



September 2018

Volume 5, No. 12

CAMEROON BAPTIST CONVENTION HEALTH SERVICES The Health Services Chronicle

A monthly publication of the CBC Health Services Press Division

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Stop Press!!

Read the HS Chronicle and pass it on to the next person.

Bible Verse of the Month

"Consider how the lilies grow. They do not labor or spin. Yet I tell you, not even Solomon in all his splendor was dressed like one of these". Luke 12:27 (NIV).

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CBC Health Services Launches Physical Exercise Program Against NCDs



Prof Tih Pius Muffih says "If we don't prevent NCDs, NCDs will prevent life from us"

Cameroon Baptist Convention Health Services has launched a Physical Exercise Program to fight against the galloping rate of Non-Communicable Diseases (NCDs) in Cameroon. The CBC Health Services' Central Administration Physical Exercise Program was launched on September 13, 2018 at the Baptist Center in Bamenda as part of activities to mark the Global Week against NCDs and the Enough NCDs Campaign initiated by the Global NCDs Alliance.

World Health Organization (WHO) reports that NCDs are the leading cause of deaths in the world today accounting for up to 41 million deaths every year, equivalent to 71% of all deaths globally.

Prof. Tih Pius Muffih, Director of CBC Health Services, told the media present during the launching that the campaign is to raise awareness against Non-Communicable Diseases (NCDs) such as hypertension, type 2 diabetes, heart attacks, strokes, cancers, and chronic respiratory diseases.

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Regular Physical Exercise beats NCDs and increase productivity at work

#BeatNCDs

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"The CBC Health Services' annual reports have continually indicated an increase in the number of people consulting with and dying from NCDs in the previous five years," said Prof. Tih. He noted that NCDs are silent killers as they manifest only in the later stages when the patient is already dying.

"We are therefore telling all that prevention is key. A preventive measure like physical exercise is medicinal for the health, and can be afforded by almost all," the public health expert posited. Prof. Tih lamented that a disease like diabetes runs in the family because no one in the family runs. He added that "if we don't prevent NCDs, NCDs will prevent life from us."

Non-Communicable Diseases were once considered to be a problem for high-income countries alone. Yet, these diseases now account for more deaths than HIV, malaria, tuberculosis, diarrhea and all other communicable diseases combined.

A 2014 WHO report revealed that 239,000 people died in Cameroon as a result of NCD related diseases, an estimated 31% of the total deaths that same year.

The representative of the Regional Delegate of Sports and Physical Education in the Northwest Region of Cameroon, Fonye David at the occasion said that the ministry has trained sports and physical education monitors and created Parkour Vitas such as the one in Bamenda accessible to members of the public free of charge.

"We look forward to establishing keep-fit groups

that will go to communities and encourage people on the importance of physical exercise, so that together with the CBC Health Services we can beat NCDs," he added.

On her part, the representative of the Northwest Regional Delegate for Public Health, Mrs. Nfor Claudette, said NCDs are on the rise in the country and that the government is setting up structures to fight these diseases.

She disclosed that earlier this year the Ministry of Public Health created a National Diabetes and Hypertension Program which is in its pilot phase in the Center and Northwest Regions. "The program has already trained 120 health practitioners in 10 health districts of the Northwest Region to cater for those living with hypertension and diabetes," noted Mrs. Nfor.

By 2020, she added, the Ministry of Public Health hopes to establish this program in the health districts of all the 10 regions of Cameroon so that we can better raise an alarm and give better health care to those suffering from NCDs.

On September 27 this year 2018, the United Nations is organizing the 3rd UN High Level Meeting in New York on the prevention and control of NCDs. The CBC Health Services' (Non-Communicable Disease Prevention and Control Program (NCD-PCP) Manager, Mr. Mbiydzennyuy Ferdinand, says the 3rd UN High Level Meeting will be a platform for governments and stakeholders to initiate measures to prevent the continuous spread of NCDs.

He went on to highlight that communities can prevent NCDs by banning tobacco consumption

in public places, placing taxes on goods that increase the risk of NCDs on people, and encouraging preventive measures like physical exercise and proper dieting.

"The CBC Health Services through the NCD-PCP with a committed staff has recently been organising programs like the Know Your Number (KNY), a service to encourage communities to check their vital signs numbers like blood pressure, body mass index, and waist circumference once every six months. The program has gone operational in 7 health facilities and 7 districts in 5 regions of the country.

"We have strengthened our diabetes and hypertension services and trained staff to better take care of patients living with NCDs. We have done a lot of community outreach in Cameroon to educate people on how to prevent and manage NCDs," elaborated Mr. Mbiydzennyuy.

The NCD-PCP Manager revealed that that the CBC Health Services will represent Civil Society Organisations in Cameroon during the 3rd UN High Level Meeting as the voice against NCDs in Cameroon and the world at large.

Prior to the September 13 launching of the Physical Exercise Program, CBC Health Services' staff had intentionally been having physical exercise every Friday as way of fighting against NCDs and improving productivity at the work place.

Clubfoot Care Project Stakeholders Evaluate End of Project

Stakeholders of the Cameroon Clubfoot Care Project (CCCP) have applauded the project's impact since its initiation in 2014. The evaluation of the project was done from August 13-20, 2018 by a team made up of the CBM Director for West and Central Africa Mr. Mue Peter, the CBM Country Program Manager, Maria Magdalene, and the President of the Coordinating Unit of the Associations of Persons with Disabilities in the Northwest Region, Mr. Chick Sama. They were accompanied in the evaluation meeting by the CCCP coordination team led by the Program Manager, Mr. Awa Jacques Chirac.

The lead evaluator, Mr. Mue Peter explained that

the objective of the evaluation was to get feedback from stakeholders on their appraisal of the project which will inform planning for the next phase of the project.

During the evaluation, the team had working sessions with the various stakeholders made up of service providers, Community Based Rehabilitation workers, media practitioners, religious and traditional leaders, Social Affairs, Basic Education and Council stakeholders, an official of the Ministry of Public Health, and parents of children born with clubfoot amongst others. At each visit of the different stakeholders, Mr. Mue presented the objectives of the evaluation and encouraged participants to be

objective in sharing their views about the project.

The team visited Mbingo Baptist Hospital, SAJOCAH Bafut and the Yaounde Handicap Centre which are amongst the 21 partner clinics of the project. In each of the clinics, Mr. Mue appreciated the clubfoot staff for the strides made so far in treating children with clubfoot. The staff in the clinics led by the heads of department commended the project for continuous capacity building and provision of consumables for the clinics which enable them to provide the right treatment to the children.

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Cont'd from pg. 2 Clubfoot Care Project Stakeholders Evaluate End of Project

The Head of the Physiotherapy Department in SAJOCAH Bafut, Sr. Petra Muso said, "The subsidies that the project has been providing for very poor children have greatly enabled a number of them who could not pay for their treatment to have access to treatment." She listed the challenges they face to include the fact that parents have to cover long distances to get to the hospital for follow-up which most often lead to relapse of treatment, non-compliance at the maintenance stage, cultural beliefs which have prevented some parents from bringing their children for treatment, and a limited number of clubfoot treatment centres.

The evaluation in the Northwest Region ended with a stakeholders' meeting that held in Bamenda and brought together 48 participants who shared ideas on the way forward for the project. During the stakeholders' meeting, the Project Manager, Mr. Awa Jacques Chirac presented an overview of the project, highlighting that 851 children with clubfoot have been treated in 22 partner clinics from seven of Cameroon's ten regions where the project is currently being implemented. The CCCP Manager revealed that Cameroon has 179 districts but the project has so

far covered only 12% of the districts. According to Mr. Awa more still needs to be done to increase coverage so that more children with clubfoot can be treated.

Amazed with the results, stakeholders in their different focus groups expressed the need for the project to continue given its impact on the lives of children born with clubfoot. In five groups, participants highlighted the limitations of the project, proposed recommendations for the next phase and underlined the role of the various stakeholders in ensuring increased access by children to clubfoot services.

Mary Lum, whose child's clubfoot had been treated, expressed joy at the fact that she no longer gets depressed as a result of the condition her child suffered. "I am a happy mother today and I encourage every parent whose children have clubfoot to take them for treatment. I am a testimony of a successful case," boasted Mary Lum.

In the Center Region, the team met with stakeholders from the Center and Northern regions who expressed similar views about the

progress registered by CCCP. They went further to highlight the high rate of poverty in some areas in the Northern regions as a barrier to parents taking their children for clubfoot treatment.

The team also had discussions with the administrators of Bafoussam and Garoua Regional Hospitals who made contributions on how the clubfoot treatment can best be sustained in their hospitals.

The evaluation ended at the Ministry of Public Health where the team met with Dr. Nko Ayissi George who made an appraisal of the project. He went on to give some recommendations on how the project team can get the government more and more involved given that the hope is for the project to cover the whole country. Dr. Nko commended the CBC Health Services her remarkable contributions towards healthcare delivery in Cameroon. He advised on what the CBC Health Services can do to facilitate the process of securing full partnership with the government to provide care to children born with clubfoot.

AIDS Care Volunteers Commit to Reach Underserved Communities

Community-based Volunteers in the Southwest Region of Cameroon have committed to use their skills and energy to reach disadvantaged areas in the region with regards to healthcare services. This commitment was the mainstay of a two-day training for community-based volunteers organized by the Community Initiative for AIDS Care and Prevention (CIACP) programme.

Speaking at the opening of the workshop, the Mr. Ngang Paul, Health Services Complex (HSC) Administrator, urged participants to use the time of the training for experience and knowledge sharing and enhancing their skills so as to better meet the health needs of the population. He equally used the forum to present in detail all service units and departments hosted at HSC.

In an earlier devotional, Mrs. Ngam Esther, HSC Chaplain exhorted the volunteers to exemplify exceptional character traits which can bring about the psychological healing of those they are called to serve in the communities. She drew inspiration from John 9:1-3 and captioned the devotional, "The attributes of a servant service provider".



Volunteers seek ways to reach the less privileged communities for HIV & AIDS sensitization

CIACP Programme Manager, Mrs. Ngum Lauretta-Barbara, said the objective of the workshop was to refresh and equip volunteers with up-to-date techniques in reaching out to people in the communities with health education packages during door-to-door campaigns. She added that, "The door-to-door campaign championed by the volunteers will reduce the wide gap that exists between the health facilities and the population," especially in remote areas. The door-to-door campaign seeks to educate the people on health issues and how to preempt the challenges.

Mr. Ndzi Gilbert Ngala, a Volunteer and Nurse Practitioner, at Cameroon Development Corporation (CAMDEV-CDC) noted, "I will be actively involved in educating people in my community to get tested [for HIV] and if anyone is positive, I will encourage them to enroll for treatment so as to stay at the viral stage, and not develop the disease (AIDS)". He added that, besides laying emphasis on HIV education, he will also sensitize the population on Non-Communicable Diseases (NCDs) which are threatening so many lives today.

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During each outreach to the communities, the volunteers will collect the following indicators from the targets; body mass index (BMI), blood pressure (BP), and blood sugar. Besides the indicators, they will collect statistics of those willing to know their HIV serological status and report to the CIAP office to organize screening sessions.

Mrs. Musoro Mary Njang, President of Association of Midwives Cameroon (ASFAC) and workshop participant, expressed with optimism that she will use the lessons from the training to scale up the participation of the male folk in antenatal consultations alongside their wives or partners.

"The management of the HIV and AIDS pandemic in the family will yield results if both partners know and accept their status," noted Mrs. Musoro.

The United Nations Programme on HIV and AIDS (UNAIDS) observed that although HIV and AIDS affect all sectors of the society, studies have shown that the most severe effects occur at the level of the household and communities. Hence, the training of community-based volunteers by the CBC Health Services' Community Initiative for AIDS Care and Prevention programme is the long-term approach towards involving community stakeholders in integrated HIV services that can also improve the quality of care received by patients.

It is worth stating that CIACP is one of the moves sought by the CBC Health Services to objectify the sustainable patientcare-centered approach enshrined in her mission statement of providing exemplary healthcare as a means of Christian witness.

Education Stakeholders Seek Ways to Implement Inclusive Education

The education stakeholders in the Northwest Region have brainstormed on polices that will enhance the implementation of Inclusive Education (IE) in the region. They made the proposed polices at the end of a two day workshop organized by the Regional Delegations of Secondary and Basic Education in collaboration with Australian Aid through the Socio Economic Empowerment of Person with Disability (SEEPD) program.

The workshop, which took place from August 9- 10, 2018 at the Delegation of Secondary Education, was presided over by the Delegates of Secondary and Basic Education.

Mr. Tasi George, Coordinator of Teachers Resource Unit and Focal Person for Inclusive Education at the Regional Delegation of Secondary Education, explained that the objective of the workshop was to bring on board stakeholders of the education sector in the region to sharpen their skills and seek better ways of promoting inclusive education in the region.

During the workshop, participants highlighted challenges that learners with impairments face such as inaccessible classroom, stigmatization from teachers and peers, and lack of inclusive curriculum amongst others.

One of the challenges that stood out was that of limited time allocated to learners with impairments especially those with visual impairment. It was noted that learners with impairment require extra time during exams because they brail their scripts, which takes more than the normal time allocated.

One of the facilitators and teacher of the Resource room in GBHS Kumbo, Mr. Chiamba Daniel who lives with a visual impairment, took the teachers through a brail practical session where they were given the opportunity to brail some sentences. After going through the exercise, the teachers were all marveled at the challenge that students with visual impairment go through with the limited time given them during exams. According to Mr. Chiamba, the objective of his presentation was to cause the participants to understand the complicated nature of brail so that they can advocate for extra time for learners with visual impairments.

A participant, Mr. Ngoh Romanus testified that formerly he never knew it was time consuming to write on brail and promised to allocate more time to impaired students during exams.



Inclusive teachers seek ways to deal with the challenges children with disabilities faced in school like **inaccessible classrooms and stigmatization**

"I was selected last year to mark the scripts of candidates with visual impairment but I never had any idea of the difficulties of limited time that they go through. I think with this brail lesson, I will advocate for extra time for them during exams and I will start it in my school," the teacher confessed.

On his part, the Head Teacher of the CBC Inclusive School and Sign Language Center Mbingo Mr. Che Manasseh in his presentation on basic sign language skills noted that teachers must have a basic skill on sign language in order to understand the learning needs of learners with hearing impairment.

Earlier, the SEEPD Program Manager, Mr. Awa Jacques Chirac appreciated the stakeholders for collaborating with the SEEPD program in its drive to ensure that children with disability access education. He announced that the current phase of the program is wrapping up in December 2018. Mr Awa disclosed that in the next phase, the program will take the idea of inclusive education beyond the NWR but will still prioritize the NWR as a region where the program piloted inclusive education.

The workshop brought together 67 school administrators from the 18 pilot schools of Inclusive education made up of the government, mission, private secondary and primary schools. They all committed themselves to be ambassadors of inclusive education.

At the close of the workshop, the Delegate of Basic Education, Mr. Ndong Wilfred added his voice to that of the Delegate of Secondary Education to urge the school administrators to promote inclusive education in their schools and source for funding. He applauded the SEEPD program for investing in the education of learners with impairments and pledged the support of the government in ensuring sustainability of inclusive education in the region. Mr. Ndong announced that the policies on inclusive education proposed by the stakeholders will be reviewed and forwarded to the Ministers of Basic and Secondary Education.

Cholera Still Lingers: Areas of War at High Risk

Cholera is an infectious and often fatal bacterial disease caused by the bacterium *Vibrio cholerae*. It is typically contracted from infected water supplies, food or drinks and causing severe vomiting and diarrhea.

Cholera can cause death from severe dehydration (the loss of enormous water and salts from the body) within hours if not treated.



Good hygiene and sanitation like washing of hands with clean water and soap can prevent Cholera

World Health Organization (WHO) says cholera affects averagely 1.7 million people and kills over 80,000 globally in a year. About 50% of global cholera cases and deaths are recorded in Africa as a result of inadequate water hygiene and sanitation system in most of the continent's countries. Contaminated water and poor sanitation are likely to transmit water-borne diseases like cholera, diarrhea, dysentery, hepatitis A, typhoid and polio.

WHO has also reported that congested population areas especially those marked by an influx of refugees and war zones stand a higher risk of degrading in water hygiene and sanitation which often leads to cholera outbreaks.

Recently in June 2018, the Cameroon government declared a cholera outbreak in the Far North, Littoral and Centre Regions of the country. The declarations came after 4 cholera cases were recorded on May 18 in Mayo Oulo, a small town in the Northern Region of Cameroon that borders Nigeria and Cameroon.

The numbers of suspected cholera cases and deaths in Cameroon are rising. In early September 2018, the Ministry of Public Health revealed that there were about 235 suspected cholera cases in the country with 17 deaths which may keep increasing if prevention measures are not intensified.

Reported cholera cases were suspected as being contaminated from among the 90,000 Nigerian refugees fleeing the Boko Haram insurgency to Cameroon.

WHO has reported recurrent cholera outbreaks since February 2018 in the states of Adamawa, Bornu, and Yobe States in Nigeria, with 1,664 suspected cases and 31 deaths.

According to a message from the Infection Prevention and Control Association of Cameroon (IPCA-Cameroon) channeled by the CBC Health Services, the Anglophone Crisis in Cameroon exposes more people to the cholera disease. This is as a result of the increasing number of people fleeing violence to the bushes and to congested areas like Douala and Yaounde.

Cholera is a major global public health problem, but the burden and impact of the waterborne disease are greatest in sub-Saharan Africa.

In 2017, more than 150,000 cholera cases, including more than 3,000 deaths were reported in 17 African countries. This year, there has been a spike in cholera cases across Africa, with eight countries currently battling outbreaks including Cameroon.

WHO says the region is vulnerable to cholera for a range of reasons. Ninety-two million people in Africa still drink water from unsafe sources. In rural areas, pipe borne water is often unavailable and people practice open defecation. Humanitarian crises, climate change, rapid urbanization, and population growth increase the risk of cholera spreading.

Inadequate management of urban, industrial and agricultural wastewater means that the drinking water of hundreds of millions of people is dangerously contaminated or chemically polluted.

Each year 842,000 people are estimated to die from diarrhea as a result of unsafe drinking water, sanitation, and hand hygiene. The deaths of 361,000 children below the age of 5 each year could be avoided if these risk factors were addressed.

Where water resources are not readily available, people may decide that hand washing with clean running water and soap is not a priority, and may decide to do that only occasionally, thereby adding to the likelihood of cholera and other diseases.

Maintaining good sanitation and hygienic conditions is the simplest way to prevent cholera. Oral Rehydration Solution (ORS) is approved to be cheap and effective in the treatment of cholera since it prevents dehydration before the patient is rushed to the hospital.

On August 28, 2018, African Health Ministers met in Dakar Senegal and pledged to end causes of Cholera outbreak in Africa by 2030.

During the meeting they agreed to take evidence-based actions which include: Enhancing epidemiological and laboratory surveillance; mapping cholera hotspots; improving access to timely treatment; strengthening cross-border surveillance; promoting community engagement and the use of the Oral Cholera Vaccine (OCV); and increasing investments in clean water and sanitation for the most vulnerable communities.

Engaging Youths in Overcoming the NCDs Burden

CBC Health Services' Non Communicable Diseases Prevention and Control program (NCD-PCP) is strengthening steps in overcoming NCDs by targeting youths as a means of sustaining efforts to curtail the spread of NCDs. As the leaders of today and the future, the adolescent population is the largest the world has ever seen.



Good hygiene and sanitation like washing of hands with clean water and soap can prevent Cholera

Apparently, governments are not doing enough to promote their health and stem the growth of NCDs. The CBC Health Services' NCD-PCP is a call for young people to be included in the dialogue around NCDs.

What is more, "Two thirds of premature NCD deaths are associated with behaviours initiated during youth and early adulthood," states the RTI International research brief on investment case for reducing Non Communicable Disease Risk factors in adolescents. The research brief underscores the importance of NCD prevention during youth and early adulthood.

Young people are still unaware that they are the most vulnerable to the causes of NCDs. As long as they do not feel sick, they do not see a need to check their vital health numbers. The CBC Health Services' Diabetes and Hypertension clinics and screenings have received mostly older people checking themselves; only 18.4% youths check their health.

With this in mind, the NCD-PCP team imparted more than 3,000 youths at the Cameroon Baptist Convention National Youth Conference in Ndu, Donga Mantung Division of the Northwest Region, from July 30 to August 4, 2018 on the need to prevent NCDs in their youth by reducing NCD risk factors.

Oliver Nshom, a participant at the Conference said, "After listening to all the disturbing presentations on NCDs, I have resolved to be active and to regularly exercise in order not to be a victim of NCDs. Clearly NCDs are killing so many today. I don't want to be left behind, there is no success without health and, therefore, my health is primordial."

In Baligham village in Santa Subdivision, the NCD-PCP took advantage of the United Youths Organization's (UYO) two-day program to raise awareness on NCDs. From August 10-11, 2018, a total of 42 youths were empowered to join the

action against NCDs. Under the topic "Youths and NCDs," the NCD-PCP team craved the indulgence of participants on the vital role youth have to play to help lift the burden of NCDs and its risk factors. The youths were encouraged to avoid NCDs risk factors like tobacco use, alcohol misuse, and physical inactivity. They were advised to adopt healthy eating habits whilst exercising regularly.

Present at the event was the Mayor of Santa Sub-Division who also doubles as the Fon of Baligham, CEO of United Youths Organization and Operations and Commercial Manager of AGRODYKE CEMAC & ECOWAS Block.

Young people have the model but not the results. Their energy is an invite for those in charge of the future generations to guarantee their progeny. Involving youth in the fight against NCDs is investing in their health and ensuring a prosperous and sustainable society.

Clubfoot Project Provides Technical Assistance to Douala-based Hospital

The CBC Health Services and the Nylon District Hospital in Douala have agreed to collaborate in the days ahead in ensuring the effective functioning of the Ponseti Clubfoot Clinic donated by Mercy Ships to the Cameroon Government this year. This was the outcome of a meeting held at the hospital recently between the Hospital Administrators and the Cameroon Clubfoot Care Project (CCCP) team. The objective of the meeting initiated by the Director of the Hospital was to chart a way forward on the effective functioning of the Clinic.

The CCCP Project Manager, Mr. Awa Jacques Chirac and the Clinical Supervisor, Dr. Ndasi Henry represented the CBC Health Services while the Director of the Nylon District Hospital Dr. Essomba Noel represented the District Hospital. Also, in attendance were some of the Mercy Ships trainees who will facilitate services at the Ponseti treatment clinic at the Nylon District Hospital including the Orthopedic Surgeon at Deido District Hospital Douala, Dr. Atemkeng, Faustin, Doctors Djokam Fabrice and Mvele Jeac Luc from the Nylon District Hospital and 3 physiotherapy staff from Mboppi Baptist Hospital Douala, Deido and Nylon District Hospitals, respectively.



Dr-Ndasi describes the Ponseti Clinic as a referral center for clubfoot treatment in Cameroon

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Clubfoot Project Provides Technical Assistance to Douala-based Hospital

"It is in line with this that the hospital is having a meeting with the CCCP to solicit [technical] assistance in managing the clinic," the Director noted.

On his part, the orthopedist, Dr. Atemkeng Faustin said, "The objective of the Clubfoot Clinic at Nylon is to treat simple clubfoot using the Ponseti method, treat complex clubfoot with the assistance of the CCCP and train other healthcare providers on the Ponseti technique."

Talking about human resources, Dr. Atemkeng underlined that 8 physiotherapy staff and three medical doctors from three Treatment Centers in the Littoral Region have been trained by the Mercy Ships and CCCP on the Ponseti method.

Elated with the vision the hospital has for the Center, the CCCP Clinical Supervisor, Dr. Ndasi Henry described the Ponseti Clinic as a Referral Center for clubfoot treatment in the Littoral Region.

He, however, noted that for the Center to serve as a reference, there is need for continuous training of staff, a surgical center, and provision of consumables which the CCCP will continue to provide to facilitate treatment.

The CCCP Manager, Mr. Awa Jacques Chirac commended the Director of Nylon District Hospital for hosting the Center and mapping out plans for effective functioning. Mr. Awa revealed that the CCCP is designing the next phase of the project with the hope of having the government fully involved. He pledged the continuous support of the project to the Clubfoot Clinic in Nylon District Hospital.

Both parties agreed to collaborate in raising awareness in churches, schools, and the media to generate demand for clubfoot services in the Center. Also, plans are underway to re-launch the Center during a press conference. It was concluded that the CCCP will provide the Clinic with treatment materials for the commencement of treatment once the Clinic has been re-launched.

ALSO Program: Setting the Pace in the Reduction of Maternal Deaths

The Medical Dictionary sees Obstetrics as the branch of medicine that deals with the care of women during pregnancy, childbirth, and the recuperative period following delivery. This medical specialty requires professionalism in clinical practice. Consequently, the CBC Health Services has put a specialized program in place to handle obstetric concerns within and beyond the system. The program is called, Advanced Life Support in Obstetrics (ALSO).

ALSO is a training program that was designed by two Americans in the early nineties. In 1993, the American Academy of Family Physicians acquired

the course and owned the license. So far, there are 47 authorized countries in the world that have the right to organize courses to train people who are involved in obstetric care. The CBC Health Services thanks to Dr. Thomas Welty and his wife Dr. Edith Welty, who got the license in 2012 to carry out ALSO trainings in Cameroon. The need for such a program had become more pressing given that with the Millennium Development Goals (MDGs), maternal mortality throughout the world did not reduce by 75% by 2015 as was expected. Following the data that was collected in Cameroon in 2012, it was discovered that maternal mortality had risen to 1000 per 100,000 deliveries.

Given the dilemma, the Weltys who have a track record of achievements in maternal and child health in Cameroon through the CBC Health Services, contemplated on what they could do in curbing maternal mortality in the country. Their pursuit for a solution made them to search around the world for best practices in the battle against maternal mortality. Considering the fact that some countries around the world had succeeded in reducing maternal mortality by equipping healthcare providers with skills required for caring for pregnant women, the Weltys then influenced the introduction of ALSO to Cameroon via the CBC Health Services.

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ALSO Program brave through remote areas that are not motorable to save pregnant women in critical conditions .

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ALSO Program: Setting the Pace in the Reduction of Maternal Deaths

Mrs. Mbah Rahel is the CBC Health Services' ALSO Program Coordinator and works closely with Mr. Munjoh Anthony, ALSO Program Director who doubles as the Supervisor of Nursing Services for Mboppi Baptist Hospital Douala (MBHD).

The introductory and elementary phase of the ALSO training is called Basic Life Support in Obstetrics (BLSO). It is intended to equip those who attend to pregnant women, with basic skills to be able to know when to refer cases from primary health facilities to more advanced healthcare facilities and hospitals. Therefore, the program is run in close synergy with the Life Abundant Primary Health Care program (LAP), which runs over 54 primary healthcare facilities in the remotest parts of Cameroon.

"So far, we have trained over 500 Cameroonians in the CBC Health Services, the peripheral health services and in the government hospitals in the Northwest and Southwest regions of Cameroon," Says Mr. Munjoh Anthony.

Lillian Nsetie Njini is a nurse assistant at the Mbingo Baptist Hospital Maternity. She recently attended one of the BLSO trainings at LAP Bamkikai from September 6-8, 2018. Quizzed on how the training has impacted her career she

said, "I have learned how to manage shoulder dystocia which is a complication that may arise during delivery. Though I am not a midwife, I believe I can give good assistance whenever I am called to do so during delivery.

Haran Kuma from Nyamboya Integrated Health Center is another recent ALSO trainee. "I have benefited a lot from this training. I learned some tips on how to manage a woman who is bleeding after delivery; a condition known as postpartum hemorrhage. I am going to help more pregnant women by giving them better care," says Haran. .

Going by Mrs. Mbah Rahel's account, Advanced Life Support in Obstetrics (ALSO) is an evidence-based, inter-professional, and multidisciplinary training program that equips the entire maternity care team with skills to effectively manage obstetric emergencies. This comprehensive course encourages a standardized team-based approach amongst physicians, residents, nurses midwives, registered nurses and other members of the maternity care team to improve patient safety and positively impact maternal outcomes.

On the other hand, Mrs. Mbah describes the BLSO training as a 3-day training which ends with the trainees taking a test. Prior to the training, the manuals for the training are sent out to the participants who should be people who work with pregnant women. The participants are expected to study the manual in order to get prepared for the training. The training is a combination of theory and practicum.

Evidently, the goal of reducing maternal mortality in Cameroon is gradually being attained. If we consider Bango Baptist Hospital (BBH), Mbingo Baptist Hospital (MBH) and Baptist Hospital Mutengene (BHM) as cases in point, we see that the few maternal deaths recorded in these medical facilities over the last 6 years since the training began have been due to late referrals and not the lack of skills by the health personnel. Mboppi Baptist Hospital Douala is an outstanding example of the success of the ALSO program in Cameroon. Since the training was done in this hospital, over 30,000 deliveries have been done with less than 15 maternal deaths.

CBM's Global Ear, Hearing Advisor Visits CBC Health Services

CBM's Global Advisor for Ear and Hearing Care has paid a 10-day working visit to the CBC Health Services. Dr. Diego Hernandez Santana visited the Ear, Nose and Throat (ENT) facilities of the organization to carry out a technical assessment, advice, and orient prospects of Ear and Hearing Care (EHC) services in facilities of the CBC Health Services.



On Wednesday, September 12, 2018, Awa Jacques Chirac, Program Manager of the Socio-Economic Empowerment for Persons with Disability (SEEPD) program led the team to the Bango Baptist Hospital (BBH) for the first technical assessment and working session in the ENT department of the hospital. After a courtesy visit to the administration of the hospital, Dr. Diego guided by Dr. Acha Evaristus (CBC Health Services' ENT Surgeon) paid a working visit to the ENT clinic.

Assessing the facility with keen attention on quality of service delivery and equipment in place, Dr. Diego acknowledged the work done by the two clinical staff. The team indicated the need for equipment and human resource improvement to increase quality of service delivery.

It should be noted the ENT clinic of BBH is operating on a full capacity with two clinical staff who carry out consultations at the clinic and during outreach, and offer primary treatment for ENT conditions. Meanwhile on regular visits, Dr. Acha Evaristus intervenes on cases requiring surgery.

The second stopover was at Mbingo Baptist Hospital (MBH), which hosts one of the most functional ENT clinics in Cameroon. Here, Dr. Diego expressed profound satisfaction at the level of work done and the quality of the service delivery irrespective of the human and material resource deficiency.

Still guided by Dr. Acha Evaristus, Head of the ENT Clinic in MBH, the team visited the audiology unit of the hospital that is specialized in handling the setting up and prescription of hearing aids.

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The team then moved to the ear mould laboratory where a practical session demonstrating the procedure of ear mould production took place.

After visiting the surgery room to evaluate surgery equipment, Dr. Diego presented a talk to six clinical staff, a sign language interpreter and the other members of the visiting team on the role of clinical staff in public health. He emphasized that staff should never give up on a patient and should always intervene promptly. While commending staff, he expressed the determination of CBM to uphold the partnership in reaching more people with quality services.

To give a rundown of the work the CBC Health Services is doing in improving the lives of persons with disability and their involvement in inclusive education, Dr. Diego made a stopover at the CBC Inclusive School and Sign Language Centre, Mbingo, which hosts over one hundred children with hearing impairment. The interesting aspect of this institution is its inclusive setup as the school now offers an opportunity for learners with or without hearing impairment to study

Rounding up on Friday, September 14, 2018, a general working session took place with participants drawn from the SEEPD program, medical/clinical staff, Community Based Rehabilitation (CBR) workers and representatives from the Inclusive School and Sign Language Center-(ISSLC), Mbingo. This working session came on the background of projections to engage a comprehensive Ear and Hearing Care (EHC) project in the organisation.

Advising participants in this light, Dr. Diego indicated that CBM supports EHC services in the areas of awareness activities about EHC, teaching and capacity building (Training of Trainers), primary, secondary and tertiary hearing care services as well as survey, screening, and early identification programs amongst others.

It should be noted that the ENT service of the CBC Health Services is functional, thanks to support from the Australian Aid.

Mbingo Baptist Hospital & her Institutions

PAACS Residents Return to Mbingo

The ongoing socio-political crisis rocking the Southwest and Northwest regions took an intense toll on Boyo Division where Mbingo Baptist Hospital (MBH) is located. Although the hospital was safe from any infiltration, the looming insecurity outside the hospital had a direct bearing on her smooth functioning. Many internally displaced people from Belo and Baingo including staff residing in those areas flooded the hospital; patients' attendance drastically dwindled due to road blocks and fear of the unknown and only very critical and daring patients could brave a trip to Mbingo Baptist Hospital during such hot moments. This is the background on which the

Pan African Academy of Christian Surgeons (PAACS) program authorities took a decision to temporarily relocate the residents to Bansa Baptist Hospital (BBH), which was calmer at the time, given that the art of surgery requires an atmosphere of utmost serenity. The PAACS residents spent one month in BBH.

In a chat with CBC Health Services Press on September 6, 2018, MBH Senior Administrator, Mr. Nji Richard Nkeh announced that the PAACS residents returned to MBH on Tuesday, August 7, 2018 to reunite with their colleagues and patients who are, nevertheless, fewer now than before. However, reports from some staff say life

is beginning to return to Mbingo as it is much easier to ply the road now with little or no security challenges.

Quizzed on how the staff are coping with the crisis situation, the Senior Administrator said they have adopted coping mechanisms by meeting the physical and emotional needs of one another, especially those in distressing situations. In particular, the hospital administration provides temporary lodging to staff whose houses are either ransacked or burgled by either of the warring parties until it is safer for them to return to their homes

MBH Chaplaincy Department

The 2018 CBC Health Services Spiritual Emphasis Week took place in the third week of August hitch-free in all MBH supervised stations except Ndebaya Baptist Health Center where it did not hold due to security concerns. Rev. Dr. Nfor Ephesians who sat in for the Head Chaplain, Rev. Mbuh Julius on annual leave, noted with thanksgiving to God that the event especially went well in those stations hard-hit by the ongoing socio-political crisis namely:

Mamfe, Belo, Ashong and Akeh Baptist Health Centers.

Meantime, in synergy with the administration and social workers, the chaplains have been unwavering in offering pastoral care, counseling and psychotherapy to the internally displaced persons (IDPs) from the ongoing socio-political unrest. The chaplains pray for them, counsel them in groups as well as individually in

particular cases and take care of their basic needs like food and shelter. According to Rev. Dr. Nfor, the chaplaincy sometimes changes the devotional lessons on schedule to suit the needs of the internally displaced persons.

In other staff news, Chaplain Grace Fonbuh lost her mother who was buried on September 7 in Awing.

Belo Baptist Health Center (BBHC) is still very much alive and playing the role of an island in a turbulent sea. Beginning Monday, August 20, 2018, the health center braved the waging storm in the area to join other CBC Health Services institutions to commemorate this year's Spiritual Emphasis Week with Rev. Mbuh Julius, Head Chaplain of Mbingo Baptist Hospital as speaker.

CBC Health Services Press reporter in Belo, Oliver Fombang took interest in some of the details. A total of 131 people attended the Spiritual Emphasis in BBHC for three days and raised an offering of FCFA 7,375; a total of 17

persons were counselled and 22 took a commitment to pursue God-honouring loyalty according to this year's theme. Reports say, 42 people attended on day one and 3 counselled, 46 on day two and 6 counselled and 43 on day three and 8 counselled. Those in attendance included the staff and those seeking refuge in the health center from the socio-political upheavals in Belo.

The Chief of Center, Mr. Loh Isaac Tim, said in line with the Spiritual Emphasis theme, they are emboldened to continue with their prayer session every Wednesday from 4pm even when the crisis is over. A Bible and 2 tablets of

washing soap (savon) were each given to those seeking refuge at the health center and who made commitment to follow Christ.

In other news, the health center generator, which has been at Maintenance Unit of the Technical Services Department for almost a month for repairs, was brought back on August 23, 2018 after a job well done. According to our reporter, BBHC will no longer suffer when conducting deliveries at night or doing laboratory investigations and storage of vaccines during power outages.

Etoug-Ebe Baptist Hospital Yaounde: EBHY Adopts a Three-Shift System

Patients who will in the days ahead turn out for medical consultations at Etoug-Ebe Baptist Hospital Yaounde (EBHY) will have less time to spend in waiting areas in the facility due to a new system of work put in place recently

The facility, in a bit to cut down patients' waiting time, decided in a hospital management meeting to introduce a three-shift system in all out-patient services. This is owing to the heavy patient turnout recorded daily. Patients now receive medical care at any time of the day given that a new work shift keeps the hospital

running 24/7.

The doctors and screeners take turns in the shift which is structured as follows: 6:40 AM to 3 PM, 12noon to 8 PM and from 8 PM to 7 AM. Besides the outpatient consultation, patients are also kept under observation before they are discharged while the very critical cases are referred to the hospital for better management. This move has gone a long way to increase patient turnout and also reduce their waiting time. This has brought joy to the hearts of most of the patients as they no longer spend too

much time in the hospital.

The departments that carry out the three shifts system include general consultation, laboratory, pharmacy services, treatment, and injection. The rest of the departments take calls and all the staff are happy with the change as it has seen a high reduction in patients' waiting time in the hospital. As a consequence, the Dental, Eye, and Laboratory departments have also resolved to start consultations as early as 6:30 AM.

Banso Baptist Hospital & her Institutions

BBH Plays the Expert Swimmer in Troubled Waters

It was Margaret Halsey who said, "Bulldogs have been known to fall on their swords when confronted by my superior tenacity." That's probably the best description of Banso Baptist Hospital's attitude towards the socio-political crisis currently shaking the Northwest and Southwest regions of Cameroon.

The hospital played a safe and conducive host to residents of the Pan African Academy of Christian Surgeons (PAACS) from Mbingo Baptist Hospital for a full month. The residents returned on August 17, 2018 when the prevailing tension from the crisis seemed to be piping down in Mbingo.

On this premise, the Spiritual Director and the Chief Medical Officer of PAACS from the USA

paid a courtesy visit to BBH from August 16-17, 2018 to appreciate the hospital administration for providing a hospitable infrastructure for the PAACS residents. Also, during the visit the PAACS team opened talks with the hospital administration on the subject of a possible return of PAACS to BBH.

According to reports, the socio-political crisis in the country has triggered low patient turnout, financial challenges, halting of projects among other things. "We should have completed renovation work on the theatre block but the work has been halted because of financial constraints," remarked the visibly hopeful Administrator of BBH, Mr. Kangong Joce.

Faced with these challenges, the hospital administration has put in place coping

strategies. A special shift system has been drafted for staff starting September 2018. As per the new shift system, some staff will work from morning to morning while others work from 7am to 2pm and the rest will cover the 2pm-6pm shift. This security measure is winning more steam as the days wear on.

Given that the bill-penders' situation is worsening, the path has been made narrower for those who hope to get treated without making a financial commitment. Patients who present with non-life-threatening conditions are required to make a deposit before they can be attended to. To make for easy cash flow, the hospital has mobile money accounts that are open for relatives of bill-penders who wish to settle bills from any region of the country.

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Baptist Hospital Mutengene & her Institutions

BHM WHP Adopts Regular Health Talks to Stay Afloat

The Women's Health Programme (WHP) at Baptist Hospital Mutengene (BHM) has adopted regular sensitization talks within the hospital to stay alive. "Our sensitization project on all cancers affecting women has now been reduced to the OPDs (outpatient departments) and all waiting areas in our facility," discloses Gracious Tangi, WHP Coordinator for BHM.

According to Gracious, the turnout of patients to the Department has been reduced to its knees. She noted that in the past when things were normal, the unit had an average intake of 80 patients daily but today there are days that no patient is seen. In order to keep the Department going, she revealed that they have resolved to

give health talks at every waiting area in the hospital where the few patients who brave the odds to come to the facility gather.

During the health talks, she said, they educate all people even though with a tilted attention towards women on cervical cancers which is a leading cause of deaths among all cancers that occur in women. Quizzed on why they adopted continuous education about cancers, the WHP Coordinator told CBC Health Services Press that sensitization is aimed at wooing the people on making informed choices about their health early. She remarked that according to the early cancer risk review, spotting early signs can be vitally important and beginning treatment for

cancers earlier can make all the difference.

Despite the much information present about cancers, Gracious lamented that many still come to the Department at the late stage of the cancers, when nothing can be done to reverse the intense damage caused. The reason for such late consultation is linked to the lifestyle of visiting the health facility only when one is in pains.

"To break this myth, public education is an important component we have adopted in our cancer control programme," noted Gracious.

Health Services Complex Mutengene

Continuous Care Cards Go Operational at HIVF SW 49 Sites

With the current socio-political unrest in the Anglophone speaking regions of Cameroon many people some of whom are persons living with HIV have been displaced from their communities and so do not have access to the health facility that provided them with the care for their condition and most especially no medical information for continuation of care. It is against this backdrop that the HIV-Free

South West (HIVF SW) Project came up with strategies to reach out to these persons, one of which was the issuing of Continuous Care Cards (CCC) for patients with chronic conditions. Reports say the objective of this card is to identify any client with a chronic care condition and the type of treatment they are receiving so that in case of need or any emergency they can easily be identified and assisted anywhere..

The Continuous Care Cards have been dispatched to all HIVF SW 49 health facilities (that is both Option B+ and Care and Treatment Sites). According to reports, most clients who came for refill are now in possession of the cards. This further guarantees continuity of care regardless of the community in which they find themselves.

Mboppi Baptist Hospital Douala

MBHD, Leader in Musculoskeletal System Care

The Physiotherapy (PT) Department at Mboppi Baptist Hospital Douala (MBHD) once in every two months carries out a mass screening of patients with neuromuscular, musculoskeletal, and cardiopulmonary systems problems. The screening exercise which is christened "The Orthopedic Clinic" is usually conducted by a visiting orthopedic surgeon as the team lead with another physiotherapist on the ground to screen and consult patients.

The orthopedic clinic for the month of September had as team lead, Dr. Ndasi Henry, Orthopedic Surgeon resident at Baptist Hospital Mutengene (BHM). During each clinic, the

specialist consults over 80 patients.

Wilfred Nfor, Physiotherapist at MBHD, speaking to CBC Health Services Press said the orthopedic clinic is of great aid to many patients who have the singular opportunity consult with the specialist. He noted that the services offered at the clinic go a long way in keeping the population of Douala mobile and active, proof of which is the influx of patients to the unit each time the clinic is convened.

The physiotherapist said physiotherapy services remain invaluable in the universal healthcare delivery, with the physiotherapist providing

treatment to people with health problems resulting from injury, disease, or overuse of muscles, ligaments, or tendons.

Owing to the influx of patients during the clinics, Dr. Ndasi Henry is resolving to make the bi-monthly clinic a monthly rendezvous. The move has been saluted by the MBHD physiotherapists who are most often overwhelmed with the work.

Meanwhile, the MBHD PT Department is committed to using treatment methods and options to help people maintain, restore, and maximize their physical strength.

The latest issue of your only English Language health magazine, Health Mirror is here! This issue focuses on Ear Nose and Throat. Get your copy at 1.000 FCFA from any CBC Health Service's station. Subscription is 3.000fcfa for 4 issues in a year. Subscribers are encouraged to pick up their copies and also renew their subscription. For any inquiries, call: 654075040 or 657266811.



Prayer Concerns

1. Thank God for keeping us safe and alive as individuals and as an organization during this difficult moment in our country.
2. Fervently pray for our colleagues who serve in our hospitals and health centers in the Northwest and Southwest hard-hit by the ongoing socio-political crisis.
3. The crisis has not spared the smooth functioning of the CBC as a whole. Pray for our leaders as they grapple with the present challenge.
4. Pray for the internally and externally displaced people who are seeking refuge in the bushes and in foreign lands.
5. Continue to pray for God's intervention in this crisis, which is taking a dangerous twist every passing day.