

# **CAMEROON BAPTIST CONVENTION HEALTH SERVICES**



## **ACTIVITY REPORT, 2012**

# CAMEROON BAPTIST CONVENTION HEALTH SERVICES



## ANNUAL REPORT, 2012

---

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

**Director of Health Services**

**Cameroon Baptist Convention Health Services (CBCHS)**

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

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

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

## TABLE OF CONTENT

Mission Statement.....	5
Acknowledgement .....	5
A. NARRATIVE REPORT .....	6
1. Introduction .....	6
2. Private Training School for Health Personnel (PTSHP), Banso .....	6
3. Life Abundant Primary Health Care (LAP) .....	7
4. Technical Services Department (TSD).....	7
5. Chaplaincy and Social Services.....	8
6. AIDS Care and Prevention Services.....	8
7. CBCHS Burkitt Lymphoma/Childhood Cancer Service .....	13
8. Socio-Economic Empowerment of Persons with Disabilities (SEEPD) Program .....	14
8.1. Background.....	14
9. CENTRAL PHARMACY (CP).....	17
10. Health Services Complex (HSC).....	17
11. Banso Baptist Hospital (BBH) .....	18
12. Mbingo Baptist Hospital (MBH).....	19
13. Baptist Hospital Mutengene (BHM).....	21
Table 1: Summary of performance of CBCHB institutions in 2012 .....	27
Table 2.1 – Bed Distribution by Hospitals and Health Centers .....	28
Table 2.2 Number of Beds distributed by ward, comparing 2011 and 2012 .....	28
Table 3.1 Staff strength by institution and cadre .....	28
Table 3.2 staff strength by cadre comparing 2011 and 2012.....	29
Table 4.1: Outpatient Attendance .....	29
Table 4.2 – Outpatient distribution by gender .....	29
Table 5.2 Five Health Centers with lowest OPD attendance in 2011 and 2012 .....	31
Table 6.1 – Admissions by institutions and by wards .....	32
Table 6.2 Admissions of 2012 compared to 2011 .....	32
Table 6.3 Bed occupancy rate of 2012 compared to 2011 .....	32
Table 6.3 Bed occupancy rate by Institution .....	33
Table 7 – Patient flow per department for 2012 compared to 2011 .....	33
Table 8: Departmental Patient Flow for Hospitals and IHCs .....	34
Table 9.1: Mother and Child Health (MCH) FOR 2012 COMPARED TO 2011 .....	34
Table 9.2: Deliveries for 2012 compared to 2011 .....	34
Table 10: Immunization for 2012 compared with 2011 .....	35
Table 12: Surgeries by Institution.....	36
Table 13: Notifiable Diseases .....	36
Table 14: HIV Prevalence.....	36
Table 15: Deaths .....	37
Table 16 – 10 Leading Diseases for 2011 and 2012.....	37
Table 17 – 10 leading causes of death .....	38
Table 21: CBCHS Tuberculosis activities .....	40
Annex 1- Five Year Evolution of Number of Beds and Staff.....	42
Annex 2 – Five Years Evolution of Outpatient Attendance .....	42

## **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 blessings 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. 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, 25 Integrated Health Centers and 50 functional Primary Health Centers of CBCHS are in six of the ten regions of Cameroon. The CBCHS provides holistic health services including preventive, curative and rehabilitative care. Other 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 (PTSHP), Bansa**

Created in 1955 as a grade I midwifery school, the CBC Private Training School for Health Personnel Bansa, is the main pillar for staff development in the CBC Health Services. Although enrolment has continued to increase, the school is unable to meet the personnel needs of CBCHS. The main goal of the school is to start the State Registered Nursing and Midwifery training as soon as possible, and to meet at least 90% of personnel needs of the CBC Health Services by 2015. In preparation for the envisaged expansion, the infrastructural development requires a lot of attention. In line with approval for the school to room more advanced trainings, inspection was done by a team from the MOH in April 2012 and their feedback is awaited.

The staff of the school worked hard in 2012 to complete some courses and even starting new ones. These include the following;

- A total of 250 students graduated from different courses in 2012
- A total of 169 students were enrolled in various courses including;
  - 16 Dental Auxiliaries
  - 14 Dental Assistant
  - 20 Pharmacy Assistants
  - 46 Nursing Assistants
  - 15 Advanced Practice Nursing Assistants
  - 17 X-Rays/Ultrasound Assistant Technician
  - 5 Ophthalmic Medical Assistants
  - 8 Nurse Anaesthetic 1
  - 18 Pharmacy Technicians
  - 5 Nurse Anaesthetic 2
  - 5 Orthopaedic Clinical Officers

The staff strength of the school is 14, of whom 10 are teaching staff and 4 support staff. There is need for more qualified staff in preparation for expansion.

Infrastructure wise, the school is completing the second floor to create more lecture halls. The school is thankful to the staff and the CBCHS institutions that contributed toward the realization of this phase of the work.

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

The staff of LAP worked hard in 2012 ensuring close supervision of the activities of her 50 primary health post (PHPs). Through these PHCs, a total of 32,692 outpatients were served, 1578 antenatal cases attended to and 1089 deliveries conducted. Four of the 50 PHCs including Nwat in the Mbaw plain, Koussam in the West, Voudou in the Centre and Bafia in the South-West Region have been recommended for upgrading to integrated health centers in 2013.

Infrastructure wise, LAP started the multipurpose building and a prayer retreat center with external funding through the DHS, Sister Dunger and the Field Director. The foundations for this projects are completed.

LAP organized several training and refresher courses for the field staff. The supervisory staff of LAP were also provided with various training opportunities. These trainings are summarized thus;

- A total of 67 Promoters participated in a refresher course as part of continuous education.
- A total of 53 Community Mother Child Health Aides received trainings and participated in quarterly coordination meetings. The ViiV and CDC projects supported these activities.
- Ten participants from eight communities were provided with basic training to function at the level of promoters.
- The LAP Program Analyst completed a two week training on data management
- The LAP Administrator completed a distance learning Course in AMREF, Kenya and was awarded a Diploma in Community Health.
- A continuous education to improve on their clinical skills and discipleship seminar was organized for the 8 LAP Field Supervisors and 7 PHCs Nurses

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

The Technical Services Department completed 9 of the 21 approved goals of 2012. Four other goals were started. The department was involved in 30 infrastructural projects and completed 16. Others are ongoing while two were suspended. The biomedical technology unit of the department was able to carry out

planned preventive maintenance in 27 CBCHS institutions. The Head of the unit, Mr. Kinen Emmanuel successfully completed an Associate degree programme by distance learning from Valley View University in Ghana.

The Apprenticeship training program graduated 47 trainees in 2012 and also enrolled 47 trainees this year. There are 23 trainees in the second year and 13 in the third year of the program. The Ministry of Employment and Vocational Training has listed 47 trainees of the program for the award of scholarships.

The main challenges of the department include; the absence or insufficient staff especially in the area of civil engineering and draftsmanship. The volume of work is also very high.

## **5. Chaplaincy and Social Services**

The Chaplaincy / Social services department worked relentlessly with the staff of the board in executing the spiritual and social activities. The main accomplishments of the department include;

The organization of spiritual emphasis program on August 27th to 30th, 2012; which ended with a prayer day. The Spiritual life committee plans the spiritual activities of each institution and ensures that a Christian atmosphere reigns in the institutions

The Chaplains and some staff consistently lead in daily devotional thoughts which were very enriching to staff and patients. The gospel teams and choirs carried out outreach programs either on monthly or quarterly basis sharing Christ to many people.

Chaplains were routinely involved in rounds with the doctors, providing counseling to patients. All CBCHS institutions followed through Bible Studies which were very refreshing. The enrolment in TEE decreased. This could be due to the high cost of the books used. The Chaplains and CCC staff organized series of seminars including couples and singles seminar which was very helpful to the staff.

The main institutions of CBCHS have ordained chaplains who have been carrying out Lord's Supper Services for the staff, patients and care-givers. Staff who miss ordinance in the Local churches, patients and care-givers who have stayed for long, away from their local area benefit from this.

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

In 2012, the diversified activities of the different ACP components continued, focused on three main areas in the response to the HIV pandemic- HIV Prevention, Care and Treatment and



Psychosocial Support to the infected and affected people. This report presents the accomplishments, and challenges experienced in 2012 by the various ACP components.

### **6.1 Community AIDS Education Program**

The CBCHS has two ongoing Community AIDS Education Programs. These are the Community Initiative AIDS Care and Prevention (CIACP) program in the Southwest Region and the ViiV Project whose activities are in the Northwest Region. Their main activities include HIV sensitization, training and capacity building on HIV and AIDS, Community Voluntary HIV Counseling and Testing and linking of persons tested HIV positive to care and treatment and follow up to retain HIV positive clients in care. The interventions of these projects are complementary to those of other ACP. They have positively impacted the uptake of ANC and other hospital services. A total of thirteen (13) training sessions were held in the SWR and 18 in the NWR with a total of 910 persons trained in the communities. The trainees included church leaders, teachers, journalists, community based organizations, etc. The CIACP program continued the agreement with the University of Buea to train final year Journalism Mass Communication and Nursing students on HIV and AIDS. There were eight CIACP training sessions in 2012 which ended with VCT. The program screened a total of 3566 persons for HIV. More men (1818) turned out for VCT than female and the HIV prevalence rate amongst those tested was 4%. The main challenge of the community AIDS Education program is the difficulty of reaching remote communities during rainy season due to bad roads. The program has made plans to reach these areas during the dry season.

### **6.2 Prevention of Mother-to-Child HIV Transmission (PMTCT) Program**

In collaboration with national and international partners, the Cameroon Baptist Convention Health Services (CBCHS) has continued to support PMTCT services in 742 sites in six of the ten regions in Cameroon. In 2012, CBCHS had two main sources of funding for PMTCT activities in these six regions. A total of 555 PMTCT sites found in the NorthWest and SouthWest Regions were supported with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) while the other 187 sites found in the West, Adamawa, Littoral and Center regions were supported with funds from the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

In Addition to routine clinic based PMTCT activities supported in the past, CBCHS intensified the community PMTCT program in the North West and South West Regions supported by PEPFAR in an effort to increase the uptake of Antennal Care (ANC) services and strengthen the continuum of care for the women who test HIV positive. A total of 22 media, 40 Community Based Organizations and Churches, 85 CoMCHAs and 355 Peer Educators were

engaged for community mobilization activities in the Northwest and Southwest Regions. In these two regions, a total of 1950 health care workers of different categories were trained. Of the trainees, 1161 were service providers, 590 community agents and 199 management staff. The effects of the services of the trained health care personnel resulted in an increase in coverage by facilities in these regions: from 446 in 2011 to 555 in 2012 and ANC/PMTCT uptake: from 37% in 2011 to 45%. Compared to previous years, ANC/PMTCT coverage significantly increased in 2012 in the NWR and it is similar to those of previous years in the SWR.

In 2012 alone, a total of **132,070** women were tested for HIV at the CBCHS supported PMTCT sites in the six regions and 6,871(5.5%) were HIV positive. About 96% of women and 77% of infants who tested HIV positive received ARV prophylaxis respectively.

The main challenges of the PMTCT program included limited funding to carry out activities in the non-PEPFAR funded regions and inadequate follow up of the mother-baby pairs to retain them in care. The hope is that more funding becomes available to support PMTCT services in the non-PEPFAR funded regions to sustainable levels and to intensify the follow up of PMTCT clients to complete the cascade.

### **6.3 Tuberculosis (TB) Control Program**

In collaboration with the National TB program (NTP), CBCHS TB program continued to support TB services in 6 government approved TB treatment centers in four regions. A step forward to ensure proper supervision and cost-effectiveness of the program is that the TB Program was integrated with Care and Treatment Program. In 2012, the program was busy with routine activities. A total of 6,593 clients were screened for AFB. Of the 6,593 screened, 183 cases identified with TB that tested for HIV, 99.5% tested for HIV and 47.9% co-infection rates.

The challenges of the program include insufficient funds to provide INH prophylaxis to HIV positive clients to prevent TB infection and limited workspace in some of the TB sites. Funding opportunities will be explored to meet these needs.

### **6.4 Women's Health Program**

The program accomplished the following key activities in 2012;

- The program rounded up with the Second phase of the first ever Gardasil vaccination program, administering the vaccine to a total of 6,847 girls and the target of 85% completion rate of all three doses was met.
- Dr Richard Sims, a consultant Gynecologist from Canada made two trips to the program to consult and carry out interventions on patients with Invasive Cervical Cancer. He performed Radical hysterectomies on 10 women.

- Program staff participated in the working session to draw up grant proposal for National Gardasil implementation.
- Two coordination meetings were held and two training sessions conducted.

The main challenge of the program was the reluctance of some partners to collaborate in some of the efforts being undertaken. We will continue to collaborate with all interested partners.

## **6.5 Chosen Children Program**

The Chosen Children Programme (CCP) operates in the Northwest, Southwest and West Regions of Cameroon. The Program is thankful to her partners, especially Ernie Falk for mobilizing the Trinity Baptist Legacy funds in Canada to regularly make donations that are channeled to CCP through NAB, the Shunzev (association of elites of Nso Land, living in and out of Cameroon) which is sponsoring 60 orphans through the Chosen Children Program in four council areas of Nso, Albert Roger Milla, Cameroon's Roving Ambassador for visiting and supporting Nso Field Chosen Children and committing future support and many others not mentioned.

With support from Trinity Baptist Legacy funds in Canada, the program assisted 1,010 additional chosen children leading to a total of 1,902 children receiving support. Seventy one of the Chosen Children receiving support through the programme graduated either by having attained the required educational level set by the program, completing an apprenticeship training course, or by getting married. About 90% of those in schools performed well.

The main challenge of the program is in the expansion that is leading to vast geographical coverage and making movement with a Suzuki Jeep tedious. Some caregivers look up to the program for assistance for their own health needs. The program will continue to source for funding to assist the children enrolled and to advocate for the plight of orphans. The need for a heavier vehicle that can go through difficult roads to reach more needy Orphans is critical.

## **6.6 Extended Forum of Care (EFC)**

The staff of EFC were busy carrying out the routine activities. In 2012, a total of 2,409 index persons were identified through various entry points, information for 3,041 of their contacts were provided and 1,627 of them notified. Of the notified cases, 1,139 were tested and 588(53.6%) were HIV positive. This is a very useful program for fighting the HIV pandemic but unfortunately it is not funded.

## **6.7 Youth Network for Health (YONEFOH)**

The staff of YONEFOH worked hard in 2012 accomplishing the following;

- Educating a total of 47,090 youths on HIV and AIDS, STDs, smoking, drug abuse, dating, relationships, rape, values of self-esteem, abstinence, etc.

- Training a total of 1805 youth in 6 Peer Educator's workshops
- Counseling and testing 4,806 youths, 38 of whom were HIV positive.

The major challenge of the program is an uncertain source of finance for the running of activities. The Program staff are committed to supporting young people through education and counseling.

### **6.7 New Life Club**

The purpose of the New life Club (NLC) is to offer psychosocial care and support services, alternative professions and skills to persons who had been involved in commercial sex work.

NLC activities started in July 2008 as an attempt to reduce the HIV prevalence rate amongst sex workers and their sex partners by providing occupational rehabilitation in order to promote risk reduction for acquiring and transmitting HIV. NLC was called commercial sex worker's program and was switched to the appellation 'New Life Club' to reduce the stigma and discrimination that was associated with the former, hence causing potential beneficiaries not to associate with it. The program has impacted the lives of many in the various ways;

- Willingness to quit street life is welcomed and appreciated by majority of its members. Twelve members have successfully left street life.
- Of those tested for HIV, 90% are linked to Care and Treatment services

The main difficulties of the NLC are limited funding for the club's activities and the lack of trust in some of the enrollees. We will continue to source for funding for the NLC and to counsel with club members to change for the better.

### **6.8 Support Group (SG)**

The Support Group accomplished a lot in 2012. It brought hope and care to People Living with HIV and also empowered them economically in small income generating activities. At the end of 2012, CBCHS was supporting a total of 84 Support Groups with over 1000 enrollees. The main challenge faced by the Support Group is the lack of finances to support their activities, especially in the case of children's Support Group.

### **6.9 Care and Treatment**

The regular services of this program continued as planned. A total of 3,378 new patients were enrolled for regular HIV care and 2358 were initiated on ART. The main challenge facing the program include periodic stock out of ARV drugs, the high loss to follow up and defaulting rates. The leadership of the program is committed to working with the staff for improvement.

### **6.10 Nutrition Improvement Program (NIP)**

The NIP activities were expanded and were functional at 29 sites in 2012. To accommodate the expansion, seven staff were recruited, trained and posted to the main stations. They are busy working at the IWC, performing nutritional counseling, and practical demonstration of food preparation.

The NIP has no sure funding source but needs support for staff time and some equipment. The program staff are thankful for the support received from CBCHB.

### **6.11 Palliative Care**

The CBCHS palliative care staff of Banzo, Mbingo and Mutengene Baptist Hospitals worked hard in 2012 attending to total of 1,939 (745 at MBH, 108 and 1,086 at BHM) patients. Diagnosis of the patients included cancer, HIV related cancers, etc. A total of 1,208 contacts were made to clients by either home visits or phone calls. Chemotherapy was provided to 47 patients at MBH. The main activities of the program include;

- Rev Sister Carman, Matron of Soledad Health Center visited the BBH unit to see how the model works. Also a total of eleven medical students and two clinical officers visited the BBH unit for their placement
- A coordination meeting to evaluate the quality of services provided held in July 2012
- Dr. Janine Brown volunteered her services to the BBH palliative care unit for six months after the return of Dr. Gillian Goldberg to the United Kingdom.

The main challenges of the program include limited finances to subsidize the many needy patients seen, and to carry out home visits and the need for additional training for staff. There are plans to harmonize reporting for the program across all the three sites in 2013. The program and her beneficiaries are appreciative to all the support received.

## **7. CBCHS Burkitt Lymphoma/Childhood Cancer Service**

Dr Peter McCormick, the chairman of BTMAT (Beryl Thyer Memorial Africa Trust in the UK) and Dr. Wharin Paul, a trustee of BTMAT and Professors Peter Hesselning and Mariana Kruger of Stellenbosch University, South Africa continued to provide financial, material and technical support to the program at Banzo, Mbingo and Mutengene Baptist Hospitals. The CBCHS coordinator, Dr Francine Kouya together with the site physicians and nurses of these hospitals worked hard accomplishing a lot this year.

Through the three sites providing childhood cancers services, a total of 141 cases were diagnosed and are being followed up. Some of the malignancies like BL, Wilms tumour, Kaposi Sarcoma, retinoblastoma

are sponsored and this facilitates free treatment and follow up. The presence of a pathologist at Mbingo Baptist Hospital has enhanced the diagnosis of malignancies in children. Overall event free survival for Burkitt lymphoma since this treatment commenced in 2003, is 50%. The detail statistics on diagnosis and follow up is presented on table 23 below.

In 2012, the program made a poster presentation on the epidemiology of “Why do children cancer patients in Northwest Cameroon have delayed diagnosis” at SIOP meeting, Cape Town, South African and won the first price. The poster was also presented in the United Kingdom and again won a price.

The program and beneficiaries is thankful to all her supporters including World Child Cancer, CHOC, BTMAT and some individuals.

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

### **8.1. Background**

The Socio-Economic Empowerment of Persons with Disabilities Program is in its second phase of implementation. This phase which will run for 3 years (2012-2014) was approved upon the successful completion of the first phase which ran from (2009-2011). The second phase of the program is designed to reduce the burden of poverty and disabilities by ensuring that persons with disabilities in the North West Region of Cameroon exploit their full potentials in inclusive settings. In 2012, five domains of intervention were prioritized. These include; medical care services, inclusive education, livelihood, social inclusion and research. The summary report below presents the Program’s progress towards its overall objective in 2012.

### **8.2 Medical and Rehabilitation services**

The focus of this component during the second phase is on enhancing access to services at all levels and in an inclusive setting. In total, 56,314 persons received services in 2012, over the target of 43,700. The total number of eye, orthopedic and ENT surgeries conducted were 2,082. The community outreach programs reached a total of 11,596 people.

### **8.3 Education**

The second phase of this component focused on reinforcing the integration of education of children with disabilities in the general mainstream education support while advocating for government involvement and leadership. During this phase, the goal was to increase the number of children accessing mainstream school by 50%, which is the international target for education. Some key accomplishments of this project’s component are;

- a. The Higher Teachers' Training College (HTTC) Bambili was very interested in the program and a module for training teachers on inclusive education was developed and is in use. A total of 88 teachers are currently being taught on inclusive education at HTTC Bambili, 330 teachers from 32 government primary and secondary schools received training on inclusive education during the summer holidays. Advocacy efforts are ongoing at regional and national levels for government to put in place strategies for enhancing inclusive education in Cameroon. The Program is part of an emerging Inclusive Education Stakeholders for Cameroon.
- b. Through the program's advocacy efforts and technical support, the Cameroon GCE Board brailed exams for all candidates of the examination with visual impairments before the exams were written. This is the first time this is happening in Cameroon.
- c. The leaders in Bango Community Based Rehabilitation service successfully advocated for support from the Mayors of the Jakiri, Kumbo, Fundong and Ndu councils which supported the sponsorship of 30 students with impairment at ISFD and ISFB.
- d. A total of 18,566 people in the communities were sensitized on the importance of educating children with impairments in inclusive settings and pre-school training started for 61 children with impairments of school going age.

#### **8.4 Economic Empowerment**

The livelihood component focuses on ensuring that more persons with disabilities earn their own income by building vocational capacities, expanding access to micro credits and intensifying advocacy for formal employment of persons with disabilities. The 2012 actions led to 2 main results:

- a. Vocational training through apprenticeship program is currently being provided to 47 persons with disabilities in communities, and 12 persons with disabilities who graduated from vocational training provided through the Mbingo Community Based Rehabilitation are now self-employed.
- b. Micro-credit disbursements have been extended to one new division and 162 persons with disabilities have received training on group dynamics, loan management, business, personal hygiene, nutrition and HIV/AIDS. Of these, 54 received credit

#### **8.5 Social inclusion**

The social inclusion component seeks to increase access to mainstream development activities through increasing social opportunities, responsibilities and participation of persons with disabilities. The highlights of 2012 accomplishments are as follow;

- a. Nine associations of persons with disabilities signed Memoranda of Understanding with the Director of Health Services to partner in implementing social inclusion activities. Some of these include

capacity building of married and single PWDs on issues about marriage and relationships and advocacy for churches to become accessible in physical terms and in terms of communication for persons with disabilities.

- b. Training on leadership roles and community responsibilities was provided to 60 persons with disabilities. Of these 24 took part in a workshop on political participation.
- c. Training on the importance of mainstreaming, and ways of mainstreaming disability in development initiatives was provided to 18 development actors.

## **8.6 Research**

The purpose of the research component is to support the program to develop and implement sustainable inclusive practices. In this light, 3 key steps were taken in 2012:

- a. A feasibility study on introducing sub specialties within eye care services in 3 Regions in Cameroon was conducted in CBC, PCC and government eye care facilities. The study concluded that sub specialties in eye care were necessary for Cameroon and recommended that the sub specialties be placed with the CBC Health Services. These sub specialties include vitreoretinal care, paediatric eye care and Uveitis. This study will enable the CBC Health Services and partners to seek funds for the introduction of the aforementioned sub specialties.
- b. A draft report of the investigation on market trends in the NWR has been prepared. The study shall inform and strengthen the livelihood of PWDs by enabling both PWDs and our micro-finance partners to engage in gainful income generating activities.
- c. A manual on counseling PWDs, families and communities on positive attitude change was developed and is being reviewed. The manual shall enable the 78 field workers and community volunteers to develop their capacities and provide appropriate counseling to families on the participation of PWDs in family and community life.

## **Conclusion**

The second phase of the program is ongoing with activities in the five domains. These domains are inspired by the WHO Guidelines on Community Based Rehabilitation (CBR) first launched in Nigeria in 2010. Through the SEEPD Program, concrete elements of improvements in the quality of life of persons with disabilities are evident. The Program will continue in 2013 to develop, implement and monitor strategies for the full participation of persons with disabilities in development. We are grateful to our funding partners CBM and AusAID for their continuous partnership and support.



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

In 2012 the Central Pharmacy staff worked hard to ensure that goals set to meet the needs of CBC Health Services institutions were achieved. The accomplishments are as follow;

- Payment for main orders was effected to overseas suppliers in time. This improved on the availability of drug need. However, a lot of essential drugs were still out of stock. New strategies are being worked upon to ensure continuous availability of the most needed drugs in the system at all time.
- A distiller was installed and the production of infusion fluids became stable. Also, the production of eye drops is stable with the introduction of the automatic filling machine, in addition to the labeling machine. There are still some issues with the pH of the water from the distiller that still fluctuates over the distillation process and sometimes necessitates adjusting before production of IVs.
- The sterile unit production was consistent throughout this year. Raw materials were constantly available. The major challenge faced by this unit was that all production processes are manual and slow. Consequently, the unit is not able to meet the needs of her clients. Proper packaging and labeling is another challenge faced by the department. The unit is working hard towards automating production processes which will not only guarantee the unit meeting up with demands from the stations, but will also increase compliance with current Good Manufacturing Processes.
- The Chemical Production unit continued to produce antiseptic soap, detergent and dissolves and dilutes Sodium Hypochlorite bleach. The unit started producing liquid detergents.
- The Manager of HESCO WATER, Mr. Jeff Brown was in Cameroon with a team of experts. The team worked with the CBCHS staff to assess the state of the equipment and followed production processes and finally made numerous recommendations regarding the way the unit could be successfully managed. The main challenge the unit faces now is being consistent in the quality of the water produced. Efforts are being made to solve this problem which occurs more regularly.
- The quality assurance unit continued to monitor production, test preparations produced in Central Pharmacy, as well as drugs procured from external sources. The major challenges the unit faces are: Non completion of the microbiology section of the laboratory, lack of some laboratory and office equipment as well as the need for additional qualified personnel. Work is in progress to validate and standardize many production procedures according to International Organization for Standardization (ISO). The unit plans to conduct a microbiological surveillance of theatres and intensive care units of some selected CBC hospitals in 2013

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

The year ended with a major change in the administration of HSC. The Administrator, Mr. Nkfusai Joseph Fonyuy discontinued his services from CBCHS and Mr. Ngang Paul was appointed the Administrator of HSC.

The process of the registration of the piece of land inside the fence purchased from Chief Luma was not finalized. Efforts will be made to complete it in 2013. The Administrator of HSC will follow up for the demarcation of that piece of land outside the fence with the Chief of Surveys for Fako. Other activities went well.

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

The workload of the hospital increased and the staff worked hard. A total of 92,448 patients were served on outpatient basis, 7,777 were admitted and 1,729 surgeries conducted. The highlights of key activities of the year are thus;

Changes in the Administration of the hospital occurred as follow

- Mrs. Tangka Edith was appointed the Assistant Administrator Personnel
- Mr. Nteff Jonathan was appointed the Assistant Administrator Finance
- Mrs. Ngoran Julia was appointed the Supervisor of Nursing Services
- Pastor Bambo Denis was appointed the Assistant Administrator Chosen Children Programme
- Mr. Yham Noah was appointed the Chief of Center of Bangolan Baptist Health Center
- Mrs. Budzi Margaret was appointed the Chief of Center of Ndu Baptist Health Center

The newly appointed Chiefs of Center took over service in August while the installation of the leaders of Bansa Baptist Hospital was in September, in the presence of the Assistant Senior Divisional Officer of Bui. Still in line with staffing, Dr. Julie Stone's furlough was indefinitely extended to enable her continue to care for her father who is not well. Two staff including Rev. Tanni Moses Ngong, Supervisor of Health Board Chaplaincy and Mr. Sah Samuel, a builder retired from Bansa Baptist Hospital.

Many doctors and staff were transferred to Bansa Baptist Hospital while others were transferred out of the hospital. The hospital was particularly glad to receive Dr. Jam Divine an internist who was posted after his graduation from the Christian Internal Medicine Specialization Program at Mbingo Baptist Hospital

Infrastructure wise, the hospital outpatient department was completed and put to use. Patients are very impressed with the comfort of the building which has provided adequate waiting space and work space for staff.



**BBH COMPLETED OUTPATIENT BUILDING**



**BBH OUTPATIENT WAITING AREA**

The General Secretary of the Cameroon Baptist Convention, Rev. Ncham Godwill visited Bango Baptist Hospital on the 8<sup>th</sup> of November 2012. The visit was mainly intended to acquaint himself with the current situation of the hospital and to encourage the staff. After a tour, he remarked ‘The outpatient department is beautiful and gives the hospital a new look, it’s amazing how the hospital has grown in every aspect, to God be the glory’. The team work and spirit among staff are easily observable; which is commendable. He congratulated the hospital on its cleanliness. In line with visits, the newly appointed Senior Divisional Officer for Bui Division – Mr.Nzeki Theophile visited Bango Baptist Hospital on the 21<sup>st</sup> of November 2012. In his end of visit comment, he said “I acknowledged the good work being done at this referral hospital. I was highly impressed by the equipment as well as the devotedness of the staff and spirit of team work.

On a sad note, BBH lost a staff by death: Mr. Mngoh Martin Mbuh – House Keeper while Mr. Burinyuy Godlove, House Keeper lost his pregnant wife and Mrs. Sanji Mary, Nursing Assistant lost her husband.

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

Mbingo Baptist Hospital Administration and staff are thankful to God for a successful 2012. The team worked hard to accomplish a lot. A total of 80,172 out patients were served, 9,263 admitted and 3904 surgeries conducted. Although not all the planned goals were implemented, much was realized in the area of infrastructure and medical equipment improvement.

In the domain of infrastructural development, seven projects were realized. These include; the construction of low cost duplex in the Mayor’s City, the completion of TB Observation Ward and the projects pending are the construction of a ramp, the finishing of a section of the new OPD basement for use by the Care and Treatment Centre, Family Planning, ENT and Obstetric clinics, the construction of a waiting areas for the Imaging (X-Ray/Ultrasound) Department and the Surgical Clinics and the

commencement of the basement of the Intensive Care Unit project. Also, an additional room was provided for the X-ray unit to increase work space.



**Completed Basement of MBH**



**TB Observation Ward, Pending Stairway Construction**

The hospital acquired major equipment this year. These include a planning machine for the Carpentry workshop, an automatic switch from SONEL to generator and vice versa, an industrial voltage stabilizer, three stretchers, a delivery bed, and an incubator. The hospital received a donation of some surgical instruments an ultrasonic dissector Sonoca 180.

The overall staff strength of MBH was increased to accommodate the increasing workload. The number of doctors increased from 28 to 33 in 2012. Of the 33 doctors, 9 are PAACS and 6 CIMS residents while 3 were on practical experience.

The PAACS and CIMS residents training program graduated one and two candidates respectively. The graduation was a unique event attended by members of the General Council. The graduates were Dr. Ine Henry from the PAACS program and Dr. Kouya Francine and Dr. Jam Divine, the pioneer CIMS residents. The two CIMS residents are serving with CBCHS at Mbingo and Banso Baptist Hospitals. These training programs are receiving a lot of external support. In 2012 alone, of the 110 visitors from abroad received at MBH, 78 of the doctors served with the CIMS/PAACS programs, lecturing, seeing patients both on out and inpatients patients and conducting surgeries together with the residents.

MBH carried out the following key activities in 2012;

- The Gospels Team conducted a crusade at Tinifoinmbi CBC Church. A total of 73 people received Christ. Successful singles and couples seminars were organized in the hospital and many staff participated.
- The World Leprosy Day/Discharged program was celebrated on January 29<sup>th</sup>, 2012. Four leprosy patients who were fully treated were discharged.

- A Health Fair was organized at Akeh village. It was jointly sponsored by Mr. Loh Choves and Mbingo Baptist Hospital.
- An agreement was signed between the Cameroon Baptist Convention and Smile Train. MBH will support a Smile Train week at Banso Baptist Hospital early in 2013.
- The staff of Mbingo Baptist Hospital and its supervised health centres joined their communities and actively participated in the celebration of the labour day. Some staff were awarded labour medals varying from silver to gold.

The ten health centres supervised by Mbingo Baptist Hospital are performing excellently well in the provision of care. Most of the rural health centres are not financially sustainable.

The current major challenge is the shortage of nurse anaesthetists and scrub nurses to conveniently run two shifts in the theatre and limited ward capacity, especially in the surgical ward.

One of our hilux vehicles had an accident on October 31<sup>st</sup>, 2012 and was damaged beyond repairs. The three staff and the driver all came out safe.

MBH lost five staff by death this year. They are; Ngum Emmanuel - housekeeper, Pastor Nchinda George - clerk, Binwi Alice – Ward auxiliary, Nfor Osheni Nkeh – housekeeper and Ngang Gaius – teacher.

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

The hospital staff worked relentlessly serving a total of 95,270 outpatients and 3,887 inpatients. This increased workload was accompanied by a general improvement in the staff situation. In particular, the hospital has an additional general practitioner, an Ophthalmologist and an Orthopedic Surgeon this year.



**BHM Maternity block, Front View**



**BHM Maternity block, Side View**

Construction work is ongoing at the maternity block. The basement has been completed and is in use. The upper floors will accommodate the orthopedic, eye, etc services. The hospital acquired new wooden furniture, an autoclave, a power point projector, several text books, etc this year.

The hospital was visited by the General Secretary of CBC, a group of Cameroonian medical practitioners from Germany and many others. The main challenges facing the hospital include inadequate workspace and staff.

The Chief of Center of Kumba in the person of Mr. Mbigha Ferdinand died on July 15, 2012. Mr. Yungsi Peter was appointed to this position. The main bridge leading to the centre was built with some support from the government.

Renovation work started on an old building at Ekondo Titi for a new Health Centre. A team of builders and carpenters from BHM were there on three occasions for the work. Plans were being made to get the centre functional in 2013. The Ndian field pastor, Rev. Chitu Peter and the field Chairperson are very supportive of the work.

The Bafia Baptist Health Centre building was completed and work is ongoing at the staff house.

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

The staff of BHB worked hard in 2012, serving a total of 10,038 outpatients and 1,403 inpatients. In addition to the outpatients and inpatients services, the main activities of this year are as follow;

- The General Secretary of Cameroon Baptist Convention visited the hospital and encouraged the staff.
- The hospital repaired their bus and generator and they are in use.
- The hospital consistently provided support visits to her supervised health centers. The presence of the Hilux 4X4 in the institution enabled this success. The new motorcycle also enabled improvement in immunization coverage.
- Radio SAWTU JAM JAMANU (voice of Peace to the World) broadcast in Fulbe and has been helpful in disseminating information to BHB communities. The communities are fully aware of the services of the Plane and Helicopter and very much appreciate them.

Most of the accomplishments of BHB are thanks to the efforts of Dr. James Smith who is working relentlessly to make the hospital successful. The presence of the second doctor at BHB will be helpful.

Many clients of BHB come from the hinterlands and are illiterate and less privileged persons. They are unable to pay for their health care. The outstanding bills are about eleven million francs CFA. Efforts are made and being recovered.

The hospital needs infrastructure for the maternity and also needs a second doctor. The administration and staff of the hospital are trusting God to show a way forward to CBCHS administration to handle these.

#### **15. Mboppi Baptist Hospital Douala**

The volume of work continued to increase at Mboppi Baptist Hospital. In 2012, the staff of the hospital worked had providing outpatient care to 213,876 clients and 3,366 inpatients. Highlights of the year are as follow

The administration of the hospital including the Chief Medical Officer Dr Molesa Guy, the Administrator Mr. Nfor Daouda, the Assistant Administrator of Finance, Mrs Tatch Chantal and the Supervisor of Nursing Services, Mr Monju Anthony were installed by the Director of CBCHS and the Chairman of CBCHB on 15<sup>th</sup> September 2012. The Director of Health Services instructed the team to be servants of God and hold firm to the CBC Mission Statement. The Health Board Chairman, Dr Jonah Wefuan closed the occasion by advising the leaders to work as a team and with a spirit of humility.

An inspection team made up of three persons, including a Civil Genie Engineer, a Biomedical Engineer and a Regional Chief of Public Health of Administrative Affairs from the Littoral Delegation of Public Health visited the hospital to observe the preparation that the hospital has made towards upgrading. They appreciated the hospital structure, its lay out and the equipment in place. They advised the hospital administration to continue to up-grade the equipment and the staff and to submit to the Delegation, within two weeks, the remaining documents to complete the file for upgrading. The Administration and the Technical Services Department worked hard to comply with this request.

The Hospital main building project was completed and the installation of furniture and equipment are ongoing. The new building attached to the Security Post will be completed early in 2013. It is pending tiling and painting. A memorandum of understanding stipulating the rents and duration that the MUFFIG Bank has to use the building before handing over to Mboppi Baptist Hospital is being drawn and will be signed when the building is completed. This pertains to the six million francs MUFFIG put into the building.

The number of staff was increased in 2012. With the increasing workload, more staff are needed.

The hospital is in need of several equipment. The major ones include; patient monitor for the Theatre, delivery beds, laundry drier, Hilux, electrophoresis Machine, air Conditioner washing compressor, accessories and intercom, computer and cash machines and pulse Oximeter.

A bio gas Balloon was installed and gas is being used in the Canteen kitchen and Laboratory for heating.

The major challenge of the hospital is the lack of accommodation for staff

#### **16. Etoug-Ebe Baptist Health Center**

The Administration and staff of this institution are thankful to God for a peaceful year, 2012, free of any major incidence. The institution continues to attract more clients. The staff worked very hard to serve the high volume of outpatients which totaled to 110,572

.

The status of Etoug-Ebe Baptist Health Centre changed on September 1<sup>st</sup>, 2012 with the installation of her leaders including the Chief Medical Officer: Dr Theresia, Assistant Administrator: Mr. Yongwa and Supervisor of Nursing Services: Mrs. Nkeh. Following the installation of the leaders, the DHS visited all the departments of the institution to understand their challenges and seek the way forward.



The Centre now has five Doctors including three Medical Practitioners and two dentists. The Medical Doctors take turns on consultation at Ekounou on monthly basis and at the Care and Treatment Centre. The center had a high staff turnover rate this year, leading to shortage in staff.

Etoug-Ebe Baptist Health Centre now has a new look after the renovation (painting and tilling) of the Laboratory, Dental, Physiotherapy and eye departments. These departments are now easily cleaned prevention from nosocomial infection is improved. The construction of an attachment to the Care and Treatment centre has provided space for patient care and offices for the Chief Medical Officer, Assistant Administrator, Supervisor of Nursing Services, Bursar, CRV Clerk, Secretariat and a conference room.

The Central Administration made two supervisory visits to the Centre this year to evaluate the activities, and encourage the staff. Their second visit was a follow-up to review progress made to recommendations that were made in the previous visit. The visiting team members were impressed with the changes recorded.

The relationship between EBHC and the Biyem-Assi Health District has been very cordial. The center is partnering with the Global Forecasting Initiative (GVFI). Some of our staff participated in Kids AIDS American Embassy Health Unit monthly seminar. The collaboration with the Biyem-Assi health area has contributed to improvement in vaccination coverage.

The Center is operating a split shift which runs from 7-6pm on Mondays to Fridays and 7-4pm on Saturdays. Registration and Pharmacy have been decentralized to reduce patient waiting time. The dental and eye department patients are served separately. A separate registration and payment windows were provided in the care and Treatment Centre, which helped to decongest it.

The construction of the access road gutters and the bridges have given a good look and has led to the increase turn out of clients. A new dental unit was acquired for the department. Additional space was allocated for physiotherapy and eye unit after the relocation of the administrative block. The rest house was extended and can now host thirty people.

The Chaplain worked with the staff ensuring spiritual growth. Regular morning devotions, Bible study, all night prayers, prayer retreat, single's seminar and spiritual emphasis are event that were used to enrich the lives of staff and client of the center spiritually.

The main challenges of the center include the need for more work space and more staff,

Etoug-Ebe Baptist Health Center now supervises Ekounou Baptist Center and Voudou Baptist Health Center. The Ekounou center is doing fine. Its major accomplishment in 2012 was the acquisition of additional 4000m2 of land for our new site. The difficulties of the center are the limited workspace and the need for more staff.

Voundou Health Centre is located in the Mbam and Kim Division of the Centre region. It opened her doors to the public in December 2009 with a staff of two village health workers. The staff strength has grown to eleven persons. The services provided include outpatient consultations, laboratory, pharmacy and maternal and child health services. The Centre has a long building constructed by the Church and the community which contain eight rooms with a waiting area for clients. The needs of the center are a generator, a motor cycle, refrigerator, a modern well, a computer, a printer and a photocopier. A piece of land has been donated to the Centre by the Health Committee chairman. It is pending demarcation and registration. The main difficulty now is transportation to the center.

## B. HEALTH INFORMATION MANAGEMENT SYSTEMS (HMIS)

In 2012, all the five hospitals and twenty five health centers of CBCHS reported although timely submission of reports was an issue. Relative to 2011, outpatients' service uptake increased but there was a disproportionate decrease in admissions. The tables, figures and charts below summarize the key performances of 2012 compared to 2011.

**Table 1: Summary of performance of CBCHB institutions in 2012**

INDICATOR/DEPARTMENT	BBH	MBH	BHM	MBHD	BHB	DBH	SUPERVISED IHCs	Total
Bed Capacity	238	270	81	118	33	40	488	1,268
Staff Strength*	530	576	198	277	50	25	581	2,237
OPD attendance	92,448	80,172	95,270	213,876	10,038	4,052	385,235	881,091
Inpatient Attendance	7,777	9,263	3,887	3,366	1,403	898	14,573	41,167
Deliveries	1,471	829	944	2,395	164	193	3,637	9,633
Major Surgeries	1,729	3,904	821	419	200	35	-	7,108
Minor Surgeries	4,790	1,661	1,286	2,041	629	166	12,155	22,728
Deaths	562	586	106	3	49	3	119	1,428
Patients served by Pharmacy	66,322	65,407	62,974	145,614	8,714	3,891	283,192	636,114
Patients served by Laboratory	36,420	45,416	42,003	50,468	6,120	1,983	154,575	336,985
Patients served by Doctors	20,172	32,954	19,223	36,117	2,924	689	21,077	133,156
Patients served by Screeners	23,489	46,289	80,963	174,263	5,888	9,160	231,614	571,666
Eye Department	10,782	14,804	10,408	22,771	398	48	35,010	94,221
Chaplaincy	4,310	3,595	2,553	12,768	641	706	11,256	35,829
Social Worker	2,357	886	2,457	1,273	-	-	127	7,100
Dental Department	5,077	2,024	3,831	6,273	-	-	22,434	39,639
Ultrasound Department	5,927	10,596	5,087	7,507	1,499	-	2,106	32,722
Physiotherapy Department	4,854	9,429	2,144	5,114	-	-	7,334	28,875
X - Ray Department	4,546	10,117	2,058	-	965	-	84	17,770

\*: Staff of supervised IHCs include 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>
BBH	104	39	51	44	238
MBH	161	22	26	61	270
BHM	46	21	7	7	81
MBHD	59	59	0	0	118
BHB	16	3	7	7	33
DBH	23	17	0	0	40
Other Institutions	241	175	72	5	493
<b>Total</b>	<b>650</b>	<b>336</b>	<b>163</b>	<b>124</b>	<b>1273</b>

There were a total of 1,273 beds in CBCHS institutions at the end of 2012.

**Table 2.2 Number of Beds distributed by ward, comparing 2011 and 2012**

<b>S/N</b>	<b>WARD</b>	<b>2011</b>	<b>2012</b>	<b>% CHANGE</b>
1	Medical	582	650	11.7
2	Maternity	302	336	11.3
3	Pediatric	133	163	22.6
4	Surgical	118	124	5.1
	<b>TOTAL</b>	<b>1135</b>	<b>1273</b>	<b>12.2</b>

The overall number of beds in CBCHS institutions increased by 12,2% in 2012. This increase comes through Ndebaya and Ngounso Baptist Health Centers and Mboppi Baptist Hospital that started or scaled up services in 2012

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

<b>SN</b>	<b>GRADE</b>	<b>DHS CENTRAL</b>	<b>HSC</b>	<b>LAP</b>	<b>PTSHP</b>	<b>BBH</b>	<b>MBH</b>	<b>BHM</b>	<b>MBHD</b>	<b>BHB</b>	<b>DBH</b>	<b>Supervised HCs</b>	<b>TOTAL</b>
1	Doctors		1			14	26	8	9	2	0	3	63
2	Nurses			8	7	149	103	72	71	11	5	98	524
3	Auxillary					142	108	40	19	13	4	161	487
4	Paramedical		131	23	2	91	43	36	38	5	1	50	420
5	Administrators	3	2	1		4	3	2	2	1	0	1	19
6	Admin Staff	108		4	2	47	42	4	23	7	1	48	286
7	Chaplains	3	1	1		14	10	7	4	1	1		42
8	Others					167	241	55	129	18	15		625
	<b>TOTAL</b>	<b>114</b>	<b>135</b>	<b>37</b>	<b>11</b>	<b>628</b>	<b>576</b>	<b>224</b>	<b>295</b>	<b>58</b>	<b>27</b>	<b>361</b>	<b>2466</b>

**Table 3.2 staff strength by cadre comparing 2011 and 2012**

S/N	CADRE	2011	2012	% CHANGE
1	Doctors	57	63	10.5
2	Trained Nurses	486	524	7.8
3	Auxiliary	445	487	9.4
4	Paramedical	249	420	68.7
5	Administrators	22	19	-13.6
6	Administrative staff	178	286	60.7
7	Chaplains	44	42	-4.5
8	Others	856	625	-27
	<b>TOTAL</b>	<b>2337</b>	<b>2466</b>	<b>5.5</b>

Overall staff strength increased by 5.5% in 2012. The changes in staff of various categories come as a result of staff returning from school, recruitment, going to school, etc. Paramedical and administrative staff witnessed the highest increases while there was a drop in the number of administrators.

**Table 4.1: Outpatient Attendance**

SN	INSTITUTION	2011	2012	% CHANGE
1	BBH	92,810	92,448	-0.4
2	MBH	72,660	80,172	10.3
3	BHM	93,252	95,270	2.2
4	MBHD	210,359	213,876	1.7
5	BHB	9,203	10,038	9.1
6	DBH	4,369	4,052	-7.3
7	Other Institutions (IHCs)	378,191	385,235	1.9
	<b>TOTAL</b>	<b>860,844</b>	<b>881,091</b>	<b>2.4</b>

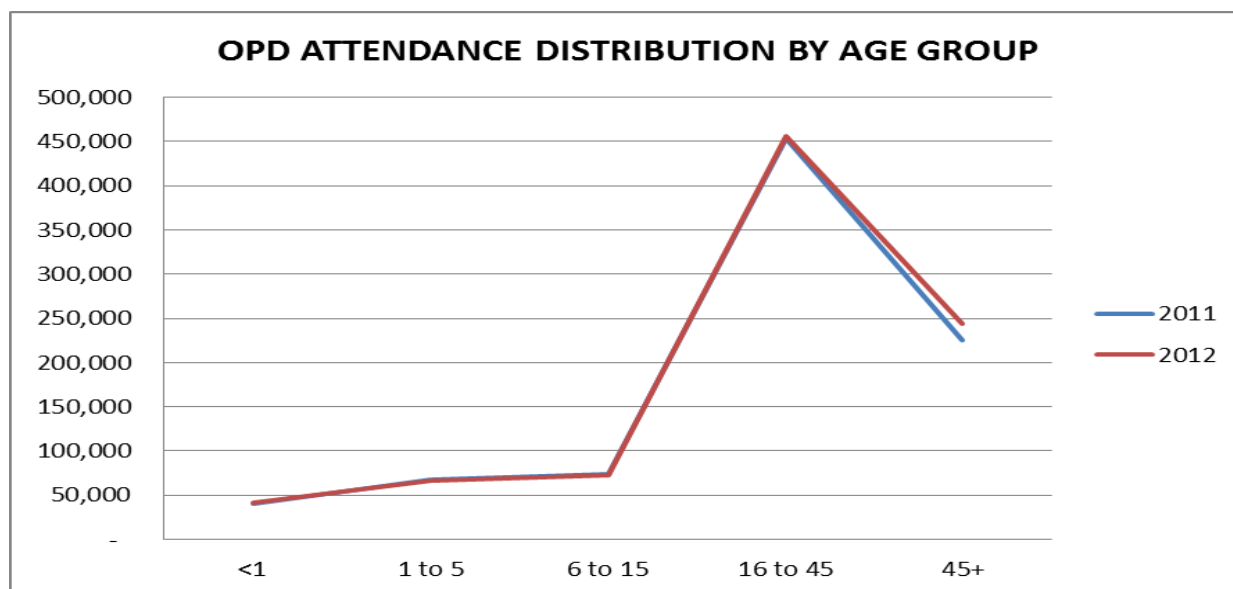
There was a general increase of 2.4% in the outpatient consultations in 2012. There was a decrease of 0.4% at BBH and 7.3% at DBH.

**Table 4.2 – Outpatient distribution by gender**

SN	GENDER	2011	2012	% CHANGE
1	Male	343,307	338,974	-1.3
2	Female	517,537	542,117	4.7
	<b>TOTAL</b>	<b>860,844</b>	<b>881,091</b>	<b>2.4</b>

Compared to 2011, more females received outpatient services in 2012 while there was a 1.3% decrease in the number of males who received services.

**Figure 1**



The proportion of patients younger than 45 that were served was similar in 2011 to 2012 while slightly more patients in the older age group were served in 2012

**Table 5.1: Five Health centers with Highest OPD Attendance in 2011 and 2012**

SN	2011		2012	
	Health Center	Attendance	Health Center	Attendance
1	ETOUG-EBE	103,329	ETOUG-EBE	110,572
2	NKWEN	71,540	NKWEN	76,301
3	KUMBA	32,773	KUMBA	32,436
4	EKOUNOU	28,915	EKOUNOU	28,694
5	BAFOUSSAM	27,702	BAFOUSSAM	28,233

With the upgrading of Mboppi Baptist Health Center to a hospital, Etoug-Ebe Baptist Health Center now tops the list of Health centers with highest outpatient attendance. The same health centers, all urban remain on top of the list of centers with high outpatient attendance in both years.

**Table 5.2 Five Health Centers with lowest OPD attendance in 2011 and 2012**

SN	2011		2012	
	Health Center	Attendance	Health Center	Attendance
1	BAYANGAM	2,455	LASSIN	1,918
2	AKEH	2,554	NDEBAYA	2,089
3	LASSIN	2,593	ROMKONG	2,281
4	ROMKONG	2,868	BAYANGAM	2,362
5	SRKIBAKA	2,917	NGEPTANG	2,647

Akeh and Sarki Baka dropped from the list of health centers with lowest OPD attendance while Ndebaya and Ngeptang featured. Bayangam, Lassin and Romkong were retained in the list and their service uptake further decreased.

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

HOSPITAL	MATERNITY	PEDIATRIC	SURGICAL	MEDICAL	TOTAL	%
BBH	1474	1458	1597	3248	7777	18.0
MBH	953	977	2529	4804	9263	21.4
BHM	1105	777	752	1253	3887	9.0
MBHD	2288	667	234	177	3366	7.8
BHB	155	385	100	763	1403	3.2
DBH	194	195	0	509	898	2.1
Other Institutions (IHCs)	4096	2867	0	7610	14573	33.7
TOTAL	10265	7326	5212	18364	41167	95.3

**Table 6.2 Admissions of 2012 compared to 2011**

SN	UNIT	2011	2012	% CHANGE
1	Maternity	9,517	10,265	7.9
2	Pediatric	8,080	7,326	-9.3
3	Surgical	5,349	5,212	-2.6
4	Medical	19,915	18,364	-7.8
	<b>Total</b>	42,861	41,167	-4

There was a 4% decrease in the number of inpatients served in 2012. This decrease is not consistent with the 2.4% increase in outpatient attendance. But for the maternity, the number of patients admitted in the other wards decreased in 2012.

**Table 6.3 Bed occupancy rate of 2012 compared to 2011**

SN	INDICATOR	2011	2012	% CHANGE
1	Number of beds	1,135	1,268	11.7
2	Number of hospital days	197,973	187,193	-5.4
3	Average length of stay	4.3	4.5	0.26
4	Bed occupancy rate	47.8	40.4	(7.40)
5	Mortality rate	3.0	3.5	0.51

In 2012, the overall bed occupancy rate of CBCHS institutions decreased by 7.4%. This decrease is consistent with the decrease in admissions.



**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	81	118	33	40	488	1,268
2	Number of admissions	7,777	9,263	3,887	3,366	1,403	898	14,573	41,167
3	Number of hospital days	57506	74638	16088	10076	6358	2937	19,590	187,193
4	Average length of stay	7.4	8.1	4.1	3.0	4.5	3.3	1	5
5	Bed occupancy rate	66.2	75.7	54.4	23.4	52.8	20.1	11	40.4
6	Deaths	562	586	106	3	49	3	119	1428
7	Mortality rate	7.2	6.3	2.7	0.1	3.5	0.3	0.8	3.5

**Table 7 – Patients flow per department for 2012 compared to 2011**

SN	DEPARTMENTS	2011	2012	% CHANGE
1	Eye	85,999	94,221	9.6
2	X-Ray	15,247	17,770	16.5
3	Physiotherapy	26,832	28,875	7.6
4	Ultra-Sound	28,830	32,722	13.5
5	Dental	41,770	39,639	-5.1
6	Laboratory	355,814	336,985	-5.3
7	Pharmacy	672,324	636,114	-5.4
8	Chaplaincy	23,638	35,829	51.6
9	Patients served by doctors	121,372	133,156	9.7
10	Patients served by screeners	582,097	571,666	-1.8

Relative to 2011, fewer patients were served at the dental, laboratory and pharmacy departments in 2012.

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

DEPARTMENT	BBH	MBH	BHM	MBH D	DBH	BHB	IHCs	TOTAL
Eye	10,782	14,804	10,408	22,771	48	398	35,010	94,221
X-ray	4,546	10,117	2,058	-	-	965	84	17,770
Physiotherapy	4,854	9,429	2,144	5,114	-	-	7,334	28,875
Ultra-sound	5,927	10,596	5,087	7,507	-	1,499	2,106	32,722
Dental	5,077	2,024	3,831	6,273	-	-	22,434	39,639
Laboratory	36,420	45,416	42,003	50,468	1,983	6,120	154,575	336,985
Pharmacy	66,322	65,407	62,974	145,614	3,891	8,714	283,192	636,114
Chaplaincy	4,310	3,595	2,553	12,768	706	641	11,256	35,829
Patients served by doctors	20,172	32,954	19,223	36,117	689	2,924	21,077	133,156
Patients served by screeners	23,489	46,289	80,963	174,263	9,160	5,888	231,614	571,666

**Table 9.1: Mother and Child Health (MCH) FOR 2012 COMPARED TO 2011**

ACTIVITY	2011	2012	% CHANGE
Antenatal Clinic	68,504	73,463	7.2
Family Planning	44,398	6,785	27.1
Infant Welfare Clinic	5,339	50,560	13.9
Preschool Clinic	6,105	9,102	49.1
<b>Total</b>	124,346	139,910	12.5

**Table 9.2: Deliveries for 2012 compared to 2011**

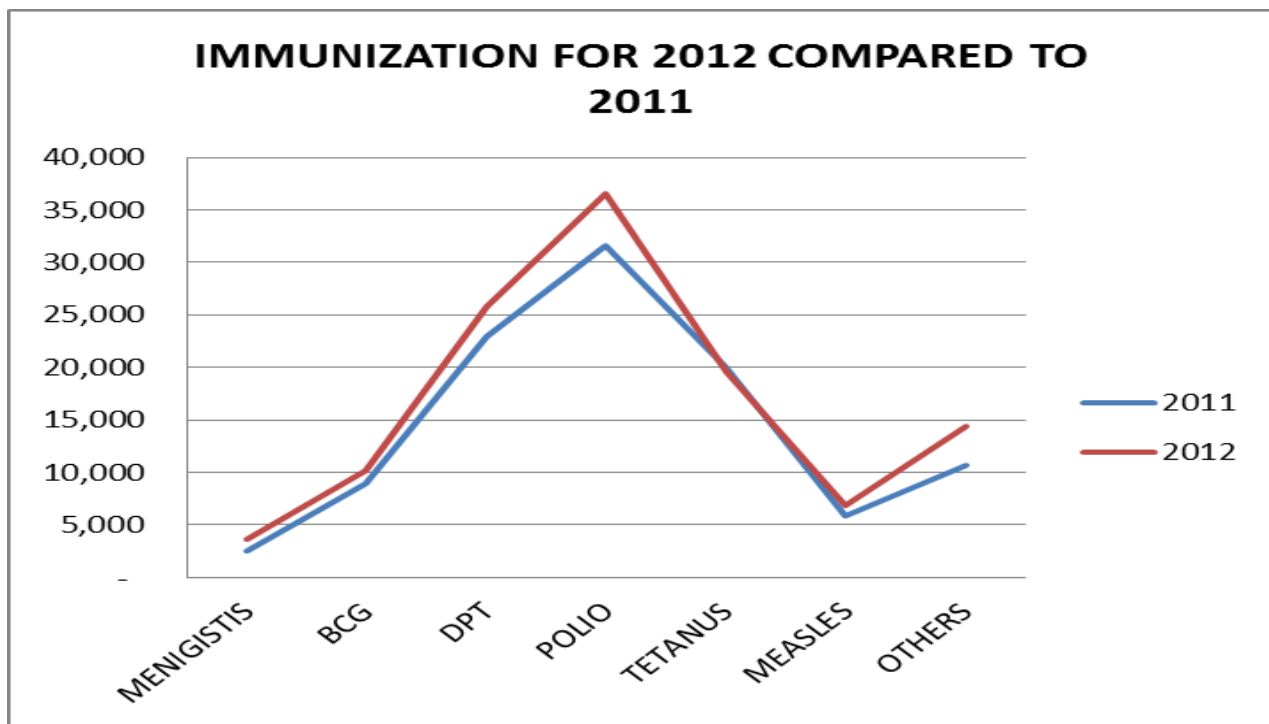
DELIVERIES	2011	2012	% CHANGE
Total delivery	8,689	9,633	10.9
Live birth	8,359	9,382	12.2
Pre-term	195	198	1.5
Neonatal deaths	30	39	30
Birth before arrival	61	83	36.1
Still births	200	213	6.5
Abortion	131	145	10.7

Deliveries increased by 10.9% in 2012. All undesired events like abortions, still births, etc increased.

**Table 10: Immunization for 2012 compared with 2011**

SN	VACCINE	2011	2012	% CHANGE
1	MENINGITIS	2,567	3,679	43.3
2	BCG	8,979	10,230	13.9
3	DPT	22,992	25,759	12
4	POLIO	31,573	36,500	15.6
5	TITANUS	20,019	19,654	-1.8
6	MEASLES	5,823	6,821	17.1
7	OTHERS	10,650	14,374	35

There was a general increase in immunization in 2012

**Fig 2****Table 11: Surgeries**

SN	SURGERY	2011	2012	% CHANGE
1	MINOR	36,012	22,728	-36.9
2	MAJOR	6,656	7,108	6.8
	<b>Total</b>	42,668	29,836	-30.1

Major surgeries increased by 6.8% in 2012 while minor surgeries decreased. The decrease in minor surgeries is due to change in the approach of reporting.

**Table 12: Surgeries by Institution**

<b>Institution</b>	<b>Surgery Type</b>		<b>Total</b>
	<b>Minor</b>	<b>Major</b>	
BBH	4,790	1,729	6519
MBH	1,661	3,904	5565
BHM	1,286	821	2107
MBHD	2,041	419	2460
BHB	629	200	829
DBH	166	35	201
Other Institutions	12,155	-	12155
<b>TOTAL</b>	<b>22,728</b>	<b>7,108</b>	<b>29,836</b>

**Table 13: Notifiable Diseases**

<b>DISEASES</b>	<b>2011</b>	<b>2012</b>	<b>% CHANGE</b>
Neonatal tetanus	3	7	133.3
Leprosy	12	17	41.7
Yellow fever	2	11	450
Cerebrospinal meningitis	136	184	35.3
Human rabies	11	8	-27.3
tuberculosis	1089	1136	4.3
Cholera	81	1	-98.8
Typhoid fever	302	767	154
Poliomyelitis	0	0	0
Measles	183	457	149.7

**Table 14: HIV Prevalence**

<b>Type of Clients</b>	<b>2011</b>		<b>2012</b>		<b>% Change</b>
	<b># Screened</b>	<b>% HIV+</b>	<b># Screened</b>	<b>%HIV+</b>	
Blood donors	4,421	2.0	3907	2.4	0.4
PMTCT Clients	101,960	5.5	131,640	5.2	-0.3
Patients	34,841	18.6	41511	15.2	-3.4
<b>Total</b>	<b>141,222</b>	<b>18.7</b>	<b>177,058</b>	<b>23</b>	<b>4.1</b>

HIV prevalence decreased among pregnant women and hospital patients.

**Table 15: Deaths**

<b>Wards</b>	<b>2011</b>	<b>2012</b>	<b>% Change</b>
Pediatric	226	229	1.3
Surgical	126	102	-19
Maternal	17	21	23.5
Medical	996	1076	8
<b>TOTAL</b>	<b>1365</b>	<b>1428</b>	<b>4.6</b>

The number of deaths increased except surgical deaths that dropped.

**Table 16 – 10 Leading Diseases for 2011 and 2012**

<b>SN</b>	<b>2011</b>		<b>2012</b>	
	<b>DISEASE</b>	<b>CASES</b>	<b>DISEASE</b>	<b>CASES</b>
1	Malaria	60,720	Malaria	57010
2	Hypertension	20,986	Hypertension	32249
3	Diabetes Mellitus	8,888	Gastritis/PUD	13832
4	Gastritis/PUD	8,472	URTI/LRTI	11466
5	Conjunctivitis	6,019	GE/Diarrhea	11053
6	URTI/LRTI	5,709	Decubitus ulcers/wounds	9578
7	Cystitis/UTI	5,202	Conjunctivities	8771
8	Dermatitis	4,250	Tuberculosis	8275
9	Decubitus ulcers/wounds	4,125	Diabetes Mellitus	7207
10	GE/Diarrhea	3,914	Cystitis/UTI	6873

Malaria and hypertension continue to top the list of the leading diseases. Diabetes mellitus, dermatitis and decubitus ulcers joined the list of leading diseases. Tuberculosis came into the list of leading diseases in 2012.

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

SN	2011		2012	
	DISEASE	CASES	DISEASE	CASES
1	AIDS	257	AIDS	211
2	Malaria	191	Pneumonia	83
3	Pneumonia	69	Congestive Heart Failure	62
4	Congestive Heart Failure (CHF)	62	Meningitis	57
5	septicemia	42	Septicaemia	50
6	Anemia	42	Malaria	48
7	Hepatitis/Cirrhosis	27	Splenomegaly	43
8	Cancers/ Tumors	27	Tuberculosis	35
9	Diabetes Mellitus	26	Anaemias	30
10	Meningitis	25	Cancers/ Tumors	29

AIDS maintained the top position as the leading cause of death. Pneumonia, congestive Heart Failure and Meningitis shifted up to the second through fourth positions on the list. Splenomegaly and tuberculosis came into the list of leading cause of death.

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

SN	SITE	2012 GENERAL ENROLMENT	2012 ART INITIATION	CUMULATIVE ON ART	CURRENT ON ART
1	BBH	721	600	4,699	3,696
2	MBH	311	196	1,518	906
3	BHM	793	506	3,036	2,534
4	NKWEN	719	543	4,870	3,911
5	MBOPPI	834	513	4,034	2,970
	<b>TOTAL</b>	<b>3,378</b>	<b>2,358</b>	<b>18,157</b>	<b>14,017</b>

There were 14,017 clients on ART at the end of 2012. Of the 18,157 clients ever initiated on ART in the five CBCHS care and treatment centres, others transferred out, some died while others were stopped.

Table 20: Evolution of CBCHB PMTCT Activities

Indicator / Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL
Number of sites	5	9	58	89	115	180	250	374	391	427	403	453	742	742
Total # of women counseled	1,469	4,049	12,624	22,043	30,822	47,571	62,154	79,388	94,505	100,055	103,388	101,960	132,070	792,098
Total # of women tested	1,391	3,849	11,536	20,537	27,641	42,125	58,031	76,132	91,270	97,643	100,555	101,960	131,640	764,310
Total # of women who return for results	1,343	3,841	11,422	20,229	27,063	40,344	57,312	75,015	89,531	97,137	99,970	99,651	129,956	752,814
Total # of women Positive	146	384	1,100	1,613	2,530	3,594	4,962	5,838	6,118	5,755	5,578	5,563	6,871	50,052
Total # of women treated	55	143	456	531	1,004	2,577	3,903	5,356	4,969	5,349	8,530	8,172	6,656	47,701
Total # of infants treated	55	145	434	548	913	1,411	2,203	2,551	3,124	3,554	3,912	3,728	5,297	27,875
% return for results	96.5	99.8	99	98.5	97.9	95.8	98.8	98.5	99	99.5	99.4	97.7	98.7	98.5
% HIV positive	10.5	10	9.5	7.9	9.2	8.5	8.6	7.7	6.3	5.9	5.5	5.5	5.2	6.5
% of women treated	37.7	37.2	41.5	32.9	39.7	71.7	78.7	77.4	88	92.9	73.9	70.2	96.9	95.3
% of infants treated	37.7	37.8	39.5	34	36.1	39.3	44.4	43.7	54	61.8	70.1	67	77.1	55.7
% MTCT-PCR	-	-	-	-	17.8	-	-	-	-	-	13.3	14.6	11.6	14.325
% MTCT-Rapid Test	-	-	-	7	11.3	26.5	38.9	20.5	20.9	19.4	17.7	34.9	NA	NA
% of partners HIV+	-	-	-	25	-	-	-	-	23.5	11.7	9.3	14	13.1	16.1

Cumulatively, the CBCHS supported PMTCT program counseled and tested 792,098 pregnant women through the active 742 sites in six regions. Most of these sites are in the Northwest and Southwest Region that is receiving significant support from CDC/PEPFAR for PMTCT implementation in these regions.

**Table 21: CBCHS Tuberculosis activities**

Indicators	2011	2012	% CHANGE
Total # of TB patients	1,290	1,189	-7.8
Number screened for AFB	6,767	6,593	-2.6
Number of pulmonary TB	1,062	975	-8.2
Number of Smear Positive	878	847	-3.5
Number of Smear Negative	176	125	-29
Number of Extra Pulmonary TB	223	215	-3.6
Number tested For HIV	1,270	1,183	-6.9
Acceptance rate	98	100	1.1
Number tested HIV+	636	563	-11.5
% of Co-infection	50	48	-5

There was a general decrease in TB workload in 2012. All TB patients accepted to test for HIV. There was a 5% decrease in TB/HIV co-infection.

**Table 22 Evolution of Activities of Extended Forum of Care**

Year	2007	2008	2009	2010	2011	2012	TOTAL	%
Index Persons	227	1,610	2,174	2,587	2,058	2,409	11,065	-
Contact Persons	278	1,701	2,384	2,812	2,476	3,041	12,692	-
Contact Persons Notified	167	1,309	1,742	2,184	1,416	1,627	8,445	66.5
Contact Persons Tested	110	1,004	1,477	1,681	808	1,139	6,219	73.6
Contact Persons With HIV <sup>+</sup>	55	557	688	969	446	588	3,303	53.1
C Ps Linked to Care & Treatment	0	37	90	633	302	587	1,649	49.9

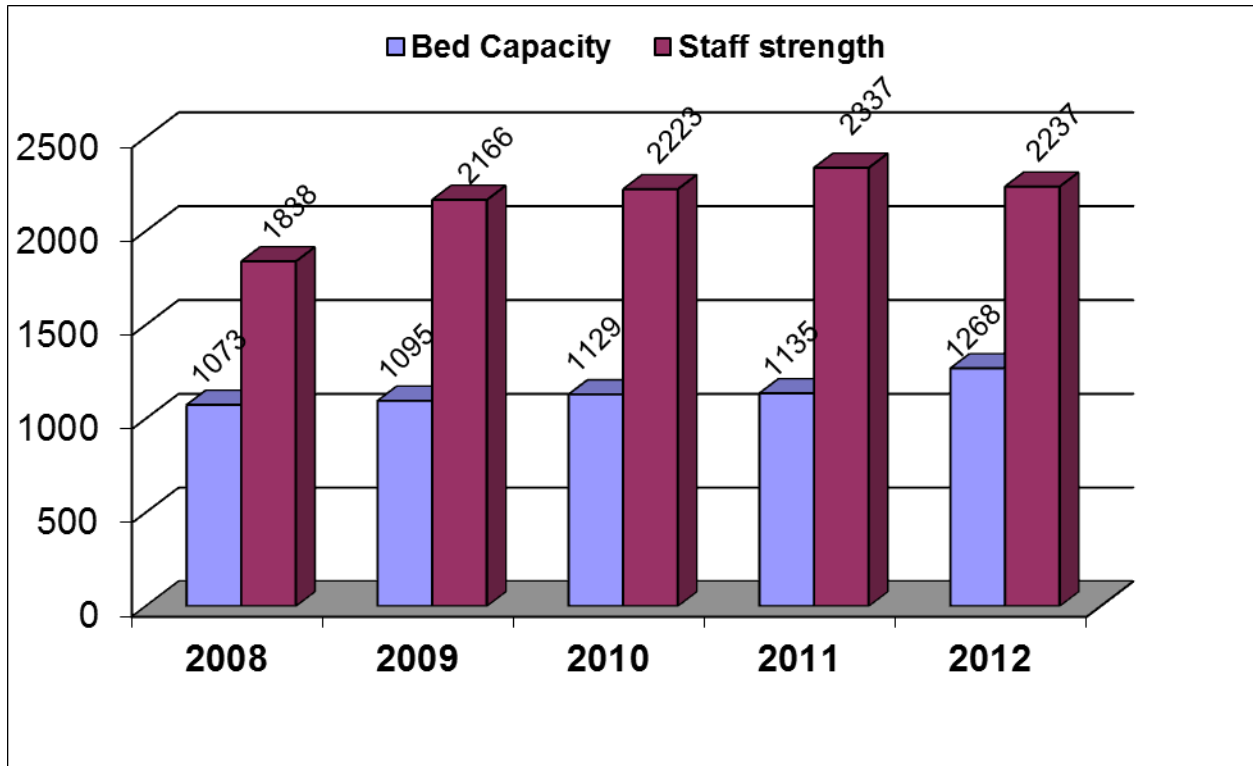


**Table 23 Statistics of Burkitt Lymphoma/Childhood Cancer Service**

<b>INDICATOR</b>	<b>MBH</b>	<b>BBH</b>	<b>BHM</b>	<b>TOTAL</b>
Diagnosis				
Burkitt Lymphoma	36	28	31	95
Wilm's Tumour	13	0	0	13
Kaposi Sarcoma	3	1	1	5
Retinoblastoma	5	0	3	28
Rhabdomyosarcoma	5	0		
Osteosarcoma	5	0		
Aggressive NonHodgkin Lymphoma	3	1		
Leukemia	2	0		
Germ cell tumour	1	0		
Renal tumour	2	0		
Spindle cell carcinoma	0	1		
Total	75	31	35	141
Prognosis				
Cured	N/A	N/A	N/A	N/A
Alive - Burkitt's Lymphoma	27	19	26	81
Alive - Wilm's tumour	9			
Alive-retinoblastoma	5	0		5
Absconded	1	1	0	4
Leukemia-Referred to Chantal Biya Foundation	2			
Death - BL	9	11	9	33
Death - Wilms tumour	4			
Others- pending follow up/unknown	18	0	0	18

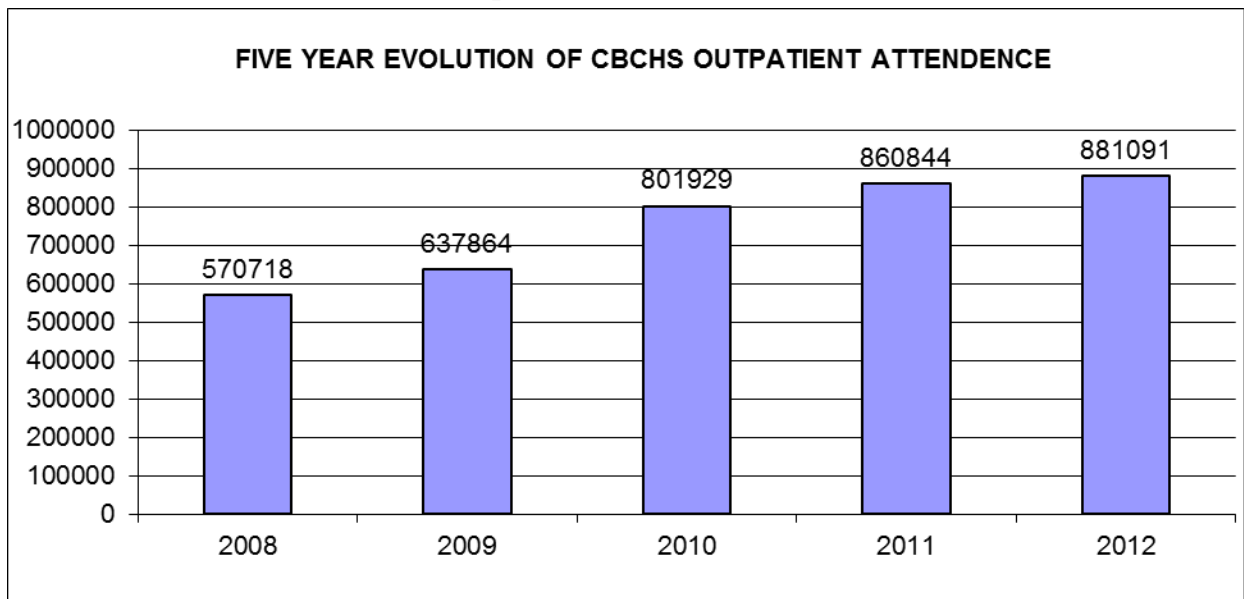
## ANNEX – FIVE YEARS EVOLUTION OF CBCHS KEY ACTIVITIES

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

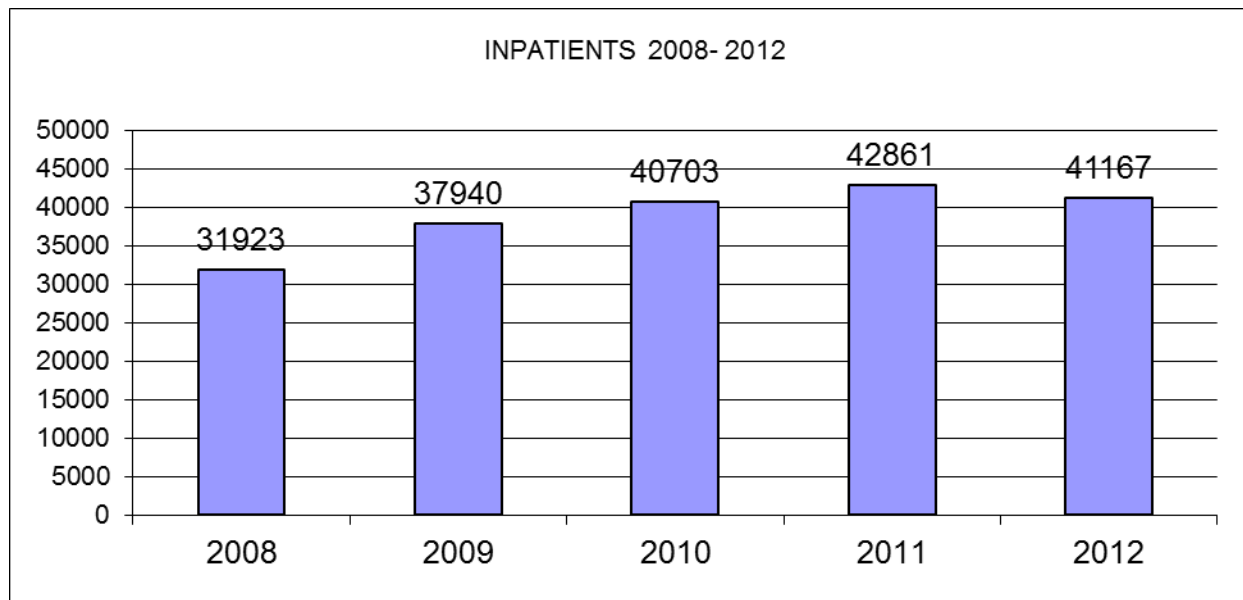


The staff of the TSD, DHS Office and LAP were not included in the graphs above. Their work has no direct relationship with the number of beds.

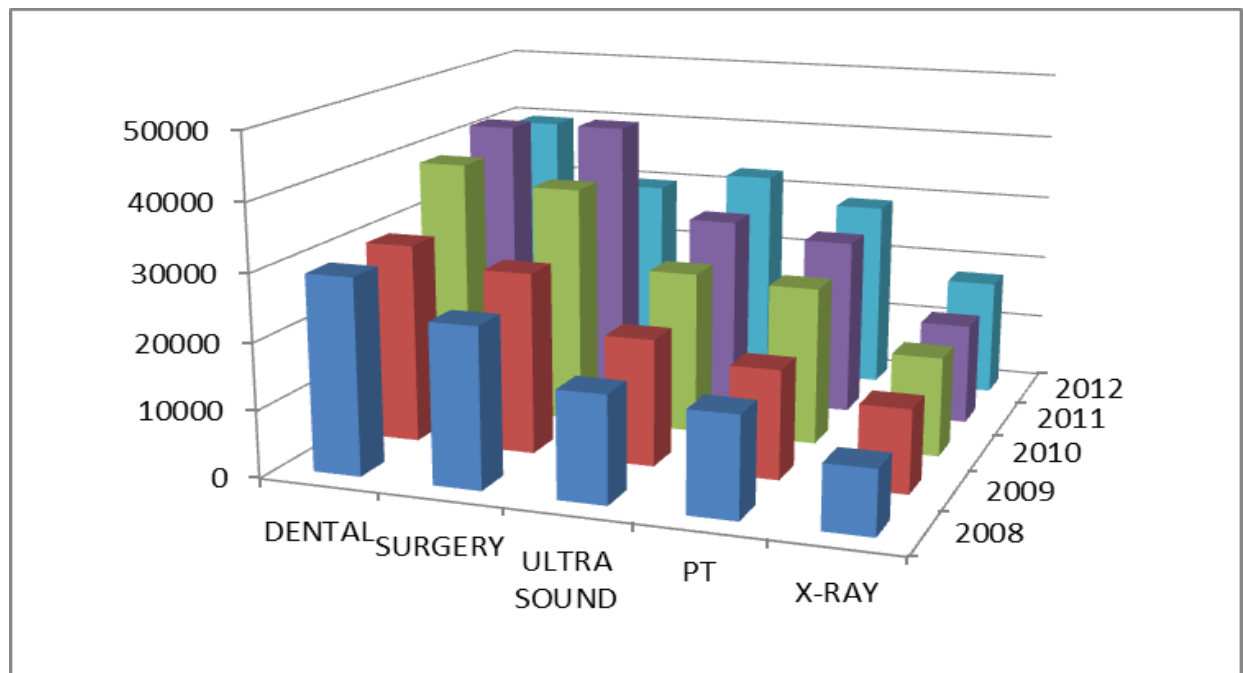
### Annex 2 – Five Years Evolution of Outpatient Attendance



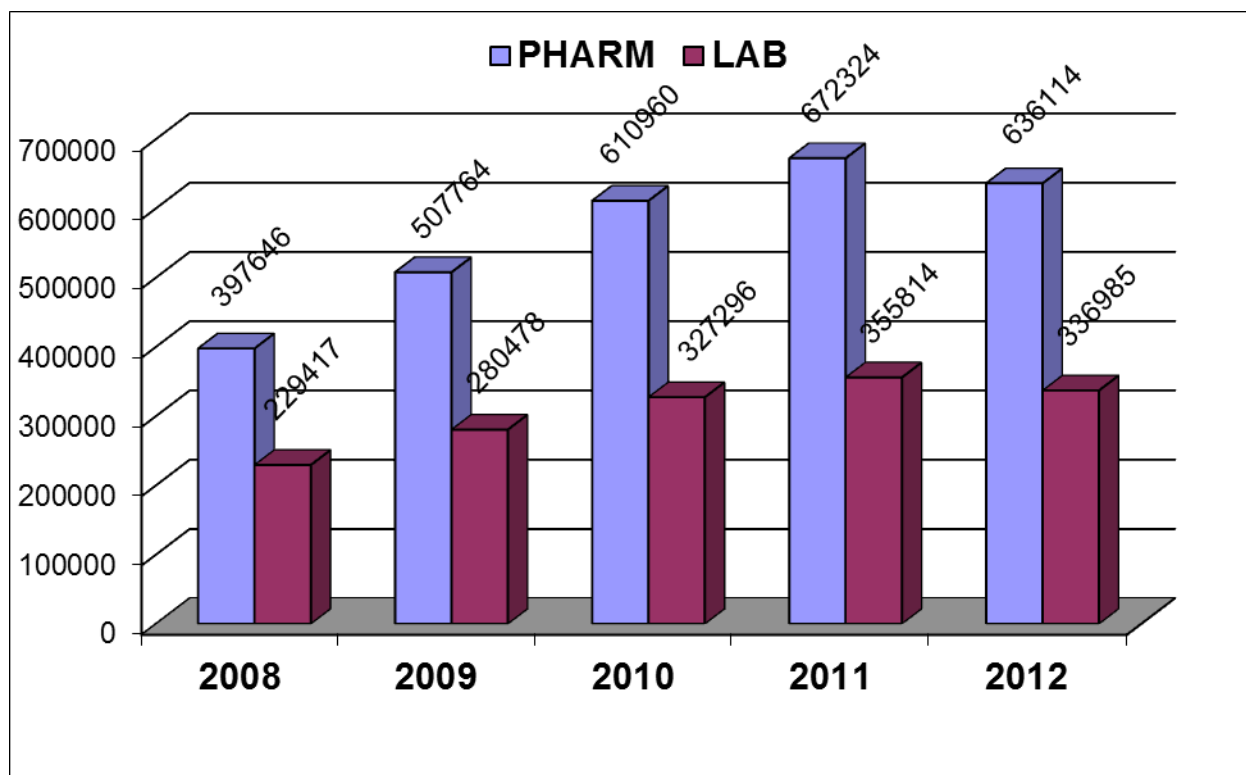
### Annex 3- Five Years Evolution of Inpatients Attendance



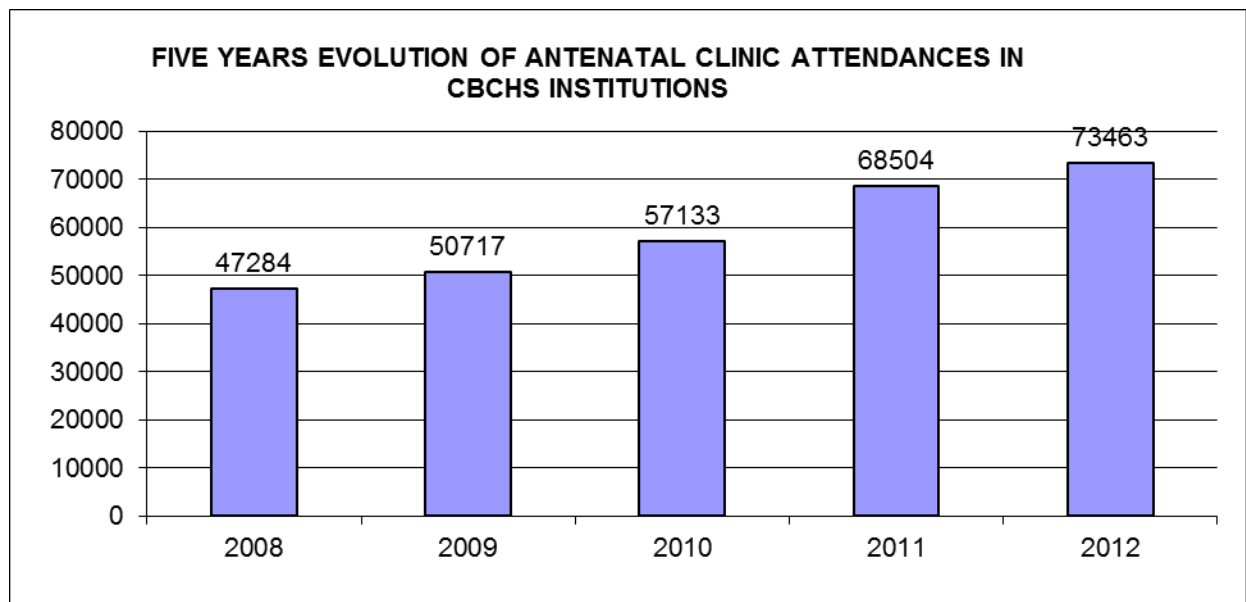
### Annex 4- Five Years Evolution of Department work load



Annex 5- Patients seen in Laboratory and Pharmacy



## Annex 6- Five Years Evolution of MCH Activities



### Conclusion

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. The Board is thankful to all the staff of CBCHS for their commitment to its mission statement as evident in the successes recorded.