

2019 Mobile Health Clinic Implementation Report

Led by AGAPE SELF SUFFICIENCY UK

Implementation and Report : *AGAPE SELF SUFFICIENCY FOUNDATION, NIGERIA*

AGAPE SELF SUFFICIENCY FOUNDATION NIGERIA (ASSF) DANARE, TAKUM AND GEMBU FREE MEDICAL OUTREACH PROJECTS

Funded by

TMGF UK, MWANENGUBA UK, Cameroon Nurses Association UK, Cameroon Prays UK, Self Sufficiency Project UK, Community Refugee Relief Initiative USA, Missionaries from Roman Catholic Church, Manyu Health and Humanitarian Services, Health and Social Services, Bible Society Nigeria, Agape Self Sufficiency Foundation, Nigeria

Locations

Danare1 and 11 September 2019

TAKUM AND GEMBU, TARABA STATE

Date: 18TH TO 22ND NOVEMBER, 2019

Acknowledgements

Many thanks to all the funders listed above and key individuals who contributed to the success of these projects. In particular we would like to express our gratitude to Unice Mbuamuh and Dr. Patience Abangma for their guidance and support, Charles Mambo for sponsoring the container of items for refugees in Nigeria, Joan Asombang for her role in coordinating the donation of items from the NW cultural association UK, Dr. Augustine Forba and John Forya for working all night to ensure the items are packaged correctly for shipment, Dr Tony Awukam for providing warehouse for the items in his hospital in Nigeria, Dr. Obeyce for selflessly coordinating and implementing the initiatives in Nigeria, Rev sis Mary for her active dedication as an ambassador of Christ even under very challenging circumstances, Beatrice Atungsiri and Louisa Nkohwo for actively raising funds to support the mobile health clinic initiative, Professor Hycinth Nwana, Andin Nwana and Dr. Asaah Nkohkoh for consistent support and encouragement, Camprays for spiritual support, Community Refugee Relief USA for their enthusiasm to collaborate and maximize benefits for refugees, Mr Emmanuel Oguntade for his relentless support in leading all IT related work, my husband Professor Joseph Tah and children Mah, Benny, and Bryan Tah for their relentless spiritual, moral, intellectual and financial support. Above all the greatest appreciation goes to Jesus Christ our Lord and Savior for making it all possible.

Dec 2019

Report

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EXECUTIVE SUMMARY

The UK Self sufficiency Project was funded by Mwanenguba UK and Cameroon Nurses Association UK to develop a free mobile health clinic for Cameroonian refugees in Nigeria. The first mobile health outreach clinic was carried out in Danare in September 2019 where the community of Cameroonian refugees gathered in the hall for health promotion interventions. Over 40 elderly patients were screened for diabetes, 48 patients de-wormed, bible, free medication provided for diagnosed illnesses and subsequent follow up. In addition, bibles donated by bible society Nigeria and goods from the UK were distributed to refugee families. Following this successful free medical outreach project in Danare, funding was provided by other groups in the UK, USA and Nigeria to carry out free medical outreach work in another state (Taraba) where most refugees are in dire need of assistance.

Agape Self Sufficiency Foundation Nigeria a branch of Self Sufficiency project UK, received funding from TMGF UK, MWANENGUBA UK, Cameroon Nurses Association UK, CameroonPrays UK, Community Refugee Relief Initiative USA, Missionaries from Roman Catholic Church, Manyu Health and Humanitarian Services, Health and Social Services to implement a free Medical Outreach Project in two locations in Taraba State Nigeria. The fund was designed to support free Medical Consultation, Laboratory Services, Eye Care, Dental Care, Free Surgeries, Deworming programme, Free Distributions of Relief materials, Distribution of Mosquito Nets, Health Promotion and Distribution of free Bibles/Audio Bible in Takum and Gembu in Taraba State Nigeria.

The free Medical Outreach Project flag-up which was well attended started with Mobilization, Advocacy visits and Mapping in the selected locations. The process of Mobilization/Advocacy started with visits to prominent stakeholders in both locations.

The opening ceremony was well attended by the Parish Priest of Holy Family Catholic Church Takum, representatives of United Nations High Commission on Refugees (UNHCR), Rev. Sister Mary Nyuylem, Leaders of the Cameroonian Refugees, Civil Liberty Organizations and various other stakeholders. The Medical Outreach Project started at Santa Maria Clinic and Maternity, Takum with all participants undergoing a Medical Check-up, Medical Consultation, Laboratory Services, Eye Care and Dental Care. There were referrals to appropriate Health Facilities where needed; the Bible, Audio Bible, Mosquito Nets and Relief materials were distributed.

About 1335 persons were reached with the Free Medical Outreach Programme in the two locations used for the Free Medical Outreach Programme. Four days was used for the Free Medical Outreach Programme in Takum and Gembu. A total of 1,335 persons were in attendance, 523 persons were males and 812 were females.

1. INTRODUCTION

Agape Self Sufficiency Foundation Nigeria received funding from Self Sufficiency Project UK, TMGF UK, MWANENGUBA UK, Cameroon Nurses Association UK, Cameroon Prays UK, Community Refugee Relief Initiative USA, Missionaries from Roman Catholic Church, Manyu Health and Humanitarian Services, Health and Social Services to implement a free Medical Outreach Project in Takum and Gembu in Taraba State. The project commenced on the 17th November to 22nd November 2019. The project utilized an integrated approach to reduce morbidity, mortality and transmission of common illnesses.

Health Care workers provided patients with information, tools and access to prevention and curative interventions allowing protection from common illnesses.

1.1 PROFILE OF TARABA STATE

Taraba State is a state in Nigeria. Taraba State is bounded in the west by Nasarawa State and Benue State, northwest by Plateau State, north by Bauchi State and Gombe State, northeast by Adamawa State, east and south by Cameroon.

Taraba State lies largely within the middle of Nigeria and consists of undulating landscape dotted with a few mountainous features. These include the scenic and prominent Mambilla Plateau. The state lies largely within the tropical zone and has a vegetation of low forest in the southern part and grassland in the northern part. The Mambilla Plateau with an altitude of 1,800 meters (6000ft) above sea level has a temperate climate all year round. Total Area in Km Sq = 60291.82

The Benue, Donga, Taraba and Ibi are the main rivers in the state. They rise from the Cameroonian mountains, straining almost the entire length of the state in the North and South direction to link up with the River Niger.

Local Government Areas: Taraba State consists of sixteen (16) Local Government Areas (or LGAs). They are governed by elected chairmen. They are as follows: Ardo Kola, Bali, Donga, Gashaka, Gassol, Ibi, Jalingo, Karim Lamido, Kurmi, Lau, Sardauna, Takum, Ussa, Wukari, Yorro, Zing.

Agriculture The major occupation of the people of Taraba State is agriculture. Cash crops produced in the state include coffee, tea, groundnuts and cotton. Crops such as maize, rice, sorghum, millet, cassava, and yam are also produced in commercial quantity. In addition, cattle, sheep and goats are reared in large numbers, especially on the Mambilla Plateau, and along the Benue and Taraba valleys. Similarly, the people undertake other livestock production activities like poultry production, rabbit breeding and pig farming in fairly large scale. Communities living on the banks of River Benue, River Taraba, River Donga and Ibi engage in fishing all year round. Other occupational activities such as pottery, cloth-weaving, dyeing, mat-making, carving, embroidery and blacksmithing are also carried out in various parts of the State.

Culture The government has made concerted efforts to improve areas of tourist attractions like Mambilla Tourist Center, Gumpti Park and game reserve in Gashaka; and the Nwunyu Fishing festival in Ibi, which is usually held in April of each year where activities such as canoe racing, swimming competition and cultural dances are held. Other festivals are Purma of the Chamba in Donga, Takum and jibu culture dance in Bali, the Puje of Jukuns, Kuchecheb of Kutebs in Takum and Ussa^[4], Kati of the Mambilla and host of others. Taraba is called "Nature's gift to the nation" as the state is rich and have many groups, including Jenjo, Jibana, Kuteb Chamba, Yandang, Mumuyes, Mambila, Wurkums, Fulanis, Jukun, Ichen, Tiv, Kaka, Panso, Kambu, Wawa, Vute, Hausa and Ndola.

A striking historical fact about the State is that it encompasses part of the Mambilla Region which is famed as the Bantu cradle, having been occupied for some five millennia to date.

1.2 SPECIFIC OBJECTIVES

Objective 1: Conduct community mobilization of Cameroonian Refugees in Takum and Gembu.

Objective 2: To identify community gatekeepers in the selected communities and to undertake effective mass mobilization campaign designed to inform, educate refugees on the free Medical Outreach Project.

Objective 3: To provide community-level free Medical Consultation, Laboratory Services, Eye Care, Dental Care and Surgeries to Cameroonian Refugees in the selected locations.

Objective 4: To ensure that deserving clients are referred to contiguous facilities for follow-up and care.

Objective 5: To distribute free Bibles, Relief materials and Mosquito Nets in the selected communities.

Objective 6: Training of community Health Aids and distribution of drugs.

Objectives 7: To empower the most vulnerable refugees with means of livelihood.

Objectives 8: To submit a detailed report that outlines key mobilization efforts, number of persons that attended the free Medical Outreach Project in each community, enhance follow-up and subsequent demand creation and community mobilization initiative.

Objective 9: To perform and report other activities that will ensure the objectives of the exercise are fully achieved.

The intended audience for the 4 days free Medical Outreach Project was men, women, young people of reproductive age group (15-49 years) and children below 15 years if their parent or guardian accompanied them and gave consent. Young people, married couples, pregnant women and breastfeeding mothers within that age group were particularly encouraged to attend with children.

The response to the 4 days free Medical Outreach Project was overwhelming with the elderly, men, women, and young people of various age groups accessing all available services in large numbers.

This report gives a detailed breakdown of the process towards conducting the 4 days free Medical Outreach Project, the results and statistical analysis of the people who attended; achievements, lessons learnt, challenges and recommendations. Additional information on the inputs is attached in the annexes.

2. METHODOLOGY

Agape Self Sufficiency Foundation Nigeria took a technical lead in organization and coordination of preparations for the free Medical Outreach Project in Taraba State. To ensure success, the following activities were implemented from the 6th to 17th November 2019.

2.1 The set-up of the Free Medical Outreach Project

A team of 16 Health personnel was set up. This comprised the Project Coordinator, Team lead and volunteers. The Project Coordinator and Team lead were responsible for developing a work plan and implementing the activities to achieve all the set objectives.

2.2 Entry Point Meeting/Stakeholders Meeting

The Entry Point/Stakeholders Meeting was held on the 17th of November 2019 at Santa-Maria Clinic and Maternity Takum. The meeting was headed by Dr. Unuodion-Odijie Obeyce. The meeting started with a brief rundown from Dr. Unuodion-Odijie Obeyce the Project Coordinator on the summary of the Project, its implementation and benefactors.

Major outcome of this Entry Point/Stakeholders meeting were as follows;

- The free Medical Outreach Project was agreed to be held in Takum and Gembu Local Government Areas of Taraba State.
- The date was fixed to be between the 17th and 22nd of November, 2019.
- The venue was selected to be Santa Maria Clinic and Maternity Takum and General Hospital Gembu.

2.3 Mobilization/ Advocacy

2.3a. The opinion leaders of the Cameroonian Refugees were visited, and they pledge their support for the project. They promised to use their network to inform their fellow refugees.

2.3b. Involving the stakeholders, UNHCR, relevant Government Ministries, gatekeepers and community structures remain vital component of any successful project. As a result of this, an advocacy was carried out to the various relevant agencies in Taraba State and they are as follows;

- United Nations High Commission on Refugees
- Nigerian Immigration Service
- Taraba State Ministry of Health
- Principal Medical Officers, General Hospital Gembu
- Parish Priest, Holy Family Catholic Church, Takum.

2.4 Meetings with the Security force

The Nigerian Immigration Service provided enough security for all the sites, following an advocacy visit to the officer-in-charge.

2.5 Publicity and Communications

Publicity and communications activities were key to the success of the program. Publicity and communication activities were conducted throughout the two (2) LGAs. Some of the activities that were conducted included:

2.5a. Church announcement was developed and read in churches and prayer houses on Sundays.

2.5b. By word of mouth.

2.6. Training

A retraining and briefing of the volunteers were done on the 16th of November 2019, at PHC Ikom. A demonstration of the testing procedure was done. The resource person re-emphasized the need for safety measures during and after all testing. The importance of the correct data collection was clearly explained to the volunteers and data clerks.

The training was facilitated by Dr. Olisa Obi, Team lead, Agape Self Sufficiency Foundation Nigeria.

3. THE FREE MEDICAL OUTREACH PROJECT

The Free Medical Outreach Project was held on Monday 18th to Saturday 22nd November, 2019. It was a very successful project and Bibles; Relief materials and Mosquito Nets were freely distributed.

3.1 Opening Ceremony/ Day 1

The opening ceremony of the free Medical Outreach Project was held on the 18th of November, 2019 at Santa Maria Clinic & Maternity, Takum at 8.00am.

The dignitaries present include:

- Rev. Fr. Joachim Vosana
- Fr. George Bitrus Kaigama
- Sis. Mary Nyuylem
- Representative of UNHCR
- Representative of National Emergency Management Agency (NEMA), Taraba State
- Representative of Nigerian Immigration Service
- Representative of Cameroonian Refugees.

The keynote speech was given by Rev. Fr. Joachim Vosana who thanked the Agape Self Sufficiency Foundation Nigeria for bringing the Free Medical Outreach Project. He also thanked the community for their interest and participation.

There were also goodwill messages from Sis. Mary Nyuylem and Dr. Unuodion-Odijie Obeyce the Project Coordinator. The high point of the opening ceremony was the presentation of a Project T-Shirt with details of funding organizations by Dr. Olisa Obi Team Lead to Rev. Fr. Joachim

Vosana. The Free Medical Outreach Project commenced immediately with clients doing their Registrations, Blood Pressure Checks, Temperature Checks, Medical Consultation, Laboratory Services, Free Surgeries, Eye Care, and Dental Care. Free distributions of Bibles, Relief materials, and Mosquito Nets were also carried out.

3.2 Day 2 Activities

The activities kicked-off at 7.45am at Santa Maria & Maternity, Takum with clients doing their registration, blood pressure checks, temperature checks, medical consultation, laboratory services, Free Surgeries, eye care, dental care. A free distribution of Bible, Relief materials, and Mosquito Nets was also carried out.

3.3 Day 3 Activities

The Medical Team travelled from Takum LGA to Gembu with all participants arriving safely.

3.4 Day 4 Activities

The Projects commenced at 8.00am at General Hospital Gembu with clients doing their registration, blood pressure checks, temperature checks, medical consultation, laboratory services, Free Surgeries, eye care, dental care. A free distribution of Bible, Clothing Relief materials, and Mosquito Nets was also carried out.

3.5 Day 5 Activities

The Free Medical Outreach Project started at 7.45am at General Hospital Gembu with clients doing their registration, blood pressure checks, temperature checks, medical consultation, laboratory services, Free Surgeries, eye care, dental care. Free distributions of Bible, Relief materials, and Mosquito Nets were also carried out. The Outreach Project closed at 2.30pm and the Health Team travelled back to Takum.



Taraba medical outreach team and the clergy



Patient registration



Patients waiting to consult





Operations



Distribution of mosquito nets and relief materials from the UK



Distribution of bibles



Medical Aids and Nurses trained in Takum



Clinical session: Demonstration of anemia



Drugs provision to mentored nurses for follow up



Volunteers

4. RESULTS.

4.1 Results at Santa Maria Clinic & Maternity, Takum (Day 1) 18/11/19

Table 1:

Clients in Attendance			Male	Female	No. of Bibles Given	No. of Mosquito Nets Given
Male	Female	Medical Consultation	38	101	33	80
177	280	Surgery	04	0		
Total = 457		Eye Care	27	31		
		Dental Care	06	02		
		Deworming	102	146		
		Total	177	280		

4.2 Results at Santa Clara Clinic & Maternity, Takum (Day 2) 19/11/19

Table 2:

Clients in Attendance			Male	Female	No. of Bibles Given	No. of Mosquito Nets Given
Male	Female	Medical Consultation	48	76	28	70
79	118	Surgery	02	0		
Total = 197		Eye Care	27	36		
		Dental Care	02	06		
		Deworming	0	0		
		Total	79	118		

4.3 Results at General Hospital, Gembu (Day 4) 21/11/19

Table 3:

Clients in Attendance			Male	Female	No. of Bibles Given	No. of Mosquito Nets Given
Male	Female					
230	350	Medical Consultation	49	90	15	65
Total = 580		Surgery	0	0		
		Eye Care	27	36		
		Dental Care	06	07		
		Deworming	148	217		
		Total	230	350		

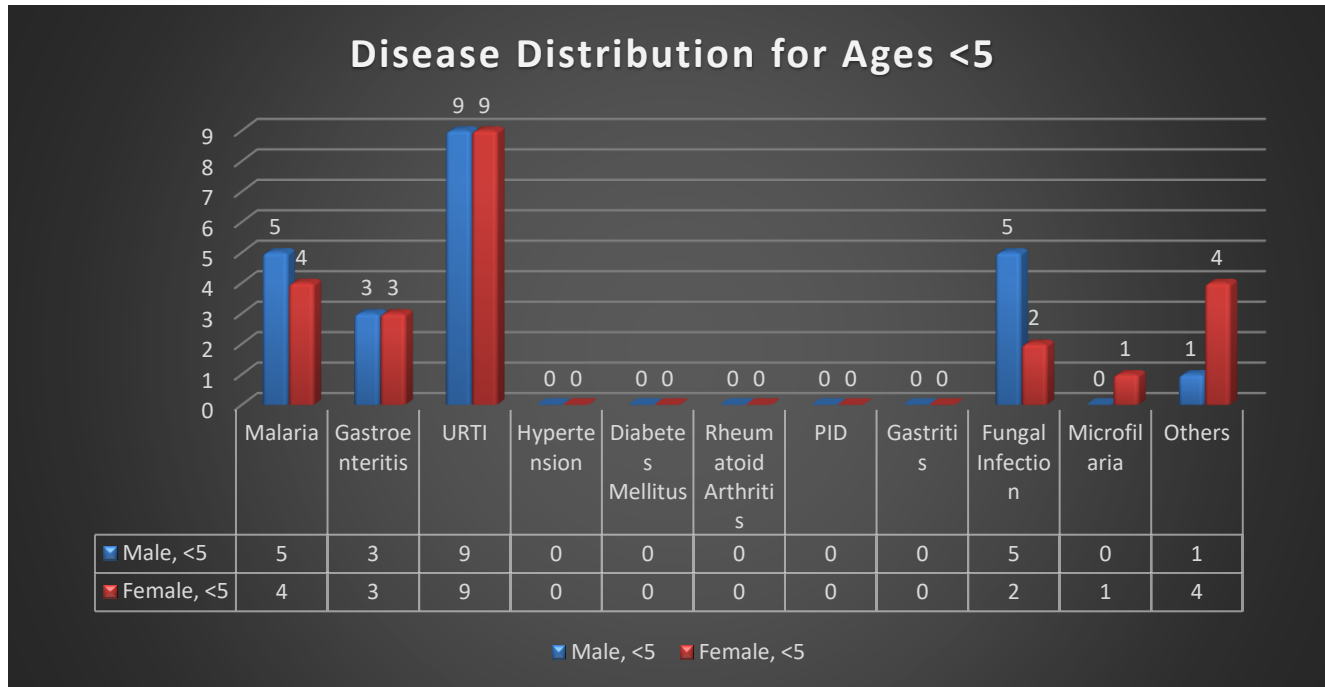
4.4 Results at General Hospital, Gembu (Day 5) 22/11/19

Table 4:

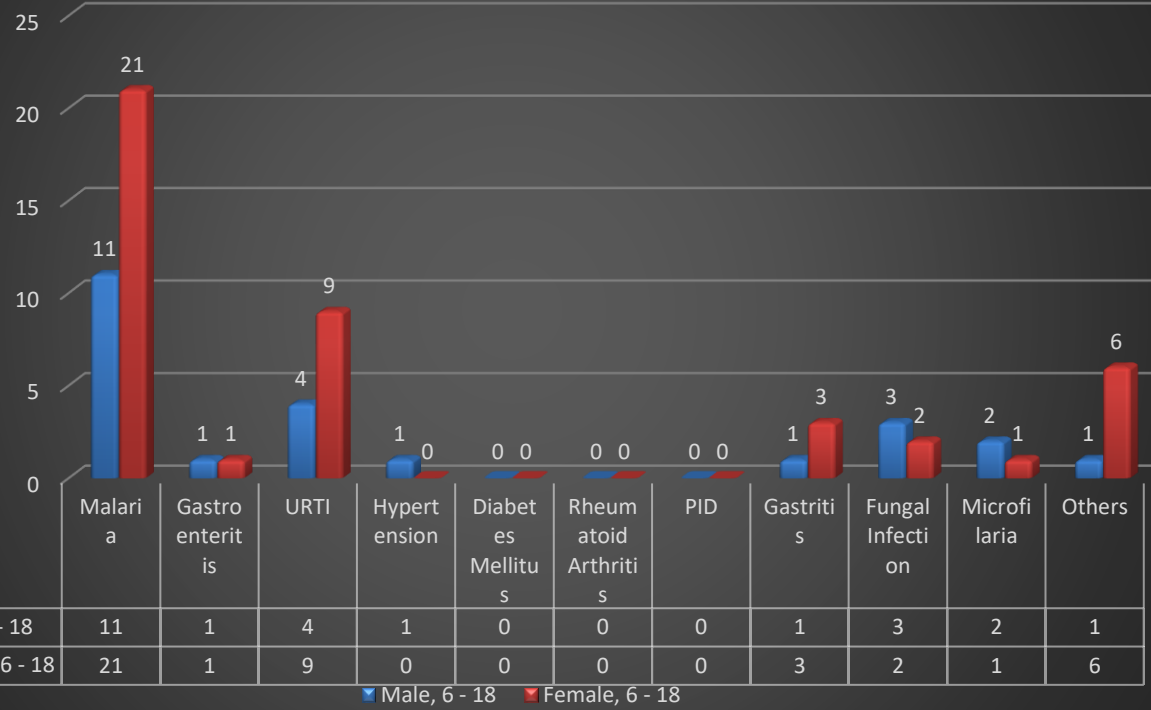
Clients in Attendance			Male	Female	No. of Bibles Given	No. of Mosquito Nets Given
Male	Female					
37	64	Medical Consultation	20	50	19	35
Total = 101		Surgery	1	0		
		Eye Care	12	09		
		Dental Care	04	05		
		Deworming	0	0		
		Total	37	64		

5. CHARTS

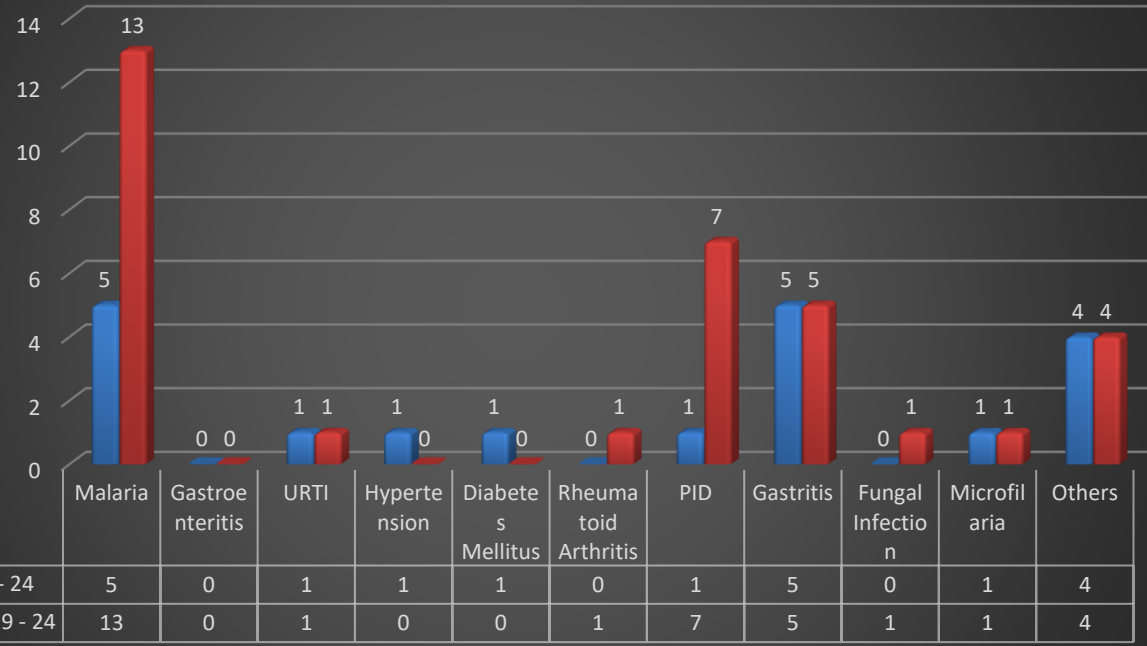
5.1 CHARTS FOR DISEASE DISTRIBUTION



Disease Distribution for Ages 6 - 18

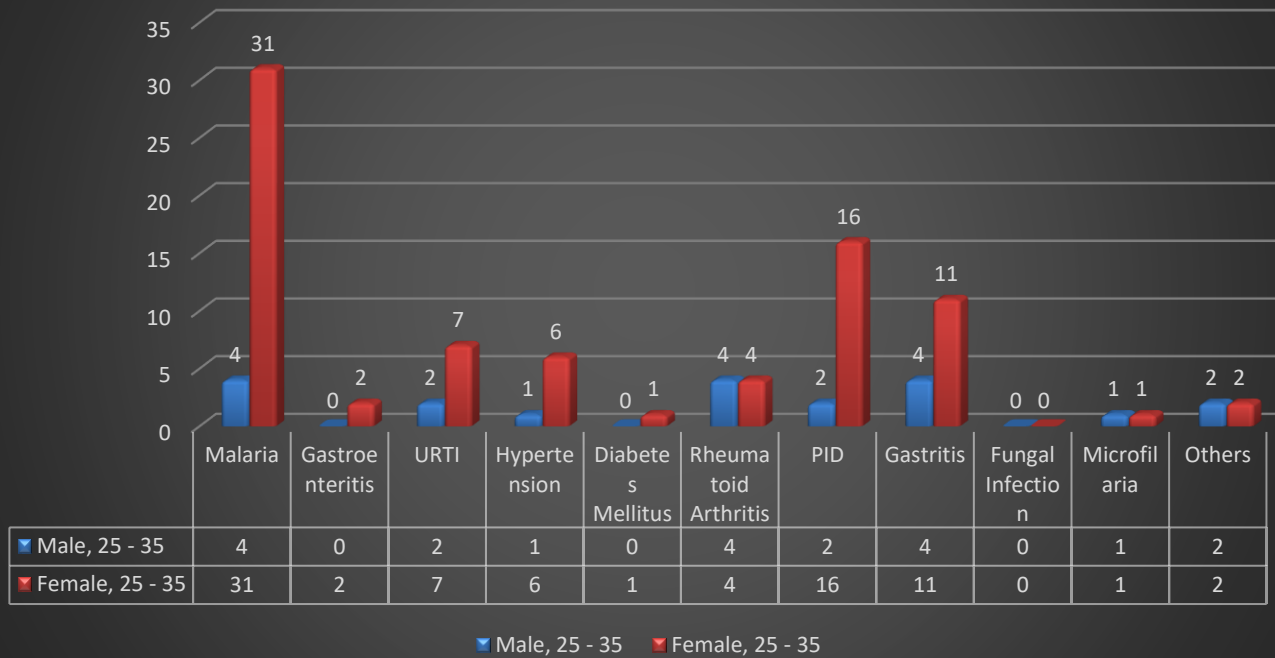


Disease Distribution for Ages 19 - 24

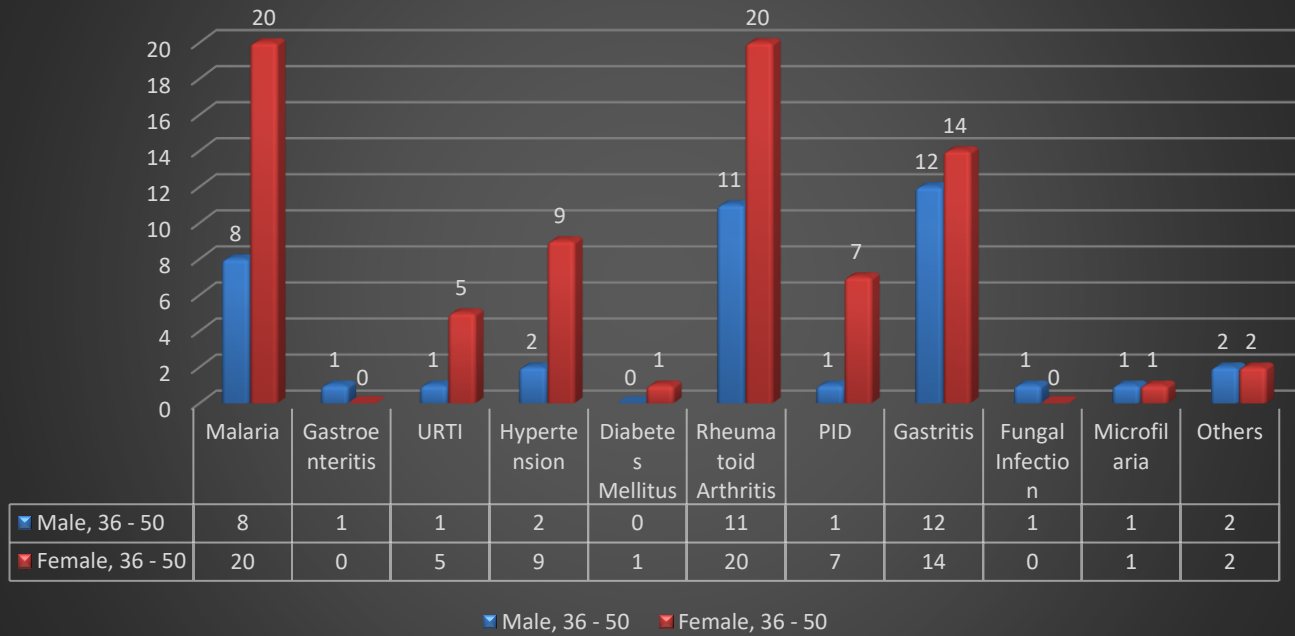


Male, 19 - 24 Female, 19 - 24

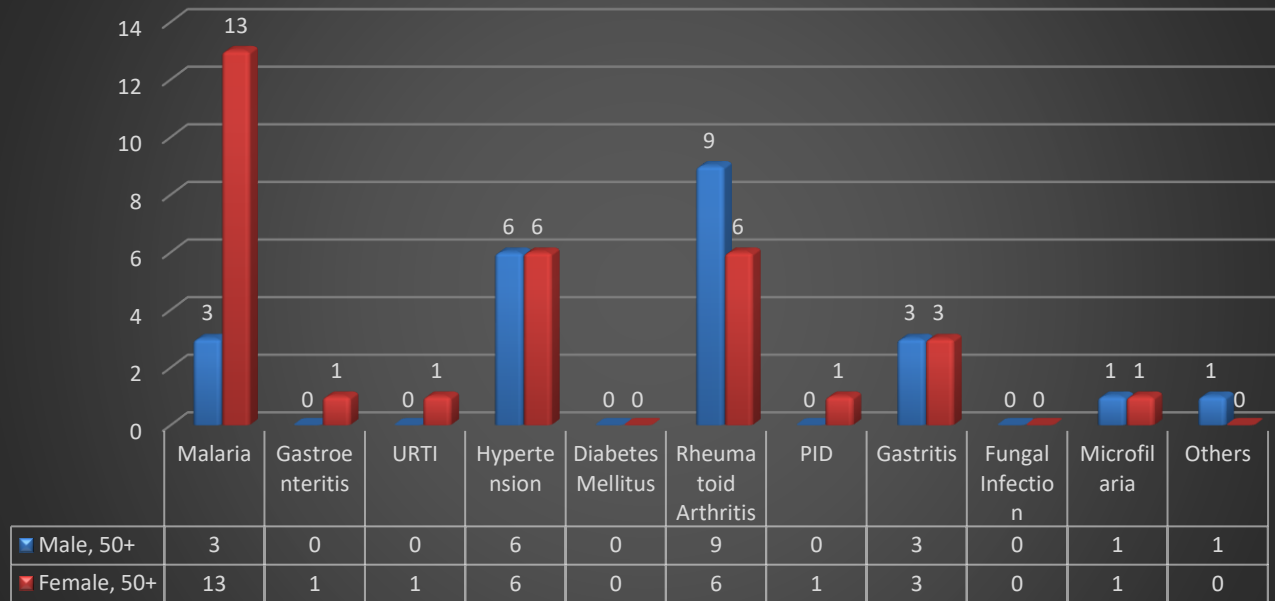
Disease Distribution for Ages 25 -35



Disease Distribution for Ages 36 - 50

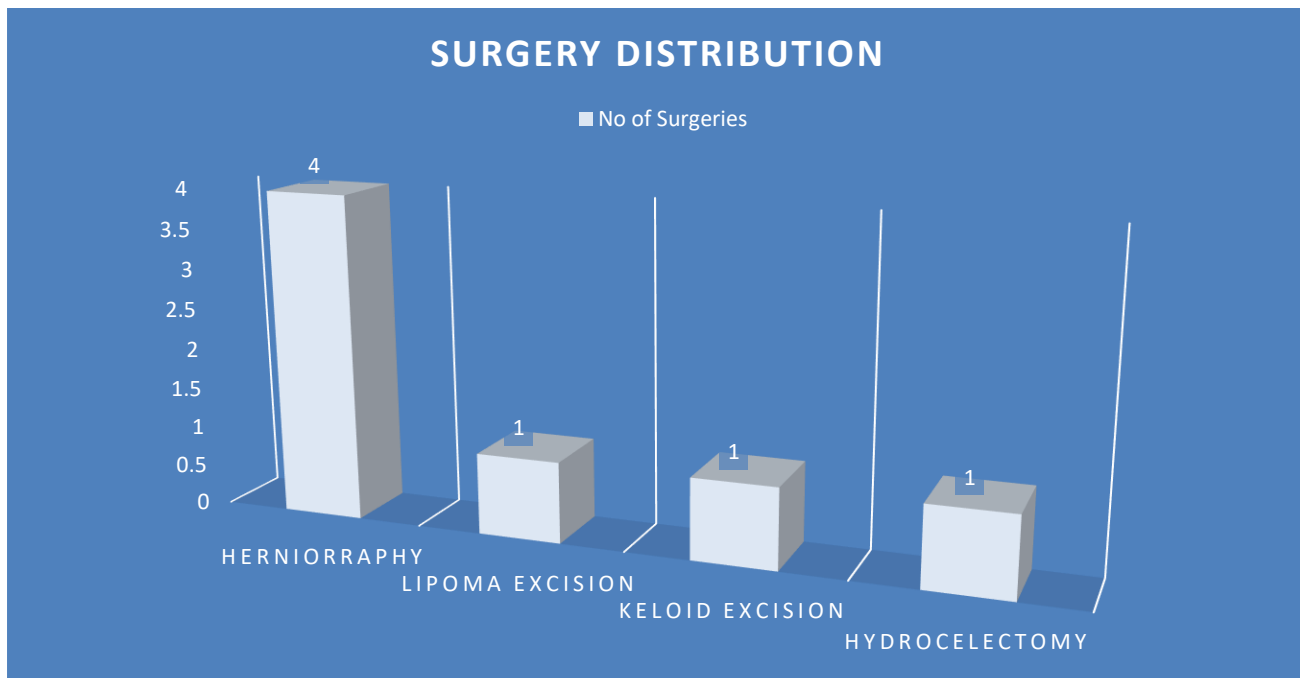


Disease Distribution for Ages 50+

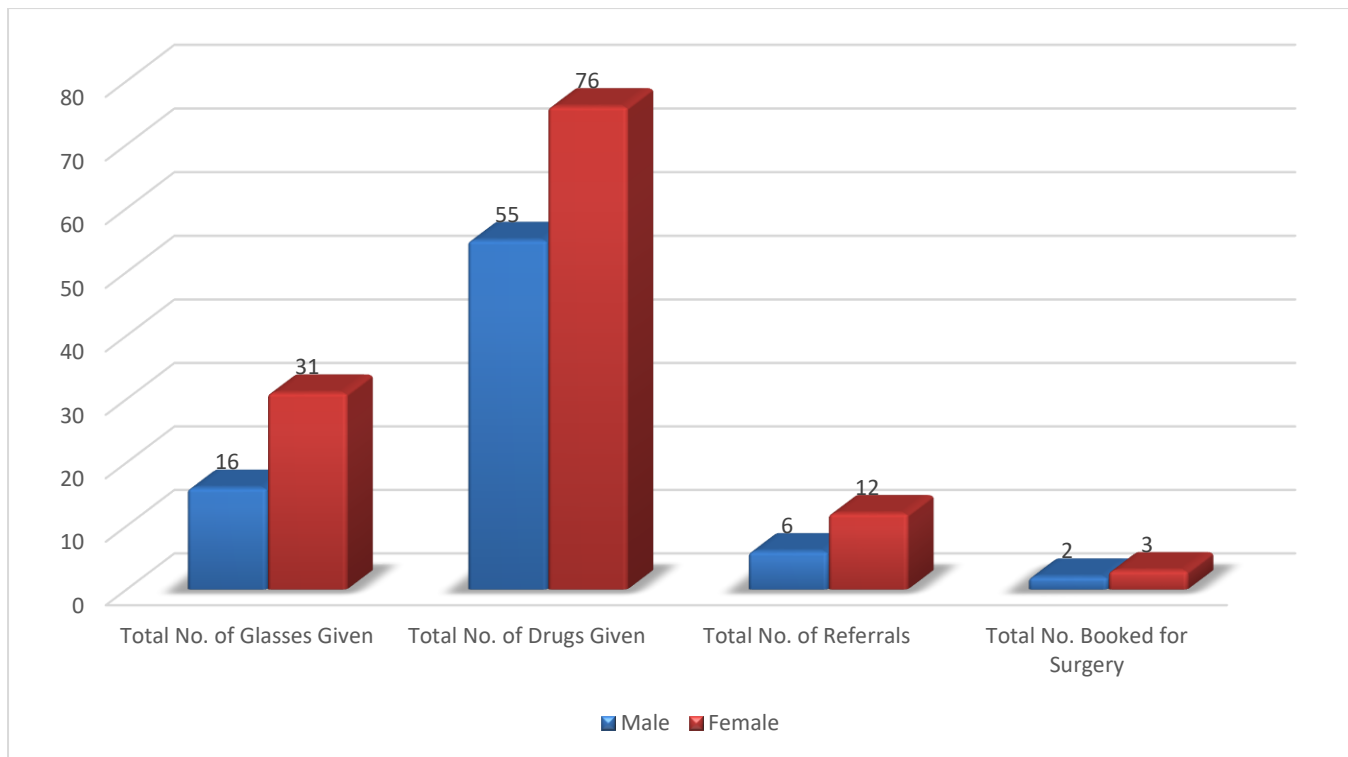


Male, 50+ Female, 50+

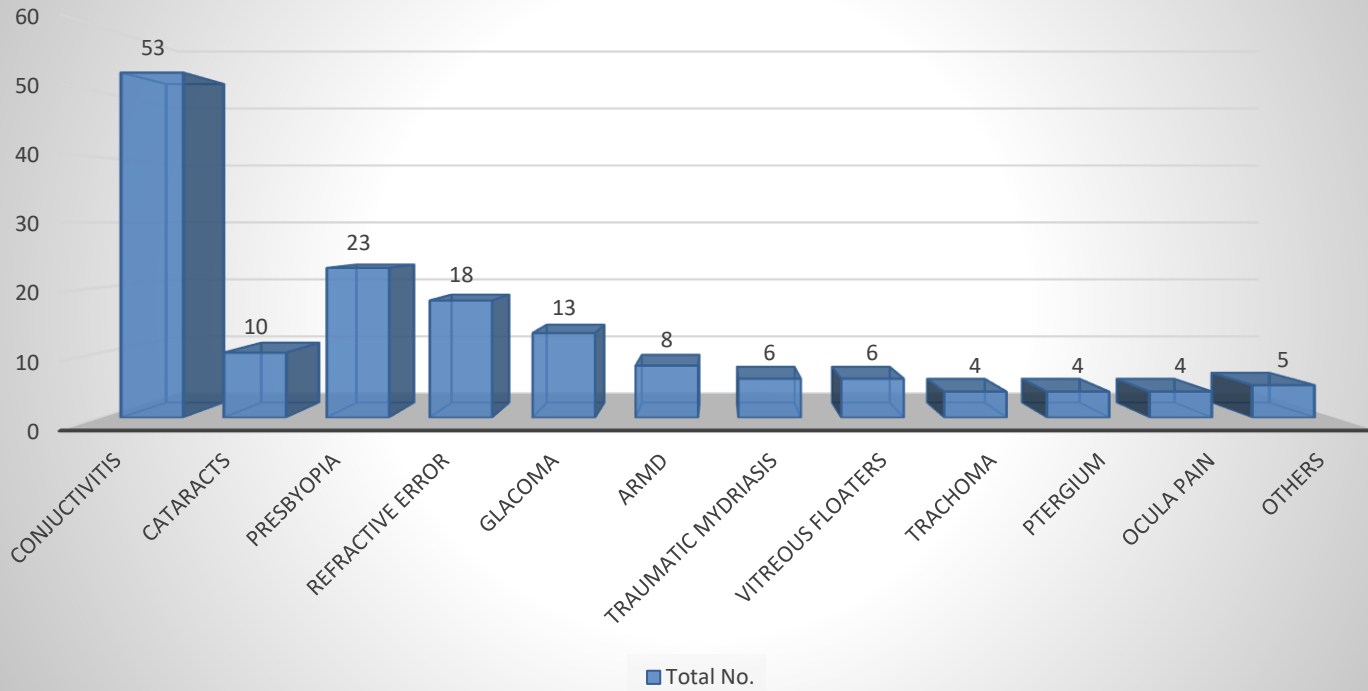
5.2 CHART FOR SURGERY DISTRIBUTION



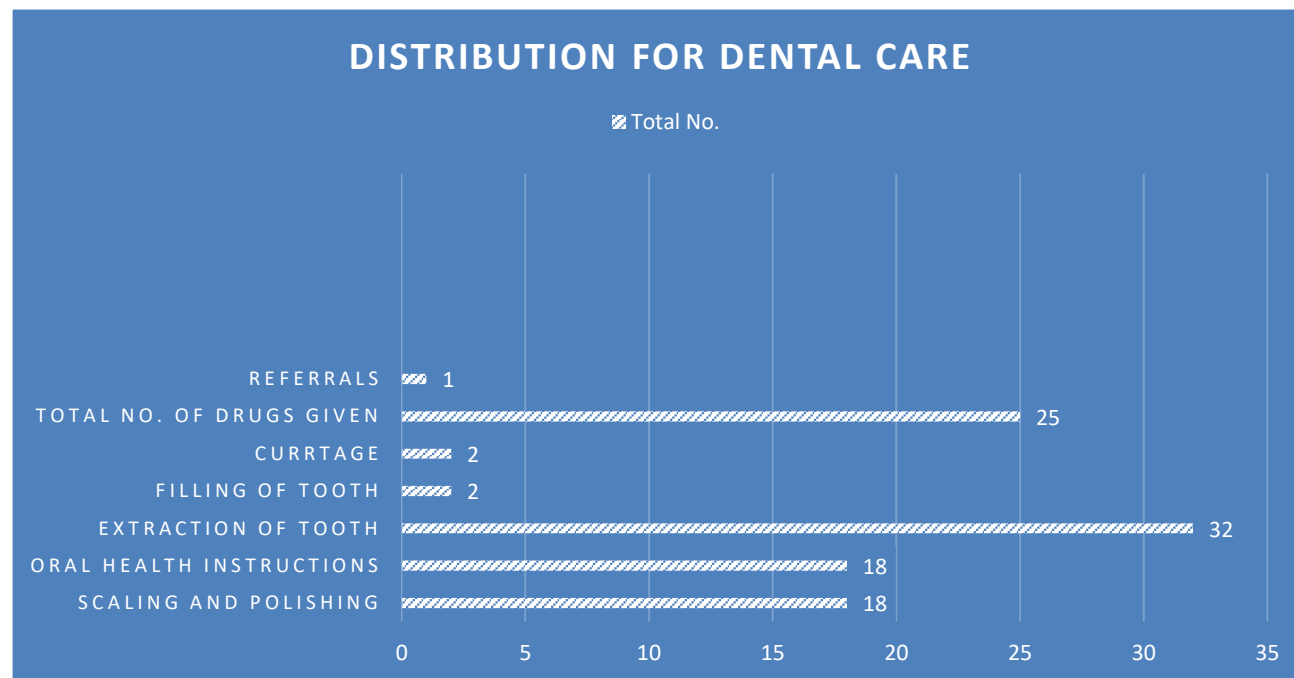
5.3 CHART DISTRIBUTION FOR EYE CARE



DISTRIBUTION OF EYE DISEASES



5.4 CHART DISTRIBUTION FOR DENTAL CARE



6. DISCUSSION

1. SEX DISTRIBUTION

A total of about 3,000 persons were sensitized for the Free Medical Outreach Project and 1335 clients were in attendance. All the individuals were registered, had Medical Consultation, Laboratory Services, Eye Care and Dental Care. The majority of the clients were females with 812 (60.82%) than males 523 (39.18%).

Sex	Number (n)	Number in percentage (%)
Male	523	39.18%
Female	812	60.82%
Total	1335	100%

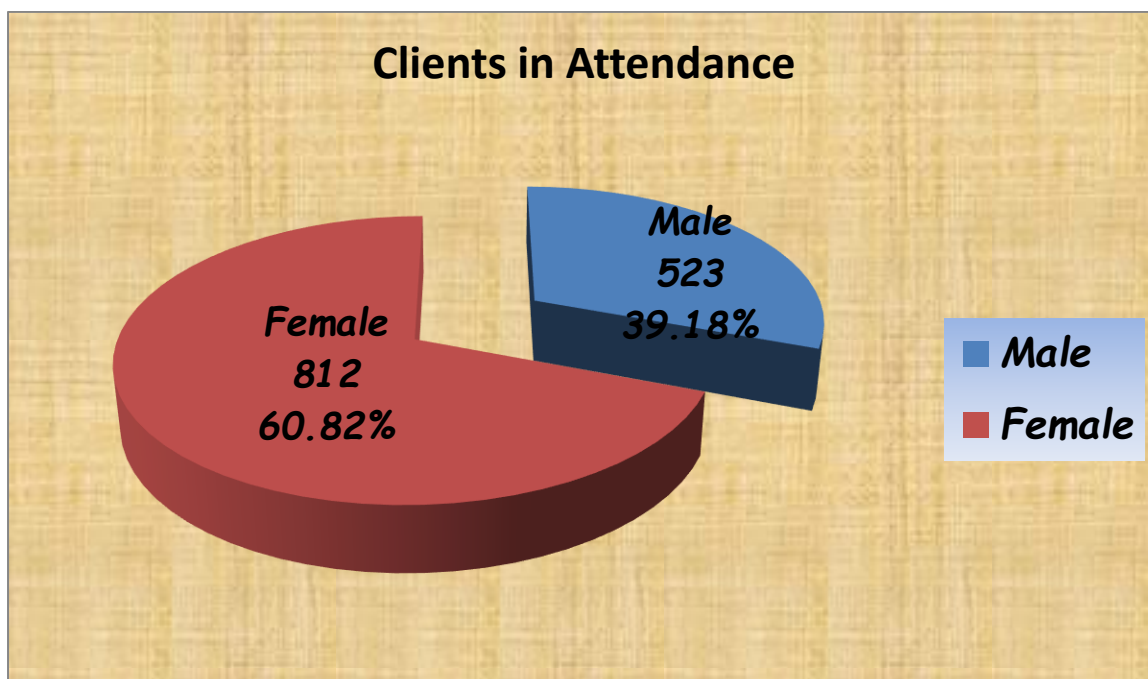


Figure 1: Sex distribution of the total number of Clients in attendance.

2. AGE DISTRIBUTION FOR MEDICAL CONSULTATION

Most number of clients was witnessed within the age group 36 – 50 with 127 clients (26.97%) while the least attendance was seen within the age group of 19 - 24 with 54 clients (11.46%). The next highest proportion were 25 - 35 (22.08%), 6 - 18 (14.43%), 50+ (12.74%) and <5 (12.32%).

Age groups (Years)	Number (N)	Number in Percentage (%)
<5	58	12.32
6 – 18	68	14.43
19 – 24	54	11.46
25 – 35	104	22.08
36 – 50	127	26.97
50+	60	12.74
Total	471	100%

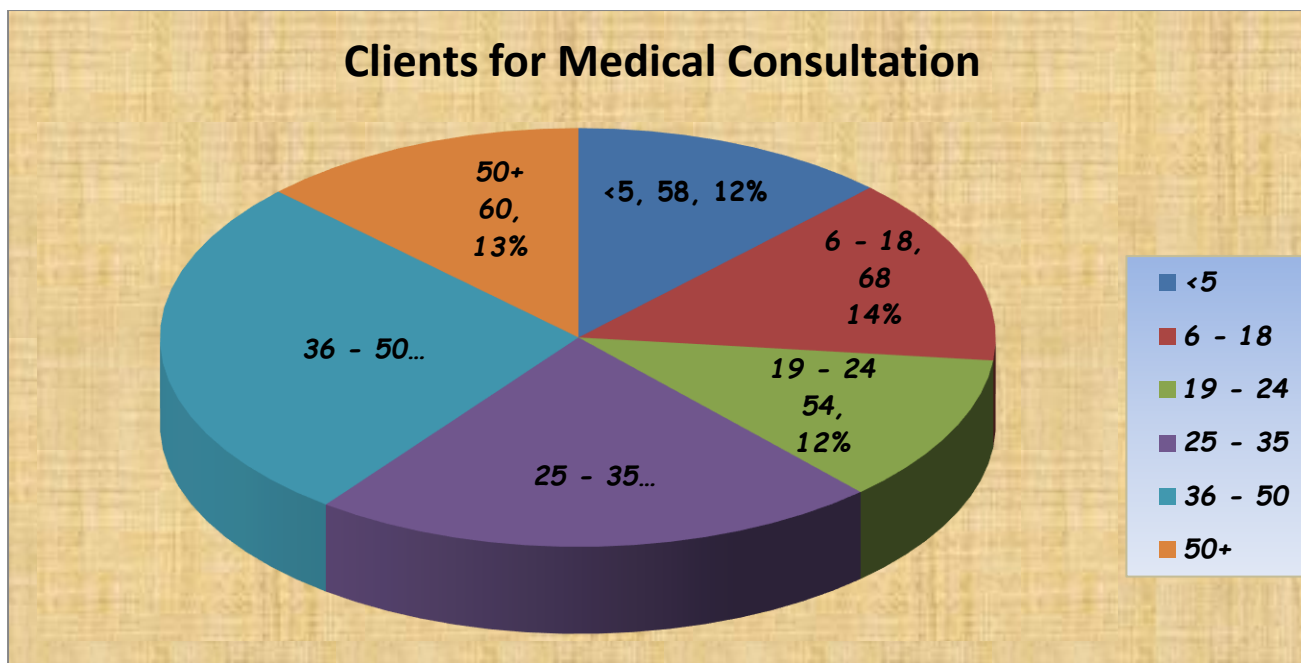


Figure 2: Age distribution of the total number of Clients for Medical Consultation

Clients in Attendance	
Male	Female
523	812
Total = 1335	

	Male	Female
Medical Consultation	155	317
Surgery	07	0
Eye Care	93	112
Dental Care	18	20
Deworming	250	363
Referral	0	2

No. of Bibles Given
95

No. of Mosquito Nets Given
250

The following communities in Taraba State received free drugs and supplies from the Free Medical Outreach Program

S/NO	COMMUNITY	AMOUNT OF DRUGS GIVEN OUT
1.	TAKUM	35,000.00
2.	GEMBU	25,000.00
3.	INKIRI	15,000.00
4.	SAA KAKA	13,000.00
5	LIP	13,000.00
8.	Danare	127,000.00
9.	Danare	23,000.00
		251,000.00

Financial report

Funds Received for phase 2 Taraba				
TMGF 900,000 N				
Rev Sr. Mary Missionaries from Catholic Church 300,000 N				
Community Refugee Relief Initiative USA 494,752 N				
Cameroon Prays UK 117.86 N				
Total 1,812,473.86 N				
DESCRIPTION OF COST	NO. OF PERSON /UNIT	COST/UNIT	NO. OF DAYS	AMOUNT
STATIONARY PRINTING [BIN CARDS, LETTERS, PRESCRIPTION SHEETS]				19,460.00
T-SHIRT/ FACE CAPS/ PRINTING	36			60,000.00

SURGICAL CONSUMABLES/ MATERIALS				40,000.00
EYE CARE CONSUMABLES/ MATERIALS				200,000.00
FUEL FOR PLANNING	1			10,000.00
FUEL FROM IKOM TO TAKUM	3	12,000.00		36,000.00
FUEL REFILLING IN TAKUM	2	4,000.00		8,000.00
FUEL FROM TAKUM TO GEMBU	1			10,000.00
HIRING OF 18-SEATER BUS	1	111,000		111,000.00
FUEL FROM GEMBU TO TAKUM	1			10,000.00
FUEL FROM TAKUM TO IKOM	3	10,000.00		30,000.00
REPAIRS [HILUX BRAKES, HORN]	1			4,500.00
REPAIRS OF DENTAL MACHINE	1			5,000.00
REPAIR OF DOOR LOCKS IN GENERAL HOSPITAL, GEMBU				4,000.00
REPLACEMENT OF TIRE	1	10,000.00		10,000.00
ALLOWANCE FOR PROJECT CO-ORDINATOR	1	60,000.00	4	60,000.00
ALLOWANCE FOR SITE CO-ORDINATOR	1	40,000.00	4	40,000.00

ALLOWANCE FOR PROJECT LEAD	1	10,000.00	4	10,000.00
ALLOWANCES FOR CONSULTING DOCTORS	2	40,000.00	4	80,000.00
ALLOWANCE FOR SURGEON	1	50,000.00	4	50,000.00
ALLOWANCES FOR THEATRE NURSES	2	20,000.00	4	40,000.00
ALLOWANCE FOR DENTAL DOCTOR	1	40,000.00	4	40,000.00
ALLOWANCE FOR DENTAL TECHNOLOGIST	1	15,000.00	4	15,000.00
ALLOWANCE FOR OPTOMETRIST	1	40,000.00	4	40,000.00
ALLOWANCE FOR OPHTHALMIC NURSE	1	10,000.00	4	10,000.00
ALLOWANCE FOR MEDICAL LAB. SCIENTIST	1	20,000.00	4	20,000.00
ALLOWANCE FOR MEDICAL LAB. ASSISTANT	1	15,000.00	4	15,000.00
ALLOWANCE FOR PHARMACIST	1	20,000.00	4	20,000.00
ALLOWANCE FOR PHARMACY TECHNICIAN	1	15,000.00	4	15,000.00
ALLOWANCES FOR LOGISTICS	2	10,000.00	4	20,000.00
ALLOWANCE FOR IT	1	15,000.00	4	15,000.00

ALLOWANCE FOR REFUGEE VOLUNTEERS [GEMBU]	6	2,000.00	2	12,000.00
ALLOWANCE FOR STAFF OF SANTA Maria CLINIC [TAKUM]	10	2,000.00	2	20,000.00
ALLOWANCE FOR CLEANERS [GEMBU]	3		2	3,000.00
FEEDING OF VOLUNTEERS [IKOM]	5	840		4,200.00
FEEDING OF VOLUNTEERS [IKOM]	16			8,000.00
SNACKS/ DRINKS/WATER	16			14,700.00
TRANSIT ALLOWANCE	16	2000.00		32,000.00
ALLOWANCE	18	1,000.00		18,000.00
FEEDING OF VOLUNTEERS [TAKUM]	18		2	19,200.00
WATER/DRINKS [TAKUM]	18		2	18,000.00
FEEDING OF VOLUNTEERS[GEMBU]	18		2	29,600.00
WATER [GEMBU]	18		2	4,200.00
ACCOMODATION OF VOLUNTEERS [IKOM]	5	2,400.00	1	12,000.00
ACCOMODATION OF VOLUNTEERS [TAKUM]	12	5,000.00	3	90,000.00
ACCOMODATION OF VOLUNTEERS [GEMBU]	16	4,000.00	2	64,000.00

ACCOMODATION OF VOLUNTEERS [TAKUM]	14		1	15.000.00
DRUGS				678,450.00
			TOTAL	2,074,910.00
				0

Costs above exclude flight, accommodation, travel and feeding cost for the UK Coordinator

Support received from groups to fund the Cameroon refugee mobile health outreach program

1. TMGF UK, £ 2000
2. MWANENGUBA UK £1,500
3. *Community Refugee Relief Initiative USA £1000*
4. *Missionaries from Roman Catholic Church £1000*
5. *Cameroon Nurses Association UK, £500*
6. *Cameroon Prays UK, £100*

7. ACHIEVEMENTS

7.1. Success in setting up a team of voluntary medical expert working together to improve the health outcomes of refugee communities. Successful implementation of two outreach programs addressing the health needs of a cross section of the Cameroonian refugee populations in very remote areas with no mainstream support. Ability to set up a four-day Free Medical Outreach Project and coordinating the two LGAs successfully was a landmark achievement.

7.2. Timely arrival and delivery of the data collection tools, HIV test kits, Hepatitis B & C test kits, Surgical Equipment, Drugs, Mosquitoes Nets, Relief materials and other items.

7.3. Overwhelming response from the Cameroonian Refugees, this was displayed by large numbers turning up to the Free Medical Outreach Project that had been established during the 4 days.

7.4. The use of volunteers for mobilization worked successfully, this was based on the fact that almost all the volunteers were local.

7.5. Training of community medical first aid health care workers to provide first Aid care to refugees

8. CHALLENGES

8.1. Late release of funds for the project.

8.2. Inadequate funding for the project.

8.3. Mobilization and transportation of Refugees was difficult from far to reach areas.

8.4. Inability to convey sufficient relief materials to project site.

8.5. Long travelling time between Takum and Gembu LGAs.

8.6. Language barrier in communication.

8.7. Several clients declined tooth extraction as a result of misinformation.

8.8. Inadequate laboratory equipment and supplies.

9. LESSONS LEARNT

9.1. Taking the Free Medical Outreach Project closer to the Refugees significantly decreases the morbidity, mortality and transmission of common illnesses.

9.2. Utilizing the Santa Maria Clinic & Maternity Takum and General Hospital Gembu as a site was very helpful in the uptake of the services provided because people did not want to leave their stores for hours to access the services. They would collect their tally and go back to attend to their customers until their numbers were called.

9.3. There is overwhelming support for the Free Medical Outreach Project by the leaders of the Cameroonian Refugees, UNHCR, NEMA, Nigerian Immigration Service, Taraba State Ministry of Health and the Roman Catholic Church.

10. RECOMMENDATIONS

10.1. The Free Medical Outreach Project should be conducted more frequently to reduce morbidity, mortality and transmission of common illnesses.

10.2. Prompt and adequate release of funds will go a long way in improving the quality and delivery of the Free Medical Outreach Project.

10.3. The Free Medical Outreach Project can be located closer to the far to reach areas to improve client's turnout.

10.4. Provision for more vehicles for conveyance of more relief materials to project sites.

10.5. Provision of interpreters to enhance communication between the Health team and clients.

10.6. Provision of funds for the purchase of sufficient laboratory equipment and supplies.

10.7. Scale up with more skilled personnel in the Outreach volunteer database and more clarity on boundaries for volunteers.

10.8. Sourcing for more funds from donors, NGOs and individuals.

10.9. More investment on feasibility study to inform budgeting so project can be tailored to available resources

10.10 Follow up clinical training in hospital setting for volunteer nurses trained on simple medical skills required

10.11 More investment on collaborative projects will yield better returns for refugees

Project leads

Danare mobile health clinic outreach	Taraba medical outreach clinic
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