

# CAMEROON BAPTIST CONVENTION HEALTH BOARD



## ANNUAL REPORT, 2009

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**Prof. Tih Pius Muffih, LLB, MPH, PhD**

**Director of Health Services**

Cameroon Baptist Convention Health Board (CBCHB)

P.O. BOX 01, Bamenda; North West Region; Cameroon, Africa

Ph: (237) 77 76 47 81/ EMAIL: [piutih@cbchealthservices.org](mailto:piutih@cbchealthservices.org)

Website: [www.cbchealthservice.org](http://www.cbchealthservice.org)

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## **Mission Statement**

The Cameroon Baptist Convention Health Board 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 (Mathew 9: 35-36)

## **Acknowledgement**

The accomplishments presented in this report are the fruit of God's Mighty blessing of our health care system through our collaborative efforts with our patients, partners and friends who have supported us in prayers, material and finances. Special appreciations go to the HMIS team, Heads of service, and all CBCHB staff who worked together to come up with this report.

## CBCHB HOSPITALS



Bansa Baptist Hospital, 1949



Mbingo Baptist Hospital, 1952



Dungen Baptist Hospital, 1936



Baptist Hospital Mutengene, 1994



Banyo Baptist Hospital, 1999

## **A. ACTIVITY REPORT**

### **1. OVERVIEW**

The Cameroon Baptist Convention Health Board (CBCHB) is a non-profit, faith-based healthcare system, which started over 60 years ago in Mbem (a small village) in Donga/Mantung Division of the Northwest Region. It has over the years expanded into six of Cameroon's ten regions namely Northwest, Southwest, Center, West, Adamawa, and Littoral. The CBCHB provides holistic health care comprising of physical, spiritual, preventive and rehabilitation components. Services offered by the CBCHB range from community primary health care to highly specialized hospital-based care with an integration of other social services. The system comprises 5 hospitals, 25 Integrated Health Centers, 46 primary Health Centers, a pharmaceutical procurement and distribution department, a Private Training School for Health Personnel (PTSHP), a Center for Clinical Pastoral Education and Social Services (CECPES), two residency programs, Services for People with Disabilities and a comprehensive HIV and AIDS Care and Prevention program. The CBCHB works in partnership with national and international and non-governmental health care organizations, and funding agencies in Africa and other parts of the world that share in her vision. Apart from providing direct patient care services, the CBCHB institutions also provide opportunities for medical students and residents from Africa, Europe and America to gain experience and training in the field of Tropical medicines.

### **2. PRIVATE TRAINING SCHOOL FOR HEALTH PERSONNEL**

The CBCHB's Private Training School for Health Personnel (PTSHP), trains certified nurses, midwives, dental assistants; ophthalmic assistants, laboratory, pharmacy, x-ray, physiotherapy and primary health care technicians. The school also offers personnel of the Board screening courses and other specialized trainings. In 2009, the following courses were completed: 24 Advanced Practicing Nursing Assistants (APNA), 16 dental Assistants, 11 Laboratory Assistants, 13 Laboratory Auxiliaries, 30 pharmacy auxiliaries, and 50 Ward Auxiliaries currently in HB institutions for practical experience. Currently, the school is training 50 Nursing Assistants and 10 X-Ray assistants who started training in October 2009. Their graduation is due August 2010. Five Nurse Anaesthetist students are in their 3<sup>rd</sup> and final year of training in BBH and MBH for internship from September 2009 to September 2010. Several training courses are planned to commence in 2010. The school was involved in orientating externally trained Nurses and Midwives that the Board recruited.

### **3. LIFE ABUNDANT PRIMARY HEALTH CARE (LAP)**

LAP supervises 46 Primary Health Care Centres. In 2009, LAP empowered new local communities to administer and sustain a better health care to their people in their own environment. and culture. Twenty promoters received basic training while 44 Trained Birth Attendants (TBAs) were also provided a refresher training in PMTCT and MCH activities. Currently, 33 PHCs offer effective PMTCT services. Utilization of Voundou PHC in Yaoundé, Benade PHC in the Essimbi area and Bafia PHC in the South West Region increased significantly in 2009. The communities and churches in these places have been very supportive. LAP received and mentored four volunteers from Bread for the World in Germany who came to have experience in LAP Ministry.

#### **4. TECHNICAL SERVICES DEPARTMENT**

The department achieved over 60% of her planned activities. The department submitted proposals to HIPC office for six construction projects in Mboppi, Etoug-Ebe, Mutengene, Kumba, Nkwen and Bafoussam Baptist Health Centers. The restructuring of the department created the position of an operations manager. Mr. Mendah Ernest was appointed and installed as the pioneer Operations Manager on November 11, 2009. The department relocated to the rented building that has enough work space on 15<sup>th</sup> August 2009. Twenty one trainees were admitted in the apprenticeship program while 15 graduated. A total of 28 of the 60 enrolled trainees were awarded government scholarships this year. Mr. Nyuonguo Kenneth was appointed as the Dean of Studies for the apprenticeship training program.

#### **5. HEALTH CARE TECHNOLOGY UNIT**

The department provided services in the area of preventive maintenance, installation and repairs of some laboratory equipment in various institutions. The department also facilitated the purchase of some equipment, reagents and supplies for some CBCHB departments.

#### **6. CHAPLAINCY SERVICES**

##### **6.1. Spiritual Emphasis and medical day of prayers**

The 2009 Spiritual Emphasis took place in all CBCHB institutions as planned from August 24<sup>th</sup> to 26<sup>th</sup>, 2009 with Speakers drawn from both churches and chaplaincy pools. The theme for this year was: **Christians are connected for service in the body of Christ (1 Cor. 12:1-31)**. Prayer-days followed from the 27<sup>th</sup> to the 29<sup>th</sup>, and on 30<sup>th</sup> August 2009 Health Board workers went out to sensitize the churches on our various programs and services offered in CBCHB institutions.

##### **6.2. Community Counseling Clinic (CCC)**

The Community Counseling Clinic effectively started on March 24<sup>th</sup>, 2009 when it was launched. Service uptake is steadily increasing and most of the clients are responding well. Major challenges encountered include limited trained staff in various specialties, inadequate infrastructure and transport means.

##### **6.3. Clinical Pastoral Education and Social Services (CECPES)**

CECPES program is running well. Several applications from students wishing to enroll in the program have been received from various denominations within the nation and internationally. Applicants are now being screened for June 2010 Session. The program needs are numerous and we are appreciative of any support that may come.

#### **7. RESIDENCY PROGRAMS (PAACS AND CIMS)**

##### **7.1. Pan African Academy of Christian Surgeons (PAACS)**

Recently the PAACS Ngaoundere was suspended and the two residents who were there were brought to PAACS Mbingo. Currently, there are 8 residents in PAACS Mbingo. Dr. Sparks is working hard in training these surgeons. PAACS Bango has not yet been reopened. The search for a Director is still on.



## **7.2. Christian Internal Medicines Specialization (CIMS) Program**

CIMS Mbingo has 4 residents, all from CBC Health Board. Many volunteers have signed up to teach in the program, and are coming in turns. We are grateful. The program is making significant improvements in the quality of care in Mbingo Baptist Hospital and it is expected that this will spread to all CBCHB institutions. It is expensive for the Board to run the program but the long term benefits will be great to the Board. We thank Dr. Palmer immensely for it.

## **8. AIDS CARE AND PREVENTION SERVICES**

The AIDS Care and Prevention Program (ACP) depends largely on external funds and faced many challenges because the world's economic situation has led to a decline in funding. Despite the challenges; implementation of activities went well. The pilot phase of partner notification ended well and we are scaling it up gradually. It is hoped that this intervention will help to reduce the rate of new HIV infections. More men are participating in PMTCT and many people screening for HIV. From November 23 to December 1, 2009 we tested over 3,000 persons in Kumba, Tiko, Buea and Limbe health districts in collaboration with the Regional Technical Group for the Fight Against HIV and the Centers for Disease Control and Prevention, Cameroon; compared to only 1,657 persons that were tested in 2008 The Community AIDS Education Training Manual was revised and posters and calendars for the 2009 World AIDS Campaign were printed and distributed. The revised Community AIDS Education Manual will be used to train more resource persons on HIV especially teachers. The Hospice and Palliative Care Association of Cameroon was Launched on November 21, 2009 in Bamenda. All monitoring and evaluation tools for ACP have been revised and the revised versions will be put into use in 2010.

## **9. SERVICES FOR PEOPLE WITH DISABILITIES**

The CBC Health Board started providing services for persons with disabilities in 1981 with the creation of an eye department in Banso Baptist Hospital. In 2008, these services had developed to involve education of children with visual and hearing impairment, community based rehabilitation, orthopaedic services and physiotherapy services. However, the Health Board observed that even though the services had expanded, there were still many persons with disabilities in communities who were not able to live good quality of life. It is from this background that the Health Board designed the Socio-Economic Empowerment of Persons with Disabilities (SEEPD) Program in partnership with CBM.

The SEEPD Program is a three year initiative designed to contribute to an improvement in quality of life of persons with disabilities in the Northwest Region of Cameroon. The strategy is to cluster existing complementary services within the Region in order to facilitate inclusion of persons with disabilities in development initiatives as a means of empowerment. The Program intends to improve on quality of services and to reach many more persons within the Region both at the level of our Health Facilities as well as in communities. It has five main focus areas which are medical and rehabilitation services, education, economic empowerment, research and communication. In 2009, SEEDP accomplished the following:

1. Improved quality of medical and rehabilitation services benefited 27,752 persons both at facility and community levels with 1,796 people benefiting from eye and orthopaedic surgeries at activity centers. With this, the scope and utilization of medical and rehabilitation services have increased from about 18,000 in 2008 to over 27,000 in September 2009.

2. The participation and success rate of children with disabilities in end-of-course examination has shown a some increase. However, much interest is being shown by education stakeholders in the Region after awareness creation by the program through sensitisation and workshops.
3. Many persons with disabilities have been successfully integrated in the local economy. While in the past, the focus was on 6 to 12 Persons with disabilities learning a vocation and graduating from the training to be integrated in local economy, the SEEPD Program has added a micro-credit component to facilitate more PWDs being integrated into the local economy. At the end of the 3<sup>rd</sup> quarter of the year, 139 PWDs had received micro-credits from the program funds and were doing well in business. Loan recovery rate is 95%.
4. As an innovation to the services, research in disability issues has been introduced. As at the end of September 2009, 10 best practice areas in disability and rehabilitation had been identified and corresponding best practice working groups put into place. Materials on best practice in the context of the North West Region are being developed. In addition, for the 1<sup>st</sup> time in the Region and most likely in the entire country, a study on the prevalence of impairments in the Region and their impacts on quality of life of persons with disabilities is being done using among others the WHO Quality of Life tool and the International Classification of Functioning, Disability and Health (ICF)

## **10. CENTRAL PHARMACY (CP)**

In 2009, CP placed two major orders. CENAME delivered one and the other from Durbin is pending arrival in 2010. Drugs were purchased for a total of 1,096,276,267frsCFA of which 420 million was spent to buy drugs locally. Total bills pending payment is 134 million; 85 million francs owed to local suppliers. It is estimated that drug availability in 2009 was about 70%. Negotiations have been made with major suppliers to ensure continuous supply of drugs throughout the year 2010 while payment is effected at regular intervals. It is expected that this arrangement will increase drug availability to over 95%. Periodic stock taking exercises were conducted as planned.

Soap, detergents production, bleach dissolution and dilution went well although manually. Some automation is planned for 2010. Infusion fluids bags were received and a total of 225,000 bags of infusion fluids were produced in 2009. Eye drug production was not at optimal level due to the lack of bottles. The production equipment are being overhauled with the hope that machine breakdown will be minimized leading to the achievement of the goal of maximizing production. The main challenge that CP encountered in 2009 was slow cash flow. A committee has been set up to critically follow-up HESCO water and advise for continuity of discontuation over time.

## **11. CBCHB INSTITUTIONS**

### **11.1.HEALTH SERVICES COMPLEX (HSC)**

The process of establishing the land title for the portion of the land inside the fence that was purchased from Chief Luma could not be finished before year ending because of the poor health of the chief. The volume of activities in the HSC Rest House is on the increase and we have also increased the staff capacity accordingly. There is need to carry out maintenance of the entire rest house infrastructure.

## **11.2 BANSO BAPTIST HOSPITAL (BBH)**

Generally, service utilization increased in 2009 and the staff worked very hard. Construction work at the OPD and Eye Department buildings is in progress. A new building was raised and roofed at Ngounso Baptist Health Center. Due to intermittent power failure from AES SONEL within Kumbo town, the Hospital generator has operated continuously for about two months. There are plans to buy another generator. The hospital is in need of Surgeons and other doctors.

## **11.3 MBINGO BAPTIST HOSPITAL (MBH)**

Workload increased significantly at MBH in 2009. Work was completed in the new OPD building and the CIMS program, TB and HIV clinics have relocated there. The Mayor Belo Rural Council unilaterally applied to the Minister of State Property and Land Tenure for expropriation of MBH land (market area) to build a council market. As a result, the Senior Divisional Officer (SDO) Boyo banned the construction work that the hospital was carrying out on the area. We took the matter to court for the SDO to up-lift the ban. On the 3<sup>rd</sup> of December 2009 the court ruled in favour of the CBC ordering the SDO to repeal his order within 15 days from the date of ruling.

The Orthopaedic Surgeon, Dr. Nana Christopher left for two months fellowship in Hip and Knee replacement Surgeries in Germany from 01/12/09 to 31/01/2010. Dr. Ndi Norah Nyah is undergoing practical experience at Mbingo Baptist Hospital. Dr. Sarah Berger from Switzerland joined the CIMS faculty at MBH on the 16<sup>th</sup> October 2009 and will be there for one year. Her husband Mr. Christopher Berger is an Information Technology (IT) specialist.

## **11.4 BAPTIST HOSPITAL BANYO (BHB)**

The Assistant Administrator of Baptist Hospital Banyo, in charge of the north bound clinics took over his assignment on August 20<sup>th</sup>, 2009. One of his year ending activities was to make familiarisation contacts with stakeholders. Work on the Caregivers' Kitchen and Doctors' Duplex projects started with site preparations, block molding and carrying of sand. Dr. and Mrs. Smith have been working hard to ensure that adequate infrastructure and equipment are in place for the hospital to better serve the public. The Hospital Health Committee meeting was held in November 26<sup>th</sup>, 2009 and the members unanimously pledged to continue educating and mobilizing the community to come and benefit from the exemplary health care services offered in BHB. Dr. Tabeth Hilaire and his wife started work in BHB on December 7, 2009 in continuation of their practical experience with the Board. Total bills pending payment from 1999 to 2009 is over 10,000,000 FCFA.

## **11.5. BAPTIST HOSPITAL MUTENGENE**

Our hospital bed capacity increased by three and general service uptake increased drastically in 2009. We constructed a temporary eating shed for the maternity clients and purchased a number of equipment to improve on quality of services. Main challenges BHM face include inadequate space especially in the general ward where both infectious cases and others are admitted together and in the treatment room where clean, dirty, contaminated and odious wounds are managed together. All the BHM supervised health centers are seeing an increasing number of patients and face common problem of inadequate staff and infrastructure.

BHM lost two staff by death in 2009: Nfor Elvis – an anesthetist on March 6, 2009 and Tambe Joan – Surgical/ Medical Ward Head Nurse – November 15, 2009.

### **11.6. 2009 CHALLENGES**

CBCCHB have had problems with the Mbingo Baptist Hospital land but we are confident that we will prevail because the land belongs to us and God is on our side. We are ending the year with almost 90 million francs CFA of unpaid bills. This was unforeseen; and we pray this should be avoided in 2010. The Etoug Ebe Health Center also had and continues to have problems with the land and with poor inadequate infrastructure. We continue to face major challenges from inadequate supply of drugs. Reagents are constantly in short supply. We are grateful for the support we have had locally and internationally which has enabled us to accomplish the bulk of our goals. In spite of the difficulties we faced, we are happy that the population is happy with the quality of care we offer. To God be the glory.

## B. HEALTH INFORMATION MANAGEMENT SYSTEMS

Generally, service utilization increased in 2009. Expansion contributed minimally to the increase. Major factors likely to have influenced this high uptake include affordability, quality and accessibility of services. This report presents activities of 2009 by hospital/IHC, relative to 2008 and five year evolution of some key indicators. Research into the most appropriate soft ware for use in our system for health management and possibly patient care is in progress. Performance of CBCHB institutions is presented below;

**Table 1 Summary of Performance of CBCHB Institutions in 2009**

INDICATOR/DEPARTMENT	BBH	MBH	BHM	BANYO	DBH	SUPERVISED IHCs	TOTAL
Bed Capacity	238	270	47	42	40	458	1,095
Staff Strength	433	459	153	64	31	914	2,054
OPD Attendance	83,924	62,123	59,898	9,839	4,589	417,491	637,864
Inpatient Attendance	7,729	7,787	4,834	1,542	2,091	12,311	36,294
Deliveries	1,341	665	579	124	318	3,240	6,267
Major Surgeries	1,771	2,535	553	170	29	131	5,189
Minor Surgeries	4,239	2,043	988	239	205	14,279	21,993
Deaths	496	454	100	59	2	100	1,211
Patients seen by pharmacy	54,995	46,493	53,113	6,795	3,889	342,479	507,764
Patients seen by laboratory	39,841	37,238	33,300	5,979	2,054	162,006	280,418
Patients seen by Doctors	22,941	21,189	9,843	1,519	448	28,450	84,390
Patients seen by Screeners	34,376	23,208	34,734	5,698	3,575	305,847	407,438
Eye department	8,884	11,237	6,050	783	39	38,669	65,662
Chaplaincy/Social Services	6,068	2,935	2,489	534	1,097	8,224	21,347
Dental department	4,230	1,259	2,694	472	-	21,227	29,882
Ultrasound department	5,819	5,924	2,198	1,717	-	3,313	18,971
Physiotherapy department	2,882	3,477	1,351	-	-	8,560	16,270
X-ray department	4,459	5,633	616	752	-	982	12,442

**Table 2.1 Distribution of Bed Capacity by Institution and Wards**

HOSPITAL	MEDICAL	MATERNITY	PEDIATRIC	SURGICAL	TOTAL	%
BBH	104	39	51	44	<b>238</b>	21.7
MBH	162	22	26	60	<b>270</b>	24.7
BHM	17	18	6	6	<b>47</b>	4.3
BANYO	21	7	7	7	<b>42</b>	3.8
DBH	23	17	0	0	<b>40</b>	3.7
other Institutions	239	166	51	2	<b>458</b>	41.8
<b>Total</b>	<b>566</b>	<b>269</b>	<b>141</b>	<b>119</b>	<b>1095</b>	<b>100.0</b>

**Table 2.2 Bed Capacity by Wards Comparing 2008 and 2009**

SN	WARD	2008	2009	% CHANGE
1	Medical	555	566	1.9
2	Maternity	252	269	6.3
3	Pediatric	140	141	0.7
4	Surgical	126	119	-5.8
	<b>TOTAL</b>	<b>1073</b>	<b>1095</b>	<b>2.0</b>

Although there was a 5.8% decrease in the number of beds in surgical wards, the overall bed capacity in CBCHB institutions increased by 2%

**Table 3.1 Staff Strength by Institution and Cadre**

SN	CADRE	DHS CENTRAL	HSC	LAP	PTSHP	BBH	MBH	BHM	BANYO	DBH	Other Institutions	Total
1	Doctors	1	1	0	0	13	17	4	2	0	8	46
2	Trained Nurses	8	2	13	7	121	91	31	7	4	139	423
3	Auxiliary	4	9	1	0	101	112	26	12	5	158	428
4	Paramedical	0	31	1	0	37	36	39	19	1	59	223
5	Administrators	1	2	1	1	3	2	2	1	0	2	15
6	Administrative staff	22	15	8	2	34	32	2	4	1	56	176
7	Chaplains & Social workers	3	1	1	0	10	12	4	1	1	14	47
8	Other	79	43	16	1	114	147	45	18	19	204	696
9	Total	118	104	41	11	433	459	153	64	31	640	2054
	%	5.7	5.1	2.0	0.5	21.1	22.3	7.4	3.1	1.5	31.2	100

**Table 3.2 Staff Strength by Cadre Comparing 2008 and 2009**

SN	CADRE	2008	2009	% CHANGE
1	Doctors	39	46	15.2
2	Nurses	425	423	-0.5
3	Auxiliary	380	428	11.2
4	Paramedical	247	223	-10.8
5	Administrators	8	15	46.7
6	Administrative staff	105	176	40.3
7	Chaplains & Social workers	29	47	38.3
8	Other	599	696	13.9
9	<b>Total</b>	<b>1832</b>	<b>2054</b>	<b>10.8</b>

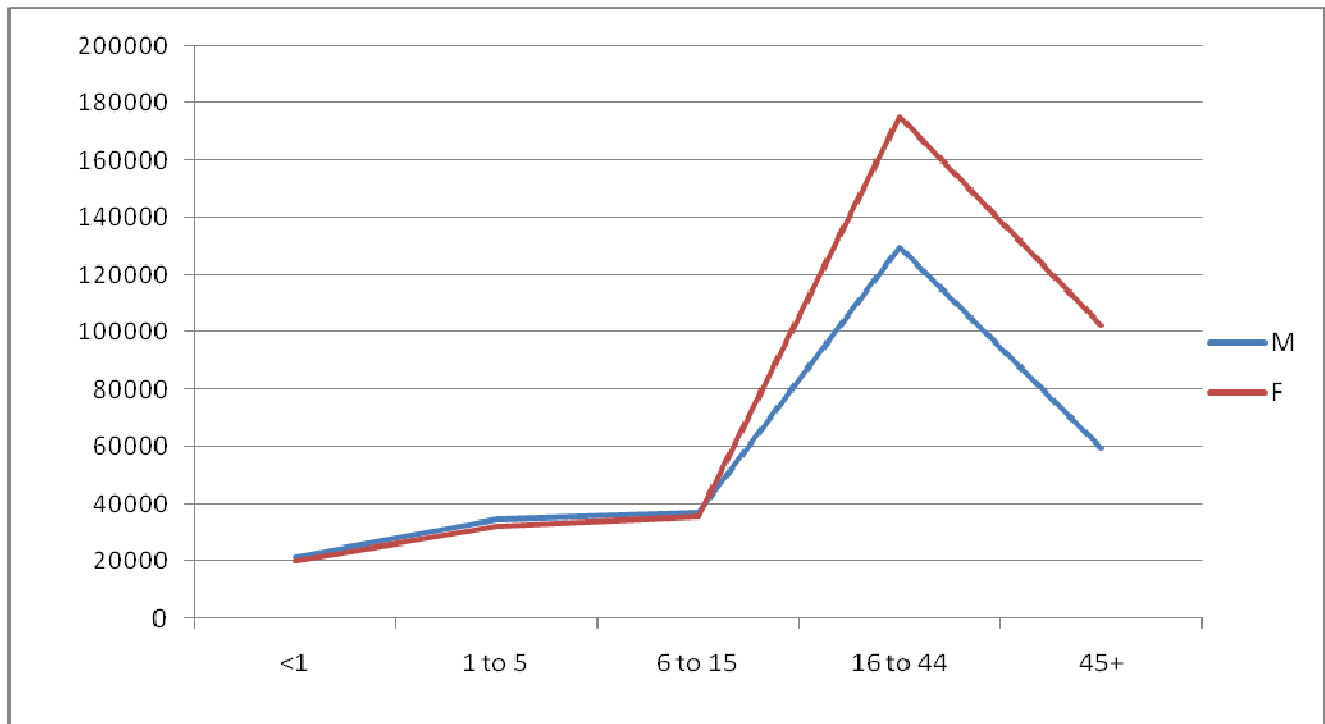
Other than nurses and paramedical that decreased by 0.5% and 10.8% in 2009, all grades of staff increased leading to an overall staff increase in strength by 10.8%. The decrease in nurses and paramedical is because some of them were recruited by the government while others are on study leave in school. The increase in auxiliaries is because many auxiliary staff were trained to fill up some of the gaps that the nurses that dropped created.

**Table 4 Outpatient attendance of 2009 compared to 2008**

Institution	2008	2009	% Change
BBH	80,811	83,924	3.7
MBH	51,740	62,123	16.7
BHM	56,689	59,898	5.4
BANYO	8,291	9,839	15.7
DBH	3,634	4,589	20.8
Other Institutions	369,553	417,491	11.5
<b>Total</b>	<b>570,718</b>	<b>637,864</b>	<b>10.5</b>

Out patients attendance increased in all institutions leading to a general 10.5% increase in patients encounters.

**Fig: 1 Gender disaggregation of Outpatient attendance by Age group for 2009**



Out patients' attendance is the same for children while attendance for female adults is more than male adults. More female of reproductive age tend to utilise health services more than men.



**Table 5.1 Admissions per Institution and wards for 2009**

Hospital	Maternity	Pediatric	Surgical	Medical	Total	% CHANGE
BBH	1379	1463	1394	3493	<b>7729</b>	<b>21.3</b>
MBH	736	971	2365	3715	<b>7787</b>	<b>21.5</b>
BHM	586	696	419	1196	<b>2897</b>	<b>8.0</b>
BANYO	149	364	334	695	<b>1542</b>	<b>4.2</b>
DBH	347	N/A*	15	1729	<b>2091</b>	<b>5.8</b>
Other Institutions	3533	3124	0	7591	<b>14251</b>	<b>39.3</b>
<b>Total</b>	<b>6730</b>	<b>6618</b>	<b>4527</b>	<b>18419</b>	<b>36294</b>	<b>100.0</b>

N/A\*: Children were reported under maternity

**Table 5.2 Admissions of 2009 compared to 2008**

SN	UNIT	2008	2009	% CHANGE
1	Maternity	5950	6893	<b>13.7</b>
2	Pediatric	5469	6299	<b>13.2</b>
3	Surgical	4147	4699	<b>11.7</b>
4	Medical	16357	18403	<b>11.1</b>
	<b>Total</b>	<b>31923</b>	<b>36294</b>	<b>12</b>

Overall admissions increased in 2009 by 12%

**Table 6.1 Five health centers with Highest OPD attendance in 2008 and 2009**

SN	2008		2009	
	Health center	Attendance	Health center	Attendance
1	Mboppi	89,380	Mboppi	108,675
2	Etoug Ebe	84,908	Etoug Ebe	80,859
3	Nkwen	57,127	Nkwen	65,250
4	Kumba	28,557	Kumba	31,051
5	Ekounou	18,172	Bafoussam	23,165

Ekounou dropped from the list of five health centers with highest attendance in 2009 while Bafoussam featured in the list.

**Table 6.2 Five Health Centers with lowest OPD attendance in 2008 and 2009**

SN	2008		2009	
	Health center	Attendance	Health center	Attendance
1	Akeh	1,688	Akeh	1,474
2	Ngeptang	2,504	Romkong	2,171
3	Allat	2,583	Kwighe	2,262
4	Romkong	2,634	Ngeptang	2,280
5	Sarkibaka	2,658	Sarkibaka	2,464

Kwighe replaced Allat in the list of health centers with lowest outpatients attendance in 2009.

**Table 7 Patient Flow per department for 2009 compared to 2008**

SN	UNIT	2008	2009	% CHANGE
1	PHARMACY	397,646	507,764	21.7
2	LABORATORY	229,417	280,478	18.2
3	PATIENTS SEEN BY DOCTORS	74,478	84,390	11.7
4	PATIENTS SEEN BY SCREENERS	NA*	407,438	-
5	EYE	57,885	65,662	11.8
6	CHAPLIANCY & SOCIAL SERVICE	38,247	21,347	-79.2
7	DENTAL	29,270	29,882	2
8	ULTRA SOUND	15,946	18,971	15.9
9	PHYSIOTHERAPY	15,068	16,270	7.4
10	X-RAY	9,558	12,442	23.2

N/A\*: There was no separation between patients seen by doctors and seen only by nurses in 2008

**Table 8.1 Mother and Child Health (MCH) for 2009 compared to 2008**

<b>Activity</b>	<b>2008</b>	<b>2009</b>	<b>% Change</b>
Antenatal Clinic	47,284	50,717	6.8
Family Planning	3,594	4,124	12.9
Infant Welfare Clinic	34,962	35,927	2.7
Preschool Clinic	9,887	5,188	-90.6
<b>Totals</b>	<b>95,727</b>	<b>95,956</b>	<b>-68</b>

**Table 8.2 Deliveries of 2009 compared to 2008**

<b>DESCRIPTION</b>	<b>2008</b>	<b>2009</b>	<b>% CHANGE</b>
Total deliveries	5535	6267	11.7
Still birth	147	159	11.8
Live Birth	5388	6108	10.2
Preterm birth	151	215	29.8
Neonatal deaths	44	69	36.2
Birth Before Arrival	74	128	<b>42.2</b>

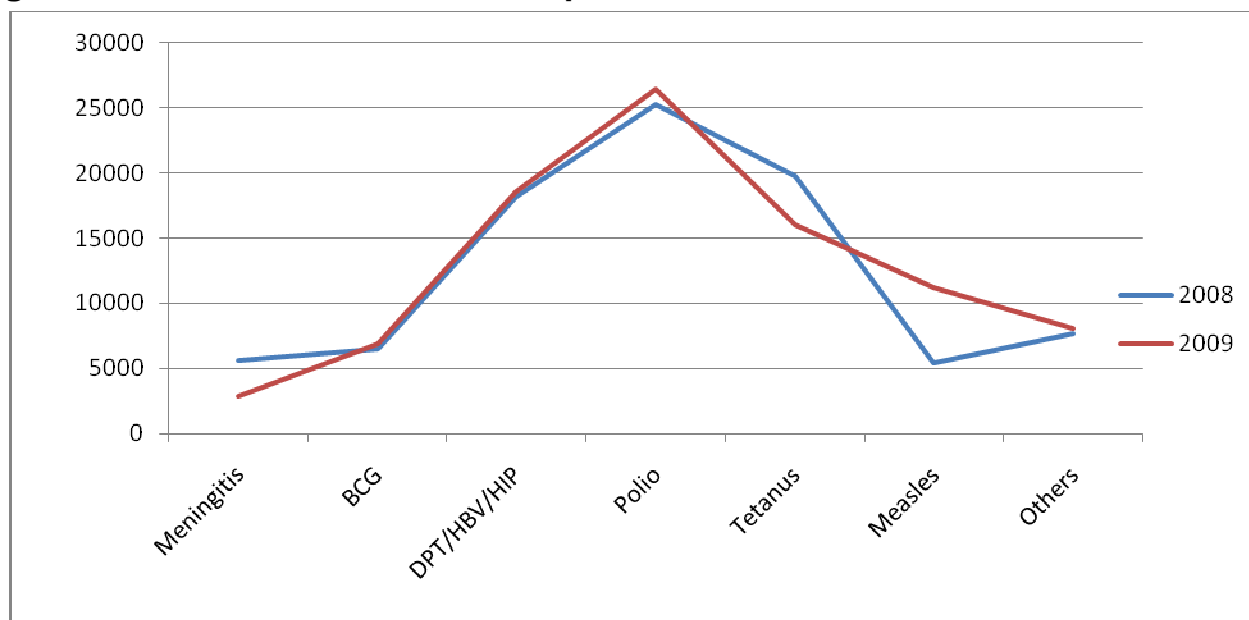
Total deliveries increased while undesired events like still births, preterm, neonatal deaths and births before arrival increased.

**Table 8.3 Immunizations for 2009 compared to 2008**

<b>VACCINE</b>	<b>2008</b>	<b>2009</b>	<b>% CHANGE</b>
Meningitis	5525	2815	-96.3
BCG	6465	6886	6.1
DPT/HBV/HIP	18151	18584	2.3
Polio	25232	26409	4.5
Tetanus	19712	15965	-23.5
Measles	5369	11132	51.8
Others	7662	7977	3.9
<b>Totals</b>	<b>88116</b>	<b>89768</b>	<b>1.8</b>

Overall immunization increased by 1.8%.

**Figure 2 Immunization for 2009 compared to 2008**



**Table 8.1 Surgical Interventions for 2009 compared to 2008**

Category	2008	2009	% change
Minor	19432	21,993	<b>11.6</b>
Major	4446	5,189	<b>14.3</b>
<b>Total</b>	<b>23878</b>	<b>27182</b>	<b>12.2</b>

Both major and minor surgeries increased leading to 12.2% increase in surgeries.

**Table 8.2 Surgical interventions for 2009 distributed by Institution**

Facilities	Minor	Major	Total	%
BBH	4,239	1,771	6,010	22.1
MBH	2,043	2,535	4,578	16.8
BHM	988	553	1,541	5.7
BANYO	239	170	409	1.5
DBH	205	29	234	0.9
OTHERS	14,279	131	14,410	53.0
<b>TOTALS</b>	<b>21,993</b>	<b>5,189</b>	<b>27,182</b>	<b>100.0</b>

**Table 9 ALERT SYSTEM (NOTIFIABLE DISEASES) FOR 2009 COMPARED TO 2008**

Diseases	2008	2009	% change
Neonatal Tetanus	9	13	30.8
Leprosy	6	9	33.3
Yellow Fever	196	7	-2700
Cerebrospinal meningitis	259	300	13.7
Human Rabies	3	8	62.5
Tuberculosis	1763	1705	-3.4
Cholera	0	0	0
Typhoid fever	447	478	6.5
Poliomyelitis	0	1	100
Measles	150	255	41.2

**Table 10 HIV Prevalent among blood donors & patients for 09 compared to 08**

Type of Client	2008		2009		% change
	# screened	% HIV +	# screened	% HIV +	
Blood donors	3,629	5.0	3,809	4.5	-0.5
Patients	24,636	26.0	30,290	22	-4.3
Totals	28,265	23.3	34,099	21	-2.6

HIV prevalence decreased in blood donors and hospitalized patients by 0.5% and 4.3% respectively.

**Table 11 Ten leading diseases for 2009**

SN	Diseases	Male	Female	Total
1	Malaria	39,186	44,655	<b>83,841</b>
2	Hypertension	10,548	15,656	<b>26,204</b>
3	URTI/LRTI	10,404	10,906	<b>21,310</b>
4	Gastritis/PUD	7,438	10,844	<b>18,282</b>
5	Conjunctivitis	8,030	8,637	<b>16,667</b>
6	Cystitis/UTI	4,217	6,814	<b>11,031</b>
7	Rheumatism/Arthritis	4,057	6,518	<b>10,575</b>
8	Diabetes Mellitus	4,446	5,123	<b>9,569</b>
9	GE/Dehydration	4,179	4,319	<b>8,498</b>
10	Ascariasis/other worms	3,911	4,025	<b>7,936</b>
	<b>Total</b>	<b>96,416</b>	<b>117,497</b>	<b>213,913</b>

Malaria continue to be top in the list of leading diseases.

**Table 12 Ten leading causes of death for 2009**

SN	Diseases	Male	Female	Total
1	HIV and AIDS	101	112	<b>213</b>
2	Road Traffic Accidents	91	68	<b>159</b>
3	Malaria	48	34	<b>82</b>
4	Pneumonia	38	37	<b>75</b>
5	Meningitis	38	35	<b>73</b>
6	Congestive Heart Failure ( CHF)	36	19	<b>55</b>
7	Anemia	27	23	<b>50</b>
8	Tuberculosis	24	16	<b>40</b>
9	Cancers	18	18	<b>36</b>
10	Renal Failure	20	9	<b>29</b>
	<b>Total</b>	<b>441</b>	<b>371</b>	<b>812</b>

AIDS, road traffic accidents, and malaria are the main killer diseases.

**Table 13 Deaths for 2009 compared to 2008**

Type	2008	2009	% Change
Medical	1156	1192	3
Maternal	5	19	73.7
<b>Total</b>	<b>1161</b>	<b>1211</b>	<b>4.1</b>

Overall deaths increased by 4.1%. Maternal deaths increased in 2009 drastically. Some of the patients referred to Mbingo and Banzo Baptist Hospitals arrive too late for interventions to yield good outcomes.

**Table 14.1 Enrolment into ART care**

SN	SITE	ENROLLMENT			
		GENERAL 2009	ART 2009	CUMULATIVE ART	CURRENT* ART
1	BHM	1245	564	1119	1024
2	MBH	334	245	832	659
3	MBOPPI	1654	794	1854	1551
4	NKWEN	1423	820	2746	2542
5	BBH	799	522	2681	2429
	<b>TOTAL</b>	<b>5455</b>	<b>2945</b>	<b>9232</b>	<b>8205</b>

*Current=Cumulative minus deaths, transfer out, lost to follow up and stopped*

A total of 5455 individuals enrolled for general HIV care in the CBCHB Care and treatment sites in 2009. A total of 2945 persons were newly initiated for ART in 2009. Cumulatively 9232 clients have enrolled in ART in the CBCHB Care and treatment sites and the number of clients current on ART is 8205. Some of the patients died, some transferred out of the sites, others were lost to follow-up while others stopped for either clinical reasons or for in preference for other treatment options.

**Table 14.2 PCR Testing at CBCHB Care and Treatment Sites**

SN	SITE	2008		2009	
		# TESTED	# HIV+	# TESTED	# HIV+
1	BBH	160	20	127	20
2	MBH	79	5	69	2
3	NKWEN	265	20	249	21
4	MBOPPI	203	6	262	9
5	BHM	189	6	170	7
	<b>TOTAL</b>	<b>896</b>	<b>57</b>	<b>877</b>	<b>59</b>
	<b>%</b>		<b>6.4</b>		<b>6.7</b>

Mother to Child HIV Transmission rate by PCR test slightly increased in 2009.

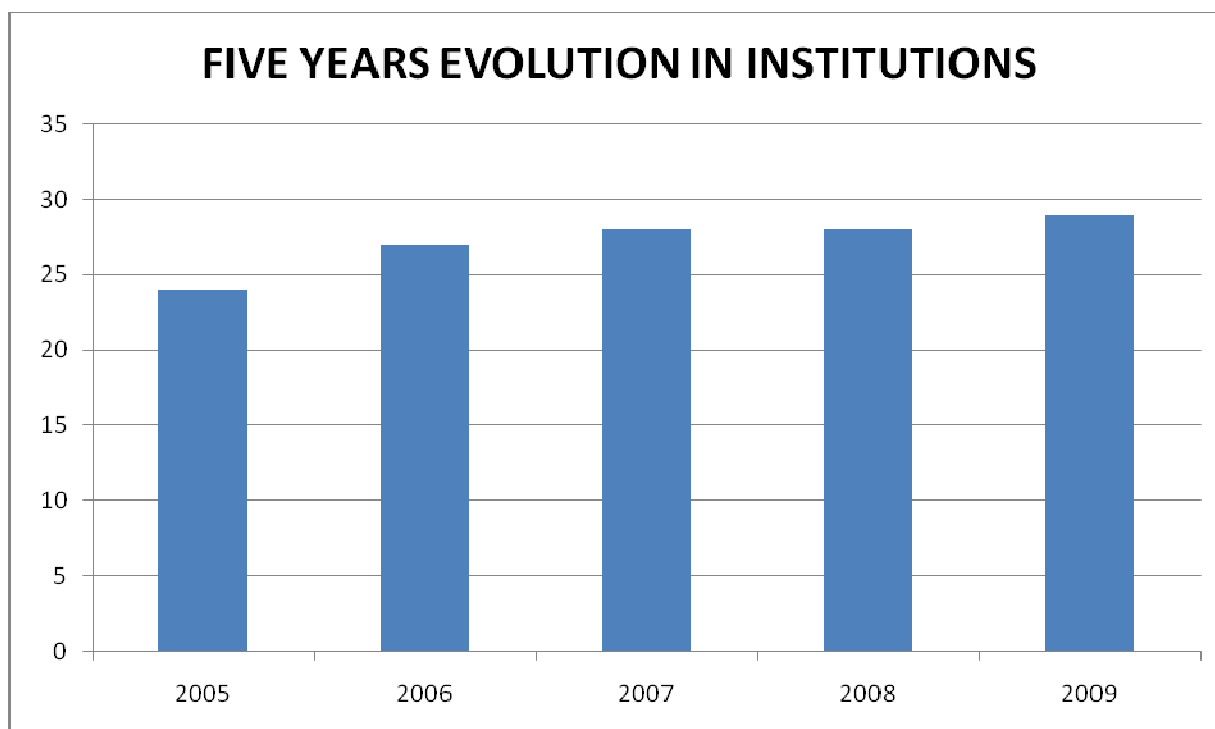
**Table 15 CBCHB PMTCT activities for 2009**

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total
No. Counseled	24,898	23445	24413	22677	95,433
No. Tested for HIV	24244	23195	24078	22150	93,667
No. who took results	24100	23062	24045	21916	93,123
No. Pos. results	1398	1334	1363	1212	5,307
No. counseled in labour	659	925	944	706	3,234
No tested	653	912	940	692	3,197
No. who took results	645	901	937	674	3,157
No. Pos. results	71	84	89	122	366
No. tested pos. in Labour and ANC	1398	1334	1452	1334	5,518
No. of Pos. mothers	1155	1433	1270	1327	5,185
No. of Pos. babies	797	1004	887	801	3,489
Infants tested by PCR	236	523	321	80	1,160
PCR pos. results	29	49	41	6	125

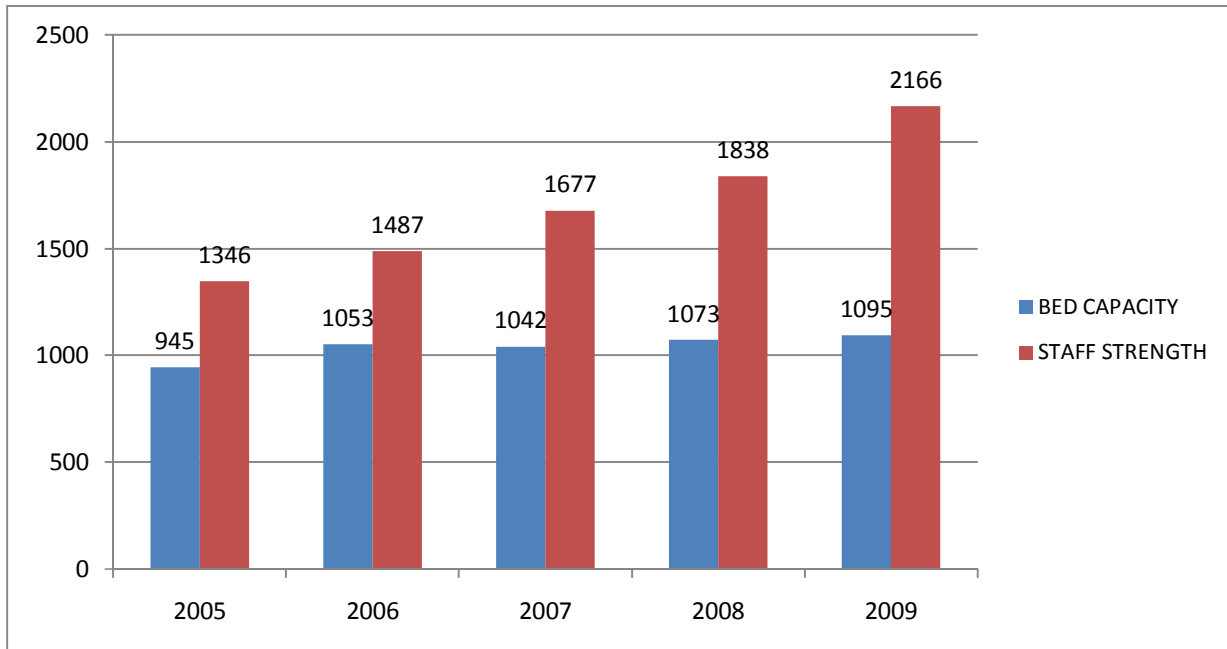


**Table 16 CBCHB Tuberculosis activities**

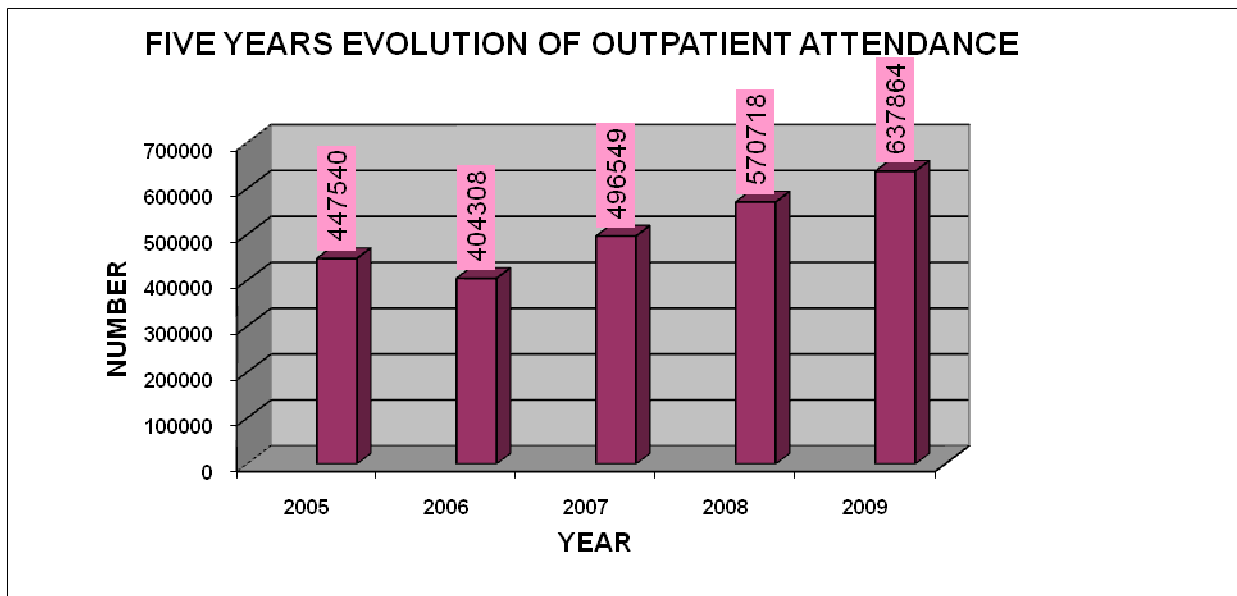
<b>Indicators</b>	<b>2008</b>	<b>2009</b>	<b>% CHANGE</b>
Total # of TB patients	1348	1,272	<b>-6</b>
Number screened for AFB	5,075	5,389	<b>5.8</b>
Number of pulmonary TB	1198	1072	<b>-11.8</b>
Number of Smear Positive	952	863	<b>-10.3</b>
Number of Smear Negative	220	183	<b>-20.2</b>
Number of Extra Pulmonary TB	174	146	<b>-19.2</b>
Number tested for HIV	1194	1108	<b>-7.8</b>
Acceptance rate	88.6	87.1	<b>-1.7</b>
Number tested HIV+	601	590	<b>-1.9</b>
% of Co-infection	50.3	53.2	<b>5.5</b>

**Annex 1 – Five Years Evolution of Number of CBCHB Institutions**

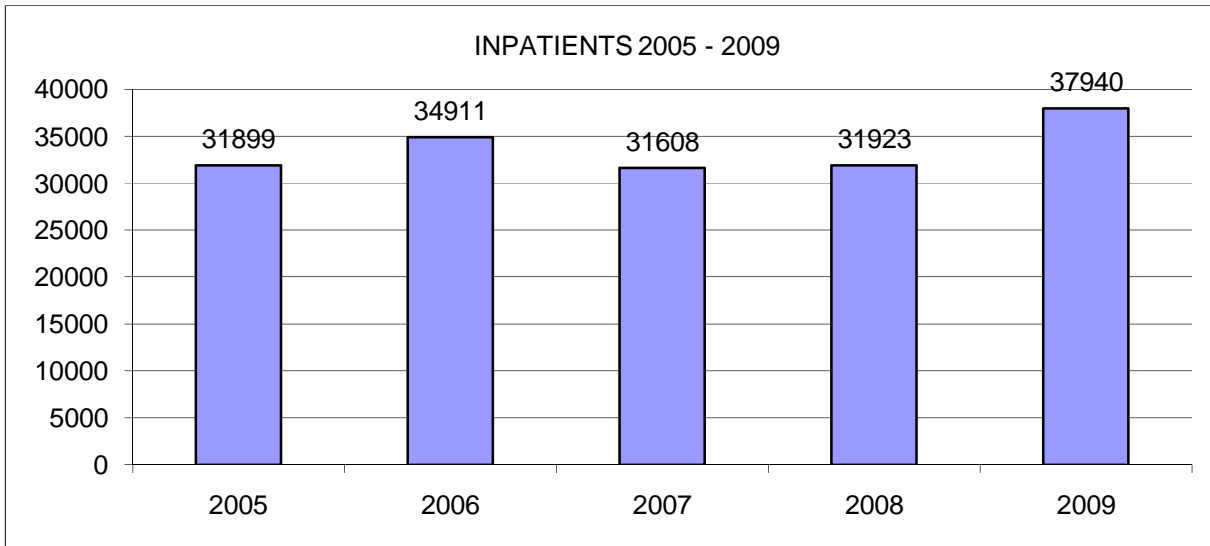
## Annex 2 - Five Years Evolution of CBCHB Bed Capacity and Staff Strength



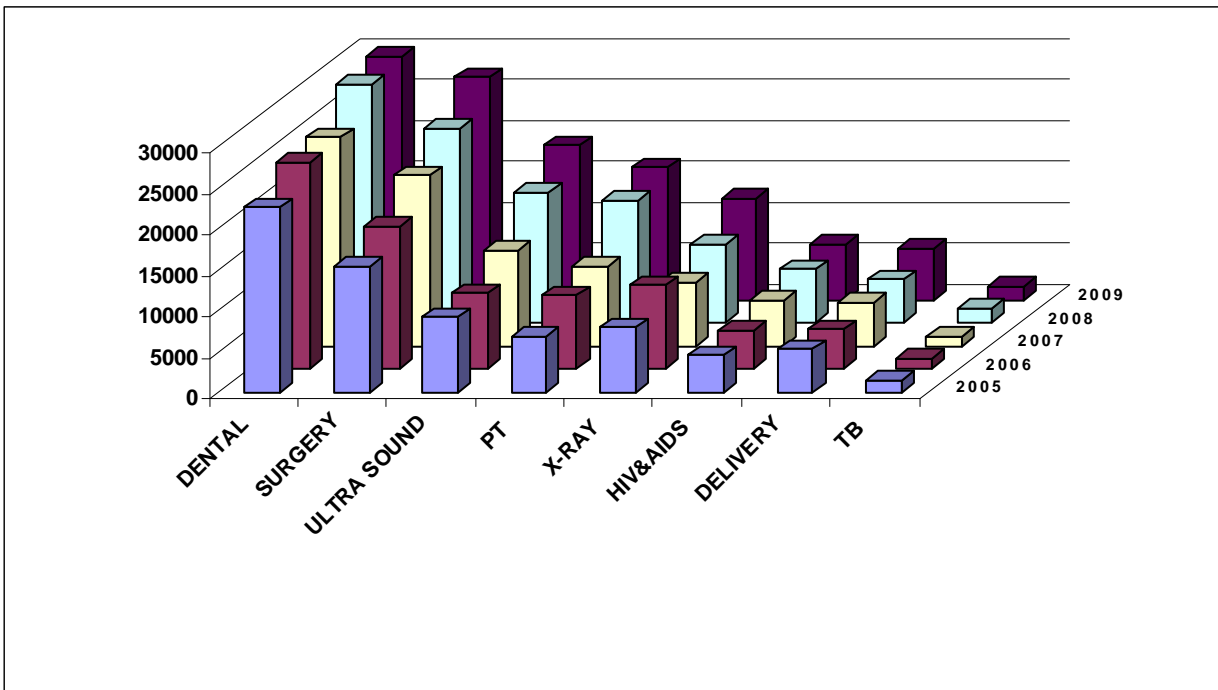
## Annex 3 Five Year Evolution of Out Patient Attendance

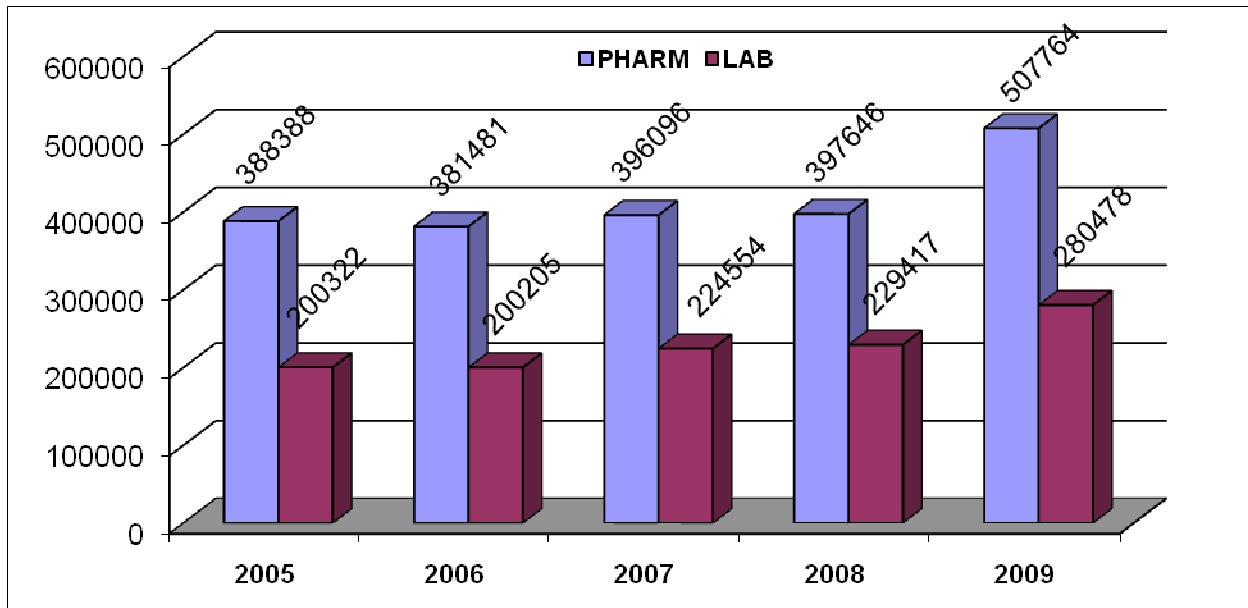


### Annex 4 Five Year Evolution of Patients Admitted

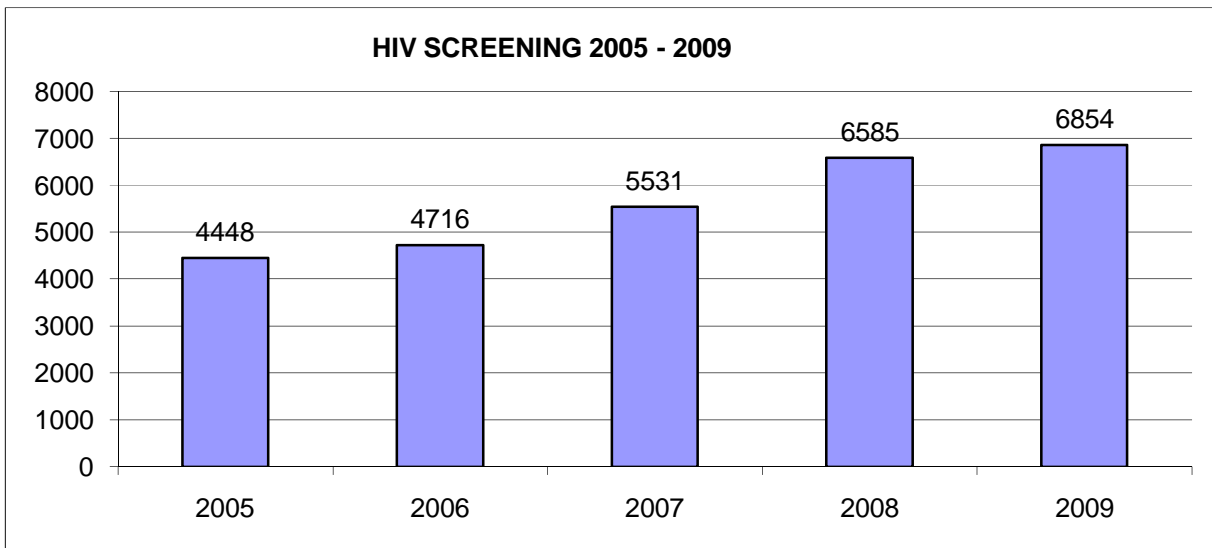


### Annex 5 Five Years Evolution of Departmental work load





**Annex 6 Five Year Evolution of Number of persons screened for HIV**



## Annex7 Five Years Evolution of MCH Activities

