



COMPLETION REPORT FOR CGISC MEDICAL MISSION

KUMBA, MEME DIVISION, S.W.P, CAMEROON



INTRODUCTION

CGISC successfully carried out its first medical mission to Kumba, Cameroon from June 19 through June 22, 2013. The medical mission team provided consultation services to approximately 2500 patients from the city of Kumba and the surrounding villages. Based on reports of poor health outcomes, low health literacy and life expectancy of less than 60 years, the CGISC leadership deemed it necessary to conduct this mission to Cameroon.

MISSION OBJECTIVES

The mission objectives were as follows but not limited to those listed below:

- Screen and diagnose chronic health conditions
- Provide prescription for abnormal health conditions
- Perform dental care and provide tooth paste and brushes to individuals
- Perform eye exams and provide reading glasses
- Educate the public and create awareness on disease prevention
- Educate the public on safe sex practices and distribute condoms
- Perform a needs assessment to identify critical health issues
- Educate healthcare professionals on common chronic conditions

THE MEDICAL MISSION TEAM

The medical mission team consisted of healthcare professionals and non-medical personnel from the USA and Cameroon. The non-medical staff assumed the role of clinic facilitators, registration of patients, stocking of supplies and directing patients to screening stations. Students and allied health personnel were also given an opportunity to participate within their scope of practice.

THE OPENING CEREMONY AND HEALTH PROFESSIONALS WORKSHOP

Day 1: The CGISC medical mission kicked-off at the Kumba Urban Council Banquet Hall on June 19th 2013 at 10:00 am. This was a four day event focused on health awareness to improve health literacy and access to care for residents of Kumba and its surrounding communities. The opening ceremony was graced by the

presence of the Second Assistant Senior Divisional Officer for Meme Division, Mr. Yongkuma Nelson Gamsi who applauded the CAGISC team for the initiative.

The opening ceremony was followed by a six hour seminar on health systems strengthening; improving patient outcomes, prevention and management of chronic conditions such as diabetes, hypertension and heart diseases. The seminar had over a hundred and fifty clinicians in attendance from both the public and private sectors. Key speakers were; Dr. Nzume of Ejed Medical Foundation, Dr. Asonganyi of the Kumba District Hospital and Ms. Malingo Elangwe Okie, founder of CGISC. The audience was quite motivated, receptive and yearned for more workshops.

THE MEDICAL MISSION SITE AND WORKFLOW

The free screening exercise was conducted at the Kumba Urban Council Banquet Hall for accessibility reasons. Furthermore, the outstanding collaboration of Dr. Mbamuluh (Divisional Medical Officer for Meme), Dr. Ebongo (Chief Medical Officer for Kumba District Hospital) and Dr. Nzume of Ejed Medical Foundation made it possible for the team to operate effectively. The participation of the Meme Doctors' Association was instrumental to the success of the program, evidenced by the presence of doctors who took turns to see patients in a timely and professional manner. The entire medical team for this mission consisted of over 15 doctors and 55 nurses from the public and private sectors.

Day 2 & 3: On June 20th 2013 at 06:00am, the Kumba District Hospital Staff and CGISC volunteers rallied at the Kumba Urban Council Banquet Hall under the leadership of Mr. Johnny Sama, a State Registered Nurse to setup workstations for health screening. The workflow designed by the team was as follows:

- Registration: Received and registered patients, directed them to various workstations
- Customer Service Desk: Staffed with both medical and non-medical personnel who answered questions and assisted patients to navigate the clinic in a timely and effective manner

- Vital Signs Unit: Staffed with experienced nurses and some nursing students' who monitored vital signs
- Blood Glucose Unit: Staffed with experienced nurses and some nursing students' who monitored blood glucose levels using finger stick.
- Cholesterol Unit: Staffed with experienced nurses who monitored total blood cholesterol level using finger stick.
- Eye Unit: Staffed with experienced nurses and opticians who examined eyes, prescribed and distributed over 500 eye glasses.
- Dental Unit: Staffed with a dentist and dental assistants, provided oral exams and care and also made referrals to dental clinics for procedures as needed.
- Breast Unit: Staffed with experienced nurses who taught Self Breast Exams on a demo, using the "Teach Back Method" and distributed handouts to enhance understanding.
- Consultation Units: Patients were examined by physicians who discussed with them; their major complaints, reviewed their past medical histories, family histories and patient database. Consultation was free and patients were provided with prescription slips as needed. Patients with borderline abnormal values who were not referred for further evaluation were counseled on lifestyle modifications to improve their health.
- HIV Education Unit: Patients were counseled on safe sex practices and over 8000 condoms were distributed to this effect.
- Stress Management Unit: Patients were educated on simple stress management techniques, causes of stress as well as its effects on wellness.

All volunteers were provided with lunch during 30 minutes mid day break. Clinic was operational from 08:00 am to 10:00 pm, June 20th through the 21st 2013. At the end of the clinic day 1, all work stations were cleaned ,materials, tools and appliances were kept secured and ready to be operational the next day on same schedule.

VISIT TO KUMBA DISTRICT HOSPITAL & MA DI'S ORPHANAGE

Day 4: On June 22nd 2013 at 10:00am, the CGISC team visited the maternity unit at the Kumba District Hospital. Maternal Care Kits were handed to thirty-three new mothers and babies. The bags contained important items such as baby lotion, powder, sanitary napkins, bar soap, deodorant, tooth paste, tooth brush and other necessary supplies for mother and baby. The recipients expressed gratitude for the unexpected gesture from the CGISC team.

Following this visit at approximately 12:00 noon, the team made another stop at Ma Di's Orphanage well known in the area as a "safe haven" for less fortunate children. Ma Di is a retired school teacher who receives no government or alternative source of funding for her "open arms" program. She is a foster parent for children aged 6 months to 14 years. Some of these children are HIV positive and have lost their parents as a result of the disease or other tragic events. Ma Di provides food, clothing and accommodation for over 40 children in her little home. The CGISC team donated food, toys and money to the orphanage in an effort to make a difference and to provide support and encouragement to this effort.

IMPORTANT FACTS AND NUMBERS

WORKSTATION	TOTAL NUMBER	ABNORMAL	NORMAL	TREATED	REFERRED
Registration	2717	--	--	--	--
Vital Signs	2509	468	2041	--	320
Blood Glucose	1854	513	1341	--	177
Cholesterol	925	411	514	--	338
Eye	1018	587	431	500 reading glasses	82
Dental	557	29	528	557 dental care	29
Breast	1259	--	--	--	--
HIV Education	745	--	--	8000 condoms	--
Stress Management	435	--	--	--	--

OBSERVATIONS

The structure of this mission enabled the CGISC team to observe the following:

- Health literacy in Cameroon is still very low due to high patient to provider ratios. As a result of this, it is quite challenging for providers to allocate time to teach patients about disease processes and prevention. Many patients have been labeled as non-compliant with care but in reality, they do not understand the reason why they must adhere to the treatment plan or the benefits of lifestyle modification.
- A significant number of deaths are associated with delay in seeking treatment secondary to barriers such as distance to a healthcare facility, inaccessible roads and high out of pocket cost.
- The cost of healthcare services is far higher than the average earnings of many Cameroonians who live on less than \$2.00 a day. As result of this, individuals tend to seek alternative methods of treatment which results in poor outcomes.
- The absence of well equipped healthcare facilities in local districts impedes early diagnosis and treatment. For example, a diabetic patient in Kumba must travel to Douala for a HGB A1C lab or a Cholesterol panel due to the lack of reagents locally.
- Continuity of care remains problematic due to poor technological advances in electronic medical records. Patients are responsible for keeping their medical records which has proven to be quite ineffective in terms of tracking. As a result of this, many patients are dealing with polypharmacy due to prescription duplication.
- Few specialists are available in most local health districts as such patients have to travel to bigger cities for these services.
- Many healthcare workers in Cameroon are not exposed to continuous education opportunities which are necessary to keep up with evidence based practices.

- Limited studies on alternative and integrative medicine put the consumer at the mercy of local medicine men who eventually rush them to nearby health facilities when they become critical.

RECOMMENDATIONS

- There is evidence that demonstrates a strong correlation between health literacy and patient outcomes. As such it will be beneficial for the Government of Cameroon to make health literacy a priority.
- The Government of Cameroon needs to undertake the training of Community Health Educators who will develop and implement “Train the Trainer programs” in urban and rural settings for disease prevention and management.
- The Government of Cameroon needs to encourage the participation of various corporate bodies such as SONARA, CDC, ECOBANK and CRTV to strengthen the healthcare system.
- The Government of Cameroon needs to invite and work collaboratively with international organizations such as the African Development Bank, Africare, WHO, USAID, World Bank and UNICEF to address health disparities and major health concerns – HIV/AIDs, Diabetes, Hypertension and Cancer.
- The implementation of “Mobile Clinics” in terms of medically equipped vans that travel to rural communities and provide out patient services, will improve access to care, early diagnosis and treatment of individuals and families at risk.
- Information dissemination is vital to behavior modification and the building of healthier communities. The Government of Cameroon needs to encourage health education via social media (radio and television) in common languages understood by the locals such as Broken English.
- Continuity of care is crucial to patient outcome. The Government of Cameroon needs to invest in a “national computerized patient record system” to ensure safe practice and continuity of care whenever a patient relocates, change providers or is referred for specialized services.

- Finally, the Government of Cameroon needs to develop and implement a health systems strengthening plan to address challenges in human resource development, healthcare infrastructure and inequality in access to health services.

A WORD OF GRATITUDE

We humbly say thank you to the Ministry of Public Health for embracing international initiatives and working relentlessly to address the healthcare concerns of the Cameroonian people. We also extend gratitude to the administrative and medical communities of Meme Division and volunteers who took time off from their regular schedules and worked tirelessly to save lives and bring hope to fellow Cameroonians. We further thank the Cameroon Radio Television (CRTV), the religious leaders and tribal group leaders that helped to sensitize the population through multiple announcements generating significant interest and publicity. We express our heartfelt gratitude to Mr. Ngoh Victor Nkelle the Government Delegate of Kumba, who agreed to host the event at the Kumba Urban Council Banquet Hall making it accessible to many residents. A special thank you note to Dr. Mbamulu of Meme Health District, Dr. Ebongo of Kumba District Hospital, Dr. Asonganyi of Kumba District Hospital and Dr. Nzume of Ejed Medical Foundation.

A FINAL THOUGHT

This was a tremendous undertaking and with Grace, Love and Blessings, it turned out to be highly successful. Imagine how much more successful it could be with a commitment to support, donations of supplies, time and money. We ask you to please consider being a part of what we are doing, to bring to others the kind of healthcare access and services that we take for granted.

MEDICAL MISSION PHOTO GALLERY



