2023

PATCHA FOUNDATION

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

## **Our Goal**

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

## **Our Mission**

To eradicate diseases through effective and innovative health delivery systems.

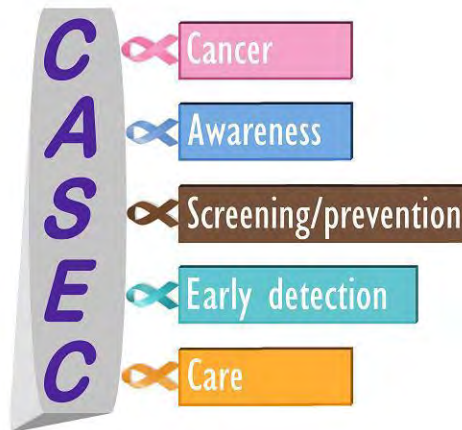
## **Our Values**

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

## **Our Vision**

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

## **Our Tool and What We Promote**



## **Achieved Through**

Medical Missions | Conferences | eMed Network | Walk/Run to Fight and...WIN Events  
Workshops | Health Fairs | Social Media | eNewsletter | CASEC Care | Wig Drive | CASEC Awards  
Media Outreach | CASEC Companion

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

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### **Acronyms:**

MMPF – Michael & Mauritia Patcha Foundation

MM23– Medical Mission 2023

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

eMed – The Patcha Foundation’s Telemedicine Platform

JULY 2023

Dear Partners in Health:

The CASEC 2023 Medical Mission to Makenene, Cameroon was our second following the break imposed by the global coronavirus pandemic. The community was thirsty for the comprehensive services we provide and welcomed the mission team with heartfelt appreciation. Medical mission planning has evolved since the pandemic, and global inflation is impacting costs. Therefore, this was a difficult mission to plan and one of our most costly. At the same time, it was the most seamless in terms of execution, safe for two, albeit major hiccups. One was the late arrival of a large consignment of medication, and the other was the last-minute cancellation of some of the physicians. The team was able to quickly adjust and avert any lasting negative impact.

From July 22, 2023, to July 24, 2023, the team of partners, volunteers and our hosts delivered free medical and surgical care to over 1600 participants. The impact of this mission is remarkable. The team performed 44 surgeries on site, screened 458 women for breast and cervical cancer, treated 14 women diagnosed with pre-cancerous cervical lesions, diagnosed and referred 11 women with a breast mass, and dispensed over 13,000 medication orders.

The citizens of Makenene and we are grateful to our hosts and organizing partners DYPAMAK, who overcame countless challenges to ensure a successful mission. We are also grateful to our volunteers who have perfected the art of charitable sacrifice and return year after year to the mission and other foundation activities.

Our partners are the pillars through whose services hope springs. Our gratitude is deep. We thank the donors without whom the foundation would be lacking much needed funds, medication and supplies that are pivotal to mission success. Most especially, we thank you, the community, for taking charge of your health and allowing us to be a part of your healthcare journey.

Within these pages is captured the essence of our time in Makenene. Please take some time to review and give feedback. We look forward to more opportunities to be of service and invite you to join us. Physicians and Nurse Practitioners of all specialties, Pharmacists and Opticians are especially needed. To learn more about our work, partnership opportunities, to support or volunteer, or to access a gallery of photos and videos about this mission and other activities visit our website [patchafoundation.org](http://patchafoundation.org) or email [info@patchafoundation.org](mailto:info@patchafoundation.org).

Sincerely,

Stella-Maris Adamu

## 1.1 INTRODUCTION

The mission of the Michael & Mauritia Patcha Foundation (the Foundation) is to contribute to the improvement of the community's health, focusing on increasing Cancer Awareness, Screening/prevention, Early detection and Care (CASEC). The Foundation is committed to reducing the cancer burden in African communities in the diaspora and on the continent. In addition to the many activities planned throughout the year, the Foundation organizes medical missions with a focus to increase healthcare access to the underserved, and underprivileged. 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 and other chronic diseases are devastating in 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 is limited cancer diagnostic or treatment resources or funding, there is a high percentage of undiagnosed and therefore untreated cases and most people who die of cancer are unaware of the disease. Many Cameroonians are unlikely to make preventive health screenings a priority due to financial constraints and those who eventually seek medical intervention, do so at an advanced stage of the disease when prognosis is poor. The public must be educated on the importance of early diagnosis and treatment as the best way 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 2023 medical mission is particularly impactful since, for the third time, the Patcha Foundation and partners served those persons rendered internally displaced by the conflict in the Northwest/Southwest regions of Cameroon and living in several communities in Makenene.

The 2023 Medical Mission to Makenene is the eighth that the Foundation has organized in Cameroon, with over 26,600 people benefitting from the FREE medical services provided under this program, including cancer screening & treatment, vital health screening and consultation, surgery, cardiology, gynecology, pediatrics, Ear-Nose-Throat (ENT), mental health, ophthalmology, dental services, nutrition consultations, and FREE medications.

## 1.2 2023 MISSION OBJECTIVES

The 2023 CASEC Medical Mission goals included the following:

- ✓ Free screening for breast, cervical, prostate, and oral cancer
- ✓ 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
- ✓ 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, syphilis, typhoid, Rota Virus, malaria, PSA, bleeding/clotting times, and urinalysis
- ✓ Free Ear-Nose-Throat screenings
- ✓ Free mental health consultations with medication and counselling provided
- ✓ Free nutrition and lifestyle consultations
- ✓ Free pediatric consultations, screening, and management of paediatric malnutrition cases with referral of severe cases
- ✓ Free general health / family medicine consultations and management of diagnosed cases
- ✓ Free gynaecology and urology consultations and management of diagnosed cases
- ✓ Free surgery
- ✓ Free prescription and non-prescription medications
- ✓ Educate the public and create awareness on critical health issues, especially cancer, HIV/AIDS, malnutrition especially in the paediatric population, diabetes and hypertension
- ✓ Free physiotherapy consultations and treatment
- ✓ Fully integrate MMPF e-Med telemedicine platform into mission activities
- ✓ Training of medical and non-medical workers/volunteers
- ✓ Other health services as determined appropriate by our medical providers

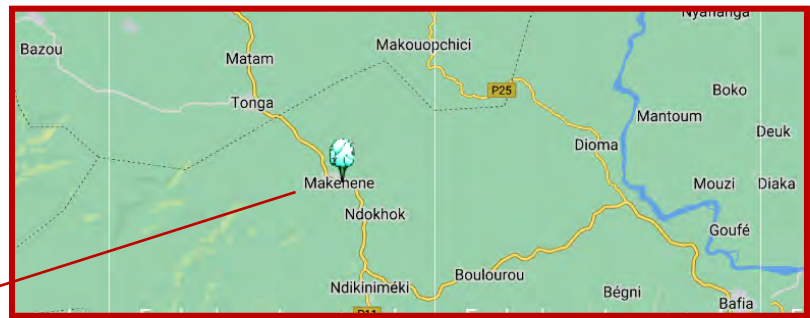
### 1.3 MISSION SITE

The 2023 medical mission took place in the town of Makenene, in the Centre Region of Cameroon. The target population was the residents of Makenene and surrounding communes, including Bafia, Tonga, Ndiki, and Bafoussam. The host site was the Centre Catholique de Sante de Makenene. The mission was jointly organized with DYPAMAK, a local NGO, based on the following factors:



- In researching about Makenene it was discovered that this area is home to a sizeable population of internally displaced persons (IDPs) that had sought refuge in this part of Cameroon because of the ongoing conflict in the Northwest and Southwest Regions of country.
- Makenene is a rural and poor community, and the people rely heavily on agriculture by traditional farming methods, trading, and animal husbandry for their livelihood. Typically, in these settings, healthcare is not prioritized because the inhabitants do not have the financial means.
- There is inadequate medical infrastructure and expertise in this region. Makenene has some basic health infrastructure, including the District Medical Centre of Makenene, Catholic Health Centre, and Baptist Health Centre. However, they are poorly equipped and staffed. While there is no information on the physician to population ratio, according to [www.worlddata.info](http://www.worlddata.info) there are 0.09 doctors per 1000 Cameroon inhabitants, compared to the worldwide ratio of 1.50 physicians per 1,000 inhabitants and the EU ratio of 3.57. Also, per WHO data published in 2020 life expectancy in Cameroon is 62 years, compared to 78.5 in the USA and 82.5 in France.

- In addition to the indigenous Makenene population and IDPs, participants of the 2023 medical mission included residents of neighbouring towns such as Tonga, Ndikinimeki, Bafia, Douala, and Bafoussam



Makenene is a locality in the Mbam-et-Inoubou Division in the Center Region of Cameroon with an estimated population of 35,000 people. It is found on the Yaounde to Bafoussam road axis, about 3 hours from Yaounde and one hour from Bafoussam. Makenene is a melting pot, a bridge community that is home to

many ethnic groups, including those from the West, South, Littoral and Centre regions.

- The Catholic Health Centre, Makenene, was the host site of the 2023 medical mission. Sr. Monique Ngalula, Matron of the hospital, granted access to the entire hospital, including some of the staff.



#### 1.4 2023 MEDICAL MISSION SERVICES

This mission was the 8th CASEC Medical Mission to Cameroon and medical services offered included:

- Primary Care consultations performed by volunteer primary care physicians of the MMPF “Volunteer Medical Corps (MMPF VMC)” team led by Dr. Doan Christley Chungong.
- Pediatric consultations were performed by Dr. Yonta Cyril, and Ms. Antonia Chungong, RN.
- Breast (Clinical Breast Exam) and cervical cancer screening (Visual Inspection with Acetic Acid or VIA), precancerous cervical lesion treatment using Thermal Ablation and biopsy

performed by the Cameroon Baptist Convention Health Services Women's Health Program (CBCHS-WHP).

- D. Gynecological consultation and minor surgeries by gynecologist Dr. Ludovic Fotso assisted by midwife Noumedem Lynda and nurse Moufoudo Eveline.
- E. Prostate screening (DRE) performed by MMPF VMC physicians.
- F. Cardiology consultations and screening services were provided by the Shisong Cardiac Centre team led by cardiologist Dr. Cabral Tantchou.
- G. Adult and pediatric surgeries by Dr. Georges Bwelle and the ASCOVIME team.
- H. Dental services provided by Dr. Nseke Cecile Florence and Dr. Danielle Kingue.
- I. Ophthalmology services provided by Dr. Irene Kamga of ASCOVIME.
- J. Mental Health consultation and counseling by Dr. Nkwayep Mpafe of CamDocUK.
- K. Physiotherapy services were provided by Dr. Gael Soh.
- L. Laboratory services provided by Mobile Medical Care System (MOMECS) led by Mr. Ngankwi Kari-Mark.
- M. Pharmacy services provided by pharmacists and support staff from the USA and Cameroon, led by Dr. Rosalie Makoudjou Ngachie.
- N. Nutrition and lifestyle counseling by MMPF nutritionist Mme Therese Fogang Temfack of Cabinet FUCUS. MMPF VMC physicians and pediatricians also provided nutrition counseling.
- O. Diabetes and hypertension counseling was provided by nutritionist Mme. Temfack, and the MMPF VMC.
- P. MMPF e-Med Network, the telemedicine platform that connects health practitioners across various Information Communication and Technology 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 managed by Bah Boniface Chungong, head of MMPF Digital.
- Q. General registration was under the supervision of Mme. Susan Mufor.
- R. The vital signs and triage unit was led by Ms. Iya Lobe.
- S. The Cordon Bleu unit led by Ms. Sophie Njampou and Ms. Clemency Fonken was responsible for volunteer feeding for the duration of the mission.
- T. Mission site logistics was spearheaded by Mr. Brice Tibab.

## **1.5 MISSION IMPACT ON THE COMMUNITY**

- A. During the three days of the 8<sup>th</sup> medical mission to Cameroon, the Patcha Foundation can report that the disenfranchised people of Makenene and surrounding towns were given free access to comprehensive medical and surgical services, and over 1,650 registered and benefitted from the



services. This brings the total number of people served during the Patcha Foundation CASEC Medical Missions program to over 26,600.

- B. Over \$2,500,000 worth of drugs and medical supplies tailored to meet the health needs of the target community were distributed.
- C. The educational workshops by MMPF nutritionist Mme. Temfack Fogang Therese were well appreciated by the participants and included discussion on nutrition and healthy lifestyle choices, management of chronic diseases like diabetes and hypertension, and cancer risk reduction through diet.
- D. The cancer sensitization sessions by the CBCHS-WHP and MMPF team increased awareness, and stressed the importance of self-examination, risk reduction behavior, and the role of screening and immunization in prevention, early diagnosis, and survival.
- E. Broadening the impact of the mission: the partners and volunteers from every region of Cameroon, returned to their respective communities armed with the Patcha Foundation CASEC message to share, thus creating a ripple effect, broadening the reach of the CASEC message beyond the medical mission, and extending the mission's impact.
- F. Expanding access to free, quality medication: medical mission partner organizations and physicians received donations of unused medications and supplies intended to be dispensed to their patients at no charge. Some partners host free medical campaigns in their communities during which the donated medications are dispensed. This again expands the mission of MMPF to far-reaching communities that would otherwise not have access to quality drugs.
- G. Medical mission volunteers form a unique bond that fosters continued collaboration, personal support, friendship, and an amazing family-like relationship.
- H. Post mission care: As is typical of each mission, there are cases that require follow up care, including cancer diagnosis and treatment, and more invasive surgery. The foundation advocates for, refers these cases to community partners, and supports the care for these patients.

## **2.1 MISSION DATA**

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

The following reported figures are the actual recorded data, however, for general registration a factor of +5% margin has been added to account for human factors such as omission in capturing some participants. The positive error margin reported is based on estimated numbers projected to have been registered and consulted compared to the numbers captured in the recorded data. Participants receive one Participant Record Card (PRC) during general registration, thus triggering one entry in the registration records. For numerous factors, including human error, some participants received the PRC and benefitted from mission services, but were omitted from the registration records.

We estimate that this year up to three quarters (3/4) of participants returned more than once either for additional consultation, surgery, or to obtain prescribed drugs. However, these additional visits are not reflected in the total numbers.

### 2.1.1 GENERAL REGISTRATION

S/N	Designation	Day 01	Day 02	Day 03	Total
1	Children (Under 18 Years)	69	182	199	450
2	Women	229	317	317	790
3	Men	132	145	145	416
	Total	430	565	661	1,656
	Total Registration	<b>1,656</b> Participants registered for services			

### REGISTRATION REMARKS

Participants had been informed by the medical mission host, DYPAMAK, in pre-mission messaging that registration would be done on site.

General registration is the gateway to the mission. During registration, participants received a Participant Record Card. The Participant Record Card had allotted segments for physicians and specialists' notes and prescribed treatment.

The record card ensured the integrity of mission stats as each participant received only one.

This year, one quarter of all registered participants were children under 18 years old. This year the cut-off age for pediatric patients was 18 years, as opposed to 16 years in previous missions. The change was instituted to align with the Convention on the Rights of the Child (CRC) that classifies a child as anyone under the age of eighteen years.



### 2.1.2 VITAL SIGNS

S/N	Designation	Women	Men	Total
1	Total Screened	703	419	1,128
2	Hypertensive (over 150/100 mm Hg)	—	—	<b>266</b>
3	Diabetic (5.7- 30.8 mmol/L)	—	—	<b>85</b>

### VITAL SIGNS REMARKS

Most people who presented for vital signs testing were females. For purposes of this medical mission participants were considered potentially hypertensive if their blood pressure was above 150/100 mmHG. Blood sugar readings of 5.7 - 30.8 mmol/L were considered diabetic or at risk for diabetes.



Based on these values there were a total of 266 people with high blood pressure and 85 with high glucose levels. Those participants were referred to the appropriate physicians for further testing and consultation.

### 2.1.3 FAMILY MEDICINE – ADULT PRIMARY CARE CONSULTATIONS

S/N	Participants Over 18 Years Old	Day 01	Day 02	Day 03	Total
1	Women	83	142	240	465
2	Men	67	93	103	263
	Total	150	235	343	728
<b>728 Participants consulted</b>					

#### PRIMARY CARE REMARKS

Under the leadership of Dr. Doan Chungong, a team of 5 family medicine physicians and 3 nurse practitioners served 728 people. Women were more represented than men. Several pathologies were observed. The most prevalent were malaria, arthritis, typhoid fever, rhino bronchitis and dermatitis. Other uncommon but significant pathologies included hemorrhoids, epilepsy, elephantiasis and leprosy (Hansen’s disease).



Elephantiasis and Hansen’s disease are rare conditions and the medications indicated for treatment were not available in the mission pharmacy and attempts to procure them in the country have been unsuccessful. The MMPF team is currently exploring other options, including importing medications.

### 2.1.4 FAMILY MEDICINE – PEDIATRIC CONSULTATIONS

S/N	Children (Under 18 Years)	Day 01	Day 02	Day 03	Total
1	Females	23	51	122	196
2	Males	36	44	44	124
	Total	59	95	166	320
<b>320 Patients consulted</b>					

#### PEDIATRIC REMARKS

Pediatric consultation was provided primarily by Dr. Cyril Yonta, head of the mission pediatrics team, and Mrs. Antonia Chungong Taku, pediatric nurse.

Cases encountered included uncomplicated malaria, salmonellosis, tonsillitis, tinea capitis, tinea corporis, impetigo, persistent processus vaginalis (3), hydrocele (2), linea alba hernia (1), seizure/epilepsy and cerebral palsy (2) as complications of severe neonatal encephalopathy, moderate malnutrition, 1 case of complicated malaria (Hb: 4g) + Bronchopneumonia in a context of moderate malnutrition, and wound dressing for a case of suspected myosarcoma.



### **A Case of Complicated Malaria Requiring Blood Transfusion:**

A 3-year-old girl with vaccination updated to age of 1 year, on regular diet and weighing 10kg presented with a 1-week history of intermittent fever, refusal to feed, restlessness, listlessness, coryza, and cough. The persistence of the symptoms prompted consultation. There was no vomiting, no abdominal discomfort, and no diarrhea.

Physical examination revealed an ill-looking and lethargic child with increased temperature (Temp=40 c), PR= 123bpm, RR=29bpm, flaring of the alae nasi and use of accessory muscles of respiration. Pale conjunctivae and anicteric sclerae. There were bilateral fine crackles (lower lung fields); S1 +S2 were audibles with no added sounds and there was splenomegaly (4cm) below the left costal margin.

The diagnosis was severe malaria and broncho pneumopathy in a background of moderate acute malnutrition, rule out sepsis and urinary tract infection.

The medical mission lab performed some tests and found the child to be anemic with hemoglobin of 4g/dl and positive for malaria. The child was dispensed an antimalarial, an antipyretic, broad-spectrum antibiotics, and chewable vitamins. She also received a blood transfusion at the site hospital, paid for by MMPF. The mother also received nutritionist consultation on proper management of malnutrition.

NB: The child recovered and was discharged after a two-day hospitalization. She is doing fine today.

### **Case of Suspected Myosarcoma:**

A 9-year-old boy with cerebral palsy and aphasia following severe neonatal encephalopathy (Sarnat 3) and known epileptic on carbamazepine presented with a foul-smelling bandage covering a discharging wound on the left upper chest which has been growing following an incision of 2 lumps at that position five months prior.

On examination, we had a dirty foul smelly bandage, discharging, reddish buds with regular edges which bled when touched.

Dx: Malignant tumor

R/O: Myosarcoma?

Management:

- 1- Wound dressing with NS, H2O2, and Betadine every day.
- 2- Assorted medications dispensed including vitamins, pain and sinus medication, and antibiotic ointment.
- 3- Referral to an oncologist.





## 2.1.5 BREAST AND CERVICAL SCREENINGS

S/N	Designation	Screened	Normal	Abnormal	Biopsy	Treated	Referred
1	Cervical Cancer	252	248	4	01	4	0
2	Breast Cancer	266	265	1	-	-	1
3	Total seen for breast screening only					14	
4	Negative for cervical precancer					248	
5	Positive for precancer					4	
6	Suspicious for cervical cancer					0	
7	Positive and confirm vulva cancer					1	
8	Treated with Thermal Coagulation					4	
9	Referred for LEEP					0	
10	Total number of girls vaccinated with HPV Gardasil vaccine					26	
11	Total number of boys vaccinated with HPV Gardasil vaccine					15	
12	Diagnosed with breast mass					1	
13	Suspicious for breast cancer					0	
14	Referred for mammography					2	
15	Referred for Ultrasound					2	
16	Diagnosed and treated for reproductive tract infections					5	

### BREAST AND CERVICAL SCREENING REMARKS:



**Cancer sensitization**



**Before screening registration**

In partnership with the Cameroon Baptist Convention Health Services (CBCHS) through its Women's Health Program (WHP), the CASEC Medical Mission 2023 had planned for the screening of at least 400 Women in Makenene for Breast and Cervical cancer and to treat women diagnosed with cervical dysplasia with thermal ablation or LEEP. Those requiring thermal ablation were to receive treatment on site while those with LEEP were to be referred for treatment within CBCHS institutions offering LEEP services. Those found with lesions suspicious of cancer were to have

specimen for biopsy harvested on site and contacted with results and referral for proper management if positive for cancer. Also, young boys and girls 9-14 years old were to benefit from vaccination against Human Papillomavirus (HPV) related cancers.

### 1. Methodology/Logistics

For the above objective to be met, the following was put in place.

- Materials were assembled.
- The Team traveled to Makenene on 21st June 2023 all transported by the Patcha Foundation.
- From June 22nd to 24th cancer screening of qualified adults and vaccination of young boys and girls against HPV was done in Makenene. The screening method for breast cancer was clinical breast examinations while Visual Inspection with Acetic Acid Lugol Iodine was used to screen for the cervix. The final data is depicted in the table above.

### 2. Staff

A total of four (4) CBCHS/WHP staff drawn from Yaoundé, Douala, and Bafoussam were involved in the 2023 medical mission.

### 3. Fees for Services

Participants paid no fee for screening and treatment of precancers done by thermal ablation and biopsies as the Patcha Foundation paid for these services. Women with breast masses were referred for mammography and other biopsies and funding assistance was requested from the Patcha Foundation. The HPV vaccines administered during this medical mission were provided by the Ministry of Health free of charge.

#### 2.1.6 GYNECOLOGY AND UROLOGY

S/N	Consultation	Day 1	Day 2	Day 3	Total
1	Number of patients	17	76	60	153
2	Males	4	29	25	58
3	Females	13	47	35	95
	Age Range of patients	18 years to 72 years old			

#### UROLOGY AND GYNECOLOGY REMARKS:

Participants of both genders aged 18 to 72 years old received consultation during the 3-day medical mission in Makenene. Dr. Ludovic Fotso was the head of the team which also included two midwives.

The most common pathologies among the 153 cases consulted were: sexually transmitted infections, vaginal yeast infection, erectile dysfunction, pelvic inflammatory disease, and some breast lumps. The team also excised a lipoma on the back of a participant. It was noted that there was a high incidence of erectile dysfunction compared to other missions.



## 2.1.7 CARDIOLOGY

S/N	CONSULTATION	Day 1	Day 2	Day 3	Total
1	<b>Number of Patients</b>	84	107	104	295
2	Males	54	61	36	151
3	Females	30	46	68	144
	Age Range of Patients	18 years to 60 years old			

### CARDIOLOGY REMARKS:

The Cardiac Center Shisong joined the Patcha Foundation to offer cardiology services. Of the 295 screened patients, some cases diagnosed with heart conditions were recommended either for cardiac surgery or follow-up with the cardiologist.



- 73 patients had high blood pressure values and had neither known their status nor were on medications.  
38 of the 73 with high blood pressure were males aged between 50 – 70 years while 35 were females of the same age group.  
A good number of these categories of patients were given a follow-up control appointment with the Cardiac Center Shisong mobile consultation team at Baham for the 23rd of August 2023.
- Patients with high blood pressures were prescribed medications, advised to reduce salt intake, stop using maggi seasoning, alcohol consumption, embark on regular physical exercise, and increase vegetables and fruits in their diet.

The patients diagnosed with heart and hypertension conditions all received a three-month supply medication and were recommended for follow-up with their local doctor or the Cardiac Center Shisong cardiologist.

## 2.1.8 NUTRITIONIST

S/N	Pathology	Total
1	Obesity	4
2	Diabetes	-
3	Hypertensive	5
4	Hypoglycaemia	1
5	Diabetic/hypertensive	1
6	Malnutrition in children	4
	<b>TOTAL</b>	<b>15</b>

**NUTRITIONIST REMARKS:**

As a result of this humanitarian mission, we found that most of the population of Makenené that were hypertensive, diabetic or at risk were unaware of their status, and some suffered from being overweight and obese. Nutrition consultation is voluntary and out of all the referrals 15 participants were received by the Nutrition team. It was noted that once participants were informed of their test result and the risks, they were eager to take measures to limit the damage or to heal themselves. The nutrition team re-checked blood pressure and glucose and provided advice on healthy habits and choices. The team also prepared individualized monthly menu sheets for the participants and incorporated regular physical activity.



**2.1.9 DENTAL CONSULTATIONS**

S/N	Designation	Women	Men	Children	Total
1	Consultations	120	73	11	204

**DENTAL REMARKS:**

The dental unit was led by Dr. Nseke Florence. The main pathologies were periodontal disease (gingivitis and periodontitis), mouth ulcers, septum syndromes, dental wear (abrasion, attrition, and erosion).

- The dental team performed cleaning and some extractions and provided counselling on oral hygiene.
- Toothbrushes, toothpaste, dental floss, mouthwash, and dry mouth lozenges were distributed to patients.
- The lack of a dental chair and a full set of dental instruments were challenges that impacted service.



The common problems found were:

S/N	PATHOLOGY	NO. OF CASES
1	Decayed teeth	157
2	Cavities	4
3	Missing teeth	55
4	Extraction performed	12
5	Descaling	40



### 2.1.10 OPHTHALMOLOGY

S/N	Consultations	Day 1	Day 2	Total
1	Men	92	118	210
2	Women	102	204	306
3	Children female	05	45	50
4	Children male	07	41	48
	<b>Total</b>	<b>206</b>	<b>408</b>	<b>614</b>

### OPHTHALMOLOGY REMARKS

Ophthalmology services for this medical mission were provided by ASCOVIME, led by Dr. Irene Kamga. Among the common conditions identified were refractory errors/dry eye, mature cataract, glaucoma, presbyopia and ametropia, and eye infections.

A total of 504 reading glasses and UV ray protective sunglasses were dispensed. 187 prescriptions for eye drops and pills were dispensed.

The Ophthalmology team was available for only the first two days of the mission.



### 2.1.11 MENTAL WELLNESS

S/N	Designation	Day 1	Day 2	Day 3	Total
1	Men	18	18	23	59
2	Women	6	11	18	35
	Children	1	0	0	1
	<b>Total</b>				<b>95</b>

### MENTAL WELLNESS REMARKS

Mental wellness consultation and counseling were provided by Dr. Nkwayep Mpafe, a member of CamDoc-UK, an MMPF medical mission partner. Patients received various medications as prescribed, by Dr. Mpafe. Participants' medications and therapy are managed by Dr. Mpafe on a long-term basis via telemedicine following the medical mission. This is an ongoing program.



Statistics from the mental health consultation can be seen in the table below.

	MEDICAL CONDITIONS IDENTIFIED	TOTAL
1	Depression	23
2	Sciatica	6
3	HIV	1
4	CKD	1
5	Hypertension	6
6	Dementia	1
7	Parkinson's Disease	1
8	Lesion headache	1

### 2.1.12 LABORATORY SCREENINGS - MALARIA, HIV, HEPATITIS, PSA, OTHERS

S/N	Designation	Day 1	Day 2	Day 3	Total
1	Men	26	47	69	142
2	Women	42	58	123	223
3	Children	21	43	16	80
	<b>Total Participants Screened</b>	<b>89</b>	<b>148</b>	<b>208</b>	<b>445</b>
	<b>Total Tests Performed</b>	<b>114</b>	<b>159</b>	<b>435</b>	<b>708</b>

### LABORATORY REMARKS

During the 2023 Medical Mission, the mission laboratory was able to attend to 445 participants requesting laboratory examination. The laboratory, headed by Mr. Ngankwi Kari-Mark, performed 708 tests, thus facilitating diagnosis and treatment, as well as providing pre-op support to the surgery team.



Laboratory Tests Performed										
SN		Typhoid (+)	Malaria (+)	Hb	H. Pylori (+)	Syphilis (+)	PSA (+)	HIV (+)	HCV (+)	HBsAg (+)
1	Day 1	19 (4)	46 (31)	8	32 (11)	05 (0)	03 (0)	--	--	--
2	Day 2	40 (1)	61 (52)	43	09 (1)	10 (1)	17 (0)	--	--	--
3	Day 3	21 (1)	60 (45)	24	17 (6)	19 (0)	15 (0)	132 (2)	84 (1)	78 (4)
	<b>TOTAL</b>	<b>80 (6)</b>	<b>167 (128)</b>	<b>75</b>	<b>58 (18)</b>	<b>34 (1)</b>	<b>35 (0)</b>	<b>132 (2)</b>	<b>84 (1)</b>	<b>78 (4)</b>

The number of positive results is in ( ); HB = Hemoglobin; PSA = Prostate Specific Antigen; HIV = Human Immunodeficiency Virus; HCV = Hepatitis C Virus; HBsAg = Hepatitis B Surface Antigen

### 2.1.13 SURGICAL UNIT

A total of 42 surgeries were performed by the surgical team of ASCOVIME led by visceral surgeon Dr. Georges Bwelle, and 1 by Dr. Ludovic Fotso.

S/N	Pre-Op Consultations	Total
1	Men	19
2	Women	16
3	Girls	08
	<b>Total</b>	<b>43</b>



SURGERIES PERFORMED					
S/N	SURGERY CONDITION	Day 1	Day 2	Day 3	TOTAL
1	Lipoma	00	06	04	10
2	Inguino scrotal hernia	00	00	03	03
3	Hydrocel	03	00	02	05
4	PCPV	05	00	00	05
5	Inguinal hernia	00	07	09	16
6	Pandyloma	00	00	01	01
7	Breast lump	00	02	00	02
8	Lumpectomy	00	01	00	01
	<b>Total Surgeries Performed</b>	<b>08</b>	<b>16</b>	<b>19</b>	<b>43</b>

#### SURGERY REMARKS:

All surgeries were performed at the Catholic Health Center in Makenene, the mission site. Patients received intravenous antibiotics for surgical prophylaxis, and post-operation pain relief medication and oral antibiotics to help prevent infection. The health center provided wards and beds for post-op recovery and the staff performed all dressing changes. Use of the facility and its resources was at no cost.

### 2.1.14 PHARMACY

Over 8,000 prescription orders were filled by the pharmacy department. Each prescription was double-checked for accuracy and counseling on use and possible adverse reactions were provided to every recipient.



- ✓ All participants received prescribed medication for free.
- ✓ All participants received Albendazole for deworming, as intestinal worms are endemic in the country, especially among children, and contributes to malnutrition, slow growth, and anemia.
- ✓ High demand pharmaceuticals dispensed during this mission include medications for diabetes, hypertension, and cardiac conditions, anti-malarials, antibiotics, vaginal anti-fungal, oral, and topical analgesics, topical steroids and anti-fungals, calcium supplements, aspirin 81mg, calcium, folic acid, thiamine, and other vitamin supplements. Also dispensed were over the counter (OTC) cough, and cold medicine and hydration packs. Patients with chronic conditions such as hypertension and diabetes received a minimum of 3 month's supply of medication.
- ✓ For mental health services, we also dispensed some antidepressants.
- ✓ The pediatric, mental wellness and ophthalmology departments dispensed medications from their respective units directly to the participants. These numbers are not included in the totals dispensed by the pharmacy team.
- ✓ Eye drops to treat various eye ailments like glaucoma, infections and dry eyes were dispensed by the ophthalmology team.
- ✓ Pediatric medications (oral antibiotic suspensions, analgesic syrups, chewable and liquid vitamins supplements, malaria drugs and some topical medication) were dispensed by the pediatricians directly to the patient.
- ✓ Albendazole was also dispensed by the pediatric team for deworming.
- ✓ Injectable antibiotics, anesthetics, 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.

#### **Pharmacy Report on Use of Mebendazole:**

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



### 2.1.15 CORDON BLEU

The Cordon Bleu team led by Ms. Sophie Njampou and Ms. Clemency Fonken is responsible for volunteer meal services during the medical mission. This year the Cordon Bleu was a team of 8 women coming from various towns throughout Cameroon. The menu is reviewed and revised by nutritionist Mme Temfack.



The daily menus for breakfast, lunch and dinner were presented with a variety of options in enough quantities for 120 volunteers plus some extras. Each menu was served with fruits and vegetables.

Some difficulties faced that the foundation should consider and bring ameliorations for future medical missions:

- Lunch was served at the mission site which was quite a distance from the kitchens where food was prepared, which contributed to some delays in serving lunch.
- Local volunteers that had signed up to assist the Cordon Bleu team were no show and their absence created some logistical problems for the team.
- Volunteers typically came late for meals which disrupted the timing for cooking and cleaning of the plates, silverware, kitchen utensils, the cooking area and the serving areas (mission site for lunch and hotel banquet room for breakfast and dinner). This was very challenging for the Cordon Bleu team.

The Cordon Bleu team benefited from using the kitchens of the Hotel Sob Tuheu where volunteers lodged, to prepare meals. Benefits included:

- The distance between the cooking site and the market was close; this allowed the team to easily get to the market for food items and supplies.
- The presence of a good water supply allowed the cooking process to go on smoothly.



Overall, volunteers verbalized satisfaction with the types and quantities of meals served.

### 2.1.16 EMED NETWORK

The MMPF eMed Network which is a telemedicine platform that links doctors from Cameroon and their counterparts abroad for patient consultation and management was not effectively used this year because of the poor Internet signals at the mission site. Some of our partner doctors who had scheduled to consult via eMed were not accessible on mission days mainly due to network issues, which also handicapped the functioning of the eMed department.

For future missions, we are hoping to do proper pre-mission testing of internet availability and look for workarounds to allow for proper functioning of the eMed.

## 2.2 SUMMARY OF DATA

S/N	HEALTH CATEGORY SCREENED	TOTAL NO	ABNORMAL	TREATED	BIOPSY	REFERRED
1	Registration (adults + children)	1656	-	-	-	-
2	Vital Signs	1128	-	-	-	-
3	Adult Consultation	728	-	-	-	-
4	Pediatric Consultation	320	-	-	-	-
5	Breast Cancer Screening (CBE)	266	1	-	-	2
6	Cervical Cancer Screening (VIA)	252	4	4	-	-
6	Vulvar Cancer Screening	266	1	-	-	-
7	Prostate Cancer Screening (DRE)	35	-	-	-	-
8	Cardiology	295	-	-	-	-
9	Dental	204	-	-	-	-
10	Ophthalmology	614	-	-	-	-
11	Laboratory Participants Screened	445	-	-	-	-
12	Laboratory Tests Done	708	-	-	-	-
13	Surgeries	43	-	-	-	1
14	Pharmacy Prescriptions Filled	8000	-	-	-	-
15	MMPF eMed Network Consultations		-	-	-	-
16	Mental Health	95	-	-	-	-
17	Gynecologist	153	-	-	-	-
18	Nutritionist	15	-	-	-	-

## 2.3 HEALTH OBSERVATION

### HIGHER INCIDENCE OF CERTAIN CONDITIONS:

The Makenene area presented with a higher incidence of epilepsy, erectile dysfunction, alcoholism, and mental illness. We encountered more participants with these conditions during this medical mission than at any other medical mission. While the reasons are not fully documented, one theory being investigated is the probable correlation between fertilizer use and epilepsy, since most of the population are farmers.



## **2.4 INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

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

Medical students and new medical school graduates continue to benefit from first-hand working experience with and mentorship by the medical mission physicians and surgeons.

This year, the community education component of nutrition and healthy lifestyle was performed by Mme Temfack Therese, Dietician & Nutritionist who periodically held group sessions with participants throughout the mission. CBCHS-WHP provided community education on cervical cancer prevention, risks, screening, and management.

## **2.5 MEDICATION AND MEDICAL SUPPLIES**

This year, the Patcha Foundation dispensed medication and supplies worth about 2,500,000 dollars (US), equivalent to about 1.5 billion FCFA. We remain indebted to donors Imres BV, Blessings International, Kingsway Charities, Catholic Medical Mission (CMMB) Charities, Save A Child Cameroon, ASCOVIME, and DYPAMAK. Additional medications and supplies were procured with funds from the Patcha Foundation, raised through support from Board members and donations from the community.

## **2.5 UNUSED MEDICATION AND MEDICAL SUPPLIES**

At the completion of the medical mission, the Patcha Foundation donated unused and leftover supplies, equipment and medications to the host institution, partner organizations and some volunteer physicians. These donated items are intended to provide care for the needy in the recipients' respective communities and are not to be resold. Some unused medication with longer expiry dates have been safeguarded to be used for the next medical mission. Some leftover non-prescription medications and equipment such as blood pressure and diabetes testing kits were also distributed to mission volunteers. A full inventory of the donated items has been recorded.

Recipients of medications and supplies were instructed that donated items **MUST** be dispensed for **“FREE”** to the poor in their respective communities. Recipients also are instructed to provide feedback to MMPF on the use of the donated items. Unused prescription medications were distributed to:

- ✓ DYPAMAK
- ✓ Centre de Santé Catholique de Makenene
- ✓ ASCOVIME
- ✓ The Protestant Hospital of Ndogbati
- ✓ Tokombere Health Centre
- ✓ CBCHS-WHP
- ✓ MOMECS

- ✓ Cardiac Center Shisong
- ✓ Save A Child Cameroon
- ✓ Doctors of the MMPF Volunteer Medical Corps
- ✓ Mpuma Mwet Health Center, Kribi
- ✓ District Hospital Muyuka
- ✓ University of Buea Medical School Alumni Association

### 3.1 MEDICAL MISSION EXPENSES

The average exchange rate at the time of the mission was 611.35 FCFA to \$1.00 (USD).

	US \$	CFA
Cost of Medication and Supplies Purchase & Shipping	28,191	17,234,831
Estimated Value of Donated Medications and Medical Supplies	\$2,550,297	1,559,124,055
In-Kind Expense Volunteer Air Travel	24,300	14,855,805
Expenses in Cameroon [lodging, transportation, feeding, planning, misc]	14,163	8,658,700
In-Kind Expenses at Mission Site [tables, chairs, canopies, etc, in-town transportation, welcome dinner]	3,443	2,105,000
eMed Expenses		
<b>Total Cost of Mission</b>	<b>2,638,713</b>	<b>1,613,176,917</b>

### 3.2 FUNDING

Funding for the medical mission was provided by the Patcha Foundation through its Board members, corporate sponsors and donors who contributed during fundraising events and online, with support from organizing partner DYPAMAK. Other major sponsors of this year’s mission are listed in section 6.1 - Appreciation, of this report.

### 4.1 PARTNERS / VOLUNTEERS

The success of the 2023 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.

Along with organizing partner DYPAMAK other primary partners include the host institution Centre Catholique de Makenene, the Association des Competences pour Une Vie Meilleur, (ASCOVIME), the Cardiac Centre at the St. Elizabeth Hospital Shisong, the Mobile Medical Care System (MOMECS), CABINET FUCUS, the Cameroon Baptist Convention Health Services-Womens Health Program, and CAMDOC UK.



The medical mission volunteer team is diverse and includes multiple medical, dental, and surgical specialties, pharmacists, nurses, nutritionist, lab scientists, digital technologists, translators, logistics and support personnel. Members of the Patcha Foundation Board and management team from the USA and Cameroon also joined the volunteer pool.

<b>VOLUNTEERS FROM USA / EUROPE</b>	
Dr. Stella-Maris Adamu Bah Boniface Chungong Mrs. Antonia Chungong Ms. Tyra Chungong Mrs. Marie Patcha Jones	Dr. Rosalie Makoudjou Ngachie Mr. Emmanuel Patcha Ms. Atabong Taku Ms. Ngwing Taku Ms. Reina Marie Tchami
<b>CAMDOC -UK</b>	
Dr. Nkwayep Mpafe	
<b>MMPF e-Med Network</b>	
Bah Boniface Chungong	
<b>VOLUNTEERS FROM CAMEROON</b>	
Mme Jacqueline Patcha Mme Mufor Suzanne Mme Temfack Therese Aloyse Mr. Nji Mulan Suh Ms. Nyuyreri Mary Therese Dr. Danielle Carole Kingue Dr. Nseke Cecile Ms. Lobe Iya Mr. Nyuyreri Eugene Bongaseurti Mr. Tibab Brice Mr. Horisius Fohme Mr. Biang Paul Jerry Mr. Tilewo Boniface	Ms. Sophie Njampou Ms. Moufoudo Eveline Mme Mouchingham Carinne Ms. Lielie Joella Fani Ms. Zoe Mouchingham Mr. Zion Mouchongham Ms. Ngonga Fouda Vertus Ms. Nguesson Oriolle Ms. Kelese Keble Ethel Mr. Emmanuel Foncha Mr. Ngankwi Kari-Mark Mr. Bisong Ayuk Tabi Ms. Noumedem Lynda
<b>VOLUNTEER MEDICAL CORP (VMC)</b>	
Dr. Xavier Tchetya Dr. Soh Gael Dr. Doan Chungong	Dr. Cyril Yonta Dr. Fotso Ludovic
<b>ASCOVIME</b>	
Dr. George Bwelle Dr. Flora Simo Dr. Boye Marigoh Donald Dr. Ngoundjou Ntcheuzing Amanda Lotti Dr. Massoh Chylie Rostelle Mme Mbia Kingue Danielle	Ms. Linda Takwi Mme Victorine Okpwae Mme Joyeuse Ugirase Mme Fiona Noubissi Dr. Atibia Marie-Laure Dr. Nseke Cecile Florence Mr. Mesmin Nangfan
<b>CABINET FUCUS- CLINIC KOUMASSI BALI-DOUALA</b>	
Mme Temfack Therese Aloyse	Mme Gael Djoumessi

<b>CAMEROON BAPTIST CONVENTION HEALTH SERVICES-WOMEN'S HEALTH PROGRAM (CBCHS-WHP)</b>	
Ms. Amba Sidonie Ms. Ndzi Meiable Malah	Mme Fake Juliet Mr. Nwafor Marious
<b>CARDIAC CENTER AT SAINT ELIZABETH HOSPITAL SHISONG</b>	
Dr Cabral Tantchou Sister Juliet Berinyuy Sister Julienne Muvuza	Mr Ngoran Peter Mr. Ndzi Ernest
<b>DYNAMIQUE PARTICIPATIVE DE MAKENENE POUR LE DEVELOPPEMENT(DYPAMAK)</b>	
Mr. Atchomi Aristide Narcisse	Mr Fomou Ghislain Mr Bomi Noa Roland Aime
<b>MOMECS</b>	
Mr. Ngamkwi Kari-Mark	
<b>SAVE A CHILD CAMEROON</b>	
Mrs. Carine Mouchingham	Zion Mouchingham Zoe Mouchingham
<b>CORDON BLEU</b>	
Ms. Fonken Clemency Ms. Njampou Kouayip Sophie Love Ms Charity Jepsue Mme Kegne Constance	Mme Tiandji Arlette Mme Tiandji Flore Mme Jaqueline Patcha Mme Tefo Albonaise
<b>LOCAL MAKENENE VOLUNTEERS</b>	
Ms. Ketchankeu Yoyo Fabiola Ms. Dansi Ndjia Linda Ms. Bokop Sylviane	Ms Youdjeu Laurese Mr. Alofan Léonard Mr. Bomi Noa Roland Aimé Ms. Ange Masso
<b>CENTRE DE SANTE CATHOLIQUE DE MAKENENE</b>	
Sister Ngalula Monique	

## 4.2 OTHER COLLABORATORS

### 4.2.1 HOST SITE

#### Centre de Sante Catholique de Makenene

This hospital supplied MMPF a letter of accord and collaboration, was the host site providing rooms for consultations, use of the operating rooms for surgery, and recovery rooms, and care of patients post-surgery.

### 4.2.2 LODGING

Volunteers lodged in Tonga, at HOTEL SOB TUHEU. Tonga is a commune about 15 minutes' drive from the mission site in Makenene.

### **4.2.3 TRANSPORTATION**

NOBLESSE Voyage Bus Service transported mission volunteers, equipment and supplies from Douala to Tonga with funding from Patcha Foundation. While in Makenene, in-town transportation was funded by DYPAMAK. Some of the volunteers also made their personal vehicles available for use during the mission. The transportation of airfreighted medications and supplies to the mission site was coordinated by Mr. Mesmin Nangfan of Ascovime with funding from Patcha Foundation. The ASCOVIME team provided their own transportation.

### **4.2.4 MEDIA**

Social media coverage was conducted through the Foundation's Facebook page, Instagram, Twitter and eNewsletter.

## **5.1 MISSION CHALLENGES**

Planning a medical mission is always a challenging undertaking, and the 2022 Mission was no different. Some of the difficulties encountered were:

### **5.1.1 LATE ARRIVAL OF MEDICATIONS:**

Medications, lab tests and supplies were airfreighted by IMRES BV and arrived after the mission start date. The items were finally released after a delay at customs and arrived at the site on the evening of mission day 2, and were available for distribution on day 3, the last mission day. Participants had to make a return trip to the mission site to pick up prescribed drugs, at considerable inconvenience to some. The Pharmacy team worked from 7am until 2am the following day when the last order was dispensed.

Due to the late arrival of medications this year the pharmacy team did not pre-package fast moving drugs to improve dispensing efficiency, reduce wait times and reduce the workload on the team.

### **5.1.2 LIMITED BUDGET:**

Soliciting support and raising funds remain one of the biggest hurdles mission planners faced. Once again, the foundation did not meet its fundraising goal. The medical mission was funded by the foundation with support from our members, Dypamak and the community.

### **5.1.3 THE PLANNING PHASE:**

- ✓ Planning was intense and involved multiple in-person and virtual meetings, and trips to Makenene to assess the facilities, map out the workflow and confer with the stakeholders.
- ✓ Several critical issues had to be addressed including:
  - Securing exoneration from Ministry of Finance to waive custom fees for imported medical mission drugs, equipment, and supplies. This year, despite multiple trips to and meetings with the Ministry of Finance we did not realize our goal of obtaining exoneration.

- Coordination: volunteer recruitment, particularly physicians and other medical specialty personnel, lodging, transportation, meals, etc, were planned over several months of intense negotiations and coordination and were funded by the Patcha Foundation with support from DYPAMAK.
- ✓ Some physicians who had signed up and confirmed their participation cancelled last minute. This created a shortage at the family medicine consultation unit, resulting in longer wait times for participants, and exhaustion of the physicians.
- ✓ Procurement of medications, equipment and supplies is getting increasingly challenging. Donors in the USA now require a physician traveling with the mission to initiate the application process and receive donated medication at their private practice. Shipping to the foundation's official address is not acceptable. This year, because our USA team did not include a physician, the bulk of medications was procured through Imres BV in Europe, some at substantial expense to the foundation.
- ✓ The bulk of medications and supplies this year was airfreighted directly to Cameroon by Imres BV, was cleared through customs, and then transported to mission site. The remainder of the drugs and supplies were hand carried by volunteers at the airlines' regular bag fee rates. Additionally, bulky and heavy equipment and supplies such as boxes of specula, exam papers and glucometers were shipped and cleared through customs earlier in the year. All shipping, bag fees, customs and transportation costs were covered by the Patcha Foundation.

#### **5.1.4 COST TO PARTICIPANTS:**

The medical mission is free to the public, but it is not free to the Patcha Foundation. While all services are provided free of charge to the participants the foundation reimburses the partner organizations for expenses incurred and for tests, treatments and surgeries provided. This year the host medical center absolved the cost of post-surgical care including patient beds and wound dressing changes.

#### **5.1.5 CROWD CONTROL:**

Coordinating and managing hundreds of people is always a major challenge. Officers of the Force de Maintien de l'Order (FMO) were engaged by DYPAMAK to augment the crowd control efforts of our volunteers. This was particularly important on the last mission day when the waiting crowd rose to almost a thousand as the pharmacy worked until 2am to fulfill all medication orders.

#### **5.1.6 ENVIRONMENTAL FACTORS:**

- ✓ The mission took place during the rainy season, and although several tents were erected to shield the participants from the daily rains, they were not enough. Also, the rains caused very muddy conditions that made it difficult for participants and the mission team to ambulate, and for automobiles and bikes to navigate.
- ✓ Extremely poor internet and cellular service in the area limited communication.



### 5.1.7 WISH LIST:

#### 1. **Exoneration**

The Patcha Foundation continues to seek collaboration with the Ministry of Public Health and the Ministry of Finance, particularly in facilitating the importation of medication, equipment and supplies for the medical missions by granting exoneration. This will reduce the financial burden on the Foundation as we strive to provide free medical and surgical care to the Cameroonian population.

#### 2. **Funding**

The Patcha Foundation is continuously looking for grants and sponsors of the missions so that we can continue to provide this invaluable service.

#### 3. **Partnerships**

The Patcha Foundation is a strong advocate of sustainable partnerships. We recognize that the fight against diseases, particularly in vulnerable populations, is a fight for all of us. We will continue nurturing existing partnerships while building new ones, thus bringing onboard a wider array of expertise and medical specialties to broaden the impact of the medical mission program with more comprehensive services.

#### 4. **Use of Formulary**

Although the medical mission formulary of medication is expansive more categories and more options of drugs will be added to cover the common pathologies in the targeted population. Prescribers will also be sensitized to choose from the formulary unless necessary, to ensure that participants get the required treatment in a timely manner, and to reduce the foundation's out-of-pocket expenditures for drugs not stocked.

#### 5. **Patient Information**

There continues to be a need to ensure the population is fully informed that all mission services are free of charge so that they are not tricked into unwarranted spending or deterred from attending for lack of finances.

#### 6. **Volunteer Information**

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

## 6.1 APPRECIATION

The Patcha Foundation continues to honor the selfless spirit of donors, partners, volunteers, and members. Without these stakeholders, the mission would be in jeopardy.

### **Volunteer Selflessness**

Despite the challenges this year with the cancellation of some of the physicians, the Patcha Foundation continues to see an increase in medical mission volunteer registration. This is very encouraging since volunteering promotes civic and social values within the community. Our strategy is to recruit a sizable number of local volunteers as an investment in the community, and

to secure the community's buy-in on the mission. We are proud of the selflessness of our volunteers, and the lasting relationship forged from these missions.

THANK YOU for accepting the call to be of service to the disenfranchised in Cameroon.

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

- ✓ Ministry of Health
- ✓ DYPAMAK and Mr. Aristide Atchomi
- ✓ SM Happi, King of Bana
- ✓ Centre de Sante Catholique de Makenene and the Matron Sr. Monique Ngalula
- ✓ CamDocUK represented by Dr. Nkwayep Mpafe
- ✓ Dr. Georges Bwelle and ASCOVIME
- ✓ St. Elizabeth Cardiac Centre Shisong and the mission cardiac team led by Dr. Sr. Julienne Muvuza
- ✓ Cameroon Baptist Convention Health Services-Women's Health Program
- ✓ Mme. Therese Temfack and Cabinet FUCUS
- ✓ Save A Child Cameroon led by Mrs. Carine Mouchingham
- ✓ MMPF Volunteer Medical Corps of Physicians
- ✓ The MMPF eMed Network Team led by Bah Boniface Chungong
- ✓ Dr. Ludovic Fotso
- ✓ Mobile Medical Care System Foundation (MOMECS)
- ✓ Donors of medical equipment, supplies and medication: Imres BV, Blessings International, ASCOVIME, Kingsway Charities, CMMB, and members of the Patcha Foundation.
- ✓ Hotel Sob Tuheu in Tonga, Cameroon
- ✓ Noblesse Voyages
- ✓ Mr. Mesmin Nangfan
- ✓ Force de Maintien de l'Order (FMO)
- ✓ Corporate Sponsors: JP Morgan Chase, Gannett Fleming Inc, Alexion
- ✓ Monetary (\$1000+) donors of the Patcha Foundation 2022 and 2023 Fundraising campaigns to support the 2023 medical mission including: Dr. Rose Oma, Mrs. D. Wete, Dr. Stella-Maris Adamu, Ms. Marie Jones, Dr. Georgette Bibum, Dr. Wilson Tabe, and all donors of the Patcha Foundation 2022 and 2023 fundraising campaigns to support the 2023 medical mission.
- ✓ Volunteers from outside Cameroon: Dr. Rosalie Ngachie, Dr. Nkwayep Mpafe, Mr. Emmanuel Patcha, Dr. Stella-Maris Adamu, Bah Bonie Chungong, Mme Antonia Chungong, Ms. Atabong Taku, Ms. Ngwing Taku, Ms. Reina Tchami, Ms. Marie Jones.
- ✓ All medical and non-medical volunteers
- ✓ All those who stand with us in prayers.

## 6.2 DEPARTURE

The Patcha Foundation volunteer team left Tonga at 1 pm on Sunday June 25th, 2023.

## 7.1 IN PICTURES



More pictures can be found through the medical mission webpage - link here

<http://patchafoundation.org/services/medical-mission-program>