

**CAMEROON BAPTIST CONVENTION
HEALTH SERVICES**



ACTIVITY REPORT

2022

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List of Abbreviations

ACP	AIDS Care and Prevention Program
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BBH	Banso Baptist Hospital
BHB	Baptist Hospital Banyo
BHM	Baptist Hospital Mutengene
CBC	Cameroon Baptist Convention
CBCHS	Cameroon Baptist Convention Health Services
CBID	Community Based Inclusive Development
CBR	Community Based Rehabilitation
CCP	Chosen Children Program
CDC	Centres for Disease Control and Prevention
CHF	Congestive Heart Failure
CIACP	Community Initiative AIDS Care and Prevention
COC	Chief of Centre
CoMCHAs	Community Mother Child Health Aides
CP	Central Pharmacy
CUAPWD	Coordinating Unit of Association of Persons with Disability
CwDs	Children with Disabilities
DBH	Dunger Baptist Hospital
DHS	Director of Health Services
EBHY	Etoug-Ebe Baptist Hospital Yaounde
EDID	Empowerment and Disability Inclusive Development Program
EFC	Extended Forum of Care
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FP	Family Planning
HMIS	Health Information Management Systems
HSC	Health Services Complex
LAP	Life Abundant Primary Health Care
LRTI	Lower Respiratory Tract Infection
MBH	Mbingo Baptist Hospital
MBHD	Mboppi Baptist Hospital Douala
MINAS	Ministry of Social Affairs
MINEDUB	Ministry of Basic Education
MINESEC	Ministry of Secondary Education
MOH	Ministry of Health
MoU	Memorandum of Understanding
OT	Occupational Therapy
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission
PO	Partner Organisation
PT	Physiotherapy
PwD	Persons with Disabilities

SEEPD	Socio-Economic Empowerment of Persons with Disabilities
SG	Support Group
SPD	Services for Persons with Disabilities
SPO	Strategic Partner Organisation
STEP	Support Tools Enabling Parents
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection

i. Mission Statement

The Cameroon Baptist Convention Health Services seeks to assist in the provision of care to all who need it as an expression of Christian love and as a means of witness in order that they might be brought to God through Jesus Christ. Thus, the Health Board shall provide exemplary health care with genuine compassion and with overriding purpose of evangelical witness.

ii. Vision

Quality care to all

iii. Acknowledgement

The results presented in this report are achieved through the collaborative efforts of our patients, partners and friends who have supported us in prayers and with material and financial resources.

INTRODUCTION

We praise God for His Grace and for the opportunity to serve Him. The Cameroon Baptist Convention Health Services (CBCHS) was established in 1936 by the American missionaries. It transitioned into a solid indigenous organization in 1975. It is the second largest healthcare organization in Cameroon. The CBCHS has grown to be a humanitarian organization which runs a network of health facilities that include 14 Hospitals, 28 Integrated Health Centres, 50 Primary Health Centres and a Pharmaceutical Procurement and Distribution service and continues to make major contributions in alleviating human suffering with an underlying philosophy of Christian love as enshrined in her Mission Statement. Other services and programs that contribute to enhancing patient care include the Baptist Training School for Health Personnel Bango, the Baptist School of Public Health based in Mutengene, and the Baptist Institute of Health Sciences (BIHS) with major campus in Mbingo that trains clinical and paramedical personnel for the Health System. There is a Humanitarian response program, a comprehensive AIDS Care and Prevention Program, The Non-Communicable Disease Program, Malaria Program, Vaccination Program targeting especially zero dose children, Services for Persons with Disabilities, the Centre for Clinical Pastoral Education and Social Services, and Community Counseling Clinic. The services of the CBCHS are in eight of the ten Regions of Cameroon. The CBCHS addresses both clinical and public health problems affecting individuals and communities in Cameroon and internationally.

In 2022, there was an overall increase in outpatient and a decrease in inpatient service uptake. The socio-political environment in the Northwest and Southwest continue to make service uptake unpredictable. We appreciate the support and encouragement from Board members, the staff and our International Partners. To God be the Glory.

NARRATIVE REPORTS

I. BANSO BAPTIST HOSPITAL AND SUPERVISED HEALTH CENTRES

Banso Baptist Hospital and supervised Health Centres are thankful to God Almighty for His protection and also to the CBCHS Central administration for their support in the midst of the crisis, Kumbo being one of the most hit areas. Staff of BBH and supervised Health Centres have continued to brave the odds serving at these difficult times just to meet the needs of patients in the communities.

Major Achievements in 2022

The hospital and its supervised health Centres have continued to render health care accessible and affordable to inhabitants of the various localities. The hospital through the Disability Inclusive Humanitarian Action (DIHA) project has been able to access many hard to reach areas such as Ako, Misaje, Abongshie, Akwaja, Berabe, Gom, Kombassi etc, bringing hope and treatment to the people of these areas who have difficulties accessing healthcare due to non-existence of health facilities in these areas because of the crisis, or because the health facilities that existed in these areas have been shut down or are not able to function to maximum capacity all this while. About 90 outreaches were carried out and about 10,300 persons screened during these outreaches from January up till September when it became absolutely difficult and risky for staff to move around Bui Division due to the threats from armed men on the staff and vehicles of the hospital.

Due to the ongoing armed conflict in the Northwest Region, Kumbo has been in complete blackout for the past 4 years or more, and so the Administration conceived the idea of a mega solar project of 100pieces of Mono-crystalline solar panels, 64 tall tubular batteries and two 100KVA inverters which will supply about 200KVA energy to the Hospital. After a lot of lobbying and sourcing for funds, the project finally started in August 2022, with technicians who came from Nigeria to join the Technical Services Department of the Hospital. So far, the work is at 95% completion as we are hoping to round off and get it supply electricity to the Hospital.

On July 18, 2022, Mr. Lukong Enock Suika and Mr. Ngew Samuel Kwi were commissioned as Assistant Administrators for Finance and Personnel respectively. Mr Lukong Enock took over from Mr. Kembung Ishmael while Mr. Ngew Samuel took over the office of Assistant Administrator for personnel which had been vacant since May 2020 after Mr. Ghepejem Jean was appointed Administrator of BBH. Mr. Tata Emmanuel Shofola also took over as Supervisor of Nursing Services (SNS) from Mrs. Tata Juliana who has been Associate SNS.

The rehabilitation and remodeling of the BBH theatre building that started in June 2018 is well on course in spite of the financial difficulties, as the basement floor meant to host the autoclaving is still pending raising of the walls and general finishing, while the ground floor that contains four additional theatres, change rooms, post anesthesia care unit, intensive care unit, and other services, has been constructed and all electrical and plumbing works completed. The first floor which will host the trauma wards and the ramp have been raised with the beams over it to receive the roof.

Spiritual activities have also been on good footing in the facility as most staff have actively been involved in devotions and Bible studies, TEE lessons have been timid, but more staff have been encouraged to take the courses. The 2022 spiritual emphasis that held from the 22nd to the 28th of August with Rev Ali Mathias from Jakiri was a huge success.

CHALLENGES

The effects of the crisis have continued to be felt in BBH negatively, as it has continued to affect patient turnout, and also made things difficult for many staff. The taking away of a patient from the Hospital in the early hours of Sunday September 11, 2022 which consequently led to the detention of the Hospital Administrator and 2 other Nurses who were later released while the Administrator was later transferred

to Bamenda detention Centre. The Nso Field Pastor and 4 other staff were also taken hostage on 24/09/22 and detained in Mbah for about 5days.

We are facing a lot of difficulties moving our drugs and supplies from Bamenda and other places due to threats from armed men on our vehicles and staff along major roads around Bui Division. Instances have been recorded of drugs and medical supplies confiscated on the road, while many staff have faced harassment and molestation in the course of movement in and out of Kumbo while discharging their duties.

We have also witnessed cross fire exchanges just around the Hospital, like the incident of Tuesday November 8, 2022 where armed men stationed themselves around the mortuary entrance of the Hospital, and were met by an attack from uniformed men. The gun shot exchanges left many staff and clients terrified, with some minor damages on some walls and windows of Hospital buildings.

TOP PRIORITIES

Increase patient turn out in both the inpatient and outpatient departments, and also in the other specialized service units. Reinforce and improve our outreach services so as to meet the needs of many people in difficult areas. Improve security around the facility with a fence around the OPD area which will limit and control movement of persons coming into the facility. Improve services offered by our satellite health Centres by intensifying support visits with other specialized services involved. We also hope to improve our eye services by upgrading our Eye theatre and supplies, as we expect and hope for an increase following the training of an eye department staff in Ophthalmic Theatre Management.

BANGOLAN BAPTIST HEALTH CENTRE

The 58year old Health Center is the leading Health facility in the Bangolan Health Area which has a population of about 8000 inhabitants. Bangolan Baptist Health Center does not serve only the population of Bangolan but other neighbouring villages like Wasi and Ber in Jakiri, Mambim in Babessi, Koutoupit, Choupa, Munyert in Bangourain Subdivision. The Health Center has been operating for the past 4 years in a private apartment offered her when they were forced to move from the permanent structure which is currently occupied by the military. This challenge however has not stopped the health center from rendering quality health care services to all who come to the facility.

MAJOR ACHIEVEMENTS

- ✓ Client utilization rate is steady with ANC and Deliveries; Ultrasound for pregnant women is also on the rise.
- ✓ Solar plant was successfully installed
- ✓ A Well with motor pump and water tank or container carriage (donated by the SEEPD program)
- ✓ Completed flooring of floors in the temporal structure which is still under construction.

CHALLENGES

1. The present site is still under construction (windows with no glasses, no ceiling in other key areas places like the laboratory, consultation rooms, wards, offices in the same area meanwhile there is enough space at the permanent site which is sadly inaccessible due to military occupation.
2. The space is too small and congested making work difficult.
3. The Well needs a stronger water pump to send water to the tank which is about 100m away, hence there is still a challenge of getting water.
4. The Generator needs repairs as it is the source of pumping water and light when the solar system is failing.

5. Solar fridge is bad and so there is a major difficulty in storing vaccines.

TOP PRIORITIES

- ✓ CBC authorities should find a way to negotiate with the military to leave the permanent site at Kpaliang as the structure is getting dilapidated due to little or no maintenance of the structures.
- ✓ Get an Ultrasound machine.
- ✓ Tilling of our delivery room

LASSIN BAPTIST HEALTH CENTRE

Lassin Baptist Health Centre is the leading health center within the Lassin Health Area with a population of about 5,500. The health center has Lassin village and Mbinon as its main catchment areas, while patients also come from neighboring villages like Nkor, Dom, Misaje. The health Centre is currently blessed with 13 committed and dedicated staff led by the Chief of Center, Mrs. Wamei Hilda Kechuise.

MAJOR ACHIEVEMENTS

1. Purchased a solar fridge for storing of drugs, vaccines and laboratory reagents, and this has boasted the quality of service.
2. With the difficulty of housing for staff around the health facility, a 5 rooms house was constructed while 2 other buildings were bought still around the facility to provide accommodation for the staff.

CHALLENGES

1. Struggling with the issue of space to admit patients since the present Ward is small.
2. Limited number of staff, and lack of some specialized medical services

TOP PRIORITIES

- Refurbish the OPD waiting area, since patients cannot sit comfortably during the rainy season.
- Follow-up with Central Administration through the BBH Administration for approval to start construction of the foundation for the Wards.

NWAT BAPTIST HEALTH CENTRE

Nwat Baptist Health Centre is the lone health facility in the small village of Nwat which is in the outskirts of Sabongari in Donga Mantung Division. It was upgraded from a Primary Healthcare center to a Health Center in 2013, and has continued to operate as one of the 3 integrated health centers in the Ngu Health area under Nwa Health District. Patients come from Nwat village, Jator, Koumchoum, Nwanti, Ntem, and most especially Sabongari which is the main catchment area. The Health Center currently has 11 staff with Mr Nkwain Augustine Nyong as Chief of Center.

MAJOR ACHIEVEMENTS

- ✓ The 3 health center buildings were all re-painted to give a better look.
- ✓ Got an 110w solar energy power which has been helping in running tests in the laboratory and also preserving vaccines in the refrigerator.

CHALLENGES

3. Limited number of staff to cover the Health Center
4. Other new health facilities have emerged in the main patient catchment area (Sabongari) so has reduced patient turn out.
5. The solar is not able to supply all major area and machines of the health facility.

TOP PRIORITIES

- ✓ Intensify community outreaches so as to sensitize the population on our activities.
- ✓ Improve the staffing situation by requesting for more staff.
- ✓ Step up solar energy to be able to supply the entire health center.

NGEPTANG BAPTIST HEALTH CENTRE

Baptist Health Center Ngeptang even in the midst of the crisis has witnessed a significant increase in patient turn out especially in the later part of 2022. The health center is very crucial to the people of Ngeptang, Mii, Banti, part of Djottin, and Din. Mr Tume Donatus has been the Chief of Center for about 4 months, and together with the 11 other staff are bringing significant improvement in the patient turn out through community sensitization and improved quality care.

The major challenges of the Health Center are electricity and inadequate personnel to cover the Health Center.

ROMKONG BAPTIST HEALTH CENTRE

Romkong Baptist Health Center is at the service of the people of Romkong, Kikai, Kiyshiy, and other villages around the area. The facility between 2017 and 2021 witnessed an increase in patient turnout because the Government integrated health center was closed due to the ongoing sociopolitical crisis. Since the Government health center was reopened in the later part of 2021, patient turn out in Romkong Baptist Health Center has been affected. Mr. Menda Genesis has been leading the health center since 2021 as Chief of Center with 10 staff.

MBONSO BAPTIST HEALTH CENTRE

Mbonso Baptist Health Centre began on December 1, 2021 with one staff, Wirnkar Abel Tanlaka in a rented four room house around Berean Baptist Church Mbonso. On December 10, 2021, Nchanji Florence, Mbiyzenuy Luke and Kwasenwi Lucience joined Mr. Wirnkar Abel to continue services. The patient turn out in the facility has continued to witness a steady increase due to the quality of services and the trust the population has in the Health Centre. Though still operating from a rented apartment in Mbonso, the Health Centre has been able to provide quality and affordable health care services to the population of Mbonso and its environs with a staff strength of 7. The main patient catchment areas for the health centre include: Ntabah, Mbo-rong, Mbo-shari and so on.

Major Achievements

- ✓ An additional building was rented by Mbonso Association to serve as Wards and Laboratory
- ✓ The new site where the Health Centre will be built is at Kovjo, it has about 12 load of river sand.
- ✓ New beds and bed side cupboards for patients, two microscopes and a centrifuge.

Challenges

- Limited number of staff to cover the health center
- Mbonso currently does not have electricity and so it is very challenging to work.
- Limited space in the current site.

Top Priorities

- ✓ There is need for 2 additional nurses, a finance clerk, security guard.
- ✓ Plan to an electricity source (generator or solar power) so as to boost the health center's activities.

- ✓ Also begin building work at the permanent site at Kovjo since there is already about 12 tons of sand available there.
- ✓ Improve and expand services offered.
- ✓ Introduce vaccination activities since they cannot go on without the services of power for preservation of vaccines.

II. NDU BAPTIST HOSPITAL

Ndu Baptist Hospital had a changed status when the June Board meeting appointed her pioneer Assistant Administrator Mr. Nfor Gamngong and a Supervisor of Nursing Services Mrs. Ntala Florence effective July 2022. In August 2023, the Director of Health Services officially pronounced that the Centre amongst others has attained the status of a hospital.

- ✓ The Ndu Baptist Hospital theatre constructed with funds donated by the Wimbun Elite mainly in USA, Britain and Cameroon went operational on January 10, 2022. At the close of the year, the hospital has operated close to 600 major and minor surgeries including 60 Caesarean Sections.
- ✓ Outpatient attendance has steadily increased from 18000 in 2021 to 20882 in 2023. The 52 Bed hospital has witnessed a regular overflow of inpatients close to 1590 in 2022 now begging for more admission space.
- ✓ Additional services such as X-ray recently installed though was short lived due to breakdown, social services, canteen and a provision shop also saw the light of day increasing quality of care and patient satisfaction.
- ✓ The staff strength also grew from 67 at the close of 2021 to 97 in December 2022.
- ✓ Major activities included outreach visits to villages with the Eye and KYN teams to screen and educate the communities.

TOP PRIORITY

- ✓ We plan to construct a modern Out Patient Department (OPD), Doctors residence and restructure the old dormitory received from the Education Board.

III. JIKIJEM BAPTIST HOSPITAL

Jikijem Baptist Hospital which is located in Tolon, Jikijem Health area – Oku District has stood the test of time within the crisis. The hospital serves a population of about 9200 inhabitants from Jikijem and other parts of Oku, Djottin, Din, Bamti, Ake, Bum and so on. Staff of Jikijem have remained resilient and committed to serving the community even during the most difficult moments of the crisis.

Major Achievements

- ✓ The year 2022 has been a year of abundant blessings for the institution as it had its first permanent staff in the theatre in April 2022. This has improved the quality of services, and also served more people than before.
- ✓ The hospital also acquired its first ultrasound machine in 2022. This machine has helped to curb the rate of infant mortality in the area which was alarming.
- ✓ The Chemwell and electrolyte analyzers were also purchased for the laboratory which has been helping in accurate findings and diagnosis.

Challenges

- The major challenge is space.

- There is also the absence of other clinical service like the dental, physiotherapy, X-ray, Women's Health Program amongst others. Clients who come to the facility with problems related to these have to be referred.
- Movement of staff within the area and also the transportation of supplies for the hospital is still a major challenge due to the ongoing Socio-political crisis.

Top Priorities

- ✓ Improve patient turn out in the facility by bringing specialized services such as dental and physiotherapy services.
- ✓ Increase the staff strength by getting an additional Doctor, a Midwife, Dental and Physiotherapy Nurses to enforce the present staff strength.
- ✓ Begin the construction of the hospital Wards.

IV. DUNGER BAPTIST HOSPITAL, MBEM

Dunger Baptist Hospital, Mbem is one of the oldest hospitals of the CBC Health Services. The hospital has continued to stand the test of time even in this challenging period of the crisis. It is the lone health facility in the entire Mbem Health Area and has been serving patients from Mbem and other areas such as Gom, Rom, Ngop, Yang, and patients coming from the borders. The hospital currently has 15 staff headed by Mr. Yuimu George Kaffe, the Supervisor of Nursing Services.

MAJOR ACHIEVEMENT

1. This year the construction of the bridge leading to the hospital was completed.

CHALLENGES

6. Lack of good drinking water, because the water tank that supplies the hospital is old, and has not been renovated for a long time.
7. No resident Doctor
8. No Automobile to ease transportation of clients, staff or even supplies for the facility.
9. The staff strength has continued to dwindle over time and so the few remaining staff have to work extra hours to ensure that the hospital functions normally.
10. The bridge that was constructed by the health center in 2022 was destroyed by the council caterpillar and so automobiles cannot come into the hospital from town.
11. The solar power is very limited since its capacity is low.

TOP PRIORITIES

- ✓ Upgrade the solar power to be able to supply the hospital and power equipment for at least 8hours a day.
- ✓ Renovate the old water tank and change old corrosive and rusted pipes so as to have clean and portable water.
- ✓ Get at least a bike for transportation of hospital supplies and clients.
- ✓ Increase and improve the staff capacity of the hospital.

Follow-up with the Mayor and Parliamentarian to repair the bridge leading to the hospital

V. MBINGO BAPTIST HOSPITAL AND SUPERVISED HEALTH CENTRES

It is hard to believe that we are at the end of another year. In spite of relative smooth beginning of the year 2022, the month of September was characterized by lockdown and road blocks. This made it difficult for patients to access care. Although that outpatient attendance keeps dwindling the wards have been busy. This is indication that most patients that are received at the Outpatient Department end up with admission.

Change of Leadership:

Mr. Monju Anthony was appointed Assistant Administrator for Personnel effective March 14th, 2022. He took over from Mr. Ngum Samuel who is now the Administrator of Etoug-Ebe Baptist Hospital.

Retirement of Dr. Jim and Carolyn Brown

Dr. Brown, the PAACS program Director and Ma Brown, the Wound Care trainer ended their services in Mbingo Baptist Hospital on November 28th, 2022 with a thanksgiving program during the morning devotions.

Patients Bus Service

This service started on May 4th, 2021 taking patients who are discharged to Bamenda and bring those for treatment from Bamenda. After using the Samaritan bus for some time making two trips per day, it was observed that the second trip usually bring patients to the Hospital late in the afternoon. It was resolved to convert the old white bus for patients' service. There are now two patients' buses. The patients are now brought to the Hospital early enough.

Support to the Chaplaincy Department

The Samaritan Purse donated the sum of 12 million francs to boost the activities of the Chaplaincy Department. It has been used to purchase a modern musical set, Bibles, gospel tracks, colourful art work at the Chapel stage and the sum of 2 million francs as motivation to the 8 chaplains.

BAPTIST INSTITUTE OF HEALTH SCIENCES (BIHS)

Graduation: On November 26th the Institute graduated a surgeon, Dr. Nwegbu Chukuemeka Gerald and three internists; Dr. Lubeka Nina, Dr. Ngowo Eyambe Lydia and Dr. Shadrack Fritz Kombe.

For the next academic year that begins in January 2023, PAACS has admitted 3, CIMS 4 residents while the second batch of 8 BSc PT students started on October 10th, 2022.

PAACS new residents

1. Dr. Keja Esmond
2. Dr. Djomo Youta Arielle Ginette
3. Dr. Tiba Dongmo Jandelle Lavinia

CIMS new residents

1. Dr. Songong Yemdji Livie Charlette
2. Dr. Bechem Rosine Ella Tabe
3. Dr. Daah Emmanuel Baah
4. Dr. Nde Fungie Pavel

Hydroelectricity

The first anniversary of the hydroelectricity usage was on September 14th, 2022. A successful dedication of the hydroelectric power plant project was organized on February 6th, 2022 attended by the leaders of the North American Baptist Conference, Cameroon Baptist Convention, His Excellency Philemon Yang, US Embassy and USAID. The program was covered by the CBCHS Communication Unit and MyMedia Prime. The challenges faced at the early stage of installation like rats destroying the cables/generator and bird landing on the high tension and shutting down the system is now a history as the system was protected.

Improvement of the Water System:

As a fallout of the hydroelectricity power plant project, water has been connected from the dam for hospital use. This has increased the volume of water in the hospital.

Improvement of the Hospital Roads:

Another fallout of the hydroelectricity power plant project. The Unimog and the Bobcat that were acquired for the hydroelectric project are now being used for other projects. Some roads in hospital and the one to Mbingo II have been graded.

Visit To Laikom (Kom Palace)

On May 14th, 2022 some members of the Management Committee accompanied by the Field Pastor and Mr. Ngam Joseph paid a maiden visit to his Highness, the Fon of Kom. This was a delayed visit after his enthronement as we were not able to go there due to insecurity.

Hansen's Disease

During the 69th World Leprosy Day celebration on January 30th, 2022, 9 patients (6 men and 3 women) were happily discharged. The New Hope Village now has 12 inhabitants (7 women and 5 men).

Under the Rapid Response project, the team has been combing the communities and fishing out persons with leprosy. The team has diagnosed 28 patients from January – 11 males and 17 females. Amongst these females, 2 are from the Southwest Region, 1 from Essimbi and 14 from Ndop. All the 11 males are from Ndop. They have been placed on treatment.

INCLUSIVE SCHOOL AND SIGN LANGUAGE CENTRE (ISSLC) MBINGO

Unlike the last academic year that the school was disrupted and teachers tortured and taken away, the start this year was smooth except that it started a week late due to a two-week lockdown. Below are the statistics.

Description	Boys	Girls	Total
Primary	204	217	421
Hansen's Disease Patients' Children	36	32	68
Hearing Impaired	27	16	43
Resource Room (Deaf)	07	06	13
TOTAL	274	271	545

In spite of this encouraging enrollment, we were in sadness because a 10-year female hearing-impaired pupil, who was brought to school for admission on 17/9/2022 got missing on Sunday, 18/9/2022 when she had not started school. A three-day search did not yield fruits. However, by God's kindness, this child was found on November 6th (after 7 weeks) in the forest behind the school and her mortal remains (skeleton) was conveyed to the parents in Ibal – Oku where a befitting burial was given her.

Cattle Ranch

On December 21st, 2022 armed robbers surrendered and tied the security, took away 94 cows. A search was mounted and not all the cows were recovered. The robbers succeeded to take away 17 cows. We bought 10 cows to increase the stock.

Medical Equipment and projects:

Medical equipment acquired with Performance Based Financing (PBF) funds:

Several medical equipment were purchased and put to use: a radiant warmer for the maternity, a suction machine for the maternity, surgical lamps for the theatre and a trimotor cycle, 1 portable radiator detector, 2 Philips Intellivue transport monitors, 9 electric suction machines, 1 force X-covedian cautery machine, 2 electric control boards/10 airsep filters, and 1 5-part haematology analyser.

Construction projects

Residents' houses

The construction of two fourplex for the residents with the Africa Mission Healthcare grant of 52 million francs started on October 14th, 2022 to December 2022. It shall provide lodging for 8 residents, helping the solve the lodging challenges we have been facing.

Radiotherapy project

The contract for the construction of the Bunker was awarded to Dreamland Construction Company at the cost of 469,110,915 FCFA. The construction site was set up on November 26th and the project ground breaking was done on November 29th, 2022. It should be noted that the linear accelerator (cancer radiation equipment) was received in Mbingo on June 8th, 2022.

Kids Operating Room (KidsOR)

Global charities Smile Train and KidsOR provided funds (\$9,500 US about 5,000,000 francs) for the renovation of a theatre room to provide a spacious space to accommodate the donated specialist medical equipment. This well-equipped KidsOR was inaugurated and dedicated on May 13th, 2022. The KIDSOR has enhanced paediatric surgery and cleft lips/cleft palates surgeries by the Paediatric surgeon, Dr. Ngock George and the ENT doctor, Dr. Acha Everistus respectively.



Renovation Of Wards Toilets/Showers

With funds raised by Prof. Jim Brown, all the toilets and showers of the wards have been renovated - tiled, lambrin ceiling, repainted and installed of flushing toilets. In addition, staff change rooms have been constructed for Men's and Children's wards and staff toilets for the Surgical ward.

Challenges

Central Oxygen System:

The excitement and the expected relief of using the Central Oxygen System that was installed in November 2020 has died down completely because it functioned only for a while. After its installation, we were unable to fully use it due to the poor electrical supply from the utility company ENEO. Since at the time we had Covid-19 patients admitted who needed constant oxygen we resorted to run the system by the generator. This was very expensive because we spent about 300,000 francs per 24 hours. We could not continue to run it on generator. It wasn't until September, 2021, when we started using the hydroelectricity that we began using the Oxygen system fully. In mid-November, 2021, the system developed problems with oxygen concentration dropping from 95% to 76%. All efforts to repair it are futile. Though disappointed, we are not discouraged as all efforts are being engaged to have it functional.

Stretch of road from Mbingo to Bambui

The road from Mbingo to Bambui is not free of circulation yet as the boys still disturb movements of staff and patients. This has instilled fear in patients and led to decrease patient attendance in spite of the Patients Bus to attract patients.

Top priority project for 2023

The top priority project for 2023 is to realize the Cancer Treatment Centre project and put to use.

Staff retiring from service

Eleven (11) staff retired on 31/12/2022 in a retirement serviced organized in the Hospital on December 10th, 2022.

Bereavements – final retirement

We lost four staff this year of Mbingo Baptist Hospital and one from Akeh Baptist Health Centre.

MBINGO BAPTIST HOSPITAL SUPERVISED HEALTH CENTRES

A. SABGA BAPTIST HEALTH CENTRE

MAJOR ACHIEVEMENTS

- Completed theatre block, bought equipment (operating table, theatre lamp, anesthetist machine and 2 oxygen concentrators) and put to use.
- Dug a bore hole, constructed and put to use.
- Started physiotherapy services.

BELO BAPTIST HEALTH CENTRE

Installed a solar system for electricity and constructed a generator house.

AKEH BAPTIST HEALTH CENTRE

Received solar fridge donated by the Government.

FINKWI BAPTIST HEALTH CENTRE

Purchased a slit lamp.

VI. BAPTIST HOSPITAL MUTENGENE AND SUPERVISED HEALTH CENTRES

We thank God immensely for ensuring that there is relative calm which has led to an increase in patient turnout and regular payment of salaries.

MAJOR ACHIEVEMENTS

- ✓ The first five knee replacement surgeries were done in BHM in November, 2022.
- ✓ Part of the first floor of the trauma block was completed and put to use thanks to funding support from Hope and Healing International. See pictures below
- ✓ We had a new SNS (Mme. Ngong Genevive Yong), a new Ass. Administrator i/c of Personnel (Mr. Tosam Ephraim) the second internist (Dr. Lydia Ngowo Eyambe) and 7 new doctors.
- ✓ Dr. Henry Ndasi received an award as the best surgeon in Cameroon during the 5th Leadership Health Excellence Award 2022 in Yaounde.
- ✓ Rev. Fru Christopher our chaplain organized inquirer classes and 4 (four) of our staff were baptized on October 23, 2022.
- ✓ The Limbe North Association Women's Department visited us and donated 20 bedside stools for the maternity.
- ✓ The construction of the Health post at Idenau is near completion
- ✓ On capacity building of staff, we had the Clubfoot seminar which took place on November 1st and 2nd 2022, Infection Prevention seminar on September 2nd and 3rd and COPE Training on November 21st-23rd 2022.

EKONDOTITI

- ✓ New 7kva generator bought.
- ✓ Resumption of doctor support visit.

BAFIA-MUYUKA

- ✓ Bought a 4KVA generator.
- ✓ Increase in patient turnout due to resumption of frequent outreach and doctors' support visits.

MAIN CHALLENGES

BAPTIST HOSPITAL MUTENGENE

- We need a Gynecologist and a Pediatrician
- On and off fluctuation of power is causing more damage to our medical equipment and more money spent on generator fuel.
- Since Doctors without Borders stopped working with us, bill penders keep on increasing.

EKONDO TITI

- Once in a while there are security concerns
- Need for an ultrasound machine and technician.

BAFIA-MUYUKA

- Water crisis in Bafia

TOP PRIORITIES

BAPTIST HOSPITAL MUTENGENE

- Work on the ramp for the trauma block
- Recruit a pediatrician and a gynecologist
- Consciously clear off of debts to the Drug Revolving Fund

EKONDO TITI

- Renovate dilapidated sections of the wooden building structure.
- Embark on community sensitization

BAFIA

- Drill a borehole

VII. KUMBA BAPTIST HOSPITAL

The year 2022 has been a very successful one owing to the fact that several goals were achieved especially in the domain of equipment for patients' care as evident in this report. Despite the successes, intermittent lock downs and ghost towns slowed patients turn out and rapid access to health care by clients living in rural areas. With many other challenges this year some of which were successfully braved, it is hoped that the 2023 will be a brighter year.

MAJOR ARCHIEVEMENTS

- ✓ Borehole water tank, Dental x-ray chair and x-ray machine purchased in Dental unit, Pre nursery unit established with new incubator set up at maternity unit.
- ✓ The giant SDMO 1340kg generator, Electrolyte analyzer, Gazelle for Hb variant and two Gel batteries for back up in the laboratory.
- ✓ Security cameras installed in and around the Hospital.
- ✓ 3 lap tops two in the bursary and one in the drug store.
- ✓ 2 Deep freezers one for pharmacy and one for treatment centre.
- ✓ ECG machine in the Ultrasound department
- ✓ Vein finder machine, Auto refractor and fire lenses box for eye department
- ✓ Suction machine and Nebulizer for Children Ward. Solar refrigerator for EPI purchased and installed
- ✓ The hospital now has a Dentist, and an Internist.

CHALLENGES

Periodic lock down and "Ghost towns" continuous to slow patients turn out and timely access to health care. Bill penders increasing due to increase in the standard of living and prices of commodities in the city.

TOP PRIORITY

Construction of new incinerator, Completion of fence, acquire 3 microscopes for laboratory, X-ray machine for the Dental department.

VIII. MBOPPI BAPTIST HOSPITAL DOUALA AND INTEGRATED HEALTH CENTRE

Mboppi Baptist Hospital Douala is very busy with an outpatient attendance of 800-1000 daily. With 35 doctors offering care and a staff strength of approximately 500 medical and paramedical staff. Staff are being monitored daily to offer quality care in their daily assignments.

The Administration of the Hospital changed hands on March 28, 2022, with Mr. Yongwa Zaccheus taking over from Mr. Nfor Daouda going on retirement.

MAJOR ACHIEVEMENTS

QUALITY IMPROVEMENT

- ✓ 24/7 consultation at Outpatient Department (OPD) with intense triage, two Doctors on night duty, a Screener and a Nurse to see patients at OPD and attend to Ward emergencies. The activities of the night shift are documented by the Screener who captured key issues both at the OPD and Wards and reads the report every morning to the Clinical Supervisor. Some issues captured in this report include referrals out of Hospital, sick, bill penders and the number of emergencies managed for the night.
- ✓ A blood donation association was created in the Hospital. They carryout campaigns and sensitization to ensure that the Blood Bank does not run dry.
- ✓ A Day Care Centre has been created with three staff that take care of twenty babies of staff.
- ✓ The presence of an additional Pediatrician has improved on the maternity services, as she is able to see all newborn babies within 24 hours of delivery. In addition, eye examination of all new born babies have been initiated as a means to eliminate new born eye complications. This is done in the maternity ward.
- ✓ We have instituted the rotation of some heads of departments for a change and also to help identify some lapses and correct. Regular implementation of the Client feedback log has helped to improve on patient care. The Orthopedic and Pediatric Surgeon visit every two months and it's always a huge success.
- ✓ One of the Chaplains was recently ordained. Devotions have been extended to the different clinics. The Choir administers in chapel every Friday. Clients waiting time at the Anti- natal Clinic significantly reduced.
- ✓ The Gendarmerie keeps on sending gendarmes to assist the guards for the security of the compound.

TRAININGS

A COPE / IPC/ WASH training was organized in the hospital and recommendations being followed up as a quality improvement tool. A good number of Doctors, Nurses and Paramedical staff were trained. Several staff were sent for other trainings. The hospital established a good working relationship with the Regional Delegation of Public Health, Health District and other Partner Organizations. We also have a good working relationship with the CBC Douala Field, Association and local CBC Churches.

CHALLENGES

- Protracted issues of space.
- **Staffing challenges.** The hospital has been experiencing shortage of Nurses and Imaging Technicians for some time now. We were also hit by the passing unto glory of a State Registered Nurse on October 29, 2022 after an accident. A baby was abandoned at the hospital. We took care of the baby for 4months and then he was given to social welfare for adoption procedures.

- Our autoclaving machine experienced a series of breakdowns and instruments had to be transported to BHM for sterilization.
- With the advent of the crisis in the country, internally displaced patients are unable to pay their bills when they visit the hospital, hence we experience a lot of bill penders in the corridors due to hardship. Some tend to abscond, making unpaid bills very high.

TOP PRIORITIES

MBHD is looking forward to the next year with a lot of enthusiasm and with some priorities in mind like; getting Surgical Lamp, Visual Field, A modern Endoscopy machine, Improving on bedside privacy with screens, Train Perioperative Nurses, get a Cardiotocograph, acquiring a new site for hospital expansion.

BAPTIST HEALTH CENTRE KRIBI

Kribi is doing very well with average patient attendance of 60-70 patients per day. Has a staff strength of 58 with 05 staff on orientation making a total of 63 staff. We have had successful outreach vaccination and sensitization and consultation to the plantation several times this year. Staff strength has decreased due to many staff going to school and by transfer. Due to shortage of nurses, some nurses are working two shifts in the maternity and in the medical ward. We have had a lot of challenges with our ultrasound machine and the lone staff in the ultrasound. He goes for studies frequently to BSPH at short notice without replacement.

SUCSESSES

- ✓ Sensitization to various plantation
- ✓ Purchased dental X-ray
- ✓ Purchased 50litre autoclave
- ✓ Outpatient department extension to include chaplaincy and physiotherapy department
- ✓ Renovation of wound care department

Challenges

- Waste management/incineration
- Limited space for medical ward
- Difficulties to have nurses to relief those going on leave

Goals for 2023

- To purchase a blood bank
- To purchase dental autoclave
- Painting of the Health Centre
- IP/WASH training
- Community sensitization

IX. BONABERI BAPTIST HOSPITAL DOUALA

Bonaberi Baptist Hospital Douala is 4 years old and particularly this year 2022, has experienced exponential growth in key areas. Staffing has increased from 169 last year to 210 this year. Services uptake increased, with an extension to the newly rented 9 apartment structures. Increased quality of services with the acquisition of modern diagnostic machines and engagement of more clinical staff and specialist. We also engaged in more outreach activities to communities and are gradually becoming the hospital of choice for the Bonaberi community and a referral centre to other neighboring health facilities. The hospital set out this year 2022 to maximize available resources to meet increasing demand as well as identify and exploit growth opportunities to be more impactful to the community and generate more income for sustainability purposes. We also invested in developing creativity and unity among the staff for better productivity and ownership of the services. Notwithstanding there were challenges such as water, electricity, staffing shortages and criticisms/imposters

MAJOR ACHIEVEMENTS

- ✓ Concerning Infrastructure, we have an additional 7 apartment structure was taken under Lease Agreement in September 2022. Provision has been made for an Emergency Landing at the Outpatient department to receive Emergency cases. Additional patient waiting area improvised to accommodate clinics and reduce congestions. Safe provision made for sputum collection and waste assembly. Increased kitchen storage space and water tank platforms.
- ✓ We now have an Internist since April 2022 and a Pediatrician. This has increased inpatient services, improved patient care and mentorship with the doctors and nurses and increased quality of maternal and child health services in the hospital
- ✓ Furthermore, we are embarking on outreach Activities which is taking our services to the door steps of the population, sensitizing the population on the quality Health Care services offered at the Bonaberi Baptist Hospital Douala and satisfying the Communities needing our Services. We registered high births to the recognition of the Bonassama Health District Officer on his visit to the hospital. We received more beds from Central Pharmacy in the plan to raise bed capacity to 80.
- ✓ We had several important visitors who came to encourage and pray with Staff as well as for supervision: The CBC Executive President, the Director of Health Services, District Officer Bonasamma Health District, UNFPA and ECOS Visited in October 2022 and we are in a mutual outreach project. A Handful of Visits from clinical supervisors and technicians on service improvement.
- ✓ Held a Resource Mobilization strategic meeting with the Grants writing department and developed 18 strategies for the hospital

MAIN CHALLENGES

VACCINES. We have had challenges with Vaccinations for babies as the Bonassama Health District was not able to deliver the required quantity of vaccines.

Water: insufficient water supply to the building due to low water pressure has greatly been affecting the day-to-day activities in the Hospital. This has made patient care very challenging

Electricity: So much income has been used up for fuel due to the unsteady power supply. Eneo since March 2022 has not completed the work on power augmentation. Follow up being made.

Rents/Structure. We pay colossal amounts of money on rents on an increasing percentage per year. The Grace of God makes possible to sustain the bills and having our own permanent structures in the future would make it a lot better. Given that current structures were not meant for hospital practice, we continually face some challenges and often have to adapt to the peculiarities.

TOP PRIORITIES

We plan to run a Mobile Clinic to continuously sensitize and expand on our services.

To reinstall 'Know your Number'(KYN) unit/Services and Start a Tuberculosis Treatment Centre. Ensure effective implementation of infection prevention and Hygiene practices in the entire hospital. Dig a Bore Hole to improve water supply.

Upgrade operational procedures to facilitate 'just in time' delivery of excellent services to all clients at the hospital. Improve on security and safety of Hospital asserts, workers, clients and caregivers including their properties.

We shall intensify the Search of Land for the Construction of a Hospital.

Work with the staff to individually grow their relationship with God intimately and encourage more involvement in Christian service.

X. BAPTIST HOSPITAL BANYO AND SUPERVISED HEALTH CENTRES

Introduction.

Baptist Hospital Banyo has fared well throughout 2022 delivering quality health care as usual with its qualified personnel. A new Administrator in the person of Mr. Kwalar Rene was appointed to replace Mr. Jonathan Nteff who was transferred to Nkwen Baptist Hospital Bamenda

MAJOR ACHIEVEMENTS

- ✓ A new MD in the person of Dr Yaya Adamou was transferred to BHB and this will boost the morale of the Muslim community here. Physiotherapy and CBR services are doing well. We purchased a Chemistry analyzer and a microscope for the Lab. Purchased an Incubator, phototherapy/ and spotlight at the maternity. Purchased two beds and other equipment for the PT block. Purchased of new photocopier for the CBR Office. Completion of new PT Block. Got an SDMO Generator.
- ✓ Due to the consistent quality health care to the community and BHB was voted as the best District hospital in Adamawa Region by Echo Sante.

MAIN CHALLENGES

Cheque Sante (health insurance for pregnant women) this has affected patient turn out significantly. Debt owed the hospital by patient. Low patient uptake (has been a chronic problem for over a decade)

TOP PRIORITIES

Intentionally engage the communities with health education and sensitization. Improve on the staff welfare. Repair water pipe line. Uphold quality health care.

NYAMBOYA BAPTIST HEALTH CENTRE

INTRODUCTION

The Centre is doing well and now has a new Chief of Centre Ms. Emmaculate Ndami who was appointed this year in June to take over from Mr. Yham Noah. The Centre is supervised by Baptist Hospital Banyo and Bankim Health District. Our activities include OPD consultation, inpatient services, MCHIFP services, pharmacy, laboratory, PMTCT, PT, CBR, security and NCDs service.

MAJOR ACHIEVEMENTS

Bought a photocopier and generator. Fitting of glasses to 17 windows. Fitting of protectors in the finance office.

MAIN CHALLENGES

Multiple drug hawkers around the Health Centre. Language barrier. Limited number of staff in some departments. Inadequate power supply. Need for a satellite drug store/store keeper.

PRIORITIES

Improve on staff welfare. Improve on patient uptake. Sensitize more than 20 communities and churches. Improve on infrastructure. Work with the CP, BHB and the DHS to establish a satellite drug store with store keeper for North Bound

SARKI-BAKA BAPTIST HEALTH CENTRE

INTRODUCTION

The Centre is located Southwest of the Adamawa Region precisely in Bankim Sub-Division of Mayo Banyo Division, and offers both inpatient and outpatient services. The Health Zone embodies Sarki-Baka, Kongui Douh, Kongui Barrage, Nyafoum, New Group, Kouroum, Magham, Mallem and Nassaroa. Apart from receiving patients from the Health Zone, patients also come from Songkolong, Lingam, Atta, Somie, Tchamba etc.

MAJOR ACHIEVEMENTS

Acquired a Solar Fridge acquired, an Ultrasound Machine, Cash Machine. The Laundry building is ongoing.

CHALLENGES

Authorization documents from the ministry are still not out. Much unpaid bills. Villagers encroaching into the CBC land.

PRIORITIES

Follow up with Central Administration for the document of Existence. Construct a house for the Chief of Centre. Complete the Construction of a Laundry.

ALLAT BAPTIST HEALTH CENTRE

The Centre has improved on patient turnout/income in this 2022 as compared to the past years. There has been relative calmness among staff as compared to last year.

MAJOR ACHIEVEMENTS.

We have installed a solar system for lighting and running the health Centre which has never had an energy source on its own. Completed the toilet and laundry which has been standing for the past three years. Bought a printer/photocopier.

MAIN CHALLENGES

There is need for more experienced staff. The Chief of Centre's house is in an advanced state of dilapidation. This poses a problem whenever it rains. The Centre has no Lawn mower. This has forced us to organize weekly cleanup in order to keep the health Centre environment clean.

TOP PRIORITIES

Renovate the COC's house. Buy a lawn mower

TIBATI BAPTIST HEALTH CENTRE

Introduction.

Tibati Baptist Health Centre is 3 years 7months old. They see an average of 276 patients per month. There are 11 permanent staff and two CBR community workers. The Health Centre is still operating in the pastor's house beside Faith Baptist Church Tibati..

Major Achievements

- ✓ Acquired an Oxygen concentrator and it is in use. Bought a new motorcycle from PBF funds. We bought an uncompleted building from the Baptist church at 1,600,000 FCFA, which we intend to complete and put to use. It is 5 rooms and if manage well the challenge of limited space will not be there. And will improve on the services we offer and increase utilization.
- ✓ Physiotherapy services started in August 2022 and has seen 192 patients. This has contributed to the increase in outpatient. The land at Yoko quarter has been registered. The documents are at the level of Minister's cabinet since July 2022. Mr. Nyumnloh David is following up.

MAIN CHALLENGES

Limited working space: this is a major issue as other patients are admitted even in the Maternity. There are some notables in the community who want to use our services but for the fact that the building is not good they cannot come. We have very few staff with each staff having over 60 off days owed by the Health Centre

TOP PRIORITIES

Roof the house bought from the church and move in. Complete the current building. Dig a toilet for the Health Centre. Scale up services at the Health Centre.

XI. ETOUG EBE BAPTIST HOSPITAL YAOUNDE AND SUPERVISED HEALTH CENTRES

Effective March 2022, a new Administrator, Mr. Samuel Ngum was appointed to replace Mr. Yongwa Zacheus who was appointed Administrator of Mboppi Baptist Hospital Douala. Etoug-Ebe Baptist Hospital Yaoundé (EBHY) has been given a facelift with the re-painting of the entire hospital building. The hospital and its supervised health Centres, and outreaches are doing well.

MAJOR ACHIEVEMENTS

Post-Surgical 6-bed ward at the Maternity.

- ✓ The impact of our theatre has been felt immediately after it started with the first surgery on August 19, 2022. The provision of this double setting sets the scene for better maternal care and fewer referrals.
- ✓ We started maternity delivery on July 16, 2021, with an average of 55 deliveries per month. From January 2022 up to August, we went up to an average of 70 per month. Our first Caesarean -Section (C-Section) was done on August 19, 2022. In September we went up to 107 Deliveries (21 C-Sections and 86 Normal vaginal delivery). We are on the road to a marked increase exponentially by December 2022. We had our first set of triplets on October 2, 2022. The Anticipation is that EBHY will reach a 150-delivery threshold very soon.
- ✓ An Obstetric/Gynecologist was hired to oversee the maternity. In addition to the Gynecologist, a pediatrician also started work at EBHY effective August 15, 2022. Her presence will greatly improve the care of children delivered here and those in the community.
- ✓ Linen's useful life and sanitation are being enhanced with the acquisition of a laundry machine. This ease-of-use equipment allows the laundry staff to operate the machine with minimal assistance. The plan is that we will have adequate laundry equipment so there are no setbacks in daily operations. Our volume of activities is increasing due to the maternity and the 20 beds temporary ward. This was eminent that EBHY had to move from the daily washing of linen to machine wash which will go a long way to preserve the hospital linen. This was dedicated for use on October 2, 2022. A two-shift system is now applicable to the laundry staff so that there is always clean linen ready for use.
- ✓ **Urit 5160 5-part hematology analyzer:** This was a major goal for the hospital in 2022. The equipment was acquired with funds from Performance Based Financing (PBF). This was put to use on November 2, 2022. The Urit 5160 analyzer is a quantitative, automated hematology analyzer for in-vitro diagnostic use in screening patient populations in clinical laboratories. The Analyzer provides the following: CBC, Leukocyte 5-Part Differential (Diff), Reticulocyte (Retic), and Nucleated Red Blood Cell (NRBC) on whole blood.
- ✓ The Dental Clinic at EBHY is quite busy. One of the main goals for this year was the acquisition of a Dental chair. This was done at the beginning of 2022. Whether the patient is having a tooth removed or getting a root canal, the use of a good dental chair will make the experience more comfortable, which means that they are less likely to be anxious or uneasy about the procedure being carried out.

Theatre Equipment for a double-setting Maternity



The theatre went operational on August 19, 2022, with the first C-section done. It is used both as an obstetric emergency theatre where any maternity emergency procedures are performed, elective caesarean sections, and some gynaecological cases.

CHALLENGES

- On June 12, 2022, we experienced a lot of flooding at the hospital, from the entrance to the ward. This is because when there is heavy rainfall, the gutters are unable to contain water coming from Melen and from Etoug-Ebe quarter. This convergence causes overflow and flooding to the facility.
- The Blood donor association is not functioning well.
- Limited space to accommodate in-patients and other services
- Inadequate staffing with the increased workload at the maternity and theatre.

WAY FORWARD

- a) Mobilizing donors for the Blood donor association
- b) Construction of a Medical Block

VOUNDOU BAPTIST HEALTH CENTRE

Voundou Baptist Health Centre is faring well, and work has been going on despite some challenges. Following comparative statistics, our services are improving. We received a 20KVA SDMO generator donated by the Director of Health Services. This has greatly improved on the energy supply. We thank God for this great gift.

- ✓ With the recent posting and transfers, the staffing situation, especially in the nursing department, has been regularized.
- ✓ The spiritual emphasis week was a success.
- ✓ The health Centre this year received the visit of the Director of Health Services who came with the Administrator of Etoug-Ebe Baptist Hospital to encourage the staff.

CHALLENGES

- Last year we had challenges transporting drugs by the means of public transport and this pushed us to obtain authorization from the District Medical Officer. Since then, we have not had any issues with uniform men again.
- The health Centre realized almost all its planned goals for 2022 for example, the purchase of a motorbike, microscope, centrifuge, oxygen concentrator, applanation tonometer, modern examination beds, changing of all beds, and IPC training. The Dental department started three months ago. The only major goal that has not yet been realized is the painting of the health Centre.
- Due to the good relationship between the Church and the health Centre, our church pastor is assisting us with bible studies and other spiritual affairs while hoping for a chaplain soon.
- Our relationship with the district and other government authorities is quite impressive with the recent visit to the Sub Divisional Officer, Police commissioner, and the Brigade Commander of the Subdivision. They promised to work with us very closely for our security.
- The main setback is inadequate space to improve on client care

NKOABANG BAPTIST HEALTH CENTRE, YAOUNDE

The Health Centre has been doing well. We have been able to achieve most of the health Centre's planned goals for 2022.

ACHIEVEMENTS

- ✓ A 33 KVA generator was purchased and is working well and sustaining the health Centre's energy supply when ENEO is not on. The smooth functioning of our facility also caused the increased and steady flow of patients, contributing to the reverse of the negative DRF dues.
- ✓ The health Centre acquired 12 new beds with mattresses for the wards. This contributed greatly to patients' comfort, the neatness of the wards, the good workspace, and good practice of infection prevention/control. Thus, this has led to improved quality of care on the ward and the Centre as a whole.
- ✓ A chemistry analyzer, CYANSKART® was acquired for the laboratory. This has also greatly helped the facility and patients, thus reducing the rate at which clients for laboratory investigations out of the facility.
- ✓ A modern printer was gotten for medicines and medical supplies stores to facilitate the in-facility pharmaceutical supply chain. Peachtree® software was installed for inventory management.
- ✓ We successfully worked and placed an electronic signpost in front of the health Centre within the year. The Centre is now easily identified even at night by patients and people who do not know the site well.
- ✓ We organized and conducted the COPE training exercise, Infection Prevention training, couples/singles seminars, and a retreat to boost the spiritual lives of the staff where the patients and family members were in turn impacted.

CHALLENGES

- Spacing remains the major problem in Nkoabang. The health Centre building occupies the entire plot available and no gap for expansion is left either to the North, South, East, or West, thus, making work expansion and new departments difficult to come about.
- Another major challenge for Nkoabang is the conflict on the plot we bought some years back. This conflict has been a major setback for Nkoabang as this site had been our main hope for expansion. The conflict on this site has also cost us a lot of money for numerous court sessions. So far, the matter is yet to be resolved

XII. EKOUMDOUM BAPTIST HOSPITAL

Ekoumdoum Baptist Hospital has experienced steady growth this 2022 in both staffing and patient turn over. In July, we changed status to a Full hospital, EKOUMDOUM BAPTIST HOSPITAL YAOUNDE. We had the privilege to be one of the hospitals in the CBCHS with a variety of specialist doctors: 2 Gynecologists, an Ophthalmologist, An internist, a Dentist, and many General practitioners, we also have specialist on contract basis like Cardiologist, Pediatrician, and Psychiatrist.

MAJOR ACHIEVEMENTS

- ✓ Purchase and installed 2 slit lamps for better management of our eye patients
- ✓ Purchase and installed a 200 liters Autoclave
- ✓ Purchased the Urit set, Gazelle, And WOUNGFO machines for laboratory
- ✓ Purchased a Dental chair
- ✓ Reinforced security measures by building the fence and gate and a security / reception post.
- ✓ Expand our inpatient by building a temporal space for admissions.

CHALLENGES

- Our major challenge is insufficient space for maternity and inpatient admission which makes it difficult for our many specialists to function effectively. Other challenges are as follows
- No transformer causing fluctuation in power supply.
- The constant malfunctioning of the lift making it difficult for patients to move
- Insufficient machine and staff at the level of ultrasound increasing patient waiting time(one ultrasound machine for maternity ,cardiology clients and other patients)
- High level of Drugs out of stock due to delay of CP supplies and even to send codes when purchase are to be done locally.
- High staff turnover rate
- High cost of living in Yaoundé therefore increase staff complains which affects work.

TOP PRIORITIES

- ✓ Our topmost priority for 2023 is to increase space for maternity and inpatient by putting up a structure maternity. Others include:
- ✓ Purchase another ultrasound machine to reduce patient waiting time and allow cardiologist work effectively.
- ✓ Apply for transformer
- ✓ Pave entrance to hospital
- ✓ Complete fence and security project.

Hospital gate



Hospital wards



CBC HEALTH SERVICES RESOURCE CENTRE MVAN, YAOUNDE

The Resource Centre has been busy throughout the year hosting events and meetings, for the CBC and other external clients to the CBC. Amongst the many visitors it hosted, were the international participants of the All-African Baptist Men Conference 2nd Continental Congress from October 26-29, 2022, who were lodged at the Resource Centre to attend the event at Etoug-Ebe Baptist Church.

Chaplaincy

- ✓ The Centre organized a sendforth ceremony for Rev Tanni Moses and welcomed Pastor Ngwa Oliver and his family on September 1, 2022. This handing-over process was presided over by Rev Jumbuin Enoch, the Yaoundé field Pastor. A singles seminar was organized at the beginning of October 2022.

Acquisition of a new generator

- ✓ A new generator was acquired to replace the one that was there since the sound was too high. The one that was there was reassigned to Baptist Hospital Banyo.

Catering and Hotel Management Practical's

- ✓ Students of the CBCHS school for Catering and Hotel Management are now having their practical sessions at Mvan Resource Centre. Since this is a highly attended Centre in terms of meetings, seminars and conferences, it provides enough learning experience for the students.

XIII. NKWEN BAPTIST HOSPITAL AND SUPERVISED HEALTH CENTRES

Nkwen Baptist Hospital has continued to serve the populations who seek medical attention at all times even during lockdowns, and ghost towns. We pray for better days to be able to do much more to the glory of God as he unfolds his plan in and through the work we are doing.

NBH supervises three health facilities of which one is not functional due to the socio-political crisis which have persisted though not more in the same intensity.

MAJOR ACHIEVEMENTS

- ✓ **Infrastructure:** The focus has been and is on the completion of Block C which will provide us a pediatric and an ENT clinic, office space for some key staff, Isolation, wound care, staff private, children, eye and surgical overflow wards. We are sure to have it in use early 2023 with more drying lines, more water storage tanks, calls rooms, and inpatient laboratory.
- ✓ **Major Equipment:** By the grace of God, we were able to add the following major equipment in the hospital:
 - ✓ ENT drill, CPAP and mechanical ventilators to complete the ICU in theatre, an Eye operating bed, a modern overhead lamp, a slit lamp, an OCT machine, an up-to-date version of CD4 analyzer, an Erectal Disfunction therapy machine, a Panoramic Xray machine with cephalometric options/x-ray printer, and a dental chair.
- ✓ **Services Expansion:** The general surgeon and the gynecologist were both engaged in the second part of the year and we hope to have a lot more patients taken care of in the hospital. We now do tests to guide people against sickle cell.
- ✓ The inpatient catering service (ICS) has brought a mark change in our approach to care as patients can order for food and be served in their rooms and or wards. The hotel management and catering staff in charge of this service focus on semiprivate and private wards maintaining them at standard hostel levels for the comfort of our VIP patients.
- ✓ **Automobiles** We finally had a break through with the Hospital medicalized ambulance thanks to the persistent push and follow up by the DHS and the EDID program manager which brought in 75% funding from MIVA to help us in the acquisition process.

CHALLENGES

The challenges we face remain the sewage system, space, inadequate power, security as the hospital has many outlets, and road construction pending damages.

TOP PRIORITIES FOR 2023

Infrastructures

We intend to focus on the finishing touches on Blocks A,B&C, construct a giant suck away, renovate the old hospital structure to obtain more consultation rooms and a better emergency management space; and build a second incinerator. The construction of the generator house and the fence along the road will be done as well as soon as Block is put to use.

Major Equipment

We intend to adequately equip the new wards and complete the DAMA EHR (Electronic Health Records) and security set up. Complete the theatre/ICU equipment, replace the Cobas C111 chemistry machine, and buy an endoscopy machine.

Services Expansion

We hope to improve on the internal medicines services in the hospital by doing endoscopies.

It is interesting to note that many men (both young and old), and couples are struggling in their sexual lives and or relationships because of Erectile dysfunction of the man's manhood. The modern therapeutic approach to this has been sorted out by the DHS and we now have the machine at Nkwen Baptist Hospital to handle that (the ED1000).

With the brand-new ambulance, we can now offer better emergency services and systematic evacuation of patients is done in a more standardized way.

Block C receiving finishing touches



Erectile Dysfunction Therapy Machine ED1000



Mechanical Ventilators and CPAP Machine for ICU



Panoramic X-ray with Cephalometric Option



5th Theatre with Ultramodern Overhead Lamp



Eye Operating Table with Operator's Chair



Medicalized Ambulance



CD4 Analyzer



ASHONG BAPTIST HEALTH CENTRE

All is well at Ashong Baptist HC apart from the security issues that are known to everyone. With the COC who is a nurse practitioner, there is need for a small chemistry analyzer for better diagnostic. They also need a midwife, and an ultrasound staff to make good use of the equipment already in place. There need of a borehole to solve the water challenge in Ashong cannot be over emphasized.

MAMFE BAPTIST HEALTH CENTRE

The package of services in Mamfe Baptist HC has remained the same. The turnout has been on the increase from the time the district hospital was burnt. The staffing is inadequate and needs immediate attention. The infrastructure is also a big challenge. We hope to have the designs of the new facility and mobilize funds for the constructions to start as soon as the means permit. The court case is not yet over as the staff were accused for not reporting about a piece of paper picked around their residence allegedly written by the freedom fighters. Portable water also remains a challenge that we hope to solve it from the new site.

NDEBAYA BAPTIST HEALTH CENTRE

Due to the persistent crisis situation, the facility is still not operational.

XIV. BAFOUSSAM BAPTIST HOSPITAL AND SUPERVISED HEALTH CENTRES

Bafoussam Baptist Hospital and supervised Health Centres (Bayangam, Koussam, Kouhouat, Ngounso and Makenene) have worked hard to meet expectations of clients in spite challenges. Service utilization is on an increase in Bafoussam. Though some doctors resigned in the course of the year, the promptitude in replacing them was appreciated.

The need for Mental Health services is increasing by the day, following the influx of clients with mental and psychosocial issues.

Routine service supervisory visits from the Director's office, the Specialist Support visits by the Ophthalmologist, Orthopedic and ENT Surgeons brought specialist services closer to the clients in Bafoussam and beyond.

Through the CBCHS – UNFPA program, Bafoussam Baptist Hospital has continued with medical bill assistance to IDPs. This has greatly improved on access to health care for most of the vulnerable displaced persons in the West Region.

MAJOR ACHIEVEMENTS

The following constitutes some major achievements for Bafoussam and supervised Health facilities

- ✓ The commencement of Makenene Baptist Health Centre on the 2nd of May 2022 was an added value to our organization. The staff are working hard to ensure all clients who come in, leave satisfied. Due to the close collaboration between the Leadership of Salvation Baptist Church Makenene and the Health Committee, the staff have penetrated the communities with health education and care.
- ✓ Bafoussam Baptist Hospital has installed some diagnostic equipment to improve on quality of services in some key units. We acquired a Visual Field Machine and an overhead theatre Lamp to improve on the eyecare and operation services respectively.
- ✓ Hope and Healing International has sponsored the renovation of an inclusive PT Block for Ngounso Baptist Hospital.

TOP PRIORITIES

Purchase a bus for Emergency and errands.

Purchase land at the outskirts of town for waste management.

Expansion of inpatient service space.

Improve on the lighting and diagnostic equipment for Ngounso Baptist Hospital.

Provide portable drinking water in Bayangam and Makenene Health Centres.

MAJOR CHALLENGES

- The need for a Gynecologist or General Surgeon in Bafoussam.
- The need for additional Admission space in the facility.
- Portable water needs in Makenene and Bayangam
- Additional diagnostic equipment for Ngounso Baptist Hospital.
- A vehicle for Bafoussam and Ngounso to facilitate movement of emergencies, administrative errands and support visits.

We continue to pray for the Leadership of the Health Board and that of the Convention at large for prudence, wisdom and strength to keep us on the right path.

NGOUNSO BAPTIST HOSPITAL

The Hospital is busy and keeping up with standards to function as a full Hospital. Staff are doing well and despite the challenges, we have been able to achieve quite much, as we strive to provide quality care to our patients.

By the Grace of God and thanks to the leadership of the CBCHS, we have been able to:

- ✓ Purchase a patient monitor with EKG leads
- ✓ Purchase a chemistry machine for the laboratory
- ✓ Purchase a generator engine
- ✓ Remodeled the PT department via the Hope and healing international project

XV. MESKINE BAPTIST HOSPITAL, MAROUA

Meskine Baptist Hospital Maroua is the last born of the CBC Health Services Hospitals, having joined the system on January 1st, 2020. The first year was characterized by the introduction of new rules and guidelines, including the reporting of basic care and the filing of the patients' cases. The second year was marked by important and consequential social troubles, which culminated with the involvement of labor authorities and permitted the administration of the hospital to resume with the normal business under a cleared sky, after the DHS had skillfully tamed the tempest. This third year of the as CBC Hospital known MBHM shows the negative results of the social crisis as well as the genuine determination of the CBCHS to do good despite this difficult context.

With 100 beds and roughly 180 staff members, among which 100 medical and paramedical, the facility is a District as well as a Referral Hospital of average importance, situated in a District Area of 36 000 inhabitants, but historically radiating not only in the whole Far North Region, but also up to the East Region of Cameroon and the neighboring countries, name Nigeria and Chad.

MAJOR ACHIEVEMENTS

Infrastructure

- ✓ A modern **Laundry** was added to the hospital buildings, with a layout designed to fit the needs of both the linens of the wards and those of the theatre at full capacity.
- ✓ The Maternity Ward was modified to house the new created **Neonatology Unit**, with a waiting area for the mothers, a Clean Area for the Newborns with infections and a Very Clean Area for the Premature Babies, all rooms seeable through Aluminum framed windows to allow the families to enjoy the sight of the little ones without risk of contamination. The Neonatology is secured by an 8-batteries-strong **backup system** to minimize the energy related risks. Both Maternity and Neonatology Unit were visited by the **Minister of Public Health** in July.
- ✓ One of the **Houses** of the station was completely **renovated** and modernized to host the family of the newly appointed Administrator. In the same vein, great efforts are still being made to renovate the other houses of the stations, in order to put them as guest houses to the disposal of institutional (relievers, supervisors, etc.) and casual guests.

Equipment

- ✓ The hospital has completed its **face lifting**, which had begun with the painting of all buildings, by purchasing **modern beds** with hygienically flawless mattresses and bedside cupboards, thanks to the Central Pharmacy in Mutengene. In addition, **bed linen** was provided, after flocking of the hospitals and department's logos, giving the in-patient's housing conditions a new and clean aspect.
- ✓ The newly built Chapel and Conference Room was equipped with two (of 3 planned) air conditioners and provisional plastic chairs, making it available for the morning devotions and the numerous sessions of continuing medical and paramedical education (twice a week) and seminars/ training sessions.
- ✓ Thanks to the generously helping hands of donors, the Maternity was endowed with a **Cardiotocograph**, a modern device helping to monitor the fetal activity in relationship with the uterine contractions of a woman in labor.
- ✓ The Hospital was blessed by the reception of a powerful, **220 kVA Generator** provided by the DHS, to help strengthen patients' confidence in the newly administered house. At the same time, a purchased **laundry machine** was put to use in the new laundry.
- ✓ Following the transfer of an Ophthalmologist, the DHS made the equipment of the Eye Department and Theater possible: an **Operating Microscope**, a Slit Lamp with motorized table and various instruments

were added to the already available tools, making the launching of the ophthalmologic surgeries in Meskine possible by the end of November or early December 2022

Services Expansion

- ✓ With the help of the ENT specialist, Dr. Acha, and the Pediatric Surgeon, Dr. Ngock, 2 **surgical campaigns** for the treatment of malformations concerning these specialties were conducted in February and April, enabling us to widen the range of the surgical activity of the hospital, soon to be further expanded by the beginning of eye surgeries.
- ✓ Many **sensitization outreaches**, which culminated in May with the coverage of all faculties of the University of Maroua, completed these advertising activities with the aim of informing and educating on non-communicable diseases (diabetes, hypertension, vascular diseases of brain and heart, chronic obstructive lung disease and cancers), screening for diabetes and hypertension, free of charge consultations of eyes and teeth and publicity for the different services available in the MBHM.
- ✓ A General Practitioner and an Assistant Nurse were sent to Mbingo Baptist Hospital to learn the basics of Chemotherapy, after the Oncologist of the system, Dr. Kouya, had made an assessment of our situation and needs on the spot. They started implementing their training immediately after they returned, since the burden of the malignant tumors is really great in the population. For the same reasons, a **Daycare Unit for Chemotherapy** was opened in provisory premises and made functional at once.
- ✓ Our Nutrition Improvement Program was enriched by the start of a **Malnutrition Program** in collaboration with the Delegation of Public Health, and provisioned with the necessary food complements. In the same direction, our diabetes care was enhanced by the launching of a **Diabetes Clinic** taking place monthly and permanently growing in attendance; a **Patients' Association** was born during one of those clinics and a Chair voted.

Public Relations

- ✓ The management team of the hospital visited the traditional, administrative and public health authorities to express **New Year Wishes** and pray with them, bringing them small presents (rice, sugar, CBC tracksuits). This gesture was welcomed and gave us the means to renew or strengthen relationships for the sake of the hospital.
- ✓ Meetings with the referring **Chiefs of Centres** of our Health Area and with the **Chiefs of Villages** of our nearest influence Area enabled us to put the finger on major communication and procedural problems and to start solving them.
- ✓ The December 21 planned **Dedication of the MBHM** will strategically give us the opportunity for a massive advertisement and proximity information, as well as God's Blessing for the continuation of our work.

Staff Training

- ✓ Thanks to the relaying presence of the supervising Supervisors of Nursing Services of our system in Meskine, we were able to improve the **Nursing Care** in our hospital, especially concerning the utilization of the newly acquired beds, the wound management, the introduction of the Direct Observed Treatment system, the special care to the Diabetics and the obstetrical care of the mothers and newborns (through the training Advanced Life Support in Obstetrics).
- ✓ The **Security Guards** were trained by their supervisor, making them able to fully understand their role and to maintain a climate of security in the compound of the hospital.
- ✓ The new and the old **Housekeepers** benefited from a training session of 3 days (times 2 to involve all the workers without exception), Centered on the hygienic imperatives of their charge.

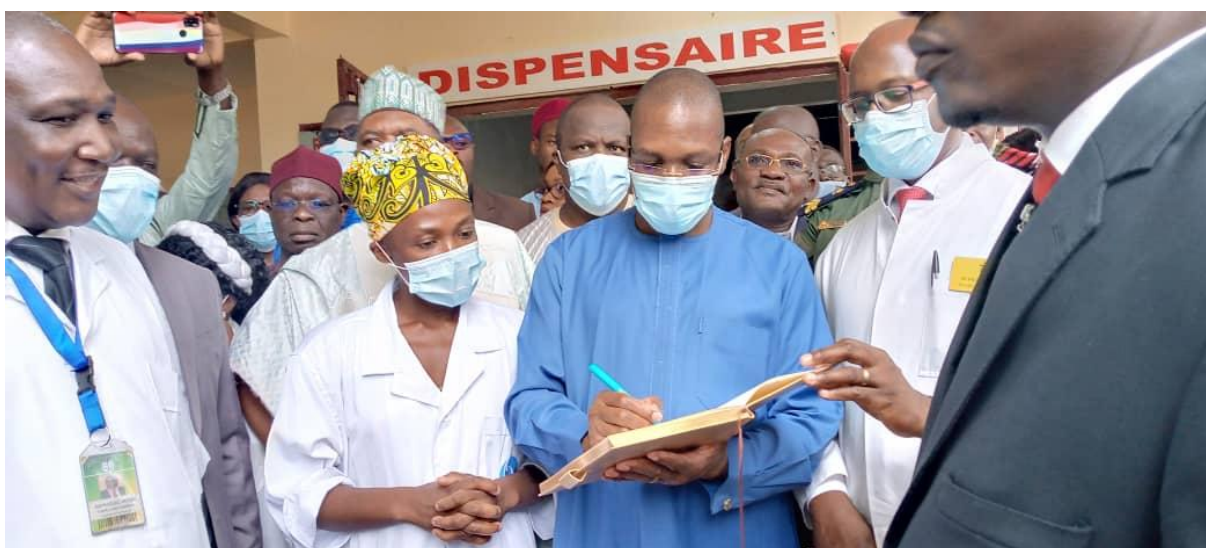
- ✓ The Doctors, the Maternity Staff and the Pediatrics Staff were beneficiaries of the internationally renowned **Neonatal Care Course** (also times 2 to involve all concerned workers without exception), as a means to be prepared for the opening of the Neonatal Unit and the handling of the related new equipment.
- ✓ From almost all departments, **Nurses Rotations** in other CBC hospitals for a period of 1 to 3 months were realized to help bring up the level of their individual and of Meskine's collective nursing care

MAIN CHALLENGES

- Many staff fell sick throughout the year, mostly due to malaria: the working environment proved to be related to the numerous malaria cases, whereas the relatively high average age of the staff appears to be of a certain influence on the incidence of other diseases.
- The **breakdown of the CR** (X-Ray) since end of 2021 made the X-Ray permanently non available for more than 4 months, before a provisional solution could be found in form of the loan of the CR of MBH. This problem was solved.
- The **generators of the hospital** showed signs of exhaustion, facing the frequent and long-lasting shortages of electric supply, making the already difficult working conditions even worse in the hotter season. This problem is permanently solved.
- 2022 has been carrying the burden of the social crisis of 2021, which had led to bad publicity of the Hospital. **Communication difficulties** remain a great source of misunderstandings, making it challenging to make the new system of work – that is Centered on quality – acceptable for all. A **Public Relation Officer** was appointed to help in this matter.
- Low cash flow delayed the payments to the **Central Pharmacy**, leading to the formation of a huge debt that the Hospital will not be able to reimburse this year.

TOP PRIORITIES

Reimbursement of drug Debt due to the Central Pharmacy, equipping of the In-Patient Departments with modern nursing and surgical tools, Construction of a new Medical Block, rewiring of the electrical system of the whole compound, sensitization and outreaches with the aim of raising the Patient attendance by 20%



Mr Hamadou Jacob, SNS of MBHM, Dr Ngono Michelle, GP and the CMO surround the Minister of Public Health, Dr Manaouda Malachie, as he writes in the Golden Book of the Hospital



Hospital Staff led by the Administrator meets the population of Gogoria, a former Leprosy Camp the MBHM is still struggling to support in social and educational matters

XVI. LIFE ABUNDANT PRIMARY HEALTHCARE (LAP)

The Life Abundant Primary Healthcare Program (LAP) funded by CBCHS and Bread for the World continues to work under the project title “Basic Inclusive Health Work in Rural Areas of Cameroon”. The programme has a common objective of improving access to quality health care, empowering community members to initiate, manage and sustain Primary Health Centres, strengthening health care workforce-capacity and stakeholder capacity for effective healthcare response in remote communities and enriching the spiritual life of LAP staff and community members.

During this period of the year from January 1, 2022 to November 31, 2022, LAP has had the following achievements:

- ✓ 16 new Health Promoters and 20 new CoMCHAs were trained in Allat and Ngounso respectively to carry out clinical interventions and MCH services in their respective communities.
- ✓ Between March 14, 2022 and May 12, 2022, 14 PHC Nurses (8 males, 6 females) went through a three-month basic screening course on clinical intervention in Banso Baptist Hospital (BBH).
- ✓ From June 20-24, 2022, LAP carried out its coordination meeting for 44 LAP staff (27 males, 17 females) that included office staff, PHC Nurses and Field Supervisors to evaluate the project implementation in Bamenda. During this meeting, staff were refreshed on Infection Prevention Control and Water, Sanitation and Hygiene (IPC and WASH), Non-Communicable Diseases (NCDs) and detection of malaria in rural setting.
- ✓ Obstetrics Fistula training workshop for 7 CoMCHAs all females held in Bamenda on March 4, 2022 to improve skills on MCH services.
- ✓ From June 6-8, 2022, 6 PHC Nurses (3 males, 3 females) were trained on circumcision using the Gomco method in Mboppi (Douala). This training helped in improving the skills of the PHC Nurses on MCH services.
- ✓ 18 Laboratory Auxiliary staff recruited and assigned to 18 PHCs to improve on the laboratory services of those PHCs.

- ✓ A medical Doctor Dr. Mundih Neolar was assigned to LAP by the DHS as LAP Physician to carry out outreach activities in LAP PHCs. The main purpose for her assignment is to improve the health outcomes, quality of life and wellbeing of the populations living in these remote and medically disadvantaged communities.
- ✓ Over 5,000 people in 20 PHCs visited listened to health education and a total of 3,880 consultations done on different health conditions (general consultations, Eye, Dental, WHP; Ultra-sound consultations).
- ✓ A total of 78 field supervisions successfully carried out in most of the LAP PHCs by the Field Supervisors and the LAP Administration within this year 2022.
- ✓ The creation of Makenene Health Centre on May 1, 2022 as an Integrated Health Centre under the supervision of Bafoussam Baptist Hospital.
- ✓ A successful LAP Management Committee Meeting held in Bamenda in May 6, 2022 after the last one in 2018 due to the ongoing crisis.
- ✓ Most communities demonstrating PHC ownership; Bamukumbit and Bambalang have laid foundation for their PHC structure, Makouombi and Kombasse renovated their PHC by painting them and Koata mobilizing sand and stones to start up a new PHC building.
- ✓ MoUs have been developed and reviewed by the CBCHS and LAP is working with Key stakeholders of each PHC community for the signing and eventual implementation.

MAIN CHALLENGES

- Difficulties accessing PHCs in the Oku-Noni, BBH, Mbem, Akwaya areas and some PHCs in Ndu 1 and 2 areas as a result of the ongoing crisis.
- The PHC Nurses in Bapi and Bamukumbit PHCs absconded making work in these PHCs challenging for the Community health workers.
- Many PHCs requesting LAP to assist them with solar lights and bore-hole water systems as electricity and portable water supply remains a major challenge to these LAP communities.
- Mbamti PHC in the Allat-Banyo area had some crisis within the year and was closed. The community in Mbamti has challenges accessing healthcare due to the closure of this PHC.

TOP PRIORITIES

- Scaling up cleanest compound awards in LAP PHCs in Ndu 1&2, Adamawa areas.
- Signing of MoUs with LAP community stakeholders and following up the implementation and compliance plans with key community stakeholders.

XVII. BAPTIST TRAINING SCHOOL FOR HEALTH PERSONNEL

The Baptist Training School for Health Personnel (BTSHP) carried out her activities successfully without any major hitches.

SUCSESSES

- ✓ Successfully graduated 246 students last academic year
- ✓ Successful enrolled students for Nursing Assistant, Advanced Practice Nursing Assistant, Pharmacy Technician, Imaging Technician, Dental Therapy, Assistant Ophthalmic Medical Assistant, Pharmacy Assistant, and Pharmacy Auxiliary this year
- ✓ Of the 20 nursing students who sat for certification examination, 18 passed giving a percentage of 90%, while on the other hand.
- ✓ 18 students were baptised after going through the inquirer's classes.
- ✓ A bore hole water was constructed with funding from Resolve to Safe Lives (RTSL) IPC project

SPIRITUAL ACTIVITIES

We have intensified spiritual activities. In addition to our usual devotions, we have introduced spiritual development on Thursdays and Saturdays as well as 15 hours course on balancing life demands. The purpose is to graduate students who are spiritually sensitive and intentionally involved in discipleship. So far, many students who have gone through the classes have testified of some spiritual awareness and growth. We hope the course will continue to impact students to find meaning in services. We also assisted many needy patients in BBH.

CHALLENGES

- Staffing still remains a challenge as many people are no longer willing to work in Kumbo.
- Lack of cooperation from some institutions when their staff are requested to come and teach
- High cost of living due to the crisis and the general price hikes has made life very difficult for staff
- Change of government policy has made government trainings very difficult leading to high failure rate

CONCLUSION

We will continue to do our best to meet the staffing needs of the various institutions.

XVIII. CENTRAL PHARMACY

Procurement and Distribution of Medicines and Medical Consumables

The Central Pharmacy which is the central procurement unit of medicines for CBCHS institutions has approximately 68 percent of essential medicines available at the point of use in all CBC Hospitals and Health Centres in Cameroon. The medicines from international orders came from Salvadidas, IMRES, Pharma Aide and Medical Export Group (MEG) and the rest came from local suppliers. However, prepayment for international orders worth 148.8 million FCFA has already been paid pending arrivals. The Drug Revolving Fund (DRF) owes some local suppliers outstanding bills for drugs and medical consumables worth 1 billion 74 million FCFA although 1 billion 778 million FCFA has already been paid.

CBCHS institutions owe the DRF the sum of 1 billion 535 million FCFA. The implications are that there are stock outs which cause the institutions to buy on cash from outside the Central Pharmacy. Nevertheless, the stock of medicines and pharmaceutical raw materials at Central Pharmacy stand at 1 billion 498 million FCFA.

DONATIONS

CP received 6 containers of donated items by November 2022; 2 from Hope and Healing International (CBM) in Canada, 2 from White Cross in Canada and 2 from NAB White Cross in USA which contained mostly hospital beds, medical consumables, a Forklift and missionary items.

MAJOR ACHIEVEMENT

the Ministry of Public Health has granted the Authorization for Central Pharmacy to distribute pharmaceuticals in the country.

MAJOR PRIORITY

To increase availability of medicines in CBCHS institutions from 68% to 95% by increasing the ratio of international orders versus national orders from 20:80 to 50:50. This will in a bid curb down on non-CP purchases.

PHARMACEUTICAL PRODUCTION

Sterile Production unit produced a total of 299,270 bags of IV Infusion fluids of different volumes and types while over 314,019 bottles of Eye Drops of same volume but of different types were produced.

The packaging of eye drops has been improved. This improvement has been realized thanks to the prepayment of raw materials for eye drop production and the purchase of patient pack eye drop boxes. Thus, there has been a major innovation in the packaging of eye drops in patient pack boxes sponsored by SEEPD.

This innovation will enable CP produced Eye Drops to be marketed externally especially after the Marketing Authorization has been obtained from the Ministry of Public Health as per the current Good Manufacturing Practice (cGMP) Certificate.

The **major challenge** is that quantities of IVs have been limited by the incomplete installation of the IV filling machine and lack of trays to loads of IVs into the autoclave.

Central Pharmacy is looking forward for the government of Cameroon to grant a Marketing Authorization (abbreviated AMM in French) for 6 registered products of IVs as per the Certificate of current Good Manufacturing Practices (cGMP).

The training of Pharmaceutical Production Assistants has been completed and now the number of staff per production line is adequate so that production of IVs and Eye Drops can occur simultaneously. This was the major achievement for 2022.

Efforts are in progress to obtain ISO certification. To ensure the ISO 9001:2015 accreditation, a convention has been signed with the Enterprises Upgrading Office (abbreviated BMN in French). BMN has assigned a consultant who is currently working with CP to close the quality gaps in pharmaceutical production that have been identified before inviting ISO accreditation international board by February 2023.

The Non-Sterile unit is responsible for the preparation of some extemporaneous products and other non-Sterile pharmaceuticals for all CBC Health Services hospitals and health Centres. These include the production of solutions, suspensions, creams, ointments, lotions, gels.

Some Achievements realized were improvements on formulation of cough expectorant and packaging in patient pack size as well as had 4 additional staff; pharmaceutical production assistants to boost production.

The **major challenge** is that of lack of machines so production processes not automated, inconsistent availability of raw materials leading to out of stock, Lack of proper packaging containers and bulk packaging due to lack of machines.

Top Priority Goals /Plan for 2023 will be to consistently make available of raw materials to avoid out of stock and also to increase production by automating the production processes for both oral and topical products (purchase the machines). Improve on the packaging of the products; move from bulk packaging to patient-pack sizes will be the main focus.

Chemical Production unit is responsible for the production of sanitary products. In 2022, it produced 2,598 tablets of antiseptic soap and 53,416 adult and child strength medicated soaps, 23,265 liters of bleach, 1,844 sachets of 2kg powder detergent, 13,897 liters of liquid detergent, 6,932 liters of liquid soap, 1,750 liters of liquid hand wash, 7,933 liters of Palm Oil, 1,330 liters of kernel oil and others smaller items. All of these is done manually.

These quantities produced were limited by inadequate availability of raw materials such as palm kernel oil and permethrin which are the active ingredients in the production of these sanitary products and containers for the bottling of the liquid sanitary products such as liquid detergents, liquid soap and sodium hypochlorite bleach of 5%.

A **major challenge** is casual workers needed to enhance regular harvesting to avoid spoilage and cleanliness of the plantations. Lingam still has one hundred and fifty (150) hectares unplanted. Consequently, a nursery of 20,000 chitted palm nuts has been nursed.

The Quality unit is made up of two sub departments; Quality Assurance and Quality Control. So far the department went through a very successful period with over 973 samples analyzed including medicines, water (from our health institutions) and others with a general failure rate of 5.20 %. Those medicines that failed were returned to their suppliers.

Amongst the total number of samples that came into the laboratory, the Ministry of Public Health through her Inspectors of Pharmacy and Laboratory Services, Yaounde brought in 293 with 231 samples already analyzed.

Our department had a contract with the Norwegian Refugee Council (NRC) to analyse water samples from boreholes constructed by them in Fako, Meme and Mezam.

This November 2022 the department has won another small contract with UNDP to analyse some water sources in Fako Division, SWR.

Challenges include;

- Lack of major laboratory equipment and reagents, mentioned in goals.
- Lack of space.
- Poor waste management due to non-repairs of incinerators, in goals

Top priority goal is to equip the laboratory and provide for more space.

- ✓ Purchase lab equipment/reagents
- ✓ Increase departmental space
- ✓ Acquire government accreditation for the Lab, ongoing.
- ✓ Get ISO certification for CP, ongoing.

The **HESCO water bottling Department** has as a major activity the bottling of natural water. The Department has the following as raw materials: Preforms, Caps, Labels and wrapping films. This department has a staff strength of fourteen (14), amongst which are the machine operators, production staff and a facility keeper.

Though the Department had targeted **500,000L** to be filled in 2022, we succeeded to fill only **310,248** bottles (**62.05%** realization). It should be noted that this volume is better than last year 2021 where we did just 167,165bottles.

Our major challenge in 2022 remains the state of our equipment. HESCO has as major equipment the **blow mold machine**, the **Filling Machine** and the **packaging machine**. This equipment is all broken down and need constant maintenance which does not last thus making the bottling activity expensive. A good portion of raw material is lost because of the poor state of our equipment. The inject coder also breakdown and is being sourced. The Department also has a challenge at the level of stock management as we do not have a trained Storekeeper.

HESCO's major goal for 2023 is to purchase and install two functional bottling lines. One line to bottle 0.5L, 1L and 1.5L and the other to bottle 10L.

XIX. HEALTH SERVICES COMPLEX

A. BAPTIST SCHOOL OF PUBLIC HEALTH (BSPH).

Introduction

The Baptist School of Public Health (BSPH) is a special institution for training health personnel in Cameroon and operates in partnership with other training institutions both nationally and internationally. It was started as a Regional Training Centre in 2004 being an offshoot of the CBC Health Services' partnership with USAID AWARE project. The courses designed therein are based on needs lead approach, contextual realities, changing trends and global standards. The BSPH is authorized as a Christian Higher institution by the Minister of Higher Education in a decree No 21-00324/MINESUP/SG/DDES/ESUP of 3rd June 2021 and decree 22/01393/L/MINESUP/SG/DDES/ESUP/SDA/MF of 11th March 2022 granting the creation and opening of the BSPH respectively. The BSPH has a total of 6 permanent and 2 part-time staff some of whom are also lecturers as well as over 50 lectures all of whom are part-time.

MAJOR ACHIEVEMENTS

Infrastructure and equipment

- ✓ **Renovations:** Over 6 classrooms have been renovated are almost ready for use.
- ✓ **Continue upgrade skills lab.** Continued the upgrading of skills lab for rehabilitation and practical Activities for Daily Living. We acquired equipment for skills lab and improved the furniture to ensure proper storage of the equipment acquired like a model human skeleton for training, equipment for practical activities for daily living.
- ✓ **Digital learning environment:** Acquisition of the digital learning environments to support online sessions. We also continued to subscribe for the online E-Library as well as a Zoom/Webinar account.

Application for Mentorship. Submitted an application for Mentorship to University of Zimbabwe (UZ) to mentor us in the training of Occupational therapy, Physiotherapy and Biomedical Engineering program. The team from UZ is expected to visit the BSPH in the December 2022 to validate the application.

Requests: Requested the World Occupational Therapy (WFOT) to approve BSC curriculum and Occupational Therapy (OT) training program in Cameroon. Also requested the Occupational Therapy Africa Regional Group (ORTARG) for to support us to develop an OT program in Cameroon.

Workshop on clinical supervision: Organized a workshop on clinical supervision for the supervisors of students on internship. This was facilitated by an Occupational Therapist and a Speech therapist from University of Zimbabwe.

MAIN CHALLENGES

Obtaining approval of mentorship from Universities of Buea, Ngaoundere and Zimbabwe.

TOP PRIORITIES

- Conduct a workshop on speech therapy for clinical supervisors of Rehabilitation students.
- Pursue approval of mentorship from the Universities of Buea, Ngaoundere and Zimbabwe to enable the start of more programs.
- Start a 4-year degree program on Occupational **Therapy**
- Continue to follow up application in Ministry of Higher education to authorize HND programs

B. NATIONAL EARLY INFANT DIAGNOSIS REFERENCE LABORATORY

The National Early Infant Diagnosis Reference Laboratory was set up some years ago to cater for disease diagnosis and surveillance. It was principally for HIV testing and still remains so with addition to the PCR technique for COVID-19 that began in 2020. The two principal tests performed here are early infant diagnosis (EID) of HIV in HIV-exposed infants (children born to HIV-positive mothers) and viral load test to monitor HIV-positive patients on treatment.

The current staff strength stands at 14 among whom are five technical staff (laboratory scientists), three clerical staff, two administrative staff, a janitor, an IT staff, an incinerator operator and a driver.

The laboratory is not involved in sample collection but receives them from health facilities in all the regions of the country except the South region. These samples are tested, and results returned to the facilities through the HIV clinical implementing partners.

- In 2022, we tested over 1000 COVID-19 samples with results by PCR mostly for travelers, 600 EID samples and 22,000 viral load samples counting. Staff salaries are paid regularly and had financially supported the new building housing some classes in the HSC compound.
- Our greatest challenges in 2022 have been the stock out of viral load reagents which lasted for four months. They reagents we eventually received were not enough to clear the samples in waiting for testing. The second challenge is the nonpayment of the HIV user fees by the Ministry of Public Health. This is our only source of revenue as we are not funded by organization.
- Our plan for the year 2023 is to expand our scope of tests to include more sophisticated tests that are needed in the region and beyond. These include TB viral load, hepatitis viral load and many more. This call for increase in space and thus building a new house to accommodate this is inevitable and imperative. We therefore for financial support to realize this project.

C. Community Initiative AIDS Care and Prevention (CIACP) Program

The Community Initiative AIDS Care and Prevention (CIACP) Program is on the second year of the 7th phase of the project which started on 1st August 2020. Under the title, "Community Based AIDS Prevention and Information Program" with core components being HIV (Sensitization, testing, and linkages), Malaria (Sensitization, testing and treatment subsidy), Non-Communicable Diseases (NCDs) and Humanitarian support to Internally Displaced Persons (IDPs). CIACP has therefore within the first half of 2022, carried out trainings, sensitizations and testing on HIV and AIDS, Malaria, NCDs in communities in the Southwest Region and in Bible Conferences in Soppo, Limbe and Douala Fields.

As from the first quarter to the fourth quarter of 2022, the project made use of various avenues to carry out voluntary counselling and testing. A total of 22,956 persons were sensitized, 7,669 (1,661 males,

6,008 females) were tested for HIV with 128 (30 males, 98 females) testing positive, 97 (34 males, 63 females) of whom are currently linked to care and treatment. Other health interventions offered in the communities and 3 Bible Conferences include Blood sugar, Malaria, Body Mass Index (BMI), Blood Pressure (BP) and 24 (8 males and 16 females) persons receiving psychosocial support. As for Malaria, a total of 1,193 were tested with 675 testing positive, all of whom received subsidized malaria treatment and mosquito bed nets. Regarding Blood Pressure, 4,193 (1,541males, 2,652) persons were seen with 225 referred while for Blood Sugar, 779 were screened and 41 were linked up for treatment and follow up. A total of 281 Body Mass Index tests were done registering 89 obese cases and 75 overweight cases who receive counselling. Finally, 3,643 persons screened for visual acuity with 152 referred for follow-up and proper management in the hospital.

TRAININGS

- A Bread for the World sponsored capacity building training for 13 staff facilitated by SIRDEP on Project Planning, Monitoring and Evaluation took place from the 12th to the 16th of September 2022 at HSC
- Challenges
- Due to the crisis, some areas could not be reached by the CIACP team (Lebialem, Manyu, Ndian)
- Some team members receive threats from some unknown individuals in Muyuka and Kumba during field activities.

TOP PRIORITIES

This phase of the CIACP project will be ending on June 30th 2023, so the project staff are doing everything to ensure that planned activities/goals that were not achieved for one reason or the other should be accomplished.

D. HEALTH SERVICES COMPLEX REST HOUSE

The HSC-Rest House has a capacity of 16 rooms at the new hostel, 5 rooms at the House with 8 bed spaces, two halls in house four with 8-10 bed spaces and house five the only diplomatic lodged with two rooms, office and a sitting room. She manages 11 staff members who are being rotated through different services: -

Rooms, (for hotel lodging and management) - Kitchen (Catering and restaurant services),

Laundry (linen and accommodation) and front desk and canteen (for Customer and HSC Staff-services). Despite the number of staff HSC rest-house still struggles in some seasons as the demand for services increases.

Major achievements

- ✓ Although with many challenges since 2020 from costumers and rapidly undergone some changes in the last few months of 2022 and intake / production in these past months have also increased in the area of the rooms and general cosmetics.
- ✓ Eight rooms have been renovated /upgraded to standard bed rooms, with improved walls, ceiling, beds and bedspreads, mattresses, wardrobe and lighting.

Challenges

- Rooms- Limited spaces as there is high demand for space during seminars and conferences.
- Front-Desk: - This area has been generally abused by CBCHS / CBC staff who think that they can just walk into the rest-house and have a room without booking or making reservations on time. This makes

management difficult as some will arrive when there is no space and will feel they are not treated well. While others will make reservations through 3-4 different people securing 4 rooms for one person/ 4 meals for one person. This can only be handled when all reservations are made through one registry. Clients should book using the numbers **651890574/651901788**.

Top Priorities

- Improve on rooms especially the toilets and furniture, Kitchen cutlery, Cabinet for storage, laundry shelf for good storage of linen, and improve restaurant services (a garden, poultry farm and equipping with furniture with other basic needs to modern standards.
- Create a mini diplomatic conference hall for the rest-house to improve income.
- Run a poultry farm for the production of chicken / garden for vegetables and focus on bulk buying for easy turn over.

XX. SOCIO ECONOMIC EMPOWERMENT OF PERSONS WITH DISABILITIES (SEEPD) PROGRAM

CBID PROJECT

Introduction

Within the Services for Persons with Disabilities (SPD) of the CBC Health Services, several initiatives and projects are being implemented to improve on the lives of person with disabilities and mainstream inclusive practices in community development. First, the Community Based Inclusive Development (CBID) initiative under the SEEPD program is currently in the last year of implementing phase VI, with a focus on strengthening systems of organisations to embrace a disability inclusive agenda. The SEEPD Program has engaged in multi sector activities in a bid to promote disability inclusive practices in partner organisations such as municipal councils, Decentralization Support Structures, Education authorities, health programs and structures. The interventions of this phase are mainly in the domain of health, education, community, and empowerment with crosscutting issues such as advocacy, gender and child safeguarding as well as communication. The impact of the actions can be felt throughout the whole CBCHS system, but this report emphasizes actions taken in the Northwest regions.

MAJOR ACHIEVEMENTS

As opposed to the previous phase where the project established partnerships and supported 20 municipal councils, in this phase, the project's strategy focused on reestablishing MoU with councils located in spaces where development was judged to be feasible. Hence, Councils in Mezam division were mostly prioritized. At planning, six councils were earmarked: Bamenda I, II, III, Tubah, Santa, and the City Council. In addition to this, 4 decentralized support structures: PNDP, FAICOM, NASLA and MIDENO were considered. However, at implementation, cognizance of the constantly evolving nature of a development context, the project was dynamic enough to take advantage of emerging opportunities of value to the attainment of expected results. In this light, 4 more councils: Nkambe, Fundong, Jakiri and Bafut, as well as 4 more decentralized support structures: MINDEVVEL, Public Work, Housing and Urban Development, and the Social Safety Net Program were targeted.

Advocacy towards councils resulting in the following:

- ✓ Adoption of CBID plans as addendums to Council Development Plans and appointment of Disability Focal Points to facilitate the Council's efforts at disability mainstreaming.
- ✓ Adoption and promotion of messages against social, exclusion, GBV and child abuse.

- ✓ Adoption and promotion of sign language culture in municipalities evident in municipal decisions, training of sign language interpreters to facilitate service delivery for deaf persons, instituting regular sign language lessons for council staff...
- ✓ Adoption of principles of universal design in council financed projects as seen in the actions of Wum, Nkambe, Jakiri Council,
- ✓ Free production of birth certificates for over 160 children with disability to facilitate school enrolment.
- ✓ Yearly need assessment and provision of assistive and didactic materials to children with disabilities on needs bases.
- ✓ Inclusive cultural festivals in the Bamenda III municipality provided an opportunity for 34 people with disability to participate in cultural week.
- ✓ Adoption of participatory approaches by councils have resulted in regular consultation between Councils and divisional OPDs to inform and ensure the participation of persons with disabilities.

Advocacy towards decentralization support structures/programs led to the following outcomes:

- ✓ Training of 77 staff involved in the safety net project leading to the inclusion of 122 persons with disabilities in the social safety net project.
- ✓ Implementation of the socioeconomic empowerment of persons with disabilities initiative by MIDENO targeting over
- ✓ Formalization of an MoU with the Ministry of Social Affairs in 2020 has made it possible for us to import assistive devices duty free, and also to participate in policy dialogue on social inclusion at national level.
- ✓ The launch of an excellence in inclusion award by the CBCHS combined with quarterly assessments is a lever for influencing councils to remain committed to their obligations towards disability mainstreaming.

In the area of Health

- ✓ Capacity building and trainings in inclusive health targeting 64 staff of 4 public health programs, demonstration of good practices in accessibility for health structures has reduced attitudinal barriers, and facilitated the adoption of strategies for collection of disability disaggregated data, thereby resulting to: (1) effective participation of 7 OPD leaders in planning and commemoration of international health days; (2) People with disability accessing outpatient consultation at both hospital and outreach screening campaigns for AIDS, NCDs, Women's Health services and malaria.
- ✓ Health structures are adopting inclusive practices in accessibility to buildup environment and in-service delivery.

In Education

- ✓ Partnership agreements with the regional delegations for basic and secondary education have resulted to the establishment of the Regional Inclusive Education Resource Centre (RIERC) with efforts to ensure sustainability such as: (1) contributions by PTAs of primary and secondary schools, the Northwest Regional Assembly, and the Bamenda City Council; and the recruitment of one more sign language interpreter for the centre; (2) sustainable implementation of data management system to capture disability presence in schools across the region.
- ✓ Each Delegation has a focal point for inclusion.
 - ✓ Measures to improve access and participation of candidates with disabilities in the General Certificate of Education Exams conducted by the Ministry of Basic Education and the GCE Board led to the participation of 74 learners with disabilities in certificate exams.
 - ✓ MTN Mobile operators now collect registration fees from candidates with impairments at special registration centres instead of the candidates going to MTN.
 - ✓ Additional Time per hour has been increased from 15 to 30 minutes for every hour for candidates who need such accommodation.
 - ✓ Two (2) special examination centres created by the GCE Board refurbished and equipped ahead of the 2020/2021 session of end of course exams.

- ✓ The GCE Board has approved the use of scribes to support candidates with impairments requiring such services with one candidate supported by SEEPD-trained scribes in the June 2022 GCE Session.
- ✓ A university lecturer who is visually impaired is now part of the brailing team to ensure face validity of evaluation items.
- ✓ Capacity building and demonstration of good practices in accessibility to build-up areas has led to the development and adoption of an accessibility standard by the University of Bamenda to ensure accessibility is reflected in all future construction plans of the university.
- ✓ Investments in capacity building on disability inclusion and equality done for 42 lecturers and 52 staff of supplementary services at the University of Bamenda resulted to the adoption of the following inclusive practices aimed at dismantling attitudinal barriers, ensuring inclusive access to pedagogic and supplementary services in the university of Bamenda.

For the OPD community

- ✓ The Coordinating Unit of Associations of Persons with Disabilities (CUAPWD) has increased visibility, social standing, recognition and respect
- ✓ Promotion of amputee football at regional and national level.
- ✓ Successful OPD-led advocacy targeting humanitarian organizations improved the inclusion of people with disabilities in emergency response...the case of WHO, UNHCR etc.
- ✓ Advocacy led efforts to 6 councils have led to; 5 councils effectively working with sub-divisional OPD structures needs identification and inclusion in council plans, 2 councils are financially supporting activities of sub-divisional OPD structures and 1 council is financially supporting the construction of a structure to host a sub-divisional OPD office.
- ✓ Advocacy at local and national levels has led to a prime ministerial decision granting age exemption in public exams or recruitment into the public service for persons living with disabilities. The age extension covers a maximum of 5 years above the age limit fixed for the particular official examination or recruitment exercise the candidate is taking.

MAIN CHALLENGES:

- Ensuring ownership of actions by various stakeholders is still proving to be challenging especially in protection work
- Ensuring the smooth take off of the neonatal screening initiative has been challenging with obtaining accurate screening results
- Implementing the Community Mental Health initiative has been challenging with reduced access to hard-to-reach communities due to insecurity and internal displacement of people.
- The armed conflict resulting in sporadic calls for ghost towns, movement restrictions and gun battles in the Northwest region continued to hamper implementation of some planned activities.

Top priority

2022 marks the transition in funding for the project from CBM Global to CBM International. it represents the start of a new CBID Project for the population of the Northwest Region for a period of three years from 2023 to 2025. Priority will be to launch the new project and continue interventions across all the project areas.



Prof. Tih Exchanges MoU with the Director of NASLA to foster partnership

- B. **The Inclusive Eye Health in the Context of Covid-19 Project** is in the second year of implementation. This second and final year of this phase of the project runs from January to December 2022 and is being implemented in 12 Health Districts of the Northwest Region with the focus on strengthening secondary and primary eye clinics to provide inclusive eye care to the population in need. The Eye District approach was employed to provide preventive and curative eye care services through health education, community outreach, medical and surgical interventions, and rehabilitation. The capacity of eye staff to provide inclusive eye care services was strengthened while providing them with PPEs for infection prevention against covid-19 and other diseases.

The year 2022 and has been characterized by the following interventions as highlighted below:

Service Delivery

- ✓ From January to October 2022, a total of 53,405 patients, among whom were 7,405 people with disabilities had access to treatment. PPEs including 35,000 face masks were provided to health facilities for infection prevention to enable them provide eye care services to people both at the clinic and outreach.
- ✓ 135 outreach camps were organized to provide eye care to 16,694 people in the community.
- ✓ 3862 glasses and 11 Low vision devices were dispensed.
- ✓ Surgical instruments (8 cataract sets, 3 trabeculectomy sets, 3 minor surgery sets, 2 cautery bipolar), and Consumables (Visco elastics, sutures, trypan blue, gloves, IOLs, and ringer lactate solution) were supplied to the 03 secondary eye clinics to provide surgery to 968 peoples received eye surgeries including 508 cataract surgeries.
- ✓ The Central Pharmacy was supported to produce over 258,859 Eye drops and supplied to eye clinics. New eye drops such as Timolol/Dorzolamide for the treatment of glaucoma are also being produced and supplied to patients at very affordable cost.
- ✓ Within the context of the project, the mental health department was supported to provide psychosocial support to patients and staff infected /affected with covid-19.
- ✓ 564 poor patients were assisted with financial support to access treatment

Capacity Building

- ✓ Within the context of the project, health workers received training on infection prevention and control/hygiene measures, COVID-19 infection control and prevention, Inclusive health, Safeguarding and Child protection, and Safety and Security.
- ✓ To ensure the provision of quality eye care services the following trainings were carried out:
- ✓ 2 staff in Low Vision. One staff is undergoing an online Master's program and the other was trained in Magrabi ICO Cameroon Eye Institute (MICEI) Yaounde.
- ✓ 2 eye nurses trained in Ophthalmic theatre management at MICEI
- ✓ 1 Ophthalmologist trained in Small Incision cataract Surgery at MICEI
- ✓ 123 nurses trained in Primary Eye Care (PEC)
- ✓ Upon request from District Hospital Nkambe, a nurse who had undergone PEC training was given 2 months further in eye care at Nkwen Baptist hospital.

Awareness Raising

- ✓ 95 Community Health Workers and 87 leaders of Organization of Persons with Disabilities were trained to carryout sensitization on eye care in the community.
- ✓ Health education sessions on eye care were organized in Bible Conferences
- ✓ Health Education on 11 community radios using 10 local languages
- ✓ Distribution of IEC materials in the form of brochures and posters

Management

- ✓ Supervision visits were carried out to project facilities to ensure quality assurance in service delivery and reporting
- ✓ A stakeholders meeting was held to evaluate project implementation
- ✓ A workshop was organized to build capacity of project staff in effective project management.
- ✓ Supplies of office materials to facilitate project implementation.

The regional delegate PH and other stakeholders at the IEH annual management meeting

System strengthening

- ✓ **Established and coordinating a primary eye care system that involved health facilities with PEC nurses and secondary eye clinics.**
- ✓ **Training nurses in PEC and equipping them with basic equipment**
- ✓ **Creating a referral system for eye care delivery in the region**
- ✓ **Build capacity of eye staff in PEC, low vision, OT management and surgery**
- ✓ **Provision of equipment and consumables for eye examination and surgery**

Challenges

The following are some challenges faced in the course of implementing the project this year:

- Security challenge due to prevailing crisis in the Northwest and Southwest regions of Cameroon. This was overcome by collaborating with the CBCHS security department giving security updates each time a team is about to go out.
- Late acquisition of surgical instruments due to delays from the suppliers.

- The Production and supply of some recommended eye drops did not start on time due to the inability of the CBC central pharmacy to acquire raw materials on time since this material had to be ordered from abroad.
- Inability of some facilities to report disability disaggregated data.

Expectation

The main expectation for next year is that the project should be renewed, so as to continue with the services started in the phase and to sustain the gains achieved this and the previous one.

Conclusion

Given the active collaboration from the Regional Delegate of Public Health, District Medical Officers, Regional Delegates for Basic and Secondary Education, and other stakeholders, the implementation of the project this year recorded great success. The community has also embraced and shown ownership of this initiative hence always expressing the need for more eye screening camps in their communities. It is hoped that CBM renews this project to enable the CBC Health Services continue to implement this new model of Inclusive Primary Eye Care which is the only way to combat avoidable blindness in Cameroon.

C. **The Disability Inclusive Humanitarian Action (DIHA) Project** which is funded by the German Federal Foreign Office (FFO) through the Christian Blind Mission (CBM), was launched on the 24th of June 2021 and will run till April 31, 2023 in the Northwest Region.

The project which focuses on the health and protection sectors has the overall objective of the project to improve access to inclusive humanitarian assistance and protection of internally displaced persons (IDPs) and members of host communities with special attention to the rights and needs of persons with disabilities in the Northwest and Southwest Regions of Cameroon, has three output areas:

1. Local, national, and international humanitarian organizations, donor agencies, and government (humanitarian) actors improve their policies and practices of inclusive humanitarian aid and implement disability-mainstreaming measures in their programs.
2. Capacities of persons with disabilities and organizations of persons with disabilities (OPDs) are increased for effective advocacy and meaningful and active contribution to inclusive humanitarian response.
3. People with disabilities and other at-risk groups in host communities and among IDPs in the North-West Region have improved access to quality, accessible, and inclusive health, rehabilitation, and other basic services.

In this year of implementation, the following key actions were carried out.

Mainstreaming of disability in humanitarian actions

The following were achieved:

- ✓ An accessibility audit of humanitarian organizations in the NWR was conducted on international and local humanitarian organizations in the NWR with the dissemination of the results done at national and regional levels to the humanitarian community respectively.
- ✓ 2 consultative meetings were held with 8 different international NGOs and UN Agencies (UNHCR, Mission 21, Caritas, WFP, INTERSOS, PLAN international, NRC, IRC) to identify and agree on strategies for disability inclusion.
- ✓ 55 management and operations level staff members from 15 local humanitarian organizations trained on disability inclusion following the IASC guidelines.

- ✓ 11 local and national humanitarian organizations were constantly receiving coaching from the DIHA project to adopt disability inclusive actions in service delivery.
- ✓ Data collection tools of local humanitarian organization were revised to capture disability disaggregated data.
- ✓ Seed funding from the DIHA project was provided to support specific disability inclusive actions of local humanitarian organizations.

Capacity building

A training to build the capacity of OPDs¹ to understand the humanitarian context and carry out advocacy to improve access to services was carried out in collaboration with the Coordinating Unit of Associations of Persons with Disabilities.

- ✓ 53 OPD leaders were trained and now have an improved knowledge and understanding of inclusive humanitarian assistance and the functioning of the humanitarian system.
- ✓ 41 leaders (36 religious' leaders from Presbyterian, Catholics, Baptists, Muslims, and 5 persons with disabilities) were trained on inclusive humanitarian aid and disaster risk preparedness.
- ✓ Training of GBV actors on safe and ethical management of data.

Advocacy

The 37 OPD leaders from all seven to develop capacity as advocates for disability inclusive humanitarian action and are now be able to effectively engage with the humanitarian coordination system. With the capacity building, the various leaders have engaged in various actions leading to:

- ✓ Advocacy to NRC has led to 200 persons with disabilities being identified to receive support for the establishment of birth certificates
- ✓ Participating in GBV sub cluster AOR which led to the updating and disseminate the referral pathway for the North West.
- ✓ Through advocacy efforts by OPD network 34 persons with disabilities have received education scholarships from local fundraising done by the CUAPWD, 103 received training on livestock rearing and market gardening provided by FAO; 214 received assistive devices donated by WHO; and 1482 received cash provided by B1, BA, B3, Santa, and Tubah Councils on the Social Safety Net Project.

Service delivery

- ✓ Outreaches were conducted from MBH, BBH and NBH by multidisciplinary medical teams to reached 14,609 people with medical services.
- ✓ In collaboration with the Gender and DID GBV referral pathway, 338 have benefitted from GBV services
- ✓ 586 assistive devices (white canes, crutches, hearing aids, wheelchairs and tricycles) provided to beneficiaries after proper needs assessments done by competent staff.
- ✓ In collaboration with various councils, 585 people have been supported to establish birth certificates.
- ✓ 21 sign language interpreters trained over the course of 14-weeks to facilitate access to services for the deaf community which experiences profound participation restrictions in the ongoing humanitarian response.

- ✓ 3,900 vulnerable individuals have benefitted from the inclusive cash transfer initiative based on the agreed vulnerability criteria.



Distribution of assistive devices to beneficiaries by WHO

Conclusion

As the crisis in the anglophone regions continue, the needs keep increasing. Whilst there has been an influx of humanitarian actors, the DIHA project specifically ensures that the needs of the most vulnerable are taken into account. With support to other humanitarian actors, capacity building for the disability community as well as direct service provision, we hope to keep improving access for the most underserved in the community.

D. **The Cameroon Baptist Convention Health Services (CBCHS) in partnership with Hope and Healing International (HHI), Canada,** is implementing seven projects in the Northwest, Southwest, West and Adamawa regions of Cameroon. This partnership with HHI started in 2012 when they were still known as CBM Canada and in 2019 they rebranded to Hope and Healing International and still maintained partnership with the CBC Health Services who is their only partner in Cameroon. The partnership started with Non-Cash Resources involving medical equipment and supplies that are distributed to health institutions. Since 2021, the partnership included Cash based partnership. This year 2022, HHI in partnership with CBCHS is implementing 07 projects for period of one year (from July 2021 to June 2022) as follows:

i. The Healing Hugs profile collection project

This is a resource mobilization initiative aimed at contributing to the advancement of Hope and Healing International and healing hugs Initiative by collecting resources/profiles of children with disabilities in Cameroon.

- ✓ 2000 children were profiled and their reports submitted to HHI. Also, over 150 of them received medical care and livelihood supports.
- ✓ 2 Canon Cameras (5D Mk 4 and 5D MK 3) and a Computer were bought and supplied to the healing hugs profile collection team facilitate their work.

- ✓ 40 success stories were developed and submitted.
- ✓ 80 social media posts were submitted to HHI
- ✓ **ii. The Non-Cash Resource**
 - ✓ The Non-Cash Resource initiative aims at donating hospital supplies, consumables and equipment to CBC Health Services.
- Through this initiative, donated Equipment and Supplies were distributed to CBC Health Services Hospitals and these include Hospital beds, Wheel Chairs, Bed Sheets, Privacy Curtains, (Dividers), Crutches, Patients lifts, Screeners (Tents) and uncountable low-Cost supplies and Consumables.

E. Expanding Access to Community Directed Prevention of River Blindness in the West Region of Cameroon Project

This project is implemented in the 6 health districts in the Noun division by supporting the regional delegation of public Health in the west region in the elimination of transmission of River Blindness and to contribute to the fight against avoidable blindness and other complications from the disease.

Service delivery

- ✓ Improved access to Mectizan to over 600,000 people in 6 health districts of the Noun division of the West Region.
- ✓ Provided financial motivation to all community distributors of Mectizan in the 6 health districts of the Noun division.
- ✓ Collaborated with the regional delegation of Public health to train community distributors of Mectizan, carried out supervision of CDTI.
- ✓ Improved access to Mectizan to over 600,000 people in 6 health districts of the Noun division of the West Region.
- ✓ Provided financial motivation to all community distributors of Mectizan in the 6 health districts of the Noun division.
- ✓ Collaborated with the regional delegation of Public health to train community distributors of Mectizan, carried out supervision of CDTI.

Demand generation

- ✓ Awareness messages on River Blindness were broadcast on 4 community radios using 4 local languages.
- ✓ IEC materials produced by the government were distributed in 894 community distributors of Mectizan and CBR field workers.

Capacity building

- ✓ 14 Journalists from radio and TV houses in the west region were trained on communication of awareness messages on River Blindness.
- ✓ 23 people (6 eye staff, 5 CBC Health Services CBR field workers and 12 community health workers) were trained on the prevention and screening for River Blindness.
- ✓ Participated in the planning and training of community distributors of Mectizan in the 6 health districts of the Noun division.



Mectizan distribution in the West Region

F. Socio Economic Empowerment of Females with Fistula (SEEFF) project

The Socio-Economic Empowerment of Females with Fistula project is implemented in the North West, West, and Adamawa regions to identify, treat and empower 65 young girls and women with Obstetric fistula.

Service delivery

22 females (girls and women) were provided free surgery and livelihood support. 20 girls and women with Obstetric Fistula identified are undergoing confirmation and preparation for treatment.

Demand generation

Health promotion messages on the symptoms, causes, and prevention of Obstetric Fistula was carried out through mass awareness campaigns in 8 community radio stations, in 8 different languages (English, French, Pidgin English, Fulfude, Bamoun, Bangwa, Iroko, Lilbum) to reach 300,000 people. 12,000 IEC materials (posters and brochures) were produced and are being distributed to sensitize 10500 people in the various communities on identification, referral and treatment of young women and girls with Obstetric Fistula.

Capacity building

Within the context of the project;

- ✓ 23 doctors and nurses were trained on diagnose, referral and treatment of young women and girls on Obstetric Fistula.
- ✓ 30 CBOs were trained on identification and referral of young women and girls with Fistula to confirmation Centres.

G. Integrated Approach to Managing Disability from Musculoskeletal Deformities in Children in the West and Adamawa Regions

Aims at treating and rehabilitating 200 children with musculoskeletal deformities.

Service delivery

- ✓ 102 children were operated for deformities (66 clubfoot and 36 other deformities).
- ✓ 71 children received assistive devices.

Demand generation

- ✓ Health promotion messages on musculoskeletal deformities in children, was carried out in 8 community radio stations, in 8 different languages.
- ✓ 11,000 IEC materials (posters and brochures) were produced and disseminated to sensitize the population on musculoskeletal deformities.
- ✓ Leaders from Organization of Persons with Disabilities, Traditional and Religious authorities were sensitized on identification and referral of children with orthopedic impairments.

Capacity building

- ✓ Within the context of this project, 12 CBR Field workers and 7 Physiotherapists were trained on identification, referral and follow-up of children with borne deformities.

H. Human Resource for Eye Care (HREC) Project

- ✓ School fees and stipend was paid for the training of the doctor undergoing specialization in ophthalmology in Tanzania.
- ✓ The candidate is already in his third year of specialization and hoping to complete the fourth and final year by 2023/2024 academic year.

Support the construction of the Trauma Centre in Baptist Hospital Mutengene

- ✓ HHI supported the completion of a Modern Pediatric Ward with 20 beds in Mutengene Baptist Hospital to admit and treat children with neglected clubfoot and other musculoskeletal deformities in conformity with Hope and Healing standards.

Advocacy

- ✓ Visits were carried out to the Regional Delegations of Public Health, Social Affairs and Women Empowerment and the Family, to introduced the HHI projects and to solicit thier collaboration in the implementation of the projects.
- ✓ Collaboration with Regional Delegation of Public Health for the West region was fostered to implement Community Directed Treatment with Ivermectin (CDTI).
- ✓ In collaboration with the regional delegation of Public Health, the CBCHS established a reporting system for eye care in the West region. Through this initiative, all health facilities providing eye care in the region are reporting monthly to the regional delegation.



West Regional Delegate of Public Health with the projects team during a visit to introduce the HHI projects

Management

The effective management of the HHI projects was ensures by:

- ✓ Supervision visits were carried out to the community to meet with key stakeholders to introduce the projects and CBR field workers coached for effective implementation of activities in the field.
- ✓ Reporting tools were developed and a database created to ensure effective reporting on the various projects.
- ✓ Visit to CBC Health Services by the Chief of Finance Officer of HHI, Mr. Stratis to evaluate the level of compliance and accountability to funds donated by HHI for the implementation of the various projects.



Mr. Stratis the Chief Finance Officer of Hope and Healing International with the Director CBCHS and Program Manager SEEPD, during his visit to CBCHS

System Strengthening

- ✓ A reporting for eye care was established in the West region
- ✓ Diagnostic and treatment centres were established for identification and referral for treatment of girls and women with obstetric fistula in the North West, West and Adamawa regions.
- ✓ A referral system for timely intervention was established for children identified with musculoskeletal deformities.

Challenges

- There was a slow takeoff of the projects as administrative clearance needed to be sought from the regional authorities.
- Some families are still reluctant to take their children for treatment after profiling.
- Limited home visits by CBR field workers in the North West region as a result of insecurity.

TOP PRIORITIES

As we look into 2023, it is expected that;

- With the completion of the Trauma Centre, more child with musculoskeletal deformities are expected to be treated and at a faster rate.
- The targets of the various projects will be met before the end of the HHI project year (June 2023).
- There will be renewal of the existing projects and some of them transformed into multi-year projects.
- New projects will be developed and proposed to HHI for funding.

Conclusion

The year has been marked a great opportunity to implement multiple projects funded by HHI. This increased the scope of healthcare coverage of the CBCHS especially in the West region. It is hoped that as partnership between the two organization continues, more opportunities for projects will be created and the coverage area will extend to other regions.

I. CAMEROON CLUBFOOT CARE PROJECT

The Cameroon Clubfoot Care Project (CCCP) Phase III runs from 2020 to 2023 and is implemented within the context of the Ministry of Public Health's approval of the Ponseti method of clubfoot treatment as the gold standard in Cameroon. The third year of this phase of the project started in January 2022, involving 17 clubfoot clinics and 5 annexes with the focus to improve access to quality care for all children born with clubfoot. This is being achieved through continuous collaboration with the Ministry of Public Health to integrate clubfoot treatment using the Ponseti method into the public health system, improving capacity of clubfoot clinics to provide quality clubfoot services, raising awareness in communities about clubfoot and its treatment using the Ponseti method, and monitoring, supervising, and reporting on clubfoot activities.

Here highlighted are project interventions for the year.

Service Delivery

Within service delivery, clubfoot clinics were supported to provide quality treatment to children who accessed clubfoot clinics.

- ✓ From January to October 2022, treatment has been provided to 593 children, of which are 298 new cases with 88% having access to tenotomy services.
- ✓ 42 children had surgeries.
- ✓ 147 children benefited from financial subsidies.
- ✓ Training of 144 health nurses and midwives to identify and refer children with clubfoot immediately they are born.
- ✓ Supplied 5410 Plaster of Paris, 2292 Orthopedic soft-band, and 657 Foot Abduction Braces to clubfoot clinics to facilitate treatment.

Capacity building

Training sessions were organized for various cadre of health personnel to ensure that the treatment children with clubfoot receive is of high quality.

- ✓ 26 teachers of Physiotherapist schools under MOH were trained to provide quality training to students in physiotherapy training schools.
- ✓ 25 practicing physiotherapist, 72 physiotherapy students, and 63 medical students were trained on the Ponseti method of treating clubfoot.
- ✓ 25 physiotherapists had a refresher training on the Ponseti technique.
- ✓ A community of practice comprising 92 members continued to share knowledge and experience on clubfoot treatment.
- ✓ A peer mentorship session was organized during which more experienced physiotherapists provided on the job training to their peers.

Demand Generation

- ✓ A Cameroonian football icon – **Fai Collins** was engaged as a Clubfoot Champion and is creating awareness on clubfoot through radio and TV messages. The CRTV (Tam Tam Weekend) and My Media Prime had weekly TV broadcast of the message for a period of over 3 months.
- ✓ World clubfoot day was celebrated with full participation of MOH. Through this, awareness on clubfoot was created beyond the 6 regions of the project.
- ✓ 5000 posters, 15000 brochures, and 200 Algorithms distributed
- ✓ Clubfoot messages were disseminated through the Radio in 8 local languages and 10 radio stations, TV, and Social media.



Clubfoot Champion – Fai Collins

Advocacy

- ✓ A module on the Ponseti technique was inserted into the training curriculum of medical doctors.
- ✓ A letter was addressed by MOH to MINAS relating to strengthening collaboration with CNRPH in clubfoot management.
- ✓ In order to increase awareness and identification of clubfoot in the community, collaborations between district health services and clubfoot clinics has been strengthened to foster the integration of clubfoot into public health service.

- ✓ The capacity of clubfoot clinics to report into DHIS 2 was strengthened through a refresher training by MOH and constant support to clinics by the MOH clubfoot focal person.
- ✓ A supervision visit led by MoH was carried out in clinics.

CHALLENGES

The following challenges were encountered despite the achievements registered.

- Limited access to treatment for children with neglected clubfoot who required surgery which can only be provided by the CBC Health Services.
- Late reports from some clubfoot clinics.
- Inaccurate reporting clubfoot treatment into DHIS 2 by some clinics.
- The rising cost of treatment materials.

TOP PRIORITIES

- Message of the clubfoot champion is broadcast on National TV beyond present arrangements.
- IEC materials using the image of the clubfoot champion are produced and used for awareness raising.
- Process of making DH Fouban an autonomous clubfoot clinic is finalized.
- Early identification and referral of children with clubfoot is integrated into public health programs at district and regional level.
- Regional Coordinators of NTDs are engaged in clubfoot management.
- The process of inserting clubfoot into the UHC package is finalized.
- Peer mentoring of PTs is continued.

Conclusion

This year has been graced with significant mile stones in achieving the overall objective of the third phase of the project, marked by the active involvement of the MoH in leading project activities. The team have been able foster quality treatment, reporting and demand generation especially with the training of health personnel (nurses, midwives, physiotherapists and medical doctors) , Fai Collins being the clubfoot Champion and the involvement of regional and district authorities in the management clubfoot. In addition, a framework to guide future implementation of activities has been established and will be explored intensely in the first quarter of 2023.

XXI. EMPOWERMENT AND DISABILITY INCLUSIVE DEVELOPMENT (EDID) PROGRAM

Introduction

The Empowerment and Disability Inclusive Development (EDID) program is based in the Director of Health Services Office in Yaounde. It is funded by the Dutch Based Liliane Foundation and complements the SEEPD Program. The EDID program provides financial and technical support to over 21 Partner Organizations (POs) in 9 Regions of Cameroon, to enable children and youths with disabilities from 0-25 years have access to Education, Health, Social and Livelihood opportunities. It uses two strategies to provide interventions: Child Development with focus to empower the child with a disability and an Enabling Environment which aims at eradicating all the barriers faced by children, youths and adults with disabilities. This is also known as Twin Track Approach. Below is a summary of the results achieved in 2022.

TOP MAJOR ACHIEVEMENTS

- ✓ With a total of 263,263,750 FCFA provided to 21 Partner Organizations in 2022, over 3000 children with all types of impairment (visual, hearing, mobility, intellectual) were provided direct financial assistance in the form of payment of their school fees, payment of bills for medications, surgeries, purchase of assistive devices, consultation; payment of fees for them to learn a trade as well as to participate in cultural and sporting activities. These children were also counseled and supported by Field Workers during home visits, to enable them be able to cope with their disabilities.
- ✓ The Program successfully organized the nationwide annual “WE RING THE BELL CAMPAIGN” aimed at raising awareness on the need to educate children with disabilities in inclusive and mainstreams schools. This campaign was organized in 9 regions of the country and reached an estimated 2 million people through various traditional and social media outlets, as well as face to face meetings. The campaign was championed in Yaounde by the Ministry of Social Affairs, her Excellency Madam Paulene Irene Ngeune.
- ✓ Through the program, the CBCHS successfully signed a Memorandum of Understanding with the Ministry of Basic Education for the promotion of education of learners with disabilities in Basic education in Cameroon. With this MoU, the Ministry of Basic Education now considers the CBC Health Services as a key technical partner as far as Inclusive Education is concerned in Cameroon.
- ✓ 21 heads of Partner Organizations and 21 staff were successfully trained on program management and this has greatly improved on the quality of their work.
- ✓ 5 Local Councils (Foumban, Dschang, Santchou, Bafoussam 1 and Bafoussam 2) in the West Region were successfully trained on disability inclusion for Council planning, implementation, monitoring and evaluation. This was to ensure that as Council’s plan and implement development projects, they should be conscious of the needs of persons with disabilities like recruiting inclusive teachers for schools in their municipality, using the universal design when constructing etc. The participants left determined to advocate for a percentage of the Council’s budget to be assigned to inclusive actions and education of children with disabilities.
- ✓ Through the EDID program, the CBCHS is also working in collaboration with the Ministry of Social Affairs for the Elaboration of a National CBR strategy in Cameroon.
- ✓ Together with Bafoussam Baptist Hospital, an inclusive day centre has been successfully put in place where children with disabilities and those without disabilities are cared for in the same environment. This is giving parents and staff the opportunity to learn how to be inclusive while also providing time for the parent of these children to have more time.
- ✓ The program is currently implementing the Rehabilitation Compass for Inclusion Project where Physiotherapy training is supported at the Baptist Institute of Health Sciences (BIHS). Community Based Rehabilitation, Rehabilitation Technicians and Occupational Therapy are supported at the Baptist School of Public Health. This is in a bid to close the chronic rehabilitation gap in Cameroon where there are no Occupational Therapists, no trained CBRs, no Rehabilitation Technicians, only about 350 Physiotherapists for a population of 26 million.

- ✓ We have successfully piloted a Disability Inclusive Child Protection Project in the West Region where a community of Practice has been established that is proactive in handling cases of abuse, especially among children with disabilities.
- ✓ Four organizations have been provided with a means of transport and office items including computers, printers, phones, and projectors, to improve on the transporting, data collection and reporting about activities of children with disabilities. These include an ambulance to Nkwen Baptist Hospital, a Hilux vehicle to SAJOCAH Bafut, a bike to APESH and another one to Nicolar Bare together with office equipment.
- ✓ We have successfully completed the proposal for the construction of a Rehabilitation Training Centre of Excellence which is to host all the rehabilitation training programs currently supported with funding from the AFAS foundation.

CHALLENGES

- Limited funds to assist many other needy children with disabilities that present in the office on daily basis.
- Desire by beneficiaries to continue benefiting beyond 25 years because of unemployment

TOP PRIORITIES

- Start the construction of the Rehabilitation Training Centre of Excellence in Mutengene
- Secure funding from Liliane Foundation to continue providing financial and technical support to 22 partner Organizations to enable them meet the needs of 3500 Children and Youngsters with disabilities in Cameroon
- Ensure the approval and dissemination of a national CBR policy which reflects the experiences of the CBCHS and the Cameroonian.
- Elaborate and submit a proposal to Liliane Foundation on employment for youths with disabilities.
- Continues building of good relationship with the donors: AFAS Foundation and Liliane Foundation.
- Organize refresher training on financial internal control systems using the updated financial procedural manual
- Training of Parent Associations on poultry, agro-pastoral and agro-forestry activities; Grant writing and local resource mobilization
- Training of POs on child safeguarding and child protection policies
- Training and linkages of mother and child health staff at 2 hospitals for early identification and detection of impairment

XXII. MALARIA CONTROL AND PREVENTION PROGRAM

From 1936 to 2016, CBCHS' malaria response was limited to health facilities receiving self-reported clients, testing suspected cases, and treating them.

In early 2017, CBCHS consolidated data showed malaria to be one of the leading diseases and cause of death thereby corroborating the national data.

In response, in February 2017, CBCHS set up a comprehensive Malaria Control and Prevention (MCP-P) that has been making significant contributions towards the attainment of the WHO target of 90% reduction of malaria burden by 2030 through preventive and promotive; early case detection; care and treatment services.

At the community level, the program has a multitude of strategies including; training polyvalent community health workers, periodic outreach campaigns to underserved hard-to-reach rural communities, health education in sociocultural settings, and media sensitization.

Malaria education and diagnosis have since then been gradually mainstreamed in other CBCHS-run public health programs which has increased CBCHS' capacity for early case identification and referrals to care and treatment services.

At the facility level, CBCHS has maintained trained malaria focal persons in all health facilities who organize and coordinate malaria response to ensure effectiveness and efficiency.

Malaria diagnosis is equally integrated at all entry points in CBCHS-run facilities – which further increases access and testing of suspected cases.

This, however is passive detection, since this is done only on patients who access our facilities. Active detection through outreach programs will certainly reveal more when the means will be available

MAJOR ACHIEVEMENTS

- ✓ Held a meeting with Prof Mbacham Wilfred in Yaoundé 17-18 Feb to discuss on the USAID/PMI Digital community Health initiative for Malaria in Cameroon to be extended in CBCHS, with the preparation of an MoU to be signed. Workshop on malaria in Pregnancy for Midwives of Nkwen Baptist Hospital June 9 2022
- ✓ Training of community health workers of LAP to increase their capacity to track infections and test and manage fever in remote areas. 45 focal persons were capacitated on data collection, harmonization and timely reporting of malaria interventions.
- ✓ Report on malaria workshop on Harmonization of Diagnostic SOPs. 12 August 2022

CHALLENGES

- Mobility challenge

One of the goals for 2022 was to conduct a supervisory visit to centres with high positivity rate like Ngounso and kribi. This goal was not achieved because the program does not have a car, so had to depend on other programs moving to these destinations, which was not feasible.

- Lack of cooperation from facility staff

Some focal persons report of non-availability of data in some screeners desks who do not keep track of the interventions they carry out.

Some staff refuse to take part in research questionnaires/reviewing of activities from the department, terming them somebody's personal project.

TOP PRIORITIES

- Increasing the sensitivity and specificity of detecting and treating asymptomatic infections.

- Ensure universal access to malaria prevention, diagnosis and treatment in pregnancy and in children in all facilities. Monitor, and evaluate surveillance, and epidemic preparedness for response in rural communities.
- Research and development for malaria elimination and eradication through student follow-up from the universities of Bamenda and Dschang and publication of research findings in peer-reviewed journals.
- Developing reference laboratory capacity for parasitology diagnosis for all suspected malaria cases through harmonization of SOPs and reporting of result findings.
- Enhancing the quality and timelines of case reporting for malaria elimination through capacity building of focal persons.
- In perspective, the program has expressed interest to work with the US President Malaria Initiative (PMI) to be rolled out in the three northern regions. Discussions with some partners is ongoing for the submission of proposals.

XXIII. TECHNICAL SERVICES DEPARTMENT

INTRODUCTION

The year began with a determination to achieve all planned goals especially, timely responses to the requests from stations. For the purpose of improving our service delivery, a seminar with senior staff of the Department was organized on February 24 – 25, 2022 at Bamenda.

DEPARTMENT GOALS

There were twelve goal areas for the year and we have recorded achievements in eight, fully or partially. The Department achieved about 70% of the set goals for the year.

SUPERVISION OF PROJECTS.

Many supervisory trips were carried out to the stations with projects. Some projects were brought to completion and some are still ongoing.

COMPLETED PROJECTS

- ✓ Laundry of Meskine Baptist Hospital Maroua.
- ✓ Sinking of well at Sabga Baptist Health Centre.
- ✓ Major repairs of fence and Rest house leakages in Mvan.

PARTIALLY COMPLETED PROJECTS

- ✓ BHM Trauma Centre – partly in use.
- ✓ Training Block at HSC for Biomedical Engineering & Rehabilitation Technicians, partly in use

ONGOING PROJECTS

1. Ekoumdoum Fence and Entrance/Gate.
2. BBH Theatre Extension.
3. Bafoussam fence block.
4. Nkwen Children's Ward Extension.
5. Mbingo Radiation Bunker Project.
6. MBH low-cost staff apartments. (3)
7. Ramp and extension of SEEPD office
8. Kumba Fence Project.
9. Ngounso PT Extension

PROJECTS DESIGNED ABOUT TO KICK OFF

2. Meskine Biogas and renovations.
3. Etoug-Ebe new medical block.
4. Ekoumdoum maternity block.
5. Further extensions at the Mvan Resource Centre.
6. Jikijem Surgical and Private Wards.
7. Tibati Baptist Health Centre Project
8. Rehabilitation Training Centre of Excellence, Mutengene.

A. BAPTIST VOCATIONAL TRAINING SCHOOL.

59 wrote the National Examination and 59 passed.
55 are graduating in December.
28 have been admitted in the Catering and Hotel Management class.
The total enrollment of BVTC is 132.

ACTIVITIES WITH THE EDID AND SEEPD PROGRAMMES.

3. Finalization of the model inclusive school for Menda – mile 3.
4. Carried out Accessibility audit of the National Advance School of Local Administration NASLA – Buea.
5. Carried out Accessibility audits in 9 schools.
6. Implemented Accessibility renovations in nine schools.
7. Designed a Regional, centre for Rehabilitation NW Region.
8. Carried out accessibility Audit in nine health facilities.
9. Implemented accessibility renovation in seven of the nine Health facilities.

OTHER ACTIVITIES

6. Carried out Asset valuation of BABICAST – Bafoussam.
7. Carried out the Asset valuation of Meskine.
8. Designed a master – plan layout for the New Baptist Health Centre at Idenau
9. Prepared designs for Mvan Resource Centre Extension and have done presentations twice and are still perfecting the plans.
10. Followed up the acquisition and installation of a voltage regulator at the Baptist Centre – Rectification is still going on.
11. Followed up of the liquid waste Management at the Nkwen Baptist Hospital with further soil studies and laboratory analysis of the rate of pollution.

DESIGNS BEING PERFECTED AND EXPECTED

1. Sarki Barka Health Centre – Master Plan, Remodeling and completion of a ward block as well as their new block.
2. Ndu Baptist Hospital Residential Duplex and canteen.
3. Mboppi New Medical Block
4. CBC Youth Anniversary Project at CAMP BIMBIA.
5. Improved Incinerator for Saker Baptist College.
6. Voundou Baptist Health Centre
7. Mamfe Baptist Health Centre

BIOMEDICAL ENGINEERING SERVICES.

They Carried out the Following activities:-

12. Repairs of generators @ Ngounso, Nkwen, Meskine and Sabga.
13. Installation of solar plant at Ndu, Bangolan, Jikijem, Ngounso, Nyamboya and BBH Eye Department.
14. Routine maintenance of medical equipment in many hospitals and health centres.

We thank God for leading us on.

XXIV. CECPES/CCC

INTRODUCTION

The Centre for Clinical Pastoral Education and Social Services (CECPES) and the Community Counseling Clinic (CCC) are two of the Health Board programs that have to do with training and counselling. While CECPEs takes care of capacity building as an educational Program, CCC builds lives that are shattered by some realities, giving those lives hope again.

Marital discord continues to top our list of counseling in the area of family counselling. The good news is that premarital counselling has been in the increase as well meaning there is hope for the future. We say so because three quarters of those coming in with marital issues were never counselled before marriage at all.

While in 2022, counseling trauma focused on staff and the community. We have had many come through our doors this time from the communities. Many experienced traumas through kidnapping for ransom, and addiction for youths as a coping mechanism for the numerous ghost towns and shutdowns. While a few suffered physical trauma of various kinds. CCC has embarked on prayers for funding to start a Trauma Intervention Program (TIP) as a Residential Wholistic Care Centre for the Traumatized. Meantime, we run a hotline counseling to enable those who cannot readily make it to the clinic to receive trauma-informed care.

A. SEMINARS-CCC

Seminars with the communities; One approach CCC has devised to educate the community is through seminars. Through this approach, we have been able to handle several issues of homogenous nature.

Our seminars usually include couple, singles, widows, marriage and family therapy seminars, PREMARITAL and ENRICHMENT. Fortunately, we have been able to carry out these seminars and trainings throughout this year.

- ✓ This year 2022, CCC carried out PREMARITAL and ENRICHMENT seminars for the CECPEs students twice.
- ✓ The SINGLES and COUPLE'S seminars took place in different stations. The first seminar took place in Banyo Baptist Hospital on the 13th January 2022.
- ✓ The second seminar took place in Ngounso Baptist Health Centre together with Baptist Church Ngounso on the 20th and 21st January 2022. We also had singles and couple's seminar for Sabga Baptist Health Centre joined with Bethel Baptist Church.
- ✓ The third seminars took place in Nkoabang Baptist Health Centre on the 9th and 12th November 2022.
- ✓ Lastly, CCC organized a 5 days MARRIAGE and FAMILY THERAPY Seminar twice for over 84 participant who have now been certified to counsel using this tool. Participants were Chaplains, CECPEs students, a warder from the Bamenda Prison and community members. This seminar ran from the 23rd to 25th March, and 2nd to 5th November 2022.

COUNSELING: CCC

- ✓ CCC has witnessed a remarkable increase in counselling statistics with issues ranging from trauma, mental health related issues, adolescent issues, interpersonal and inter-professional issues, personality modification, marriage and family counseling to guidance in various areas of life.
- ✓ CCC also started a new counseling program this year. Hotline services to clients who are not able to access the counseling clinic due to distance or transportation issues. We started with a radio announcement and a communique. We continue to hope for funds for the smooth running of this program. CCC also embarked on online counselling which has brought much satisfaction to clients and the demand is gradually growing. For example, CCC has worked with a client in USA, and is currently working with clients in Belgium and Canada. We have also had online services for clients in Yaounde, Buea and Kumba and we hope to do more in 2023.

TRAININGS-CECPES

Apart from seminars, on the 2nd August CECPEPES graduated its 10th badge of social workers. CECPEPES also had a summer unit CPE course in synergy with HIPTEx Bafoussam and the CBTS Provost. CECPEPES has continued to be a training/practicum site for many young students aspiring to become professional counsellors, pastors or social workers. CECPEPES has registered a good number of students from guidance and Counseling Program of the University of Bamenda and Professional Masters of Counseling Psychology from the University of Bamenda.

1. Internship

This year, we had a student from the Bamenda University Faculty of Education specializing in Health Psychology who went through with us. This is the fourth badge of this counseling program who are now required to pass through CECPEPES/CCC before they can graduate for their University Program. The other came from ENSET referred by the school for internship. This internship started 25th may and rounded up in August 1st 2022 with all students going through successfully.

On the 31st June 2022, CECPEPES had a send forth of Mr. Toh Abraham going on retirement and Mme Sahla Cavesia took over from him in the presence of Rev. Fongoh Godwin-central administration chaplain, CECPEPES staff.

CHALLENGES

Our challenges for 2022 were as follows:

- A good number of students went through training and have not completed their fee
- Thieves break into the Centre twice this year and went away with huge amount of money- 1.2 million, computer laptop and a projector.

TOP PRIORITIES

- ✓ Scale up the training programs for CECPEPES. Continue to organize trainings to build the capacities of staff, Pastors, social workers and community.
- ✓ Work on creating awareness through sensitization for proper usage of the community counseling clinic
- ✓ Carry out clinical supervisory visit to CBCHS institutions



Graduation of the 10th batch of Social workers

XXV. CHAPLAINCY

The ministry of the Chaplaincy and Spiritual care department within the CBCHS has continued to take the frontline in upholding the mission of our department. Chaplains serving in our various institutions have continued intentionally with all the activities of Ministry to both staff and patients.

Strategic Planning

Working with the Spiritual and Social services technical working group, which was constituted by the DHS, we have been able to present a first draft of the document that will help to reshape our Spiritual and Social services for the next ten years. This ten years strategic plan document will help the various actors in this department to synchronize the various activities of ministry for all the institutions. We trust that God by his grace will help us through this to improve on the Spiritual and Social Care ministry within the CBCHS.

Routine Ministry Activities

- ✓ For this year, we have successfully carried out various routine spiritual activities and services with an increasing number of people benefitting from these activities and services. We observed our Prayer Chain Day where all the staff in all our institutions were given the opportunity to sign up for one hour to pray for our various institutions, the CBC and the entire Cameroon nation. We also organized a special time of three days of prayer and fasting due to the security challenges that arose in BBH. Our staff also joined in the call of the Executive President of the CBC to pray and fast for this very situation in Bango. Some of our institutions organized retreats for various groups and departments in their different stations.
- ✓ By the grace of God, we successfully organized the annual Spiritual Emphasis week in our various institutions under the theme, **“The legs of Shalom: truth and Equity”** drawn from Isaiah 1:17 and Proverbs 12:17. We remain grateful to all the Churches that have kept the tradition of submitting part or all the offerings collected on the medical day of prayer to cater for the needs of all those who come and receive care in our various institutions but are not able to pay for these services. In fact many Christian groups and well-wishers have taken up this challenge to come to our institutions and identify some of these needy people and offer help to them in one way or the other.

Seminars and Meetings

- ✓ The Chaplaincy department together with CCC were able to organize singles and couples' seminars in five of our institutions this year. Ekoundoum BH also organized their own seminars at their local level with facilitators from their area.
- ✓ This year, we also organized a seminar for some selected staff from institutions without Chaplains. The objective of this Seminar is to build the spiritual capacities of these staff so that they can be enhanced spiritually to coordinate and properly handle Spiritual activities in their various stations. Unfortunately, participants from some Centres were not able to attend this seminar due to security challenges. This is a continuous goal and we will love to always get different sets of people to participate each year since transfers always come and take some of these trainees away.

Discipleship activities:

We have continued with discipleship through TEE and inquirer classes for many of our staff in various institutions and Students in our training School or health personnel. BHM Chaplaincy in particular prepared six staff through enquirer and they received Baptism under Favour Baptist Church Mutengene. BTSHP Chaplaincy on her part also prepared 18 students who received their Baptism under Kumbo CBC Church. Currently, they have a class of inquirer with 20 candidates going on.

Christian Literature:

We will always be grateful to White cross Canada for their continuous support in providing us with “Our daily bread” which has been a very helpful tool for those who express the need for Christian literature after receiving the Gospel in our institutions. We have also embarked on the sharing of tracks where possible. Nkwen Baptsit Hospital and MBH have strategic places where these tracks are placed for anyone to access them. MBH and Sabga have had the privilege to receive some Bibles from Missionaries to share with the patients.

XXVI. SOCIAL SERVICES

The Social Services have continued to meet the growing psycho-social needs of patients and staff across the CBCHS. Challenges have been aggravated by the crisis in the North West and South West Regions and also by the COVID-19 pandemic that started in 2020. This situation presented complex psycho-social issues which the Social Workers have been handling. Through various interventions and counseling, thousands of individuals and families have found solutions to their problems and the much-needed peace in times like these.

MAJOR ACHIEVEMENTS

- ✓ The social services have recorded successful interventions in GBV and child protection activities
- ✓ We have also been able to help clients with huge bills by presenting some of them to donors who were willing to assist
- ✓ More staff have been added, enabling us to expand our services to three more institutions of the CBCHS. We have been able to sensitize the population of the South West region about our services through the CBC Radio in Buea.

CHALLENGES

We are constantly faced with a growing number of needy patients and bill penders in all our institutions, especially with IDPs. Inadequate resources to handle the needs. We need to source for funds and donors who will be willing to assist needy and vulnerable clients. It is our desire to expand Social Services to more institutions of the CBCHS.

XXVII. HEALTH MANAGEMENT INFORMATION SYSTEM

Introduction

The Cameroon Baptist Convention (CBC) Health services currently has 42 health facilities amongst which are 14 hospitals and 28 health Centres; the youngest being Makenene Baptist Health Centre which went operational in May 2022. All the facilities reported 2022 data but for Ndebaya Baptist Health Centre that remained closed throughout the year due to insecurity arising from the socio-political crisis in its community. But for the East and North Regions, the CBC Health Services is operational in the rest (8) Regions of Cameroon.

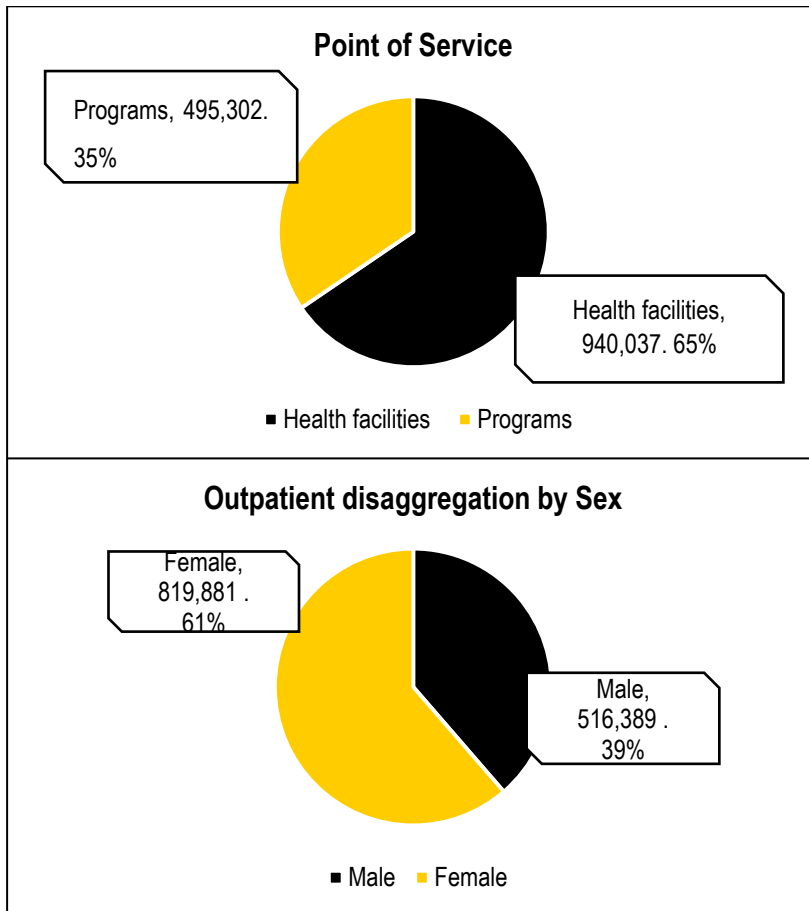
In 2022, the Dental Department was opened in Voundou Baptist Health Centre in the Centre Region.

The CBC Health Services has a total of 2,292 beds with a staff strength of 6,156. The Bed Occupancy rate stood at 24.8%. Compared with 2021, the CBCHS witnessed an increase of 9.7% in the number of outpatients and a decrease of 0.2% in admissions. A total of 17,928 women enrolled at the antenatal clinic. Infant mortality rate stood at 9 deaths per 1000 births. Also, 23,418 major surgeries were conducted.

The top five reasons for consultation were hypertension, malaria, gastritis, cystitis and diabetes, while the top 5 reasons for admissions were malaria, gastritis, pneumonia, typhoid fever and cystitis. The most common causes of deaths were cancers, septicemia, pneumonia, malaria and congestive heart failure.

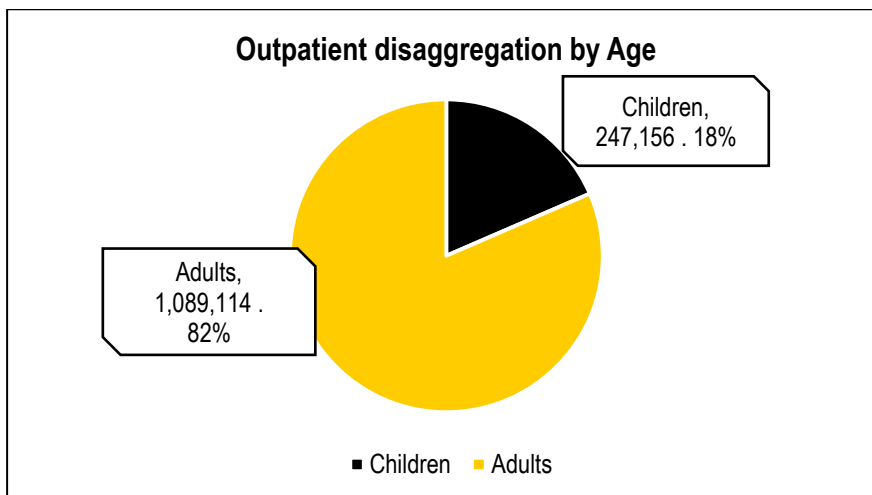
The CBC Health Services runs many health programs such as the Non-Communicable Disease program, Women's Health Program, the Socio-Economic Empowerment of Persons with Disabilities (SEEPD) program, the HIV program, Malaria program, the Chosen Children Program, Disability Inclusive Humanitarian Action (DIHA) etc.

Overview of 2022

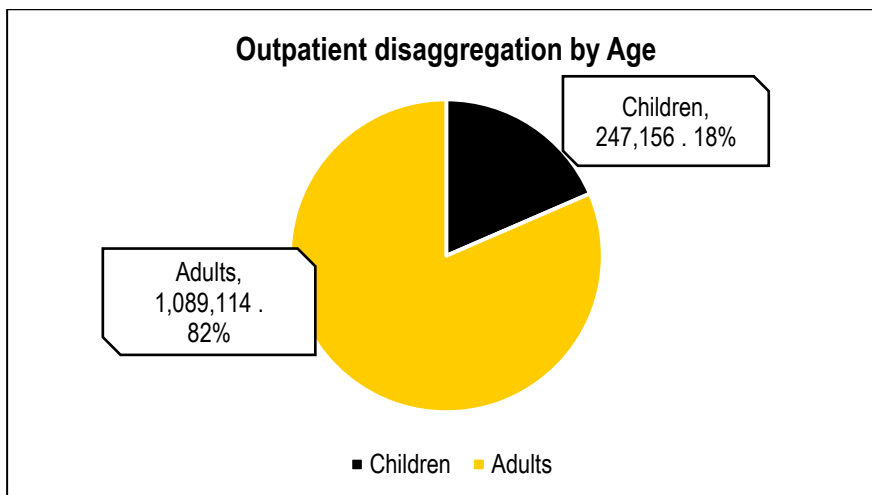


Health facilities serve 65% of total clients while Programs served 35%.

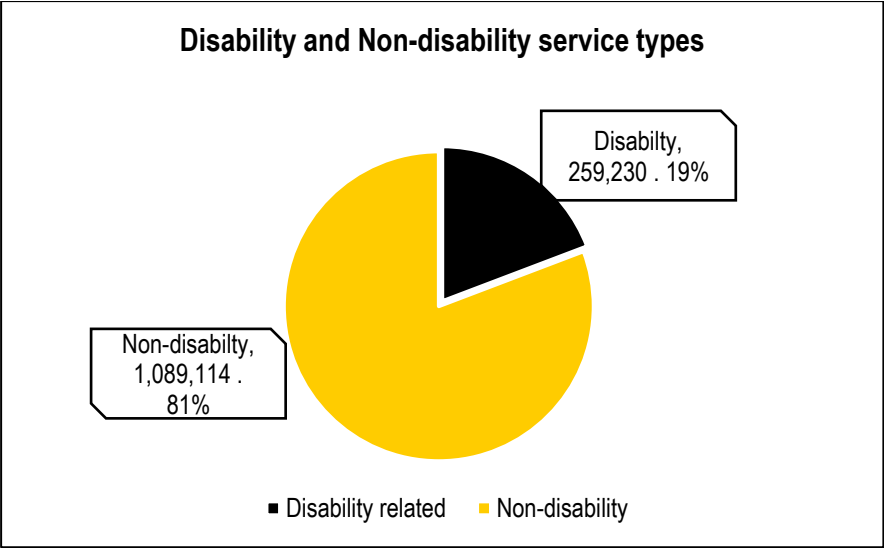
NB: This chart displays a near approximation since some of the programs such as the Malaria, SEEPD, etc serve the population through the health facilities.



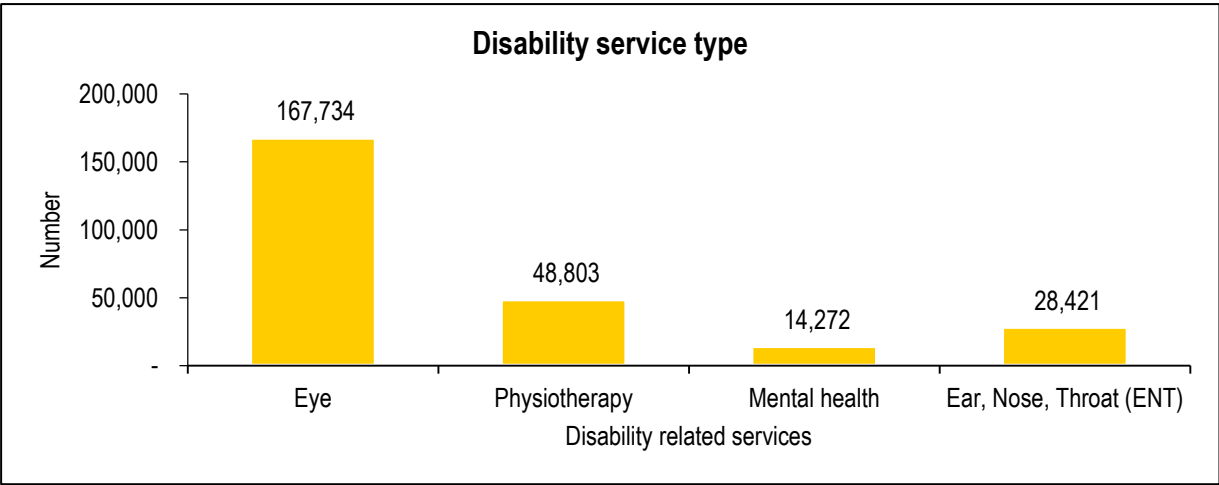
More females (61%) than males (39%) visited our facilities in 2022



In 2022, 82% of our patients were adults and 18% were children.

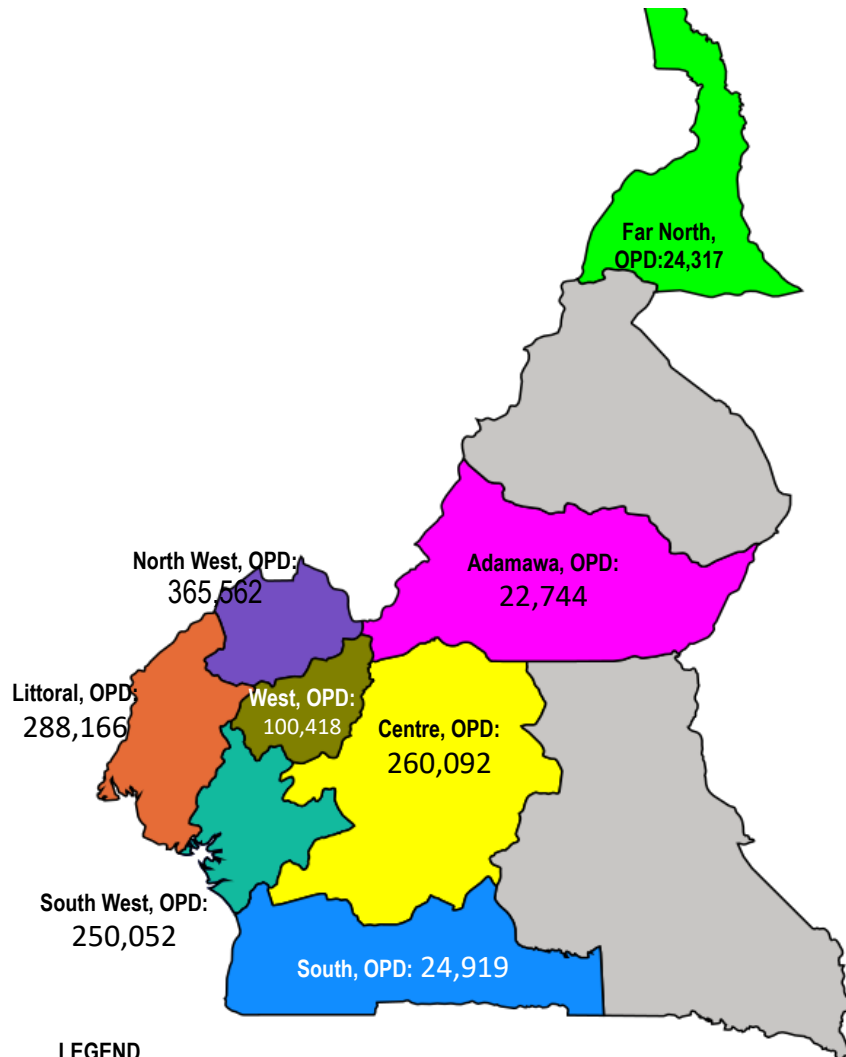


Nineteen percent (19%) of our clients accessed disability related services.



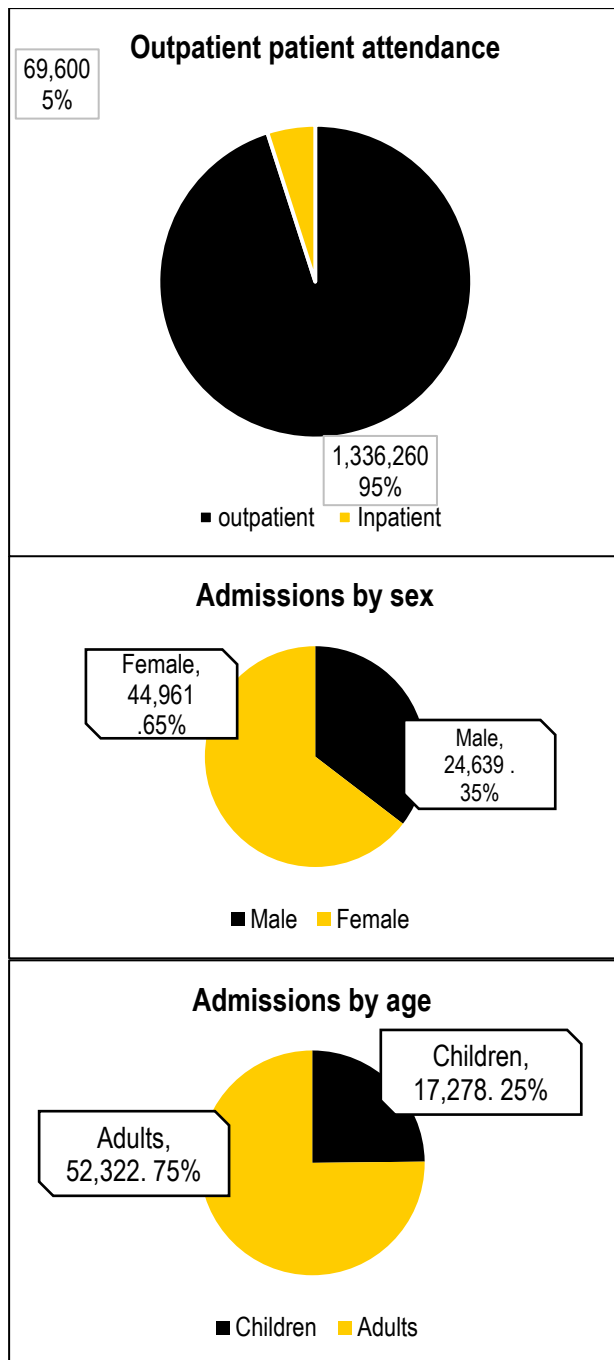
Eye care was the highest disability services type sort by our clients, followed by physiotherapy, ENT then mental health.

Outpatient attendance by Region



LEGEND

- Far North, 1 facility, staff: 172, OPD: 24,317
- Adamawa, 5 facilities, staff: 161, OPD: 22,744
- North West, 18 facilities, staff: 2,024, OPD: 365,562
- Littoral, 2 facilities, staff: 670, OPD: 288,166
- West, 6 facilities, staff: 406, OPD: 100,418
- South West, 4 facilities, staff: 791, OPD: 250,052
- Centre, 4 facilities, staff: 677, OPD: 260,092
- South, 1 facility, staff: 63, OPD: 24,919



Out of the 1million three hundred and thirty-six thousand patients seen at our outpatient department, 69,600 were admitted to the wards.

Majority (65%) of those admitted were females while Adults represented the majority of inpatients constituting 75% while children were 25%.

Table 1: Summary of 2022 Performance compared to 2021

Indicator	2021	2022	Change in	% growth/drop
Staffing	4,978	4,964	-14	-0.3
Bed capacity	2,255	2,292	37	1.6
Outpatient	1,218,501	1,336,270	117,769	9.7
Admissions	69,705	69,600	-105	-0.2
Deliveries	14,873	15,211	338	2.3
Minor surgeries	36,409	10,618	-25,791	-70.8
Major surgeries	13,186	23,418	10,232	77.6
Pharmacy attendance	940,082	976,225	36,143	3.8
Laboratory	599,488	582,820	-16,668	-2.8
Chaplaincy	61,813	62,993	1,180	1.9
Social worker	38,644	56,091	17,447	45.1
Nutrition	33,921	28,744	-5,177	-15.3
Women's Health Program	17,627	19,984	2,357	13.4
Eye	128,557	167,734	39,177	30.5
Dental	48,729	51,516	2,787	5.7
Physiotherapy	45,093	48,803	3,710	8.2
Mental health	13,074	14,272	1,198	9.2
Ear, Nose, Throat (ENT)	28,520	28,421	-99	-0.3
Ultrasound	98,009	95,697	-2,312	-2.4
X-ray	29,733	24,482	-5,251	-17.7
Know Your Numbers	7,676	2,167	-5,509	-71.8
Palliative care	5,464	6,035	571	10.5
Deaths	1,700	1,423	-277	-16.3

1. Bed Capacity**Table 3: Bed capacity by health facility**

SN	Health facility	2021	2022	% Growth/Drop
1	BBH	316	316	0.0
2	MBH	272	283	4.0
3	BHM	153	159	3.9
4	MBHD	144	146	1.4
5	BHB	45	45	0.0
6	DHB	37	37	0.0
7	EBHY	41	45	9.8
8	Nkwen	146	158	8.2
9	Bafoussam	70	82	17.1
10	Ekounou	36	36	0.0
11	Kumba	53	53	0.0
12	Bonaberi	70	70	0.0
13	Ndu	43	52	20.9
14	Meskine	128	100	-21.9
15	Health Centres	641	710	10.8
	Total	2,195	2,292	4.4

Bed capacity increased by 4.4 % in 2022. Highest increase was in Ndu

2. Staffing

Table 4: Staffing

SN	Health facility	2021	2022	Change in numbers	% Growth/Drop
1	BBH	356	395	39	11.0
2	MBH	767	734	-33	-4.3
3	BHM	530	547	17	3.2
4	MBHD	439	478	39	8.9
5	BHB	88	79	-9	-10.2
6	DHB	25	16	-9	-36.0
7	EBHY	241	306	65	27.0
8	Nkwen	442	505	63	14.3
9	Bafoussam	246	255	9	3.7
10	Ekounou	256	262	6	2.3
11	Kumba	179	222	43	24.0
12	Bonaberi	185	192	7	3.8
13	Ndu	59	73	14	23.7
14	Meskine	206	172	-34	-16.5
14	Health Centres	959	728	-231	-24.1
	Total	4,978	4,964	-14	-0.3

3. Patient Up-take

3.1 Outpatient attendance by Health Facility

There was a 9.7% increase in OPD attendance in 2022. Amongst the hospitals, Kumba recorded the highest growth of 83.3% while Banyo recorded the highest drop of 8.9%, followed by Meskine with a drop of 8.2%.

Table 5: OPD

SN	Health facility	2021	2022	Change in numbers	% Growth/Drop
1	BBH	44,481	46,543	2,062	4.6
2	MBH	62,583	64,493	1,910	3.1
3	BHM	119,406	128,946	9,540	8.0
4	MBHD	210,698	213,468	2,770	1.3
5	BHB	9,014	8,213	-801	-8.9
6	DHB	3,378	3,637	259	7.7
7	EBHY	130,566	141,301	10,735	8.2
8	Nkwen	156,354	154,460	-1,894	-1.2
9	Bafoussam	63,235	69,517	6,282	9.9
10	Ekounou	70,564	85,566	15,002	21.3
11	Kumba	63,011	115,522	52,511	83.3
12	Bonaberi	72,023	74,698	2,675	3.7
13	Ndu	20,272	21,155	883	4.4
14	Meskine	26,499	24,317	-2,182	-8.2
15	Health Centres	166,417	184,434	18,017	10.8
	Total	1,218,501	1,336,270	117,769	9.7

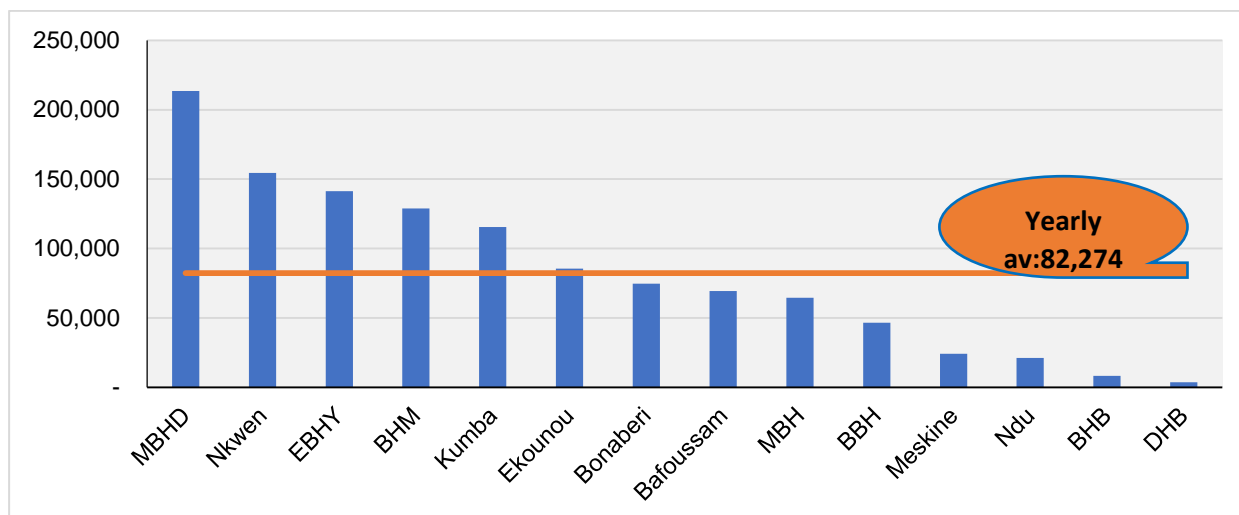


Fig. 1: Outpatient attendance by hospital, 2022 (Secondary axis: average OPD)

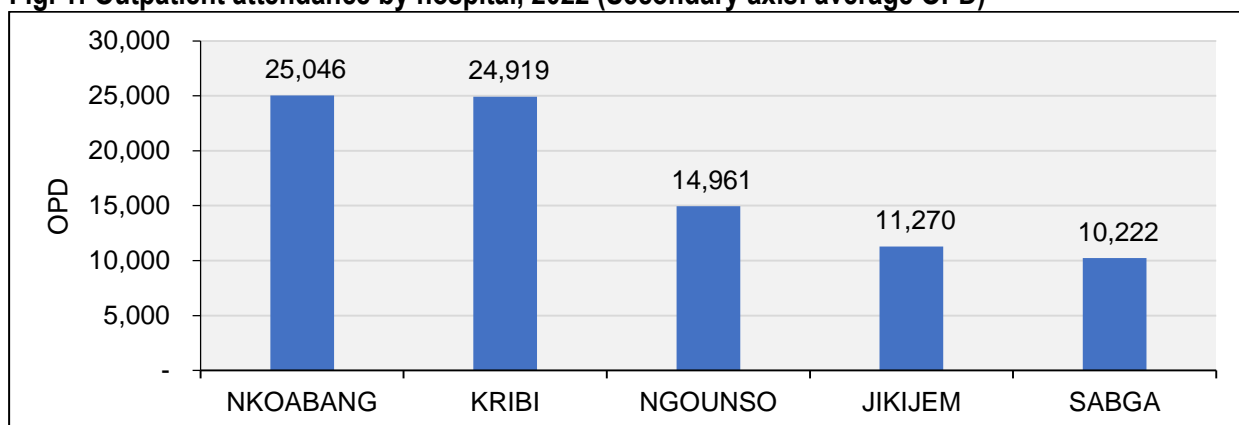


Fig. 2: Five health Centres with Highest OPD

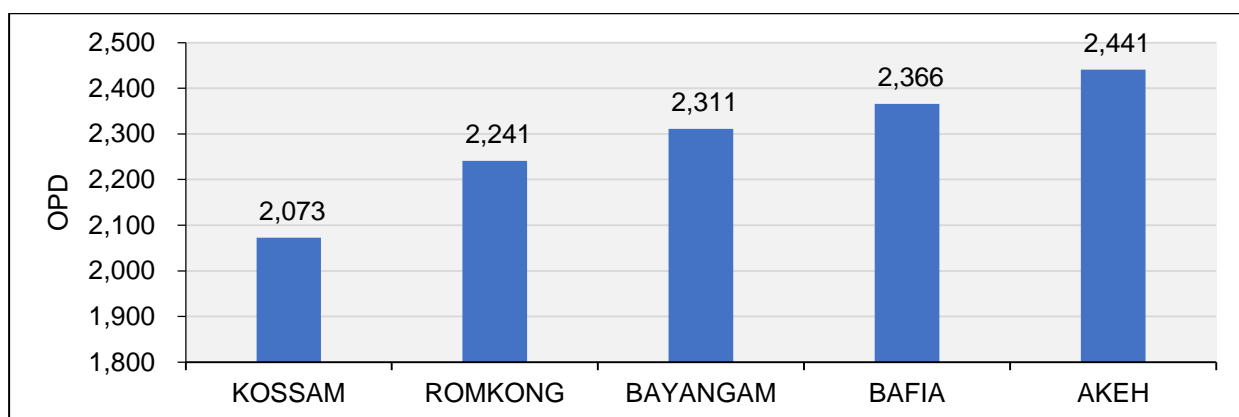


Fig. 3: Five health Centres with Lowest OPD

3.2 Admissions

Overall, there was a drop of 0.2%. Kumba recorded the highest percentage growth of 40.1% followed by Ndu with a percentage growth of 21% then Etoug-ebe with 17.8%. The highest drop was witnessed in BBH with a percentage drop of 16.3%, followed by Mesquine with a percentage drop of 10.7%.

Table 6: Admissions compared

SN	Health facility	2021	2022	Change in numbers	% Growth/Drop
1	BBH	3,004	2,513	-491	-16.3
2	MBH	5,891	5,560	-331	-5.6
3	BHM	7,040	6,711	-329	-4.7
4	MBHD	8,316	7,560	-756	-9.1
5	BHB	1,115	1,002	-113	-10.1
6	DHB	425	433	8	1.9
7	EBHY	2,052	2,417	365	17.8
8	Nkwen	6,147	6,395	248	4.0
9	Bafoussam	3,522	3,597	75	2.1
10	Ekounou	3,177	3,437	260	8.2
11	Kumba	2,098	2,940	842	40.1
12	Bonaberi	3,561	3,825	264	7.4
13	Ndu	1,384	1,674	290	21.0
14	Mesquine	4,066	3,630	-436	-10.7
15	Health Centres	17,907	17,906	-1	-0.01
	Total	69,705	69600	-105	-0.2

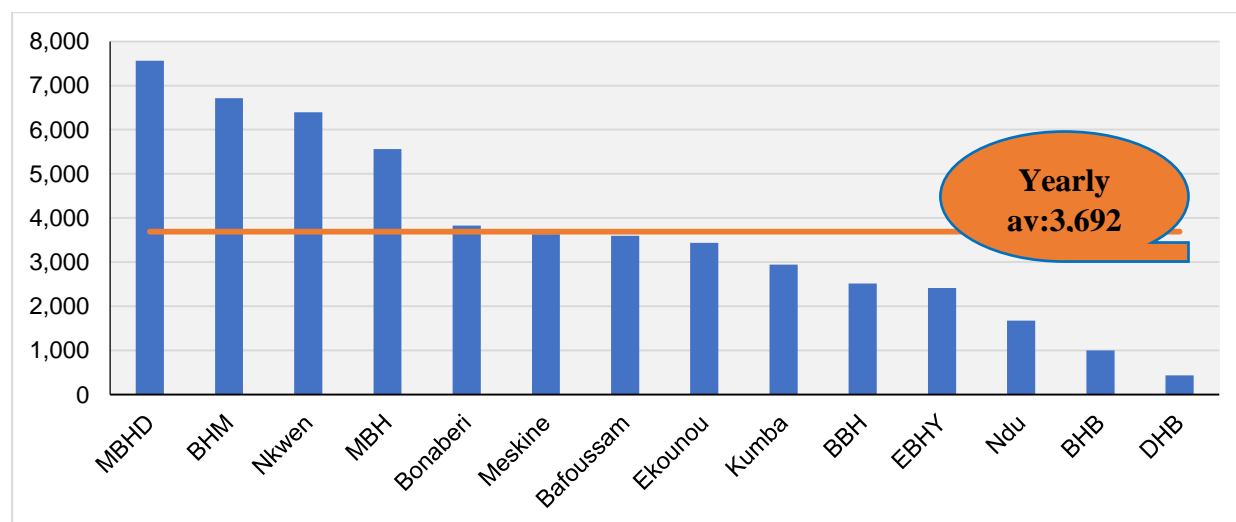


Fig. 4: Admission by hospital

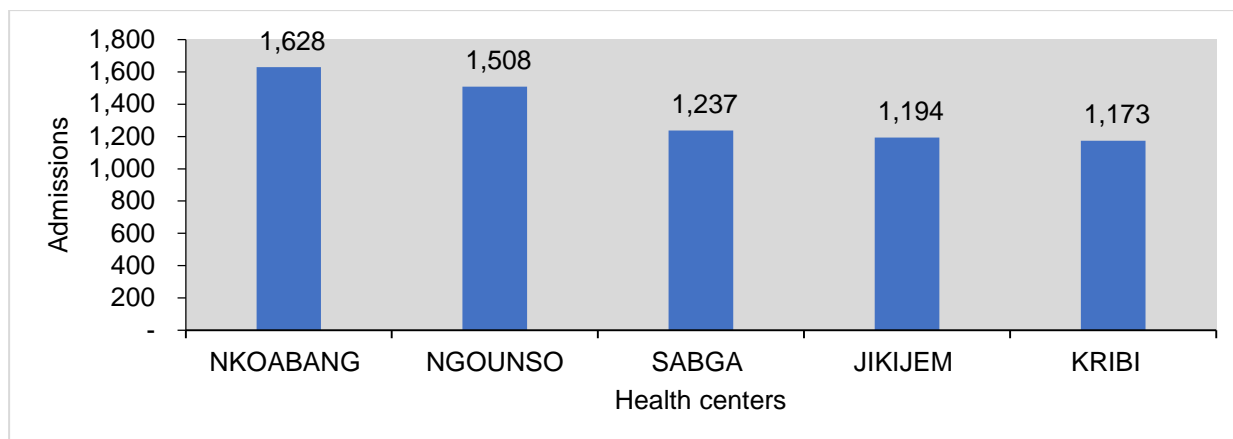


Fig. 5: Five health Centres with Highest Admission

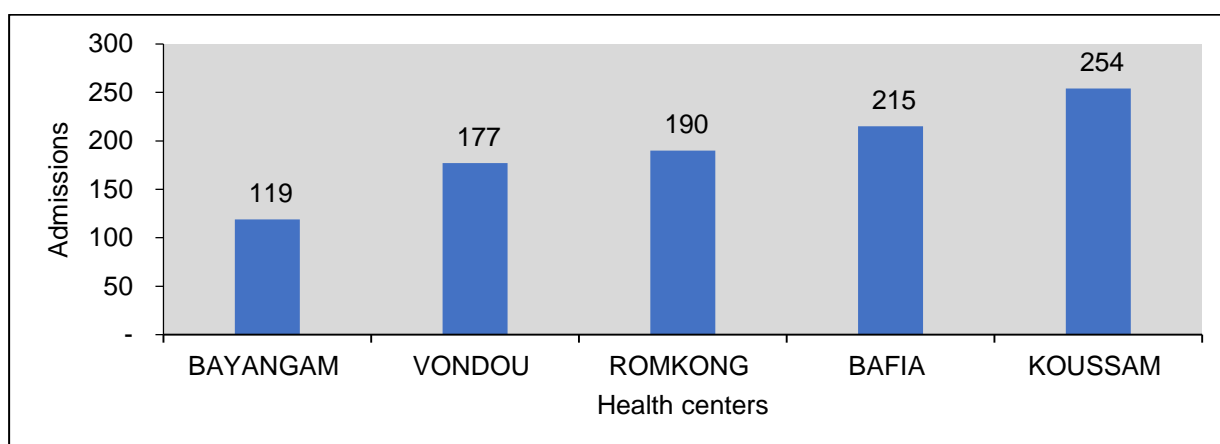


Fig. 6: Five health Centres with lowest Admission

Table 7: Admissions by ward

SN	UNIT	TOTAL
1	Medical	32,292
2	Maternity	18,597
3	Paediatric	9,662
4	Surgical	9,049
	Total	69,600

Table 7: Admission by wards by health facility

Facility	Medical	Maternity	Paediatric	Surgical	Total
BBH	1,076	516	316	605	2,513
DUNGER	361	72	-	-	433
NDU	1,145	277	-	252	1,674
MBINGO	2,088	540	751	2,181	5,560
MUTENGENE	1,886	1,489	1,131	2,205	6,711
KUMBA	1,401	562	894	83	2,940
BANYO	645	256	-	101	1,002
MBOPPI	1,498	3,238	1,656	1,168	7,560
BONABERI	1,237	1,640	948	-	3,825
ETOUG-EBE	1,411	1,006	-	-	2,417
EKOUNOU	1,289	1,710	438	-	3,437
BAFOUSSAM	1,440	1,134	658	365	3,597
NKWEN	2,266	1,214	987	1,928	6,395
MESKINE	1,967	923	740	-	3,630
Health Centres	12,582	4,020	1,143	161	17,906
TOTAL	32,292	18,597	9,662	9,049	69,600

Table 8: Bed Occupancy rate

The highest Bed Occupancy Rate was in Mboppi (74.3%) and the lowest in Dunger (12.3%)

Hospital	Beds	BOR
MBOPPI	146	74.3
MUTENGENE	159	58.4
NKWEN	158	50.0
MBINGO	283	46.2
BONABERI	70	42.9
ETOUG-EBE	45	38.6
MESKINE	100	37.8
KUMBA	53	34.2
NDU	52	31.9
BAFOUSSAM	82	31.2
BANYO	45	20.9
BBH	316	18.8
EKOUNOU	36	18.5
DUNGER	37	12.3
Average		24.8

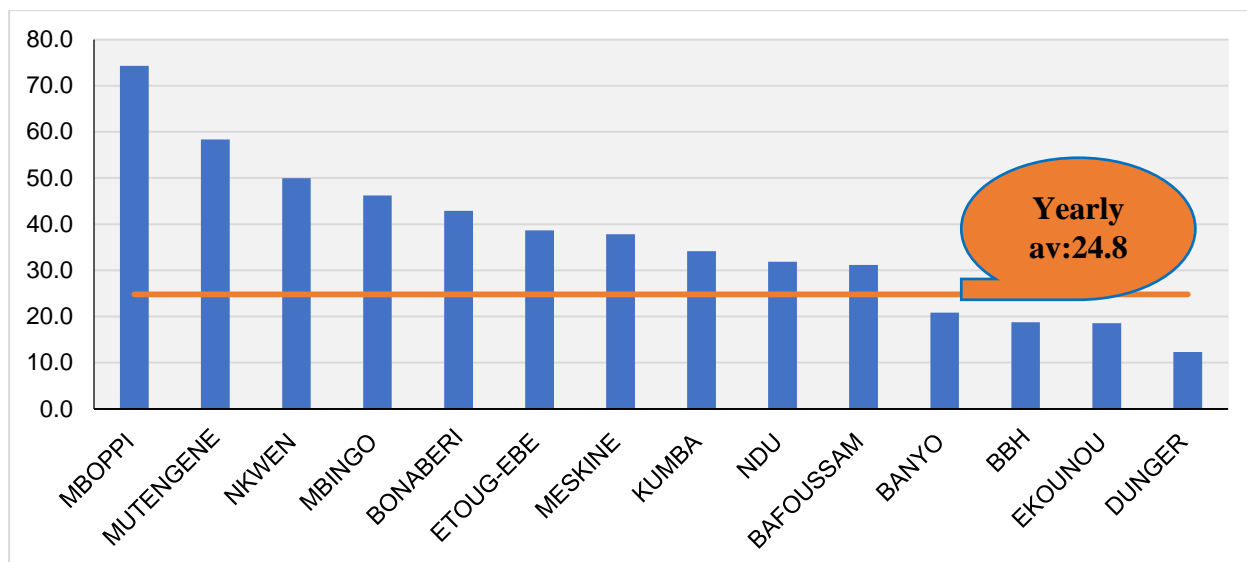


Fig 9. Bed occupancy rate by hospital (2022)

3.3 Mother and Child health

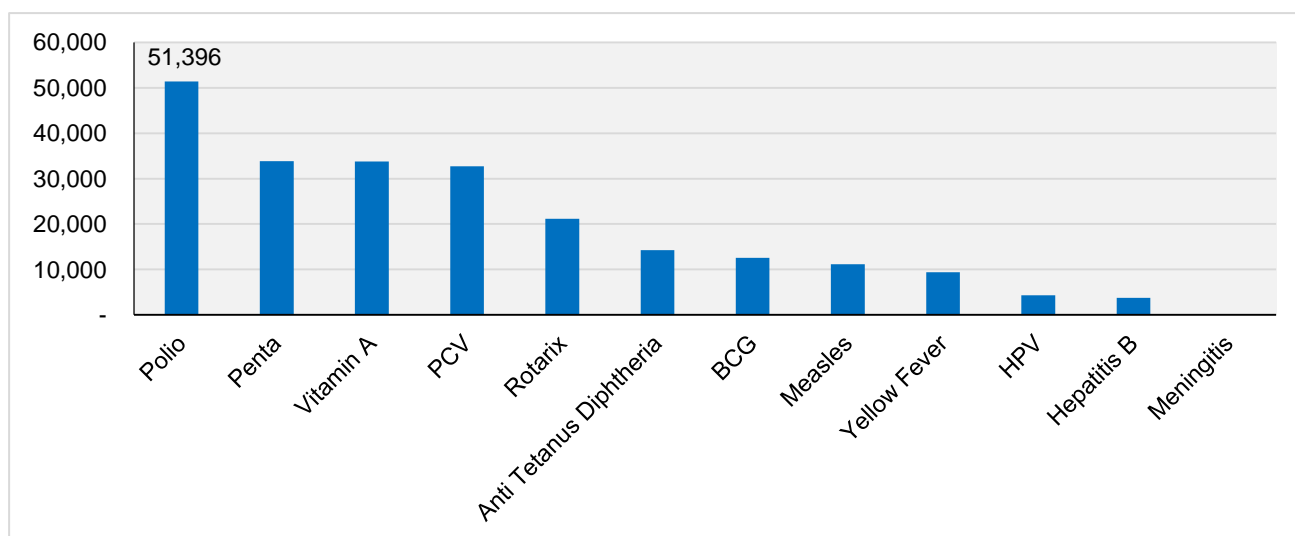


Fig. 10: Immunization

Table 10: Total Number of pregnant women who enrolled for ANC

Facility	ANC Uptake
MBOPPI	2,746
ETOUG-EBE	2,051
BONABERI	1,913
EKOUNOU	1,261
NKWEN	1,186
BAFOUSSAM	1,025
MUTENGENE	1,023
KUMBA	951
BBH	324
NDU	103
BANYO	78
DUNGER	74
MESKINE	37
Health Centres	5,156
Total	17,928

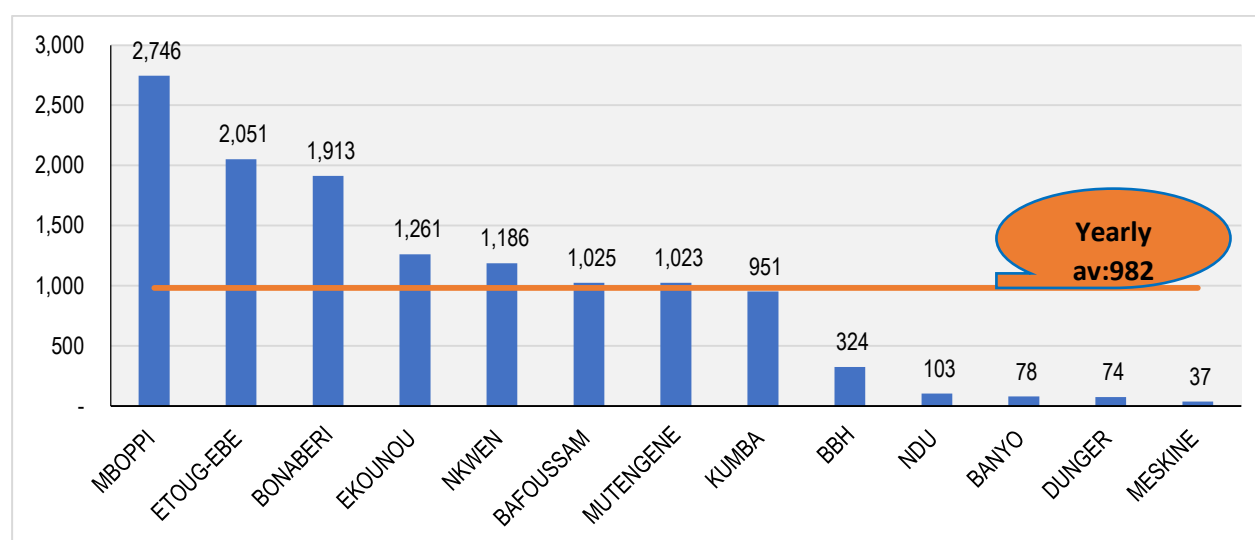
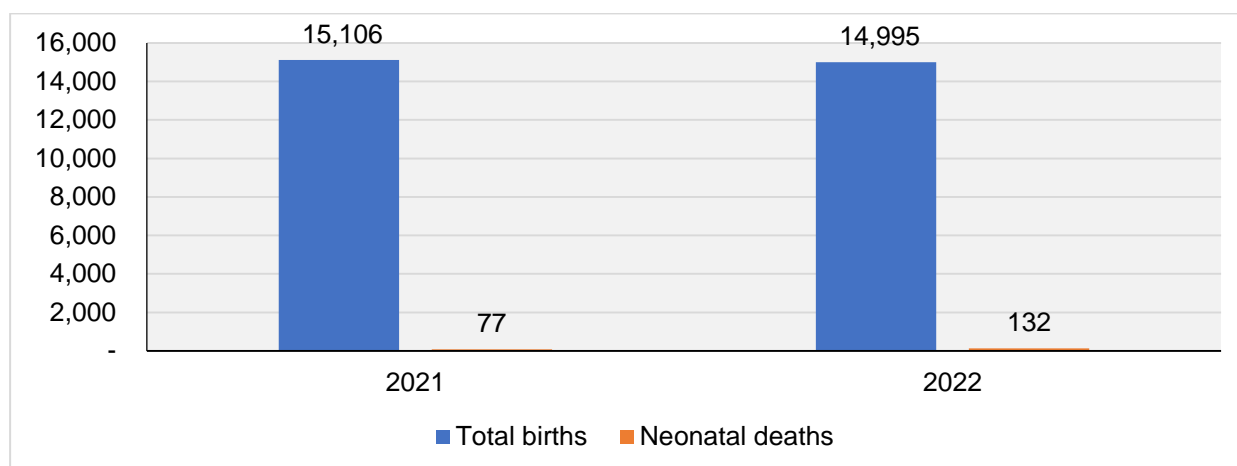


Fig. 11. Number of pregnant women who enrolled at the ANC unit in 2022.

Table 11: Infant Mortality rate

Nine children die out of every 1000 births. The highest infant mortality rate was seen in Mbingo (64 per 1000), this is understood as Mbingo is a reference hospital handling mostly tertiary case.

Facility	Total births	Neonatal deaths	Infant Mortality Rate
BBH	432	8	19
DUNGER	58	0	0
NDU	61	0	0
MBINGO	342	22	64
MUTENGENE	1,038	3	3
KUMBA	458	4	9
BANYO	193	5	26
MBOPPI	2,890	34	12
BONABERI	1,170	1	1
ETOUG-EBE	970	3	3
EKOUNOU	1,492	6	4
BAFOUSSAM	932	4	4
NKWEN	996	13	13
MESKINE	477	2	4
Health Centres	3,486	27	8
Total	14,995	132	9

**Fig. 12: Number of live births and Neonatal deaths compared****Table 12: Deliveries with Obstetric Complications**

SN	Deliveries with Obstetric Complications	Number
1	Haemorrhage	712
2	Dystocia	885
3	Pre - eclampsia / eclampsia	231
4	Uterine rupture	18
5	Puerperal infection	73
6	Maternal deaths recorded	15
	Total	1,934

3.4 Surgeries

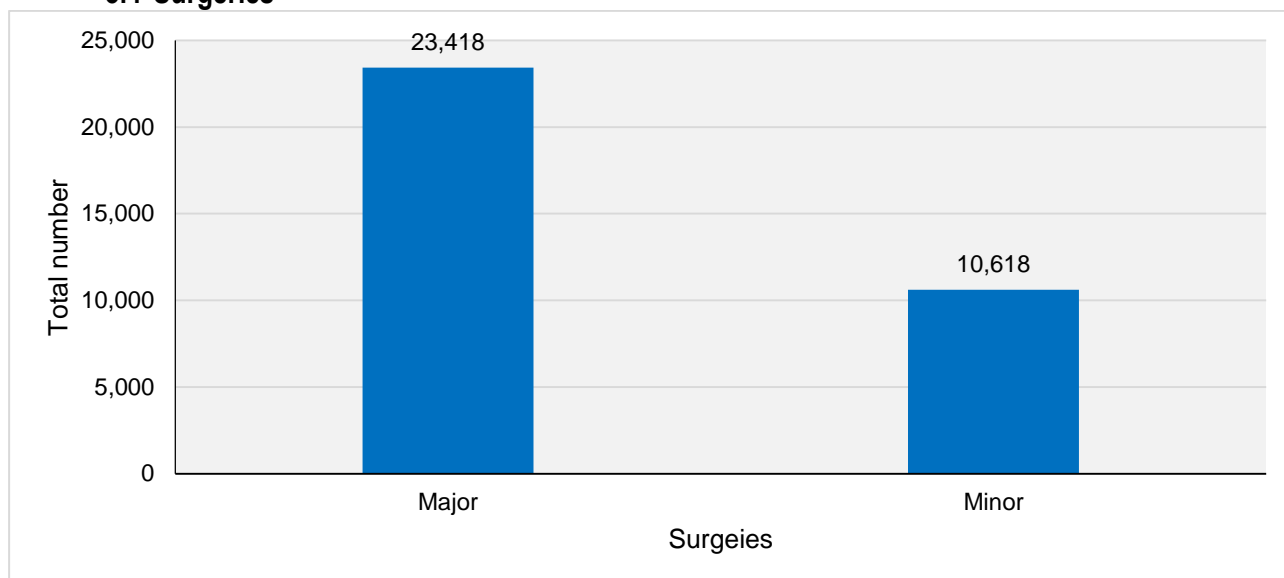


Fig 13: Major and Minor surgeries

Table 13: Total surgeries.

Facility	Major surgeries	Minor surgeries	Total
BBH	1,357	55	1,412
DUNGER	-	-	-
NDU	386	53	439
MBINGO	6,285	3,939	10,224
MUTENGENE	2,966	1,718	4,684
KUMBA	843	217	1,060
BANYO	513	338	851
MBOPPI	3,657	646	4,303
BONABERI	822	500	1,322
ETOUG-EBE	404	90	494
EKOUNOU	763	89	852
BAFOUSSAM	1,199	1,987	3,186
NKWEN	2,201	577	2,778
MESKINE	1,077	9	1,086
Health Centres	945	400	1,345
Total	23,418	10,618	34,036

7. Diseases

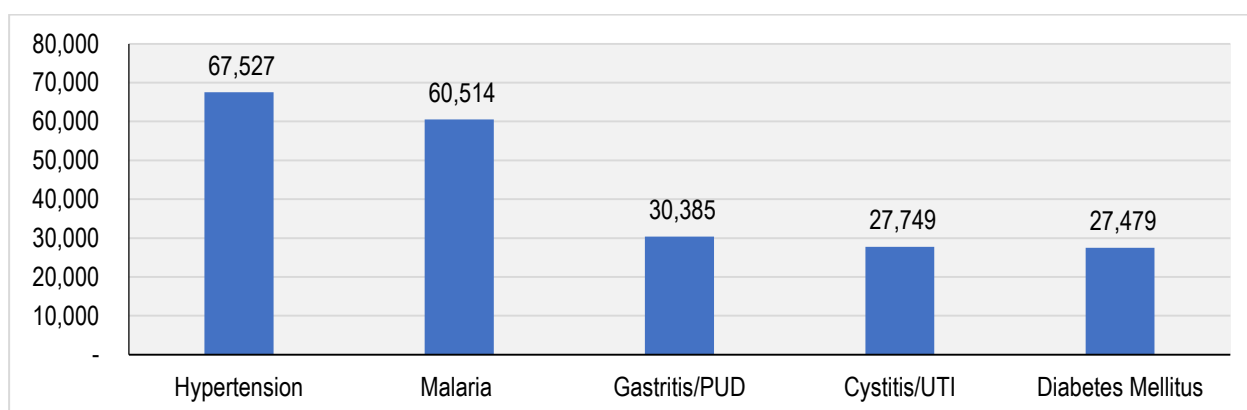


Fig. 14: Top 5 causes of consultation

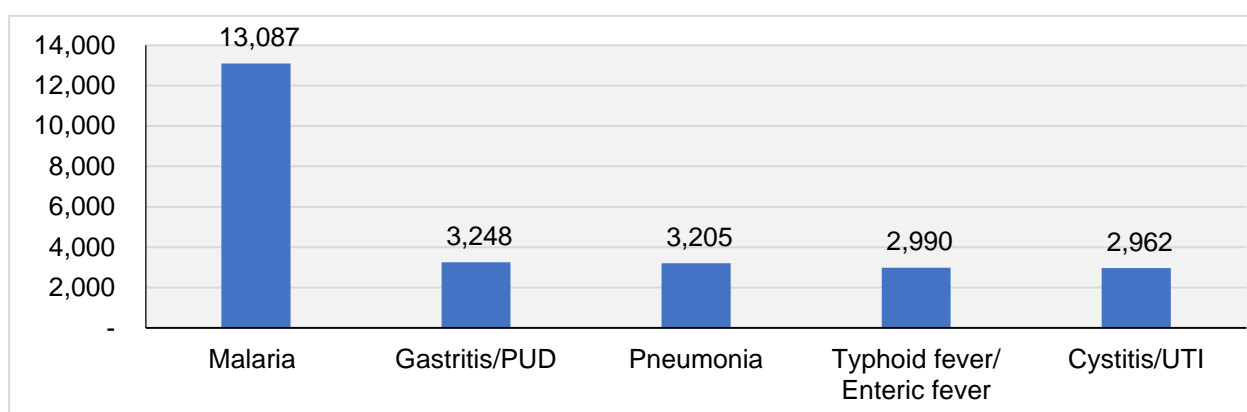


Fig. 15: Top 5 reasons for admission

Table 14: Notifiable diseases compared

Notifiable diseases	2021	2022
Neonatal tetanus	0	0
Leprosy	3	8
Yellow fever	2	1
Cerebrospinal meningitis	1	0
Human rabies	0	0
Tuberculosis	1,014	567
Cholera	0	17
Typhoid fever	7,903	11,778
Poliomyelitis	0	0
Measles	1	0
Covid-19	-	1,167
Total	8,924	13,538

Generally, there has been an increase in all the diseases of epidemic potentials in 2022, compared to the previous years. Cases of leprosy were reported in Mbingo, 1 case of yellow fever in BHM, Cases of cholera and BHM and Kumba.

Covid 19 data for 2021 was not traceable as individual facilities were reporting directly to the Ministry of Health.

8. Deaths

Deaths dropped by 16.3% in 2022. The highest number of deaths were recorded in Mbingo (370).

Table 15: Deaths by ward by institution

SN	Health facility	Medical	Maternity	Pediatric	Surgical	Total
1	BBH	109	0	13	12	134
2	MBH	251	3	47	69	370
3	BHM	149	1	33	28	211
4	MBHD	40	3	63	2	108
5	BHB	12	2	3	0	17
6	DHB	1	0	0	0	1
7	EBHY	6	0	0	0	6
8	Nkwen	81	1	8	17	107
9	Bafoussam	63	1	13	0	77
10	Ekounou	5	1	0	0	6
11	Kumba	5	0	0	0	5
12	Bonaberi	23	0	22	0	45
13	Mesquine	101	2	31	0	134
14	Health Centre	101	2	31	0	134
	Total	990	15	282	136	1,423

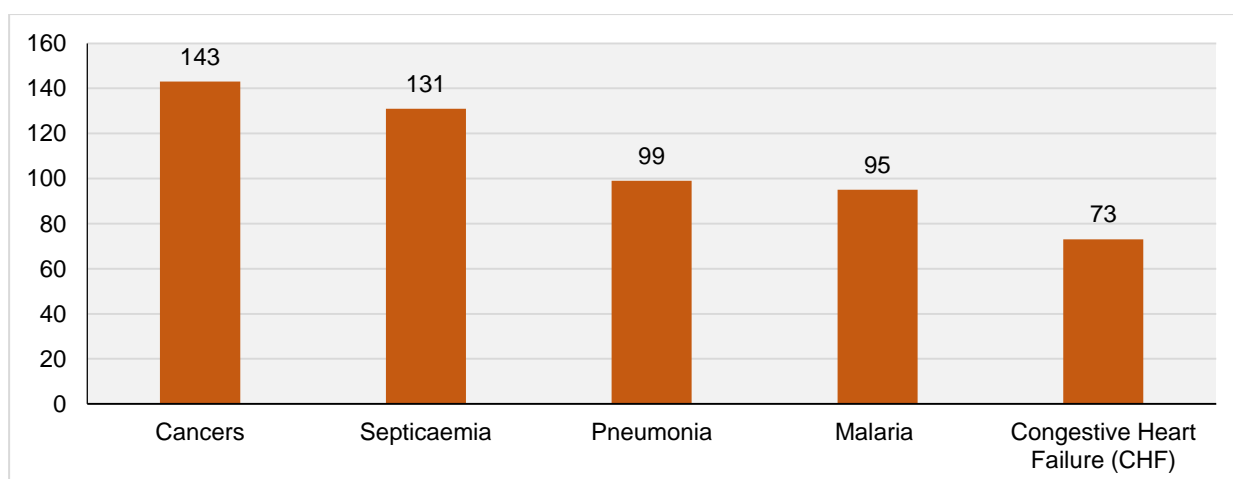


Fig 16. Top 5 causes of deaths

9. Five-year Trends

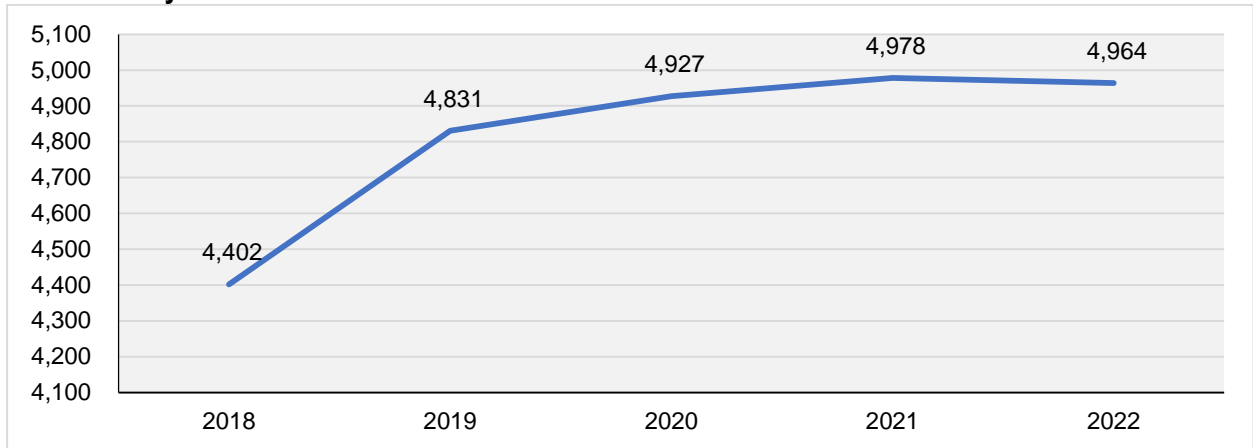


Fig. 17: Five-year trend of CBCHS staffing

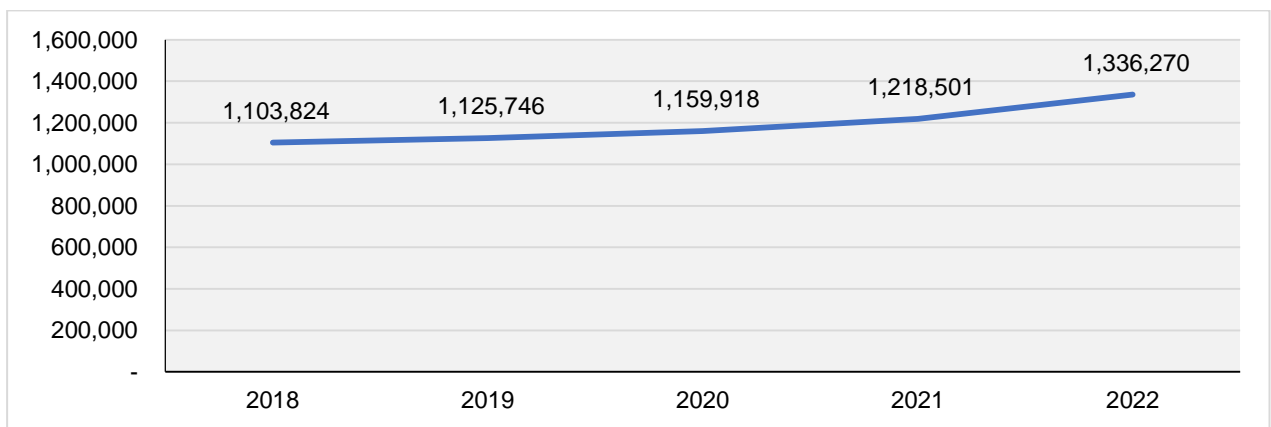


Fig. 18: Five- year trend of Outpatient attendance

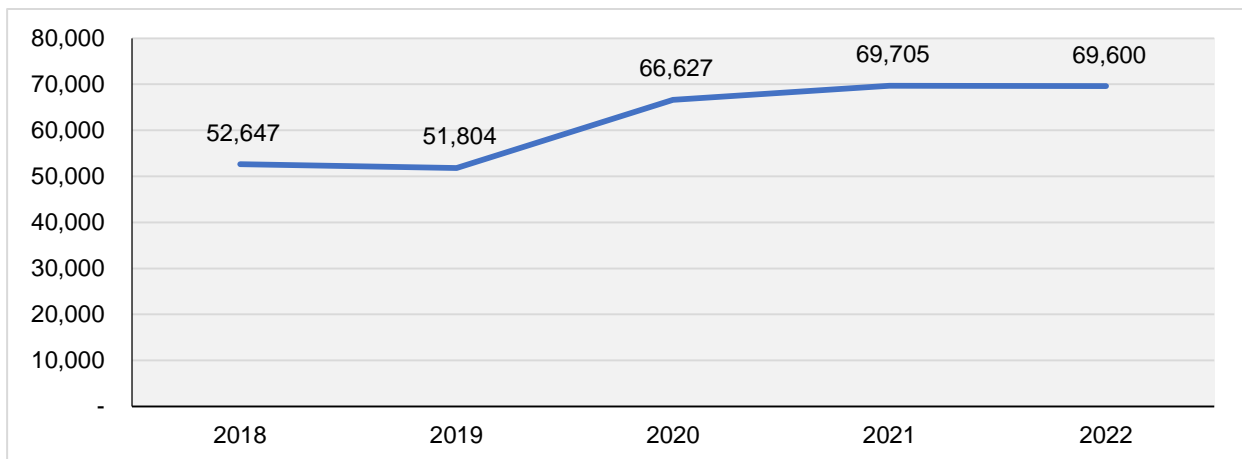


Fig. 19: Fig. Five-year trend of admissions

7. Programs
SPD
Table 15: CBR Metric

Indicator	SEEPD	EDID	TOTAL
Health	1571	756	2327
Education	3,309	1412	4721
Livelihood	49	726	775
Social	508	2185	2693
TOTAL	5437	5079	10516

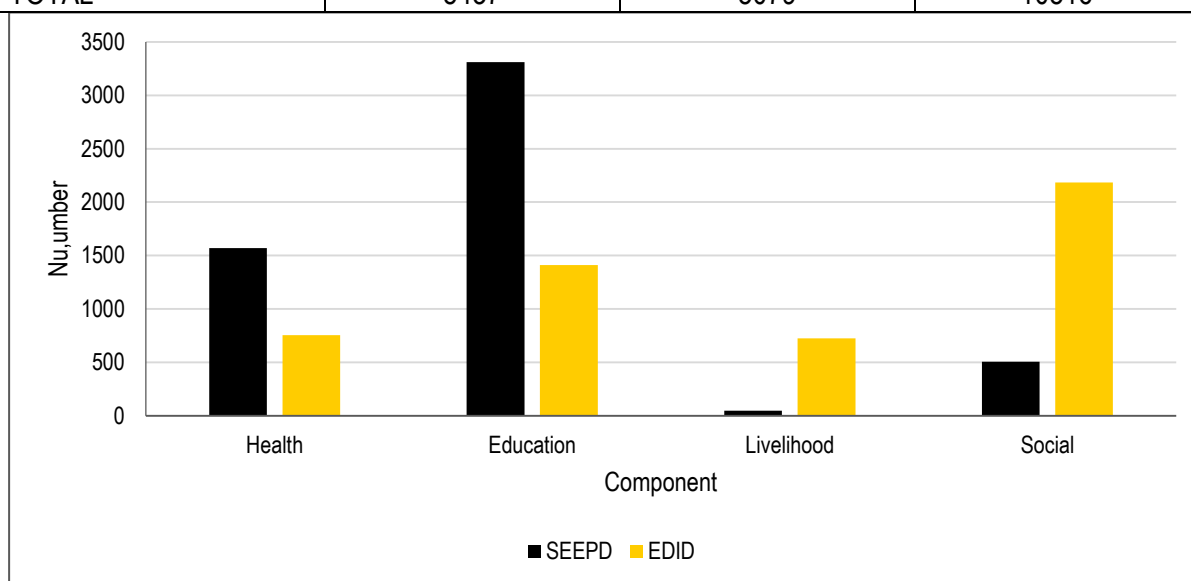


Fig. 20a: SEEPD and EDID

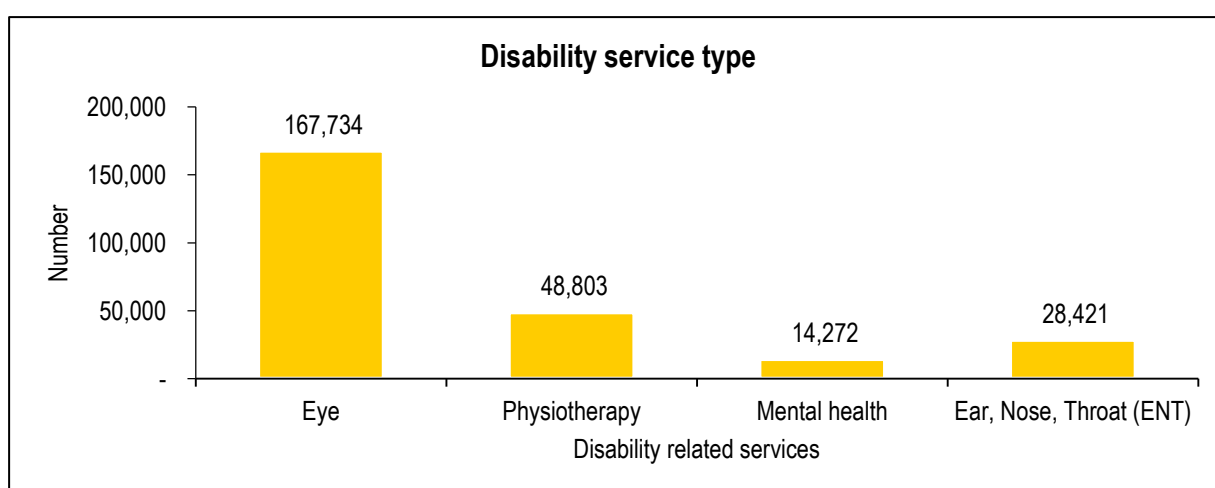


Fig 21b: Disability services (SEEPD Program)

1. HIV Free project

The goal of the HIV Free program is to expand access to comprehensive, high quality and sustainable HIV/AIDS and TB prevention, care and treatment services to meet the UNAIDS 95-95-95 treatment targets by 2030, and achieve epidemic control across all sub-populations, including KPs/PP. The data presented is for first to third quarter of 2022.

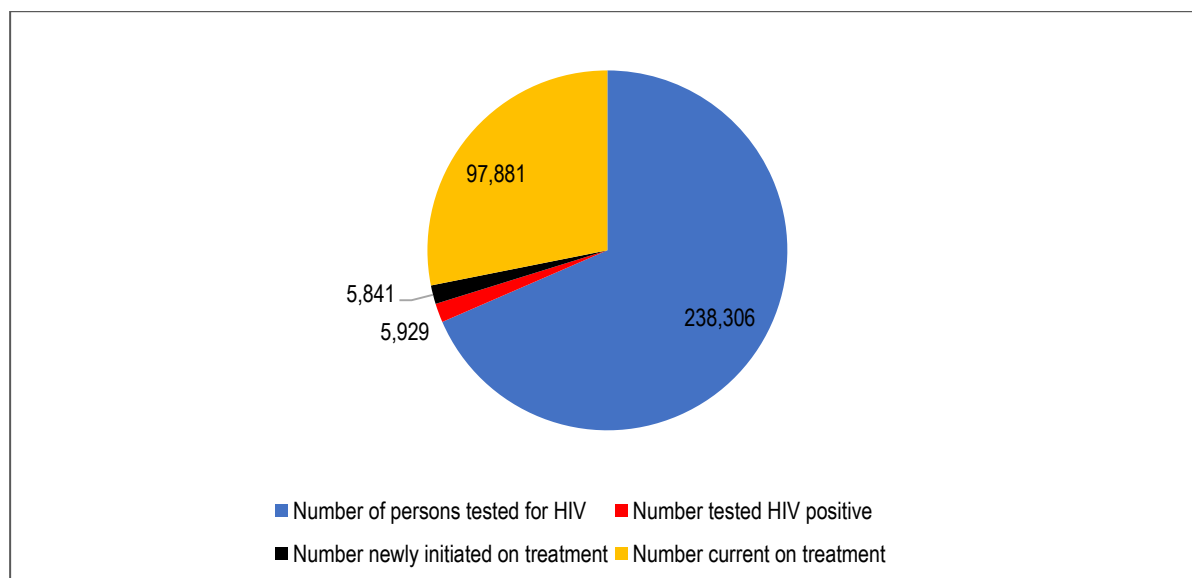


Fig. 21: HIV Free

2. Malaria Control and Prevention Program

The goal of the malaria program is to provide standard malaria case management as key to reducing morbidity, mortality, socioeconomic losses, and accelerating progress towards malaria pre-elimination. The objectives are to 1) understand and carry out the right malaria diagnosis and treatment of uncomplicated and severe malaria, 2) do post-treatment follow-up and document all malaria related interventions and 3) use recommended preventive measures as indispensable stage in the management of malaria. Below is a summary of 2022 achievements.

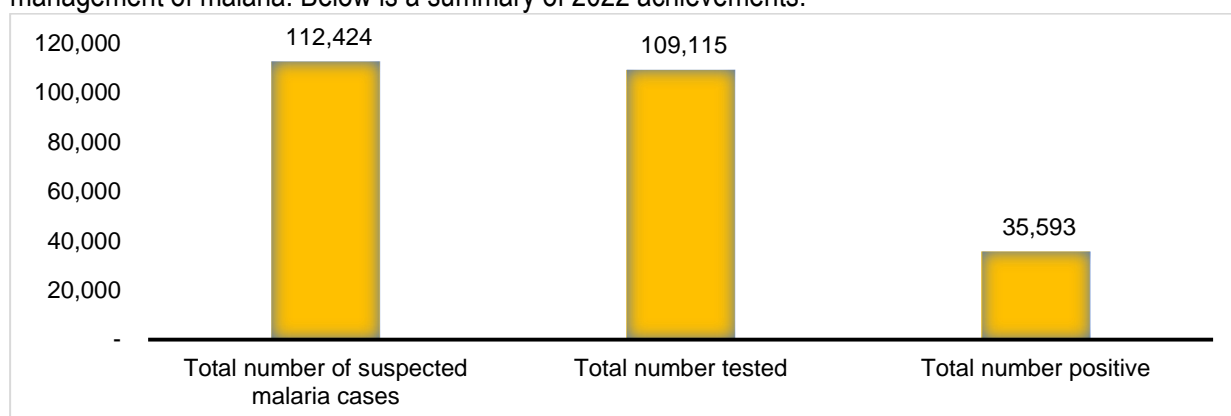
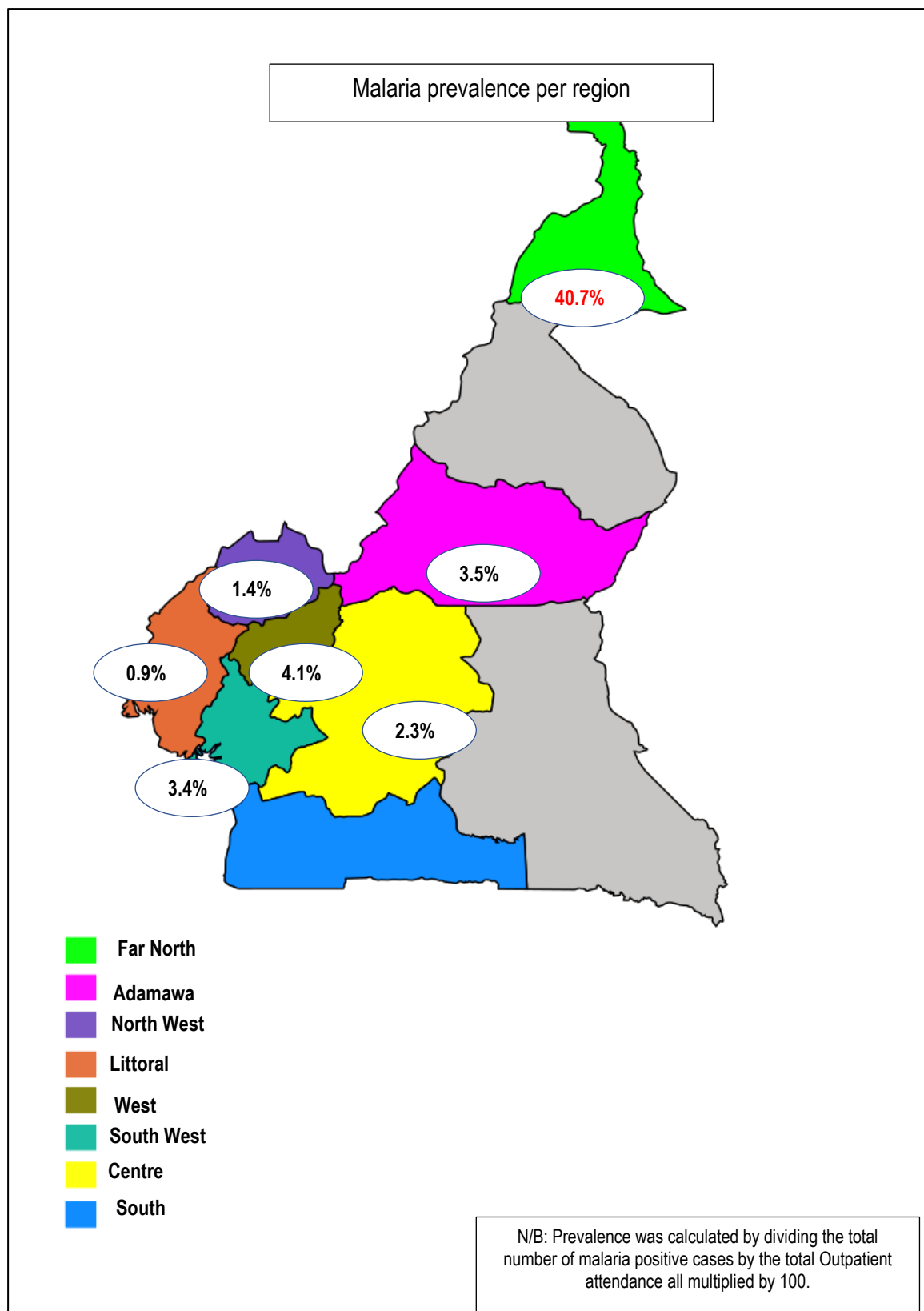


Fig. 22: Malaria cases in 2022



Non-Communicable Disease Control and Prevention Program (NCD)

The goal of the NCD program is to have communities free from preventable non-communicable diseases (NCDs) and the objectives are 1) To prevent illnesses, disabilities and deaths from NCDs

through innovative prevention, treatment and rehabilitation interventions 2) To promote healthy lifestyle and well-being for every Cameroonian (ensure inclusive NCD care).

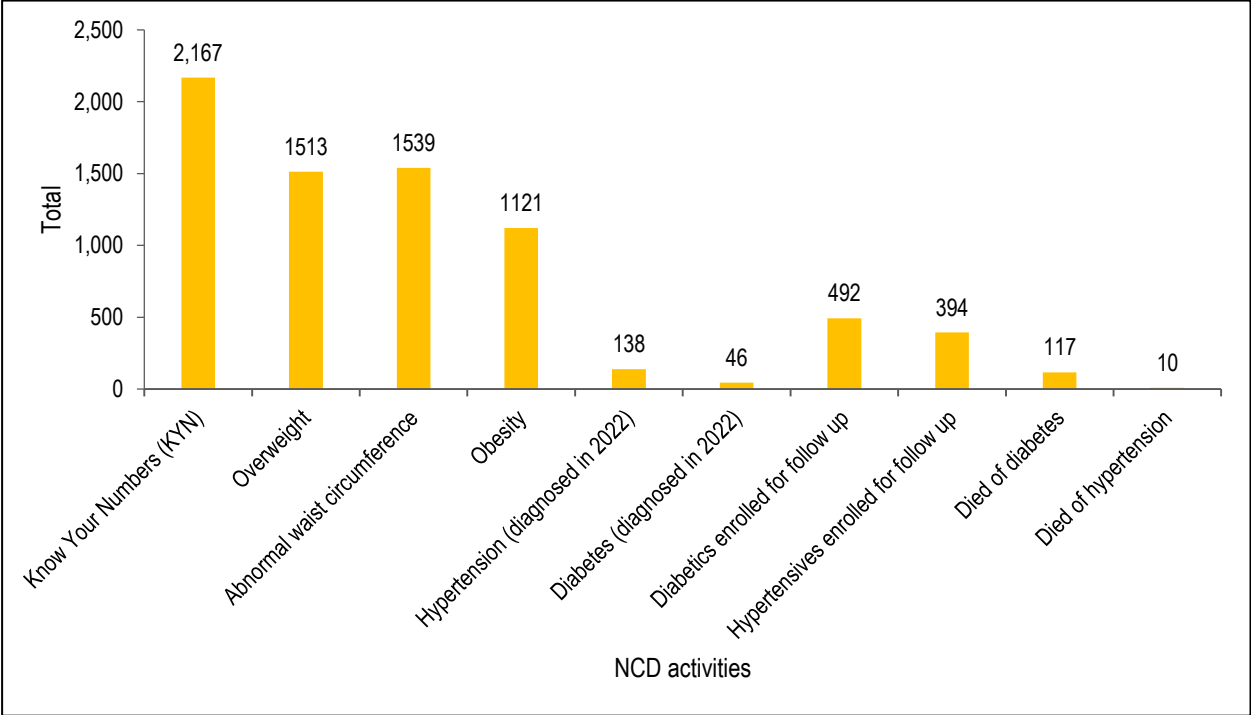
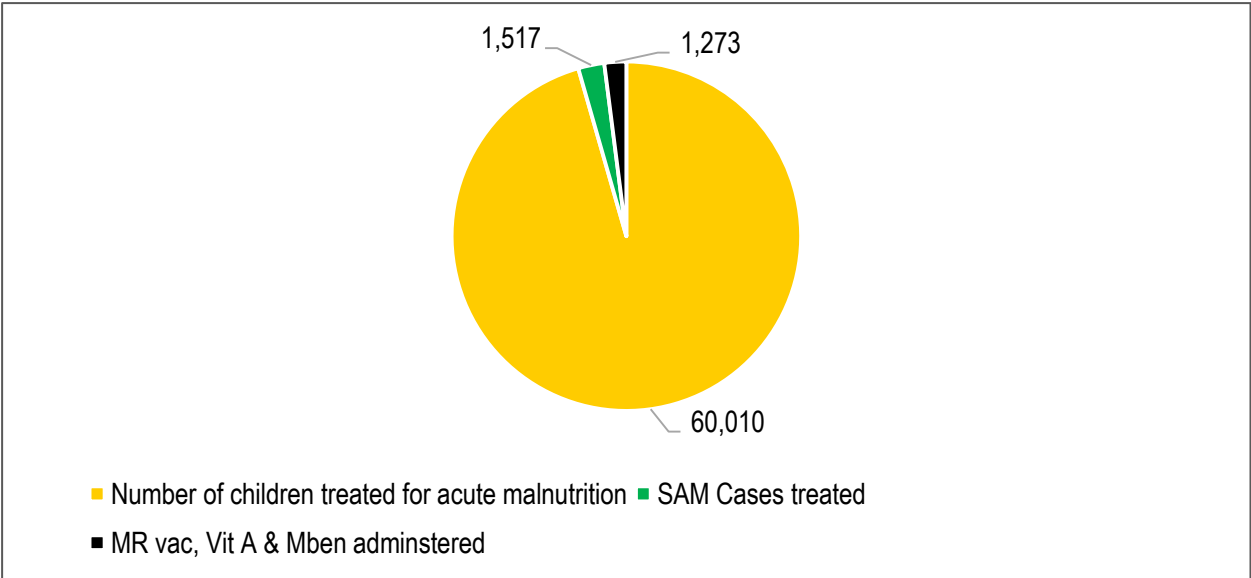


Fig. 23: NCD interventions

3. Humanitarian Response Program

The goal is to strengthen WASH services and Infection Prevention and Control measures in at risk public places/communities in the Northwest Region. The data presented is for first to third quarter of



2022.

Fig. 24: Humanitarian response services first to third quarter

4. Childhood cancers Program (CCP)

The goal of the Childhood Cancer Program is to promote the knowledge of childhood cancer, identify all patients and provide exemplary comprehensive care. The data presented is for first to third quarter of 2022.

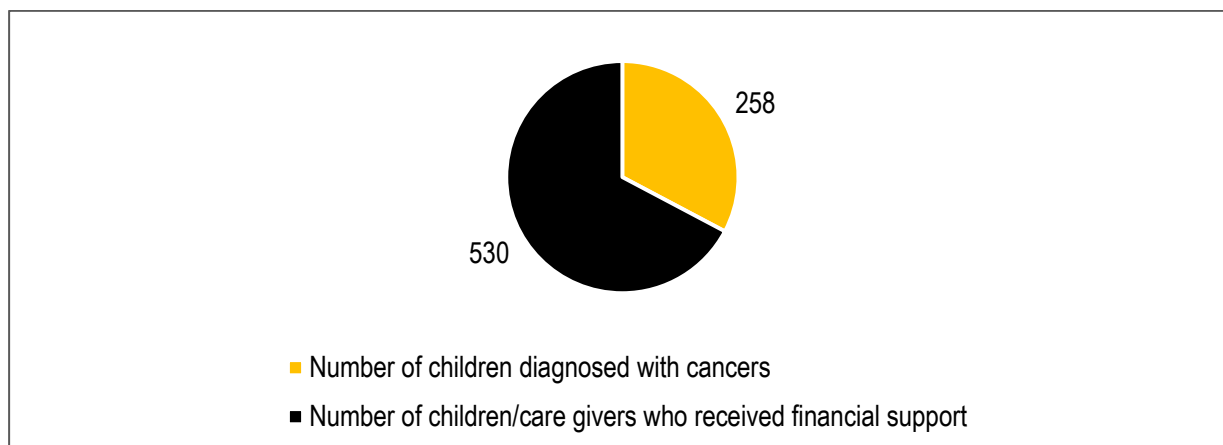


Fig 25: Number of children diagnosed with cancer

5. Child Momentum Project

The goal is to improve treatment and retention in pediatric HIV care focusing on children (5-14 years) and their caregivers through Clinic CBO-Collaboration (C3), peer support models and capacitating health providers in 15 ART clinics in Cameroon.

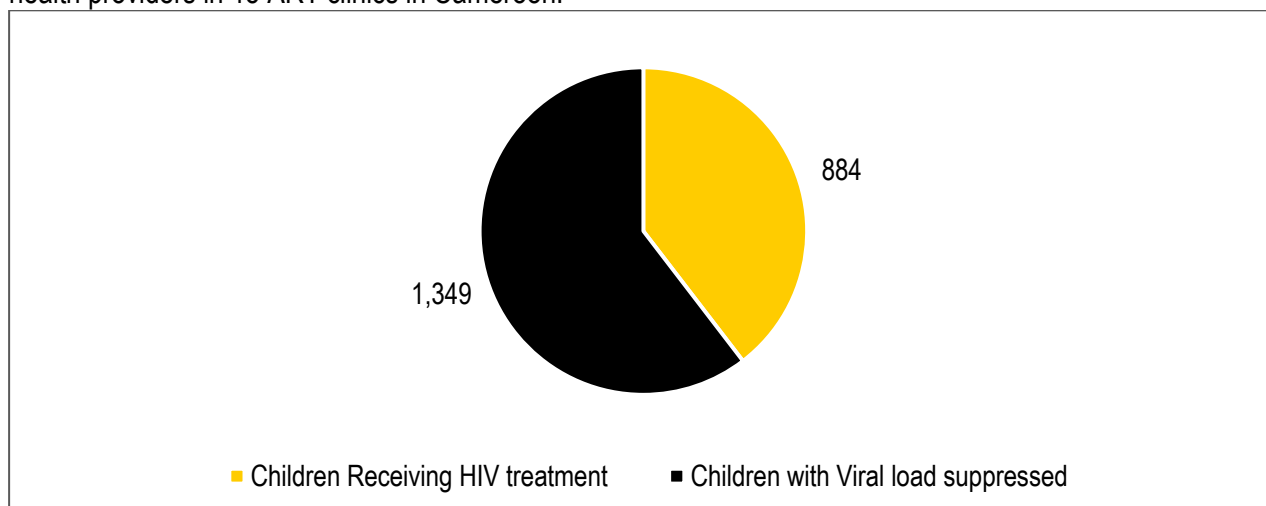


Fig. 26: Childhood momentum activities

6. Women's Health Program (WHP)

The goal of the WHP program is to provide comprehensive women-centred sexual and reproductive health care through an interdisciplinary approach in screening, health education and policy development in Cameroon.

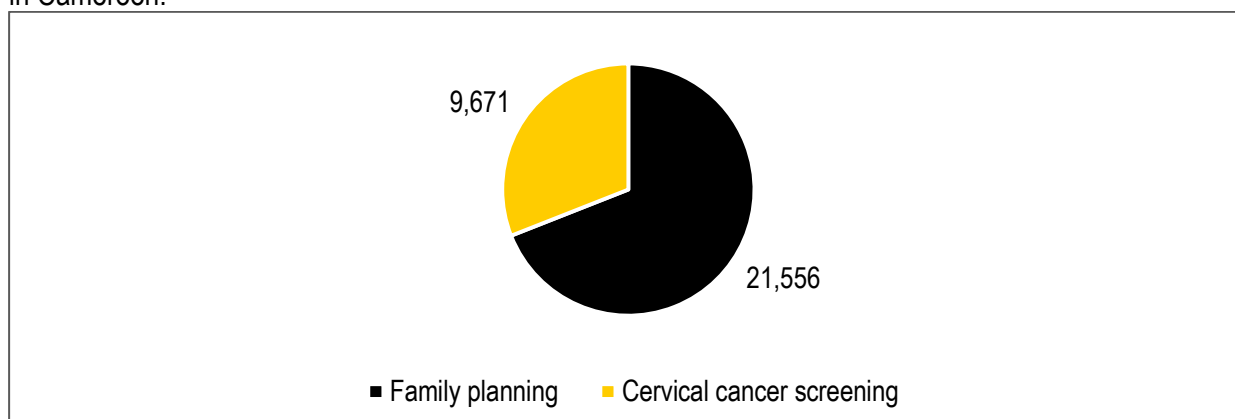


Fig. 27: WHP activities

7. Community Initiative AIDS Care and Prevention (CIACP) Program

The goal of the CIACP program is in the prevention of new HIV infections and treatment of AIDS, Malaria and other infectious diseases among people in the Southwest Region and nearby regions, including internally displaced persons.

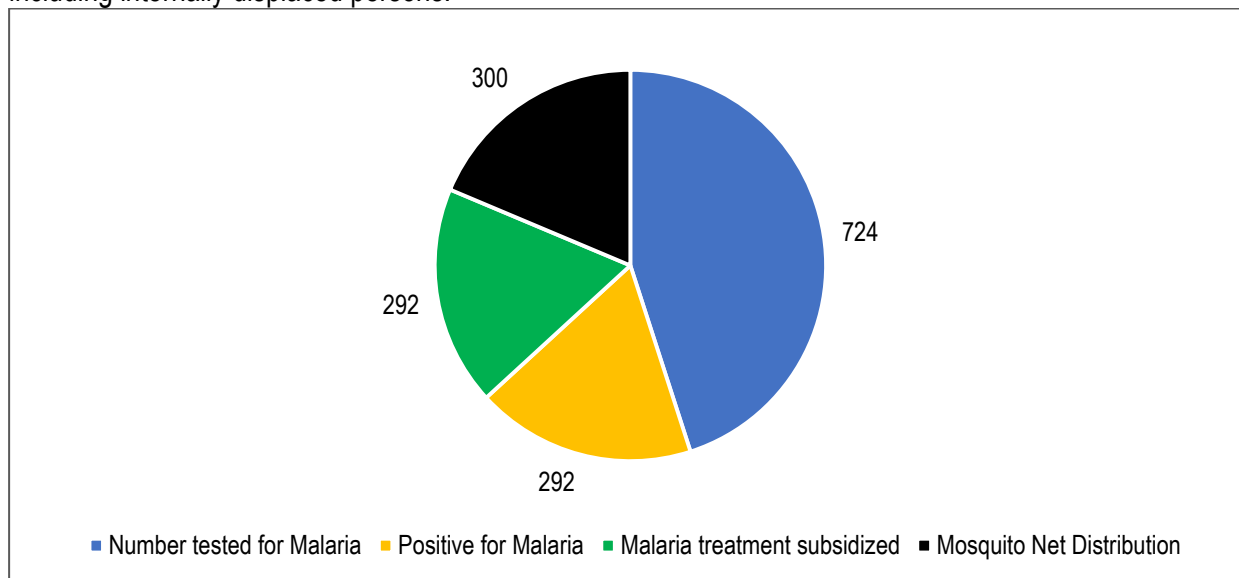


Fig. 28a: CIACP Malaria interventions

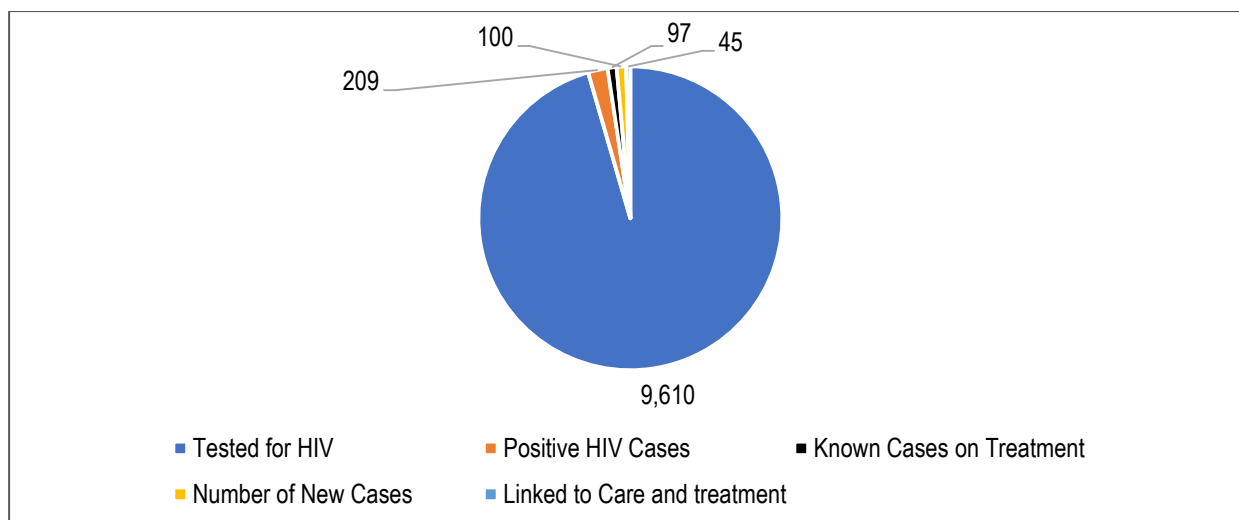


Fig. 28b: CIACP HIV interventions

8. Chosen Children

The goal of the program is to take care of orphans and widows in their suffering in order that they might experience true love and come to God through Jesus Christ (James 1:27). The data presented is for first to third quarter of 2022.

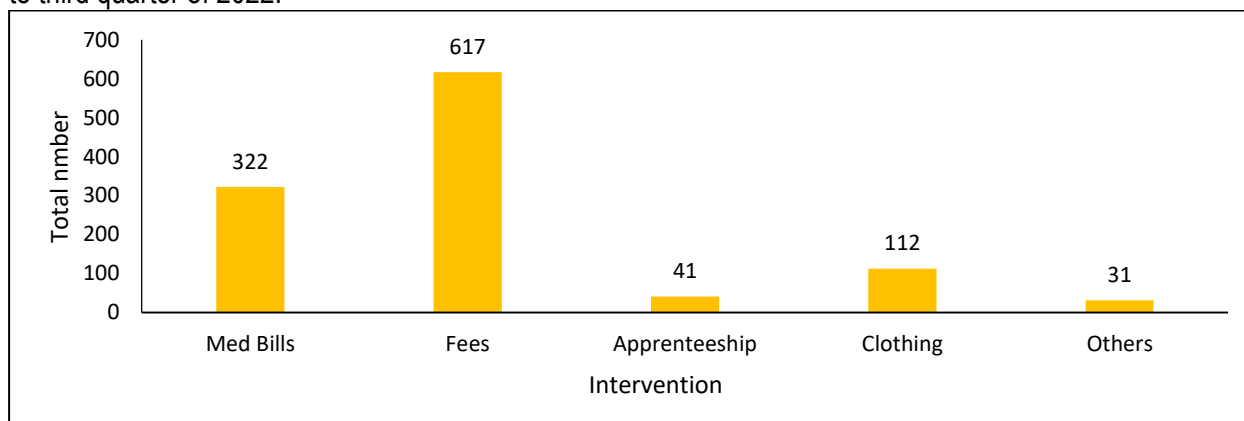
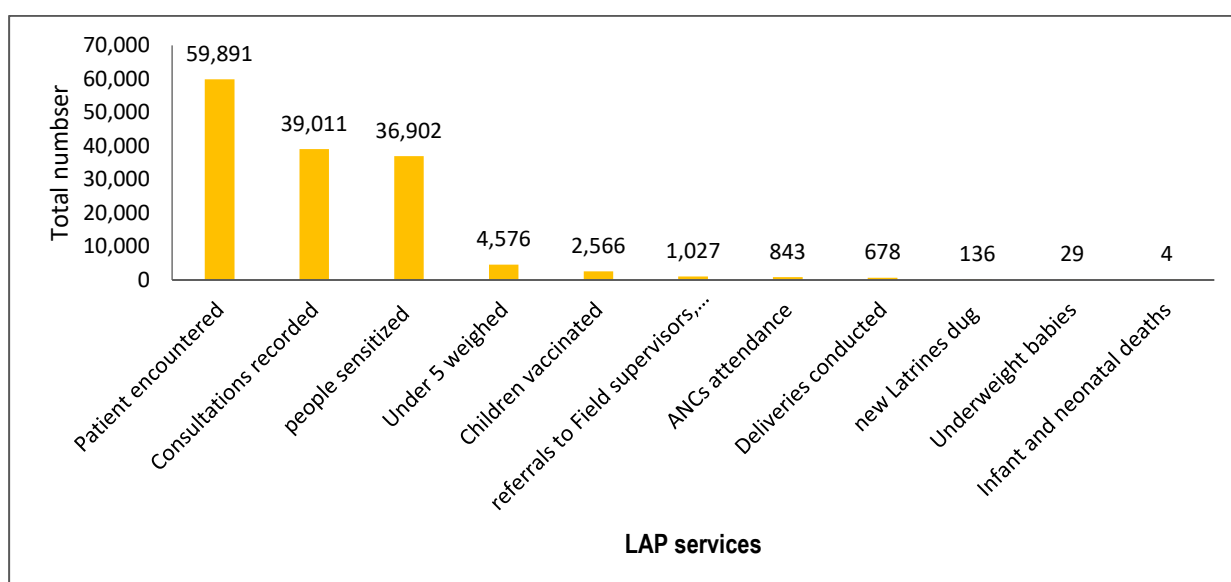


Fig. 28: Support given to orphans and vulnerable children

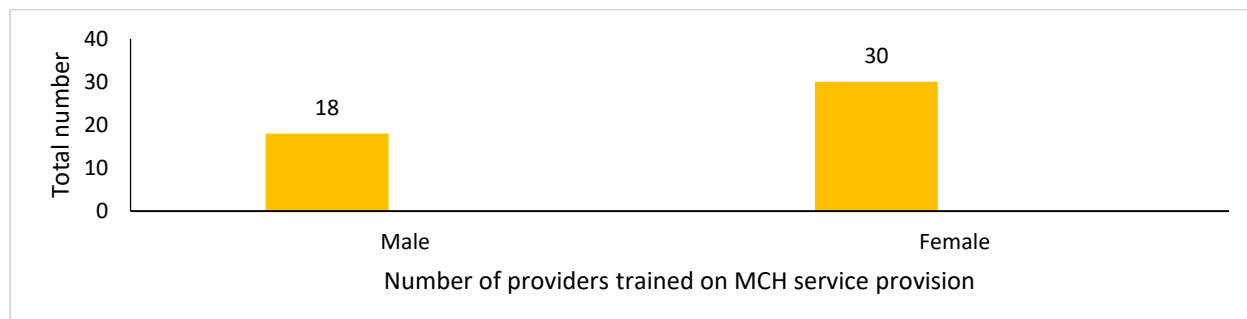
9. Life Abundant Primary Healthcare Program (LAP)

The goal of the LAP program is to provide quality healthcare in rural communities of Cameroon and the objectives are 1) To provide quality health services to 61 rural communities. 2) People in 61 rural communities are increasingly using the PHCs for medical check-ups and treatment of diseases. 3) By 2023, the long-term establishment of PHCs in rural communities is reinforced. The following visuals present the accomplishments of the program during the third quarter compared to the first and second quarter of 2022.



13 Advanced Life Support in Obstetrics (ALSO) Project

The goal of the project is to equip maternity care providers with skills to identify and manage obstetrical emergencies as a way of reducing maternal and neonatal mortality. The objectives are to update the skills of 196 maternity care providers (medical doctors, nurses, midwives, COMCHAs etc through trainings including follow up supervisions on how to recognize and handle obstetrical emergencies.



CONCLUSION

There was an increase in outpatient attendance and a decrease in admissions in 2022. The socio-political crisis in the Northwest and Southwest continues to impact growth negatively. Notwithstanding, we thank God Almighty for sustaining our services and helping us to provide care to the populations. The CBC Health Services is working on a 10 Years Strategic Plan and as we look into the future. We continue to trust God to direct our paths and take us to higher grounds. We appreciate the support from our external and internal partners. We continue to thank Board Members, Churches and well-wishers for their support for the work we do. We appreciate our staff for their hard work and resilience. Our patients are happy and God is happy with the services to His people.

APPENDICES

Appendix 1 – Bed Capacity and Staff Strength

SN	FACILITY	BED CAPACITY								PERSONNEL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Appendix 2- Outpatient attendance

SN	FACILITY	OUTPATIENT ATTENDANCE																	GRAND TOT
		NEW	OLD	GRAND TOTAL	% NEW	<1		1 - 5		6 - 15		16-45		46++		TOTAL			
						M	F	M	F	M	F	M	F	M	F	M	F		
1	BANSO BAPTIST HOSPITAL	16,456	30,087	46,543	35	387	361	727	702	1,187	1,380	5,475	12,290	9,732	14,302	17,508	29,035	46,543	
2	BANGOLAN BAPTIST HEALTH CENTER	4,709	1,735	6,444	73	114	115	108	74	108	81	751	2,630	695	1,768	1,776	4,668	6,444	
3	DUNGER BAPTIST HOSPITAL MBEM	1,529	2,108	3,637	42	47	60	65	60	102	148	389	1,364	498	904	1,101	2,536	3,637	
4	JIKIJEM BAPTIST HOSPITAL	6,434	4,836	11,270	57	131	119	132	150	151	255	845	3,129	2,179	4,179	3,438	7,832	11,270	
5	LASSIN BAPTIST HEALTH CENTER	3,192	1,361	4,553	70	82	74	214	240	369	305	495	1,202	561	1,011	1,721	2,832	4,553	
6	NDU BAPTIST HOSPITAL	7,251	13,904	21,155	34	161	211	412	385	556	606	1,863	4,726	4,215	8,020	7,207	13,948	21,155	
7	NGEPTANG BAPTIST HEALTH CENTER	1,040	2,083	3,123	33	52	56	74	104	97	174	176	923	368	1,099	767	2,356	3,123	
8	NWAT BAPTIST HEALTH CENTER	1,750	1,213	2,963	59	73	55	159	159	119	156	437	1,004	324	477	1,112	1,851	2,963	
9	ROMKONG BAPTIST HEALTH CENTER	1,523	718	2,241	68	21	25	46	66	50	42	246	760	361	624	724	1,517	2,241	
10	MBINGO BAPTIST HOSPITAL	35,137	29,356	64,493	54	354	353	427	384	655	638	10,559	11,169	19,796	20,158	31,791	32,702	64,493	
11	AKEH BAPTISH HEALTH CENTER	2,277	164	2,441	93	28	65	96	133	76	125	308	818	271	521	779	1,662	2,441	
12	BELO BAPTIST HEALTH CENTER	2,610	2,143	4,753	55	92	107	89	131	150	216	520	1,383	761	1,304	1,612	3,141	4,753	
13	FINKWI BAPTIST HEALTH CENTER	3,820	4,212	8,032	48	489	674	744	898	818	862	916	898	873	860	3,840	4,192	8,032	
14	KWIGHE BAPTIST HEALTH CENTER	3,035	568	3,603	84	37	50	51	67	58	71	441	1,247	413	1,168	1,000	2,603	3,603	
15	SABGA BAPTIST HEALTH CENTER	3,576	6,646	10,222	35	120	106	271	228	272	296	1,168	3,467	1,481	2,813	3,312	6,910	10,222	
16	BAPTIST HOSPITAL MUTENGENE	50,368	78,578	128,946	39	1,423	1,196	3,114	2,901	5,030	5,565	21,686	40,291	19,697	28,043	50,950	77,996	128,946	
17	BAFIA BAPTIST HEALTH CENTER	1,775	591	2,366	75	47	46	83	100	45	55	414	824	328	424	917	1,449	2,366	
18	EKONDOTITI BAPTIST HEALTH CENTER	2,527	691	3,218	79	50	60	139	142	111	169	403	993	481	670	1,184	2,034	3,218	
19	KUMBA BAPTIST HOSPITAL	59,192	56,330	115,522	51	2,063	6,294	5,350	6,862	3,492	9,840	15,040	25,331	19,604	21,646	45,549	69,973	115,522	
20	BAPTIST HOSPITAL BANYO	6,667	1,546	8,213	81	127	92	286	274	422	400	1,771	2,361	1,389	1,091	3,995	4,218	8,213	
21	ALLAT BAPTIST HEALTH CENTER	1,185	1,952	3,137	38	54	60	129	96	127	114	354	1,653	284	266	948	2,189	3,137	
22	NYAMBOYA BAPTIST HEALTH CENTER	2,805	1,671	4,476	63	88	123	156	284	218	299	581	1,798	466	463	1,509	2,967	4,476	
23	SARKIBAKA BAPTIST HEALTH CENTER	1,605	1,800	3,405	47	66	46	100	118	88	118	502	1,572	462	333	1,218	2,187	3,405	
24	TIBATI BAPTIST HEALTH CENTER	1,298	2,215	3,513	37	79	96	189	141	198	203	709	992	559	347	1,734	1,779	3,513	
25	MBOPPI BAPTIST HOSPITAL DOUALA	68,171	145,297	213,468	32	2,690	3,125	4,202	3,988	5,661	8,035	31,037	81,718	30,591	42,421	74,181	139,287	213,468	
26	BONABERI BAPTIST HOSPITAL	30,211	44,487	74,698	40	1,054	1,301	3,016	2,707	2,568	3,151	10,738	34,625	7,173	8,365	24,549	50,149	74,698	
27	KRIBI BAPTIST HEALTH CENTER	18,361	6,558	24,919	74	1,136	858	1,100	1,088	922	1,803	2,820	7,191	3,356	4,645	9,334	15,585	24,919	
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	58,798	82,503	141,301	42	4,569	3,113	6,672	6,105	7,057	10,292	20,675	40,020	16,732	26,066	55,705	85,596	141,301	
29	EKOUMDOUM BAPTIST HOSPIAL	41,665	43,901	85,566	49	3,116	2,726	2,614	2,244	2,909	3,481	13,136	28,059	13,679	13,602	35,454	50,112	85,566	
30	NKOABANG BAPTIST HEALTH CENTER	15,974	9,072	25,046	64	678	617	1,696	1,328	1,298	1,352	4,073	9,999	1,849	2,156	9,594	15,452	25,046	
31	VOUNDOU BAPTIST HEALTH CENTER	3,914	4,265	8,179	48	191	229	372	352	258	341	1,185	4,522	329	400	2,335	5,844	8,179	
32	BAFOUSSAM BAPTIST HOSPITAL	27,472	42,045	69,517	40	1,948	2,621	1,983	1,812	2,683	2,882	8,514	20,356	11,382	15,336	26,510	43,007	69,517	
33	BAYANGAM BAPTIST HEALTH CENTER	597	1,714	2,311	26	32	39	100	106	146	165	327	493	403	500	1,008	1,303	2,311	
34	KOUHOUAT BAPTIST HEALTH CENTER	6,219	1,655	7,874	79	110	75	346	257	345	366	1,043	2,398	1,258	1,676	3,102	4,772	7,874	
35	KOUSAM BAPTIST HEALTH CENTER	857	1,216	2,073	41	27	30	94	68	68	73	291	631	303	488	783	1,290	2,073	
36	NGOUNSO BAPITIST HOSPITAL	7,899	7,062	14,961	53	232	258	457	488	683	658	2,024	3,466	3,130	3,565	6,526	8,435	14,961	
37	MAKENENE BAPITIST HEALTH CENTER	2,423	1,259	3,682	66	53	64	176	170	131	199	640	1,229	469	551	1,469	2,213	3,682	
37	NKWEN BAPTIST HOSPITAL	44,483	109,977	154,460	29	1,740	1,432	6,667	3,465	5,881	6,399	22,132	44,438	25,628	36,678	62,048	92,412	154,460	
38	ASHONG BAPTIST HEALTH CENTER	2,964	3,590	6,554	45	126	124	314	280	304	245	961	1,574	831	1,795	2,536	4,018	6,554	
39	MAMFE BAPTIST HEALTH CENTER	6,080	2,995	9,075	67	89	89	403	380	355	460	828	1,723	1,464	3,284	3,139	5,936	9,075	
40	NDEBAYA BAPTIST HEALTH CENTER															0	0	0	
41	MESKINE BAPTIST HOSPITAL MAROUA	12,425	11,892	24,317	51	413	310	662	622	1,606	1,724	4,942	5,737	4,801	3,500	12,424	11,893	24,317	
	TOTAL	570,274	765,996	1,336,270	43	24,389	27,455	44,035	40,159	47,374	63,744	191,415	411,004	209,176	277,519	516,389	819,881	1,336,270	

Appendix 3 - Maternity and Pediatric Admissions

SN	FACILITY	MATERNITY WARDS																PEDIATRIC WARDS																									
		# STAFF	NUMBER OF BEDS	ADMISSION	HOSP. DAY	AVERAGE STAY	<1		1-5		6-15		16-45		46+	TOTAL		TOTAL	# STAFF	NUMBER OF BEDS	ADMISSION	HOSP. DAY	AVERAGE STAY	<1		1-5		6-15		16-45		46+	TOTAL		TOTAL								
							M	F	M	F	M	F	M	F		M	F							M	F	M	F	M	F	M	F		M	F		M	F	M	F	M	F	M	F
1	BANSO BAPTIST HOSPITAL	7	15	216	432	2	0	0	0	0	0	0	0	216	0	0	0	216	216	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
2	BANGOLAN BAPTIST HEALTH CENTER	0	17	72	228	3	4	2	0	0	0	0	0	66	0	0	4	68	72	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
3	DUNGER BAPTIST HOSPITAL MBEM	6	17	368	1605	4	0	0	0	0	0	2	0	363	0	3	0	368	368	8	6	222	703	3	37	45	42	37	23	37	0	0	0	102	119	221	0	0					
4	IKIJEM BAPTIST HOSPITAL	1	7	68	174	3	4	0	0	0	0	2	0	62	0	0	4	64	68	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
5	LASSIN BAPTIST HEALTH CENTER	6	13	277	984	4	0	0	0	0	0	1	0	275	0	1	0	277	277	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
6	NDU BAPTIST HOSPITAL	5	8	78	239	3	0	0	0	0	0	0	0	78	0	0	0	78	78	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
7	NGEPTANG BAPTIST HEALTH CENTER	1	7	98	207	2	0	0	0	0	0	0	0	98	0	0	0	98	98	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
8	NWAT BAPTIST HEALTH CENTER	1	8	57	136	2	0	0	0	0	0	0	0	57	0	0	0	57	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
9	ROMKONG BAPTIST HEALTH CENTER	20	22	540	2521	5	69	44	0	0	0	2	0	416	0	9	69	471	540	22	23	751	5346	7	98	74	156	118	170	135	0	0	0	424	327	751	0	0					
10	MBINGO BAPTIST HOSPITAL	1	5	78	173	2	0	0	0	0	0	0	0	74	0	0	0	74	74	4	4	9	18	2	0	0	0	3	2	4	0	0	0	0	2	7	9	0					
11	AKEH BAPTISH HEALTH CENTER	6	10	173	384	2	0	0	0	0	0	0	0	173	0	0	0	173	173	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
12	BELO BAPTIST HEALTH CENTER	2	6	118	293	2	0	0	0	0	0	0	0	117	0	1	0	118	118	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
13	FINKWI BAPTIST HEALTH CENTER	5	6	61	159	3	0	0	0	0	0	0	0	61	0	0	0	61	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
14	KWIGHE BAPTIST HEALTH CENTER	5	11	185	516	3	0	0	0	0	0	1	0	182	0	2	0	185	185	10	4	17	35	2	3	0	3	2	6	3	0	0	0	0	12	5	17	0					
15	SABGA BAPTIST HEALTH CENTER	30	35	1489	6800	5	0	0	0	0	0	3	0	1381	105	0	105	1384	1489	24	14	1131	4033	4	140	115	244	235	201	196	0	0	0	585	546	1131	0	0					
16	BAPTIST HOSPITAL MUTENGNE	4	4	44	86	2	0	0	0	0	0	0	0	32	0	12	0	44	44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
17	BAFIA BAPTIST HEALTH CENTER	0	5	86	234	3	0	0	0	0	0	0	0	86	0	0	0	86	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
18	EKONDOTITI BAPTIST HEALTH CENTER	12	12	562	1781	3	0	0	0	0	0	0	0	562	0	0	0	562	562	6	8	894	1633	2	109	112	170	204	140	159	0	0	0	419	475	894	0	0					
19	KUMBA BAPTIST HOSPITAL	4	14	256	870	3	1	1	0	0	0	9	0	245	0	0	1	255	256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
20	BAPTIST HOSPITAL BANYO	0	3	272	589	2	0	0	0	0	0	2	0	270	0	0	0	272	272	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
21	ALLAT BAPTIST HEALTH CENTER	1	6	297	597	2	0	0	0	0	0	0	0	297	0	0	0	297	297	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
22	NYAMBOYA BAPTIST HEALTH CENTER	1	8	126	277	2	0	0	0	0	0	0	0	126	0	0	0	126	126	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
23	SARKIBAKA BAPTIST HEALTH CENTER	1	4	73	138	2	0	0	0	0	0	4	0	69	0	0	0	73	73	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
24	TIBATI BAPTIST HEALTH CENTER	43	53	3238	19607	6	119	119	0	0	0	3	0	3021	0	0	119	3143	3262	29	40	1656	8064	5	416	383	349	256	207	145	0	0	0	972	784	1756	0	0					
25	MBOPPI BAPTIST HOSPITAL DOUALA	16	30	1640	4406	3	2	4	0	0	0	1	0	1630	0	3	2	1638	1640	13	18	948	2978	3	169	160	181	171	134	133	0	0	0	484	464	948	0	0					
26	BONABERI BAPTIST HOSPITAL	5	7	394	1082	3	0	0	0	0	0	0	0	394	0	0	0	394	394	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
27	KRIBI BAPTIST HEALTH CENTER	22	25	1006	2407	2	0	1	0	0	0	0	0	927	0	0	0	928	928	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	31	122	1710	4531	3	22	22	0	0	0	4	0	1661	0	1	22	1688	1710	21	3	438	1163	3	31	29	128	103	82	65	0	0	0	241	197	438	0	0					
29	EKOUMDOUM BAPTIST HOSPIAL	7	8	341	462	1	0	0	0	0	0	0	0	341	0	0	0	341	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
30	NKOABANG BAPTIST HEALTH CENTER	3	5	177	354	2	0	0	0	0	0	0	0	177	0	0	0	177	177	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
31	VOUNDOU BAPTIST HEALTH CENTER	19	30	1134	3717	3	43	50	0	0	0	0	0	1041	0	0	43	1091	1134	0	10	658	2324	4	57	65	192	141	100	103	0	0	0	349	309	658	0	0					
32	BAFOUSSAM BAPTIST HOSPITAL	0	4	7	19	3	0	0	0	0	0	0	0	7	0	0	0	7	7	0	1	1	3	3	0	0	0	0	1	0	0	0	1	0	0	1	0	1					
33	BAYANGAM BAPTIST HEALTH CENTER	1	11	149	448	3	0	0	0	0	0	2	0	146	0	1	0	149	149	7	8	441	1248	3	39	32	130	120	56	64	0	0	0	225	216	441	0	0					
34	KOUHOUAT BAPTIST HEALTH CENTER	1	4	39	78	2	0	0	0	0	0	0	0	39	0	0	0	39	39	0	3	14	28	2	1	2	5	4	0	2	0	0	0	6	8	14	0	0					
35	KOUSAM BAPTIST HEALTH CENTER	10	13	391	1114	3	0	0	0	0	0	3	0	384	0	4	0	391	391	0	8	439	1522	3	22	31	127	117	71	71	0	0	0	220	219	439	0	0					
36	NGOUNSO BAPITIST HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
37	MAKENENE BAPITIST HEALTH CENTER	32	41	1214	4869	4	0	0	0	0	0	0	0	1214	0	0	0	1214	1214	14	17	987	3467	4	117	123	239	183	185	140	0	0	0	541	446	987	0	0					
37	NKWEN BAPTIST HOSPITAL	7	4	69	181	3	0	0	0	0	0	0	0	69	0	0	0	69	69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
38	ASHONG BAPTIST HEALTH CENTER	1	2	55	113	2	1	2	0	0	0	0	0	49	0	3	1	54	55	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
39	MAMFE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
40	NDEBAYA BAPTIST HEALTH CENTER	12	14	923	2607	3	68	81	0</																																		

Appendix 4 – Surgical and Medical Admissions

SN	FACILITY	SURGICAL WARD-GENERAL																	SURGICAL WARD-EYE																					
		# STAFF	NUMBER OF BEDS	ADMISSION	HOSP.DAY	AVERAGE STAY	<1		1 - 5		6 - 15		16-45		46+		TOTAL		TOTAL	# STAFF	NUMBER OF BEDS	ADMISSION	HOSP.DAY	AVERAGE STAY	<1		1 - 5		6 - 15		16-45		46+		TOTAL		TOTAL	TOTAL		
							M	F	M	F	M	F	M	F	M	F	M	F							M	F	M	F	M	F	M	F	M	F	M	F			M	F
1	BANSO BAPTIST HOSPITAL	13	56	358	4991	14	0	0	0	0	0	0	120	69	117	52	237	121	358	4	25	247	1210	5	0	0	0	2	0	7	6	8	3	106	115	123	124	247		
2	BANGOLAN BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
3	DUNGER BAPTIST HOSPITAL MBEM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
4	JIKIJEM BAPTIST HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
5	LASSIN BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
6	NDU BAPTIST HOSPITAL	4	15	252	1051	4	7	4	22	10	18	14	26	64	54	49	127	141	268	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	NGETANG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
8	NWAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
9	ROMKONG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
10	MBINGO BAPTIST HOSPITAL	37	62	1465	13309	9	13	5	10	5	12	13	388	331	389	299	812	653	1465	14	35	716	6016	8	0	0	0	3	2	12	9	28	23	180	86	197	176	420	296	716
11	AKEH BAPTISH HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12	BELO BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13	FINKWI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14	KWIGHE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15	SABGA BAPTIST HEALTH CENTER	10	17	84	314	4	0	0	2	0	2	0	26	35	13	5	43	40	83	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16	BAPTIST HOSPITAL MUTENGENE	44	55	1923	13817	7	5	2	63	28	142	85	609	349	373	267	1192	731	1923	1	16	282	605	2	0	0	0	1	0	6	3	18	13	122	119	147	135	282		
17	BAFIA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18	EKONDOTITI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19	KUMBA BAPTIST HOSPITAL	0	8	83	396	5	0	0	0	0	0	0	0	0	83	0	0	83	83	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
20	BAPTIST HOSPITAL BANYO	0	7	101	528	5	0	0	0	0	0	2	50	19	24	6	74	27	101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
21	ALLAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22	NYAMBOYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23	SARKIBAKA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24	TIBATI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25	MBOPPI BAPTIST HOSPITAL DOUALA	26	25	1168	5979	5	0	0	0	0	2	4	229	280	329	324	560	608	1168	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
26	BONABERI BAPTIST HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
27	KRIBI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29	EKOUMDOUM BAPTIST HOSPIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30	NKOABANG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31	VOUNDOU BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32	BAFOUSSAM BAPTIST HOSPITAL	0	7	365	1375	4	3	1	24	9	40	12	75	110	62	29	204	161	365	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
33	BAYANGAM BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
34	KOUHOUAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
35	KOUSAM BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
36	NGOUNSO BAPTIST HOSPITAL	0	18	77	901	12	1	0	1	2	5	2	16	9	30	11	53	24	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
37	MAKENENE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
37	NKWEN BAPTIST HOSPITAL	20	38	1928	9272	5	13	6	52	29	91	53	441	411	516	316	1113	815	1928	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
38	ASHONG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
39	MAMFE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
40	NDEBAYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
41	MESKINE BAPTIST HOSPITAL MAROUA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
TOTAL		154	308	7804	51933	7	42	18	174	83	312	185	1980	1760	1907	1358	4415	3404	7819	19	76	1245	7831	6	0	3	2	15	9	41	32	206	102	425	410	690	555	1245		

Appendix 5- Medical Wards

SN	FACILITY	# STAFF	NUMBER OF BEDS	ADM	HOSP.DAY	AVERAGE STAY	MEDICAL WARDS													TOTAL		TOTAL
							<1		1-5		6-15		16-45		46+							
							M	F	M	F	M	F	M	F	M	F	M	F				
1	BANSO BAPTIST HOSPITAL	47	141	1,076	11,476	11	0	1	2	1	1	0	202	179	356	334	561	515	1,076			
2	BANGOLAN BAPTIST HEALTH CENTER	7	23	443	886	2	24	19	35	35	25	34	35	166	29	41	148	295	443			
3	DUNGER BAPTIST HOSPITAL MBEM	4	20	361	1,437	4	19	21	26	36	41	47	39	41	41	50	166	195	361			
4	JKIJEM BAPTIST HOSPITAL	14	21	604	2,645	4	0	0	0	0	0	0	108	194	127	175	235	369	604			
5	LASSIN BAPTIST HEALTH CENTER	4	8	614	1,119	2	14	12	67	64	70	86	35	137	44	77	230	376	606			
6	NDU BAPTIST HOSPITAL	9	24	1,145	4,019	4	28	35	42	52	44	31	162	235	222	294	498	647	1,145			
7	NGEPTANG BAPTIST HEALTH CENTER	4	12	333	1,091	3	10	6	35	26	26	37	23	73	37	60	131	202	333			
8	NWAT BAPTIST HEALTH CENTER	2	18	332	719	2	31	15	37	38	16	23	30	69	26	47	140	192	332			
9	ROMKONG BAPTIST HEALTH CENTER	2	11	133	337	3	1	3	9	11	2	4	16	35	20	32	48	85	133			
10	MBINGO BAPTIST HOSPITAL	95	141	2,088	20,524	10	25	24	30	21	40	25	456	427	571	545	1,122	1,042	2,164			
11	AKEH BAPTIST HEALTH CENTER	5	13	285	566	2	1	8	5	14	23	18	53	65	16	27	98	132	230			
12	BELO BAPTIST HEALTH CENTER	8	28	284	711	3	16	4	23	14	10	8	22	59	15	33	86	118	204			
13	FINKWI BAPTIST HEALTH CENTER	11	14	735	1,583	2	20	22	36	31	41	39	86	201	50	120	233	413	646			
14	KWIGHE BAPTIST HEALTH CENTER	5	13	413	922	2	5	4	17	29	20	24	63	104	27	61	132	222	354			
15	SABGA BAPTIST HEALTH CENTER	10	18	951	2,133	2	6	7	45	74	42	48	136	212	128	253	357	594	951			
16	BAPTIST HOSPITAL MUTENGNE	45	37	1,886	8,194	4	0	0	0	0	0	0	472	506	424	484	896	990	1,886			
17	BAFIA BAPTIST HEALTH CENTER	4	4	171	331	2	5	3	21	16	7	5	27	55	16	16	76	95	171			
18	EKONDOTITI BAPTIST HEALTH CENTER	6	14	398	778	2	10	13	30	38	30	34	56	146	21	20	147	251	398			
19	KUMBA BAPTIST HOSPITAL	13	25	1,401	2,800	2	0	0	0	0	6	3	314	496	252	319	572	818	1,390			
20	BAPTIST HOSPITAL BANYO	16	24	645	2,028	3	22	26	39	23	39	28	98	153	102	115	300	345	645			
21	ALLAT BAPTIST HEALTH CENTER	4	10	484	1,141	2	33	32	55	46	16	19	28	165	38	52	170	314	484			
22	NYAMBOYA BAPTIST HEALTH CENTER	6	18	691	1,570	2	33	38	32	62	39	49	71	171	102	94	277	414	691			
23	SARKIBAKA BAPTIST HEALTH CENTER	6	13	437	1,263	3	14	18	31	44	17	27	60	133	55	38	177	260	437			
24	TIBATI BAPTIST HEALTH CENTER	4	6	203	648	3	10	5	14	14	8	11	38	67	20	16	90	113	203			
25	MBOPPI BAPTIST HOSPITAL DOUALA	24	28	1,498	5,922	4	0	0	0	0	0	0	315	374	323	486	638	860	1,498			
26	BONABERI BAPTIST HOSPITAL	15	22	1,237	3,567	3	0	0	1	1	12	16	323	463	164	257	500	737	1,237			
27	KRIBI BAPTIST HEALTH CENTER	6	26	779	1,930	2	37	31	109	86	67	51	130	181	36	51	379	400	779			
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	19	20	1,411	3,940	3	29	33	76	69	92	105	192	404	189	222	578	833	1,411			
29	EKOUMDOUM BAPTIST HOSPIAL	21	11	1,289	3,507	3	38	31	153	131	92	78	180	251	140	195	603	686	1,289			
30	NKOABANG BAPTIST HEALTH CENTER	13	103	1,287	1,888	1	57	47	173	163	79	85	151	335	37	66	497	696	1,193			
31	VOUNDOU BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32	BAFOUSSAM BAPTIST HOSPITAL	30	69	1,440	5,781	4	0	0	1	0	3	0	354	310	313	454	671	764	1,435			
33	BAYANGAM BAPTIST HEALTH CENTER	2	6	111	279	3	1	0	10	1	15	1	18	30	14	27	58	59	117			
34	KOUHOUAT BAPTIST HEALTH CENTER	0	22	430	1,084	3	0	0	0	0	0	0	49	243	49	89	98	332	430			
35	KOUSAM BAPTIST HEALTH CENTER	4	8	201	367	2	11	4	23	15	6	16	27	63	14	26	81	124	205			
36	NGOUNSO BAPITIST HOSPITAL	35	16	601	2,318	4	0	1	10	7	6	11	109	195	142	119	267	333	600			
37	MAKENENE BAPITIST HEALTH CENTER	9	5	255	452	2	5	3	26	31	10	18	47	65	24	26	112	143	255			
37	NKWEN BAPTIST HOSPITAL	28	62	2,266	11,217	5	0	2	1	3	3	7	457	549	524	720	985	1,281	2,266			
38	ASHONG BAPTIST HEALTH CENTER	0	19	832	2,490	3	16	14	61	60	69	45	105	237	59	166	310	522	832			
39	MAMFE BAPTIST HEALTH CENTER	6	8	575	879	2	15	13	89	80	53	48	51	124	29	74	237	339	576			
40	NDEBAYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
41	MESKINE BAPTIST HOSPITAL MAROUA	22	66	1,967	7,428	4	0	0	1	0	0	7	485	436	577	454	1,063	897	1,960			
	TOTAL	565	1,147	32,292	121,970	4	536	495	1,365	1,336	1,070	1,088	5,623	8,349	5,373	6,735	13,967	18,003	31,970			

Appendix 6 – Maternal Child Health (MCH)

SN	FACILITY	ANTENATAL CLINIC						DELIVERIES (BIRTHS)								DELIVERIES WITH OBSTETRIC COMPLICATIONS					
		NEW- ANC 1	OLD- ANC 2 & 3	OLD- ANC 4 & ABOVE	TOTAL ANC	Number of pregnant women who received first dose of Fansida (IPT)	Number of pregnant women who received the third dose of Fansida (Complete IPT)	NORMAL BIRTHS	DIFFICULT BIRTHS	C- SECTIONS BIRTHS	TOTAL BIRTHS	STILL BIRTHS (\$B)	ABORTIONS (MISCARRIAGES)	BIRTH WEIGHT MORE THAN 4500G	LIVE BIRTHS (TOT BIRTHS - \$B)	HAEMORRHAGE	DYSTOCIA	PRE- ECLAMPSIA / ECLAMPSIA	UTERINE RUPTURE	PUERPERAL INFECTION	MATERNAL DEATHS RECORDED
1	BANSO BAPTIST HOSPITAL	324	970	723	2,017	240	513	240	0	192	432	13	13	0	419	59	0	3	2	2	0
2	BANGOLAN BAPTIST HEALTH CENTER	189	367	131	687	181	94	205	18	0	223	1	3	1	222	14	18	0	0	0	0
3	DUNGER BAPTIST HOSPITAL MBEM	74	154	106	334	45	40	58	0	0	58	0	1	0	58	0	0	0	0	0	0
4	JIJIEM BAPTIST HOSPITAL	279	551	683	1,513	181	116	177	67	87	331	7	2	44	324	18	11	5	0	0	0
5	LASSIN BAPTIST HEALTH CENTER	77	117	84	278	54	30	54	4	0	58	2	0	0	56	1	1	0	0	0	0
6	NDU BAPTIST HOSPITAL	103	183	107	393	80	66	61	0	0	61	1	0	0	60	0	0	0	0	0	0
7	NGEPTANG BAPTIST HEALTH CENTER	103	183	107	393	80	66	61	0	0	61	1	0	0	60	0	0	0	0	0	0
8	NWAT BAPTIST HEALTH CENTER	88	123	71	282	101	71	94	2	0	96	3	10	0	93	12	0	0	0	0	0
9	ROMKONG BAPTIST HEALTH CENTER	49	120	127	296	49	28	47	6	0	53	0	6	3	53	0	0	0	0	0	0
10	MBINGO BAPTIST HOSPITAL	133	281	446	860	125	92	206	9	127	342	17	13	7	325	28	23	4	1	12	2
11	AKEH BAPTIST HEALTH CENTER	83	126	131	340	56	14	59	0	0	59	0	0	4	59	0	0	0	0	0	0
12	BELO BAPTIST HEALTH CENTER	183	377	261	821	162	48	110	28	0	138	0	0	6	138	5	13	0	0	0	0
13	FINKWI BAPTIST HEALTH CENTER	145	347	274	766	98	17	124	25	15	164	6	3	4	158	6	4	0	0	2	0
14	KWIGHE BAPTIST HEALTH CENTER	92	150	186	428	92	55	35	1	0	36	0	1	4	36	1	1	0	0	0	0
15	SABGA BAPTIST HEALTH CENTER	153	244	152	549	117	120	68	31	34	133	0	6	4	133	3	44	0	0	0	0
16	BAPTIST HOSPITAL MUTENGENE	1,023	1,883	1,430	4,336	663	448	523	1	514	1,038	10	60	96	1,028	13	20	26	4	0	0
17	BAFIA BAPTIST HEALTH CENTER	85	117	64	266	85	66	7	0	0	7	1	0	0	6	0	0	0	0	0	0
18	EKONDOTITI BAPTIST HEALTH CENTER	63	127	111	301	50	37	28	0	0	28	2	0	0	26	1	0	0	0	0	0
19	KUMBA BAPTIST HOSPITAL	951	1,191	1,950	4,092	739	340	316	10	132	458	11	58	1	447	50	24	13	2	3	0
20	BAPTIST HOSPITAL BANYO	78	134	131	343	67	70	104	8	81	193	13	2	0	180	12	30	4	2	1	2
21	ALLAT BAPTIST HEALTH CENTER	345	461	134	940	319	129	243	4	0	247	3	4	1	244	2	0	3	0	0	0
22	NYAMBOYA BAPTIST HEALTH CENTER	362	473	320	1,155	311	185	276	0	0	276	7	8	4	269	15	0	0	1	0	0
23	SARKIBAKA BAPTIST HEALTH CENTER	166	251	135	552	154	74	127	1	0	128	2	1	0	126	8	0	0	0	1	0
24	TIBATI BAPTIST HEALTH CENTER	91	112	21	224	87	38	69	1	0	70	0	0	0	70	1	0	0	0	0	0
25	MBOPPI BAPTIST HOSPITAL DOUALA	2,746	5,342	7,810	15,898	2,123	1,505	1,563	275	1,052	2,890	50	57	148	2,840	127	103	95	2	18	2
26	BONABERI BAPTIST HOSPITAL	1,913	3,328	5,560	10,801	1,250	1,215	751	113	306	1,170	9	49	6	1,161	62	118	13	0	0	0
27	KRIBI BAPTIST HEALTH CENTER	493	815	773	2,081	475	269	356	2	0	358	10	0	38	348	0	0	1	0	0	1
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	2,051	3,574	5,616	11,241	1,769	1,531	886	11	73	970	6	16	13	964	16	25	3	1	1	0
29	EKOUIMDOUM BAPTIST HOSPITAL	1,261	2,160	3,000	6,421	932	684	1,030	76	386	1,492	24	58	5	1,468	67	92	16	0	1	2
30	NKOABANG BAPTIST HEALTH CENTER	703	1,098	979	2,780	659	407	218	69	0	287	1	40	1	286	9	23	0	0	0	0
31	VOUNDOU BAPTIST HEALTH CENTER	299	411	285	995	238	97	175	8	0	183	3	20	0	180	7	0	0	0	0	0
32	BAFOUSSAM BAPTIST HOSPITAL	1,025	1,719	1,280	4,024	903	1,637	689	4	239	932	16	75	10	916	4	0	9	2	0	2
33	BAYANGAM BAPTIST HEALTH CENTER	22	41	8	71	16	9	13	0	0	13	0	1	0	13	0	0	0	0	0	0
34	KOUHOUAT BAPTIST HEALTH CENTER	222	314	374	910	187	72	117	8	0	125	0	3	0	125	14	2	2	0	0	0
35	KOUSAM BAPTIST HEALTH CENTER	73	59	34	166	42	9	34	0	0	34	1	1	0	33	1	0	0	0	0	0
36	NGOUNSO BAPTIST HOSPITAL	453	637	737	1,827	412	404	190	3	116	309	15	13	25	294	27	2	2	1	3	0
37	MAKENENE BAPTIST HEALTH CENTER	61	111	37	209	49	29	28	4	0	32	0	6	0	32	5	1	0	0	0	0
37	NKWEN BAPTIST HOSPITAL	1,186	3,163	1,503	5,852	877	625	461	103	432	996	18	71	7	978	44	20	9	0	2	1
38	ASHONG BAPTIST HEALTH CENTER	74	89	48	211	75	36	20	0	0	20	0	1	0	20	0	0	0	0	0	0
39	MAMFE BAPTIST HEALTH CENTER	70	95	61	226	46	62	14	3	0	17	1	3	0	16	0	2	0	0	0	0
40	NDEBAYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	MESKINE BAPTIST HOSPITAL MAROUA	37	57	84	178	32	68	129	214	134	477	22	111	5	455	80	308	23	0	27	3
	TOTAL	17,928	32,055	36,074	86,057	14,221	11,416	9,966	1,109	3,920	14,995	276	716	437	14,719	712	885	231	18	73	15

Appendix 7 – Immunization

SN	FACILITY	IMMUNIZATION / VACCINATION																										
		Meningitis	BCG	Oral Polio 0	Oral Polio 1	Oral Polio 2	Oral Polio 3	Injectable Polio Vaccine (IPV)	Penta 1	Penta 2	Penta 3	PCV13 1	PCV13 2	PCV13 3	Rotarix 1	Rotarix 2	Measles	Yellow Fever	Anti Tetanus Diphtheria 1	Anti Tetanus Diphtheria 2	Anti Tetanus Diphtheria 3	HPV 1	HPV 2	HPV 3	Vitamin A 6 - 11 months	Vitamin A 12 +++	Vitamin A Post Partum	Hepatitis B
1	BANSO BAPTIST HOSPITAL	0	332	278	249	253	235	235	249	252	235	249	252	235	249	263	285	263	186	140	95	0	0	0	122	17	230	614
2	BANGOLAN BAPTIST HEALTH CENTER	0	213	241	180	151	121	121	180	151	121	156	131	105	168	139	86	86	150	116	1	12	2	0	100	4	207	8
3	DUNGER BAPTIST HOSPITAL MBEM	0	110	75	92	75	60	0	92	159	56	92	75	61	72	62	79	79	28	21	11	0	0	0	68	7	40	0
4	JIKUJEM BAPTIST HOSPITAL	13	241	241	219	202	123	146	205	185	157	217	202	170	205	184	199	196	147	83	29	0	0	0	1,057	59	298	6
5	LASSIN BAPTIST HEALTH CENTER	0	58	58	45	43	41	40	51	56	48	50	56	48	51	55	64	67	17	12	12	5	3	0	47	35	53	0
6	NDU BAPTIST HOSPITAL	0	131	131	99	73	66	39	99	73	66	96	73	67	88	82	97	65	34	40	10	23	15	16	18	14	0	0
7	NGEPTANG BAPTIST HEALTH CENTER	0	131	131	99	73	66	39	99	73	66	96	73	67	88	82	97	65	34	40	10	23	15	16	18	14	0	0
8	NWAT BAPTIST HEALTH CENTER	0	46	57	59	41	59	62	72	52	72	73	53	60	66	62	23	20	79	50	15	7	6	12	27	20	33	23
9	ROMKONG BAPTIST HEALTH CENTER	0	66	54	48	52	44	36	48	52	44	48	52	44	48	51	66	66	23	19	2	16	0	0	31	74	50	7
10	MBINGO BAPTIST HOSPITAL	0	191	270	109	114	116	113	109	114	116	109	114	116	100	101	98	98	53	33	22	24	23	1	77	57	188	103
11	AKEH BAPTIST HEALTH CENTER	0	60	70	63	67	56	29	63	69	56	63	69	56	63	69	76	70	49	50	20	56	46	27	87	45	42	1
12	BELO BAPTIST HEALTH CENTER	0	133	145	135	218	146	134	126	155	157	126	155	139	144	135	93	93	73	39	18	9	7	0	123	38	114	23
13	FINKWI BAPTIST HEALTH CENTER	0	149	151	118	119	105	105	118	119	114	111	117	114	111	117	90	83	74	42	23	3	0	0	101	17	65	38
14	KWIGHE BAPTIST HEALTH CENTER	0	97	78	100	100	104	109	109	108	112	109	108	109	110	108	119	89	58	41	17	0	0	0	52	19	32	9
15	SABGA BAPTIST HEALTH CENTER	0	119	135	92	87	66	36	91	87	66	91	85	66	91	87	103	76	30	12	9	14	0	0	69	31	144	8
16	BAPTIST HOSPITAL MUTENGENE	0	901	768	515	459	451	534	631	566	581	622	576	577	630	574	755	438	340	166	126	603	176	48	457	392	412	0
17	BAFIA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	14	0
18	EKONDOTITI BAPTIST HEALTH CENTER	0	31	38	50	43	41	43	47	40	53	44	39	50	43	43	71	63	8	5	4	0	0	0	41	7	33	1
19	KUMBA BAPTIST HOSPITAL	0	573	565	419	553	442	501	616	520	499	621	633	499	616	525	481	388	456	181	72	368	84	1	569	1,432	880	54
20	BAPTIST HOSPITAL BANYO	0	171	193	135	125	100	100	135	125	100	135	125	100	135	123	128	98	59	57	29	81	11	0	142	111	222	57
21	ALLAT BAPTIST HEALTH CENTER	0	371	381	462	427	417	387	462	427	417	462	427	417	404	417	469	440	108	102	27	0	0	0	105	92	208	0
22	NYAMBOYA BAPTIST HEALTH CENTER	0	142	181	187	168	172	181	190	174	181	190	179	181	190	174	168	160	229	172	125	0	0	0	177	8	268	0
23	SARKIBAKA BAPTIST HEALTH CENTER	0	127	142	164	140	130	130	164	140	130	164	140	130	164	140	65	66	58	64	30	0	0	0	132	43	137	1
24	TIBATI BAPTIST HEALTH CENTER	0	41	71	64	56	42	42	64	56	42	64	56	42	61	56	59	58	75	43	18	0	0	0	31	18	64	1
25	MBOPPI BAPTIST HOSPITAL DOUALA	237	1,812	1,788	1,476	1,374	1,320	1,436	1,620	1,466	1,402	1,646	1,487	1,477	1,587	1,476	1,406	1,338	825	623	476	464	54	0	1,713	1,140	4,422	572
26	BONABERI BAPTIST HOSPITAL	0	1,004	812	938	991	879	1,004	1,054	1,139	1,004	1,059	1,139	979	975	1,017	1,137	935	608	345	155	118	19	0	891	467	2,168	2
27	KRIBI BAPTIST HEALTH CENTER	0	283	210	413	441	385	385	414	442	375	413	441	385	349	398	422	201	269	163	18	0	0	0	347	1,014	352	14
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	12	1,467	1,103	935	807	773	1,278	1,311	1,267	1,295	1,166	1,109	1,186	974	860	1,312	1,287	919	873	322	72	1	0	1,204	1,061	213	1,426
29	EKOUMDOUM BAPTIST HOSPIAL	44	1,028	843	686	606	538	699	869	841	746	692	632	486	865	836	677	677	529	375	115	0	0	0	698	635	1,264	197
30	NKOABANG BAPTIST HEALTH CENTER	0	273	174	224	220	202	261	260	276	279	246	237	267	219	206	306	228	181	69	32	0	0	33	252	77	256	126
31	VOUNDOU BAPTIST HEALTH CENTER	0	144	144	170	158	143	127	170	158	143	170	158	143	170	158	119	99	165	117	65	389	7	0	78	20	154	21
32	BAFOUSSAM BAPTIST HOSPITAL	0	395	440	513	491	456	541	544	525	512	546	525	508	405	352	390	348	211	119	35	0	0	0	499	138	476	19
33	BAYANGAM BAPTIST HEALTH CENTER	0	0	0	5	7	9	6	5	7	8	0	4	3	5	7	0	0	2	2	0	0	0	0	6	1	15	0
34	KOUHOUAT BAPTIST HEALTH CENTER	0	115	121	104	82	68	75	119	87	75	72	66	50	108	73	75	50	116	76	6	6	12	6	50	2	93	1
35	KOUSAM BAPTIST HEALTH CENTER	0	36	30	45	30	33	30	45	30	33	45	30	33	40	26	16	16	70	49	32	0	0	0	18	0	28	0
36	NGOUNSO BAPTIST HOSPITAL	0	136	97	129	120	109	115	145	131	117	145	138	118	123	101	82	80	199	126	45	759	335	12	61	4	20	47
37	MAKENENE BAPTIST HEALTH CENTER	14	19	36	7	4	5	8	22	12	7	14	11	5	18	7	0	0	3	1	0	0	0	0	2	0	24	1
37	NKWEN BAPTIST HOSPITAL	0	985	681	800	822	790	835	873	858	834	872	857	834	825	823	1,019	649	551	501	253	235	58	1	915	840	999	340
38	ASHONG BAPTIST HEALTH CENTER	0	89	77	52	52	28	28	52	47	27	52	47	29	52	47	40	40	32	16	0	0	0	0	30	5	50	0
39	MAMFE BAPTIST HEALTH CENTER	0	36	19	29	36	29	33	34	32	29	35	33	30	35	33	26	22	7	3	5	0	2	0	54	112	12	1
40	NDEBAYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	MESKINE BAPTIST HOSPITAL MAROUA	0	198	133	148	135	121	151	180	166	151	180	167	151	129	119	156	137	9	11	6	4	4	0	180	87	468	0
TOTAL		320	12,454	11,162	10,377	10,015	9,091	10,174	11,737	11,237	10,526	11,341	10,871	10,137	10,776	10,188	10,954	9,234	7,064	4,997	2,290	3,291	880	173	10,649	8,165	14,748	3,721

Appendix 8 – Surgeries, Notifiable Diseases and HIV Screening

SN	FACILITY	SURGERIES									NOTIFIABLE DISEASE											HIV SCREENING			
		OBSTETRICS AND GYNAECOLOGY (OB/GYN)	EYE SURGERY	GENERAL SURGERY	ORTHOPEADIC	UROLOGY	EAR, NOSE AND THROAT (ENT)	TOTAL MAJOR SURGERIES	TOTAL MINOR SURGERIES	TOTAL SURGERIES	NEONATAL TETANUS	LEPROSY	YELLOW FEVER	CEREBROSPINAL MENINGITIS	HUMAN RABIES	TUBERCULOSIS	CHOLERA	TYPHOID FEVER	POLIOMYELITIS	MEASLES	COVID-19	BLOOD DONORS SCREENED		PATIENTS SCREENED	
																						HIV+	HIV-	HIV+	HIV-
1	BANSO BAPTIST HOSPITAL	328	47	839	144	43	10	1,411	18	1,429	1	9	8	8	4	567	17	11,778	7	0	1,167	208	9,989	2,314	75,756
2	BANGOLAN BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41	0	51	0	0	37	3	321	62	2,512
3	DUNGER BAPTIST HOSPITAL MBEM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	194	0	0	0	0	8	6	339
4	JIKIJEM BAPTIST HOSPITAL	166	10	372	0	1	7	556	124	680	0	0	0	0	0	0	0	0	0	0	0	0	8	2	58
5	LASSIN BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	48	24	737
6	NDU BAPTIST HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4	0	19	7	167
7	NGEPTANG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	197	0	0	100	2	53	32	736
8	NWAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	32
9	ROMKONG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	4	26	16	116
10	MBINGO BAPTIST HOSPITAL	465	380	7,756	651	236	519	10,007	615	10,622	0	0	0	0	0	0	0	13	0	0	11	0	6	3	168
11	AKEH BAPTISH HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	9	0	2	0	99	0	21	0	0	315	14	2,048	90	2,686
12	BELO BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	8	162
13	FINKWI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0	0	9	411
14	KWIGHE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	94	0	0	4	0	10	61	775
15	SABGA BAPTIST HEALTH CENTER	91	3	43	1	0	43	181	130	311	0	0	0	0	0	0	0	0	0	0	38	0	0	0	275
16	BAPTIST HOSPITAL MUTENGENE	444	77	1,974	1,919	26	88	4,528	1,515	6,043	0	0	0	0	0	0	0	0	0	0	2	1	33	16	540
17	BAFIA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	1	0	0	75	14	476	0	0	25	114	2,481	324	7,735
18	EKONDOTITI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	171	0	0	0	0	6	6	92
19	KUMBA BAPTIST HOSPITAL	495	0	376	0	0	1	872	188	1,060	0	0	0	0	0	0	0	183	0	0	0	0	13	31	396
20	BAPTIST HOSPISTAL BANYO	132	0	493	165	24	15	829	33	862	0	0	0	0	0	41	2	317	0	0	67	1	296	139	7,124
21	ALLAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	84	0	0	15	0	164	47	831
22	NYAMBOYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	179	0	0	9	1	124	8	727
23	SARKIBAKA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	15	0	0	4	0	133	32	967
24	TIBATI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	67	12	394
25	MBOPPI BAPTIST HOSPITAL	1,473	0	2,281	398	96	51	4,299	403	4,702	0	0	0	0	0	0	0	46	7	0	2	0	84	20	355
26	BONABERI BAPTIST HOSPITAL	369	0	624	0	121	33	1,147	327	1,474	0	0	0	0	0	91	0	2,139	0	0	39	10	916	306	14,168
27	KRIBI BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,403	0	0	62	0	0	204	4,035
28	ETOUG-EBE BAPTIST HOSPITAL YAOUNDE	99	0	384	1	0	7	491	4	495	0	0	0	0	0	0	0	98	0	0	0	0	49	57	1,023
29	EKOUMDOUM BAPTIST HOSPIAL	417	135	241	21	4	0	818	39	857	0	0	0	0	0	93	0	1,857	0	0	72	2	230	198	9,445
30	NKOABANG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	1	667	0	0	51	3	357	156	3,732
31	VOUNDU BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	710	0	0	3	14	256	103	1,694
32	BAFOUSSAM BAPTIST HOSPITAL	338	1	2,050	54	483	251	3,177	691	3,868	0	0	0	0	0	0	0	0	0	0	0	1	178	26	511
33	BAYANGAM BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	998	0	0	86	1	558	86	2,497
34	KOUHOUAT BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	41
35	KOUSAM BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	1	0	0	0	0	5	0	331	0	0	61	0	21	11	391
36	NGOUNSO BAPITIST HOSPITAL	129	0	234	12	10	10	395	14	409	0	0	0	0	0	0	0	133	0	0	0	0	0	0	0
37	MAKENENE BAPITIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	6	0	9	0	521	0	0	22	0	359	17	964
37	NKWE BAPTIST HOSPITAL	387	266	1,248	278	407	109	2,695	267	2,962	0	0	0	0	0	0	0	0	0	0	0	0	0	7	35
38	ASHONG BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	35	
39	MAMFE BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	7	0	0	85	0	0	746	0	0	89	37	1,077	154	8,424
40	NDEBAYA BAPTIST HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	120	0	0	14	0	13	15	159
41	MESKINE BAPTIST HOSPITAL MAROUA	193	0	664	121	68	39	1,085	9	1,094	0	0	0	0	0	0	0	0	0	0	0	0	26	11	267
	TOTAL	5,526	919	19,579	3,765	1,519	1,183	32,491	4,377	36,868	1	9	8	8	4	567	17	11,778	7	0	1,167	208	9,989	2,314	75,756

Appendix 9 – Departments

SN	FACILITY	DEPARTMENTS - PATIENTS SEEN														
		EYE	X-RAY	ULTRASOUND	PT	DENTAL	LABORATORY	PHARMACY	CHAPLAINCY	SOCIAL SERVICE	NUTRITION	ENT	MENTAL	WHP	ENDOSCOPY	CT-SCAN
1	BANSO BAPTIST HOSPITAL	124,647	24,482	95,697	48,803	50,234	582,820	976,225	61,993	60,622	28,744	22,186	14,272	47,828	2,207	1,713
2	BANGOLAN BAPTIST HEALTH CENTER	4,982	1,744	4,732	3,124	3,861	15,830	41,208	7,091	7,588	1,419	996	1,062	917		
3	DUNGER BAPTIST HOSPITAL MBEM				0		3,103	4,692	1,175					0		
4	JIKIJEM BAPTIST HOSPITAL	3,193		1,164	0		1,349	2,747	711					0		
5	LASSIN BAPTIST HEALTH CENTER				0		5,377	8,344	777					157		
6	NDU BAPTIST HOSPITAL				0		2,627	4,182	0					0		
7	NGEPTANG BAPTIST HEALTH CENTER	2,724	29	2,017	1,340	975	8,654	17,213	1,480	424	1,670		45	21		
8	NWAT BAPTIST HEALTH CENTER				0		1,421	2,596	0					21		
9	ROMKONG BAPTIST HEALTH CENTER				0		1,614	2,321	0					118		
10	MBINGO BAPTIST HOSPITAL				0		891	1,766	0					0		
11	AKEH BAPTIST HEALTH CENTER	7,756	5,279	7,501	2,883	1,396	32,756	34,360	12,667	10,062	692	2,296	5,588	3,068	1,418	1,713
12	BELO BAPTIST HEALTH CENTER				0		715	1,976	0					5		
13	FINKWI BAPTIST HEALTH CENTER				0		1,596	4,326	0					10		
14	KWIGHE BAPTIST HEALTH CENTER				0		3,931	6,965	0					0		
15	SABGA BAPTIST HEALTH CENTER				0		1,481	2,980	0					0		
16	BAPTIST HOSPITAL MUTENGENE	1,040		1,270	702		4,816	8,249	1,495		644			884		
17	BAFIA BAPTIST HEALTH CENTER	15,113	565	890	5,550	5,170	37,023	108,212	4,322	8,267	2,114	2,323	0	2,837		
18	EKONDOTITI BAPTIST HEALTH CENTER				0		1,221	2,034	0					71		
19	KUMBA BAPTIST HOSPITAL				0		2,564	3,137	0					37		
20	BAPTIST HOSPITAL BANYO	3,922		4,831	1,704	101	29,036	39,233	539	2,286	4,150		0	2,192		
21	ALLAT BAPTIST HEALTH CENTER	554	746	1,363	1,377	447	5,349	7,422	964	1,349	776			328		
22	NYAMBOYA BAPTIST HEALTH CENTER				0		2,682	3,080	0					30		
23	SARKIBAKA BAPTIST HEALTH CENTER				0		3,308	4,372	0					0		
24	TIBATI BAPTIST HEALTH CENTER				0		1,697	2,759	0					7		
25	MBOPPI BAPTIST HOSPITAL				147		2,054	2,646	0					0		
26	BONABERI BAPTIST HOSPITAL	20,939	3,258	13,547	6,239	6,419	120,749	188,335	4,742	3,609	6,406	605	1,257	15,012	789	
27	KRIBI BAPTIST HEALTH CENTER	6,374		9,465	1,751	3,231	49,224	57,677	1,093	3,032	2,059		0	3,718		
28	ETOUG-EBE BAPTIST HOSPITAL	3,103		1,728	855	915	10,843	18,394	221	993	0			3,108		
29	EKOUMDOUM BAPTIST HOSPITAL	19,530		7,987	2,940	11,349	53,137	101,779	1,807	4,244	1,659	6,888	0	2,574		
30	NKOA BANG BAPTIST HEALTH CENTER	10,334	1,925	6,589	3,030	4,125	27,684	46,089	1,707	930	2,205		748	1,966		
31	VOUNDOU BAPTIST HEALTH CENTER	2,422		1,807	549		14,210	17,699	552	0	711			334		
32	BAFOUSSAM BAPTIST HOSPITAL	589		1,085	0		5,046	7,101	0		95			1,055		
33	BAYANGAM BAPTIST HEALTH CENTER	998	1,686	7,056	5,666	3,049	28,941	46,417	2,536	2,489	985	2,404		3,037		
34	KOUHOUAT BAPTIST HEALTH CENTER				0		1,230	1,924	0					21		
35	KOUSAM BAPTIST HEALTH CENTER	555			0		6,513	7,287	480		0			39		
36	NGOUNSO BAPTIST HOSPITAL				0		1,301	3,422	0					0		
37	MAKENENE BAPTIST HEALTH CENTER	1,405		1,924	1,342		12,522	12,059	420		845			0		
38	NKWEN BAPTIST HOSPITAL				551		1,803	2,548	0					5,540		
39	ASHONG BAPTIST HEALTH CENTER	14,339	6,072	13,950	7,379	8,186	51,522	113,494	14,437	14,592	1,614	6,674	5,572	6		
40	MAMFE BAPTIST HEALTH CENTER				0		2,830	5,377	1,226					208		
41	NDEBAYA BAPTIST HEALTH CENTER	2,630			0		4,503	8,616	0					0		
42	MESKINE BAPTIST HOSPITAL MAROUA				0		0	0	0					507		
43	TOTAL	2,145	3,178	6,791	1,674	1,010	19,667	21,187	1,551	757	700					
44		124,647	24,482	95,697	48,803	50,234	582,820	976,225	61,993	60,622	28,744	22,186	14,272	47,828	2,207	1,713

Appendix 10- Deaths

SN	FACILITY	MEDICAL										SURGICAL - GENERAL										PEDIATRIC										MATERNAL										TOTAL		G. TOTAL			
		<1		1 - 5		6 - 15		16-45		46++		<1		1 - 5		6 - 15		16-45		46++		<1		1 - 5		6 - 15		16-45		46++		<1		1 - 5		6 - 15		16-45		46++							
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				M	F	
1	BANSO BAPTIST HOSPITAL							16	10	45	30							1	1	7	3	3	2	2	2	3	1																	77	49	126	
2	BANGOLAN BAPTIST HEALTH CENTER																																										0	0	0		
3	DUNGER BAPTIST HOSPITAL MBEM									1																																	1	0	1		
4	JKIJEM BAPTIST HOSPITAL							6	2		10											4	3	0	1	1																	11	16	27		
5	LASSIN BAPTIST HEALTH CENTER							1	1	1																																2	1	3			
6	NDU BAPTIST HOSPITAL							3	4	2	22	16						1				2	2	2	1	1																	32	24	56		
7	NGEPTANG BAPTIST HEALTH CENTER									1		3																															0	4	4		
8	NWAT BAPTIST HEALTH CENTER																																										0	0	0		
9	ROMKONG BAPTIST HEALTH CENTER										1																																0	1	1		
10	MBINGO BAPTIST HOSPITAL							40	41	51	29											16	11	25	16	14	7	16	6	11	12													173	125	298	
11	AKEH BAPTISH HEALTH CENTER																																										0	0	0		
12	BELO BAPTIST HEALTH CENTER									2																																	0	2	2		
13	FINKWI BAPTIST HEALTH CENTER																					2		2																		4	3	7			
14	KWIGHE BAPTIST HEALTH CENTER																																										0	0	0		
15	SABGA BAPTIST HEALTH CENTER							8	6	10	5																																18	11	29		
16	BAPTIST HOSPITAL MUTENGNE							39	30	38	32							12	2	9	5	8	7	7	4	5	4	2	4													1	120	89	209		
17	BAFIA BAPTIST HEALTH CENTER					1																																					0	1	1		
18	EKONDOTITI BAPTIST HEALTH CENTER									1		1																															0	2	2		
19	KUMBA BAPTIST HOSPITAL							2	3																																		2	3	5		
20	BAPTIST HOSPISTAL BANYO							3	3	3																																2	6	5	11		
21	ALLAT BAPTIST HEALTH CENTER																										1																1	0	1		
22	NYAMBOYA BAPTIST HEALTH CENTER							2																			1	1															3	1	4		
23	SARKIBAKA BAPTIST HEALTH CENTER							3	2													1	1	1				1															5	4	9		
24	TIBATI BAPTIST HEALTH CENTER																																										1	0	1		
25	MBOPPI BAPTIST HOSPITAL							9	2	14	15									1	1	22	25	8	4	2	2															3	56	52	108		
26	BONABERI BAPTIST HOSPITAL							4	8	3	8											6	6	1	7	0	2															0	14	31	45		
27	KRIBI BAPTIST HEALTH CENTER																																										1	0	1		
28	ETOUG-EBE BAPTIST HOSPITAL										3											0	1	0	1	0	1																0	6	6		
29	EKOUMDOUM BAPTIST HOSPIAL									3	0	2																														1	0	6	6		
30	NKOABANG BAPTIST HEALTH CENTER										2																																0	2	2		
31	VOUNDOU BAPTIST HEALTH CENTER										2											1	0	1	1																		2	3	5		
32	BAFOUSSAM BAPTIST HOSPITAL							8	6	23	27											2	4	3	2	1	1															1	37	41	78		
33	BAYANGAM BAPTIST HEALTH CENTER																																										0	0	0		
34	KOUHOUAT BAPTIST HEALTH CENTER									1	2															1																	1	3	4		
35	KOUSAM BAPTIST HEALTH CENTER										1																																0	1	1		
36	NGOUNSO BAPITIST HOSPITAL							2	2	7	2							1		1		1	2	5	4	1																	18	10	28		
37	MAKENENE BAPITIST HEALTH CENTER																																										0	0	0		
37	NKWEN BAPTIST HOSPITAL							11	11	30	29											2				4	2	0	0	2	0												1	49	43	92	
38	ASHONG BAPTIST HEALTH CENTER																																										0	0	0		
39	MAMFE BAPTIST HEALTH CENTER																																										0	0	0		
40	NDEBAYA BAPTIST HEALTH CENTER																																										0	0	0		
41	MESKINE BAPTIST HOSPITAL MAROUA							25	13	36	25											8	6	8	5	4	2															2	81	53	134		
	TOTAL	0	0	0	1	0	3	183	149	285	245	0	0	0	0	0	0	0	0	0	0	33	14	43	25	78	68	57	39	33	27	2	7	0	0	0	0	0	0	0	0	15	0	0	714	593	1307