

CAMEROON BAPTIST CONVENTION HEALTH BOARD



ACTIVITY REPORT, 2010

CAMEROON BAPTIST CONVENTION HEALTH BOARD



ANNUAL REPORT, 2010



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LIST OF ABBREVIATIONS

AB	Abortion
ANC	Antenatal Clinic
BBA	Birth Before Arrival
BBH	Banso Baptist Hospital
BHM	Baptist Hospital Mutengene
CBCHB	Cameroon Baptist Convention Health Board
CHF	Congestive Heart Failure
LRTI	Lower Respiratory Track Infection
MBH	Mbingo Baptist hospital
NEOD	Neonatal Delivery
OPD	Out Patient Attendance
FP	Family Planning
SB	Still Birth
URTI	Upper Respiratory Track Infection
UTI	Urinary Track Infection

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 seeks to provide exemplary health care with genuine compassion and with overriding purpose of evangelical witness.

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 financial resources. Special appreciations go to the HMIS team, Heads of service, and all CBCHB staff who worked together to accomplish these results.

A. NARRATIVE REPORT

1. Overview

In over 60 years, the Cameroon Baptist Convention Health Board (CBCHB), a non-profit, faith-based healthcare organization has continued to strive in the provision of quality, affordable and accessible services to everyone in need. The CBCHB institutions are distributed in six of the ten regions in Cameroon. The board has 5 hospitals, 24 Integrated Health Centers and 50 functional Primary Health Posts. The CBCHB provides holistic healthcare services ranging from preventive to curative and rehabilitative. Special services and programs include the AIDS Care and Prevention Program, Central Pharmacy, Private Training School for Health Personnel, Life Abundant Primary Health Care, Technical service department, Health Care technology unit, Chaplaincy services, Residency programs and Services for People with Disabilities

2. PRIVATE TRAINING SCHOOL FOR HEALTH PERSONNEL (PTSFHP)

The following training programs that were planned for 2010 started and were successfully completed while some are progressing well.

1. Training of 26 Advanced Practice Nursing Assistants started. Graduation is due in August 2011.
2. The training of 29 Nursing Assistant started and will end in August 2011. Of the 29 Nursing Assistants in training, the Board has only 11 candidates. The rest were sent by the Ministry of Health
3. The training of 4 Physiotherapy Assistants commenced and will end in August 2011.
4. The training of 10 Laboratory Assistants started and graduation is due in August 2011.
5. Training of 14 Assistant Ophthalmic Medical Assistants started. Graduation is due in August 2012.
6. The training of 4 Ophthalmic Medical Assistants (OMA) started. The course will end in 2013.



PTSFHP Building Under Construction

Funding from HIPC enabled construction work to continue on the new school block.

The school is anxious for the completion of this project to solve one of their main problems which is space limitation. It is very important that the PTSHP be accredited for higher courses like SRN, Laboratory and Pharmacy Technician.

3. LIFE ABUNDANT PRIMARY HEALTH CARE (LAP)

LAP achieved over 75% of the goals planned for 2010. Seven new PHCs were created in 2010 while two were closed. At the end of 2010, there were 50 functional PHCs.

A total of 539773 clients were served through the PHCs in 2010. Through LAP PHCs, 2345 ANC clients were counselled and 2330 tested for HIV. 75 (3.2%) tested HIV-positive. Working in affiliation with BBH HIV care and treatment center, LAP is facilitating the extension of antiretroviral treatment care to 22 persons leaving with HIV in a remote village (Nwat). A total of 147 people with spiritual concerns were counselled and 16 bibles given to some.

In line with trainings, LAP trained 11 persons to function as Trained Birth Attendants (TBA) in ten Villages, 13 Ward auxiliaries from seven Integrated Health Centres were trained as trained Birth Attendants and refresher courses on Infection Prevention were organized and conducted for 8 LAP Field supervisors, 6 PHC Nurses and 33 TBAs to ensure quality assurance in LAP Primary Health Centres. Also, basic management training was provided to 49 village Health Committee members drawn from 12 LAP Villages with the goal of enabling them to better manage their health centres.

Funding from Bread for the World enabled LAP to purchase a new four wheel drive Toyota Hilux. It will greatly enhance work in the communities.

Infrastructure wise, the Nwanti PHC building project is being completed and will be put to use in 2011. We are thankful to Mr. Jeffrey Craddock of Canada who donated funds for the realization of this project. The need for a bigger conference hall and more guest rooms has been felt at the LAP resource centre. Most CBCHB meetings hold in LAP. There is also need for a staff duplex.

4. TECHNICAL SERVICES DEPARTMENT (TSD)

The 2010 goals of the Technical Services Department were over 60% realised. The Apprenticeship Training program went on successfully. Twenty trainees were admitted and 14 will graduate in January 2011. Seminars were conducted on supervision and medical equipment maintenance. Mr. Kinen Emmanuel and Yuh Jerome made a study visit to Kenya to experience central gas and suction system installation. The Operations Manager went for further studies in Germany. A service vehicle was purchased and a driver recruited for the department. The department was engaged in 31 projects during the year. Some of the projects were completed while others are progressing. The difficulties faced included communication on the two floors of the office building. Intercom installation is necessary to facilitate communication. There is need for stable finance staff and operations manager in the department.

5. CHAPLAINCY SERVICES

A team of 39 chaplains and 5 social workers carried out the chaplaincy and social workers activities relentlessly during the year 2010. A total of 16,279 were counseled; 686 made their first time decision for Christ and 901 were restored to faith in Christ. 14,692 were counseled on other issues. The Community Counseling Clinic conducted 9 service improvement seminars for staff, saw 450 clients, had 120 follow-up sessions with clients. 250 churches were visited on the spiritual emphasis prayer day. Total attendance on this day was 4,689 and an offering of 764,345frs was raised and designated for needy patients in the communities and health institutions. Challenges encountered by the chaplaincy department include limited work space and shortage in the number of chaplains. The department needs a Suzuki car and a computer to facilitate supervision and work.

6. RESIDENCY PROGRAMS (PAACS AND CIMS)

6.1. Pan African Academy of Christian Surgeons (PAACS)

At the end of 2010, there were 6 PAACs residents after one was dropped in the course of the year. Three residents graduated in the pioneer batch of the PAACs program. One of them (Dr Ngock) is serving at Bango Baptist Hospital and the others are serving in other countries. Dr Sparks was gone for six months while Dr Dasen Ritchey covered for him.

6.2. Christian Internal Medicines Specialization (CIMS) Program

One resident joined the Christian Internal Medicine Specialization (CIMS) program which now has five residents. Dr. Richard Bardin, an internist joined Dr Palmer to reinforce the training team. Many volunteers continue to sign up to teach and are coming in turns. In addition to training residents, four physicians are currently doing a one year house officers training course, three nurse practitioner students are enrolled in a one year course, and 14 screener nurses completed a six month clinical course.

7. AIDS CARE AND PREVENTION SERVICES

The decline in funding and funding prospects has lead the AIDS Care and Prevention Program (ACP) to develop new initiatives to sustain activities like cost sharing and alternative means of raising funds. This has lead to the continuous provision of HIV Prevention, care and treatment and psychosocial support services to clients. CBCHB was shortlisted as a sub-recipient for the Global Fund and we are hoping that this will go through. CBCHB has also been shortlisted for eminent PEPFAR funding in Cameroon. Although limited funding is received, external partners continued to provide technical assistance to ACP.

The Chosen Children Program (CCP) team paid visits to churches and some schools to create awareness on the plight of orphans in our communities and raised funds. A Musical Jamboree was organized in

Bamenda to celebrate Christmas with the orphans on December 5, 2010. The CBC General Secretary in his address to the audience of the Musical Jamboree stated that orphan care will henceforth be the concern of all CBC Christians and departments.

The support groups are generating significant income through the income generating activities. However, there is still limited funding for activities and this lead to a reduction in the frequency of support group meetings.

Two new Guava CD4 counters were acquired for Etoug-Ebe Baptist health centre and MBH. Registration of Etoug-Ebe Baptist Health centre's treatment centre is in progress. During the 2010 World AIDS Day the Governor of the Southwest Region visited the BHM Care and Treatment Center and was satisfied with the infrastructure and uptake of activities. The response of clients to cost sharing introduced to sustain activities is appreciable.

The tuberculosis control program continued to intensify case detection and treatment, following up patients for treatment adherence and completion. Funding is needed to increase case identification and multi-drug resistance not only in the hospitals but also in the communities as well.

The YONEFOH program had a come together with the Catholics following a retreat held with Fifty (50) youth and leaders of Bayelle Catholic Church at Pastoral Center in Bamenda at the request of their youth group. YONEFOH activities at the beginning of this academic year integrated health education on cholera and other communicable diseases.

The palliative care program has created a computerized database which has helped to improve on statistics and drug recording. Palliative care services have been extended to BHM. The international palliative care team visited Cameroon and provided sensitization and education for staff members, support for palliative care teams, and made two radio broadcasts.

The WHP received the Cordaid Award in Holland for best practices. This award which was contested for by over 60 organizations is accompanied by the sum of 6,500,000 FCFA. The donor intends that we should use the funds for advocacy. The WHP Authorization to import GARDASIL duty free has been obtained from the Ministry of Finance. The second dose of GARDASIL has been administered to over 1600 of the girls in the first phase and a National Protocol for Cervical Cancer Prevention and Management has been

developed. The cervical cancer screening and treatment of cancers is ongoing. The NIP program developed and distributed three different posters and CBCHB Organizational guidelines for infant feeding in PMTCT programs. Adopt a health care worker program financed the screening of 190 female staff for Cervical Cancer and 34 positive cases were detected and some have been treated. Adopt the health care worker funds will be extended to cover other long term diseases.

Community AIDS Education has produced a training manual. This year the program has trained final year students from the departments of Nursing and Journalism and Mass Communication of the Buea University and Administrators of the inspectorate of basic Education in the South West Region. A significant number of churches (Baptist, Presbyterian and Catholics) invited the community education team for VCT, eye screening and blood pressure measurement. During these outreach many referrals were made.

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

The Socio-Economic Empowerment of Persons with Disabilities Program is in its 2nd year of implementation. SEEPD is a platform of disability and development actors in the Northwest Region with focus being mainstreaming disability in development through networking. With over 40 stakeholders, the CBC Health Department is the leading implementing partner. This program aims at contributing to development by breaking the vicious cycle of disability and poverty and empowering persons with disabilities. In 2010, the Program continued with activities in its 5 domains of intervention with focus on contributing to an improvement in the quality of life of persons with disabilities in the NW Region of Cameroon.

8.1. Medical and Rehabilitation Services

The central drug procurement unit (CP) of the program has continued to meet the needs of the medical and rehabilitation structures at different project levels. During the year, a total of 47,859 persons accessed medical services both at activity centers and in communities. Prevention of disability talks were given with 39,301 people in attendance. A total of 60 radio broadcasts were done on 4 local radio stations to create awareness on existing services. Community sensitizations on existing services were done in 227 venues with 27,740 persons in attendance. A total of 1250 surgeries were done on people with disabilities in all the medical services.

8.2. Education

With the goal of ensuring that many more children with disabilities go to school and succeed in examinations in order to take part in future development, the following results were achieved:



Handing over of modified GBHS Ntamulung Building
buildings for easy accessibility.

Access in 2 educational institutions was modified for better physical accessibility as part of advocacy for school administrations and PTAs to build accessible schools to facilitate the inclusion of children with disabilities. The schools showed interest in the modifications and have made significant contributions by building ramps linking main

Campaigns were organized in communities to sensitize families on the importance of education for children with disabilities. Role models of successful persons with disabilities were part of the teams to the communities on sensitization. Over 107 parents and children received counseling on the need for education of children with disabilities. Inclusive education was greatly enhanced during the year 2010. 15 schools;(8 primary and 7 secondary) are currently implementing inclusive education in the Region This will give teachers of mainstream schools the skills to teach children with disabilities in inclusive settings thereby increasing the number of children with disabilities accessing formal education and letting those without

disabilities understand that there is dignity in diversity and learn to value each person.



Visit to the CGCE Board – Buea

brailing examination for candidates with visual impairments on the day of the examination.

The Program paid a visit to the GCE Board to advocate for extra time given to students with disabilities during public examinations organized by the Board. In a bid to facilitate this event SEEPD has acquired a Braille printer that the Board will use in the brailing of GCE questions. Once this process gets on, it will greatly reduce the de-motivating effect of

8.3. Economic Empowerment

A total of 117 PWDs have benefited from the Program's Loan scheme run in partnership with WINHEEDCAM. Still in line with micro-credits, the Coordinating Unit of Associations of Persons with Disabilities, Bamenda has begun running a micro-credit scheme for persons with disabilities thanks to SEEPD advocacy and Self-Assertiveness workshops for PWDs. SEEPD has identified 18 persons with disabilities employed. Some of the employed persons with disabilities are a result of the Program's advocacy on the need for business operators and employers to create disability-friendly jobs.

8.4. Research

The research component of the program has assisted the program in fact finding on the prevalence of disability and its impact on the quality of life of Persons with Disabilities in the NWR. Preliminary statistical analysis shows that about 8% of the NWR population lives with disabilities. Currently, a study on the impact of economic empowerment on the quality of life of persons with disabilities is at the level of data analysis. This study seeks to identify the changes that have occurred in the lives of persons with disabilities in the Region who have either accessed SEEPD-WINHEEDCAM micro-credits or been trained through the Mbingo Community Based Rehabilitation service. Initial results show that CBC's intervention in empowering persons with disabilities has changed lives significantly. A total of 8 Best Practice guidelines studies are going on with a more systematic understanding of the processes involved in its development. Once these studies are over, they shall greatly contribute to improvement in service delivery to persons with disabilities as well as social inclusion.

8.5. Communication



SEEPD's mainstream campaigns have been tailored to meet the needs of PWDs with the SEEPD context. Tools to inform PWDs on TB, Malaria, and HIV have been developed and are being disseminated in communities. Monthly information on topical issues are gathered and sent out to PWDs. A total of 40 trainers were trained during a 4 day workshop to train

other PWDS in DPOS on advocacy, self-assertiveness, landownership and politics. This capacity building workshop left PWDS determined to emerge from slumber and be part of community life and development. The lives of persons with disabilities in the Northwest are changing. As seen in this report, there is an increasing number of persons accessing services. Many more people are becoming aware of the importance of prevention. Though the impact of prevention campaigns are not measured and reported here, they certainly are contributing to reducing the prevalence of impairments in the Region. This will reduce the burden of disabilities on families and contribute to breaking the vicious cycle of disability and poverty. Emerging services are likely to further enhance the quality of life in the Region. The SEEPD Program team is grateful to the Health Board for its social ministry. Much thanks to SEEPD's international partners for raising funds to assist in transforming lives in the Northwest Region.

9. CBCHB Burkitt Lymphoma/Childhood Cancer Service

This service was started in 2003 by Dr Peter McCormick, now the chairman of BTT (Beryl Thyer Trust in the UK) and Prof Peter Hesselning (Department of Paediatrics, Stellenbosch University, South Africa) at Bansa Baptist Hospital, and later extended to Mbingo and Mutengene Baptist Hospitals. The CBCHB coordinator is Dr Francine Kouya.

Treatment is administered by doctors and nurses of the CBCHB who have been trained to apply specially developed standardized treatment protocols for children with Burkitt Lymphoma (BL) and Wilms Tumour (WT). Other childhood cancers are since this year by agreement referred to Dr Angele Ponde, paediatric oncologist at the Chantal Biya Foundation children's cancer treatment centre (CBF) in Yaounde. This service is supported by biannual visits by Prof Peter Hesselning, Dr Paul Wharin (a trustee of BTT) and regular consultations per email. Approximately 130 patients were treated during 2010 (120 BL, 7 WT, 3 other cancers) and 10 patients were referred to CBF. The intent is to commence with the treatment of patients with retinoblastoma in 2011.

BTT provides the chemotherapy drugs, supports hospital costs and has established a functional registry office and the essential infrastructure at every hospital. Prof Hesselning is the clinical director for BTT. His function is to develop treatment protocols, identify research questions, fund these with research grants, and to audit and present or publish the findings at scientific meetings and scientific journals. An essential component of the service is a parent support program that supports a research nurse, provides food support to guardians while in hospital, limited support for public transport, follow – up of patients at their home when they miss an essential appointment, and the promotion of knowledge and awareness (advocacy) of childhood cancer by scheduled nurse and doctor visits to CBC clinics, villages and traditional healers.

Scientific results were presented at SIOP international meetings in Accra in March and in Boston in October this year. At a workshop for all team members at Bansa Baptist Hospital on 18 December team members discussed the

outcomes of the BL and WT protocols, as well as completed projects on the role of traditional healers, the epidemiology of BL, an anthropological study of patient referral patterns and the role of abdominal ultrasound in the diagnosis and management of patients with BL.

The cure rate for patients with BL with current treatment is 60%. These results are acknowledged internationally as the best that have recorded in the setting of rural hospitals with limited resources in Africa. Our treatment strategies have been adopted by other treatment centres in Africa.

A memorandum of understanding was signed by CBCHB and the Department of Paediatrics at the University of Stellenbosch, South Africa in December. This will facilitate the exchange of knowledge, training and research collaboration between these institutions, and will provide support to paediatric health care in general at the CBCHB in the future.

An exciting new project is the improvement of the paediatric ward at Mbingo and the development of a children's cancer section. The Kettering Huxloe Rotary Club (UK) has adopted this as their project for 2011.

It should be noted that BTT has also initiated, and is supporting a breast milk bank at the above three CBC hospitals. This provides life –saving nutrition to small newborn babies who for medical reasons can not be fed by their mothers soon after birth.

Continued international support and collaboration (twinning) is essential to support, maintain and expand this unique cancer service at the CBC hospitals.

The above accomplishments are owed to the dedication of all CBCHB staff members. Visiting paediatricians to BBH have helped to maintain the service and provided essential support to both patients and staff members, and to generate reliable scientific data. Dr Nanna Kuhn (Germany) visited for a month, and Dr Mona Tamannai (Charite Hospital Berlin) has, with much dedication, managed both the Burkitt program and the paediatric service at BBH since April.

10. CENTRAL PHARMACY (CP)

The size and scope of operations of the CBC Central Pharmacy are simply vast. The running of CP structure involves complex procedures that have to be handled with utmost diligence. 2010 accomplishments of CP include: In line with Drug Supplies Services, 2 White Cross shipments, 1 Project Cure and 1 Samaritan Purse consignments were received. Also, many drug consignments, and supervision visits were performed to the satellite stores and stock of December 2010 taken. Furthermore, the hospital stores of the major hospitals were taken over and are being run by the Central Pharmacy.

The Quality Assurance department monitored production and controlled the quality of the products produced in Central Pharmacy. The quality of most raw materials coming in was also assessed in 2010. The Company acquired Thin Layer Chromatography (TLC) tanks and accessories, Ion Selective Electrode and accessories, and an incubator. The implementation of the Quality Management System (QMS) began.

The Sterile Production department produced some 150,000 Bags of infusion fluid, a quantity that is more than the annual consumption (143,341 IV bags per year) for all the CBC Health Board institutions. 150,000 bottles of eye drops were produced, a quantity three times that produced the previous year (49,000 bottles). Thus the goal of meeting all the needs of the Health Institutions of the Health Board with these products was met.

The Chemical Production department met the sales target for 2010 .It has started bleach dissolution, dilution and filtration using Sodium Hypochlorite. The staff strength has grown to 4.

The Non-sterile Production department continues to prepare extemporaneous products for all the CBC institutions. These include ointments, creams, solutions, suspensions, emulsions, lotions etc

The HESCO WATER Production department had two inspection visits from the Ministries of Mines and Technological Development as well as from the Ministry of Public Health. Their immediate comments were good but official reports from Yaoundé are still awaited.

Major challenges of CP included the need for appropriate warehousing and drug storage conditions, timely availability of not only raw materials but also finished products like drugs, insufficient finances for proper data and stock management and of some expired items. Improper warehousing led to the loss of large quantities of stock, like intra venous glucose to rodents.

A lot of the work in most of the departments is done manually. This is laborious and very demanding as well as time consuming. Many machines are old, breaking down often and requiring much maintenance, and so increasing production costs. Essential spare parts are not easily available. The Quality Assurance department does not have enough personnel; it lacks a separate Microbiology Laboratory, lacks some equipment to facilitate assessment of the quality of imported medicines and raw materials and also lacks biochemical reagents for microbial identification

11. CBCHB INSTITUTIONS

11.1. Health Services Complex (HSC)

The main accomplishment of HSC was in the area of maintenance and team work.



Front View of Renovated Rest House Restaurant

The rest house restaurant was renovated and the roofs of other rest houses maintained. The consolidation of the land acquired from Chief Luma is taking long but remains one of the main goals of HSC. The security of HSC was reinforced in several ways.

HSC experienced two armed robbery attacks. Investigations are still going on. On another sad note, HSC lost a staff (Mr. Asah Charles) by death through a car accident.

11.2. Banso Baptist Hospital (BBH)

The accomplishments of BBH in 2010 in several directions have been very outstanding. The number of outpatients and admissions increased from 83,924 to 92, 219 and from 7,729 to 8,034 respectively. Major achievements of the year are as follow:

The OPD Project construction continued with funds received from Doctor and Mrs. James Norman and their friends



BBH OPD COMPLETED SIDE VIEW



BBH OPD SIDE VIEW – PENDING COMPLETION

and from BBH staff. The building was roofed and work is in progress on the walls.

The Eye Department Project is jointly funded by CBCHB, CBM and other donors. The decking of the basement and ground floor is complete. The plan is to complete the ground floor and relocate the eye OPD there in 2011. Renovation work on the staff duplex was completed and the building is in use. Construction work is continuing on the maternity blocks of Ngounso and Kouhouat Baptist Health Centers. Feasibility studies were done on the Lassin permanent site project.



Ground Floor of New BBH Eye Department Being Completed

Four Health facilities including Allat, Nyamboya, Sarkibaka and Baptist Hospital Banyo were handed over to Baptist Hospital Banyo for administration and supervision.

The services of Dr Martin Salia will end in January 2011. BBH will thereafter be left with only one general surgeon. There will be need for another general surgeon. The hospital has one general practitioner, and internists.

BBH was blessed with several visitors in 2010. These include Dr. Mona Tamannai, a Pediatrician from Germany, Dr. James Norman left for the USA, Dr. Catherine D'Souza and Dr. Sims Richard amongst others.

BBH experienced the following difficulties in 2010

- The frequent electricity failure led to the breakdown of major equipment that slowed down work e.g X-ray machines, laundry
- machines, exaggregator Autoclave etc.
- The generator was used for long hours of no electricity and that was very costly in terms of fuel consumed.
- There is need for more senior staff houses.
- More doctors particularly surgeons are required.
- The BBH internet lines have consistently be poor.

11.3. Mbingo Baptist Hospital (MBH)

Generally, MBH staff have been very committed at work in 2010. This is evident from the 73,126 out patients and 8,406 inpatients that received compassionate services during the year. Developments that occurred in 2010 within MBH include:

Infrastructural accomplishment included at the hospital; the changing of the Chapel roof, the building of the Orthopaedic Theatre, the construction of three low cost houses on the former Mbingo Market, the completion of a four apartment story for PAACs residents, the decking of the first floor of the Outpatient Department and columns are currently being raised.



MBH NEW OPD UNDER CONSTRUCTION – SIDE VIEW



MBH NEW OPD UNDER CONSTRUCTION – FRONT VIEW

At Supervised integrated health centre level, projects realized included the completion of the Belo Baptist Health Centre Chief's kitchen, the Ashong Baptist Health Centre Care givers' kitchen, and the Nkwen Baptist Health Centre

Antenatal Clinic. Projects in progress include the Bayangam Baptist Health Centre Care givers' kitchen and the Sabga Baptist Health Centre Children's ward.

Dr Acha Evaristus completed specialization training in E.N.T. in Kenya and returned to MBH. ENT services started on October 2010 and are well utilized. A pathology laboratory is being set up at MBH by Dr. Richard Bardin, a career missionary who joined the team in Mbingo in August 2010. He doubles as an internist and a pathologist. Dr. Tambe Emmanuel completed the first part (six months) training in Eye Diseases and Vitro-retinal surgery in Canada in September 2010 and returned in October 2010. While offering some of the feasible retina services at MBH, strategic plans are being made to set up the retina unit.

Two leprosy patients were successfully treated and two persons with disabilities successfully completed a vocational training. The discharge/graduation program was organized during the 57th World Leprosy day on the January 31, 2010 at MBH.

Miss Patricia Lenz who retired in December 2008 received a send off service in August 2010. She returned to USA after serving with the CBC Health Board for 38 years. Mr. Diom Sylvanus Chiabi – a carpenter at Mbingo Baptist Hospital was the lone retiree in 2010.

MBH encountered the following challenges in 2010;

The Belo Council engaged in a dispute with MBH to expropriate a piece of land at the Hospital market for the construction of permanent market. In the course of legal procedures, the Mayor of Belo lost the first case and opted for the withdrawal of rest of the matter in court and for reconciliation. The strained relationship between the Belo Council and MBH no longer exist.

With the increasing number of visitors (especially to assist in the residency programs) available lodging space is inadequate. There is need for the construction of additional guest houses to accommodate more visitors.

11.4. Baptist Hospital Mutengene (BHM)



BHM Maternity Block Under Construction

The year 2010 was a very busy one at BHM. Outpatient attendance was 84,180 and admissions 3,370 in 2010. Work was advanced in the fence of the compound. The maternity block construction was started and is in progress. The workload increased disproportionately with staff. More staff, especially a general surgeon, ophthalmologist, and general practitioner are needed. There is urgent need for some major equipment like the Patient Monitors, Anesthetic machine, Fundus Camera for Eye

11.5. Banyo Baptist Hospital (BHB)

Major BHB accomplishments in 2010 included serving 9,182 out patients and 2,761 inpatients. Several equipment like X-ray machine and processor, infant incubators, infant warmers, etc were bought. Banyo water system management was handed over to BHB and lots of adjustments have been made. BHB administration is working hard to continuously strengthen good relationship with Banyo community leaders which is key to improving on service utilization.

BHM encountered lots of challenges in 2010 including, the absence of patients'privacy owed to the hospitalization of men and women in the same ward, too many needy patients leading to huge un paid fee, language barrier (many service users can not speak English or French), the need for two staff capable of handling both X-ray and Ultra-sound to allow for coverage in the absence of one, etc. The key needs of BHB include a four wheel drive vehicle for supervision, a backup generator for the theatre and a laundry building.

12. 2010 CHALLENGES OF CBCHB

PAACS BBH is still not reopened due to the absence of a program Director. We need a second surgeon in BBH to meet regular surgical needs. The shortage of TB drugs was most regretted and we trust that this will not happen in future. We noticed that there is a decline in the trend of drug availability in the Central Pharmacy. All efforts will be made in 2011 to reverse this trend.

B. HEALTH INFORMATION MANAGEMENT SYSTEMS (HMIS)

The HMIS team worked hard to continue to improve on the quality of reports. HMIS training was conducted for HMIS staff with the goal of strengthening the skills and enhancing understanding of reporting indicators of staff who compile statistics and to ensure that all CBCHB institutions have trained staff responsible for statistical reporting.

The statistics presented in this report compares 2010 activities with those of 2009. Generally, service utilization increased in 2010. Contributing factors to this increase in uptake include expansion, the quality of services provided, affordability and changes made in reporting approach.

Table 1: Summary of performance of CBCHB institutions in 2010

INDICATOR/DEPARTMENT	BBH	MBH	BHM	BHB	DBH	SUPERVISED IHCs	Total
Bed Capacity	238	270	50	33	40	498	1,129
Staff Strength*	471	460	168	54	21	1,049	2,223
OPD attendance	92,219	73,126	84,180	9,182	4,569	538,653	801,929
Inpatient Attendance	8,034	8,406	3,370	2,761	1,603	16,529	40,703
Deliveries	1,362	732	659	153	434	3,414	6,754
Major Surgeries	1,653	3,018	532	227	36	93	5,559
Minor Surgeries	4,378	5,512	1,397	291	181	18,788	30,547
Deaths	493	492	165	60	-	141	1,351
Patients seen by Pharmacy	71,718	56,147	66,603	4,255	7,787	404,450	610,960
Patients seen by Laboratory	42,501	44,399	40,049	2,229	5,199	192,919	327,296
Patients seen by Doctors	17,270	22,916	10,166	714	2,361	25,508	78,935
Patients seen by Screeners	34,825	37,297	73,610	3,508	3,280	422,432	574,952
Eye Department	10,957	12,212	9,886	-	441	48,478	81,974
Chaplaincy/Social workers	5,877	3,234	4,008	233	975	8,842	23,169
Dental Department	4,641	1,661	3,872	-	333	28,277	38,784
Ultrasound Department	6,550	7,824	3,535	-	1,597	5,004	24,510
Physiotherapy Department	4,563	6,278	2,840	-	-	10,076	23,757
X - Ray Department	4,837	7,931	1,468	-	710	-	14,946

* : Staff of supervised IHCs include those of LAP, DHS OFFICE, HSC AND

Table 2.1 – Bed Distribution by Hospitals and Health Centers

Hospital	Medical	Maternity	Pediatric	Surgical	Total	%
BBH	104	39	51	44	238	21.1
MBH	162	22	26	60	270	24.0
BHM	20	18	6	6	50	4.4
BHB	23	17	0	0	40	3.6
DBH	16	3	7	7	33	2.9
Other Institutions	239	204	55	0	498	44.0
Total	564	303	145	117	1,129	100.0

There are 1,129 beds in total in all CBCHB institutions at the end of 2010.

Table 2.2 Number of Beds distributed by ward, comparing 2009 and 2010

S/N	WARD	2009	2010	% CHANGE
1	Medical	573	564	-0.5
2	Maternity	254	303	18.8
3	Pediatric	141	145	2.8
4	Surgical	117	117	0.0
	TOTAL	1,085	1,129	4.5

The overall number of beds in CBCHB institutions increased by 4.5% in 2010. Despite the increase in the overall bed capacity, there was a drop of 0.5% in the number of beds in the medical ward. The 18.8% increase in the number of beds in the maternity is due to the start of maternity services at Mboppi Baptist Health Centre.

Table 3.1 Staff strength by institution and cadre

SN	GRADE	DHS CENTRAL	HSC	LAP	PTSHP	BBH	MBH	BHM	BHB	DBH	OTHERS	TOTAL
1	Doctors	0	0	0	0	10	19	3	2	0	9	43
2	Trained Nurses	6	2	14	7	143	86	42	19	4	154	477
3	Auxillary	3	12	1	0	86	80	29	8	4	177	400
4	Paramedical	0	31	1	0	82	44	34	8	1	100	301
5	Administrators	2	3	1	1	3	3	2	1	0	6	22
6	Admin Staff	17	19	8	2	47	25	4	5	1	64	192
7	Chaplains	1	1	1	0	10	6	4	1	1	17	42
8	Others	74	55	16	1	90	197	50	10	10	243	746
	TOTAL	103	123	42	11	471	460	168	54	21	770	2,223
	%	4.6	5.5	1.9	0.5	21.2	20.7	7.6	2.4	0.9	34.6	100

Table 3.2 staff strength by cadre comparing 2009 and 2010

S/N	CADRE	2009	2010	% CHANGE
1	Doctors	46	44	-4.3
2	Trained Nurses	423	477	12.8
3	Auxiliary	428	400	-6.5
4	Paramedical	223	301	35.0
5	Administrators	15	21	40.0
6	Administrative staff	176	192	9.1
7	Chaplains	47	42	-10.6
8	Others	696	746	7.2
	TOTAL	2,054	2,223	8.2

Overall staff strength increased by 8.2% in 2010. The 6.5% reduction in auxiliary staff is because some of them went to training and thereafter became trained nurses that increased by 12.8. Trained nurses were also directly recruited.

Table 4.1: Outpatients Attendance

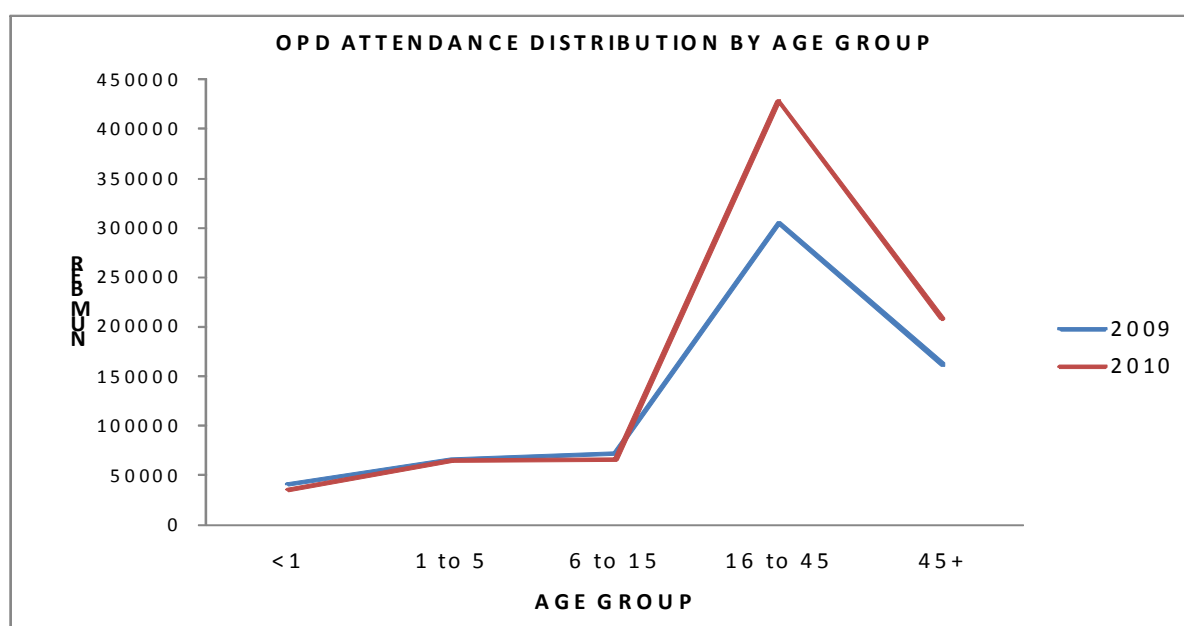
SN	INSTITUTION	2009	2010	% CHANGE
1	BBH	83,924	92,219	9.9
2	MBH	62,123	73,126	17.7
3	BHM	62,614	84,180	34.4
4	BHB	9,839	9,182	-6.7
5	DBH	4,589	4,569	-0.4
6	Other Institutions (IHCs)	424,281	538,653	27.0
	TOTAL	647,370	801,929	23.9

There is an overall increase of 23.9% in outpatient attendance in 2010 compared to 2009. The much more increase in OPD attendance is due to an adjustments that were made in reporting, pulling outpatients from the eye, dental, HIV and ANC clinics together with those of the general hospital. Despite this increase, BHB and DBH observed a reduction in outpatient attendance in 2010.

Table 4.2 – Outpatient distribution by gender

SN	GENDER	2009	2010	% CHANGE
1	Male	281,354	330,178	17.4
2	Female	366,016	471,751	28.9
	TOTAL	647,370	801,929	23.9

Generally, more females utilize services at CBCHB institutions than males. Women attended to in 2010 increased by 28.9% while men increased by 17.4% relative to 2009.



The proportion of patients older than 15 that was served in 2010 increased while that of patients less than 15 was similar in both years

Table 5.1: Five Health centers with Highest OPD Attendance in 2009 and 2010

SN	2009		2010	
	Health Center	Attendance	Health Center	Attendance
1	MBOPPI	108,675	MBOPPI	177,175
2	ETOUG-EBE	83,754	ETOUG-EBE	92,984
3	NKWEN	65,250	NKWEN	71,454
4	KUMBA	31,057	KUMBA	35,654
5	BAFOUSSAM	23,156	EKOUNOU	25,933

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

Table 5.2 Five Health Centers with lowest OPD attendance in 2009 and 2010

SN	2009		2010	
	Health Center	Attendance	Health Center	Attendance
1	AKEH	1,474	AKEH	2,153
2	ROMKONG	2,171	NGEPTANG	2,893
3	KWIGHE	2,262	SARKI BAKA	2,909
4	NGEPTANG	2,280	LASSIN	3,241
5	SARKI BAKA	2,464	ALLAT	3,320

Romkong and Kwighe dropped from the list of health centers with lowest OPD attendance while Lassin and Allat featured. Although Akeh, Ngeptang and Sarki Baka were retained in the list of centers with lowest OPD attendance, their patients' attendance increased in 2010 compared to 2009.

Table 6.1 – Admissions by institutions and by wards

HOSPITAL	MATERNITY	PEDIATRIC	SURGICAL	MEDICAL	TOTAL	%
BBH	1,363	1,601	1,499	3,571	8,034	19.7
MBH	812	914	2,534	4,146	8,406	20.7
BHM	723	750	463	1,434	3,370	8.3
BHB	131	379	149	944	1,603	3.9
DBH	434	0	0	2,327	2,761	6.8
Other Institutions (IHCs)	3,713	3,509	0	9,307	16,529	40.6
TOTAL	7,176	7,153	4645	21,729	40,703	100

Table 6.2 Admissions of 2010 compared to 2009

SN	UNIT	2009	2010	% CHANGE
1	Maternity	6,586	7,176	9.0
2	Pediatric	6,618	7,153	8.1
3	Surgical	4,527	4,645	2.6
4	Medical	18,419	21,729	18.0
	Total	36,150	40,703	12.6

There was an increase of 12.6% in the number of inpatients served in 2010. More of these patients were seen in the medical ward.

Table 6.3 Bed occupancy rate of 2010 compared to 2009

SN	INDICATOR	2009	2010	% CHANGE
1	Number of beds	1085	1,129	3.8
2	Number of hospital days	180,311	197,446	8.7
3	Average length of stay	5	4.9	-2.0
4	Bed occupancy rate	45.5	48.0	5.4
5	Mortality rate	3.3	3.3	0.0

Bed occupancy rate and average length of stay decreased by 10.0%.

Table 6.3 Bed occupancy rate by Institution

SN	Indicator	BBH	MBH	BHM	BHB	DBH	Supervised IHCs	Total
1	Number of beds	238	270	50	33	40	498	1,129
2	Number of hospital days	53819	70235	13186	5608	7511	47087	197,446
3	Average length of stay	6.7	8.4	4.1	3.6	2.3	6.3	4.5
4	Bed occupancy rate	61.7	71	72.3	45.2	50.2	25.9	44.8
5	Mortality rate	6.1	5.9	4.9	2.2	0	0.9	3.3

Table 7 – Patients flow per department for 2010 compared to 2009

SN	DEPARTMENTS	2009	2010	% CHANGE
1	Eye	66,590	81,974	23.1
2	X-Ray	12,442	14,946	20.1
3	Physiotherapy	16,270	23,757	46.0
4	Ultra-Sound	18,971	24,510	29.2
5	Dental	29,882	38,784	29.8
6	Laboratory	280,478	327,296	16.7
7	Pharmacy	507,764	610,960	20.3
8	Chaplaincy	21,347	19,684	-7.8
9	Patients seen by doctors	84,390	78,935	-6.5
10	Patients seen by screeners	407,438	574,952	41.1

The number of patients seen by chaplains and Doctors in 2010 decreased by 7.8% and 6.5% respectively. It was observed that not all patients seen by doctors are reported.

Table 8: Departmental Patient Flow for Hospitals and IHCs

DEPARTMENT	BBH	MBH	BHM	DBH	BHB	IHCs	TOTAL
Eye	10,957	12,212	9,886	-	441	48,478	81,974
X-ray	4,837	7,931	1,468	-	710	-	14,946
Physiotherapy	6,550	6,278	2,840	-	-	10,076	23,757
Ultra-sound	4,641	7,824	3,535	-	1,597	5,004	24,510
Dental		1,661	3,872	-	333	28,277	38,784
Laboratory	42,501	44,399	40,049	2,229	5,199	192,919	327,296
Pharmacy	71,718	56,147	66,603	4,255	7,787	404,450	610,96
Chaplaincy	4,743	3,234	2,588	975	233	7,911	19,684
Patients seen by doctors	17,270	22,916	10,166	714	2,361	25,508	78,935.
Patients seen by screeners	34,825	37,297	73,610	3,508	3,280	422,432	574,952

Table 9.1 : Mother and Child Health (MCH) FOR 2010 COMPARED TO 2009

ACTIVITY	2009	2010	% CHANGE
Antenatal Clinic	50,976	57,133	12.1
Family Planning	36,373	36,907	1.5
Infant Welfare Clinic	5,510	5,876	6.6
Preschool Clinic	4,095	4,472	9.2
Total	96,954	104,388	7.7

In 2010, all MCH activities increased by 7.7%

Table 9.2 : Deliveries for 2010 compared to 2009

DELIVERIES	2009	2010	% CHANGE
Total delivery	6,267	6,754	7.8
Live birth	6,003	6,473	7.8
Pre-term	215	204	-5.1
NEOD	69	40	-42.0
BBA	128	76	-40.6
SB	159	156	-1.9
AB	154	115	-25.3

Total deliveries increased by 7.8% while undesired events like pre – term, NEOD, BBA, SB and AB decreased.

Table 9.3: Health Centers with High ANC but without L&D Services

Health Centers	New	Old	Total
Etough-Ebe	1548	6297	7845
Nkwen	594	2721	3315
Ekounou	408	1633	2041
Bafousam	363	1436	1799

Table 10: Immunization for 2010 compared with 2009

SN	VACCINE	2009	2010	% CHANGE
1	MENINGITIS	2,815	4,342	54.2
2	BCG	6,886	7,205	4.6
3	DPT	18,584	19,618	5.6
4	POLIO	26,409	26,663	1.0
5	TITANUS	15,965	17,319	8.5
6	MEASLES	11,132	5,781	-48.1
7	OTHERS	7,977	7,716	-3.3

Other than meningitis that increased and measles the dropped in 2010, immunization figures were similar for other vaccines.

Table 11: Surgeries

SN	SURGERY	2009	2010	% CHANGE
1	MINOR	21,993	30,547	38.9
2	MAJOR	5,189	5,559	7.1
	Total	27,182	36,106	32.8

There was an overall 32.8% increase in the number of minor and major surgeries put together in 2010 compared to 2009.

FIG 2

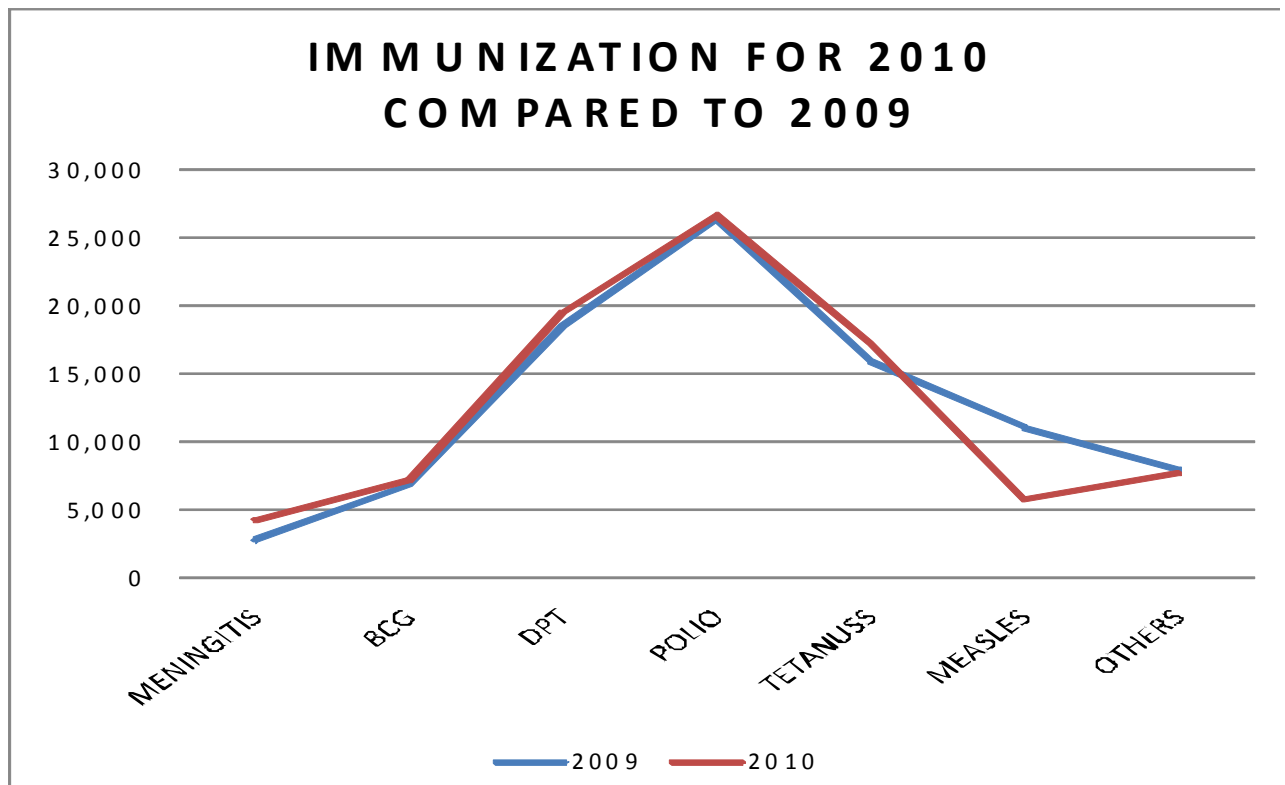


Table 12: Surgeries by Institution

Institution	Surgery Type		Total
	Minor	Major	
BBH	4,378	1,653	6,031
MBH	5,512	3,018	8,530
BHM	1,397	532	1,929
BHB	291	227	518
DBH	181	36	217
Other Institutions	18,788	93	18,881

Table 13: Notifiable Diseases

DISEASES	2009	2010	% CHANGE
Neonatal tetanus	13	15	15.4
Leprosy	9	11	22.2
Yellow fever	7	4	-42.9
Cerebrospinal meningitis	300	276	-8.0
Human rabies	8	9	11.1
tuberculosis	1076	1020	-5.5
Cholera	4	5	25.0
Typhoid fever	478	410	-14.2
Poliomyelitis	13	15	15.4
Measles	9	11	22.2

Table 14: HIV Prevalence

Type of Clients	2009		2010		% Change
	# Screened	% HIV+	# Screened	%HIV+	
Blood donors	3,905	4.7	4,677	3.8	-0.9
Patients	30,194	21.8	33,211	20.8	-1.0
Total	34,099	19.8	37,888	18.7	-1.1

HIV prevalence decreased among blood donors and hospital patients.

Table 15: Deaths in CBCHB Institutions

Wards	2009	2010	% change
Pediatric	133	157	18.0
Surgical	68	78	14.7
Maternal	12	8	-33.3
Medical	1123	1108	-1.3
TOTAL	1,336	1,351	1.1

Table 16 – 10 Leading Diseases for 2009 and 2010

SN	2009		2010	
	DISEASE	CASES	DISEASE	CASES
1	MALARIA	51,605	MALARIA	62,336
5	URTI/LRTI	12,677	URTI/LRTI	16,858
2	GASTRITIS/PUD	10,285	GASTRITIS/PUD	10,959
4	HYPERTENSION	9,765	HYPERTENSION	10,904
5	CYSTITIS/UTI	6,164	GE/DIARRHOEA	7,633
6	RHEUMATISM/ARTHRITIS	6,063	CYSTIS/UTI	7,005
7	GE/DEHYDRATION	5,501	PITYRIASIS	6,395
8	TINEA	4,525	CONJUNCTIVITIS	5,109
9	HIV AND AIDS	4,449	ASCARIASIS/OTHER WORMS	4,997
10	ASCARIASIS/OTHER WORMS	4,302	MYOSITIS	4,506

Malaria continues to top the list of the leading diseases. HIV and AIDS dropped from our list in 2010. The top four diseases of 2009 stay on our list in that order in 2010.

Table 17 – 10 leading causes of death

SN	2009		2010	
	DISEASE	CASES	DISEASE	CASES
1	AIDS	213	AIDS	229
2	ROAD TRAFFIC ACCIDENTS	159	MALARIA	213
3	MALARIA	82	ROAD TRAFFIC ACCIDENT	160
4	PNEUMONIA	75	TUBERCULOSIS	77
5	MENINGITIS	73	CONGESTIVE HEART FAILURE	65
6	CONGESTIVE HEART FAILURE	55	HYPERTENSION	64
7	ANAEMIAS	50	SICKLE CELL DISEASE	58
8	TUBERCULOSIS	40	ANEMIA'S	56
9	CANCERS	36	SEPTICAEMIA	45
10	RENAL FAILURE	29	RENAL FAILURE	25

HIV and AIDS maintained the top position as the leading cause of death even though it did not feature among the leading diseases. Malaria moved up to occupy the second position exchanging its third position with road traffic accident.

Table 19: CBCHB-HIV/AIDS Care and Treatment

CBCHB-HIV/AIDS Care and Treatment activities for 2010					
GENERAL ENROLLMENT					
SN	SITE	GENERAL 2010	ART 2010	CUMULATIVE ART	CURRENT ART
1	BHM	1218	750	1938	1765
2	MBH	327	226	1089	688
3	MBOPPI	1472	811	2720	2003
4	NKWEN	1013	758	3596	2949
5	BBH	900	828	3545	2818
	TOTAL	4930	3373	12888	10223

Table 19a: PCR Testing

SITE	# TESTED	# HIV+	% HIV+
NKWEN	205	12	5.9
BBH	229	8	3.5
MBH	99	2	2
BHM	78	7	9
MBOPPI	93	7	7.5
TOTAL	704	36	5.1

The use of multidrug for PMTCT especially at the HIV treatment centres has led to a steady drop in MTCT rates.

Table 20: CBCHB PMTCT ACTIVITIES FOR 2009 AND 2010

Indicator	2009	2010
# of Facilities	426	434
# Counseled	99,706	102,307
# Tested	98,048	100,767
% Tested	98.3	98.5
# Returning for results	97,765	100,505
% Returning for results	99.7	99.7
# Positive	5,612	5,545
% Positive	5.7	5.5
# of Mothers Receiving ARV prophylaxis	5,420	5,450
% of Mothers Receiving ARV prophylaxis	96.6	98.3
# of Infants Receiving ARV prophylaxis	3,663	3,705
% of Infants Receiving ARV prophylaxis	65.3	66.8
Infants tested by PCR	1,160	1,791
Infants with positive PCR	125	178
% HIV-Positive by PCR	10.8	9.9

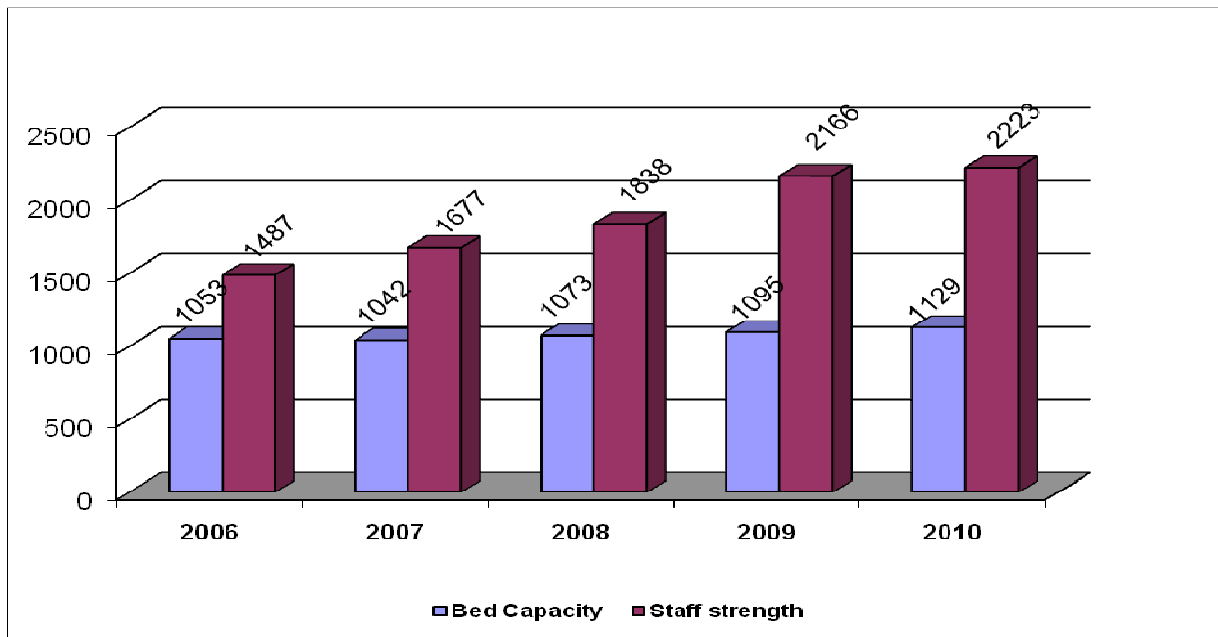
Comparing 2009 data with that of 2010, there has been an increase in the total number of women counseled, tested and pre test counseled. There has equally been an increase in the total number of positive women and HIV exposed infant treatment. These are expected changes given that the number of sites increased in 2010.

Table 21: CBCHB Tuberculosis activities

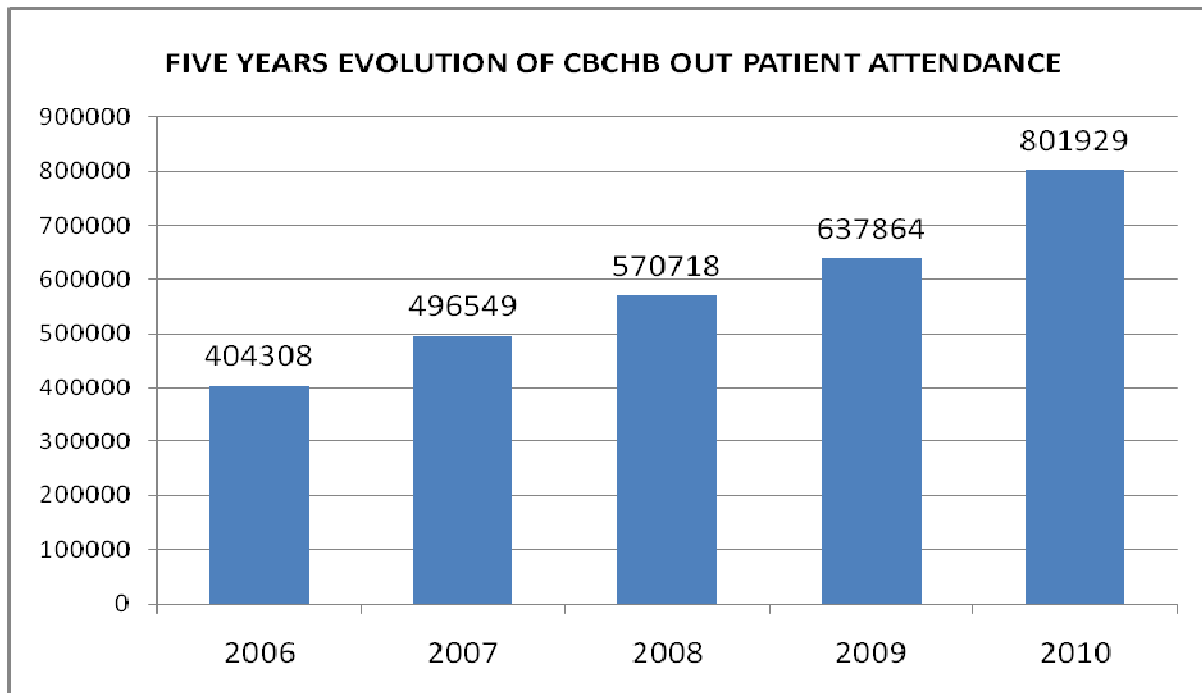
Indicators	2009	2010	% CHANGE
Total # of TB patients	1272	1,274	0.2
Number screened for AFB	5,389	6,180	14.7
Number of pulmonary TB	1072	1122	4.7
Number of Smear Positive	863	938	8.7
Number of Smear Negative	183	177	-3.3
Number of Extra Pulmonary TB	146	154	5.5
Number tested For HIV	1108	1194	7.8
Acceptance rate	87.1	93.7	7.6
Number tested HIV+	590	626	6.1
% of Co-infection	53.2	52.4	-1.5

ANNEX – FIVE YEARS EVOLUTION OF CBCHB KEY ACTIVITIES

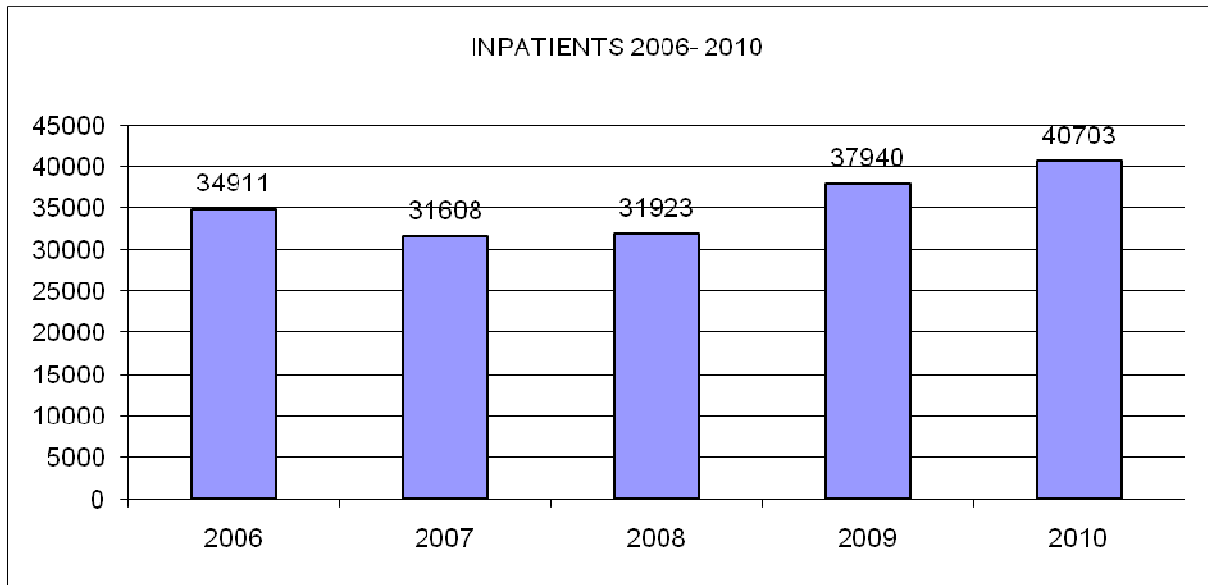
Annex 1- Five Year Evolution of Number of Beds and Staff



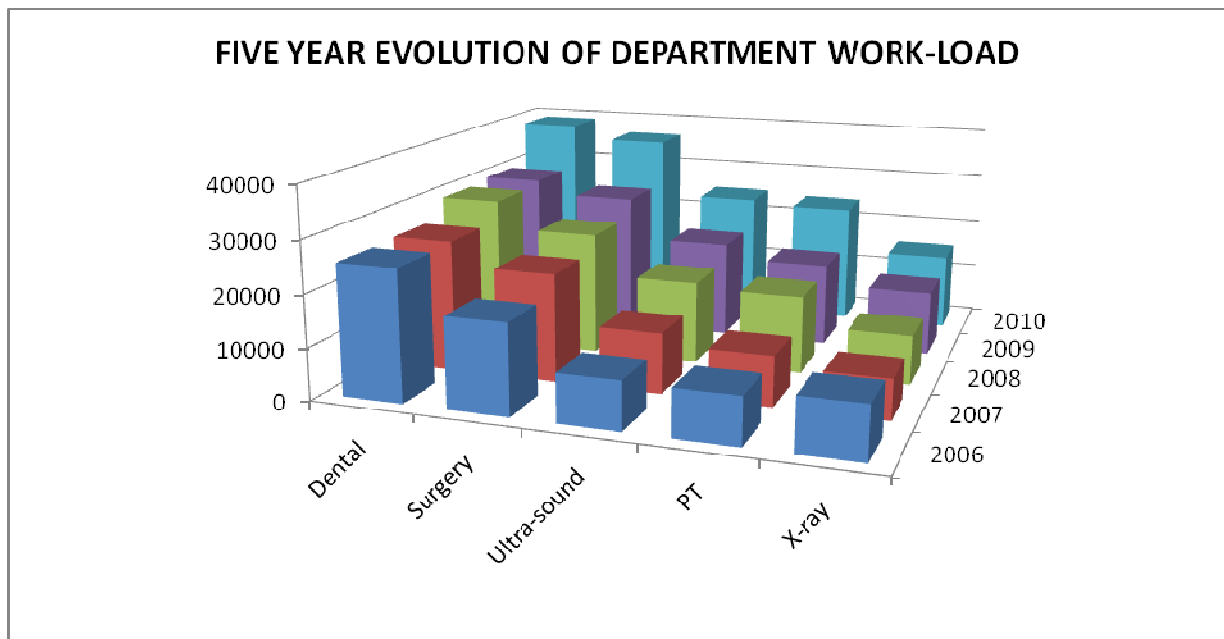
Annex 2 – Five Years Evolution of Outpatient Attendance



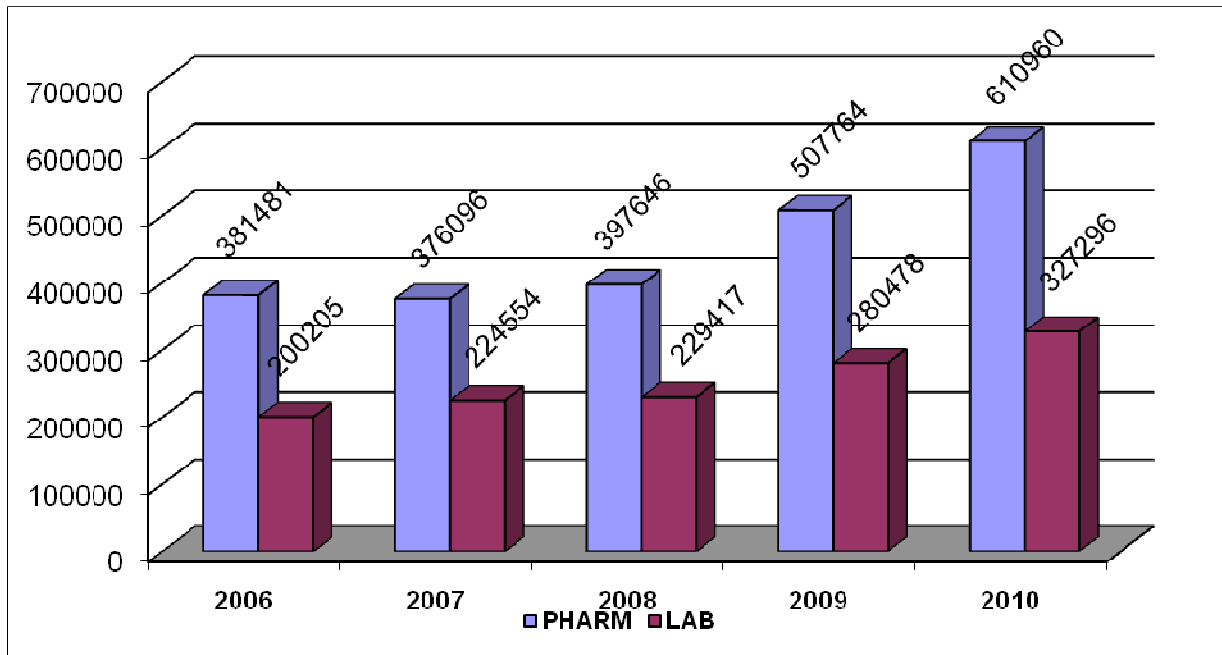
Annex 3- Five Years Evolution of Patients Admissions



Annex 4- Five Years Evolution of Department work load



Annex 5- Patients seen in Laboratory and Pharmacy



Annex 6- Five Years Evolution of MCH Activities

