THE IYA FOUNDATION
PROMOTING KIDNEY DISEASE AWARENESS AND ORGAN DONATION

REPORT

FREE COMMUNITY HEALTH FAIR THAT BENEFITTED THE PEOPLE OF NKOLBEGA, NKOL MENDOUGA, MVA, EKA MBITOMB, NGOABASI IN THE DISTRICT OF OKOLA

JANUARY 31ST TO FEBRUARY 4TH 2020

THE IYA FOUNDATION IN PARTNERSHIP WITH AWUDOU INDUSTRY SARL AND THE MINISTRY OF PUBLIC HEALTH

IYA BEKONDO-GRANATELLA INFO@THEIYAFOUNDATION.ORG WWW.THEIYAFOUNDATION.ORG

EXECUTIVE SUMMARY

THIS REPORT PRESENTS THE MAIN FINDINGS OF THE COMMUNITY HEALTH SCREENING CAMPAIGN THAT TOOK PLACE IN THE DISTRICT OF OKOLA AND ITS NEIGHBORING VILLAGES FROM JANUARY 31ST TO FEBRUARY 4TH.

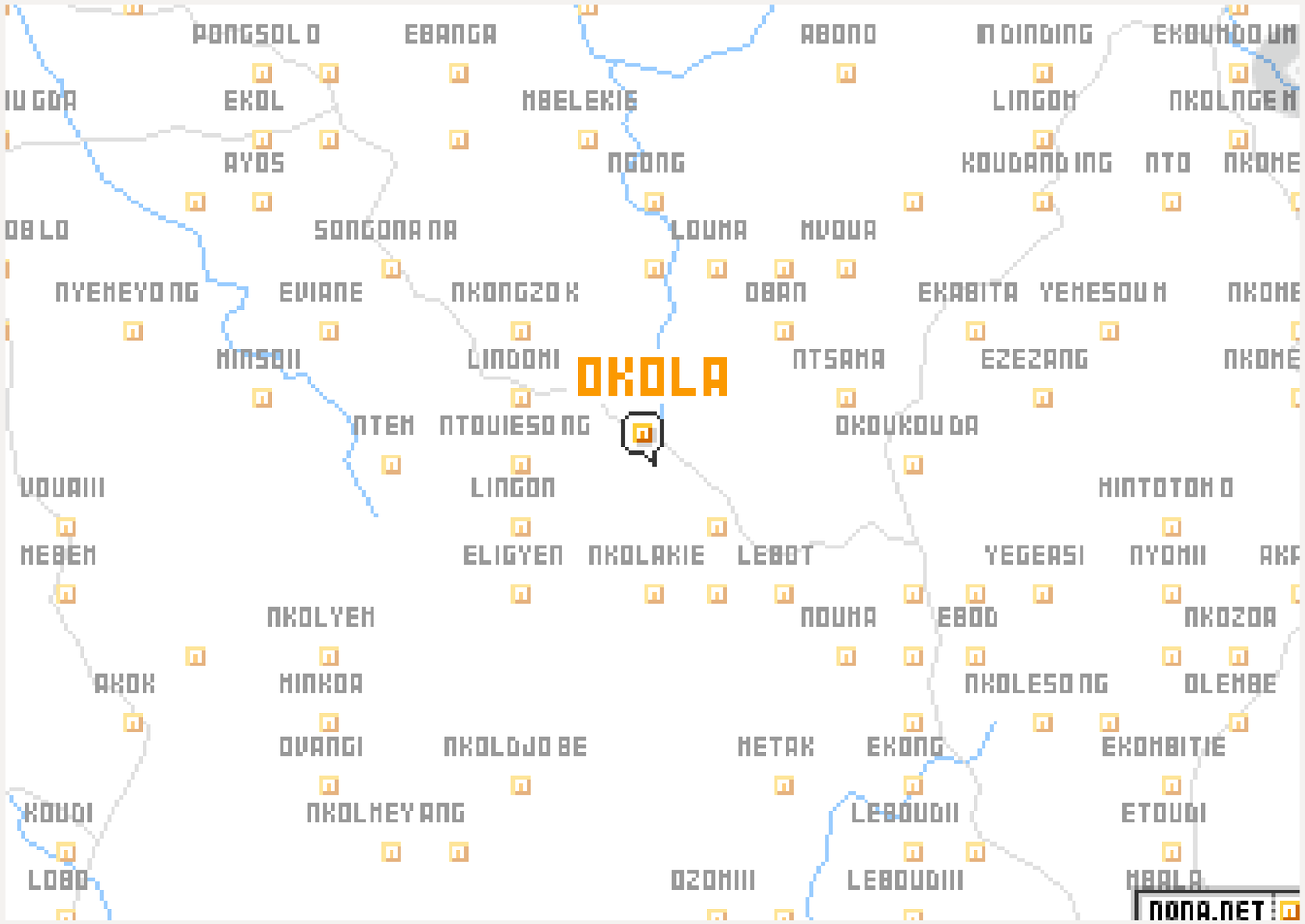
OKOLA

OKOLA IS A TOWN AND COMMUNE IN CAMEROON WITH A POPULATION OF AROUND 5,390. IT IS LOCATED 40 KILOMETRES FROM THE CAPITAL YAOUNDÉ, SITTING AT AN ELEVATION OF 689 METRES

NKOL MENDOUGA
JAN 31

NKOLBEGA
FEB 1

NKOLBEGA IS NEXT TO ÉKABITA AND IS LOCATED IN CENTRE REGION, CAMEROON



MVA
FEB 2

NGOABASI
FEB 3

EKA MBITOM
FEB 4

THE IYA FOUNDATION INC

THE IYA FOUNDATION IS A U.S REGISTERED 501C3 NON PROFIT ORGANIZATION WITH A REGISTERED BRANCH IN CAMEROON. THE MAIN GOAL OF THE ORGANIZATION IS TO IMPROVE PUBLIC ACCESS TO HOLISTIC WELLNESS AND QUALITY RENAL HEALTH SERVICES FOR ALL. THE ORGANIZATION FOCUSES ON INCREASING PREVENTION AND EARLY DETECTION OF CKD AND ITS RELATED DISEASES LIKE DIABETES, HYPERTENSION, LUPUS, THROUGH COMMUNITY HEALTH EDUCATION AND AWARENESS.

AWUDOU INDUSTRY SARL

AWUDOU INDUSTRY SARL

MINSANTE
Ministère de la Santé Publique

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ATS SARL
Awudou Industry Sarl
Etudes et Réalisation des Projets en Electricité Générale Maintenance Industrielle
Génie civil - Plomberie Industrielle - Froid et Climatisation
Représentation STRIPE GRES - Représentation TURBO PIPE - Représentation SAHRA KABILO -Représentation BORSAN Livraison des carreaux et tuyaux marque Italienne en gros , livraison des cables (BT, MT sous terrain et aérien) de marque TURC SAHRA KABILO en gros
Travaux public (routes - batiments) Electricité rurale - Environnement .

PROBLEM STATEMENT

THE INCREASE PREVALENCE OF CKD IN CAMEROON HAS BECOME ONE OF THE GREATEST PUBLIC HEALTH BURDENS. THIS INCREASE PREVALENCE HAS MADE THE HEMODIALYSIS CENTERS IN THE COUNTRY TO BECOME INSUFFICIENT IN MEETING THE NEEDS OF CLIENTS WITH RENAL FAILURE THUS LEADING TO A POOR PROGNOSIS OF CKD AS THERE IS AN INCREASE MORTALITY RATE FROM CKD. THIS PREVENTABLE CHRONIC CONDITION HAS GAINED ITS ROOTS BECAUSE MANY ARE UNAWARE OF IT AND ARE NOT INVOLVED IN EARLY SCREENINGS CONSEQUENTLY LEADING TO A MAJORITY OF PATIENTS ONLY GETTING DIAGNOSED WHEN THE DISEASE IS ALREADY AT ITS CRITICAL STAGES. THERE IS NOT ENOUGH DIALYSIS CLINICS IN THE COUNTRY TO CATER TO THE INCREASING NUMBER OF KIDNEY FAILURE PATIENTS, CAUSING AN INFLUX AND OVERCROWDING OF THE EXISTING CLINICS. A SITUATION WHICH CAUSES OUT-OF-STATE PATIENTS FROM AFAR TO OFTEN USE THE CLINICS FOR ACCOMMODATION.

UNIVERSAL HEALTH COVERAGE

IN LINE WITH THE WORLD HEALTH ORGANIZATION AND THE REPUBLIC OF CAMEROON THROUGH THE MINISTRY OF PUBLIC HEALTH, THIS COMMUNITY HEALTH FAIR IS AN EFFORT BY ALL PARTICIPATING PARTIES MENTIONED ABOVE TO PROVIDE ACCESS TO QUALITY HEALTH CARE TO THE PEOPLE OF OKOLA, NKOLBEGA, AND NKOMEDOUGA.

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World Health Organization

BACKGROUND

CHRONIC KIDNEY DISEASE (CKD) IS DEFINED AS ABNORMALITIES OF THE KIDNEY STRUCTURE OR FUNCTION PRESENT FOR >3 MONTHS WITH IMPLICATION FOR HEALTH . BETWEEN 2010 AND 2018 KIDNEY DISEASE RAPIDLY CLIMBED THE LADDER FROM BEING 18TH CAUSE OF GLOBAL DEATH TO THE 12TH POSITION WITH POOREST POPULATIONS BEING AT HIGH RISK .

EARLY IDENTIFICATION AND TREATMENT OF CKD WILL REDUCE THE ASSOCIATED MORBIDITY, MORTALITY, AND THE SIGNIFICANT ECONOMIC AND PUBLIC HEALTH BURDEN.

THERE IS A NEED FOR A SHIFT FROM EXPENSIVE HOSPITAL-BASED INTERVENTION TO A LESS EXPENSIVE APPROACH BECAUSE THE HEALTH BENEFITS AND ECONOMIC VALUE OF PREVENTION ARE GREATEST, ESPECIALLY, WHEN IMPLEMENTED AT THE EARLIEST OPPORTUNITY. AND SINCE LIFESTYLE AND ENVIRONMENTAL FACTORS INFLUENCE THE MAJOR RISK FACTORS OF CKD, POPULATION-BASED PREVENTIVE STRATEGIES APPEAR THE CHEAPEST AND BEST SOLUTION.

CREATING AWARENESS ABOUT HEALTH RISK IMPROVES HEALTH BEHAVIOR, DRIVES THE DETERMINANTS OF HEALTH AND IMPACTS POSITIVELY ON EFFECTIVE MANAGEMENT OF KIDNEY DISEASE.

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Travaux public (routes - batiments) Electricité rurale - Environnement .

BACKGROUND

THE PREVALENCE OF CKD IN HYPERTENSIVE PATIENTS IS KNOWN TO BE HIGH RANGING FROM 11.2% TO 82.6%, (WHO,CAMEROON REPORT 2018) BUT DATA AVAILABLE ARE SCARCE ABOUT THE PREVALENCE OF CKD IN THOSE WITH NEWLY DIAGNOSED HYPERTENSION. NATIONALLY, CKD CLAIMED THE LIVES OF 3125 CAMEROONIANS IN 2018 [16].

RISK FACTORS SUCH AS DIABETES, HYPERTENSION, INCLUDING HIV AND ASSOCIATED RISK LIKE OBESITY POTENTIALLY EXPOSES THE PATIENTS TO CKD THEREFORE CONTROLLING THEM COULD MAKE QUANTUM LEAP IN FIGHTING CKD AND ESRD IN OUR SOCIETY.

THIS CAMPAIGN WAS THE FIRST OF ITS KIND AND WAS ORGANIZED TO PROVIDE A WHOLESOME HEALTH SERVICES TO THE PEOPLE WITHIN 5 COMMUNITIES. THIS WAS CONDUCTED BY THE IYA FOUNDATION (TIF) TO: RAISE AWARENESS ON KIDNEY HEALTH AND DISEASES, TO PROVIDE FOR FREE SCREENING THAT ENABLED DETECTION OF POTENTIAL MODIFIABLE RISK FACTORS TO CKD MAINLY HYPERTENSION, DIABETES AND ASSOCIATED RISK; OBESITY, EARLY DIAGNOSIS OF CKD (MODERATE OR SEVERE PROTEINURIA) IN ORDER TO REDUCE COMPLICATIONS OR SLOW PROGRESS TO END STAGE RENAL DISEASE (ESRD), TO PROVIDE FREE CONSULTATION TO ALL DISEASES AND TO PROVIDE MEDICATIONS TO THOSE IN NEED.

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PROJECTED LONG TERM OUTCOME

- INCREASE AWARENESS AND EARLY DETECTION
- DECREASE IN THE PREVALENCE AND INCIDENCE OF CKD
- DECREASE MORTALITY RATE FROM CKD
- DECREASE IN THE PROGRESSION OF CKD FROM STAGES I AND II TO STAGES III TO V
- ADDITION TO CAMEROON'S DATA ON CKD AND ESRD

SPECIFIC CAMPAIGN OBJECTIVES

EPIDEMIOLOGIC

- Conduct free screening: Hypertension, Diabetes Mellitus, Obesity, Kidney Function, Vision
- To establish an epidemiological profile of Chronic Kidney Disease and its comorbidities - hypertension, diabetes, and obesity in all participating regions that will add to the nation's public health database on non-communicable diseases

SPECIFIC CAMPAIGN OBJECTIVES

CLINICAL

- Offer free consultations in general medicine and specialized consultations in internal medicine, and vision
- FREE screening for diabetes, hypertension, kidney function
- Provide FREE Medications for diabetes, hypertension, pain,
- Provide FREE prescription glasses for better vision
- Health education on CKD and its commorbidities
- Counseling on lifestyle modification to prevent and/or better manage chronic conditions
- Refer patients with severe condition to the relevant health structure or specialist

SPECIFIC CAMPAIGN OBJECTIVES

RESEARCH

- To know the sociodemographic of participants as these factors could influence health seeking behaviours
- To assess participant's knowledge on risk factors to chronic kidney disease (CKD) and knowledge on preventive measures to combat the various risk factors.
- To identify proportion of the participants who already have risk factors to chronic kidney disease.

EDUCATIVE:

- To inform participants on the risk factors to chronic kidney disease.
- To educate participants on the importance of the kidney to the body and on early symptoms of kidney failure.
- To sensitize on preventive measures to combat the various risk factors of chronic kidney disease in the Buea and Limbe community.

DIAGNOSTIC:

- To newly diagnose high risk patients for kidney disease.
- To provide early detection of Kidney failure.

Management: certain conditions were managed on the spot while others were done through referral and follow-up to the nearest reference hospitals in Yaounde.

METHODOLOGY

DESIGN

Our study design drew on descriptive study phenomenology. Qualitative data collection methods included pre assessment questions to draw information on sociodemographic, background, awareness and knowledge about CKD from 592 participants. This was done by an offline survey method through an excel sheet that allowed for direct data analysis. Quantitative data collection included anthropometric measurements, clinical variables which was done through excel sheets.

STUDY PARTICIPANTS AND SAMPLE:
Five villages were randomly selected within the Central region of Cameroon in the District of Okola. Participants were involved in the screening as they demonstrated availability.

FIELD WORK:
Achievement of the screening campaign on the field required recruitment of 14 selected volunteers (6 Medical Doctors, 4 Nurses, 2 Lab Technicians, and 2 Nurses Assistants) in collaboration with TIF Inc Staff. Responsibilities was shared among volunteers as they were grouped into slots to fulfill their different duties.

The exercise had 6 main phases: pre assessment phase, screening phase, consultation phase, counselling and sensitization phase, pharmacy phase and data collection.

METHODOLOGY

DESIGN

1. PRE ASSESSMENT PHASE:
This phase made the research component of the campaign by providing questionnaires aimed at getting patients demographics, identifying proportion of the participants who already have Association predisposing risk factors and assessing participant's knowledge on risk factors to chronic kidney disease and knowledge on preventive measures to combat the various risk factors.

2. SENSITIZATION PHASE:
It met the educative goal of the campaign by using portable posters with messages and giving health talks to educate participants on the risk factors to chronic kidney disease, importance of the kidney to the body and highlighting of early symptoms of kidney failure.

3. CONSULTATION PHASE:
Participants were given numbers and they were called for consulting following hierarchy of the numbers. This phase enabled general consultation but allowed for the diagnostic purpose of the campaign by establishing diagnosis of potentials predisposing conditions (hypertension and diabetes) to kidney failure and making new diagnosis of risk to chronic kidney disease form level of proteinuria.

METHODOLOGY

DESIGN

4. COUNSELING PHASE:
This phase followed the consultation phase and counseling was individualized based on the individual's test results. It helped in promoting good health seeking behaviors as a measure of control or prevention of the potential risk factors screened for. This phase also facilitated management of the newly diagnosed patient by referral and follow-up to nearest reference hospitals in Yaounde.

5. PHARMACY PHASE:
Dispensing of drugs.

6. DATA COLLECTION
Pre prepared forms were created for data input through out all the phases of the campaign from pre assessment to counseling. In phase 6, responsibilities was shared among 2 volunteers to fulfill data entry for the entire screening process per individual. Criteria of selection was based on their clear endeavor to participate, ability to perform defined tasks and their full availability to engage throughout the program. Rehearsal were also done 2 hours prior to the start of the activity to ensure all volunteers had good mastering of their duties.

METHODOLOGY

SLOTS

Slot 1:
A Preassessment was done through a printed script, to assess basic demographic mainly sex and age, background of the participant; documented or known history of hypertension, diabetes, awareness and knowledge about CKD risk factors and ways to modify or avoid them. This was done by “true or false questions” and “yes or no questions” and percentage of the responses could be categorized into 2 groups: high risk(presence of diabetes or hypertension) or low risk(absence of diabetes or hypertension) and aware (good knowledge of risk factors and ways to modify them) or unaware (absence of good knowledge of risk factors and ways to modif them).

Slot 2:
A portable stadiometer and a mechanical beam scale were used to measure the height and the weight then a BMI was calculated and recorded. Recordings were categorized into underweight (<18.5), healthy (18.5-24.9), overweight (25-24.9), Obese (>30). Blood pressure (BP) was also measured with an automated BP machine and recording were classified into hypotension: normotension (≤120/80), hypertension grade 1 (140-159/90-99), hypertension grade 2 (≥160/≥100, hypertension grade 3 (≥180/≥110). Results were noted in an individualized screening card with patient’s name and findings were entered in a machine encoded with
patient’s initials.

METHODOLOGY

SLOTS

Slot 3:
Glucometer and test strips were used to measure individual's blood sugar level and value recorded as fasting blood sugar or random blood sugar and classified as hyperglycemia for fasting blood sugar(FBS): >200mg/dl and/or random blood sugar(RBS): 70-125mg/dl Urine dipsticks and 2h urine collected in a plastic cup and analyzed mainly for proteinuria, glucosuria and also ketonuria, leucocyturia. Results were noted in an individualized screening card with patient's name and findings were entered in a machine encoded with patient's initials.

Slot 4:
Counseling was done on an individual basis. Patients were encouraged to take on good diet habits and good social attitudes as a lifestyle modification measure to control in addition to any prescribed meds. The poor parameters (elevated BP; high BMI, elevated RBS or FBS) and/or to keep up with good parameters. Patients newly diagnosed were counseled about the risk of the high values predicting chronic condition (be it diabetes or hypertension or kidney failure) and referred to nearby hospitals for management and follow up.

Slot 5
Dispensing of drugs and eye glasses as needed

DATA ANALYSIS

For entry of quantitative data including body mass index, blood pressure, blood sugar level, proteinuria, glucosuria and also ketonuria, leucocyturia, patients name was encoded with name initials and findings were recorded and interpreted collectively via interferential statistical methods on excel sheets. This enabled to determine percentage of the participants screened positive or negative for the potential risk factors to chronic kidney disease (CKD). The smartness of the application allowed for easy manipulation of the data and ensuring data validity and no loss of the information in the process.

ETHICAL CONSIDERATION

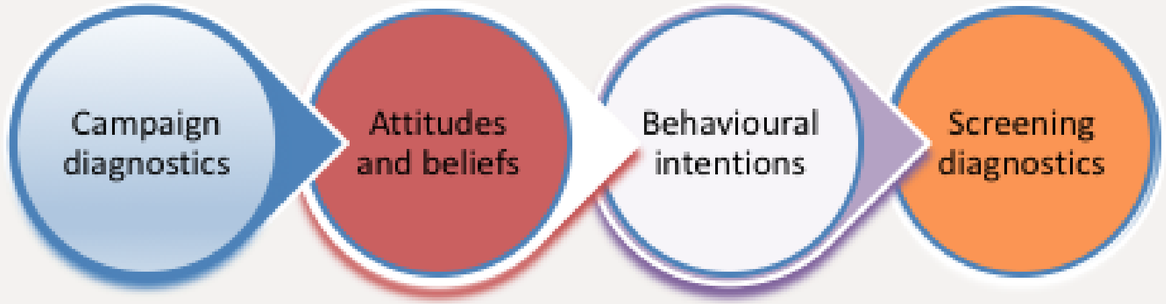
An introduction of the screening campaign team was done by the Iya foundation. A detailed description of the screening campaign run outs was given with its objectives and implications. The various administrative heads of Okola District were seen involving the Senior divisional officer, the Divisional officer and the District Medical Officer. A verbal informed consent was taken from all participants before collection and processing of data, with volunteers and participants as witnesses. Confidentiality was ensured using code numbers rather names during filling of questionnaires and using patient's initials during entry of findings from screening tests. All tests were free for all participants as a compensation to their participation in the screening.

NOTES FOR THIS REPORT

This report is a compendium of the activities performed before, during and after the screening campaign including the research implication of the campaign. Activities performed before this campaign are presented under the session “campaign elements” and activities performed during and after the campaign including research implications are presented under the session “Methodology”. Both ultimately contributed to the success of the campaign and its report.

FINDINGS

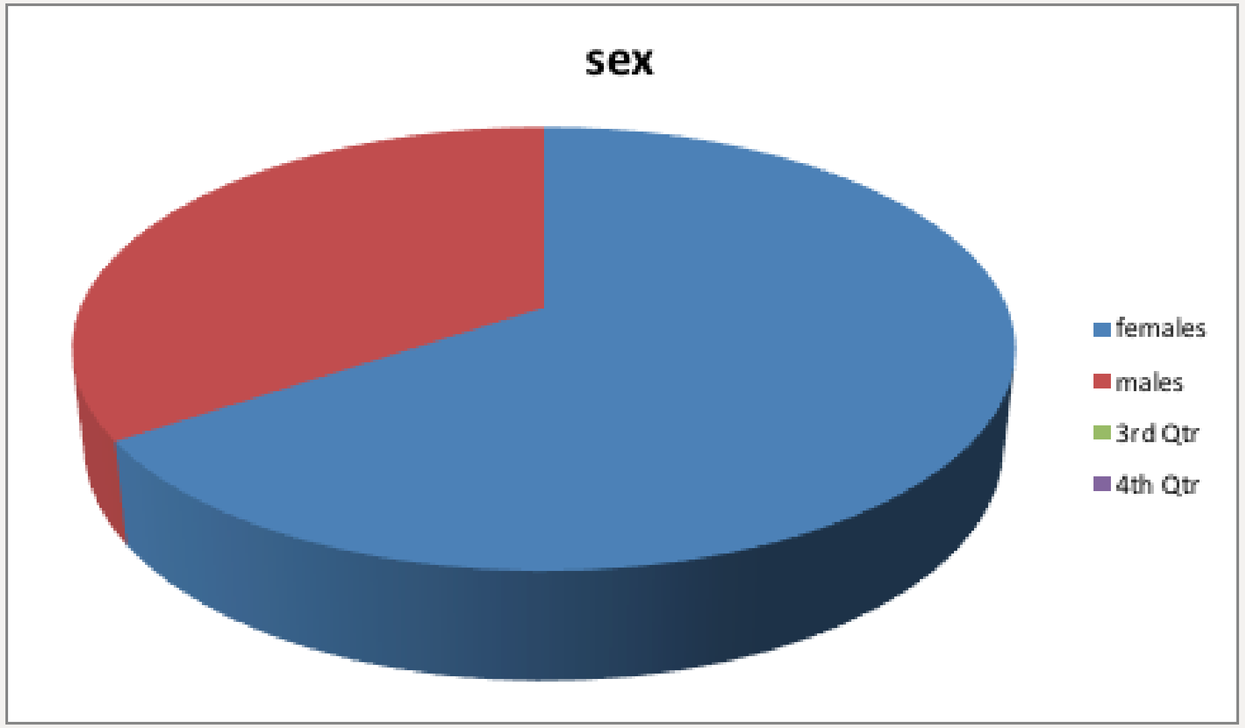
This report presents the main finding of this screening campaign among participants from 5 villages; Mva, Ngoabasi, Nkolbega, Nkolmedouga and Eka-mbitom, conducted from January 31st to February 4th 2020.
The overarching objective of this campaign was to focus on 4 key areas



CAMPAIGN DIAGNOSTICS

CAMPAIGN DIAGNOSTICS SOCIODEMOGRAPHIC OF PARTICIPANTS

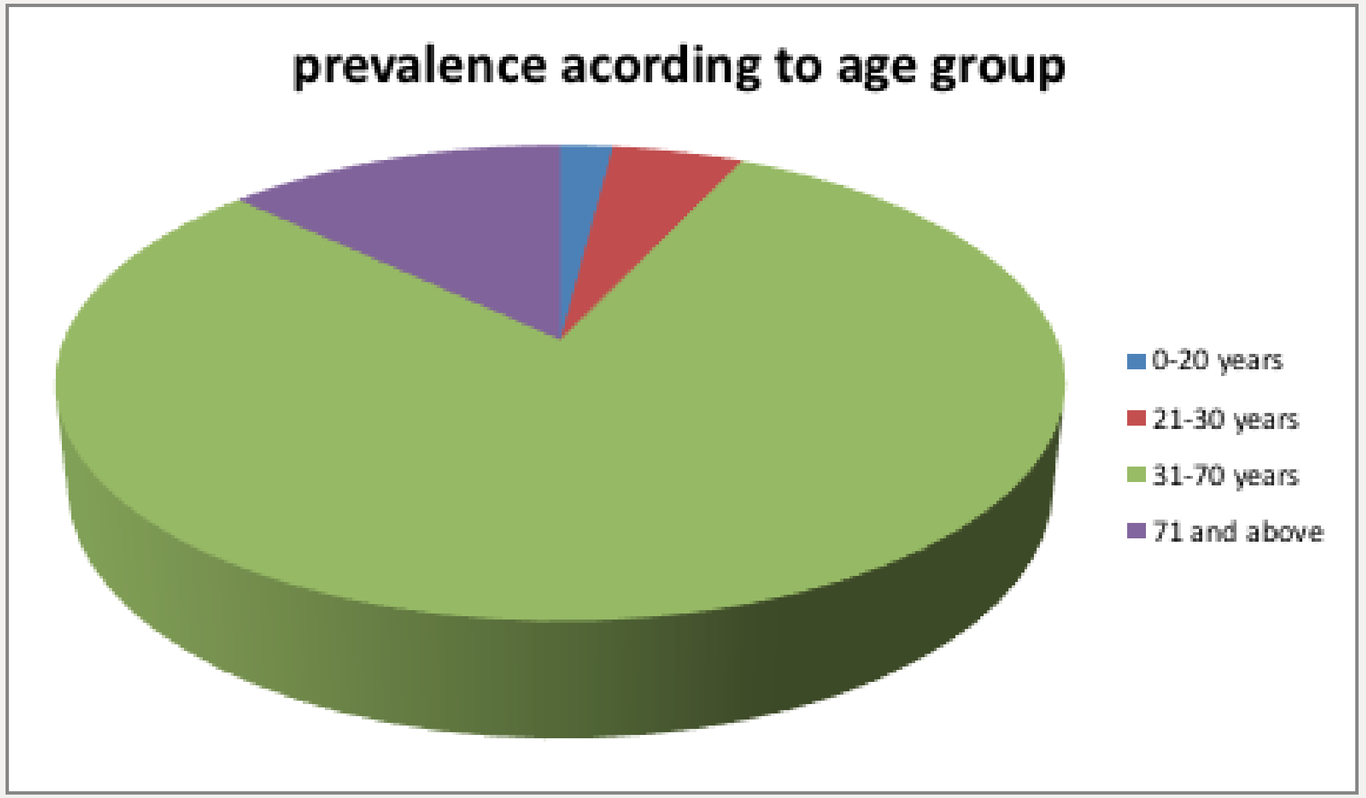
SEX: it was the one of the available sociodemographic index obtained from participants.
Of the 592 participants, 388 were females (65.54%) and 204(34.46) were males as seen on the diagram below.



CAMPAIGN DIAGNOSTICS

CAMPAIGN DIAGNOSTICS SOCIODEMOGRAPHIC OF PARTICIPANTS

Age: The age of the respondents were gotten from the demographic data sheet. It was noticed that the risk factors for chronic kidney disease were more frequent in the older age groups With the age group 40-70 years being the most affected.



CAMPAIGN DIAGNOSTICS

PREVALENCE OF RISK FACTORS TO CKD AMONG PARTICIPANTS

Of 592 the participants, 97(16.4%) were diagnosed of hypertention. Among these 97 cases,26 were newly diagnosed cases.114(19.3%) were diagnosed for pre-hypertension while 8(1.4%) were diagnosed with hypertensive crisis with great risk for stroke.

Urinalysis were performed on clients. Results showed that 98 (16.6%) clients were diagnosed of mild proteinurea while 18(3.6%) were diagnosed for moderate proteinurea. A single case was diagnosed for macroalbuminurea.

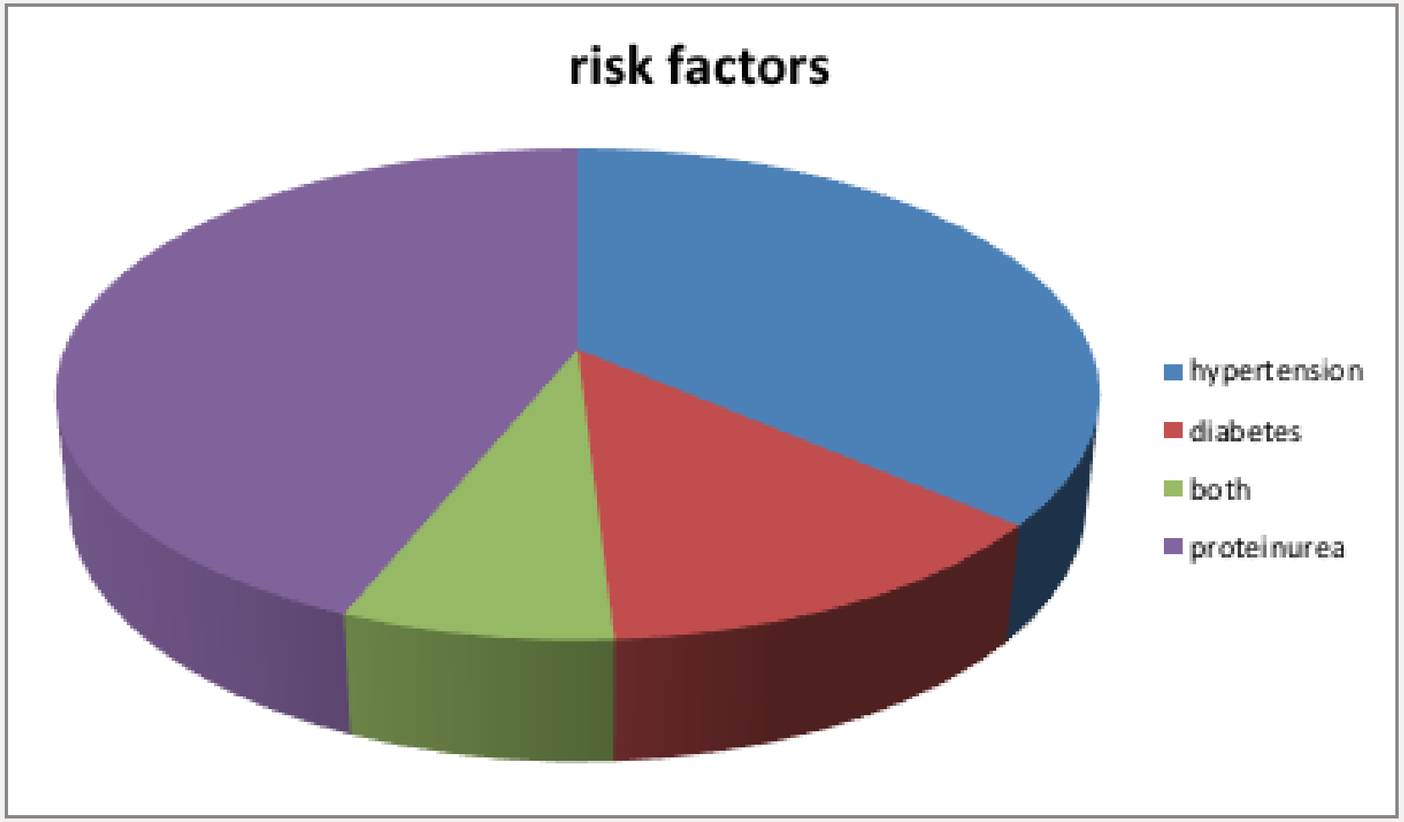
Blood sugar was another parameter tested. Test results revealed that of the 592 individuals tested, 34 cases(5.7) tested positive for diabetes with 9 being newly diagnosed cases. 65(10.9%) tested positive for prediabetes with an increase risk of being diabetic if caution is not taking. A total of 19(3.2%) of the clients had two risk factors for kidney disease(diabetes and hypertension).

A single case of renal failure was diagnosed being a child of 3 years of age. The child was suspected for nephrotic syndrome and the parents were quickly given money and referred to Fondation Chantal Biya.

The following chart shows proportion of the participants who already have potential risk factors mainly hypertensi or diabetes or both to chronic kidney disease.

CAMPAIGN DIAGNOSTICS

PREVALENCE OF RISK FACTORS TO CKD AMONG PARTICIPANTS



ATTITUDES AND BELIEFS

Screening campaign contribute to a positive belief that CKD can be prevented by early detection and control of the potential risk factors.

Of the 192 participants we had 171 responses, 170 of them (99.4%) gave positive response to screening campaign as a positive step in preventing CKD in our society. The 21 participants left outs for this question could still be an error linked the same reasons as the other left outs.

BEHAVIORAL INTENTIONS

Effectiveness of TIF screening campaign in increasing the number of persons involving in positive health behaviors:

Of the 592 participants, we had 587 responses, 562 of them (95.7%) have never participated in a screening campaign before and 25of them (5.3%) have participated in a screening campaign before. This implied that this campaign had a net result of 80% positive influence in promoting health seeking behaviors among participants representing sample of target population in these communities.

SCREENING DIAGNOSTICS

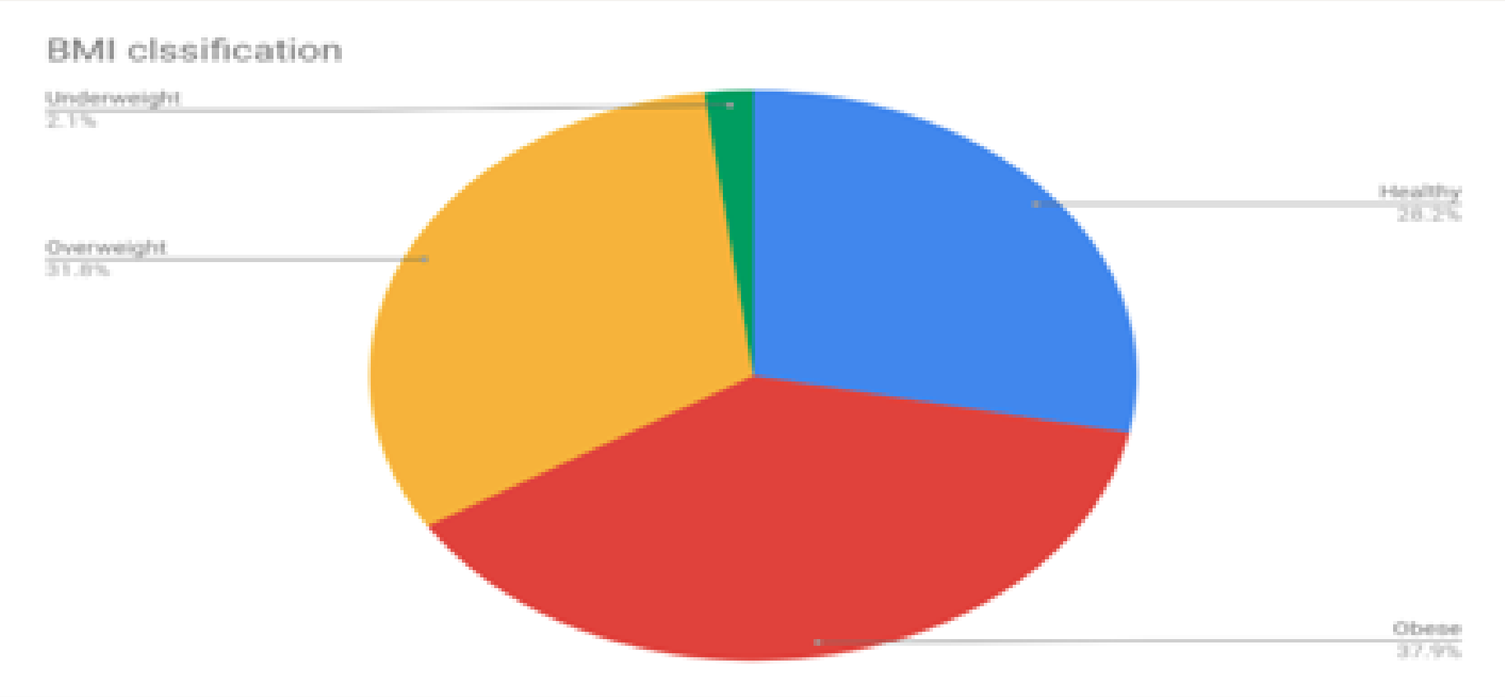
Total number of individuals screened was 592 out of 595 participants, constituting 99.5% of the target population. 3 participants dropped out probably due to impatience and the long waiting time before screening. Screening determined proportions of the participants with diagnosis of obesity, diabetes, hypertension and markedly increased albuminuria.

Results showing proportion of participants who were diagnosed for screened risk factors to chronic kidney disease which included obesity, diabetes, hypertension, proteinuria is as follows:

SCREENING DIAGNOSTICS

RISK FACTOR 1: OBESITY

Of the participants screened, 74 were obese implying that a good number of the participants was noted for obesity, a well-known associated risk factor to CKD.



SCREENING DIAGNOSTICS

RISK FACTOR 1: DIABETES

Of the participants screened, 34 were positive for hyperglycemia. It is well noted that 9 of these cases were newly diagnosed cases. Patients who were positive were counseled on the importance of being compliant to treatment and encouraged to go for follow-up appointment.

RISK FACTOR 3: HYPERTENSION

Of the participants screened, 105 were positive for hypertension. 90 of them were diagnosed with grade 1 hypertension , 7 of them had grade 2 hypertension , 8 of them had grade 3 hypertension. 79 out of these 105 were already known for hypertension and on treatment, so were counseled to be more compliant to treatment and to go for follow up appointments. **These results probably implied that: out of the 105 positives, 79 of them with a known history of hypertension had poorly controlled blood pressure and the remaining 26 had well newly diagnosed with hypertension. These patients were referred for confirmation of results and proper management.**

RISK FACTOR 4: MACRO ALBUMINURIA

Of the participants screened, 117 were positive for macroalbuminuria; 98 of them had severely increased albuminuria (3.6%) and 18 of them had moderately albuminuria.There was a single case for severe albuminuria.

DISCUSSION AND CONCLUSION

COMMENTS ON FINDINGS

From the findings it revealed that very few people cultivate positive health habits by going for routine checkup. Additionally there is a gross gap between those in the cities and those in the rural areas as those in the rural areas demonstrated great ignorance on CKD and its causes as well as they didn't even know of the risk factors. Majority of the clients had poorly managed diabetes and hypertension. **This campaign reveals that the population is at great risk for risk factors of CKD and CKD itself.**

EVALUATION AND RECOMMENDATIONS

COMMENTS ON FINDINGS

From the findings of this campaign we thereby make the following recommendation:

1. There is need for the health facilities in the villages to be equipped and revamped
2. There is need for REGULAR community screenings to promote health
3. The district medical officer should design a program for community sensitization on NCDs and infectious diseases.

PHARMACEUTICAL PRODUCTS

THE MONETARY VALUE OF THE PHARMACEUTICAL PRODUCTS FROM AMERICARES USED IN THIS CAMPAIGN IS **$175,559.87 (98,313,527.2 FRS CFA)**

Item	Description	Units Per Case	Cases	Weight
00378-7100-77	FENOFIBRATE 54MG FC TABLET 90`S, USP	24	2	5
00378-7100-77	FENOFIBRATE 54MG FC TABLET 90`S, USP	24	3	9
00378-8130-45	5% DOXEPIN HYDROCHLORIDE TOPICAL CREAM 45GM, USP	24	1	4
49884-0228-09	EZETIMIBE 10MG TABLET 90`S, USP	144	5	84
50580-0833-01	APAP 1000MG/DIPHENHYDRAMINE HCL 50MG ORAL SUSP 240	30	1	22
51079-0753-20	SUCRALFATE 1GM TABLET 100`S, USP	10	5	26
53746-0218-01	METFORMIN HYDROCHLORIDE 500MG FC TABLET 100`S, USP	24	1	5
53746-0219-05	METFORMIN HYDROCHLORIDE 850MG TABLET 500`S, USP	12	4	72
60505-0146-00	OMEPRAZOLE 40MG EC DR CAPSULE 30`S, USP	72	5	44
64896-0669-30	MEBENDAZOLE 100MG CHEWABLE TABLET 1`S, USP	64	7	11
68382-0336-01	GLIPIZIDE 5MG FC ER TABLET 100`S, USP	24	3	9
M-GLASSES-1.50	ASSORTED GLASSES RV. ORG +1.50	90	1	8
	Total		38	300

ADDITIONAL DRUGS, MEDICAL DEVICES SUCH AS BLOOD PRESSURE APPARATUS, BLOOD SUGAR TESTING KIT, SCALE, AND OTHER CLINICAL SUPPLIES ARE PROVIDED BY THE IYA FOUNDATION.

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SPONSORS

THIS COMMUNITY HEALTH FAIR IS MADE POSSIBLE THROUGH THE SPONSORSHIP OF AWUDOU INDUSTRY SARL AND AMERICARES IN PARTNERSHIP WITH THE IYA FOUNDATION AND THE CAMEROON MINISTRY OF PUBLIC HEALTH

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THE IYA FOUNDATION
PROMOTING KIDNEY DISEASE AWARENESS AND ORGAN DONATION

EVENTS

JANUARY 25TH - 26TH	JANUARY 27TH	FEBRUARY 1ST - 2ND
OKOLA Maison de la Femme	NKOMEDOUGA Nkomedouga Chefferie	NKOLBEGA Chez Maison Awudou
FREE HEALTH SCREENINGS	FREE HEALTH SCREENINGS	FREE HEALTH SCREENINGS
DIABETES, HYPERTENSION, CHOLESTEROL, KIDNEY, VISION	DIABETES, HYPERTENSION, CHOLESTEROL, KIDNEY, VISION	DIABETES, HYPERTENSION, CHOLESTEROL, KIDNEY, VISION

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Faire Appel
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THE IYA FOUNDATION
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ÉVÉNEMENTS

LE 24-25 JANVIER	LE 27 JANVIER	FÉVRIER 1 - 2
OKOLA Maison de la Femme	NKOMEDOUGA Nkomedouga Chefferie	NKOLBEGA Chez Maison Awudou
DÉPISTAGE DE SANTÉ GRADUIT	DÉPISTAGE DE SANTÉ GRADUIT	DÉPISTAGE DE SANTÉ GRADUIT
DIABÈTE, HYPERTENSION, DÉPISTAGE RENAL, CHOLESTÉROL	DIABÈTE, HYPERTENSION, DÉPISTAGE RENAL, CHOLESTÉROL	DIABÈTE, HYPERTENSION, DÉPISTAGE RENAL, CHOLESTÉROL

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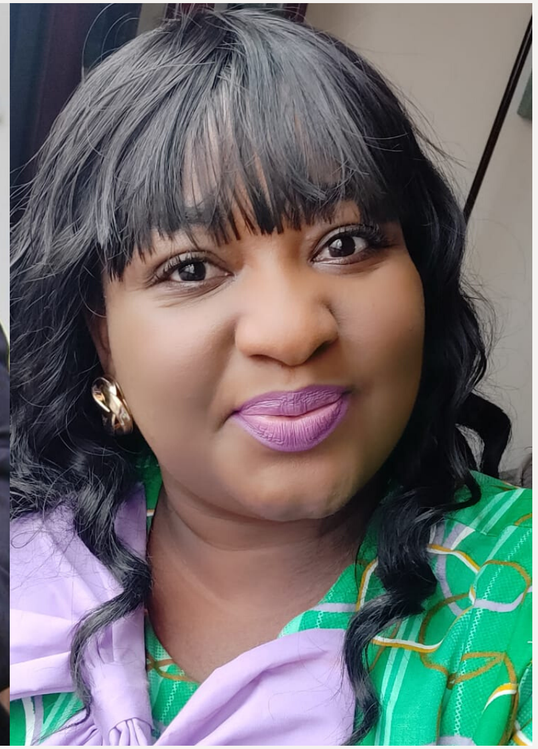

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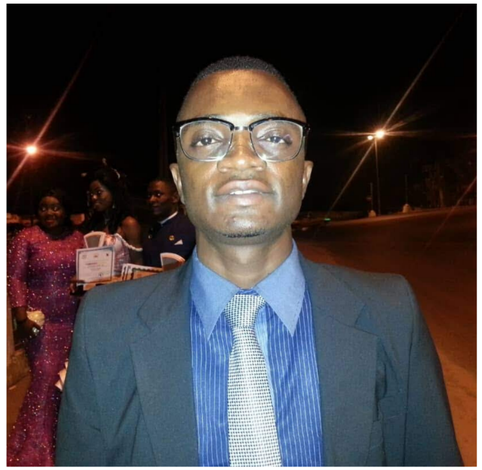

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