

VISIT REPORT

Prepared by: Dr Diego Santana – CBM Senior Ear and Hearing Care Advisor - IHI **Date of report:** 20th March 2025

PROJECT - EVENT: P10276 (EHC)	1. Support World Hearing Day event in Yaounde 2. Primary Ear & Hearing Care (EHC) ToT workshop 3. EHC strategic planning workshop for Cameroon 4. Meetings with partner Cameroon Baptist Convention 5. Advocacy to Ministry of Health & EHC focal point
LOCATION - CITY:	Yaounde, Central Region, Cameroon
DATES:	From 1 st to 9 th March 2024 (including travel time) 1. 3 rd March 2025 2. Monday 3 rd to Wednesday 5 th March 3. Thursday 6 th and Friday 7 th March 4 & 5: 2 nd to 7 th March (4 Ministries including M. Public Health)
PARTICIPANTS Name & Position	 CBM Cameroon CO: Country Director Mr Julius Fon, Programme Officer Ms Mispa Tebon, and driver Jules Ngos Ministry of Public Health of Cameroon (MINSANTE) Prof NJOCK Louis Richard, Secretary General at Ministry of Health Dr MAPA Clarisse, Focal point for EHC, Ministry of Public Health Ministry of Social Affairs (MINAS)



I. AIM & OBJECTIVES

Main aim: To support and strengthen Ear & Hearing Care in Cameroon.

Specific objectives:

- **1.** Support the observation of **World Hearing Day 2025 events** in Yaounde, Cameroon.
- 2. Deliver the first **Primary Ear & Hearing Care ToT workshop**, using WHO's Basic EHC Resource, Primary EHC Training Manual, Community EHC resources, in English & French
- 3. Facilitate a national stakeholders' EHC strategic planning meeting for Cameroon.
- 4. Coordination meetings with partner Cameroon Baptist Convention Health Services
- **5.** Advocacy to **Ministry of Public Health** & Ministry of Social Affairs & Min. of Education

II. GENERAL INFORMATION – Agenda and Activities

Programme Agenda and Activities (as finally carried out)

II-1. Official Opening ceremony by Ministry of Public Health of Cameroon

Cameroon Baptist Convention Resource Centre, Yaoundé, Cameroon, 3rd March 2025











Ear & Hearing Care Combined Events for Cameroon

II-2. Primary Ear & Hearing Care Training of Trainers (ToT) Workshop

Venue: CBC Resource Center Mvan, Yaounde, Date: March 3-5, 2025

Programme

	Day 1: Monday 3 rd March 2025					
	Primary Ear and Hearing Care (PEHC) workshop					
Time	Activity	Facilitator & Support				
08:00	Registration of participants	CBC-HS				
	Introduction of workshop participants	Prof Tih Pius Muffith &				
	Welcome of Participants	Prof Djomou François				
08:30	Workshop background, objectives and methodology:	Dr Diego Santana				
	WHO's Basic EHC Resource (CBM's CBID EHC module) and Primary EHC Training Manual & Trainer's Handbook	CBM International (01)				
09:30	Pre- & post-tests explanation and rationale (Module 1)	Dr Diego Santana (02)				
09:45	Introduction to EHC : What are hearing loss and deafness? Testimonies by persons with different hearing impairments	Ms Kebessi Nicoline (deaf), Mr Djoumanou Feussom (HoH)				
10:00	Coffee break with hearing loss awareness exercise	Dr Diego Santana and CBC-HS facilitation				
10:30	Feedback after hearing loss awareness exercise	Dr Diego Santana (03)				
11:00	Official Opening Ceremony by Ministry of Health of Cameroon	Separate programme				
11:30	Module 1: Mechanism of hearing & anatomy of the ear Parts of the ear + Discussion and Post-test	Dr Evaristus Acha (04)				
12:30	Lunch break	All				
13:30	Module 2: Assessing ear and hearing problems	Adella Kumka and/or				
	Taking a history + Examining the ear + Otoscopy	Evelyn Mayohni (05)				
15:30	Module 3: The outer ear: diagnose, treat, refer	Dr Diego Santana and				
	Wash out of the ear + use of tissue wicks and dry mops	Dr Evaristus Acha (06)				
16:45	Questions and participants feedback	All participants				
17:00	Closure of day 1	Prof Djomou François				



	Day 2: Tuesday 4 th March 2025				
	Primary Ear and Hearing Care (PEHC) workshop				
Time	Activity	Facilitator & Support			
08:30	Recap of day 1: Questions and suggestions	2 participants (Eng & Fre)			
09:00	Module 4: Infections of the middle ear: diagnose, treat, refer (Part 1) - Differential diagnosis and images	Dr Evaristus Acha and Dr Diego Santana (07a)			
10:30	Coffee break				
11:00	Module 4: Infections of the middle ear: diagnose, treat, refer (Part 2) - Discussions and roles' play Dr Evaristus Acha and Dr Diego Santana (07b)				
11:45	Module 5 Other problems of the middle ear: diagnose, treat, refer - "Glue ear" and Cholesteatoma	Dr Evaristus Acha and Dr Diego Santana (08)			
12:30	Lunch break				
13:30	Module 6 Hearing loss: grades, causes and prevention - Discuss causes and prevention opportunities	Adella Kumka &/or Evelyn Mayohni Au.Clin. (09)			
15:30	Module 7: Identifying hearing loss in children and adults (Part 1) - Milestones, voice test, Hearing Apps	Adella Kumka &/or Evelyn Mayohni Au.Clin (10a)			
16:45	Questions and participants feedback	All participants			
17:00	Closure of day 2	Prof Djomou François			

	Day 3: Wednesday 5th March 2025					
	Primary Ear and Hearing Care (PEHC) workshop					
Time	Topic	Facilitator & support				
08:30	Recap of day 2: Questions and suggestions	2 participants (Eng/Fren)				
09:00	Module 7: Identifying hearing loss in children and adults (Part 2) - Diagnosis with specialized equipment	Adella Kumka &/or Evelyn Mayohni Au.Clin (10b)				
10:30	Coffee break					
11:00	Module 8: Rehabilitation of hearing loss - Hearing Aids, Cochlear Implants, Sign Language, Inclusive Education	Adella & Evelyn, CBCHS & C Manasseh, Teacher (11)				
12:30	Lunch break					
13:30	Module 9: Role of health workers and doctors in ear and hearing care - Discussion on available opportunities	Dr. Mapa Clarisse, Ministry of Health, MINSANTE (12)				
15:00	Module 10: What does WHO do? Community Resources Advocacy and collaboration with WHO Member States	Dr Diego Santana (13)				
16:00	Questions and participants feedback questionnaire	All participants				
16:30	Certificates PEHC TOT Workshop	CBC/Organizing committee				
17:00	Closing Remarks/ End of PEHC workshop	Mr Abanda Alphonse, CBC				







II-3. Strategic Planning Meeting of Key Stakeholders for Ear and Hearing Care (EHC) in Cameroon.

Venue: CBC Resource Center Mvan, Yaounde, **Date:** 6th and 7th March 2025

Programme

	Day 1: Thursday 6 th March 2025					
	Ear & Hearing Care (EHC) Strategic Planning Meeting for Cameroon					
Time	Topic	Facilitator & Support				
08:30	Registration of participants	CBC-HS team				
09:15	Self-introduction by stakeholders	All participants				
09:00	Welcome and Opening of the Meeting	Chairperson (SG-MOH)				
09:45	Meeting's objectives and overall expectations	Dr Diego Santana (1)				
10:00	Learnings from Primary EHC workshop to use as country enablers	Dr Diego Santana (2)				
10:30	Coffee break					
11:00	Alignment of CBM and Cameroon with the World Report on Hearing's "Call to Action"	Diego Santana on behalf of CBM CO and WHO CO (3)				
11:30	Situation of Ear and Hearing Care in Cameroon and alignment with the National Health Strategy	Dr Mapa Clarisse MINSANTE				
12:30	Lunch break					
13:30	Research and evidence generation in EHC Experience with Ear & Hearing Screening tools.	Mr. Abanda Alphonse CBCHS				
14:00	Strategic National Planning for EHC: Cameroon experience Challenges, gaps and opportunities	Dr Mapa Clarisse MINSANTE				
14:30	National Planning for Education of children with hearing impairment in Cameroon : challenges, gaps, opportunities	Dr Njoumbe Yonta, M. of Basic Education MINEUDB				
15:00	National Planning for social support of persons with hearing impairment: Challenges, gaps & opportunities	Mme Mbussu Vivian Ekolle, M. of Social Affairs MINAS				
15:30	Feedback & brainstorming for Day 2 discussion forum on way forward for EHC in Cameroon	Prof Djomou François and Dr Diego Santana as moderators				
16:30	Closure of day					



	Day 2: Friday 7 th March 2025			
	Ear & Hearing Care (EHC) Strategic Planning Meeti	ng for Cameroon		
Time	Topic	Facilitator & Support		
09:00	Recap from Planning meeting – Day 1	CBC-HS team & Prof. Djomou François		
09:15	Additional interventions from other key stakeholders: - Ministry of Secondary Education (MINESEC) M. Essono II Joel, Ministère de l'éducation secondaire - WHO Cameroon Country Office Dr Donme Ngokio, Technical officer - Cameroon ENT Society (SCORL) Dr Mbele Pauline, Societé Camerounaise du ORL - Sign Language Interpretation (SLI) services Mr Che Manasseh, English SLI & teacher, CBC Mr Bassilekin George, French SL Interpreter, CANAD - Cameroon Society of Deaf Persons (ANSCAM) Mr Djoumanou Feussom (Hard of Hearing person)	Nominated speakers		
11:30	Group work: discussions for specific key components identified for Cameroon's EHC Situation Analysis (day 1): Group 1: Hearing screening and intervention Ear disease prevention & management + Training/Capacity building + Research/Evidence generation Group 2: Access to technologies & hearing aids Group 3: Rehabilitation services Group 4: Improved communication Group 5: Noise reduction Group 6: Greater community engagement	3-5 working groups Facilitation by Diego Santana and Prof. Djomou François, with support of CBC-HS & CBM-CO teams (4)		
12:30	Lunch break			
13:30	Continuation of group work & preparation of presentations	Six Working groups above		
14:00	Reporting of the 6 groups' discussions back to the plenary: 1. What: Priority actions identified by each group topic 2. Where: Target population & geographical area 3. Who with: Key stakeholders per each key intervention 4. Who by: Focal persons & roles per "HEARING" action 5. How: Support and funding sources (pending) 6. When: Timeframe for key actions (pending) 7. Why: Data gathering & evidence generation	Working groups' speakers, moderated by Prof Djomou François and Dr Santana		
16:00	Continuation of discussions in plenary with Q&A session & Agreement on key steps and way forward for EHC work	All participants: Moderated Prof Djomou / Dr Santana		
17:30	Closing remarks and end closure of EHC events	Mr Abanda Alphonse on behalf of host CBCHS		



III. Activities summary and Action Points per Specific Objective

III-1. Support World Hearing Day 2025 commemoration

World Hearing Day (WHD) is observed each year on **3**rd **March**. In 2025, CBM and partners observed WHD through varied events and activities across the world. Among CBM's Inclusive Health Initiative (IHI) contributions to WHD in Africa, two key initiatives are relevant to be highlighted in this report:

- **a.** CBM support of WHO **regional advocacy** for ear and hearing care in Africa.
- **b.** Joint WHD events supported by CBM Cameroon Country Office & CBM implementing partner for **MYP EHC project**: Cameroon Baptist Convention Health Services (CBCHS).

a. CBM supports WHO regional advocacy for ear and hearing care in Africa:

CBM, in partnership with the WHO Africa Regional Office (WHO AFRO), is advocating for enhanced hearing health by providing critical data to Ministries of Health, aiming to prioritise and address the increasing prevalence of hearing loss and its socio-economic impacts. With a focus on prevention, early intervention, and equitable access to services, CBM seeks to dismantle barriers to access ear and hearing care (EHC) through community outreach, capacity building and strengthening clinical services.

CBM is supporting this high-level advocacy by printing and distributing the "Status Report of <u>Ear and Hearing Care in the WHO African Region</u>" to ten WHO Country Offices and Ministries of Health of Cameroon, Ethiopia, Kenya, Tanzania, Zimbabwe, Nigeria, Rwanda, Uganda, Sierra Leone and Rwanda.

Hearing loss in Africa is a growing concern. Findings published in the report reveal that Africa has about 40 million people with disabling hearing loss and a prevalence rate of 3.6%. It is projected that by 2030, 54 million people in Africa will have disabling hearing loss, which is expected to increase to 97 million by 2050. Failure to address hearing loss costs African economies approximately US\$ 27.1 billion annually. You can access CBM's full **article** about this initiative and CBM contributions to WHD at this link: https://www.cbm.org/news/news-articles/2025/world-hearing-day-.html

b. Joint World Hearing Day events supported by CBM Cameroon CO & CBCHS:

Three events were carried out in Yaounde, as contribitions to WHD 2025 by **P10276**:

b.1. WHD commemoration presided by **Cameroon Ministry of Public Health** (see programme in section II-1 above, and full list of participants in **Annex 1**)

Prof NJOCK Louis Richard, Secretary General at Ministry of Health (MINSANTE) **Dr MAPA Clarisse, Focal point for EHC, Ministry of Public Health** (MINSANTE)

Mr Julius Fon, CBM Cameroon Country Director

Ms Mispa Tebon, Programme Officer CBM CO

Mr Samuel Ngum, Director of CBCHS

Prof Tih Pius Muffith, Supervisor of CBCHS projects

Dr Evaristus Acha, ENT Department head, Mbingo Baptist Hospital & CBCHS ENT Supervisor Prof Djomou François, Consultant for CBCHS EHC Project, University of Yaoundé 1

Dr Mbele Pauline, Societé Camerounaise ORL - SCORL (Cameroon ENT Society)

Ms Kebessi Nicoline and Mr Djoumanou Feussom, Cameroon Society of Deaf Persons (ANSCAM)

Mr Che Manasseh, English SL Interpreter, and Mr Bassilekin George, French SLI (CANAD)

Dr Diego Santana, Senior Global EHC Advisor, CBM Inclusive Health Initiative.



b.2. Primary Ear & Hearing Care (EHC) ToT workshop, and **b.3. EHC strategic planning meeting for Cameroon**

These two activities were carried out the week starting on Monday 3rd March 2025, in agreement with CBM-CO & CBCHS, to maximaze **audibility of World Hearing Day** and to use this momentum to strengthen Ear & Hearing Care in Cameroon, alongside national actors led by the Ministry of Health. Please see sections III-2 and III-3 below.

HEALTH/SOCIETY

The Guardian Post No 3382 Tuesday March 04, 2025

At World Hearing Day commemoration:

CBC health services, partners drum national hearing, ear care strategy

By Maxcel Fokwen

The Cameroon Baptist Convention Health Services, CBCHS, and its partners have underscored the need for a national strategy to improve ear and hearing care.

Observations in this light formed the highpoint of the commemoration of the 2025 edition of the World Hearing Day at the CBCHS Excellence Centre in Yaounde.

The Day was observed under the theme: "Changing mindsets: Empower yourself to make ear and hearing care a reality for all".

The event was presided by the Secretary General at the Ministry of Public Health, Prof Louis Richard Njock. Yesterday's event coincided with the commencement of a three-day Training of Trainers workshop on strengthening early the strength of the country.

and hearing capacities in the country.

Prof Njock hailed the work of the CBC
Health Services and its partners, but noted
that Cameroon urgently needs a national
strategy to address hearing loss.

The public health ministry scribe underscored that improving ear and hearing care is an important issue that needs collective effort to address.

Prof Njock said through the work of CBC and its partners, every stakeholder must strive for durable solutions to combat deafness.

The Director of the CBCHS, Samuel Ngum, before Prof Njock, underscored the need for partners to concert to improve access to ear and hearing care.

Such efforts, Ngum said, are especially

vital given that in most communities, peo-

ple lack access to proper ear and hearing care services.

Commemorating the World Gearing Day alongside the start of a training for clinical healthcare workers, he said demonstrates a commitment to "impact communities".

"It is our collective responsibility to ensure communities get quality care," Ngum noted, adding that such trainings are meant to help healthcare professionals acquire best practices and modern techniques in hearing and ear care.

While saluting support from the Ministry of Public Health and other partners, Ngum underscored that: "It is important to take care of those neglected over the years in communities. We are happy the Ministry of Public Health is supporting efforts to change the landscape of ear and hearing care".

The Director of Projects at CBCHS, Prof Tin Pius Muffih, observed that access to quality hearing and ear care is still significant challenge in Cameroon. He remarked that: "Issues like limited

He remarked that: "Issues like limited availability of services, uneven distribution of EHC clinics, and shortages of both staff and equipment need urgent attention". Prof Tih called for a society wherein ear and hearing care is valued.

The Country Director of international disability inclusive development organisation, Christian Blind Mission, chon, Julius Fon, saluted the government for supporting a pilot project to improve ear and hearing care.

Fon said commemorative activities such as those of yesterday, raise awareness on key issues. The cbm Cameroon boss said through team work, there will be Cross-section of officials with public health scribe at yesterday's event



a mark shift in attitude in ear and hearing care.

Before now, he said it was difficult to talk about ear and hearing care until government approved the pilot project. He reiterated that cbm is counting on

He reiterated that cbm is counting on the support of stakeholders for the success of the project especially given its expansion to the private and public sector.

Training of clinical officers
Meanwhile, the three-day workshop
that featured prominently in the commemoration involves the 22 Ear and Hearing
Care Clinical Officers.

The participants are from 12 health facilities in the North West, Littoral and Centre Regions. Among the resource persons are; Dr Diego Santana from cbm

others.

Project specificities

Launched in December 2024, the project spanning November 2024 to December 2028, is being run with funds from the German Federal Ministry for Economic Cooperation and Development, BMZ. The funding stands at 733,333 Euros (approximately 481.304.121.EFGA)

BMZ. The funding stands at 733,333 Euros (approximately 481,304,121 FCFA)
Dubbed: "Strengthening Ear and Hearing Care Capacities in Cameroon Project", the initiative targets 66 health facilities in the chosen regions. The project is expected to benefit 112,500 people with or at risk of hearing loss.

Above: Article published in the national newspaper **The Guardian Post** on 4th March 2025, quoting Secretary General at **Ministry of Health**, Prof Louis Richard Njock; CBCHS Director Samuel Ngum; CBCHS Director of projects Prof Tih Pius Muffih; CBM CD Julius Fon, and co-facilitators Dr Evaristus Acha, CBCHS ENT services supervisor, and Diego Santana; as well as mentioning the project is funded by BMZ.







Left: Prof Tih Pius, CBCHS **Centre:** Prof DJOMOU François, ENT, University of Yaounde 1, Consultant for MBZ project with CBCHS **Right**: Julius Fon CBM CD Cameroon, Diego Santana, Dr Evaristus Acha, Head of ENT Department, Mbingo Baptist Hospital, Northwest Region, and supervisor for ENT services CBCHS



III-2. Primary Ear & Hearing Care (EHC) ToT workshop

This is the **first time that CBM delivers** a **Primary EHC Training of Trainers** (ToT) workshop using the **French version** of the World Health Organization's (WHO) tools: Primary Ear & Hearing Care Training Manual, PEHC Trainer's Handbook, Annexes and EHC Community Resources. The **English version** launched on 3rd March 2023 was also used. The French version has not yet been officially published by WHO, therefore, upon CBM's request, WHO released it exclusively to CBM for the delivery of this workshop.

III-2.a Repository: All WHO resources and supporting Power Point Presentations and documents prepared by this advisor have been uploaded at the **IHI** SharePoint site: EHC Folder >> 2025 Cameroon-EHC workshops; and at **CBID Team site**: Individual sub-folders >> Ear and Hearing Care >> 2025 Cameroon-EHC workshops (green colour)

The PEHC workshop was carried out in three consecutive full days, **3**rd - **5**th **March 2025** at the Cameroon Baptist Convention (CBC) Resource Center, Mvan, Yaounde, following the programme detailed under **section II-2** above.

Co-facilitated by:

- Diego Santana, CBM's Senior Global advisor for EHC
- Dr Evaristus Acha, CBCHS ENT services supervisor; and
- Prof Djomou François, Consultant for CBCHS EHC project, University of Yaoundé 1

CBCHS supported the event through:

- Mr Samuel Ngum, CBCHS Director, & Prof Tih Pius Muffith, presence at the event
- Mr Alphonse Abanda's workshop moderation (MC), and
- Ms Aisha Kinyuy and team, for administrative and practical support.

Other teaching contributions by local speakers from Cameroon included:

- Adella Kumka, Evelyn Tenkeh and Repha Chia, CBCHS EHC Clinical Officers
- Testimonies: Ms Kebessi Nicoline (deaf); Mr Djoumanou Feussom (Hard of Hearing)
- Sign Language Interpretation & Inclusive Education lessons by Mr Che Manasseh (English SLI & Teacher of deaf), and by Mr Bassilekin George (French SLI, CANAD).

III-2.b Participants: 48 persons, 27 female & 21 male (see full list in Annex 1).

Attendees: Several participants also contributed by teaching as workshop faculty.

- 6 representatives from Ministry of Public Health (MINSANTE)
- 20 representatives of CBCHS
- 1 University of Yaounde
- 5 Yaounde Hospitals (2 Hopital Centrale + 2 Teaching Hospital + 1 Etougebe BH)
- 1 Central (1 Ekoumdoum Baptist Hospital)
- 5 Douala Hospitals (2 Hopital General + 1 Presbyterian Hospital + 2 Military H.)
- 5 North-West Hospitals (2 Bamenda + 1 Mboppi + 2 Nkambe Regional Hospital
- 1 ANSCAM (Hard of Hearing)
- 2 CANAD (Deaf Association)
- 2 CBM (Cameroon CO & IHI/EHC)

Of these, **4 persons with disability** (1 deaf, 2 hard of hearing & 1 visual impairment)



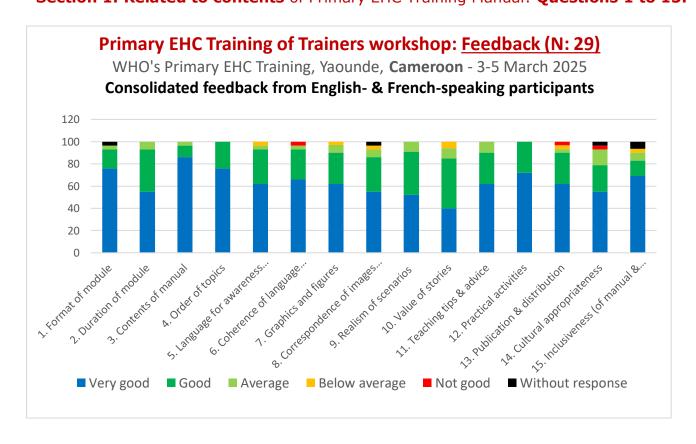
III-2.c WHO collaboration: Prior to this visit to Cameroon, Diego Santana informed **WHO's Ear & Hearing Care** team lead, **Dr Shelly Chadha**, Geneva, Switzerland, of CBM's TOT workshop in Yaounde, using WHO's Primary EHC Training resources in English and French (provided by WHO), aligned with CBM's strategic plan. Outcomes were shared by Dr Santana with WHO's EHC team. Dr Shelly Chadha was very thankful and appreciative of CBM's contribution to disseminating WHO's EHC resources in LMICs.

III-2.d Results and statistics: Consolidated data from **feedback questionnaires** was analyzed and is shown in **three tables**. See **Key results: Sections 1 & 2** below. More detailed information about participants' feedback and suggestions, including disagregated data for English- and French-speaking participants, available in **Annex 2**.

Results from final test to evaluate knowledge learning: A final test was passed to participants after the EHC workshop. This test consisted of 85 True/False questions, based on key messages taught and workshop's learning objectives. See **table** with **key results, under Section 3** below, and also aditional information in **Annex 3**.

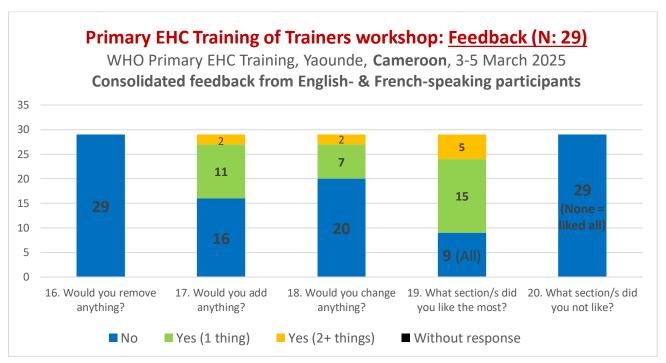
Key results and statistics consolidated from feedback questionnaires' data:

Section 1: Related to contents of Primary EHC Training Manual: Questions 1 to 15:

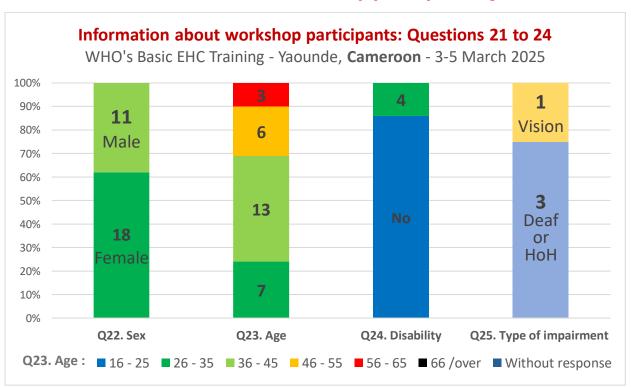




Section 1: Related to contents of the CBID Basic EHC module : Questions 16 to 20:



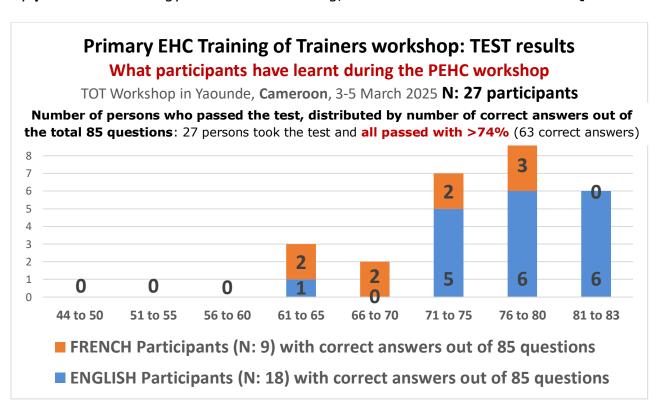
Section 2: Information about EHC workshop participants: Questions 21 to 24





Section 3: Regarding what participants have learnt during the workshop:

These EHC activities are included in the BMZ-funded project **P10276 Strengthening Ear and Hearing Care capacities in Cameroon**, 2024-2028, in North-West, Central and Littoral Regions, implemented by CBM partner Cameroon Baptist Convention Health Services (CBCHS). This **phase 1:** Primary EHC TOT initiative will be followed by **phase 2:** Audiology Technicians Training, scheduled to be carried out in Q3 2025.



Cameroon TEST results: 85 True/False questions

Primary EHC ToT workshop Yaounde: **N = 27 participants** took the test **100%** of participants (27/27) scored **>74% correct 70%** of participants (19/27) scored **>85% correct 33%** of participants (6/27) scored **>94% correct**

Out of the 27 participants, 18 were English-speaking and 9 were French-speaking. Average results for 27 participants. **Mean: 76 correct questions = 89.14%**18 English-speaking participants: Mean 78 correct questions = 91.76%
9 French-speaking participants: Mean 71 correct questions = 83.88%

Note: The impression of this advisor is that the difference observed in the tests' results between both groups when disaggregated by language (English vs French), correlates more with a higher knowledge and experience, prior to the workshop, of the English-speaking participants, than relates to the language of the resources used.



III-2.e Photos: EHC training workshop, Yaounde, 3rd to 5th March 2025







Left: Testimony by Ms Kebessi Nicoline, deaf person **Centre:** Testimony by Mr Djoumanou Feussom Albert, hard of hearing person and hearing aid user **Right**: Mr Che Manasseh, Cameroon English Sign Language Interpreter, CBCHS; and Mr Bassilekin George, French Sign Language Interpreter, CANAD.







Practical activity, supervised learning to perform safe otoscopy (examination of the ear with an otoscope)







Left: Explaining Audiometry diagnostics **Centre:** Teaching hearing screening in babies with simple methods **Right:** Mr Che Manasseh, on Sign Language, Total Communications and teaching for deaf & hard of hearing.









Left: Learnings being put into practice **Centre-Left:** Preparing group activities **Centre-Right**: Participants showing their hearing tests' results after using WHO's "HearWHO" App **Right:** Participants with certificates



III-3. Facilitate a multi-stakeholders' EHC strategic planning meeting.

This strategic meeting took place over two days, on **6**th **and 7**th **March 2025**, at the Cameroon Baptist Convention (CBC) Resource Center, Mvan, Yaounde, following the programme detailed under **section II-3** above. This event was part of **P10276**.

III-3.a Participants: Key stakeholder organizations were selected and invited to appoint representatives. **45 persons** shared experiences and explored opportunities to collaborate and strengthen Ear & Hearing Care in Cameroon (see full list in **Annex 4**).

Meeting co-facilitated by:

- Prof Djomou François, Consultant for CBCHS EHC project, University of Yaoundé 1
- Diego Santana, CBM's Senior Global advisor for EHC; and
- Dr Evaristus Acha, CBCHS ENT services supervisor

CBCHS supported the event through:

- Mr Samuel Ngum, CBCHS Director, & Prof Tih Pius Muffith, presence at the event
- Mr Alphonse Abanda's workshop moderation (MC), and
- Ms Aisha Kinyuy and team, for administrative and practical support.

Endorsed by Governmental agencies:

- Ministry of Public Health of Cameroon (MINSANTE)
 Prof NJOCK Louis Richard, Secretary General at Ministry of Health
 Dr MAPA Clarisse, Focal point for EHC, Ministry of Public Health
- Ministry of Social Affairs (MINAS)
 Mme MBUSSU Vivian EKOLLE, Ministère des Affaires Sociales
- Ministry of Basic Education (MINEDUB)
 Dr. Njoumbe Yonta, Ministère de l'éducation de base
- Ministry of Secondary Education (MINESEC)
 M. Essono II Joel, Ministère de l'éducation secondaire

With contribution from other national stakeholders:

- World Health Organization Cameroon Country Office
 Dr Donme Ngokio, Technical officer
- Cameroon ENT Society (SCORL)
 Dr Mbele Pauline, representative of the Societé Camerounaise ORL
- Cameroon Society of Deaf Persons (ANSCAM)
 Ms Kebessi Nicoline (deaf), Mr Djoumanou Feussom (Hard of Hearing)
- Sign Language Interpretation (SLI) services
 Mr Che Manasseh, English SL Interpreter & Teacher of deaf, CBCHS
 Mr Bassilekin George, French SL Interpreter, CANAD

III-3.b Methodology: The stakeholders strategic planning focused on sharing of experiences, gaps and opportunities, followed but discussion and planning during the second day, based around group work sessions:



Six (6) working groups were assigned with topics for specific tasks, to discuss specific key components identified for Cameroon's EHC Situation Analysis (day 1):

Group 1: Hearing screening and intervention

Ear disease prevention & management

+ Training/Capacity building + Research/Evidence generation

Group 2: Access to technologies & hearing aids

Group 3: Rehabilitation services **Group 4:** Improved communication

Group 5: Noise reduction

Group 6: Greater community engagement

One rapporteur from each one of the 6 groups presented their first working document drafts. Feedback was provided by other participants and workshop facilitators.

An "Ad-hoc" **Ear & Hearing Committee** was established, led by **Dr MAPA Clarisse**, Focal point for EHC, Ministry of Public Health, and supported by CBCHS team.

III-3.d Outcomes and Agreed way forward: Very productive exchanges took place during the strategic meeting proceedings. These were the result of the stakeholders' podium presentations and ensuing feedback, during the groups' work, as well as during very rich discussions on plenary sessions. This strategic planning is an ongoing process, which has continued after the meetings by email, calls and face to face, **led by CBCHS**, who will coordinate next steps and way forward **aligned with the Ministry of Health**.

III-3.e Photos: EHC strategic meeting, **Yaounde**, 6th & 7th March 2025







Left: Prof NJOCK Louis Richard, Secretary General at Ministry of Health, opening the strategic EHC meeting. **Centre:** M. Essono II Joel, Ministère de l'éducation secondaire (MINESEC); Mme MBUSSU Vivian EKOLLE, Ministère des Affaires Sociales (MINAS); Dr. Njoumbe Yonta, Ministère de l'éducation de base (MINEDUB); Dr MAPA Clarisse, Focal point for EHC, MoH. **Right:** Dr Diego Santana, CBM IHI; Ms Aisha Kinyuy, CBCHS; Dr MAPA Clarisse, MoH; Prof Djomou François, University of Yaoundé 1; Ms Mispa Tebon, CBM Cameroon PO.

III-4. Meetings with partner Cameroon Baptist Convention Health Services

Throughout all activities' preparations, deliverance and follow up, as already reported.

III-5. Advocacy to Ministry of Public Health and Focal Point for EHC.

Besides contribution to way forward indicated above, Dr MAPA Clarisse kindly agreed to receive and disseminate the "Status Report of EHC in WHO African Region" (printed and distributed by CBM in Nairobi). Also to support the WHA Resolution proposal for "Prevention & care for sensory impairments (vision & hearing) across the life course".



IV. FINAL COMMENTS

This visit has been extremely productive and highly encouraging for the successful implementation of BMZ-funded project P10276, as well as for strengthening of Ear and Hearing Care in Cameroon, starting in the Central, North-West and Littoral regions. The high quality of the activities carried out during one intense week of March in Yaounde, which marked the observation of Word Hearing Day 2025, confirms the efficiency of face to face events and meetings which we ought to aspire to, whenever feasible.

Particularly enriching have been the experiences of working alongside local professionals in bilingual capacity building activities, delivering the **first CBM-led Primary EHC ToT workshop in English and French**, carried out adding the new WHO training resources in French, launched this year, with participation of deaf and hard of hearing persons supported by Cameroon's French and English Sign Language Interpreters, alongside local co-facilitators, our partner CBCHS and of course my CBM colleagues from Cameroon CO, as well as all participants.

Special thanks to the **CBCHS team**. I will not single out any specific persons, as the whole team has shown an outstanding capacity and professionalism before, during and after the planning and deliverance of all the activities detailed in this report, as well as many others not reflected here. "Let's make the right kind of noise, increase EHC audibility and make it a reality for all".

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Sections relevant to Primary EHC ToT workshop and WHO Training Resources to:

WHO's EHC team (Dr Shelly Chadha and colleagues)

Report prepared by Diego Santana, last updated on 21st March 2025



Annex 1 – PEHC TOT Workshop Participants list

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Annex 2a **Consolidated feedback from 19 respondents (ENGLISH)**

Feedback Questionnaire: Primary Ear & Hearing Care Training Manual **PEHC TOT workshop** – Yaoundé, Cameroon – 3rd to 5th March 2025

who	PEHC Train	ing Ma	nual a	nd supporti	ng resources c	ontent -	CONSOLIDATE	D
-				-	from 1 to 5: 2 (below aver		1 (not good)	
1.	Format of th 5 (15) 4 (4)		•	+ testimonio 1	es + examples	+ graph	ics + practices)	
2.	Length of th 5 (11) 4 (8)			arding numb 1	er of pages and	d quantit	y of information)	
3.	Contents of 5 (16) 4 (3)			re all topics i 1	n the manual a	adequate	and necessary)	
4.	Order of top 5 (16) 4 (3)			als (all chap	ters follow a lo	gical orde	er and sequence)	
5.	Language ap 5 (15) 4 (4)			for an aware 1	ness raising to	ol (Basic	EHC Resource)	
6.	•	ich is to	o simp	_	he manual (no nguage which	_	•	
7.	Graphics and 5 (13) 4 (3)	_	•	=	ity, quality, rel	evance o	of graphics)	
8.	Corresponde 5 (11) 4 (5)				the images for	r the text	they refer to	
9.	Scenarios fo 5 (10) 4 (8)		_	al circumstar 1	ices (realistic 8	useful li	ve demonstration	s)
10	. Value and no 5 (9) 4 (7)			s included in 1	the text (testi	monies a	nd story cases)	
11	.Teaching tip 5 (14) 4 (4)			al notes and 1	highlighted me	essages)		
12	Hands on pr	actical e	xercise	s (clear and	useful demons	trations a	and their practice)	1

5 (15) 4 (4) 3 2 1



- 13. Publication and distribution (user friendly, photocopying, online access, etc.)
 - 5 (11) 4 (7) 3 (1) 2 1
- 14. Culturally sensitiveness of the manuals to your local culture and community 5(11)4(5)3(3)2
- 15. Inclusiveness of manual and workshop (disability, gender, age, etc.) $5\ (15)\ 4\ (3)\ 3\ (1)\ 2\ 1$

Topics 16 to 20 to be answered as per participant's perceived personal needs:

- 16. Anything that could be **removed?** No (19)
- 17. Anything that should be added?

No (10) Yes (9): Total Communication (1)

More images (1)

Recommended types of drops and antimicrobials (3) Opinions of gov officials & leaders in the community

(2)

Share the EHC Community flyers in advance (1) Practical demonstrations on all specialized tests (1)

18. Anything that should be **changed?**

No (15) Yes (4) Manual's pictures in colour instead of Black & White (4)

Quality spiral binder for the training manual (2)

- 19. What modules did **you like most** or found most useful for your work? M1(2) M2(2) M3(2) M4(3) M5(1) M6(1) M7(2) M8(7) M9(1) M7+M8(7) All(7)
- 20. Any module which **you did not like** or did not find useful? None (19)

Additional questions 21 to 24 about participant's personal information:

21. Information about yourself: What is your **occupation**?

Community Worker (CBID or CBR)

Community Health Worker (CHW)

Community Nurse

Hospital Nurse (non ENT) (8)

ENT Nurse (8)

General Practitioner or Family Doctor (qualified or in training)

Hospital Doctor (non ENT) or Resident

ENT Doctor or ENT Resident

Audiologist



Mainstream School Teacher (1)Teacher of the deaf (2)Ministry of Health official or representative Other Government official or representative NGO representative or coordinator Programme Manager () Organization of Persons with Disability () Community leader or representative () Other (please specify): Sign Language Interpreter (1) ENT Clinical Officer and Audiology Assistant (1) Deaf Community Leader, Advisor () University/Audiology student () Ear mould laboratory technician () 22. Information about yourself: **Sex** Female (12) Male (7) I prefer not to answer 23. Information about yourself: Age 0-15 16-25 26-35(6) 36-45(9) 46-55(4) 56-65(1) 66+ I prefer not to answer 24. Information about yourself: Are you a person living with disability? No (17) Yes: Hearing - Deaf person (2) Yes: Vision (1) Yes: Mobility / Physical Yes: Thinking / Learning / Remembering Yes: Mental Health Yes: Psychosocial Yes: Multiple disabilities I prefer not to answer Other (please specify): Deafblind ()

7th March 2025 - CBM International - Inclusive Health Initiative - EHC - Designed by Diego Santana



Annex 2b Consolidated feedback from 10 respondents (FRENCH)

Questionnaire de feedback

Manuel de formation des soins primaires de l'oreille et de l'audition - Atelier de formation des formateurs sur les soins primaires de l'oreille et de l'audition (SPOA) - Yaoundé, Cameroun - 3 au 5 mars 2025

Manuel de formation des SPOA de l'OMS et contenu des ressources d'appui

Les thématiques (sujets) 1 à 15 doivent être évaluées sur une échelle de 1 à 5 :

5 (très bien) **4** (bien) **3** (moyen) **2** (en dessous de la moyenne) 1 (pas bien)

- 1. Format du manuel (texte + témoignages + exemples + graphiques + pratiques) 5 (7) 4 (1) 3 (1) 2 1 SR (1)
- 2. Longueur des manuels (nombre de pages et quantité d'informations) 5 (5) 4 (3) 3 (2) 2 1
- 3. Contenu des manuels (toutes les thématiques du manuel sont-elles adéquates et nécessaires)
 - 5 (9) 4 3 (1) 2 1
- 4. Ordre des thématiques dans les manuels (tous les chapitres suivent un ordre et une séquence logiques)
 - 5 (6) 4 (4) 3 2 1
- 5. Pertinence de la langue en tant qu'outil de sensibilisation (ressource de base pour les soins de l'oreille et de l'audition)
 - 5 (3) 4 (5) 3 (1) 2 (1) 1
- 6. Cohérence du « niveau » de langue dans l'ensemble du manuel (pas de passage d'une langue trop simple à une langue trop technique)
 - 5 (5) 4 (3) 3 (1) 2 1 (1)
- 7. Graphiques et diagrammes (utilité, clarté, qualité, pertinence des graphiques) 5 (5) 4 (5) 3 2 1
- 8. Correspondance et adéquation des images avec le texte auquel elles renvoient 5 (5) 4 (4) 3 2 1 SR (1)
- 9. Scénarios de simulation de situations réelles (démonstrations en direct réalistes et utiles)
 - 5 (5) 4 (3) 3 (2) 2 1
- 10. Valeur et nombre d'histoires incluses dans le texte (témoignages et cas de figure) 5 (2) 4 (6) 3 2 (2) 1
- 11. Conseils pédagogiques (encadrés, notes spéciales et messages surlignés) 5 (4) 4 (4) 3 (2) 2 1



1

12. Exercices pratiques (démonstrations claires et utiles et leur mise en pratique)

5 (6) 4 (4) 3 2

- 13. Publication et diffusion (facilité d'utilisation, photocopie, accès en ligne, etc.) 5 (7) 4 (1) 3 2 (1) 1 (1)
- 14. Sensibilité culturelle des manuels à la culture et à la communauté locales 5 (5) 4 (2) 3 (1) 2 1 (1) SR (1)
- 15. Inclusiveness of manual and workshop (disability, gender, age, etc.) Inclusivité du manuel et de l'atelier (handicap, genre, âge, etc.) 5 (5) 4 (1) 3 (1) 2 (1) 1 SR (2)

Les thèmatiques 16 à 20 doivent être répondues en fonction des besoins personnels perçus du participant :

- 16. Y a-t-il quelque chose qui pourrait **être supprimé ?** Non: 10 Oui: 0
- 17. Y a-t-il quelque chose qui pourrait être ajouté ? Non : 6 Oui : 4
- 18. Y a-t-il des changements qui pourraient être apportés ? Non : 5 Oui : 5
- 19. Quels modules **avez-vous aimés le plus** ou trouvés le plus utiles pour votre travail ?

Tous: 2; Mod1: 2; M2: 2; M3: 1; M4: 1; M5: 1; M8: 1; M10: 1; Les exercises: 1; Les pratiques de l'audiometrie

20. Y a-t-il un module que vous n'avez pas aimé ou que vous n'avez pas trouvé utile ?

Non: 10

Questions supplémentaires 21 à 24 sur les informations personnelles du participant :

21. Informations sur vous-même : Quelle est votre **profession ?**

Agent communautaire (Développement Inclusif à base Communautaire (CBID) ou Réadaptation à base Communautaire (RBC)

Agent de santé communautaire (ASC)

Infirmier communautaire 1
Infirmier hospitalier (non ORL) 7

Infirmier ORL 2 (1 militaire)
Médecin généraliste ou médecin de famille (qualifié /certifié en

formation)

Médecin hospitalier (non ORL) ou résident

Médecin ORL ou Résident ORL

Enseignant d'école ordinaire

Enseignant pour sourds

Responsable ou représentant du Ministère de la Santé

Autre responsable ou représentant du gouvernement

Représentant ou coordonnateur d'une ONG



Coordonnateur de programme

Organisation de personnes handicapées (OPH)

Leader ou représentant communautaire

Autre (veuillez préciser) : Interprète en lange des signes (1) CHW (1)

.....

22. Informations sur vous-même : **Sexe**

Féminin: 6 Masculin: 4 Je préfère ne pas répondre

23. Informations sur vous-même : Âge

16-25 26-35(1) 36-45(4) 46-55(2) 56-65(2) 66/plus Je préfère ne pas répondre(1)

Informations sur vous-même : Êtes-vous une personne en situation de

handicap?

Non

Oui : Surdité (1)

Oui: Visuel

Oui : Mobilité/ Physique

Oui: Réflexion / Apprentissage / Mémorisation

Oui : Santé mentale Oui : Psychosocial Oui : Polyhandicaps

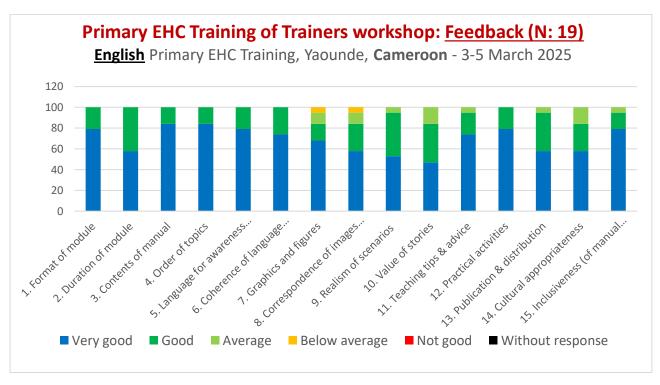
Je préfère ne pas répondre

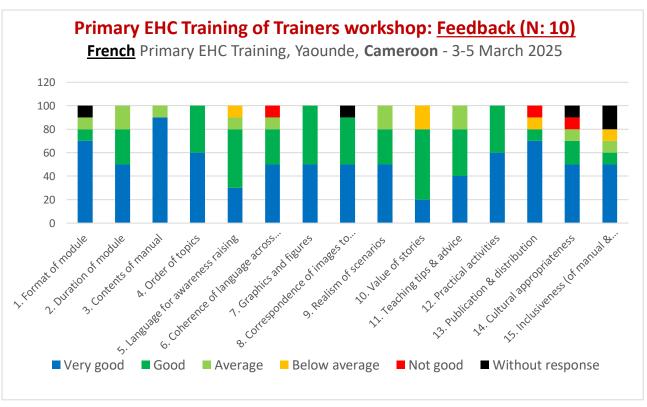
Autre (veuillez préciser)

17th February 2025 - CBM International - Inclusive Health Initiative - EHC - Designed by Diego Santana



Annex 2c
Consolidated feedback: 29 respondents (19 English + 10 French)
Section 1: Related to contents of Primary EHC Training Manual: Questions 1 to 15:







TTTE

Annex 3 - Knowledge learning test (based on Pre- & Post- Test)

Final TEST: Primary Ear & Hearing Care Training Manual

PEHC TOT workshop - Yaoundé, Cameroon - 3rd to 5th March 2025 T: 27 (18 Eng + 9 Fr)

Please answer each question either "True" or "False":

• • • • • • • • • • • • • • • • • • • •		Т	F
 The pinna is made up of cartilage covered by skin and can bend 	1	^	27
2. The tragus makes wax to fill up the ear canal	2	23	✓
The normal ear canal is a straight tube with a wet lining like the lining inside	3	21	1
your mouth			_
 The eardrum is at the end of the ear canal 	4	✓	24
The ossicles conduct sound vibrations from the eardrum to the cochlea (hearing	5	1	27
organ)	_		2.5
The Eustachian tube connects the middle ear space to the back of the nose	6	✓	26
7. The middle ear space is full of mucus to help us hear properly	7	22	1
8. The cochlea (hearing organ) contains hair cells to convert sound vibrations into	8	1	27
nerve signals	9	1	27
9. The balance organ is called the vestibular system 10. To forting in the control of the contr	10	7	27
10. Infection in the ear can cause a lame face (facial palsy)	11	1	27
11. Pain in the ear can be due to an acute infection of the external or middle ear	$\overline{}$	_	$\overline{}$
12. Child not doing well at school can be due to hearing loss	12	√ 14	27
13. Impacted ear wax can cause heaviness but not pain in the ear	13	14	✓
14. Chronic ear infection can cause dull pain or heaviness in the ear 15. You cannot examine the eardrum without an otoscope	14	√	23
You cannot examine the eardrum without an otoscope Soul (bad) smelling ear discharge can indicate a serious type of ear infection	15	22	✓
17. Otoscope is an instrument used to test for hearing loss	16	✓	27
18. You should not attempt to clean the ear discharge as this can be painful	17	20	✓
19. If a patient's ear canal gets slightly injured while examining, you should	18	26	1
immediately refer to a specialist	19	1	21
20. Home remedies like pouring hot oil in the ear can be harmful and should never	20		
be used		✓	26
21. Some people have a tiny "hole" in front of their pinna which can become infected	21	1	24
22. The pinna is examined with the use of an otoscope	22	19	7
23. Pain due to infection of ear canal in increased on touching the tragus	23	1	25
24. People should routinely clean their ear canals with q-tips or cotton buds to keep	24	_	
them clean		26	✓
25. Wax does not come out of the ear canal by itself and always must be removed	25	25	1
26. Foreign bodies in the ear canal need to be removed	26	1	24
27. To remove wax by an ear washout, use clean boiling hot water	27	25	1
28. Otitis externa is treated with antibiotics	28	05	1
29. Sometimes a person may get a bitter taste in mouth after putting in ear drops	29	1	26
30. You should always test the hearing when a patient has a deformed ear	30	1	21
31. People with acute infection of the ear most commonly complain of pus discharge	31	25	1
from the ear		25	•
32. If the ear discharge has a foul smell, you should immediately refer the patient	32	٧	26
to a specialist 33. You should only examine the ear to which the patient's complaint relates to.		•	
There is no need to check the other ear	33	27	1
34. Always mop the ear discharge before doing otoscopy	34		
35. In Chronic Suppurative Otitis Media there is a perforation in the eardrum and a		✓	27
discharge for more than 2 weeks	35	1	26
36. The treatment of Acute Otitis Media is with antibiotic eardrops			
37. A dry perforation of the ear drum can start discharging if there is entry of water	36	20	1
into the ear	37	1	25
38. Infection of the ear can spread to the brain	38	1	27
39. A dry perforation will always require to be closed by surgery	39	13	7
40. Facial palsy (lame face) can be a complication of an ear infection	40	1	27
41. Glue ear is a condition with fluid in the ear canal	41	15	7
	7.1	10	•



		Т	F
42. Glue age is most seen in adults and affects their speech	42	23	7
42. Glue ear is most seen in adults and affects their speech 43. A polyp is a fleshy swelling in the ear	43	1	27
44. Cholesteatoma must be treated with surgery	44	7	25
45. If untreated, cholesteatoma can cause serious complications that may lead to death	45	7	25
46. People with hearing loss tend to notice their problems more in quiet places than	46	_	
in noisy ones		19	1
47. Hearing loss is more common in child whose parents are closely related to each	47	1	25
other (e.g. who are 1st or 2nd cousins)		•	23
48. Babies born with weight less than 3 kg are at risk for hearing loss	48	25	1
49. Wax in the ear usually causes severe hearing loss	49	20	1
50. Certain medicines can cause lasting damage to hearing	50	^	26
51. COVID-19 infection can cause hearing loss in some cases	51	✓	26
52. Vaccination can eliminate hearing loss	52	17	1
53. Home remedies (like putting hot oil in the ear) are effective and should be promoted	53	27	✓
54. 90% of hearing loss in children is due to preventable causes	54	11	√
55. By one year of age a child can usually speak two words like "give water"	55	14	1
56. If parents tell you that their child is not developing speech as expected, you should	56	20	1
reassure them that this is normal since some children may be "slow developers"			
57. Every baby should have a hearing test	57	1	26
58. To check the hearing in a small child (e.g. 4 years old) you can instruct them to	58	1	24
perform simple actions like touching their nose 59. hearWHO is a WHO app to check hearing	59	1	26
60. People with normal hearing can hear you when you whisper	60	7	27
61. Older adults with hearing loss are likely to speak very softly	61	19	1
62. Ringing in the ear is known as "tinnitus"	62	1	27
63. Audiogram is a map of the ear	63	23	1
64. Even without specialized equipment you can check for hearing loss at all ages	64	√	25
65. In babies we should wait till they are one-year old for starting hearing	65		
rehabilitation	65	22	1
66. A cochlear implant picks up sounds, amplifies them and delivers them into the ear	66	13	1
67. It does not matter if water gets into the hearing aid	67	26	1
68. Hearing aid should be stored in a sealed container at night	68	1	25
69. Children should be encouraged to wear their hearing aids as long as they are awake	69	1	27
70. Tubing of the hearing aid can be cleaned by washing it	70	1	22
71. Cochlear implant is implanted surgically inside the ear and there is no external	71	24	1
visible part			-
72. There is only one sign language that is used across the world	72	24	√
73. Anyone can learn sign language	73	1	27
74. Patients must be taught how to care for their hearing aid	74	√	27
75. Only specialists can identify and treat common ear diseases 76. Ears should be regularly cleaned with cotton buds/q-tips	75	24	1
77. Hearing loss caused by loud sounds is permanent	76	27	√
78. Home remedies can help cure ear and hearing problems	77	✓	25
79. Using earplugs in noisy places can protect one's hearing	78	25	√
80. When speaking with a hard of hearing person, make sure to stand facing the	79	1	27
person and with proper light on the face	80	1	27
81. Adults can use the WHO hearWHO app to check and track their hearing	81	1	26
82. Parents don't need to tell teachers about their child's hearing loss. By doing so,	82		-
the child may face stigma at school	02	27	1
83. Shouting at people who have hearing loss helps them to hear	83	27	1
84. World Hearing Day is observed on 3 March each year	84	7	27
85. WHO's guide for Hearing threshold is the minimum sound intensity that an ear	85		25
can detect as an average of values at 500, 1000, 2000, 4000 Hz in the better ear		✓	23

5th March 2025 - CBM International - Inclusive Health Initiative - EHC - Designed by Diego Santana



Annex 4 – Strategic EHC Planning meeting Participants list

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