

# CAMEROON BAPTIST CONVENTION HEALTH SERVICES



**ACTIVITY REPORT, 2011**

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## ANNUAL REPORT, 2011

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## **LIST OF ABBREVIATIONS**

<b>AB</b>	<b>Abortion</b>
<b>ANC</b>	<b>Antenatal Clinic</b>
<b>BBA</b>	<b>Birth Before Arrival</b>
<b>BBH</b>	<b>Banso Baptist Hospital</b>
<b>BHM</b>	<b>Baptist Hospital Mutengene</b>
<b>CBCHS</b>	<b>Cameroon Baptist Convention Health Services</b>
<b>CHF</b>	<b>Congestive Heart Failure</b>
<b>LRTI</b>	<b>Lower Respiratory Tract Infection</b>
<b>MBH</b>	<b>Mbingo Baptist Hospital</b>
<b>NEOD</b>	<b>Neonatal Delivery</b>
<b>OPD</b>	<b>Out Patient Department</b>
<b>FP</b>	<b>Family Planning</b>
<b>SB</b>	<b>Still Birth</b>
<b>URTI</b>	<b>Upper Respiratory Tract Infection</b>
<b>UTI</b>	<b>Urinary Tract Infection</b>
<b>COC</b>	<b>Chief of Center</b>

**Mission Statement**

The Cameroon Baptist Convention Health Department 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.

**Vision**

Quality care to all

**Acknowledgement**

The accomplishments presented in this report are God's Mighty blessing to 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 CBCHS staff who worked together to accomplish these results.

## **A. NARRATIVE REPORT**

### **1.1.1. Introduction**

The Cameroon Baptist Convention Health Services (CBCHS), a non-profit, faith-based healthcare organization has continued to strive in the provision of quality, affordable and accessible services to everyone who need them. The 6 hospitals, 24 Integrated Health Centers and 50 functional Primary Health centers of CBCHS are distributed in six of the ten regions of Cameroon. The CBCHS provides holistic health services including preventive, curative and rehabilitative care. 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

### **1.1.2. Private Training School for Health Personnel (PTSHP), Bansa**

The PTSFHP had major changes and accomplishments in 2011. Leadership in the school changed hands and the school was reorganized creating eight departments offering a total of twenty programs.

Mr. Nkwan Jacob was appointed as the Director of PTSFHP and Mrs. Ngwayu Margaret the Associate Director.

The school graduated a total of one hundred and seventy (170) students; 25 Advanced Practice Nursing Assistants, 10 Laboratory Assistants, 4 Physiotherapy Assistants, 29 Nursing Assistants, 16 laboratory auxiliaries, 39 pharmacy auxiliaries, and 46 ward auxiliaries.

Five Ophthalmic Medical Assistants (OMA) and eleven Assistant Ophthalmic Medical Assistants (AMOA) students are in second year of their course. The AOMA students will be completing in August 2012, while OMA will be completing in August 2013.

The following eight classes with a total enrolment of 205 started classes in 2011

1. Advance Practice Nursing Assistant –Medical/Surgical (APNA-MS) with 33 students
2. Advance Practice Nursing Assistant-Obstetric (APNA-OB) with 18 students
3. Nursing Assistant with 56 students
4. Nursing Auxiliary with 34 students
5. Nurse Anesthetic with 8 students
6. Physiotherapy Assistant with 10 students
7. x-ray/Ultrasound Assistant Technician with 17 students
8. Dental Auxiliary with 14 students

Twenty eight students were recruited to the Pharmacy Auxiliary course planned to start on January 09, 2012. About seven candidates already in service will join them. Alongside trainings, the school was involved in the orientation of 40 newly recruited nurses and 12 Laboratory staff

The school needs more staff and space, especially with the plan to commence the training of midwives and SRN in 2012. The school is appreciative of the support they are given by CBCHS administration.

### **1.1.3. Life Abundant Primary Health Care (LAP)**

Through God's guidance and Leadership LAP realized much in 2011 as highlighted; A total of 33,848 consultations and 1,032 deliveries were conducted in the 50 functional primary healthcare posts.

Several trainings we conducted including the training of 9 Community Mother Child Health Aides (CoMCHAs) in MCH Service delivery from 8 Villages at Ndu in March 2011 and training of 14 Health Promoters from 10 villages in Promoter Basic Training from September to October 2011. A refresher course in basic management skills was conducted for 30 Village Health Committee members drawn from 10 communities. Nine LAP Field supervisors, 6 Primary Health Care Nurses and 6 Administrative staff participated in a bi-annual Resource Pool meeting in April and November 2011 to plan, monitor and evaluate the implementation of LAP project in the Field.

Activities realized with the communities included the conduct of a baseline survey and Community Determined Health Care exercises in Bitui and Bougam LAP Villages to determine the demographic and health data of the two communities. LAP also carried out prospection in the following 8 Villages: Mbanga in the Littoral, Koba in the south West, Koutaba in the West, Balikumbat, Djottin, Soubum, Mbuyi and Mbokam in the North West. Amongst the 8 villages in prospection, Koba and Mbanga will go functional in December 2011 and January 2012. Currently, LAP is supervising 50 functional PHCs.

Infrastructure wise, the Nwanti PHC building project was completed and it is functional. A nurse is recommended to be stationed there to fully utilize the facility. Bafia PHC building has been roofed.

Two new PMTCT sites were created in the Vekovi and Mbengueji communities giving us 36 active PMTCT sites in LAP. The acceptance rate for the PMTCT program by clients has remained high at the rate of 96 %.

Over 800 people listened to the counseling lecture for VCT in the Mbaw plain, 564 clients were screened; 44 were seropositive and 36 eligible for Care and treatment and are currently on Anti-Retroviral Therapy (ART)



LAP was blessed with several visiting missionaries from NAB and BGC this year. They are Sister Dapne Dunger, founder of LAP, Sister Myrna Goodman and Dr Edwards and his wife. The LAP family is very appreciative of the support they continue to receive from these partners like BftW, NAB, BGC, etc.

The LAP family organized A Praise and Thanksgiving service in honour of Sister Daphne Dunger and Myrna Goodman during their visit to LAP on the 15<sup>th</sup> of May 2011. This service was geared towards raising funds for a Prayer Retreat Centre.

LAP has produced a documentary titled “The Hope of the Grassroots People of Cameroon” which highlights the History of LAP since its inception in 1980.

Through the LAP spiritual activities that are ongoing, over 5000 people were ministered to with the gospel of Salvation and 30 people rededicated their lives to Christ. Mr. Berinyuiy Christopher is the first staff in LAP to complete the 33 Theological Education by Extension (TEE) courses and was awarded a Certificate of Theology during the Nso Field annual Bible conference that held at Mbanso in November 2011.

#### **1.1.4. Technical Services Department (TSD)**

Technical Services Department undertook twenty four projects this year. Some were completed while others are in progress. The level of realization of the department depends on cash flow. In all, over 60% of the planned projects was accomplished.

#### **1.1.5. Chaplaincy Services**

The Chaplaincy and Social Services staff worked hard in 2011 and accomplished the following; Staff and patients daily devotions were regular, and helped in renewing the strength of workers and patients. Weekly Bible study ran throughout all our institutions. Although TEE was not regular in some institutions, three staff completed the thirty two courses of TEE. Lord supper services were conducted in some main institutions and this enriched the lives of some patients and caregivers. The Gospel teams and choir groups have been very instrumental in the outreach ministries.

The social workers continued with the assessment of cases, handling some and referring others.

The spiritual emphasis of this year went well, with guest speakers drawn from local churches. It ended with staff going out to some churches to pray with them. Some churches gave them maximum cooperation by even sending their support to the benevolent fund.

The chaplains and social workers' association meeting held according to plan. Presentations were made on personal financial planning, music, foundational beliefs, etc.

The difficulties encountered include the high cost of the text books for the TEE course that is limiting enrolment, some stations do not have ordained chaplains and consequently lord super service is not a common practice, the lack of Bibles to present to people that are witnessed to and they express the need and some churches do not cooperate in observing the HD prayer Sunday.

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

The CBCHB AIDS Care and Prevention Program CBCHS-ACP made much progress in 2011 in her efforts of HIV Prevention, Care and Treatment and Psychosocial Support. Funding from EGPAF, the major CBCHS funding source began declining and fortunately, CBCHS was successfully in establishing new partnerships. This report highlights the accomplishments of various prongs of ACP. The PMTCT program was expanded to 16 new sites in 2011 leading to a total of 451 functional sites at. The program counseled and tested a total of 101275 clients, 5559 (5.6%) of whom were HIV positive. Trainings and refresher courses were conducted on PMTCT and proposal writing. The PMTCT coordinators worked in collaboration with the districts in conducting supervision at the sites.

Main challenges encountered during the year included the slow implement the new World Health Organization (WHO) guidelines due to insufficient drugs and limited follow up of HIV positive mothers and their HEIs.

The Orphan Care (Chosen Children) Program provided assistance to 980 of the 3000 children registered children. Of the 980; 48 children are living with HIV. Assistance was mainly in school needs and medical bills coverage for those that needed it. Limited food subsidy was provided to some family following assessment and recommendation from field agent. The Field Agents continued to visit and families to provide necessary psychosocial support to the families. The program joined the rest of the world on May 7, 2011 in celebrating the world AIDS orphan day. Activities carried out were aimed at raising awareness on the plight of orphans and soliciting support. A total of six hundred and fifty thousand francs (650,000frs) was raised. The difficulties experienced in limited funding, refusal of some family members to stay with HIV infected Orphans, working with old caregivers (grandparents), etc.

The CBCHS care and treatment staff worked hard in 2011, enrolling 2,316 new clients in the 5 CBCHS Care and Treatment sites, bringing the cumulative enrollment over time to 15,526. At the end of 2011, there were 1,240 clients on ART. The CBCHS Care and Treatment held two joint coordination meetings with CBCHS TB staff. The meetings were characterized by clinical / case

presentations on HIV and TB, presentations on monitoring and evaluation, financial matters and other managerial issues. A service improvement committee meeting of CBCHB care and treatment was held, with the main goal being to ensure that the services provided by C&T continue to meet standards. Biannual supervisory visits were made to all sites. Infrastructure wise, Nkwen Care and Treatment Clinic was renovated and construction work at Etoug-Ebe Baptist Health Centre started. A four wheel drive hilux bought for BBH care and treatment centre was put to use. The main difficulties that were encountered included the long interruption in CD4 reagents supply chain and the limited and inadequate supply of ARV drugs.

The CBCHS TB program screened a total of 6,767 clients in 2011. There was 50% co-infection in the 1,062 TB cases that were identified. The program staff worked hard to ensure all identified patients adhere to treatment and completed it.

The Youth Network for Health continued to educate youths the importance of abstinence. A total of number 45,963 young people were educated and sensitized on HIV and AIDS this year. Training was provided to ten peer educators to work with youths in clubs. Three workshops were conducted with a total of 205 parents on empowering them to provide sex education at home. Voluntary counseling and testing was organized for 1,317 youths and 23 of them were HIV positive. The program prepared and submitted an abstract to ICASA which was accepted for oral presentation. The Program Supervisor attended this international meeting at Addis Ababa and made the presented which was well received. The main setback of the program is limited funding.

The Women's Health Program organized a grand launching of the second phase of the Gardasil Project that was presided over by the Honorable Minister of Public Health, H.E Andre Mama Fouda at the Gynaeco –Obstetric and Pediatric Hospital Yaounde. The program organized a one week family Planning Training for community. Using funds from the CORDAIDS aware, a 30 minutes video of program documentary was produced. The program staff participated in national and international training programs in Nigeria, Ethopia and Yaounde. Three coordination meetings were organized this year. WHP was blessed with many visitors who support the work. These include Drs. Thomas and Edie Welty; who provided moral and technical support, Dr. Richard Sims, a volunteer consultant Obstetrician/Gynaecologist from Canada; who carried out interventions to a total of 30 patients with invasive cervical cancers, Ms. Leah Marsh, a premedical student in the USA and finally, Dr. Maria Moore, a US based Medical Oncologist. The program still spent a lot on custom charges despite the exemption that was expected. The main challenge of WHP include the fact that a Local News Paper; “Le

Soir” Wrote an article to scandalize the Gardasil Project. This made some parents to refuse their girl children from taking the vaccine, creating a break in the number of doses they are to take. This is reflective in the feedback from the Gynaeco-Obstetric and Pediatric Hospital in Yaounde, that succeeded to vaccinate just two hundred (200) out of the two thousand four hundred (2400) girls they agreed to vaccinate. This has left the program with doses for more than two thousand (2000) girls to be vaccinated within few months. Meanwhile, the program has long completed its own portion of vaccinating 2400 girls of the 2<sup>nd</sup> phase.

The nutrition improvement program (NIP) staff worked hard accomplishing the following in 2011;

- Provided NIP services at 26 CBCHS PMTCT sites including 5 LAP Primary Health Centers.
- Developed monitoring and evaluation tools.
- Organized training for 26 participants from West and Adamawa regions from 26 different health facilities (Gov’t, CBCHB, Catholic & private) on nutrition and infant feeding counseling in Bafoussam.
- Recruited and trained seven staff who were posted to five health units to function as nutrition and infant feeding counsellors.
- Held one coordination meeting and one committee meeting.

#### **1.1.7. Socio-Economic Empowerment of Persons with Disabilities (SEEPD) Program**

##### **1.1.8. Background**

The Socio-Economic Empowerment of Persons with Disabilities Program is a 3 year initiative (2009-2011) designed to break the vicious cycle of poverty and disabilities through socio-economically empowering persons with disabilities in the North West Region of Cameroon. The Program came to an end in December 2011. In 2011, the Program continued to implement activities in its five domains of intervention which are medical and rehabilitation services, education of children with disabilities, economic empowerment, research and communication. The summary report below presents the Program’s progress towards its overall objective.

#### **7.2 Medical and Rehabilitation services**

The medical and rehabilitation component of the Program was designed to lead to an increase in the scope and utilization of medical and rehabilitation services. In 2011, the following results were achieved:

1. The number of medical and rehabilitation services meeting the needs of persons with impairment increased to eleven with the introduction of Low Vision Service in the Bango Baptist Hospital. Low Vision services provide vision rehabilitation either through the use of devices or through training. A total of 26 children were identified with low vision and have been enabled to use devices to improve on their vision and learning in schools. During the year, the Community Based Rehabilitation Program was re-organized to increase coverage of seven divisions of the Region with Mbingo and Bango as the bases.

2. With a target of 38,000 for 2011, the number of people attending medical and rehabilitation services reached 38,558. Of this number, 2,310 benefited from eye, orthopedic and ENT surgeries.
3. A total of 8,876 people benefited from services provided to them in their communities through outreaches.

### **7.3 Education**

The purpose of the education component was to increase the participation and success of children with disabilities in education. In 2011, the Program continued using the twin-track approach- one being special education and the other inclusive education, leading to the attainment of the following results;

1. A total of 64 primary and secondary schools were sensitized on improving access to school in order to facilitate access for pupils and students with disabilities. The Higher Teachers' Training College Bambili has shown significant interest in introducing inclusive education as a module in the institution. The SEEPD Program shall start providing training to student teachers of that college on Inclusive Education during the second semester. This is the first effort in Cameroon for inclusive education to be introduced in a higher education institution. The Jakiri Council under the leadership of the Mayor has participated in the identification of children with disabilities in its municipality. The Council provided scholarships to all those with hearing impairments from the municipality enrolled in the School for the Deaf in Mbingo.
2. The number of parents of children with disabilities counseled on the importance of education for their children increased by 451.
3. Children with disabilities in mainstream schools have experienced improvement in their performances resulting from the ongoing training and monitoring of teachers in 14 primary and secondary schools on inclusive education. Government Bilingual High School Ntamulung Bamenda has enrolled the first student with a visual impairment in the institution.

### **7.4 Economic Empowerment**

The economic empowerment component focuses on ensuring that more persons with disabilities are successfully integrated in the local economy. 2011 actions led to 2 main accomplishments:

1. Communities created more economic opportunities for persons with disabilities. Through Program advocacy, 22 persons with disabilities gained employment. With training on assertiveness, 33 persons with disabilities took up leadership positions in their communities.

2. More persons with disabilities made use of economic empowerment opportunities in communities. 291 persons with disabilities attended training on business management. 150 women with disabilities successfully enrolled in women's development groups in communities.

## **7.5 Research**

The prevalence of disabilities in the North West Region has been estimated at 6.9% resulting from the pilot study started in 2009 and completed in July 2011. This information will facilitate planning and decision making for the Program, government and other stakeholders on designing and implementing future programs for persons with disabilities in the Region.

## **7.6 Communication**

The communication component seeks to increase the effect of mainstream campaigns on the quality of life of persons with disabilities.

1. A total of 2,748 words were taught to 326 families of persons with hearing impairments in 198 communities. This has improved communication between family members and persons with hearing impairments.
2. A total of 21,664 persons listened to talks on HIV/AIDS, malaria and TB. Of this number 4,160 were persons with disabilities.
3. Monthly information on topical issues was distributed to persons with disabilities in adapted formats.

The program has greatly impacted the lives of persons with disabilities in the Region. The level of awareness on the need to mainstream disability in development efforts is increasing. Persons with disabilities are gaining esteem and moving away from charity to participating in development. The Program has progressed in three years towards its overall objective of socially and economically empowering persons with disabilities as a way of breaking the vicious cycle between poverty and disability. The CBC Health Services is grateful to her partners for their commitment to ensuring that persons with disabilities experience improvements in their quality of life.

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

CP activities were generally low key and many of our targets were not met. The department is working on a scheme that will guarantee that orders are placed and paid in a timely manner so as to minimize the out-of-stock situation and thus meet our primary objective. The summary accomplishments of the CP departments are as follow;

The main objective of the Drug Supply Services of making available quality products accessible all the time was far from being met. Many drugs ran out of stock following delays in orders which often are a

result of delayed payment of previous orders. Also, the prices of a lot of commodities have increased in the world market, leading to increased prices of drugs, the latter of which tend to go higher when payment is delayed. Plans for improving upon storage space in Mutengene and Banso could not be executed. Drug transportation with the single large truck has been difficult particularly to places like Banso.

Besides regular production, the Chemical Production Company developed a new product which is in the test phase to be introduced into the product line. Trusting that all goes well, the CP bathing soap, “His Grace”, will become available soon. There were difficulties in acquiring some raw materials which are now strongly restricted in international traffic. Plans for purchasing a soap cutting table and metallic soap forms to improve the aesthetics of the products, and remodeling of the production area could not be realized. Tanks have been bought for dissolving and diluting bleach.

The non-sterile Production Company activities have equally been very low key for the most part of this year due to the lack of raw materials. This resulted in out of stock for most of the non-sterile products in the health facilities. The main challenge of the department is that virtually all of the work is done manually.

The Sterile Production Company met only about 15% of the target for the production of IV infusion fluids due to machine break down. Eye drop production was however consistent. The company is preparing to receive and install a new distiller.

HESCO Water Production Company activities are gradually picking up. The spares of the filling machine were received, fitted, test runs carried out, and the filling machines have proven themselves reliable. Labels and cap sleeves had been ordered and for now, a significant quantity of water has been sent to our institutions. Some needed raw materials like pre-forms and caps, cap-sleeves and labels have been ordered and the manufacturers have completed production of the items ordered. The shipping of reforms and caps is still to be effected due to the pending balance payment.

The main activities of the quality assurance unit this year have been drugs and water quality controls. Over 100 different drugs procured within and out of Cameroon were controlled. In the last quarter of 2011, an environmental unit was created within quality assurance unit following the advice of the Ministry of Environment and Nature Protection. A staff was recruited to lead in this aspect. Central Pharmacy is still working with a Quality System and Process Consultant to assist it in attaining ISO 9001 quality standards.

### **1.1.10. Health Services Complex (HSC)**

The Health Services Complex, Mutengene accomplished over 80% of her planned maintenance activities for 2011. The quality and capacity of the HSC Rest house have improved significantly. Three new self-contained rooms were added to the rest house and 10 new beds acquired. Air conditions and wireless internet connection were installed in all the rest houses.

There are functional committees that follow through the implementation of everyday activities of the station. The committees include: the Spiritual Life Committee, Catering committee, Sports Committee, HIV and AIDS Committee and Farm Committee. The women also have a Women's committee which aims at preserving the female values and mentoring young women. These committees have facilitated the work of the management and financial committees. In fact, the needs of the institutions are easily identified and addressed.

The security of all HSC property, staff and clients has been greatly enhanced by the completion of metal doors and windows and the existence of security dogs and contract with G4S. Plans are underway to strengthen the concrete fence to complete the planned security strategy. Court hearing for the armed robbery attack that took place on October 19, 2009 is still going on in the high court in Buea.

The process of establishing a land title for the portion of the land purchased from Chief Luma is still in progress.

In addition to the challenge involved in the process of acquiring a land title for the land purchased, HSC current main problem has been the absence of an intercom system.

### **1.1.11. Bansa Baptist Hospital (BBH)**

The staff of BBH worked devotedly in 2011, serving a total of 92,810 outpatients and 8,092 inpatients. Although the situation of doctors was very dynamic during the year, there was an overall improvement. The following events occurred in 2011;

Five permanent and five substitute staff representatives were elected in April 2011. Thirty nine employees of BBH and her Supervised Health Centre were happy recipients of 3 Labour Medals of honour (silver, Silver Gilt, and Gold medals) each on May 1, 2011. The installation of the appointed Leaders of BBH took place on September 9, 2011. New in the team were Mr. Ngam Joseph who took over as Senior Administrator and Pastor Bambo Denis who joined as Assistant Administrator, Personnel.

Work on the outpatient building slowed down because funding ran low. It was estimated that the project needs 60 million francs to be completed and put to use. This will be budgeted for in 2012.



The finishing of the ground floor of the Eye department building was completed and eye service provision commenced in the building in April 2011. With the suspension of HIPC funding, work was halted on the PTSHP building project after the decking of the 3<sup>rd</sup> floor.

The work was completed on the Dunger Baptist Hospital Solar system and the system is functioning well. A water tank is being mounted at Bangolan Baptist Health Center. The Centre and the community are pursuing the connection of AES to the Health Centre. The Ngounso Baptist Health Center maternity building project is being completed. The center is very busy and would need a resident doctor. The Chief Romkong Baptist Health Center resigned on March 31, 2011 and a new Chief of Center was appointed. There were no major events in the rest of the BBH supervised health centers.

#### **1.1.12. Mbingo Baptist Hospital (MBH)**

With a total work force of 571 and a bed capacity of 270, MBH served a total of 8,913 inpatients and a total outpatient of 72,660. MBH continued to supervise ten integrated health centers and other preventive and rehabilitative services including, the community based rehabilitation, integrated school for the deaf, eye outreach, etc. Other than Sabga Baptist Health Center, all the Mbingo supervised integrated health centers were financially self-sustaining. In 2011, MBH accomplished the following activities;

Several changes occurred in the leadership positions of the hospital. The new leaders are;

Chief Medical Officer	Dr. Nana Christopher
Associate Chief Medical Officer/Clinical Supervisor	Dr. Acha Evaristus
Clinical Supervisor	Dr. Dennis Palmer
Assistant Administrator of Personnel	Mrs. Gabe Victorine
Assistant Administrator of Finance	Mr. Kangong Joce
Senior Administrator	Mr. Nji Richard Nkeh

The new leaders were installed on August 26, 2011.

Obstetric/Gynecological (Ob/Gyn) services are now fully provided to the clients. This is made possible by the return of Dr Tebid Ignatius from training in Tanzania. Similarly, eye care services which slowed down due to the departure of Dr Wryter and Dr. Tambe became fully functional with the return of Dr. Tebid Marvice and Dr. Tambe from training at Tanzania and India respectively. With the presences of Dr. Rich Barden (internist/pathologist), the laboratory services have been upgraded both in equipment and services offered. An automatic hematology analyzer (URIT-3300) recently acquired has greatly reduced patients waiting time.

MBH has continued to host and support several training programs. Courses that are ongoing or commenced in 2011 are;

1. The Pan African Academy of Christian Surgeons (PAACS) with 9 residents and Christian Internal Medicine Specialization (CIMS) program with 5 residents. The number of intake of PAACS residents has been increased from 2 to 3.
2. A one year nurse practitioner training program with an enrolment of four, with one of the students from Catholic Hospital Njinikom.
3. A three year nurse anesthetist training program with an enrollment of 8 students. Dr. Keith Streatfeild is the main trainer.
4. The Assistant Ophthalmic Medical Assistants (AOMA) and the Ophthalmic Medical Assistants (OMA) with 11 and 5 students enrolled respectively.
5. The supervision of doctors on internship by Dr. Dennis Palmer with four doctors under his supervision at the end of the year.

Other short term courses including the screeners' course, training of clerical staff, training of Ward auxiliary staff, etc were run at MBH

The following key events took place in 2011;

1. Four leprosy patients were discharged and two vocational rehabilitation trainees graduated during the World Leprosy Day celebration at Mbingo Baptist Hospital on January 30<sup>th</sup>, 2011.
2. Treatment Grant Application for free cleft surgery was completed on November 10<sup>th</sup>, 2011 by Mbingo Baptist Hospital and submitted to Smile Train. A total of 70 cleft surgeries were conducted.
3. MBH was officially approved as a College of Surgery of East, Central, and Southern Africa (COSECSA) surgery training site.
4. Dr. Jayme MacKercher, a long term career physical therapist missionary arrived Mbingo Baptist Hospital on May 16<sup>th</sup>, 2011 to replace Sr. Pat Lenz.
5. An ultrasound machine and two defibrillators were donated by two donors from Australia to the hospital. The sum of 150,000 francs to assist patients living with HIV and AIDS was donated by MBH Doctors/administrators' wives and female doctors social group of MBH to the hospital. Several church groups and individuals visited Mbingo and donated gifts (food and clothes) to Hansen disease patients and the deaf children.
6. The Minister of Public Health, His Excellency Andre Mama Fouda visited Nkwen Baptist Health Centre on March 10<sup>th</sup>, 2011

Infrastructure wise, two low cost duplex, a fourplex, one doctors' resident and a patients' overflow houses were completed and put to use. The foundation of the Bafoussam Baptist Health Centre and the outpatient building project in Sabga were completed. Work continued slowly on the ground floor of the OPD project due to financial constraints. Space is urgently needed for the ENT, Ob/Gyn and the HIV/TB Care and Treatment services. The ITECH Team (hydro engineers/electricians) from USA carried out a two week

feasibility study on the construction and installation of a hydroelectric plant at Mbingo Baptist Hospital and estimated the cost at 900 million francs. Funds are being raised for this project while an application has been submitted to the Minister of Energy and Water for his approval.

Despite the aforementioned accomplishments, some major challenges that were experienced included, staff shortage and inadequate beds in some wards. MBH has many ambitious goals for 2012 but plans to focus on orthopedic ward and outpatients projects first.

### **1.1.13. Baptist Hospital Mutengene (BHM)**

The staff of BHM worked hard in 2011, serving the increasing workload of 93,252 outpatients and 3,377 inpatients. The following major events occurred during the year;

- Two female doctors joined the team.
- BHM structures were re-painted giving the compound a new look
- An OOKVA generator was purchased and installed. It is functioning well
- Seventeen workers were awarded labour medals of honour
- The Health board central administration bought a land cruiser vehicle for the hospital
- The maternity delivered and successfully managed 52 premature babies
- Work on the maternity project progressed steadily and was roofed on the 6<sup>th</sup> September 2011. Tiles have been put on the floor of the basement. The outside wall of the first floor has been constructed and pillars are being planted for the ramp.

The major challenges that BHM is facing include the urgent need for a building – to host the TB isolation ward

Work is in progress on the first floor of the Kumba Baptist Health Center building. The first and second decking were done. The main goals of the center for 2012 are to roof the building and to construct the bridge to the center. The Centre purchased a slit lamp machine for the eye department.

The Etoug-Ebe Baptist Health Center accomplished a lot in 2011. The access road to the center was paved, bridges built and gutters constructed. Construction work on the care and treatment building is in progress. A visual field machine was purchased for the eye department.

The payment for Ekounou Baptist Health Center land will be completed in 2012. The center bought a photocopy machine, a Hilux vehicle and a slit lamp for eye services this year.

### **1.2. Baptist Hospital Banyo (BHB)**

In 2011, Baptist Hospital Banyo served 9,203 outpatients and 1,719 inpatients and effectively supervised her three affiliated Health Centers through bi-monthly support visits to each of them.

Infrastructure wise, a caregiver's kitchen was constructed and put to use. This was made possible by donations from Dr. James Smith's sources and CBCHS. Some rooms of the building are used to host visitors and relief duty staff.

The Ministry of Communication approved a CBC Radio Station, which is functional at Banyo, thanks to Dr. James Smith for his efforts in following through the process. The naming of the station will be carefully done to avoid confusion with that of Bamenda. This communication medium will facilitate the dissemination of health messages and other information to the Banyo community.

In addition to the need for a more permanent doctor to work with Doctor Smith, the other major needs of BHB are a vehicle and a generator.

#### **10.6 Mboppi Baptist Hospital Douala**

The year 2011 was very busy, with an increasing patient load. A total of 210,359 outpatients were served and 2,835 deliveries conducted. The presence of the maternity services has led to an increase in the number of women attending the antenatal clinic.

The eye department started an optical workshop. Eye glasses are being shaped and dispensed in the Centre. This service has greatly been appreciated by the patients. Patients do not have to wait for long before receiving their prescribed eye glasses.

A canteen and provision shop services went operational this year. Patients and staff appreciate the food that is served at affordable prices. The center is striving to improve the standards of these services.

Construction work is progressing on the second and third floors of the main building and has significantly progressed in the laundry building.

Equipment bought for the hospital this year include a lenso meter, edging machine, cash machines, hot air oven for the laboratory, electrical stimulator for the physiotherapy, electro-surgical machine for the theatre, and a fetal monitor. The 2012 goals of the center include installing an intercom system, reinforcing the drainage system, constructing a biogas system, purchasing a Hilux vehicle and dental chair

## **B. HEALTH INFORMATION MANAGEMENT SYSTEMS (HMIS)**

The HMIS team worked hard to continue to improve on the quality of data that is reported. HMIS training was conducted for 37 HMIS staff drawn from all CBCHS institutions on September 19-21, 2011 at Health Services complex Mutengene. The goal of the training was to enhance understanding of the 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 compare 2011 activities with those of 2010. Generally, service utilization increased in 2011. Overall, CBCHS institutions served **860,844** clients on outpatient basis and **42,861** inpatients. Contributing factors to this increase in uptake include expansion, the quality of services provided, and affordability.

**Table 1: Summary of performance of CBCHB institutions in 2011**

INDICATOR/DEPARTMENT	BBH	MBH	BHM	MBHD	BHB	DBH	SUPERVISED IHCs	Total
	2	2					4	<b>1,1</b>
Bed Capacity	38	70	50	50	33	40	54	<b>35</b>
Staff Strength*	5	5	1	1			8	<b>2,3</b>
	19	71	89	88	47	22	01	<b>37</b>
OPD attendance	92,8	72,6	93,2	210,3	9,2	4,3	378,1	<b>860,8</b>
	10	60	52	59	03	69	91	<b>44</b>
Inpatient Attendance	8,0	8,9	3,3	2,8	1,7	8	17,1	<b>42,8</b>
	92	13	77	35	19	06	19	<b>61</b>
Deliveries	1,3	8	8	1,8	2	1	3,5	<b>8,6</b>
	27	01	50	24	07	56	24	<b>89</b>
Major Surgeries	1,7	3,7	5	3	2			<b>6,6</b>
	44	36	63	49	33	31	-	<b>56</b>
Minor Surgeries	4,0	6,4	1,3	3,6	3	1	20,0	<b>36,0</b>
	00	05	52	68	44	85	58	<b>12</b>
Deaths	5	5	1				1	<b>1,3</b>
	28	48	14	7	42	3	23	<b>65</b>
Patients served by Pharmacy	72,9	59,1	63,1	146,0	8,2	4,1	318,6	<b>672,3</b>
Patients served by Laboratory	40	52	05	09	56	71	91	<b>24</b>
	45,3	44,6	41,9	49,2	5,9	2,3	166,2	<b>355,8</b>
Patients served by Doctors	58	58	45	81	06	98	68	<b>14</b>
	16,2	37,4	14,9	31,3	2,9	6	17,7	<b>121,3</b>
Patients served by Screeners	89	08	72	89	27	03	84	<b>72</b>
	26,3	35,2	80,6	179,2	4,3	3,6	252,5	<b>582,0</b>
Eye Department	21	52	63	14	83	79	85	<b>97</b>
	10,9	11,6	8,8	21,0	8		32,6	<b>85,9</b>
Chaplaincy	58	45	56	43	23	-	74	<b>99</b>
	4,6	5,1	2,0	1,6	8	5	8,7	<b>23,6</b>
Social Worker	84	68	70	63	19	22	12	<b>38</b>
	2,9	2,5	2,2	1,4				<b>9,1</b>
Dental Department	22	38	39	03	-	-	-	<b>02</b>
	7,9	1,8	3,3	6,3			22,1	<b>41,7</b>
Ultrasound Department	93	96	08	94	-	-	79	<b>70</b>
	5,6	8,8	4,6	5,8	1,7		2,1	<b>28,8</b>
Physiotherapy Department	54	68	16	53	22	-	17	<b>30</b>
	5,5	7,4	2,6	5,6			5,5	<b>26,8</b>
X - Ray Department	71	01	79	14	-	-	67	<b>32</b>
	4,3	8,5	1,5		8			<b>15,2</b>
	03	56	65	-	23	-	-	<b>47</b>

\*: Staff of supervised IHCs includes those of LAP, DHS OFFICE, HSC AND TSD

**Table 2.1 – Bed Distribution by Hospitals and Health Centers**

<b>Hospital</b>	<b>Medical</b>	<b>Maternity</b>	<b>Pediatric</b>	<b>Surgical</b>	<b>Total</b>	<b>%</b>
BBH	104	39	51	44	238	21
MBH	161	22	26	61	270	23.8
BHM	20	18	6	6	50	4.4
MBHD	0	50	0	0	50	4.4
BHB	16	3	7	7	33	2.9
DBH	23	17	0	0	40	3.5
Other Institutions	251	158	45	0	454	40
<b>Total</b>	<b>575</b>	<b>307</b>	<b>135</b>	<b>118</b>	<b>1135</b>	100

There are 1,129 1,135 beds in total in all CBCHS institutions at the end of 2011.

**Table 2.2 Number of Beds distributed by ward, comparing 2010 and 2011**

<b>S/N</b>	<b>WARD</b>	<b>2010</b>	<b>2011</b>	<b>% CHANGE</b>
1	Medical	564	575	2
2	Maternity	303	307	1.3
3	Pediatric	145	135	-6.9
4	Surgical	117	118	0.9
	<b>TOTAL</b>	<b>1129</b>	<b>1135</b>	<b>0.5</b>

The overall number of beds in CBCHS institutions increased by 0.5% in 2011. The changes in the number of beds in the various wards is due to shifting of beds following patients' trends. The number of beds in the medical and surgical wards was periodically increased with beds from other wards to accommodate the increased patients.

**Table 3.1 Staff strength by institution and cadre**

SN	GRADE	BBH	MBH	BHM	MBHD	BHB	DBH	OTHERS	TOTAL
1	Doctors	13	26	6	8	2	0	2	<b>57</b>
2	Trained Nurses	139	122	63	62	15	4	81	<b>486</b>
3	Auxiliary	99	121	34	18	10	6	157	<b>445</b>
4	Paramedical	65	36	36	27	7	1	77	<b>249</b>
5	Administrators	3	3	2	2	1	0	5	<b>16</b>
6	Admin Staff	59	32	4	16	1	2	64	<b>178</b>
7	Chaplains	13	7	6	4	1	1	12	<b>44</b>
8	Others	129	224	82	42	13	16	356	<b>862</b>
	<b>TOTAL</b>	<b>520</b>	<b>571</b>	<b>233</b>	<b>179</b>	<b>50</b>	<b>30</b>	<b>654</b>	<b>2337</b>

**Table 3.2 staff strength by cadre comparing 2010 and 2011**

S/N	CADRE	2010	2011	% CHANGE
1	Doctors	44	57	29.5
2	Trained Nurses	477	486	1.9
3	Auxiliary	400	445	11.3
4	Paramedical	301	249	-17.3
5	Administrators	22	22	0
6	Administrative staff	192	178	-7.3
7	Chaplains	42	44	4.8
8	Others	746	856	14.7
	<b>TOTAL</b>	<b>2224</b>	<b>2337</b>	<b>5.1</b>

Overall staff strength increased by 5.1% in 2011. The changes in staff of various categories comes as a result of staff returning from school, recruitment, going to school, leaving for alternative employment, etc.

**Table 4.1: Outpatient Attendance**

SN	INSTITUTION	2010	2011	% CHANGE
1	BBH	92,219	92,810	0.6
2	MBH	73,126	72,660	-0.6
3	BHM	84,180	93,252	10.8
4	MBHD	177,175	210,359	18.7
5	BHB	9,182	9,203	0.2
6	DBH	4,569	4,369	-4.4
7	Other Institutions (IHCs)	361,478	378,191	4.6
	<b>TOTAL</b>	<b>801,929</b>	<b>860,844</b>	<b>7.3</b>

There was an overall increase of 7.3% in outpatient attendance in 2011 compared to 2010. Despite this increase, MBH and DBH observed a small reduction in outpatient attendance.

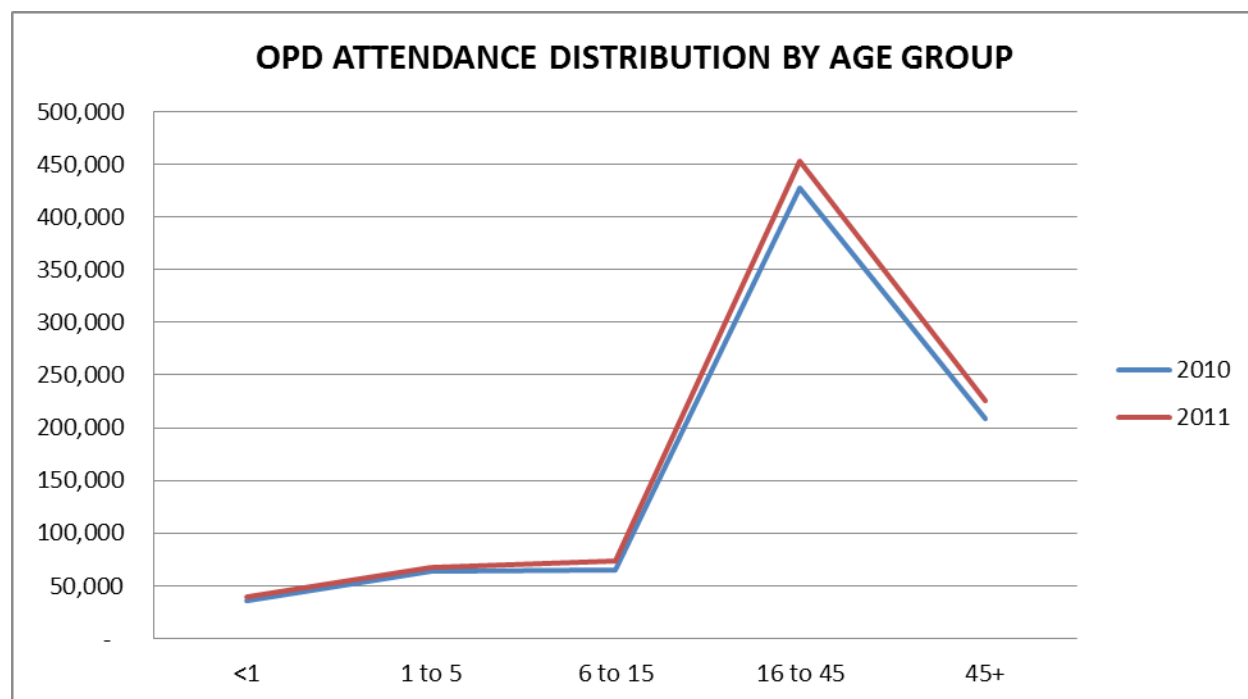


**Table 4.2 – Outpatient distribution by gender**

SN	GENDER	2010	2011	% CHANGE
1	Male	330,178	343,307	4
2	Female	471,751	517,537	9.7
	<b>TOTAL</b>	801,929	860,844	7.3

Generally, more females utilize services at CBCHB institutions than males. Women attended to in 2011 increased by 4% while men increased by 9.7% relative to 2010.

**Figure 1**



The proportion of patients older than 15 that were served in 2011 increased while that of patients less than 15 was similar in both years

**Table 5.1: Five Health centers with Highest OPD Attendance in 2010 and 2011 Mboppi is now a Hospital**

SN	2010		2011	
	Health Center	Attendance	Health Center	Attendance
1	MBOPPI	177,175	ETOUG-EBE	103,329
2	ETOUG-EBE	92,984	NKWEN	71,540
3	NKWEN	71,454	KUMBA	32,773
4	KUMBA	35,654	EKOUNOU	28,915
5	EKOUNOU	25,933	BAFOUSSAM	27,702

With the upgrading of Mboppi Baptist Health Center to a hospital, Etoug-Ebe Baptist Health Center now tops the list of Health center with highest outpatient attendance. This gave way for Bafoussam to resurface in the list of health centers with highest OPD attendance.

**Table 5.2 Five Health Centers with lowest OPD attendance in 2010 and 2011**

SN	2010		2011	
	Health Center	Attendance	Health Center	Attendance
1	AKEH	2,153	BAYANGAM	2,455
2	NGEPTANG	2,893	AKEH	2,554
3	SARKI BAKA	2,909	LASSIN	2,593
4	LASSIN	3,241	ROMKONG	2,868
5	ALLAT	3,320	SARKI BAKA	2,917

Ngeptang and Allat dropped from the list of health centers with lowest OPD attendance while Bayangam and Romkong featured. Although Akeh, and Sarki Baka were retained in the list of centers with lowest OPD attendance, their patients' attendance increased in 2011 compared to 2010.

**Table 6.1 – Admissions by institutions and by wards**

HOSPITAL	MATERNITY	PEDIATRIC	SURGICAL	MEDICAL	TOTAL	%
BBH	1478	1520	1663	3431	8092	18.9
MBH	925	853	2807	4328	8913	20.8
BHM	967	706	563	1141	3377	7.9
MBHD	1868	606	174	187	2835	6.6
BHB	233	405	122	959	1719	4.0
DBH	159	0	0	647	806	1.9
IHCs	3887	3990	20	9222	17119	39.9
<b>TOTAL</b>	<b>9517</b>	<b>8080</b>	<b>5349</b>	<b>19915</b>	<b>42861</b>	<b>100</b>

**Table 6.2 Admissions of 2011 compared to 2010**

SN	UNIT	2010	2011	% CHANGE
1	Maternity	7,176	9,517	32.6
2	Pediatric	7,153	8,080	13
3	Surgical	4,645	5,349	15.2
4	Medical	21,729	19,915	-8.3
	<b>Total</b>	<b>40,703</b>	<b>42,861</b>	<b>5.3</b>

There was a 5.3% increase in the number of inpatients served in 2011. More of the inpatients were in the maternity and surgical wards. The much increase in maternity clients was influenced by the uptake of services at Mboppi Baptist Hospital.

**Table 6.3 Bed occupancy rate of 2011 compared to 2010**

SN	INDICATOR	2010	2011	% CHANGE
1	Number of beds	1,129	1135	0.5
2	Number of hospital days	197,446	197,973	0.3
3	Average length of stay	4.9	4.6	(0.28)
4	Bed occupancy rate	48.0	47.8	(0.20)
5	Mortality rate	3.3	3.2	(0.12)

There were minor decreases in average length of stay, bed occupancy rate and mortality rate.

**Table 6.3 Bed occupancy rate by Institution**

SN	INDICATOR	BBH	MBH	BHM	MBHD	BHB	DBH	Supervised IHCs	Total
1	Number of beds	238	270	50	50	33	40	45	1,135
2	Number of admissions	8092	8913	3377	2835	1719	806	17,119	42,861
3	Number of hospital days	55,749	75,612	13,525	8,444	6144	3806	34,693	197,973
4	Average length of stay	6.9	8.5	4.0	3.0	3.6	4.7	2	4.6
5	Bed occupancy rate	64.2	76.7	74.1	46.3	51	26.1	20.9	47.8
6	Deaths	528	548	114	7	42	3	123	1365
7	Mortality rate	6.5	6.1	3.4	0.2	0.9	0.4	0.7	3.2

**Table 7 – Patients flow per department for 2011 compared to 2010**

SN	DEPARTMENTS	2010	2011	% CHANGE
1	Eye	81,974	85,999	4.9
2	X-Ray	14,946	15,247	2
3	Physiotherapy	23,757	26,832	12.9
4	Ultra-Sound	24,510	28,830	17.6
5	Dental	38,784	41,770	7.7
6	Laboratory	327,296	355,814	8.7
7	Pharmacy	610,960	672,324	10
8	Chaplaincy	19,684	23,638	20.1
9	Patients seen by doctors	78,935	121,372	53.8
10	Patients seen by screeners	574,952	582,097	1.2

All departments served more patients in 2011.

**Table 8: Departmental Patient Flow for Hospitals and IHCs**

DEPARTMENT	BBH	MBH	BHM	MBHD	DBH	BHB	IHCs	TOTAL
Eye	10958	11645	8856	21043	0	474	33,0 23	85,9 99
X-ray	4303	8556	1565	0	0	823	-	15,2 47
Physiotherapy	5571	7401	2679	5614	0	0	5,5 67	26,8 32
Ultra-sound	5654	8868	4616	5853	0	1722	2,1 17	28,8 30
Dental	7993	1896	3308	6394	0	0	22,1 79	41,7 70
Laboratory	45358	44658	41945	49281	2398	5906	166,2 68	355,8 14
Pharmacy	72940	59152	63105	146009	4171	8256	318,6 91	672,3 24
Chaplaincy	4684	5168	2070	1663	522	819	657,3 98	672,3 24
Patients seen by doctors	16289	37408	14972	31389	603	2927	17,7 84	121,3 72
Patients seen by screeners	1083	35252	80663	179214	3679	4383	270,6 78	574,9 52

**Table 9.1: Mother and Child Health (MCH) FOR 2011 COMPARED TO 2010**

ACTIVITY	2010	2011	% CHANGE
Antenatal Clinic	57,133	68,504	19.9
Family Planning	36,907	44,398	16.9
Infant Welfare Clinic	5,876	5,339	-10.1
Preschool Clinic	4,472	6,105	36.5

**Table 9.2: Deliveries for 2011 compared to 2010**

DELIVERIES	2010	2011	% CHANGE
Total delivery	6,754	8,689	28.6
Live birth	6,473	8,359	29.1
Pre-term	204	195	-4.4
Neonatal deaths	40	30	-25
Births Before Arrival	76	61	-19.7
Still Births	156	200	28.2
Abortions	115	131	13.9

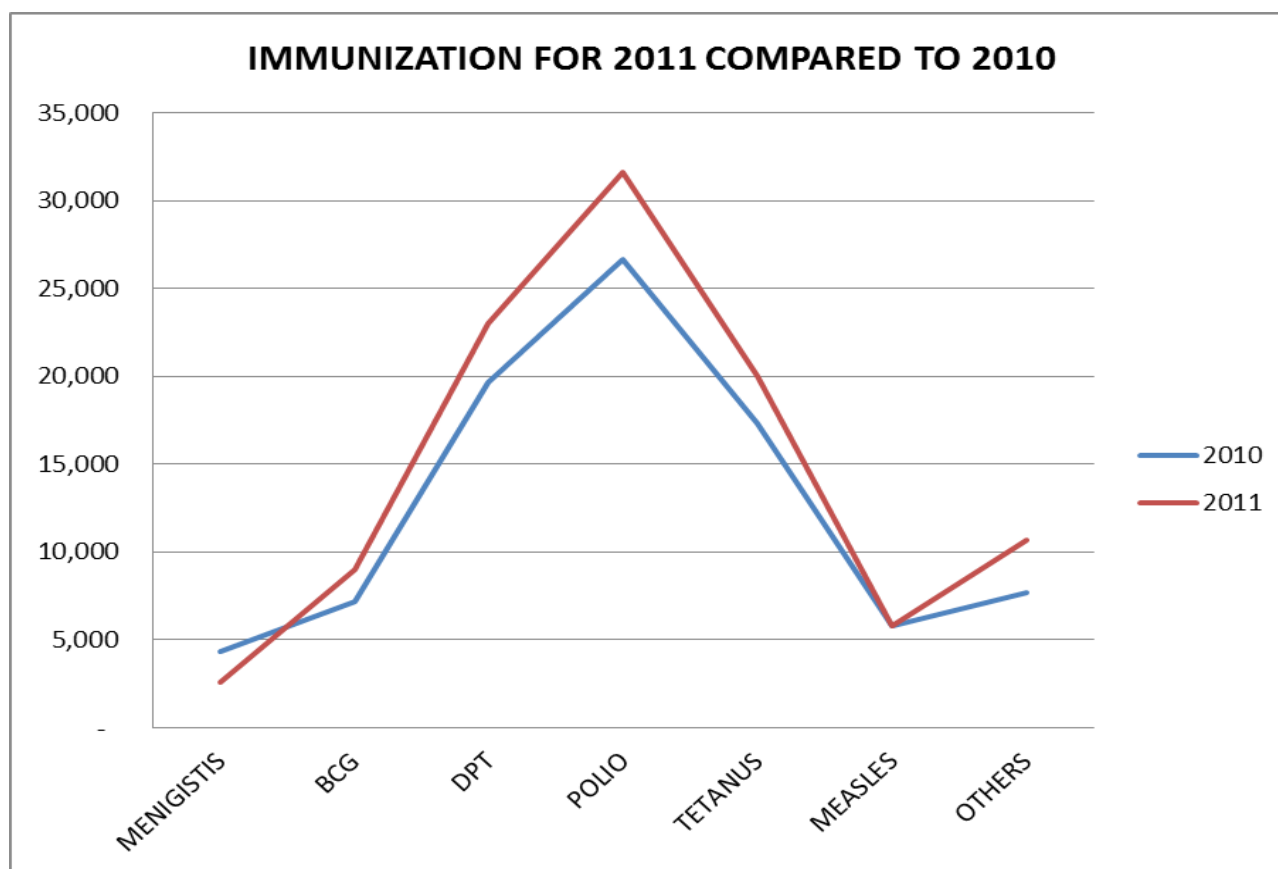
Influence by uptake at MBHD, total deliveries increased by 28.6%. While undesired events like pre – term, Neonatal Deaths, and BBA decreased, still births and abortions increased. We shall study the causes of the increase in the number of still births.

**Table 10: Immunization for 2010 compared with 2009**

SN	VACCINE	2010	2011	% CHANGE
1	MENINGITIS	4,342	2,567	-40.9
2	BCG	7,205	8,979	24.6
3	DPT	19,618	22,992	17.2
4	POLIO	26,663	31,573	18.4
5	TITANUS	17,319	20,019	15.6
6	MEASLES	5,781	5,823	0.7
7	OTHERS	7,716	10,650	38

Other than meningitis, all immunization activities increased in 2011.

**Fig 2**



**Table 11: Surgeries**

SN	SURGERY	2010	2011	% CHANGE
1	MINOR	30,547	36,012	17.9
2	MAJOR	5,559	6,656	19.7
	<b>Total</b>	36,106	42,668	18.2

There was an overall 18.2% increase in the number of minor and major surgeries put together in 2011 compared to 2010.

**Table 12: Surgeries by Institution**

Institution	Surgery Type		Total
	Minor	Major	
BBH	4,000	1,74	5744
MBH	6,405	3,73	10141
BHM	1,352	56	1915
MBHD	3,668	34	4017
BHB	344	23	577
DBH	185	3	216
Other Institutions	20,058	-	20058
<b>TOTAL</b>	<b>36,012</b>	<b>6,656</b>	<b>42,668</b>

**Table 13: Notifiable Diseases**

DISEASES	2010	2011	% CHANGE
Neonatal tetanus	15	3	-80
Leprosy	11	12	9.1
Yellow fever	4	2	-50
Cerebrospinal meningitis	276	136	-50.7
Human rabies	9	11	22.2
Tuberculosis	1020	1089	6.8
Cholera	5	81	1520
Typhoid fever	410	302	-26.3
Poliomyelitis	15	0	-100
Measles	11	183	1563.6

There was cholera outbreak in Cameroon. Many institutions received and treated cases, hence the increase in the 2011 figure.

**Table 14: HIV Prevalence**

Type of Clients	2010		2011		% Change
	# Screened	% HIV+	# Screened	%HIV+	
Blood donors	4 677	3.8	4,421	2.0	-1.8
Patients	3 3,211	21.8	34,841	18.6	-3.2

HIV prevalence decreased among blood donors and hospital patients.

**Table 15: Deaths**

Wards	2010	2011	% Change
Pediatric	157	226	43.9
Surgical	78	126	61.5
Maternal	8	17	112.5
Medical	1,108	996	-10.1
<b>TOTAL</b>	1,351	1,365	1

The number of deaths increased except medical deaths that dropped.

**Table 16 – 10 Leading Diseases for 2010 and 2011**

SN	2010		2011	
	DISEASE	CASES	DISEASE	CASES
1	Malaria	62,336	Malaria	60,720
2	URTI/LRTI	16,858	Hypertension	20,986
3	Gastritis/PUD	10,959	Diabetes Mellitus	8,888
4	Hypertension	10,904	Gastritis/PUD	8,472
5	GE/Diarrhoea	7,633	Conjunctivitis	6,019
6	Cystitis/UTI	7,005	URTI/LRTI	5,709
7	Pityriasis	6,395	Cystitis/UTI	5,202
8	Conjunctivitis	5,109	Dermatitis	4,250
9	Ascariasis/other worms	4,997	Decubitus ulcers/wounds	4,125
10	Myositis	4,506	GE/Diarrhea	3,914

Malaria continues to top the list of the leading diseases. Hypertension displaced upper and lower respiratory tract infections from the second to the six position. Diabetes mellitus, dermatitis and decubitus ulcers joined the list of leading diseases.

**Table 17 – 10 leading causes of death**

SN	2010		2011	
	DISEASE	CASES	DISEASE	CASES
1	AIDS	229	AIDS	257
2	Malaria	213	Malaria	191
3	Road Traffic Accident	160	Pneumonia	69
4	Tuberculosis	77	Congestive Heart Failure (CHF)	62
5	Congestive Heart Failure	65	septicemia	42
6	Hypertension	64	Anemia	42
7	Sickle cell disease	58	Hepatitis/Cirrhosis	27
8	Anemia	56	Cancers/ Tumors	27
9	Septicemia	45	Diabetes Mellitus	26
10	Renal Failure	25	Meningitis	25

AIDS and malaria maintained the top position as the leading cause of death. Pneumonia, hepatitis, cancers/tumors, diabetes mellitus and meningitis were new in the list of ten leading causes of death.

**Table 18 – HIV Care and Treatment Program Work load**

SN	SITE	2011 GENERAL ENROLMENT	2011 ART INITIATION	CUMULATIVE ON ART	CURRENT ON ART
1	BBH	641	463	4,073	3,209
2	MBH	246	169	1,287	779
3	BHM	844	462	2,463	2,151
4	NKWEN	646	526	4,227	3,425
5	MBOPPI	1,039	696	3,476	2,576
	<b>TOTAL</b>	<b>3,416</b>	<b>2,316</b>	<b>15,526</b>	<b>12,140</b>

There were 12,140 clients on ART at the end of 2011. Of the 15,526 clients ever initiated on ART in the five CBCHS care and treatment centres, others transferred out, some died while others were stopped.



**Table 20: CBCHB PMTCT ACTIVITIES FOR 2010 AND 2011**

<b>Indicator</b>	<b>2010</b>	<b>2011</b>
# of Facilities	434	451
# Counseled	102,307	101275
# Tested	100,767	101275
% Tested	98.5	100
# Returning for results	100,505	98989
% Returning for results	99.7	97.4
# Positive	5,545	5559
% Positive	5.5	5.6
# of Mothers Receiving ARV prophylaxis	5,450	8124
# of Infants Receiving ARV prophylaxis	3,705	3706
% of Infants Receiving ARV prophylaxis	66.8	66.7
Infants tested by PCR	1,791	1886
Infants with positive PCR	178	334
% HIV-Positive by PCR	9.9	17.7

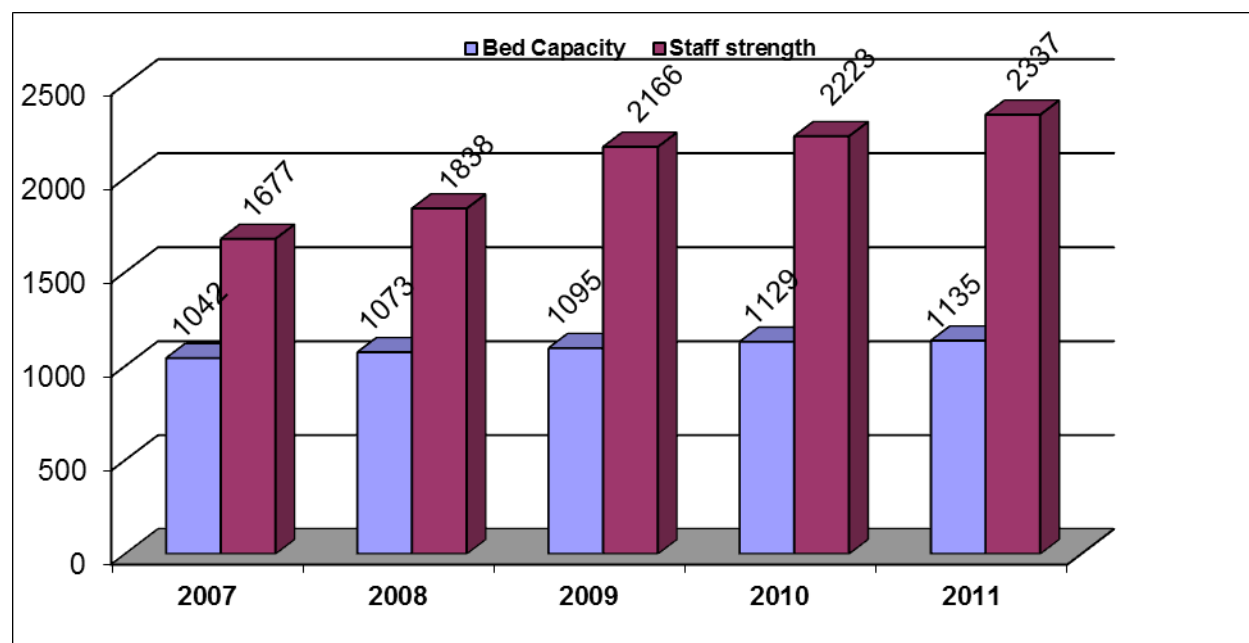
Comparing 2010 data with that of 2011, there is a small decrease in the total number of women counseled, and tested. HIV prevalence rate among pregnant women is similar in both years.

**Table 21: CBCHS Tuberculosis activities**

Indicators	2010	2011	% CHANGE
Total # of TB patients	1,274	1,290	1.3
Number screened for AFB	6,180	6,767	9.5
Number of pulmonary TB	1122	1,062	-5.3
Number of Smear Positive	938	878	-6.4
Number of Smear Negative	177	176	-0.6
Number of Extra Pulmonary TB	154	223	44.8
Number tested For HIV	1194	1,270	6.4
Acceptance rate	93.7	98	5
Number tested HIV+	626	636	1.6
% of Co-infection	52.4	50	-4.4

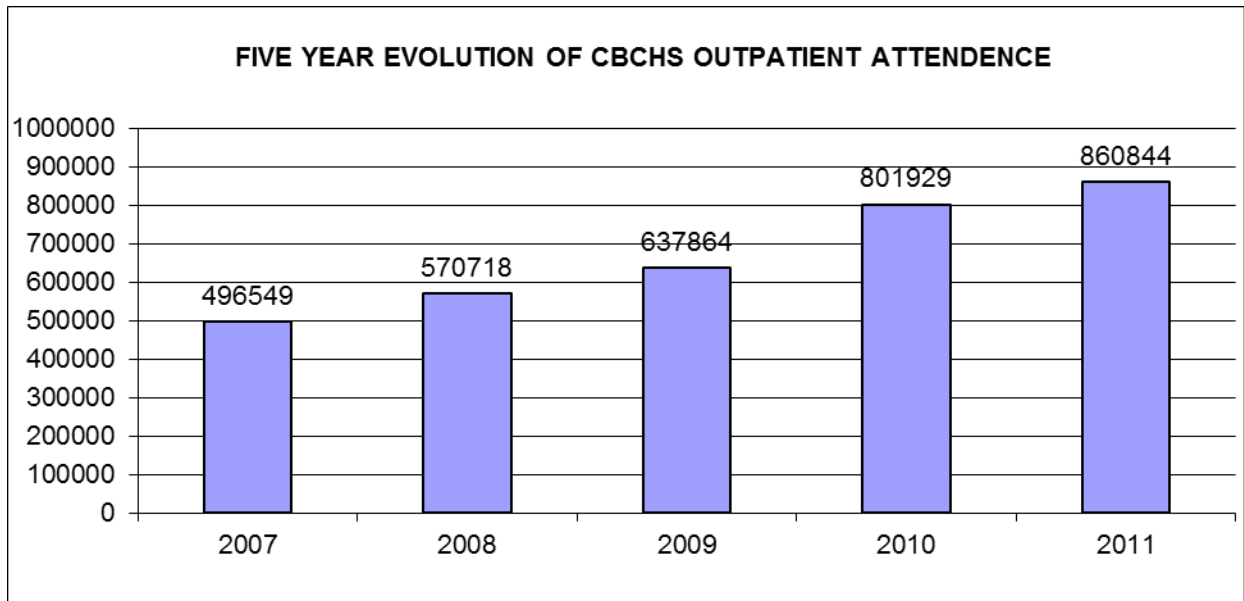
**ANNEX – FIVE YEARS EVOLUTION OF CBCHS KEY ACTIVITIES**

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

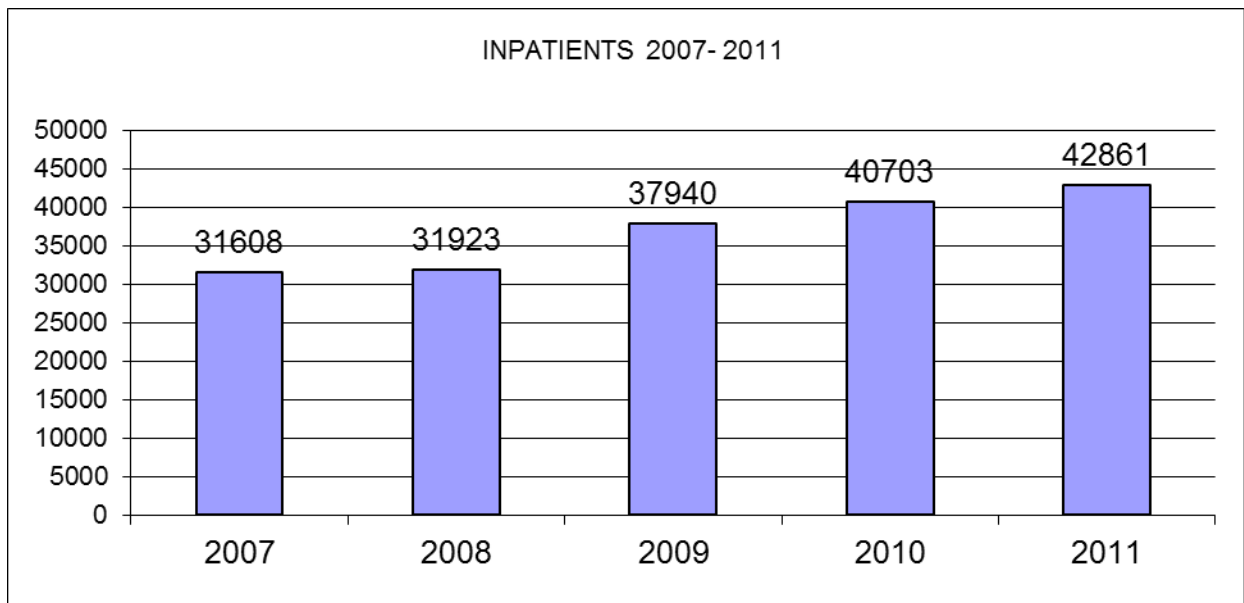


Not all health facilities have beds. There are many workers whose work has no direct relationship with beds, hence the high staff strength.

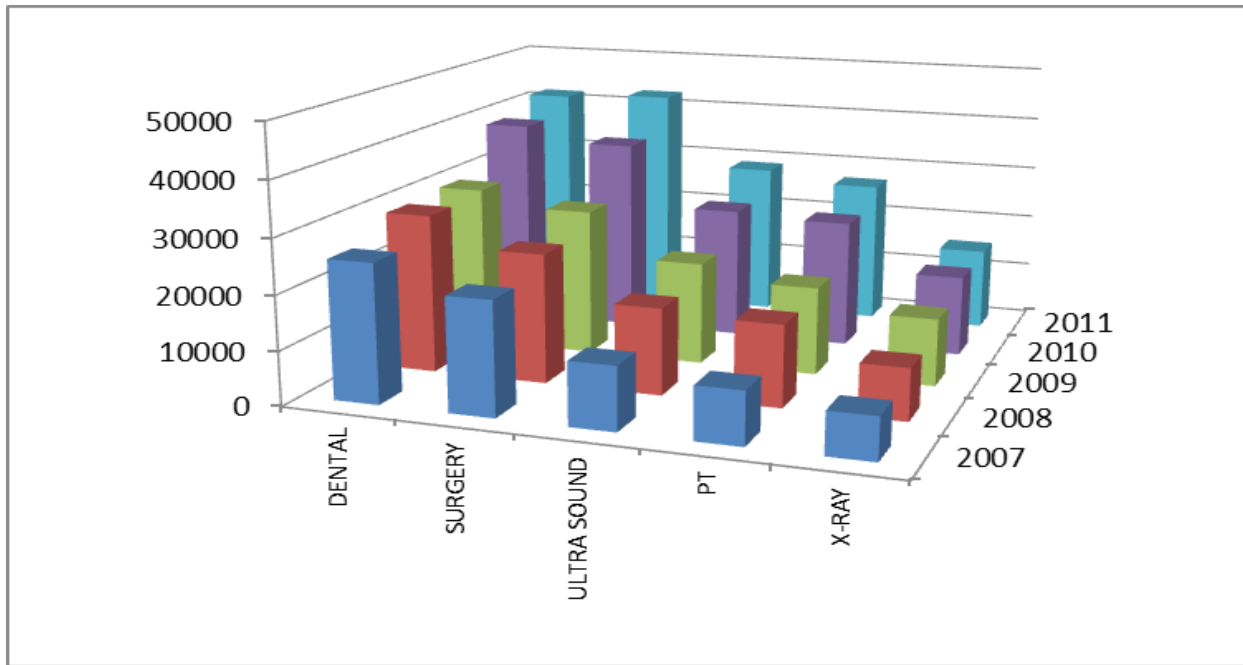
## Annex 2 – Five Years Evolution of Outpatient Attendance



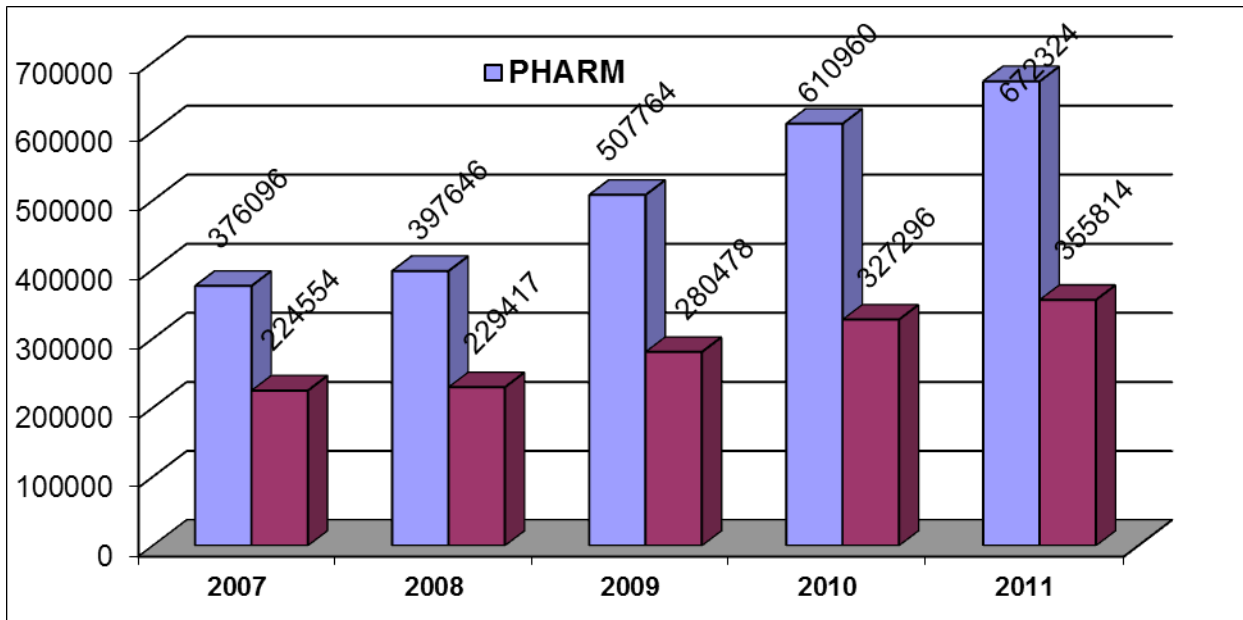
## Annex 3- Five Years Evolution of Inpatients Attendance



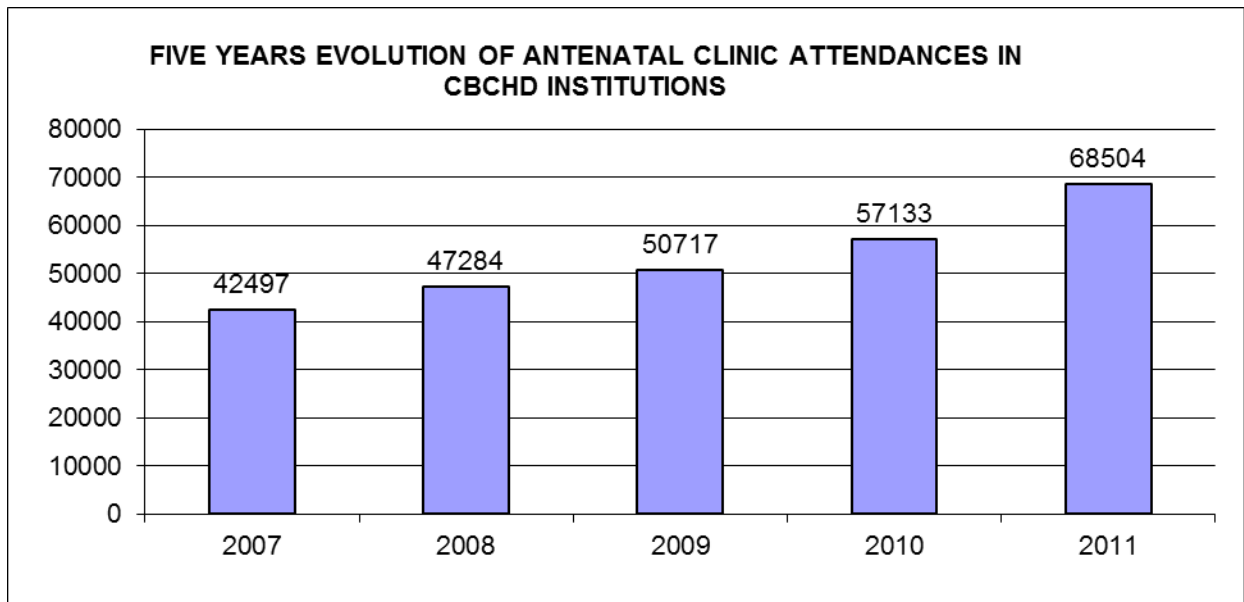
**Annex 4- Five Years Evolution of Department work load**



**Annex 5- Patients seen in Laboratory and Pharmacy**



## Annex 6- Five Years Evolution of MCH Activities



### Challenges/ Way Forward

Our treatment centers suffered from shortages of ARVs and TB drugs. This needs to be addressed at the national level in 2012. Drugs delayed either because we could not pay for them on time or because of failure to clear them at customs due to strict controls of all drug import by the ministry of health. We had limited work space in many institutions and this created congestion in our work. Staff housing, especially doctor housing posed major problems to us. We need more houses for our doctors. Many building projects which were started several years ago remained incomplete due to inadequate funds. Many patients who were given care could not pay their bills.

We are thankful to God for the successes we recorded. The doors of all health facilities remained open to all patients throughout the year. All our staff worked happily delivering quality care to all with compassion. We enjoy the support of many national and international partners without which we could not have achieved all these results. We are very grateful.

In conclusion, I wish to thank all our staff for their commitment to our mission statement as evident in our success. We are determined more than ever, to assist more patients recover their health and to help the entire population live healthy lives in order to avoid illnesses.

To God be the Glory.