ASHIA 2025 ORTHOPEDIC SURGERY CAMPAIGN
3e EDITION
JUNE - JULY 2025

PARTNER HOSPITALS:

QUEEN MARY MEDICAL CENTRE, Yaoundé- Cameroun

PRESBYTERIAN HEALTH COMPLEX, Yaoundé -Cameroon

APPLICANT ORGANIZATION

ACTING SOCIAL AND HEALTH IMPACT ASSOCIATION (ASHIA)

Project Manager

Dr FOSSOH FONKWE HERMANN

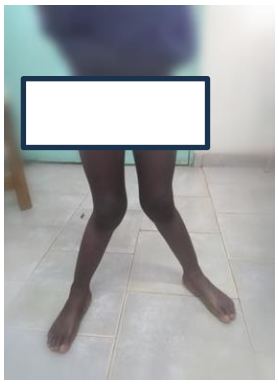
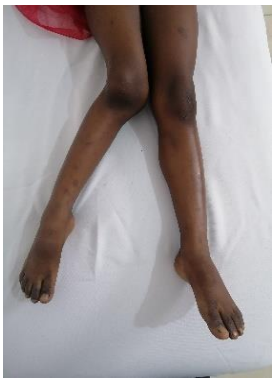
Orthopedic surgeon and traumatologist

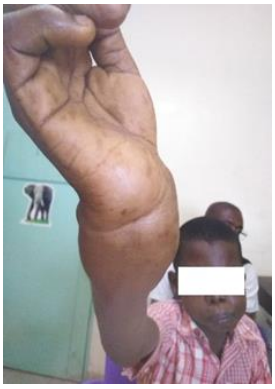
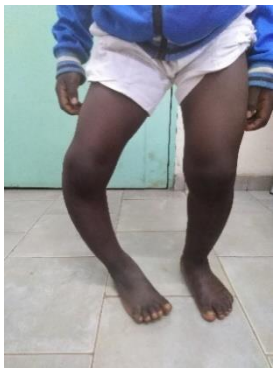
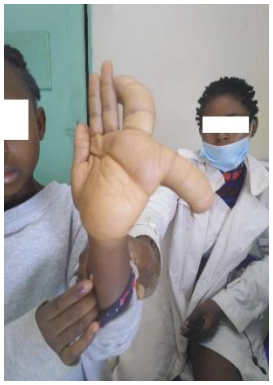
hffossoh@yahoo.fr

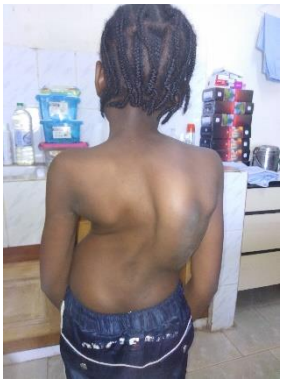
Strategic and operational partners (NPO)

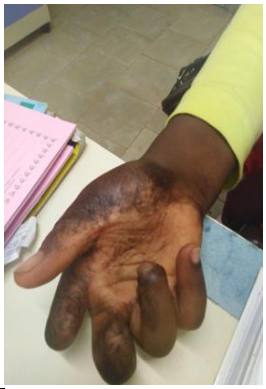
ASOCIACION VER AFRICA SEVILLE / Spain

ZERCA Y LEJOS MADRID / Spain





HELP US RELEASE THESE CHILDREN FROM THEIR DISABILITIES.
IMPACT POSITIVELY ON THEIR FUTURE BY SUPPORTING THEIR TREATMENT.

Table of contents

Image list

List of figures

List of tables

1. Direct beneficiaries

The **150** patients suffering from the pathologies targeted by the campaign and who do not have sufficient resources to undergo surgery via the usual slots. Priority will be given to children aged 2 to 16 (70% of the target).

2. Indirect beneficiaries

The **40,000** patients received annually in the two health facilities that will host the project and the population of the city of Yaoundé and its surroundings, i.e. almost 4,500,000 inhabitants.

3. Project objectives and budget

3.1. Overall objective

The main objective of this project is to contribute to the improvement of Cameroon's healthcare system by providing the population with the opportunity to benefit from comprehensive orthopedic surgery and traumatology care.

3.2. Specific objectives

Objective 1: Organize an orthopedic and traumatological surgery campaign to relieve target populations of their physical handicaps.

Objective 2: Find partners to support and finance the project.

Objective 3: Recruit patients eligible for care.

Objective 4: Acquire the surgical instruments, implants and other consumables needed for the campaign.

Objective 5: Plan and carry out surgical procedures and complete post-operative care.

Objective 6: Monitor the campaign and produce reports.

3.3. Project budget

It is valued at ***41,100,000 CFA*** *francs, or* ***65,700 USD*** *(****forty-one-million-one-hundred-thousand CFA francs,*** *or* ***sixty-five-thousands-seven-hundreds US dollars)****.*

4. Project background and justification

4.1. Context

4.1.1. Orthopedic conditions children

Pathologies of the locomotor system in children represent a real public health problem in most countries. They sometimes manifest themselves in functional disorders of varying degrees of severity, and over time can lead to real motor handicaps. Depending on its nature, severity and mode of expression, a motor handicap will have a damaging impact on the development of the child and social impact, and consequently on the child's professional development and future economic independence.

Locomotor system disorders in children aged 0 to 16 can be grouped into 4 main categories:

- Congenital malformations: these pre-exist from birth. There are various causes:
  - Genetic diseases (hip dysplasia, osteogenesis imperfecta, congenital pseudarthrosis...);
  - Malformations and other conditions linked to a hostile intra-uterine environment (infections, maternal alcohol or drug consumption, fetotoxic drugs, fetal malposition and mal-rotation, etc.);
  - Obstetric trauma during delivery (obstetric fracture of the clavicle, humerus or femur, obstetric brachial plexus paralysis, etc.);
- Traumatic injuries: very common in children, they result falls during play and traffic accidents. They include fractures, sprains and dislocations;
- Infections: particularly frequent in paediatrics, they involve colonization of osteo-articular structures (osteitis or osteomyelitis) and by pathogenic bacteria, either by direct insemination through a neglected local focus (wounds, abscesses, burns, etc.), or by dissemination from a distant focus;
- Tumors and cancers: Many tumors and cancers develop exclusively children. When they affect the musculoskeletal system, they can be the cause of severe deformity and disability. Functional prognosis almost always depends on early diagnosis and appropriate management.

Several countries have taken the measure of the problem by setting up policies aimed considerably reducing the prevalence and morbidity of locomotor system pathologies in children, whatever they may be. These policies are essentially based on 4 pillars:

- Preventing avoidable diseases through mass awareness and information, and raising awareness of the harmful effects of alcohol and drug abuse. Consumption alcohol and other substances harmful to the fetus, and the promotion of prenatal consultations, especially in rural areas;
- Early detection of certain diseases before they develop into complications or sequelae. In the case of congenital malformations, may be antenatal;
- Early treatment generally makes it possible avoid complications and prevent or minimize motor sequelae and functional disability that would result. In countries with a well-developed healthcare system, this treatment can begin during the intra-uterine period;
- The implementation of policies to access to education and socio-professional integration for people living with disabilities.

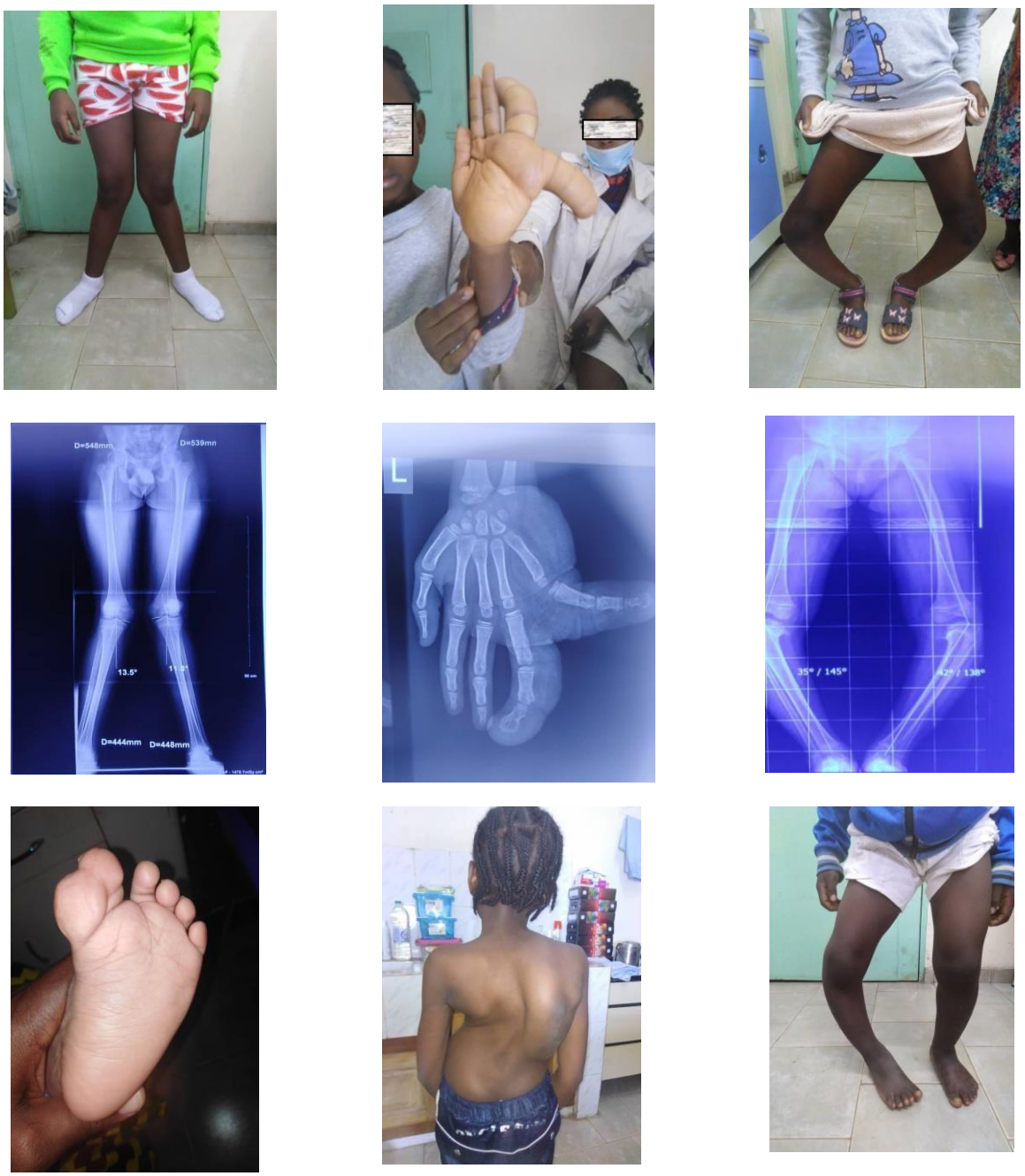


Image 1: Some common orthopedic deformities in children

4.1.2. Orthopedic conditions in Cameroon.

Pathologies of the locomotor system in Cameroon, all ages combined, mainly include trauma (fractures, sprains, dislocations, wounds and burns...), bone and joint infections, congenital and acquired malformations, as well as degenerative pathologies such as osteoarthritis.

Between 2018 and 2023, the reports highlight the increase in trauma, particularly from road accidents, which is the leading cause of death and disability in the country. Around 10% to 15% of patients admitted to national hospitals for trauma are admitted for fractures and other orthopedic conditions.

The phenomenon of "moto-taxis" is growing exponentially in most towns and villages in sub-Saharan Africa. Over the years, young teenagers and adults driven by unemployment and social insecurity have built up a veritable industry passengers and goods by motorcycle, mostly without any controls or regulations. Neither "moto-taxi" drivers nor passengers are protected in the event accidents, and injuries can be severe. Today, it is estimated that motorcycle cabs are involved in 65% to 75% of accidents in urban and peri-urban areas. These traumatic injuries can be serious, requiring more or less urgent medical or surgical treatment. A study carried out in a referral hospital in Yaoundé, the political capital of Cameroon, revealed that fractures accounted for some 60-70% of pathologies treated in orthopedic surgery, followed by bone infections (osteomyelitis) and congenital malformations.

Bone infections or osteitis are common in developing countries like Cameroon. These pathologies mainly affect children and young adults living in precarious socio-economic conditions, often following open trauma such as open fractures or deep wounds, neglected or poorly managed. Osteitis remains a public health problem, particularly in regions where access to orthopaedic and surgical care is limited.

Congenital malformations, such as clubfoot and Blount's disease, are relatively common. Rickets, linked to vitamin D deficiency, remains common in food-insecure villages. Cerebral palsy and the resulting psychomotor handicaps are fairly common, and mostly linked to obstetric incidents. For the latter, simple surgical procedures involving release, lengthening or simple ligamento-tendinous transfers can considerably improve patients' autonomy and functionality.

Osteoarthritis is a degenerative disease characterized by progressive wear and tear of articular cartilage, leading to pain and functional difficulties. Osteoarthritis of the knee and hip is common among the elderly in Cameroon, often aggravated by living conditions, untreated or poorly treated previous trauma and lack of access to appropriate specialist care.

Image 2: Risky attitudes

4.1.3. Difficulties associated with orthopaedic treatment in Cameroon

Patients suffering from these various pathologies of the locomotor system must benefit from appropriate orthopedic care, or risk serious complications and sequelae, including motor handicaps that will have a more or less negative impact on their socio-professional future. Unfortunately, such is not always accessible, for a number of reasons:

- Insufficient policies to raise awareness and prevent congenital malformations, particularly through prenatal consultations, which are still non-existent in some rural areas;
- Cultural prejudices in certain regions, where children born with a deformity, sometimes corrective, are simply regarded as witches or demons and abandoned to their fate;
- Shortage of orthopaedic surgeons: The country suffers a significant shortage of specialist surgeons. According to available data, there are around 60 to 80 orthopedic surgeons for a population over 28 million, which means that hospitals are overloaded, particularly in urban areas. Moreover, surgeons are very unevenly distributed throughout the country, with some entire regions having no active specialists at all;
- Inadequate technical facilities: Only referral hospitals, such as general hospitals and some regional hospitals, have the technical facilities and human resources required for optimum specialist care. The vast majority of hospitals in peri-urban and rural areas do not have adequate equipment for orthopedic care;
- Low economic resources: Orthopedic care in general, and orthopedic surgery in particular, can be lengthy and costly. They are often inaccessible to populations with limited resources. The cost of a procedure can vary from $500 for the correction of a deformity or surgical fixation of a fracture, to $5,000 for a hip or knee prosthesis. These amounts represent the total annual income for many low- and middle-income families. Moreover, the Universal Health Insurance initiated by the Cameroonian government is struggling to become operational;
- The problem of traditional massages: many patients, for economic or cultural reasons, prefer to turn to traditional practitioners and masseurs for the treatment of fractures, sprains, dislocations, congenital deformities and even infections. While in some cases these alternative treatments have proved their worth with satisfactory results, unfortunately in many cases one or more complications emerge, sometimes more serious and more difficult to treat than the initial injury. For example, several cases of vicious fracture consolidation instability, etc. have been reported.

4.2. Project justification

Given the difficulties of accessing specialized orthopedic care, complications linked to neglected, untreated or poorly treated conditions are becoming increasingly frequent. These are generally physical sequelae of varying severity, with functional consequences can have a devastating impact on the patient's socio-professional future. This is all the truer in the case of children, who are still growing both physically and psychologically, and for whom the complications of motor disability can have a negative impact on the profile of the future adult they will become. These complications can be extremely complex, requiring highly specialized and costly treatment that is sometimes inaccessible locally, even where funds are available (bone grafting, microsurgery, prosthetic reconstruction, plastic surgery, etc.). The idea is to identify patients of all ages, but ideally between the ages of 2 and 18 (70% of the target population), with recent or long-standing orthopedic pathologies and complications, and to provide them with specialized, personalized solutions, mainly in suburban and rural areas. These include patients with basic orthopedic pathologies (fractures, dislocations, joint instabilities, Blount's disease, clubfoot, genu valgus, vicious scarring, osteitis, etc.) who have no access to treatment due to lack of financial resources, and patients with complex problems requiring hyper-specialized technical skills that are not readily available (spinal surgery, hip prosthesis, micro-neurosurgery, etc.). Selected patients will benefit from pre- and post-operative care, as well as short-, medium- and long-term follow-up. Despite the humanitarian nature of the project, an individual contribution will be required for each patient, depending on case and socio- economic profile. This contribution, which can vary between 20% and 30% of the usual cost of the operation (for those who can afford it), is seen as the patient's participation in his or her own healing process, and is recommended whenever possible, as it allows the patient to feel valued the one hand, and preserve his or her dignity on the other.

This is the 3rd edition of a biannual humanitarian project that began in 2021 thanks to support of local and international partners, and which to date would have brought relief to around 400 patients, most of them under the age of 15. In our experience, most cases of malformations and other limb disorders (fractures, genu varus or valgus, Blount's disease, osteitis...), sometimes resulting in spectacular and even frightening handicaps, could be corrected and cured with simple, rapid and inexpensive interventions. Ignorance on the part of parents and inaccessibility of technical skills were the main factors of seriousness. We're talking about hundreds of young people for whom appropriate surgery has restored their bodies, their psychology (the negative impact of the handicap physical in terms of self-perception) and consequently their chances of future socio- professional fulfillment.

4.3. Why support an Orthopaedic Surgery campaign project?

There's a well-known saying: *Instead of giving me fish, teach me how to fish.* An interesting variation of this saying, which neatly sums up vision behind this project, would be: *Instead of giving me fish, help me fix the rod*.

The virtuous nature a project of this kind lies not only in assisting a person in need by providing resources that can contribute to his or her immediate well-being, but also and above all in restoring his or her intrinsic potential in a lasting way, so as to enable him or her to personally face the challenges of everyday life. Through this punctual act, to which the patient contributes even in a symbolic way, the fundamental question arises of preserving dignity through having regained physical and psychological integrity on the one hand, and the ability to fight personally with pride and honor for the satisfaction of daily needs on the other. By restoring structure, function and aesthetics, sometimes using simple, rapid procedures, orthopaedic surgery can considerably improve patients' present and future quality of life.

Image 3: A restored, happy child

5. Overview of Cameroon: administrative division, demography, geography, economy and health system

5.1. Cameroon

Located in Central Africa, Cameroon (officially the Republic of Cameroon) is one of the 49 countries sub-Saharan Africa. It borders on 6 countries, including Nigeria to the west, Chad and the Central African Republic to the northeast, the Democratic Republic of Congo to the northwest and the Democratic Republic of Congo to the east, Democratic Republic of Congo to the east, Equatorial Guinea, Gabon and the Republic of Congo to the south (Figure 1). The country is divided into 10 semi- autonomous regions: Extreme or Extreme North, North, Adamaoua, North-West, South-West, West, Littoral, Centre, South and East (Figure 1). These regions are administered by elected regional councils.

They are subdivided into 58 departments (or divisions), themselves divided into 315 arrondissements (subdivisions). Cameroon's total population in 2024 is estimated at 29,545,863, of which around 57% live in urban areas. There are two (2) cities (Douala and Yaoundé) with more than one million inhabitants (see Figure 1), 13 cities with between 100,000 and 1 million inhabitants and 56 cities with between 10,000 and 100,000 inhabitants. Key information on Cameroon is summarized in Table 2 [1].

Geographically, Cameroon is divided into northern, central, coastal and southern regions. It is characterized by a variety of terrains, including: (1) semi-arid desert in the northern region; (2) grassy savannah highlands in the central region and tropical forest in the southern region; and (3) lowland coastal forest in the coastal region. There are two distinct seasons in the country, the wet or rainy season and the dry season, depending on the amount of rainfall. An average temperature of 30°C in the central part of the country, with its tropical rainforest or equatorial climate (hot, high humidity, heavy rainfall throughout the year), and an average annual temperature of 25°C in the south and on the coast.

Intra- and inter-urban mobility in the country is mainly by public transport, notably shared cabs, motorcycle cabs and buses. The predominance of public transport is attributed to the high cost associated with individual ownership of a vehicle, motorcycle or even bicycle. Like most countries in sub-Saharan Africa, Cameroon's road networks, whether paved or unpaved, are poorly maintained, sometimes barely passable due to potholes, making driving and travel very difficult, if not dangerous. In fact, road accidents are one of the main causes of death in the country, posing a threat to health [1].

French and English are the official languages. Two of the 10 regions (North West and South West) are English-speaking, representing 17% of the country's population, and the remaining 8 regions (Far North, North, Adamaoua, West, Littoral, Centre, South and East) are predominantly French-speaking, representing 83% of the country's population. In addition, with some 260 distinct tribes and ethnic groups and around 300 distinct indigenous languages, Cameroon is considered one of the most culturally diverse countries in Africa. The country's religious groups include Christianity (Roman Catholic 39.2% and Protestant 28.1%), Islam 19.5%, traditional beliefs (4.) and other religions or beliefs (4.3%), and atheism or agnosticism (4.6%) [3]. Each of the country's 10 regions is dominated by specific tribes, ethnic or religious groups. Tribes, ethnic and religious groups have a significant impact on the country's cultural and national practices. For example, membership of a tribe or ethnic group and/or religious practices dictate and influence cultural practices such as diet, health (traditional medicine), style of dress, style of dance and moral conduct. In addition, most religious festivals are transformed into national holidays.

The agricultural sector remains the most important in the Cameroonian economy, accounting for around half of total exports. Manufacturing and processing industries (oil and gas, wood, cement, aluminum, textiles, tobacco, rubber, cotton spinning, textiles, light consumer goods, food) also contribute to national wealth. Cameroon's main imports include machinery, equipment, chemicals, packaged medicines, clothing and food products. Despite economic growth in some regions, poverty is on the rise in Cameroon, and its limited resources make it dependent on foreign financial aid [4].

The vast majority of the population (around 70%) make their living from agriculture and informal sector activities - low-paid jobs such as trading, street vending, construction, cleaning, etc. Formal employment accounts for less than 10% of the working population. Formal employment accounts less than 10% of the working population, with most people in this group working in regional capitals and other large cities. Poverty remains largely a rural phenomenon in the country, where access to stable, well-paid jobs and adequate infrastructure is rare. Rural households are also much less likely to have access to electricity, drinking water, sanitation, medical services and safe housing, resulting poorer health outcomes than in urban areas. The country's major cities experience recurrent, unplanned power cuts and shortages of running water.

Cameroon's public healthcare delivery system is inefficient due to insufficient government funding, which significantly affects the country's overall quality of life [5]. Health facilities are administered by local regional health teams. At present, healthcare expenditure represents only 4.1% of the country's gross domestic product (GDP) [6,7]. Healthcare facilities in Cameroon are organized into 7 categories: (i) general hospitals, (ii) central hospitals, (iii) regional hospitals, (iv) district hospitals, (v) arrondissement medical centers, (vi) integrated health centers and (vii) ambulatory health centers. They vary considerably in terms of bed capacity, staff, types of services provided equipment available. Although there are several public and private hospitals in Cameroon (mainly in the big cities), the country's healthcare facilities suffer from a shortage of resources (well-trained staff, medical diagnostic equipment, drugs) [5,8]. Because of the current lack of universal health coverage (Cameroon aims to achieve this by 2035), out-of-pocket payments for health services add to the expenses of an already impoverished population [7,8]. In fact, most people, particularly in rural areas, rely solely on traditional indigenous medicines.

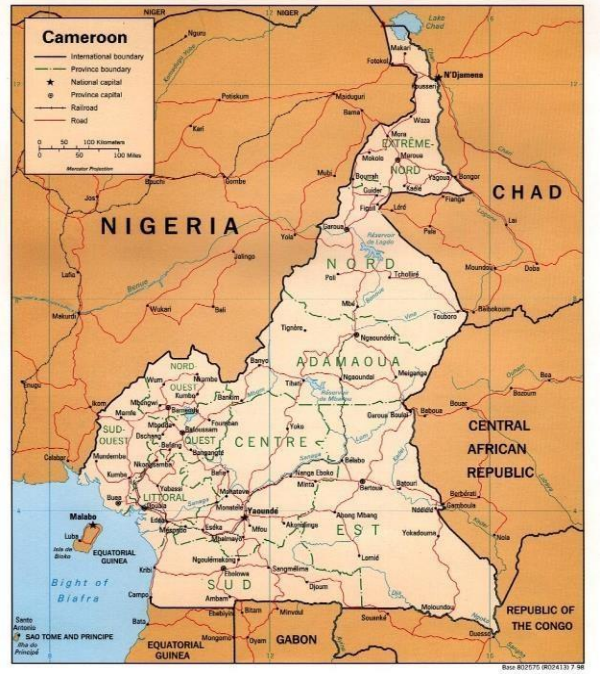


Figure 1: Map of Cameroon

Figure 2: Map of Yaoundé

5.2. Yaoundé

Often referred to as the "city of seven hills/mountains", Yaoundé is the political capital of Cameroon. An urban community made up of 7 arrondissement communes (Figure 2), it is the capital of the Centre region and the Mfoundi department (the administrative boundaries merge with those of the department), and is home to the headquarters of Cameroon's institutions and administrations. The city Yaoundé enjoys a tropical savannah climate, characterized by many months of heavy rainfall. The dry season extends from late November to February. The rainy season sees a decrease in rainfall in July and August. It extends over 304 km^2, including an urbanized area of 183 km^2, and is home to an estimated population of 4,500,000 2024, with an average density of 14,486 inhabitants per square kilometer. The highly cosmopolitan population, 40% of which is made up of indigenous peoples (with the remainder coming from exodus of people from rural areas the region or from other regions), growing by almost 100,000 every year. Yaoundé is primarily a tertiary city. There are, however, a few industries, but mostly stores, boutiques, head offices or representative offices of certain companies and vendors. A major part of Yaoundé's economy is based on the informal economy, whether it be street vendors (also known locally as "sauveteurs"), itinerant merchants (paper handkerchiefs, caramelized or uncaramelized peanuts, cold drinks, clothes, etc.) or small stores in the neighborhoods. The informal sector also affects the housing sector, where many builders are in fact non-professionals. Yaoundé has some of the largest and most specialized medical facilities in the country. Moreover, 70% of the country's specialist doctors, all specialties combined, are concentrated between the country's two capitals. Specialized healthcare rapidly becomes unavailable as you move away from the center, through the suburbs and peri-urban areas, towards rural areas.

5.3. Demographic and health data for Cameroon

Table 1: Demographic data for Cameroon

Geographical location / Coordinates / Time zone / Central African currency	/ 6 00 N, 12 00 E / UTC +1 / Central African CFA franc, XAF (€1= 655.96 XAF)
Neighboring countries	Nigeria 1,690 km, Chad 1,094 km, Central African Republic 523 km, Equatorial Guinea 189 km, Gabon 298 km and Republic of Congo 523 km
Area	475,440 km^2 (183,570 sq mi)
Relief	Diverse, with a mixture of desert plains in the north, grassy savannahs and mountains in the central part, and tropical rainforests and plains in the south coast
Climate	The climate varies according to the terrain, with a semi-arid climate in the north, tropical savannah in the central part and equatorial climate in the south and on the coast. Hot weather all year and high humidity all year
Administrative Division	10 regions, 360 districts, 360 communes and 14 urban communities
Languages	French and English are the official languages. In addition, there are over 300 distinct indigenous languages

Population (2024)	29,545,863, which represents approximately 0.34% of the world's population; ranked 52nd in the list of countries by population density; 57% of the population is urban
Main cities	**1.** Douala **6.** Maroua **2.** Yaoundé **7.** Bafoussam **3.** Garoua **8.** Mokolo **4.** Kousseri **9.** Ngaoundere **5.** Bamenda **10.** Bertoua
Median age of population	17.9 years; approx. 42.15% of the population is aged <15 years
Life expectancy at birth male/female (year: 2020)	60,3/64,5
Birth rate (per 1,000 people)	32.8
Mortality rate (per 1,000 people) 6,9	– Nurses/midwives/other healthcare professionals 2.5/3000 (standard WHO 1/3.000)
Main causes of death	1. HIV/AIDS 6. Ischemic heart disease 2. Malaria 7. Cerebrovascular accident 3. Lower respiratory tract infections 4. Neonatal disorders 8. Tuberculosis 5. Diarrheal diseases 9. Traffic accidents
Gross national income per capita based on purchasing power parity (PPP) of the international dollar (2023)	1650
Main economic activities	Agriculture, industries manufacturing

6. Project partners

6.1. Acting Social and Health Impact Association (ASHIA)

N⁰ 00002311/RDA/J06/SAAJ/BAPP
Tel: +237 696 393 762
(Whatsapp)
ashiacameroon@gmail.com
www.li
nkedin.com/in/fossoh-
fonkwe- hermann-
3ab87b341

ASHIA (patience, courage, or ***"it's going to be all right"*** in the local Cameroon dialect) is an apolitical, independent, secular and non-profit association. Its main objective is access to quality healthcare for Cameroonian and African communities in general. Particular emphasis is placed on populations in peri-urban and rural areas, as well as outlying regions far from capital cities and generally neglected by investment. In particular, the focus will be on :

- Promoting the social and economic development of African communities;
- Reducing inequalities in health and social development;
- Empowering African communities to achieve sustainable development.

ASHIA has existed legally since 2024, but has been active unofficially as a humanitarian association for over 5 years. Its main activities are based on design and implementation of community projects, particularly in social and health fields. Its founder, ***Dr Hermann FOSSOH*** *(www.linkedin.com/in/fossoh-fonkwe-hermann- 3ab87b341),* is an experienced Cameroonian doctor and surgeon with over 15 years' experience as a project manager. He managed over twenty major projects in Cameroon, either on behalf local and international companies and organizations, or on his own behalf. The first two editions of the national orthopedic surgery campaign, organized in 2021 and 2023 respectively, successfully operated on almost 400 Cameroonians suffering from orthopedic problems of varying degrees of severity. This had a positive and decisive impact on their quality of life. Building on this encouraging track record, *ASHIA* is planning a 3rd edition of the surgical campaign in collaboration with Queen Mary Medical Center and *Presbyterian Health Complex* for the summer of 2025.

6.2. Queen Mary Medical Center (CMQM)

The Queen Mary Medical Center is a medical-surgical facility created in 2014 and fully operational since December 01(st) 2021. It is located in the Nsimeyong district of Yaoundé, the capital of Cameroon, in the Yaoundé 3 arrondissement. The main objective of the CMQM is to provide the population with quality specialized medical care and services. Its strategy aims to relieve and enhance the value of the patient in all his or her dimensions, by placing him or her at the center of his or her care. The CMQM's motto is ***"For more humanized care"***. And to offer this more humanized care, the CMQM arms itself daily with values such as: professionalism, humanism, empathy, affection, listening, compassion and help.

Operationally, the CMQM provides curative (medical-surgical) and preventive care on a daily basis, using a holistic, social and humanistic approach. The specialties found at the CMQM are :

- Orthopedics,
- Traumatology,
- Rheumatology,
- Clinical nutrition,
- Internal medicine,
- Pediatrics,
- Gynecology,
- General surgery,
- General medicine,
- Physical therapy/physiotherapy.

To achieve its objectives, the CMQM relies on a team of 26 qualified professionals, each in his or her own field of expertise.

Table 2: Some CMQM statistics

	December 2021	**December 2024**
Number of employees	7	26
Female/male ratio	3.5/1	1/1
Regional representation	2/10	6/10
Official languages	1/2	2/2
Consultations		
Number of new consultations		967
Number previous consultations		4150
Physiotherapy sessions		
New patients		519
Home sessions		90
Surgery		
Major surgery		150
Outpatient surgery		56
Plastering		> 50
Number laboratory tests		3 045
Overall attendance at CMQM		≈ 5117

Orthopedic surgery campaigns: In June 2023, the Queen Mary Medical Center organized a major orthopedic surgery campaign in partnership with the *Presbyterian Health complex* in Yaoundé, under the auspices *of the ASHIA* association.
Over the course of the campaign, some 100 patients, most of them under the age of 18, were operated on and relieved of their disabilities. Building on the success of this project and the positive impact it had on the community, the CMQM is committed to collaborating fully on future projects of a similar nature. Hence its participation in this 3rd edition of May-July 2025.

https://www.facebook.com/CMQueenMary/
Tel: +237 659 437 160

ASHIA 2025 Orthopaedic Surgery Campaign Project - 3rd edition

6.3. *Presbyterian Health* Complex- Yaoundé (PHC)

The Presbyterian Church of Cameroon (PCC) was officially registered in 1962. It is a faith-based organization which, through its Christian church fellowships and central synod office, has contributed enormously to improving the livelihoods of Cameroonians in the various communities it serves. The organization fulfills its Christian mission of connecting people to grow in faith by expressing God's love through over 500 communities and as many institutions.

In 1927, the Basel missionaries started out with a small dispensary that has since become ***PCC Health Services***, which manages an institutional framework of 10 hospitals with 15 integrated health centers spread across 6 regions of Cameroon. At the heart of its health system is the PCC Health Department, within the PCC Synod Office in Buéa, which provides general administration, coordination, supervision and technical support for its structures and programs. The Department of Health office has a competent management staff with a relevant mix of public health, management, program, monitoring and evaluation, data, community and financial skills. Also at the heart of its operations is the PCC's central pharmacy, which ensures the quality and efficient management of medicines, equipment, materials and supplies for the entire health system.

Due to the remarkably progressive growth of PCC's eye care services, PCCHS has become the leading organization in community and institutional eye care in Cameroon. However, this has not reduced the PCCHS's efforts to extend general health care as well. Thus, its healthcare facilities are generally classified into general medical and eye care services, although general medicine is integrated into all eye care facilities. Increasing emphasis is being placed on raising awareness of general healthcare through health promotion and outreach activities as well as investment in infrastructure, equipment and human resources to better manage the burden of general healthcare.

PHC Yaoundé is a hospital complex with a medical-surgical section and ophthalmological services. The overall capacity is 54 rooms for 64 beds. The hospital is headed by a qualified doctor managing a team of 124 qualified professionals, including GPs, gynecologists, surgeons, a pediatrician and a fleet of specialist nurses and care assistants. The hospital's average attendance is 40,000 patients. The hospital's resources are managed by an administrator and an accountant, as well as other office staff: a project manager, data clerks, secretaries, receptionists to improve the quality-of-care delivery. The PHC has several departments, including: Ophthalmology, Gynecology, Surgery, Dentistry, Medical Imaging, Pediatrics, Laboratory, Hospital Hygiene and Safety, etc. All these departments are equipped to meet the needs of the hospital's patients. All these departments are equipped to meet the needs of outpatients and inpatients alike. These departments work interdependently to ensure optimum patient care. It should be noted that the most well-equipped department at the Yaoundé PHC hospital is the ophthalmology department, and the least well-equipped is the orthopedics department, which was set up only a year ago and is struggling to develop with minimal resources despite the visible burden of orthopedic care. At present, most of the equipment needed for orthopedic surgery at hospital is inadequate.

Presbyterian Health Complex collaborates with Queen Mary Medical Center to promote surgical care. Over 180 orthopedic surgeries were performed between 2022 and 2024 at the PHC as part of this collaboration. An orthopedic surgery campaign was organized as part of a partnership between the 02 health structures in June - July 2023. During this campaign, 90 orthopedic surgical procedures were successfully carried out. A similar but larger-scale project is planned for the summer of 2025.

phcnsimeyong@yahoo.com
Tel: +237 675 331 484

7. The project

7.1. Reminder of objectives

7.1.1. Overall objective

The main objective of this project is to contribute to the improvement of Cameroon's healthcare system by providing the population with the opportunity benefit from comprehensive orthopedic surgery and traumatology care.

7.1.2. Specific objectives

- **Objective 1**: Organize an orthopedic surgery and traumatology campaign to relieve target populations of their physical handicaps
- **Objective 2**: Find partners to support and finance the project
- **Objective 3**: Recruit patients eligible for care
- **Objective 4**: Acquire the surgical instruments, implants and other consumables needed for the campaign
- **Objective 5**: Plan and carry out operations and post-operative care
- **Objective 6**: Monitor the campaign and produce reports**.**

7.2. Activities and results

Details are given in Table 3. These are :

- Preliminary meetings
- Task planning
- Search for financing
- Case registration
- Acquisition of equipment and consumables
- Surgical planning and execution

- Post-operative care
- Production of reports.

7.3. Indicators for verifying results

• Indicators (I)

- I1: Number of preliminary meetings held
- I2 : Percentage of budget collected
- I3 : Communication strategy
- I4: Number of patients received and number selected
- I5 : Inventory acquired equipment and consumables
- I6: Number of patients operated on

• Sources of verification

- Copies of administrative documents and partnership authorizations
- Copies of preliminary meeting reports
- List of registered patients
- Invoices for various purchases and services
- List of patients operated on
- Photos of patients operated on with prior authorization
- Copy of the overall financial report for the campaign
- Copy of the final report.

7.4. Budget

It is valued at ***41,100,000 CFA*** *francs, or* ***65,700 USD*** *(**forty-one-million-one-hundred-thousand CFA francs,** or **sixty-five-thousands-seven-hundreds US dollars)**.*

- **CMQM participation:** logistics, human resources, hospitalization, care.
- **PHC participation:** operating theatres, human resources, hospitalization, care.
- **Patient participation:** symbolic (your choice).

7.5. Project viability and sustainability

Once the project is completed, *ASHIA* undertakes to :

- Strengthen its social and humanist policy by making specialized surgical care more accessible to patients and the general public.
- Regular communication and health education sessions will be organized in partner hospitals and in the community to familiarize people with the risk factors for disorders of the locomotor system, the importance of prenatal consultations and early detection of congenital malformations, and the current possibilities orthopedic surgery;
- Raise public awareness of the dangers and harmful effects of unconventional or poorly controlled traditional treatments;
- Given that PHC and CMQM are not-for-profit social health structures, the fees applied for the services offered will remain just enough to guarantee their staff's salaries and ensure optimal patient care.

7.6. Project monitoring and evaluation

A project evaluation report will be sent to the various partners via the Internet after 03 months and then 06 months. It will detail the overall evolution of patients operated on, the medium-term impact that the campaign will have had on the hospital's activities, and medium- and long-term forecasts on the need for further campaigns in the future.

7.7. Project visibility

- Banners, posters and flyers will be produced and distributed in and around Yaoundé. Each of them will bear the logo of the partners involved in the project, as well as practical information.
- Local media (radio, press, internet) will be asked to produce reports and articles on the health campaign and its benefits. for the population.
- Finally, regular information will be posted on the partner hospitals' websites and Facebook pages on the activities and achievements of the organizations and other benefactors who have supported the project.

Bibliography

1. United State Census Bureau world population. population of cities in Cameroon. World Population Review 2021. Available at: Population of Cities in Cameroon (2021) (worldpopulationreview.com). Last accessed on March 21, 2021.
2. The Centers for Disease Control and Prevention. CDC in Cameroon. July 2019. Available at: Cameroon factsheet.pdf (cdc.gov). Last accessed on March 15, 2021.
3. Sawe E.B. religious beliefs in Cameroon. WordAtlas 2017. Available at: Religious Beliefs In Cameroon - WorldAtlas. Last accessed on April 01, 2021.
4. Xiaolong Z, Mbajon V. China's foreign aid to Cameroon: perception from non- governmental organizations 2007-2017. Journal of African Foreign Affairs, 2020 (7):49-70.
5. Nde C.J., Raymond A., Saidu Y., Cheng I.N., Nzuobontane D., Atemnkeng T.J., Mbacham F.W. Reaching universal health coverage by 2035: Is Cameroon on track? Universal Journal of Public Health, 2019 (7): 110-117.
6. World Health Organization. Health Analytical Profile 2016 Cameroon. WHO 12June 2017. Available at" Page 1 (reliefweb.int). Last accessed on April 01, 2021.
7. World Bank. 2018. Cameroon Public Expenditure Review: Aligning Public Expenditures with the Goals of Vision 2035.2018. Available at: https://openknowledge.worldbank.org/handle/10986/30979. Last accessed on March 15, 2021.
8. Tinyami Erick Tandi, T.E., Min Cho, Y., Akam J.C., Afoh O.C., Hun Ryu S., Choi, M.S., Kim, H.K., and Choi, W.J. Cameroon public health sector: shortage and inequalities in geographic distribution of health personnel. Int J Equity Health, 2015 (14):43.

Appendices

- *List of targeted pathologies*
- *List of feasible operations*
- *Human resources inventory*
- *Inventory of material resources*
- *Latest campaign reports*
- *Copy of ASHIA's registration receipt*
- *Partnership agreements*

Table 3: Project activities and results

Operational objectives	Expected results	Activities	Production period											
			J	F	M	A	M	J	J	A	S	O	N	D
Objective 1: Organize an orthopedic and traumatological surgery campaign to relieve target populations of their physical handicaps	R1: Preliminary meetings held	A1: Preliminary campaign preparation meetings involving the necessary human resources												
	R2: Feasibility studies completed	A2: Study carried out by Dr Fossoh, assisted by managers from the 02 partner hospitals.												
	R3: Campaign schedule established	A3: Timeline drawn up after discussions with the project's partner hospitals.												
Objective 2: Find partners to support and finance the project	R1: Partners identified and contacted	A1: Search for local or international organizations that can support the project												
	R2: Partnership with donor organizations	A2: Production of a written partnership agreement validated by stakeholders												
	R3: Administrative formalities completed	A3: Information notes for the Ministry of Public Health and the Health District												
Objective 3: Recruit patients eligible for care	R1: Communication and awareness-raising about the campaign has been effective	A1: Development of an awareness and information strategy for the campaign. Production of flyers and digital files for social networks												

Operational objectives	Expected results	Activities	Production period											
			J	F	M	A	M	J	J	A	S	O	N	D
	R2: Potential patients are received and consulted	A2: Reception and selection of patients by mandated teams. Consultation by surgeons involved in the campaign												
	R3: Selected patients are registered and scheduled	A3: Production by the surgeon of an operating schedule, taking into account resources and indications												
Objective 4: Acquire surgical instruments, implants and other consumables needed for the campaign	R1: Available equipment and consumables are inventoried	A1: Acquisition of available materials and sources												
	R2: Unavailable materials and consumables are acquired.	A2: Potential suppliers of materials and implants are contacted and materials are ordered.												
Objective 5: Plan and carry out operations and complete post-operative care	R1: Selected patients are operated on according to the established schedule	A1: Patient operations by surgical team according to schedule												
	R2: Full post-operative follow-up of patients is ensured	A2: Full follow-up of operated patients until full recovery by the surgical team												

Operational objectives	Expected results	Activities	Production period											
			J	F	M	A	M	J	J	A	S	O	N	D
Objective 6: Monitor the campaign and produce reports	R1: Follow-up meetings are held every 2 weeks	A1: Bi-monthly evaluation meeting led by the team												
	R2: A final global project report and evaluation reports are produced every 03 months.	A2: Report writing by the project management team led by Dr. Fossoh												

Table 4: Project budget

Operational objectives	Expected results	Activities	Amount in CFA francs	Amount in USD
Objective 1: Organize an orthopedic and traumatological surgery campaign to relieve target populations of their physical handicaps	R1: Preliminary meetings held	A1: Preliminary campaign preparation meetings involving the necessary human resources	100 000	160
	R2: Feasibility studies carried out	A2: Study conducted by Dr. Fossoh, assisted by the managers of the structures hosting the project	100 000	160
	R3: Campaign schedule established	A3: Timetable drawn up after discussion with key stakeholders	00	00

Operational objectives	Expected results	Activities	Amount in CFA francs	Amount in USD
Objective 2: Find partners to support and finance the project	R1: Partners identified and contacted	A1: Formal contact with regular partners and new organizations that can support the project.	00	00
	R2: Partnership agreements established with existing and potential new partners	A2: Production of a written partnership agreement validated by stakeholders	00	00
	R3: Administrative formalities completed	A3: Information notes for MINSANTE and the Health District	00	00
Objective 3: Recruit patients eligible for care	R1: Communication and awareness-raising about the campaign has been effective	A1: Development of an awareness strategy by hospital staff.	200 000	320
	R2: Potential patients are received and consulted	A2: Reception and selection of patients by the reception department and consultation by surgeons involved in the campaign	200 000	320
	R3: 150 selected patients are registered and planned	A3: Production of an operating schedule by the surgical team, taking into account resources and indications.	00	00
Objective 4: Acquire surgical instruments, implants and other consumables needed for the campaign	R1: Available equipment and consumables are recovered and inventoried (in-kind donations).	A1: Acquisition of available equipment from possible sources (in-kind donations)	100 000	160
	R2: Unavailable materials and consumables are acquired.	A2: Potential suppliers of materials and implants are contacted and materials are ordered.	30 000 000	47 961

Operational objectives	Expected results	Activities	Amount in CFA francs	Amount in USD
Objective 5: Plan and carry out operations and complete post-operative care	**R1: Selected patients are operated on according to schedule**	**A1: Patient operations by surgical team according to schedule**	**10 000 000**	**15 987**
	R2: Full post-operative follow-up of patients is ensured	**A2: Full follow-up of surgical patients until full recovery by the surgical team**	**200 000**	**320**
Objective 6: Monitor campaign and produce reports	**R1: Follow-up meetings are held every 2 weeks**	**A1: Bi-monthly evaluation meeting led by the team**	**100 000**	**160**
	R2: A final overall project report is produced and evaluation reports 03 months	**A2: Report writing by the project management team led by Dr. Fossoh**	**100 000**	**160**
TOTAL PROJECT			**41 100 000**	**65 700**

ASHIA 2025 ORTHOPEDIC SURGERY CAMPAIGN
3rd EDITION
JUNE - JULY 2025

LIST OF TARGETED DISEASES IN CHILDREN

1. Neglected Blount's disease
2. Genu varum
3. Genu Valgus
4. Clubfoot
5. Equine feet
6. Open or closed fractures
7. Chronic osteitis
8. Vicious scars
9. Malunion

LIST OF TARGETED ADULT DISEASES

1. Open or closed fractures
2. Malunion
3. Pseudarthrosis
4. Genu varum or valgum
5. Chronic ulcers
6. Vicious scars
7. Carpal tunnel syndrome
8. Protruding fingers
9. Sciatic paralysis with foot drop
10. Neglected chronic dislocations
11. Shoulder or knee instability
12. Coxarthrosis
13. Lumbar spinal stenosis and narrow lumbar canal
14. Herniated lumbar discs with neurological damage

Design and Project Management

Dr FOSSOH FONKWE HERMANN
Orthopedic surgeon
hffossoh@yahoo.fr

ASHIA 2025 ORTHOPEDIC SURGERY CAMPAIGN
3rd EDITION
JUNE - JULY 2025

LIST OF PLANNED SURGICAL PROCEDURES

1. Corrective osteotomies
2. Osteosynthesis
3. External fixers
4. Skin grafts
5. Plastic surgery - Z-plasty
6. Clubfoot corrections
7. Limb deformity correction
8. Tendon transfers and elongations
9. Carpal tunnel decompression surgery
10. Release of decompensated projecting fingers
11. Spine surgery, laminectomy, discectomies with or without fixation
12. Total hip replacement

Design and Project Management
Dr FOSSOH FONKWE HERMANN
Orthopedic surgeon
hffossoh@yahoo.fr

ASHIA 2025 ORTHOPEDIC SURGERY CAMPAIGN
3rd EDITION
JUNE - JULY 2025

AVAILABLE HUMAN RESOURCES

1. 04 LOCAL ORTHOPEDIC SURGEONS
2. 04 INTERNATIONAL ORTHOPEDIC SURGEONS (Agreement of principle)
3. 03 ANESTHETISTS
4. 02 OPERATING ROOM NURSES
5. 10 SPECIALIZED NURSES
6. 10 CARE ASSISTANTS
7. 01 STOCK MANAGER
8. ALL HUMAN RESOURCES OF PARTNER HOSPITALS AS NEEDED.

TECHNICAL PLATFORM AVAILABLE

1. 03 OPERATING THEATRES
2. O2 ANESTHESIA
3. REUSABLE DRAPE SETS
4. RESUSCITATION DEVICE
5. VACUUM DEVICE
6. 03 OSTEOSYNTHESIS ANCILLARIES
7. TOTAL CAPACITY OF 40 BEDS
8. 02 LABORATORIES EQUIPPED FOR PRE-OPERATORY TESTING
9. 01 MEDICAL IMAGING

Design and Project Management
Dr FOSSOH FONKWE HERMANN
Orthopedic surgeon
hffossoh@yahoo.fr

ASHIA 2025 ORTHOPEDIC SURGERY CAMPAIGN
3rd EDITION
JUNE - JULY 2025

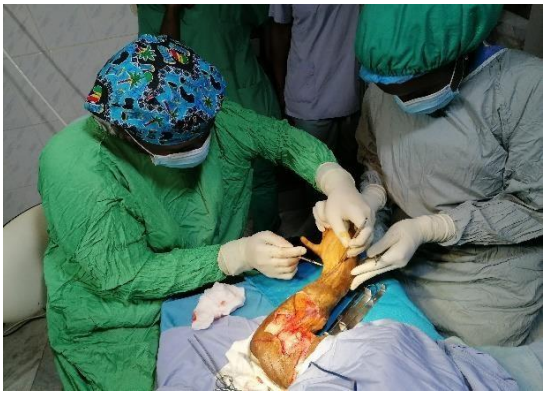
MATERIAL RESOURCES TO BE ACQUIRED (donations or purchases)

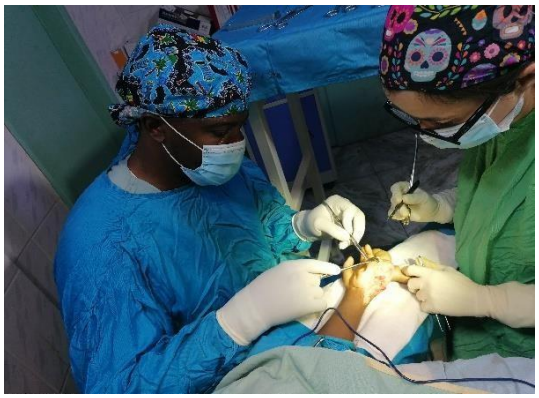
1. Laboratory reagents and consumables
2. Reagents and consumables for radiology
3. Single-use surgical drapes
4. Consumables for disinfecting and cleaning operating theatres
5. Surgical drums
6. Non-sterile and sterile helmets
7. Anesthesia and resuscitation drugs
8. Medication (antibiotics, painkillers, anticoagulants, solutions, etc.)
9. Various consumables (gloves, gauze, hemostatic gauzes, sutures, syringes, alcohol…)
10. Supplements for various surgical forceps
11. Splints, orthoses, crutches, walkers, plaster bands, lumbar belts...
12. Orthopedic implants (pins, screws, plates, nails, pedicle screws, cerclage wires, etc.)
13. Hip prostheses

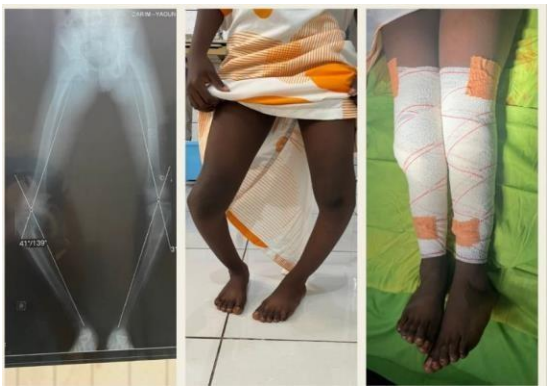
Design and Project Management
Dr FOSSOH FONKWE HERMANN
Orthopedic surgeon
hffossoh@yahoo.fr

FINAL REPORT OF THE 1st EDITION OF THE SURGERY CAMPAIGN FROM JUNE 01 TO JULY 15, 2021

- Campaign organized by: Dr FOSSOH HERMANN
- Location: CENTRE HOSPITALIER NICHOLAS BARRE d'Ekounou, Yaoundé
- Partner NGOs: VER AFRICA and ZERCA Y LEJOS - Spain.
- Nearly 1,200 case submissions from 10 regions and 212 selected patients
- 185 patients operated between 01st June 2021 to 15th July 2021
- Total budget:46,750,000 FCFA (forty-six million-seven-hundred-and-fifty-francs CFA), or 74740 USD.







FINAL REPORT OF THE 2th EDITION OF THE SURGERY CAMPAIGN FROM JUNE 01 TO JULY 15, 2023

- Campaign organized by: Dr FOSSOH HERMANN
- Location: QUEEN MARY MEDICAL CENTER in partnership with PRESBYTERIAN HEALTH COMPLEX, Yaoundé
- Other partners :
    - NGO Zerca y lejos - Spain
    - Asociacion Ver Africa: Spain
    - Pharmacie de l'Espérance - Cameroon
    - CREDIME medical imaging center - Cameroon
    - Laboratoire SION / Yaoundé - Cameroon
    - FERRER Laboratory / Yaoundé - Cameroon
    - GHPL Laboratory / Yaoundé - Cameroon
    - Laboratoire DENK / Yaoundé - Cameroon
    - Laboratoire Galpha / Yaoundé - Cameroon
- Nearly 700 case submissions from 10 regions and 125 selected patients
- 110 patients operated between 01st June 2023 and 15th July 2023
- Total budget: 30,000,000 FCFA (thirty-millions CFA francs) or 47960 USD.