

CAMEROON BAPTIST CONVENTION HEALTH SERVICES



ACTIVITY REPORT, 2014

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ANNUAL REPORT, 2014

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List of Abbreviations

CBCHS	Cameroon Baptist Convention Health Services
ACP	AIDS Care and Prevention Program
BBH	Banso Baptist Hospital
BHB	Baptist Hospital Banyo
BHM	Baptist Hospital Mutengene
CP	Central Pharmacy
DBH	Dunger Baptist Hospital
DHSC	Director of Health Services Central
EBHC	Etoug-Ebe Baptist Health Center
HSC	Health Services Complex
LAP	Life Abundant Primary Health Care
MBH	Mbingo Baptist Hospital
MBHD	Mboppi Baptist Hospital Douala
PHC	Primary Health Care
CIACP	community Initiative AIDS Care and Prevention
CDC	Centers of Disease Control and Prevention
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
MOH	Ministry of Health
PEPFAR	President's Emergency Plan for AIDS Relief
HIMS	Health Information Management Systems
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BTMAT	Beryl Thyer Memorial Africa Trust in the UK
CCP	Chosen Children Program
COC	Chief of Center
CoMCHAs	Community Mother Child Health Aides
EFC	Extended Forum of Care
FP	Family Planning
NLC	New Life Club
NTP	National Tuberculosis Program
PMTCT	Prevention of Mother-to-Child Transmission
PWD	people With Disabilities
SEEPD	Socio-Economic Empowerment of persons with Disabilities

SG	Support Group
PCR	polymerase Chain Reaction
YONEFOH	Youth Network for Health
BL	Burkitt Lymphoma
CHF	Congestive Heart Failure
LRTI	lower Respiratory Tract Infection
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection

Mission Statement

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

Vision

Quality care to all

Acknowledgement

The results presented in this report are God's mighty blessings to the Cameroon Baptist Convention Health Services (CBCHS) through collaborative efforts with our patients, partners and friends who have supported us in prayers and with material and financial resources. Special appreciations go to the HMIS team, all Heads of service, and all CBCHS staff who worked together to develop this report.

A. NARRATIVE REPORT

Introduction

For over 60 years of existence, the Cameroon Baptist Convention Health Services (CBCHS) keeps making giant strides in alleviating human suffering with an underlying philosophy of Christian love as enshrined in her mission statement. The CBCHS addresses both clinical and public health problems affecting individuals and communities in Cameroon in particular and Africa at large. The health facilities of CBC Health Services include 6 hospitals, 27 integrated health centres, 50 primary health centres and a Pharmaceutical procurement and distribution department. Other vital departments that help to enhance patient care include: the Baptist Training School for Health Personnel that trains clinical personnel for our Services, a comprehensive AIDS Care and Prevention Program and Services for People with Disabilities. The Health Services also run some crucial programs like the Centre for Clinical Pastoral Education and Social Services, and a Community Counseling Clinic. The services of the CBCHS are spread over six of ten regions in Cameroon.

Baptist Training School for Health Personnel (PTSHP), Bansa

In 2014, the school started a biomedical science department with the training of biomedical assistants. The trainees of this department will maintain and repair equipment in the CBCHS institutions. Currently, the school runs ten departments and 28 programs.

Of the total of 243 students that enrolled in various courses in the school in 2013/2014 academic year, 213 were successful and graduated. These include 40 nursing assistants, 16 Laboratory Auxiliaries, 19 APNA, 42 pharmacy auxiliaries, 46 nursing auxiliaries, 8 biomedical assistants, etc. The nursing assistant students performed well in the certificate examination which was written at Shisong Centre in August 2014. Twenty eight of the 40 candidates that wrote were successful, scoring 70%. At the end of 2014, the school had eight ongoing programs with a total enrolment of 133 students. Five programs have been programmed to start in January 2015. The school applied to the Ministry of Health to the start State Registered Nursing (SRN), State Registered Midwifery (SRM), Pharmacy Technician, and Pharmacy Assistant. Feedback is still awaited. This year, five orthopedic students and six Pharmacy Technician students were happy recipients of partial scholarships from the SEEPD program and Ecumenical Pharmaceutical Network (EPN) respectively. This will relieve students of their financial burden.



OB Models donated by Dr. Schmidt

In April 2014, Sister Mantay and Dr. Helen Marie Schmidt visited the school and were very impressed with the progress being made over the years. Dr. Helen Marie Schmidt donated midwifery teaching models to the school worth about one million Francs CFA to the school. Also, Dr. Dennis Palmer and the Infection Prevention and Control (IPAC) Canada donated nursing and infection prevention text books. We remain thankful to our partners.



NEW BLOCK UNDER CONSTRUCTION (Side)

Infrastructure wise, the first floor of the school building was completed last year and is in use. The ground floor is about 80% complete. Efforts are being made to get it ready for use by January 2015. The roof phase remains the greatest challenge. A total of 56 million Francs CFA is needed for this phase of the project. After completion, the building will host most of the courses in the training school. We are appealing for financial support from partners. Considering the many years of Sister

Kathy Kroll's devoted services to Cameroonians through the Baptist Training School for Health Personnel, and her wish to have seen the new block built, the block will be named after completion as "**Kathryn Kroll Block**" in recognition of her hardwork.

To ensure the name fully reflects the true status of a Baptist school, it was proposed and approved by the BTSHP Administrative Board of May 08, 2014 that the name of the school should be changed from Private Training School for Health Personnel (PTSHP) to Baptist Training School of Health Personnel, (BTSHP), Banso

In addition to finances that is a challenge to complete the new school building, there is also need for additional staff.

Life Abundant Primary Health Care (LAP)

LAP staff worked hard in 2014 ensuring close supervision of the activities of her 50 primary health Centres (PHCs). Through these PHCs, a total of 44,156 clients were served, 1173 pregnant women went through the PMTCT services and knew their HIV-status, 625 women with low risk delivered at PHCs.

LAP organized several training and refresher courses for the village health workers, field staff and administrative staff. These trainings are summarized thus:

- 13 students from 8 communities were provided training to function as Health Promoters.
- 7 candidates from six communities participated in the basic training of CoMCHAs.
- 43 Promoters, 9 Field Supervisors, 6 PHC Nurses and 5 Administrative staff participated in continuous education on mental health conditions on how to identify and refer people with mental health issues in the communities.
- 42 village health workers participated in refresher courses to strengthen their capacities in the provision of health care in their villages.
- A total of 33 of administrative staff, Field supervisors, PHC Nurses participated in a capacity building seminar to improve on the capacity of field and office staff in narrative and financial reporting as well as the standard procedures for BftW.
- 28 participants of LAP staff were drilled in the Basic Life Support in obstetrics (BLSO) workshop to gain knowledge and skills on how to manage obstetrical emergencies in the communities to reduce maternal and infant morbidity and mortality.

LAP is implementing PMTCT services in 42 of her sites. There is Continuous sensitization and behaviour change communication using varied approaches which has led to increase health awareness by population leading to a drop in stigma and discrimination. This is impacting on uptake of PMTCT services and a reduction on the number of home deliveries in communities.

A total of 17 PHCs are implementing the Nutrition Improvement Program. During the commemoration of the World Breastfeeding Week on the theme ***Breastfeeding a Winning Goal for Life***; 671 people were sensitized.

An external evaluation of the LAP Bread for the World funded project for the period 2012 to 2014 was carried out. The overall assessment showed that LAP project is matching with the designed approach and there is a high level of satisfaction by the rural communities where LAP exists. A new project proposal was also submitted to Bread for the World and the German Government for funding. We are awaiting the results. Mr Johann Singers, the Project Officer of Bread for the World for Africa visited LAP and was very

impressed with LAP project implementation in Kamp-Vekovi PHC. This visit gave him the opportunity to have more insight of LAP Ministry.

Cameroon-European Union Cooperation is funding a health care project call “Lake Nyos Project” through the CBC Life Abundant Primary Health Care program. The goal of this project is to extend primary health Care services to the Lake Nyos Zone to improve access to basic health care by the inhabitants and also as a means to re-instate the survivors of the Lake Nyos toxic gas disaster of 1986. The 3 villages to benefit from this project are Nyos Valley, Subum and Cha.

As part of the implementation of this project; LAP has carried out the following activities:

- A demographic health survey and community determined health care (CDHC) exercises were carried out at Cha, Nyos valley and Subum villages to better understand the prevailing health problems in these communities.
- 3 health committees were created that will be responsible for the day to day management of their PHCs.
- 6 candidates were recruited and trained for Nyos valley and Subum PHCs.
- The building project started in October 2014 with the renovation of a structure in Subum. The building project for Cha and Nyos valley will follow after the completion of the Subum PHC building.
- Health education on behaviour change, hygiene and environmental sanitation that were started are ongoing.

LAP has continued to minister the gospel message and strengthen the spiritual lives of staff at LAP coordination center and in the communities. A total of 2,801 people listened to the gospel message, 204 persons re-dedicated their lives to Christ, 48 people made first decision to accept Jesus Christ, 30 were counseled on spiritual issues and 33 Village Health Workers encouraged.

Amidou Issa, LAP Field Assistant in Saah PHC has continued to have Bible studies with some Fulani community members monthly. The LAP chaplains plan to accompany him in some of his outreach activities and encourage in his ministry.

The Nwanti Primary Health Centre was closed after consultation with the Director of Health Services and due to lack of ownership especially by the community leadership.

The LAP Multi-purpose building is ongoing. The basement was completed and put to use. The LAP prayer Retreat Centre project was suspended temporary and will resume as soon as more building materials are

purchased. Thanks to the Field Director and Sister Daphne Dunger for raising funds through the NAB for the project.

The challenges that LAP is experiencing include inadequate staff, especially in difficult areas like Akwaya and Allat/Banyo. This was aggravated by the retirement of the senior staff, Mr. Kaibo David, Field Supervisor of Ndu in December 2014. We also have limited funding to complete the multi-purpose building and the retreat center. This notwithstanding, we are thankful to God, our funders, LAP internal and external friends for their support.

Technical Services Department (TSD)

The TSD completed only four of the fourteen prioritized goals of 2014. Of the ten uncompleted goals, the nine concerning Strategy 9 Project package (S9PP) were not started because funding was not available yet. The other unmet goal was due to much work load. Some key activities of the department included work on the technical files of the S9PP bringing them to 90 % completion, compilation of job description booklet for the department staff, organization of a Seminar for Site Supervisors and a training on Auto Card. Progress was made with projects as follows;

1. Lassin Baptist Health Centre OPD Block was completed.
2. BBH eye Department 3rd floor columns were raised.
3. BHM Maternity/surgical wards were 90% completed. The 3rd floor was put to use.
4. Sarkibarka OPD foundation was constructed
5. The LAP multipurpose Building basement was completed.
6. MBH Volunteer building was completed.
7. MBH Deaf school classrooms were renovated.
8. MBH Student hostel skeletal structure was raised and roofed.
9. MBH OPD (section over CIMS) was roofed.
10. The X-Ray section of the BHM X-Ray block was completed and put into use.
11. Started work on the extension of DHS office.
12. The Ekounou fence project was started
13. The PTSHP 1st floor classrooms were prepared for use.
14. Coordinated the construction of the Bangolan H/C incinerator.
15. The building of a primary Health Centre in the Nyos Area is ongoing. (EU LAP project)

The apprenticeship training program graduated 25 trainees this year. The total enrollment was 94. The training program for Biomedical Assistant Technicians hosted by the PTSHP graduated the first batch and has a second batch that started training this year.

Chaplaincy Services

The Chaplaincy Department as part of the interdisciplinary team within the CBCHS carried out some activities, contributing in offering quality and holistic Care to all who need it. The Spiritual Emphasis took place from the 25th -30th August 2014 on the theme **“Declaring his praises to the Nations: Serving beyond ourselves”** which was drawn from 1Peter 2:9. The speakers for this year were chosen from church Pastors, Chaplains, and Seminary teachers. The spiritual emphasis ended with the medical day of prayer on 31st August 2014. On this day, staff from CBCHS institutions visited local Churches within their communities and presented health education. We are appreciative to the churches for reception and cooperation given to our Staff during this event. The offerings raised on that day was used to meet some needs of the poor and needy within the communities of the congregations. We equally extend our gratitude to the churches that willingly raised offerings on this day and gave to their closest health institution to be used to support the needs of poor patients.

In 2014, both the staff and the patients continued to value the daily devotions for their spiritual nourishments and growth. This is inferred from the willingness of staff and some patients to be punctual and committed in beginning the day with morning devotions. We regularly offered devotions at key service provision points and addressed spiritual needs of the patients. The spiritual life committees of most CBCHS institutions were functional this year. Many institutions continued to work with either the Gospel Team or Choir to evangelize during outreach programs.

In an effort to equip the chaplains for proper service provision, seminars were organized and sessions included leadership and professional skills, Palliative Care, Supervision, Marriage, and the family. Through regular Bible Studies and TEE program. The chaplaincy of the CBCHS has continued to intentionally disciple the staff and some long term patients. A prayer chain was organized involving all the staff of our institutions and it gave each staff an opportunity to pray for an hour for some particular concerns. Many of the CBCHS institutions also organized Prayer Retreats and meetings depending on their local needs.

Two chaplains were ordained. One has gone through the ordination counsel and there will be ordination in 2015. Two other chaplains are in the process of writing and presenting of their doctrinal beliefs for ordination. We are appreciative to the churches that recommended these chaplains for Ordination.

The challenge of the department includes the long admission process into the membership of some churches which has been discouraging to some staff who do not easily get admission because of the nature of their work.

Social Services

The department successfully accomplished the following this year;

- Established a working relationship with the Northwest and Southwest Regional Delegations of Social Affairs and other organizations like the Boastal Institute of Buea in the Southwest Region.
- Followed- up the application process for subvention from the Ministry of Social Affairs.
- Identified, assessed and followed-up support for three very destitute and vulnerable children from Akwaya and they are presently benefiting from medical, nutritional and educational support from an American Missionary.
- Resolved many conjugal conflicts among clients.
- Worked hard to integrate abandoned patients to their families. A major intervention in this light was the intervention made by the BHM team, working with the Nigerian Consulate in Buea to send an abandoned Nigerian patient to his family.

The department staff were involved in many trainings including; leadership seminar for heads of department, palliative care, bible storytelling, Jim Schneider's seminar, child protection and safeguard seminar and social workers annual association meeting.

AIDS Care and Prevention Services

The AIDS Care and Prevention Program (ACP) activities have continued to increase and the staff are working hard to effectively implement them, accomplishing visible results. The focus of ACP remains prevention, treatment and the provision of psychosocial support to the infected and the affected persons.

In 2014, the community components of ACP (the ViiV project in the Northwest region and community initiative AIDS Control Program in the Southwest region) continued to play the fore runner role in communities; raising awareness on HIV and AIDS with a key focus on generating demand for ANC service uptake for both pregnant women and their partners. The components equally facilitated clients' retention in HIV care and conducted voluntary counseling and testing in communities. The ViiV project ended in October 2014 and a reapplication was submitted for a possible renewal.

We continued to support the provision of PMTCT services in the Northwest, Southwest, West and Adamawa regions in Cameroon. The President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) continued to support the provision of quality PMTCT services in the Northwest and Southwest regions while the Elizabeth Glaser Pediatric AIDS Foundation supported the implementation of these service in the West and Adamawa regions. Working with 714 PMTCT sites, we counseled and tested a total of 109,413 pregnant women; 4,811(4.4%) of whom were HIV positive and are being followed up to ensure they and their infants receive a complete PMTCT service package. We observed a decline in mother to child HIV transmission rate from 7% in 2013 to 6.5% in 2014.

The HIV Care and Treatment and Tuberculosis Control Program continued to counsel clients enrolled on ART and TB medications in CBCHS clinics to ensure that they adhere to treatment. Cumulatively, at the end of 2014, a total of 23,331 clients have ever enrolled on ART in the five CBCHS care and treatment sites and 17,404 are current on ART. Others transferred out, died, were lost to follow up or stopped. The TB Program screened a total of 7,090 persons and identified 1,208 cases.

The Women's Health Program worked in collaboration with national and international partners and accomplished stated objectives. Outreach services were conducted in several communities. The department served a total of 9,554 clients who were enrolled in facility and community clinics. The program staff were trained on care HPV testing that will be used for preliminary screening of cervical cancer. This approach will be piloted as from January 2015 at Mutengene Baptist Hospital. The project is implemented in partnership with the University of Massachusetts.

In 2014, the Chosen Children Program continued to implement regular activities like provision of medical, psychosocial and education/vocational support to the orphan children. The program also carried out advocacy activities, exposing the plight of orphan children. A total of 3,025 children were assisted this year, many of whom were successful in end of year or course examination while some in vocations have exceled.

The Extended Forum of Care (Contact Tracing) Program continued to integrate her services in PMTCT, ensuring that contacts of HIV positive pregnant women are notified. In 2014, a total of 1995 index persons and 2202 contact persons were identified, 1065 of the contact persons were notified and 762 tested for HIV. Of those tested 382 (50%) were HIV positive.

The Youth Network for Health educated 30,462 young people on HIV/AIDS, STDs, smoking, drug abuse, alcohol, dating, relationships, rape and values self-esteem. A total of 2,304 youths were counseled and tested for HIV and 16 were positive.

The New Life Club (commercial sex workers) is continuing to identify persons involved in sex work. An assessment of cases is done and they are enrolled in the club. The club activities include lessons on self-awareness, character building, HIV testing and linkage to care and treatment.

The Support Group of People Living with HIV had a membership of about 1,058, who are predominantly females. The association has facilitated assessment and treatment for many members. The Program

engages members in various capacity building activities like mushroom cultivation, telephone booths, mini shops, etc.

The Nutrition Improvement Program is running in CBCHS facilities. Proper nutrition counselling was provided to a total of over 20,000 patients. The program is conducting an evaluation project with external funding from UK. The results of the evaluation will enable appropriate expansion in Cameroon and beyond.

The Palliative Care Program continued to conduct in and out patient care, counseling, home based care and education on bereavement. The program served clients both in the facility and the communities.

The main challenges of the ACP have been limited funding for some of the programs who do not have any obvious means of sustainability. The Program staff continue to work hard to accomplish the results presented.

CBCHS Burkitt Lymphoma/Childhood Cancer Service

The work load of the program has been stable. A total of 112 (compared to 111 in the previous year) new patients were recorded and treated (see details on table 22). The 3 main disease categories were Burkitt lymphoma (BL), retinoblastoma (RB) and Wilms tumours (WT) which were all treated according to internationally recommended and IRB approved protocols. An interesting observation is the relative reduction in number of patients with BL, and an increase in number of patients with RB and WT. Other less common cancers are treated with adapted protocols according to the availability of specific drugs. Primary curative treatment (chemotherapy) for BL was provided at all hospitals, for RB (chemotherapy, surgery, laser/cryotherapy) at MBH and BHM, and for WT (chemotherapy and surgery) at MBH. Secondary chemotherapy and follow up is provided at the hospital closest to the patient's home.

Pediatric palliative care home outreach was extended to include patients at both BBH and MBH. This provided enormous relief to terminal patients and their families at their homes.

Supportive care to the patient while in hospital and to the guardian is a critical component of our comprehensive care. Medical treatment is largely subsidized and parents only pay an initial fee of CFA 30,000 on admission. The cost of surgery, chemotherapy, laboratory investigations and surgery are largely funded by the program. A food support program provides a daily egg to the child, and 2 cups of rice, a cup of groundnuts and CFA 400 in cash to the attending guardian. A transport subsidy of up to CFA 10,000 per family was available when needed. Patients who miss follow – up appointments were contacted by telephone or visited at home by our research assistant nursing staff. All patients were registered in the POND cancer registry, which enables us to generate health statistics, and to do health planning.

The Northwest Region Parent Support Group for children with cancer is a registered NGO. There are established branches at MBH, Babessi and Ntaba. Their main objective is to improve on awareness of childhood cancer amongst the public, to assist potential patients to travel to hospital, and to support children with cancer and their parents while in hospital. A secondary objective is to generate income to sustain the supportive care arm of our treatment. During the past year two families near BBH raised chickens, 5 families at Babessi started small businesses and are paying interest on the capital loan, and 4 members at Ntaba are raising a pig and selling palm oil for shared profit. An interesting new venture is the allocation of one hectare of farm land to the NGO at Ntaba by the local chairmen of the parents group. We provided capital to be used to clean and prepare the land for planting corn and beans at the start of the next rainy season. This has the potential to generate income. The program contributed capital last year to improve on the pig houses managed by CBR at MBH. In exchange they will farm 10 pigs (sows) for us in the coming year for shared profit when the piglets and old sows are sold. The philosophy is to utilize local (farming) expertise in a way that benefits our program and equally benefits the participants.

Infrastructure wise, BHM registry office has been refurbished, and a Camtel modem was installed to facilitate internet communications. At BBH a nice play room has been equipped next to the exiting children's cancer ward. At MBH the planned move of the X-ray and Ultrasound departments to the new OPD wing has been approved, and the program will be able to develop a new 8 bed children's cancer ward adjacent to the existing children's ward. The CBC Director of Health Services has in principle approved the allocation of land to build a parents home with a garden within walking distance of the children's cancer ward. This will be an enormous service to the guardians, and will also make available hospital beds from children who must remain near the hospital, but not necessarily as inpatients.

Dr Francine Kouya's, our CBC Cancer Treatment Manager will leave for a planned 2 year visit to study oncology at Stellenbosch University/Tygerberg Hospital, South Africa. Nurse practitioner Vera Njamnshi at BBH left the CBC health services for further study. Dr Kifem Vincentia (a first Buea Medical School graduate) joined the program at BBH. Dr Edouard Katayi who has competently supervised our program at BHM from the onset in 2007, is now in charge of the PMTCT program for CBCHB. An internist, Dr Mbanga Evans was appointed to act as the local supervisor for our program at BHM.

Following discussions with the trustees of BTMAT, Program Managers of WCC and Prof M Kruger at Stellenbosch University it was agreed that a local Program Manager was needed to correlate activities which are not the primary responsibility of our physicians. Prof Tih Pius Muffih approved the concept, and Mbah Glenn was appointed the Program Manager. He is based in BBH.

In the area of research, the excellent patient records and good follow – up system offers many opportunities which are being exploited:

- The SIOP Africa Continental Conference in Dar Es Salaam in March 2014: presentations were given by Dr Kouya (adolescent cancer), Mbah Glenn (nurses knowledge of cancer, CBC cancer statistics), Dr Paul Wharin (palliative care in the CBC hospitals), Prof Hesseling (guest lecture on BL, outcome of paraplegia in children with BL. A survey of the outcome of children with BL who present with paraplegia was completed and the results presented at this conference
- The SIOP International Conference in Toronto, October 2013: Dr Kouya presented our Africa Collaborative WT Pilot Study and was awarded the best poster prize. An African Collaborative Study for the treatment of WT has good patient recruitment, and is collated by nurse Nana Philippa. A study of the very long term outcome of all patients treated for BL at CBC hospitals between 2003 and 2013 was commenced with the help of a Swiss Cancer League grant.

This year, CBCHS hospitals were visited twice by Prof Peter Hesseling (representing Stellenbosch University) and Dr Paul Wharin (representing the Beryl Thyer Memorial Africa Trust) to review and support the program. Mr Ed Minor (World Child Cancer) joined the aforementioned during their last visit.

We remain committed to providing the best possible care to as many children with cancer as possible. We consider it of crucial importance to train and develop our Cameroonian members of staff. Equally important to us is the promotion of knowledge of childhood cancer in the community, and also to mobilize local resources that will promote sustainability of our program.

Socio-Economic Empowerment of Persons with Disabilities (SEEPD) Program

The second phase of the Socio-Economic Empowerment of Persons with Disabilities Project ended this year. The goal of this phase was to contribute to general community development by reducing the proximity in direct relation between poverty and disability. The overall objective was to improve on the quality of life of persons with disabilities. The purpose of the program evolved from socially and economically empowering PWDs in the first phase to enabling PWDs exploit their full potentials in inclusive settings during the second phase. In 2014, activities to achieve the aforementioned purpose were implemented in five domains of

intervention: medical and rehabilitation care, inclusive education, livelihood, social inclusion of persons with disabilities and research. The summary report below presents the 2014 accomplishments

Medical and Rehabilitation services: Following demand generation done in the first phase of the



ENT Surgeon undertaking a nose surgery

Program, the second phase of the Program focused on enhancing access to and increasing utilization of quality medical care at all levels. This was done by improving the quality of services, maintaining affordable prices, and introducing sub-specialties – specifically in eye care. With increased sensitization on existing services, increased number of services, increased outreach to communities, increased staffing at the different facilities and capacity building, the following results were achieved:

- Awareness on existing services continues to increase with 627,188 people sensitized on existing services.
- Access to medical services increased from 145,024 people in phase I to 255,783 people in phase II.
- Of the 255,783 (121,617 males and 134,166 females) people who accessed various health services, 126,868 directly accessed health services for the first time.
- 38,367 of those who accessed services were people with disabilities.

Education: In the second phase, the purpose of the inclusive education component was to increase



SEEPD Program Team led by Prof Tih (right) handing over Braille Embosser and Laptop to Dr Abety Peter (left), Chairman of the Board of Directors

government involvement in the education for all (including children with disabilities) in primary, secondary and tertiary schools. In 2014, the Program continued using the twin-track approach- one being special education and the other inclusive education to realize the following results:

- Increased understanding of the importance of education of CWDs with 148,785 people sensitized on the need to educate CWDs.
- 478 school authorities and teachers having the capacity to identify learners with impairments within



SEEPD Program Education Advisor undertaking a need assessment with learners with impairments in GBHS Kumbo.

- mainstream schools and to teach inclusively. Their interventions have broken attitude barriers and improved collaborations between teachers and students.
- 2,540 CWDs enrolled in mainstream schools with 69% recording improvements in their performances in end of course exams.
- The Cameroon general Certificate of Education Board (CGCEB) fully took over the brailing of the GCE Exams and brailled for 23 candidates. In addition, the Board added 15 minutes of extra time for all candidates with visual impairment.
- Change in perception has resulted in increased involvement of local authorities in the education of CWDs with 4 local

councils supporting the education of 50 CWDs from their municipalities who are enrolled in special schools. Two of these councils have made it a policy to support CWD.

Livelihood: The livelihood component focused on ensuring that more persons with disabilities earn their



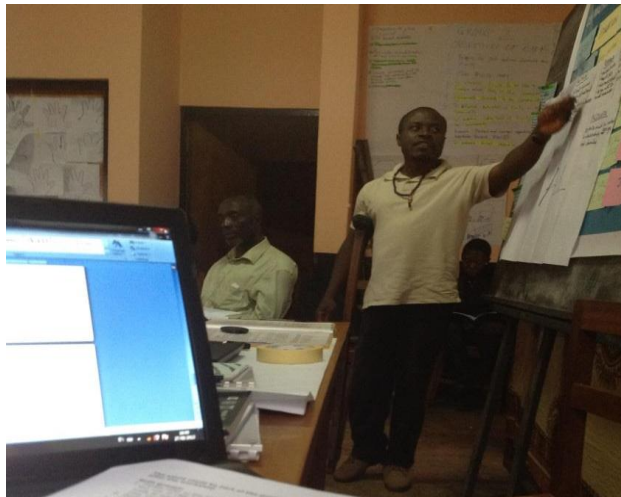
PWD managing an electronic repair store with loan from WINHEEDCAM

own income by building vocational capacities, expanding access to micro credits and intensifying advocacy for formal employment of persons with disabilities. The following results were attained:

- Knowledge on the need for PWDs to access livelihood opportunities increased with 3,187 people encouraged to support PWDs in vocational training and create opportunities for formal employment.
- 956 PWDs were involved in income generating

activities with 793 empowered through micro credits, 144 through vocational training and 19 through formal employment.

Social inclusion: The social inclusion component seeks to increase access to mainstream development



Person with disability participating in a workshop on CBR Guidelines

activities with persons with disabilities by increasing their leadership role and bringing on board other actors who are not necessarily disability focused.

- APWDs have implemented social oriented activities on the program log frame. Consequent to the practical implementation of activities by APWDs, 3,883 PWDs now participate in the social, political and cultural life of their communities.
- 9 socio-political and economic actors have

changed their approaches to include PWDs.

- A total of 2,578 PWDs participated in municipal and council elections with 3 of them elected as municipal councilors participating in community life.

Research: Research has continued to support Program implementation with the completion of 7 Program development studies

- Feasibility study on sub specialties in the context of the NWR was completed.
- Investigation on the market trends of the NWR to inform and strengthen the livelihood of PWDs was completed.
- Compilation of a manual on counseling PWDs, families and communities on positive attitude change is ongoing.
- Study on approaches in providing livelihood training to PWDs.
- Investigation on the socio-economic impact of secondary education on the lives of PWDs.
- Study on Child Protection in the context of the Northwest Region.

The second phase of the Program was very successful. It also led to a paradigm shift in the way community members and families perceive persons with disabilities in cultural settings, sports and recreations, religious settings, and politics. The second phase of the program has contributed in raising awareness and understanding of disability related issues within the wider community. It is hoped that with this awareness

and understanding, mainstream structures will take affirmative action in promoting and sustaining the participation of PWDs in all aspects of community life.

Central Pharmacy (CP)

The CBC Central Pharmacy will turn 25 on January 31st 2015 and this date has been fixed for the celebration of this Silver Jubilee. We continued to work with the German Institute for Medical Mission, Difaem to ensure the quality of pharmaceuticals that get into the CBC Health System by performing random testing of pharmaceutical products from varied sources.

In 2014, we placed two major international orders for medicines and medical supplies. The consumption data for all medicines, medical supplies, dental and laboratory items were reviewed and updated, and a procurement time table prepared in preparation for 2015 orders.

The storekeepers' workshop for 2014 took place successfully according to plan. The CP satellite store in Kumba created, starting temporary at the Kumba Health Centre new building.

The production of IV infusion fluids was stable throughout the year compared to the past where there were interruptions. The raw materials were available. Eye drops production was also consistent. However, eye drops production is slow because the process is manual due to broken machine. The Non-Sterile unit is responsible for the preparation of extemporaneous products for all the CBC Health Institutions. These include ointments, creams, solutions, suspensions, emulsions, lotions, gels, etc. Production was consistent in 2014 due to the availability of the raw materials. The chemical production unit met its target of 2014. Three palm nurseries were created: in Sarkibaka, Nyamboya and Ngounso. Planting is envisaged for May 2015. Over 115 hectares of land is needed for the project. The palms are needed for palm kernels for the extraction of oil for soap manufacturing.

The quality assurance department works with all Central Pharmacy production departments to ensure that all production is done according to current Good Manufacturing Practices (cGMP) and also ensures the implementation of ISO (International Organization for Standardization) guidelines. The department carried out 520 quality control tests in 2014. Of these, 58 were done using MiniLab equipment for finished dosage form imported from abroad. Products that fail were sent to Kenya, and subsequently to Germany for confirmatory tests.

The water bottling unit changed the look of their product (HESCO). A total of 222,000 litres of water were bottled and no breakdowns in machines were experienced. Jeff Brown's Team has continued to provide

considerable amount of spares and tools to HESCO, including accounting software. The unit renewed its business license and exploitation permits. Sales to CBC institutions are increasing with Kumba BHC, Mboppi and Banzo Baptist Hospitals leading in making the water available to patients. HESCO has acquired an 18 ton truck to use for supply.

The major challenges that CP faced was inadequate personnel, shortage of raw materials and periodic machine failures.

Health Services Complex (HSC), Mutengene

The HSC continued to host activities of the CBC Central Pharmacy and AIDS Care and Prevention Program like the HIV free Southwest project, Community Initiative AIDS Care Program, Early Infant Diagnosis (EID) Reference Laboratory, Chosen Children (Orphan care) Program and Regional Training Center for Excellence amongst others.

The Regional Training Center for Excellence organized several workshops and seminars in 2014 to sharpen the capacities and skills of health professionals of different cadres. Amongst the workshops and seminars organized include Electrocardiogram Cardiovascular Monitoring and Ultra Sonography seminar, Pediatric HIV AIDS workshops, Option B+ training workshops, Women's Health Program coordination workshops, Local Capacity Initiative workshops, etc.

The final judgment for the Health Services Complex, Mutengene property was delivered by the Supreme Court in favour of the CBC on June 12, 2013. Concerning the parcel of land outside the fence, the Divisional Officer (DO) of Tiko and the Divisional Delegate for Mines and water resources visited the site on October 11, 2014 and are requesting for the names of those who bought that parcel of land from an interim village traditional council after the death of Late Chief Luma, Chief of Mutengene. Presently, the Chief of lands Brigade, Tiko is working to get the names for the Divisional Officer. Let us continue to pray that it is reverted to CBC.

Banzo Baptist Hospital (BBH)

The workload of the hospital increased and the staff worked hard to meet the needs of patients. A total of 93,954 patients were served on outpatient basis, 8,051 were admitted and 1,707 major surgeries conducted.

The Administration of the hospital changed from Mr. Ngam Joseph to Mr. Kangong Joce. Mrs. Mbiyzenyuy Margaret was appointed the Assistant Supervisor of Nursing Services. Other personnel issues occurred as follow;

Bangolan Baptist Health Centre celebrated her Golden Jubilee. The main accomplishment of the center this year was the construction of an incinerator. The Kouhouat Baptist Health Centre new block was roofed, and two water tanks of 5000 litres each set up for better water supply. Led by the Director of Health Services, a team met and discussed with the landlord of Lassin Baptist Health Centre who provided one hectare of land adjacent the Health Centre for the construction of the center and staff quarter. The Lassin new Health Centre building was completed. The former Mayor of Magba Council (Nji Vessah Tani Oliver) donated an Ambulance, an Ultra Sound Machine, a stretcher and an office chair to the Ngounso Baptist Health Center.

BBH received several visitors this year. These include Dr. Helen Marie Schmidt, Sister Betty Mantay, Prof. Koch, Wayne Martin and teams from partner organizations like the Center for Disease Control, and CBM. The General Secretary visited the hospital during his visit to Nso Field on 18th October 2014. Our visitors were impressed with the work going on in the hospital.



BBH Eye Department New Building

In line with infrastructure, the first phase of the maternity renovations (delivery room) was completed and work is ongoing at the training school and eye department buildings. The skeleton of the BBH eye department was completed and roofed this year.

Siamese twins were born at BBH Maternity on the 27th of August 2014. They are doing well while trusting that funding will be secured to enable their separation as soon as possible.

Dr. Martin Maada Salia who served as general surgeon at BBH from September 2008 to January 2010 died of Ebola on November 17, 2014. BBH held a memorial service in his honour on November 29, 2014

Mbingo Baptist Hospital (MBH)

Working as a team the entire MBH staff did everything possible to satisfy over 95% of the 79,653 outpatients and 10,202 inpatients that were served in 2014. Several other accomplishments and changes occurred as follows;

Three leadership positions changed hands this year: Mr. Monono Hans took over from Mr. Kangong Joce as Assistant Administrator for Finance, Pastor Kouya Bienvenu took over the position of head chaplain from Rev. Tanni Moses and Miss Dhei Menu Keming took over from Mr. Fonchang Festus Fumbui as the Bursar.

The third batch of CIMS and fourth batch PAACS graduated this 2014. Dr. Kamdem Jacob graduated as an internist and was employed to serve with CBCHS at MBH while Dr. Ngoe Anthony Nesoah as a surgeon was engaged at Hopital de Mesquine in the Far North Region of Cameroon. Each of the specialization programs enrolled two new residents – Dr Sama Akanyun and Dr. James Joseph for the PAACS program and Dr. Nshom Ernest and Dr. Kinne Virginie for the CIMS program. In total the programs have eighteen residents (10 for PAACS and 8 for CIMS)

The Mbingo I CBC Primary School and the Integrated School for the Deaf (ISFD) continue to excel in the Common Entrance and First School Leaving Certificate examinations. The ISFD enrollment increased by 10.7% this year while that of the Mbingo I CBC School decreased by 11.4%. The decrease is due to the fee increase in order to reduce the recurrent deficit. The school management anticipated the decrease but predicted an increase thereafter.

This year we celebrated the 61st World Leprosy Day during which 6 leprosy patients treated and healed were discharged while 4 physically impaired persons graduated from the vocational training in different disciplines.

We carried out renovations and construction to improve wards and work space. The ceilings of the Men and Orthopedic wards were replaced with synthetic battens (lambris) and the wall repainted. The Orthopedic ward was swapped with the Female ward. This provided adequate space for the orthopedic ward and made it possible to separate the male and female patients to provide privacy. The eye ward was

relocated to the ground floor (called Upper Ward) on the Isolation ward. This adjustment allowed for increase bed capacity for general surgery in the surgical ward. The linen room was converted into a 5 bed ward, increasing the bed capacity of the female ward to 29.

This year, twenty two SAAR students (17 from Ndop and 5 from Fundong) were received for a two month internship. Similarly, we received 19 nurses and 3 teachers from Central African Republic. The main purpose was to observe nursing practice in Cameroon because they could not practice in their hospitals due to the civil war.

We purchased or received donations of several equipment including a digital x-ray machine, bipap ventilator (donated by Annette Lievaart, a visiting respiratory therapist from Tenweck Hospital in Kenya), a GeneXpert machine, a concrete mixer, and a four wheel drive hilux.

Infrastructure wise, we realized the following projects this year;



The surgical clinic at the new Outpatient Department was completed and put to use.



The Intensive Care Unit (ICU) was completed and opened for use



The Students Hostel consisting of a ground floor and two floors was constructed and roofed.

Also, the first floor of the new OPD was decked, columns of the 2nd floor raised and roofed.

Two urban health centres (Nkwen and Bafoussam) operated at sustainable level this year but for Belo integrated health center, all the nine rural health centres operated at a deficit. Electricity was connected and installed at Ashong Health Centre while a generator was bought and installed at Ndebaya Health Centre. Three lawn mowers were purchased for Sabga, Belo and Ashong health centres.

Mbingo Baptist Hospital workers were blessed with the visit of retired medical missionaries; Dr. Schmidt, Sr. Mantay and Dr. Cunningham. Also, the Canadian and the American NAB Directors for White Cross visited Mbingo Baptist Hospital.

Baptist Hospital Mutengene (BHM)

The hospital continued to experience expansion in services provided and consequently an increase in workload. This year the staff worked hard serving in total 111,627 outpatients and 4,988 inpatients.

Construction work was ongoing at the imaging, maternity, and generator house. Following the finishing of the right wing of the maternity building, space became available and the administration moved there. The basement of the imaging structure was renovated and is being used as the chapel and for other combined services. Over 300 plastic chairs were purchased to meet the needs of these services. There are plans to make adjustments, relocating services so as to make the best use of the available space.

The Chief Medical Officer (CMO) Dr. Ndasi Henry was a recipient of the annual American Orthopedic Trauma Association (OTA) and SIGN scholar award for 2014 for his work in developing orthopedic services in the Mutengene area of the Southwest Region in Cameroon. This act of excellence enabled him to travel and make presentations at the OTA annual congress in the state of Florida USA. Our Internist in the person

of Dr. Mbanga Evans started a chemotherapy services and will be assisted by Mrs. Chia Olivia Njang a Nurse Assistant

A number of the BHM administration visited former CBC officials of the region like the former CBC President, Pa Becke Samuel, the former CBC General Secretary, Rev. Khama Samson and Ma Beatrice Nokuri with special gifts and prayed with them.

We conducted several upgrading seminars like COPE (Client oriented provide efficient) services, electro-sonography and electro-cardiography, infection prevention, advance life support in obstetrics, nutrition improvement, non- surgical fracture management and Ebola protection and management, etc.

Major equipment purchased included a heavy duty generator, a sound system for chapel services and diagnostic equipment for the laboratory.

The performance based financing (PBF) initiative selected Kumba Baptist Health centre as the best health facility in the Southwest Region with remarkable increase inpatient and outpatient attendance. To handle the increasing workload without compromising quality, the staff strength of the center was increased from 57 to 97. Dr. Bong Yvonne is the pioneer Medical Doctor. Services that were started include the women's Health Program, physiotherapy, ultrasonography and social work. A Central Pharmacy satellite store was created at the first floor of the existing structure. The construction of a structure to house the technical services department, dormitory for technicians, carpentry workshop and patient toilets was carried out.

The Ekondo Titi Baptist Health Centre is fairly young (less than two years old) and is growing rapidly. In 2014, the center made significant achievements including the purchase of mosquito nets and setting them up on all beds and the casting of a slab over the health center water well. The Bafia Baptist Health Center has been existing for one year and its service uptake is steadily increasing.

Baptist Hospital Banyo (BHB)

The workers of Baptist Hospital Banyo and the satellite health centers worked hard to achieve most of the goals planned for this year. Our missionaries, Dr. James and Mrs. Ina Smith are working extremely hard towards steady growth of the institution. This year the hospital served in total 9,685 outpatients and 949 inpatients. Other accomplishments of the hospital are;

- The dental unit was reopened.
- The acquisition of a parcel of land around the main land. The registration process is ongoing.
- A new building of five rooms was constructed on the piece of land where John Dallman earlier constructed at the initiation of the center.
- With assistance from Mr. & Mrs. Shinar Joshua and Dr. Zacs Shinar (visitors from USA) we scaled up internet in the hospital and equally installed an intercommunication system.
- A bore-hole well with electric motor pump was constructed on campus to boost water supply.
- Sarkibaka Health Center completed construction work on the foundation of the new OPD.
- The government gave a motor cycle to Allat Baptist Health Centre to facilitate outreach activities within the Allat Health Area.

The challenges of the hospital are limited houses for staff and the decreasing presence of LAP posts in the region which is affecting service uptake

Mboppi Baptist Hospital Douala

The volume of work continued to increase at Mboppi Baptist Hospital. In 2014, the staff of the hospital worked had providing outpatient care to 254,956 clients and 6,698 inpatients. Highlights of the year are as follows;

We received a donation of CD4 count machine from CDC/GAP/PEPFAR. It will facilitate the quality of care provided to HIV and AIDS patients. Laboratory equipment bought this year included a backup chemistry analyzer for creatinine, coagulation analyzer, Laboratory incubator and an autoclave. The eye department received a surgical microscope from the White Cross Supplies Program and purchased a biometry machine, cataract set, air pulse tonometry, eye autoclave and auto retractor keratometer. Theatre equipment purchased were anesthetic machine and electro surgical unit. The hospital bought a new model Toyota Hiace and extended the intercom system to all departments.

The women of Presbyterian Church Bonaberi paid a courtesy visit to the hospital and donated soap, water and toilet tissues to the inpatients. They also sang songs of praises to the Almighty God and prayed with the patients. To demonstrate practical Christianity, the women assisted two bill penders with the sum of 50 000 FCFA (fifty thousand francs). Also, a group of women from the CNPS visited Mboppi Hospital and donated a variety of gifts to the children of the pediatric ward. This was one of their activities toward the celebration of women's day - March 8, 2014. The choice of Mboppi Baptist Hospital was in recognition of the cordial relationship that exists between Mboppi Baptist Hospital and the CNPS.

The setting up of the pediatric ward was completed and children can now receive quality care from the specialized staff using modern equipment at their disposal. The hospital is progressively purchasing and installing air conditioners in all the departments.

The major challenges of the hospital are inadequate work space and waiting areas for patients and the lack of staff accommodation.

Etoug-Ebe Baptist Hospital and Supervised Health Centers

The Etoug-Ebe Baptist Hospital was busy throughout the year and served in total 114,254 outpatients. The centre is now managed by a team of executives including the Administrator, Chief Medical Officer, Supervisor of Nursing Services and a Clinical Supervisor who ensure its smooth functioning. The center has good collaboration with the Ministry of Public Health, Biyem-Assi District Hospital and Mvog-Betsi Health Area.

The hospital now runs a split shift practiced from 6:45am to 6pm on Mondays to Fridays and from 6:45am to 4pm on Saturdays. Also, registration and payments was decentralized. These measures have helped to reduce clients waiting time and contributed to improve quality of care. We purchased a chemistry analyzer and ELIZA this year.

The hospital has recorded a good number of accomplishments

- The realization of the Bio-gaz Treatment Plant which will help reduce the sewage disposal.
- The organization of COPE and Infection Prevention trainings which were very motivating to the staff
- The availability of ARV drugs at the treatment centre.
- The construction of a mini market which is helping clients and staff to have quality food in a decent environment.
- The training and installation of PIMA CD4 Counter by Clinton Health Access Initiative (CHAI) for free CD4 count test for pregnant women and children below five years and 5000 frs for other clients.

- Identifying Zoetele as another outreach area for eye consultation

Our challenges include inadequate work space, poor access road to Voundou especially during the rainy season and high staff mobility.

The leadership of Ekounou Baptist Health Center changed from Mr. Sam Pius to Mr. Nkinen Martin. The center installed water and electricity at their permanent site and construction work is ongoing on the fence. The need to improve on work space is urgent for this center.

Voundou Baptist Health Center is fairly young and is offering basic services like outpatient department consultation, laboratory, pharmacy, MCH and nutrition improvement activities. The centre is constructing patient waiting area which will accommodate other services like the Maternity and Consultation. The center was able to purchase a TV set and deck and drum incinerator and also installed some furniture like cupboards in the various departments.

B. HEALTH INFORMATION MANAGEMENT SYSTEMS (HMIS)

In 2014, all the six hospitals and twenty seven health centers of CBCHS reported although timely submission of the reports was a concern. Relative to 2013, outpatients' service uptake increased and there was a proportionate increase in admissions. The tables, figures and charts below summarize the key performances of 2014 compared to 2013

Table 1 Summary performance of CBCHS institutions in 2014

INDICATOR/DEPARTMENT	BBH	MBH	BHM	MBHD	BHB	DBH	SUPERVISED IHCs	Total
Bed Capacity	239	294	97	84	42	40	561	1,357
Staff Strength*	498	709	260	311	72	19	819	2,688
OPD attendance	93,954	79,653	111,627	254,956	9,685	4,651	450,444	1,004,970
Inpatient Attendance	8,051	10,202	4,988	6,698	949	646	18,996	50,530
Deliveries	1,377	916	923	2,883	187	158	3,714	10,158
Major Surgeries	1,707	4,635	1,564	1,395	194	25	29	9,520
Minor Surgeries	8,046	4,471	1,608	2,596	384	153	22,042	39,300
Deaths	478	565	154	55	33	5	170	1,460
Patients served by Pharmacy	54,577	95,701	81,860	170,276	8,066	4,119	320,331	734,930
Patients served by Laboratory	51,996	57,820	41,954	68,521	6,736	1,796	196,408	425,231
Patients served by Doctors	17,171	34,144	32,437	68,311	2,496	527	23,700	178,786
Patients served by Screeners	28,153	45,415	72,554	186,645	7,849	10,654	260,460	611,730
Eye Department	11,598	14,284	11,928	26,080	587	137	45,094	109,708
Chaplaincy	8,730	5,663	3,082	1,924	588	270	11,645	31,902
Social Worker	3,768	3,160	4,385	3,764	-	-	2,770	17,847
Dental Department	5,260	2,273	3,759	6,446	643	-	24,846	43,227
Ultrasound Department	7,930	12,276	5,050	10,010	1,305	-	5,686	42,257
Physiotherapy Department	6,991	11,037	2,839	10,599	199	-	12,102	43,767
X - Ray Department	4,700	10,711	3,813	-	881	-	-	20,105
Nutrition	2,577	1,880	902	24,946	-	80	4,665	35,050

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

Table 2.1 – Distribution of beds by Hospitals and Health Centers

Hospital	Medical	Maternity	Pediatric	Surgical	Total	%
BBH	105	39	51	44	239	17.5
MBH	181	22	26	65	294	21.5
BHM	46	21	10	20	97	7.1
MBHD	0	47	14	23	84	6.1
BHB	20	8	7	7	42	3.1
DBH	23	17	0	0	40	2.9
Other Institutions	276	212	84		572	41.8
Total	651	366	192	159	1368	100

Table 2.2 Number of Beds distributed by ward, comparing 2013 and 2014

S/N	WARD	2013	2014	% CHANGE
1	Medical	654	651	-0.5
2	Maternity	366	366	0
3	Pediatric	175	192	9.7
4	Surgical	126	159	26.2
	TOTAL	1321	1368	3.6

The number of beds in CBCHS institutions increased from 1,321 in 2013 to 1,368 in 2014. This represents a 3.6% increase. Institutions that contributed to this increase include Baptist Hospital Mutengnene, Mboppi Baptist Hospital Douala, Banyo Baptist Hospital and the health centers put together. These institutions either carried out some construction or renovations that increased their bed capacity.

Table 3.1 Staff strength by institution and cadre

STATION	DOCTORS	NURSES	AUXILIARY	PARAMEDICAL	ADMINISTRATORS	ADMINISTRATIVE STAFF	CHAPLAINS & SOCIAL WORKERS	CLERICAL STAFF	NUTRITION COUNSELORS	OTHERS	TOTAL
BHM	12	101	33	35	3	2	8	22	2	65	283
BBH	17	164	69	54	4	7	15	31	2	136	499
MBH	20	189	55	72	4	9	11	43	5	200	611
MBHD	10	94	26	43	2	2	6	25	1	69	278
BHB	0	17	5	9	1	0	1	4	0	16	53
HSC	0	4	11	26	3	11	1	13	0	79	148

LAP	0	13	0	2	1	1	1	2	1	15	36
DHS CENTRAL	0	5	1	5	3	36	6	12	0	54	122
Supervised IHCs	12	223	120	121	1	4	16	61	7	229	794
TOTAL	71	810	320	367	22	72	65	213	18	863	2824

Table 3.2 staff strength by cadre comparing 2013 and 2014

S/N	CADRE	2013	2014	% CHANGE
1	Doctors	68	71	4.2
2	Nurses	675	810	16.7
3	Auxiliary	363	320	-13.4
4	Paramedical	332	367	9.5
5	Administrators	19	22	13.6
6	Administrative staff	84	72	-16.7
7	Chaplains	50	65	23.1
8	Others	1095	1097	0.2
	TOTAL	2,686	2824	4.9

There was a 4.9% increase in the staff strength of CBCHS. Auxiliary and administrative staff decreased while the rest of the cadre of staff increased. The decrease is a result of the staff going to school while most of the increase is due to recruitment.

Table 4.1 Outpatient Attendance

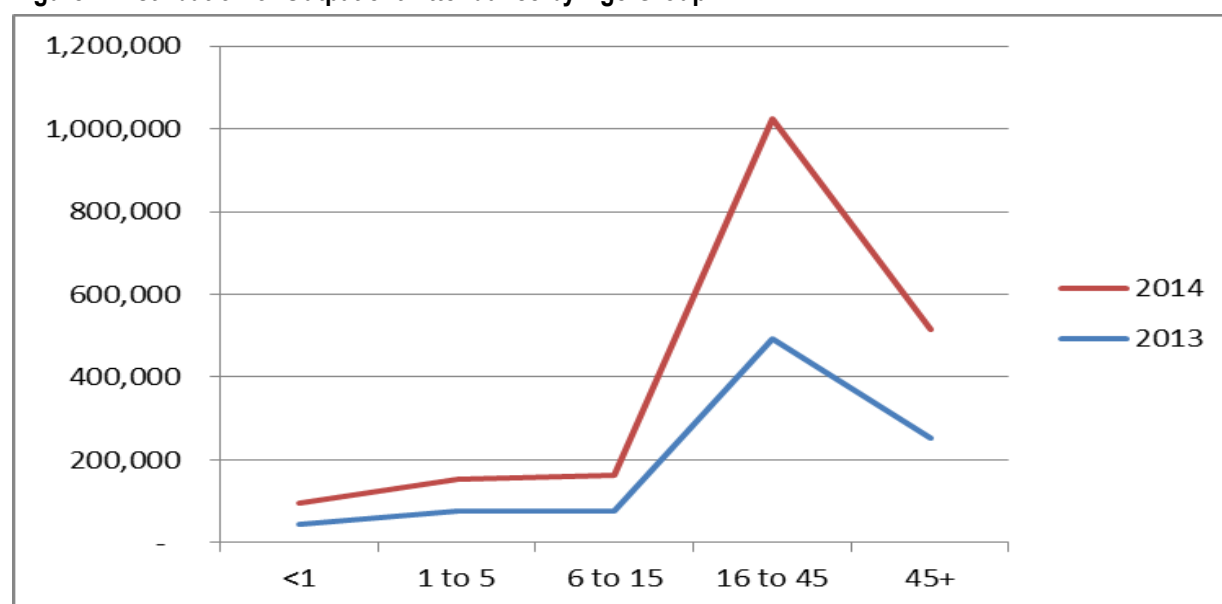
SN	INSTITUTION	2013	2014	% CHANGE
1	BBH	93,147	93,954	0.9
2	MBH	82,290	79,653	-3.2
3	BHM	106,894	111,627	4.4
4	MBHD	240,029	254,956	6.2
5	BHB	9,588	9,685	1
6	DBH	4,367	4,651	6.5
7	Other Institutions (IHCs)	409,185	450,444	10.1
	TOTAL	945,500	1,004,970	6.3

There was 6.3% increase in the outpatient attendance of 2014 compared to 2013. Other than MBH, all the institutions witnessed an increase in outpatient attendance.

Table 4.2 Distribution of Outpatient by gender

SN	GENDER	2013	2014	% CHANGE
1	Male	368,715	391,612	6.2
2	Female	576,785	613,358	6.3
	TOTAL	945,500	1,004,970	6.3

More females were provided healthcare at CBCHS institutions than male in 2014. There was a similar increase in the number of females and males who were attended to on outpatient basis in 2014 relative to 2013.

Figure 1 Distribution of Outpatient Attendance by Age Group

The trend for the distribution of patients served by age group on outpatient basis is similar for both years with more patients receiving healthcare in 2014.

Table 5.1 Five Health centers with Highest OPD Attendance in 2013 and 2014

SN	2013		2014	
	Health Center	Attendance	Health Center	Attendance
1	ETOUG-EBE	107,075	ETOUG-EBE	114,254
2	NKWEN	83,665	NKWEN	99,838
3	KUMBA	39,399	KUMBA	43,644
4	BAFOUSSAM	33,164	BAFOUSSAM	33,399
5	EKOUNOU	28,762	EKOUNOU	31,004

Lead by Etoug-Ebe, the same health centers are on top of the list of five centers with the highest OPD attendance in both years.

Table 5.2 Five Health Centers with lowest OPD attendance in 2013 and 2014

SN	2013		2014	
	Health Center	Attendance	Health Center	Attendance
1	NDEBAYA	1,856	NDEBAYA	1,769
2	KOUSSAM	1,983	EKONDOTITI	1,813
3	ROMKONG	1,927	BAFIA	2,007
4	NWAT	2,092	AKEH	2,255
5	AKEH	2,237	ROMKONG	2,305

Ndebaya Baptist Health Center continued to top the list of centers with lowest OPD attendance. Ekondo titi and Bafia Baptist Health Centers are new in the list of five health centers with lowest outpatients' attendance in 2014, displacing Koussam and Nwat Baptist Health Centers.

Table 6.1 – Admissions by institutions and by wards

HOSPITAL	MATERNITY	PEDIATRIC	SURGICAL	MEDICAL	TOTAL	%
BBH	1383	1610	1569	3489	8051	15.9
MBH	1055	941	3437	4769	10202	20.2
BHM	1005	927	1265	1791	4988	9.9
MBHD	2883	1630	1023	1162	6698	13.3
BHB	168	316	125	397	1006	2.0
DBH	158	169	14	305	646	1.3
Supervised IHCs	4030	5276	255	9378	18939	37.5
TOTAL	10682	10869	7688	21291	50530	100.0

Table 6.2 Admissions of 2014 compared to 2013

SN	UNIT	2013	2014	% CHANGE
1	Maternity	10,875	10,682	-1.8
2	Pediatric	8,910	10,869	22
3	Surgical	6,646	7,688	15.7
4	Medical	20,841	21,291	2.2
	Total	47,272	50,530	6.9

Compared to 2013, there was 6.9% increase in the admissions of CBCHS institutions in 2014. This increase is consistent with the increase in outpatient attendance. But for the maternity ward, all the wards witnessed an increase in admissions in 2014.

Table 6.3 Bed occupancy rate of 2014 compared to 2013

SN	INDICATOR	2013	2014	% CHANGE
1	Number of beds	1,321	1,357	2.7
2	Number of hospital days	204,892	209,093	2.1
3	Average length of stay	4.3	4.1	-0.2
4	Bed occupancy rate	42.5	42.2	-0.3
5	Mortality rate	3.1	2.9	-0.2

Table 6.3 Bed occupancy rate by Institution

SN	INDICATOR	BBH	MBH	BHM	MBHD	BHB	DBH	Supervised IHCs	Total
1	Number of beds	239	294	97	84	42	40	561	1,357
2	Number of admissions	8,051	10,202	4,988	6,698	949	646	18,996	50,530
3	Number of hospital days	58,155	66,642	22,948	21,455	4,859	2,591	32,443	209,093
4	Average length of stay	7.2	6.5	4.6	3.2	5.1	4.0	2	4.1
5	Bed occupancy rate	66.7	62.1	64.8	70	31.7	17.7	15.8	42.2
6	Deaths	478	565	154	55	33	5	170	1,460
7	Mortality rate	5.9	5.5	3.1	0.8	3.5	0.8	0.9	2.9

The average length of stay at CBCHS institutions was 4 days. The average length of stay was much higher at BBH and MBH; influenced by the surgical, orthopedic and ulcer ward patients. The crude bed occupancy rate of CBCHS institutions was 42.2%. There is a lot of underutilization of beds at DBH and health centers put together.

Table 7 Patients flow per department for 2014 compared to 2013

SN	DEPARTMENTS	2013	2014	% CHANGE
1	Eye	101,307	109,708	8.3
2	X-Ray	20,286	20,105	-0.9
3	Physiotherapy	37,025	43,767	18.2
4	Ultra-Sound	36,814	42,257	14.8
5	Dental	40,186	43,227	7.6
6	Laboratory	395,976	425,231	7.4
7	Pharmacy	680,026	734,930	8.1
8	Chaplaincy	25,064	31,902	27.3
9	Social workers	13,607	17,847	31.2
10	Patients served by doctors	155,882	178,786	14.7
11	Patients served by screeners	585,692	611,730	4.4
12	Nutrition	NA	35,050	NA
13	Cervical Cancer	7617	9413	23.6

Other than the x-ray department whose work load decreased, there was an increase in the workload of the rest of the departments.

Table 8 Departmental Patient Flow for Hospitals and IHCs

DEPARTMENT	BBH	MBH	BHM	MBHD	DBH	BHB	IHCs	TOTAL
Eye	11,598	14,284	11,928	26,080	137	587	45,094	109,708
X-ray	4,700	10,711	3,813	-	-	881	-	20,105
Physiotherapy	6,991	11,037	2,839	10,599	-	199	12,102	43,767
Ultra-sound	7,930	12,276	5,050	10,010	-	1,305	5,686	42,257
Dental	5,260	2,273	3,759	6,446	-	643	24,846	43,227
Laboratory	51,996	57,820	41,954	68,521	1,796	6,736	196,408	425,231
Pharmacy	54,577	95,701	81,860	170,276	4,119	8,066	320,331	734,930
Chaplaincy	8,730	5,663	3,082	1,924	270	588	11,645	31,902
social workers	3,768	3,160	4,385	3,764	-	-	2,770	17,847
Patients seen by doctors	17,171	34,144	32,437	68,311	527	2,496	23,700	178,786
Patients seen by screeners	28,153	45,415	72,554	186,645	10,654	7,849	260,460	611,730

Table 9.1 Mother and Child Health (MCH) FOR 2014 COMPARED TO 2013

ACTIVITY	2013	2014	% CHANGE
Antenatal Clinic	79,214	73,127	-7.7
Family Planning	9,989	10,798	8.1
Infant Welfare Clinic	53,581	47,930	-10.5
Preschool Clinic	5,506	6,888	25.1
Total	148,290	138,743	-6.4

There was an unexplained drop in ANC attendance in 2014. The drop in IWC is a logical consequence of the drop in ANC.

Table 9.2 Deliveries for 2014 compared to 2013

DELIVERIES	2013	2014	% CHANGE
Total delivery	10,412	10,158	-2.4
Live birth	10,156	9,876	-2.8
Pre-term	303	271	-10.6
NEOD	45	41	-8.9
BBA	67	80	19.4
SB	235	183	-22.1
AB	148	174	17.6

There was a decrease in deliveries following the drop in ANC attendance in table 9.1. There was a desired decrease in the number of pre-term, neonatal deaths and still births but births before arrival and abortions continued to increase.

Table 9.3 Abortions by category

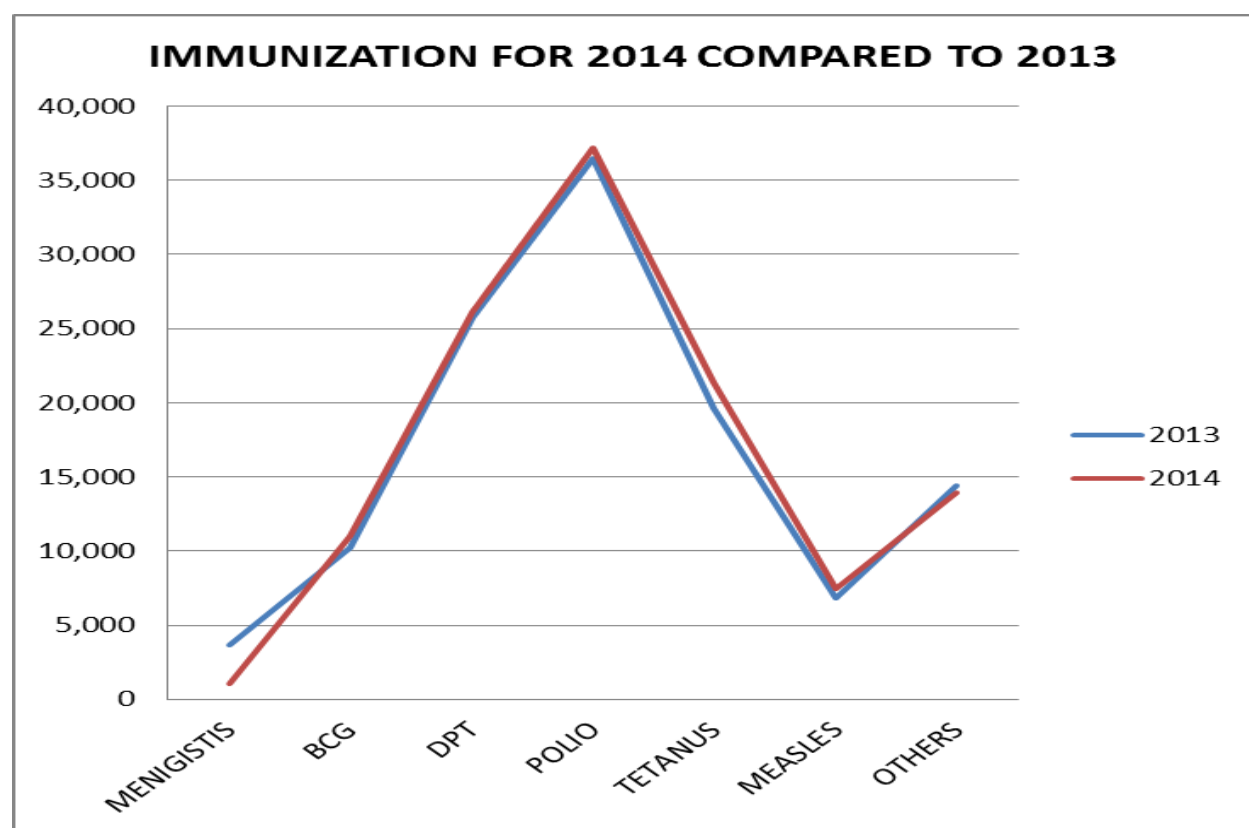
SN	INSTITUTION	ABORTION			TOTAL
		SPONTANEOUS	INDUCED	CRIMINAL	
1	BBH	8	0	0	8
2	MBH	40	7	4	51
3	BHM	13	0	4	17
4	BHB	6	0	0	6
5	MBHD	42	0	0	42
6	BANGOLAN	25	5	1	31
7	ALLAT	10	0	0	10
8	NYAMBOYA	17	0	1	18
	TOTAL	161	12	10	183
	%	88	7	5	100

Most of the abortions are spontaneous while similar proportions are induced or criminal. However some of the abortions reported as spontaneous are based on information from the clients which may not be accurate. Some clients are likely to have taken something before arrival to the facility and will not disclose.

Table 10 Immunization for 2014 compared with 2013

SN	VACCINE	2013	2014	% CHANGE
1	MENINGITIS	931	1,052	13
2	BCG	10,535	11,040	4.8
3	DPT	26,267	26,115	-0.6
4	POLIO	36,627	37,186	1.5
5	TITANUS	22,019	21,366	-3
6	MEASLES	7,327	7,440	1.5

Figure 2 Immunization for 2014 compared to 2013



The trends for immunization were similar for both years with 2014 activities generally being more than those of 2013

Table 11 Surgeries

SN	SURGERY	2013	2014	% CHANGE
1	MINOR	31,784	39,300	23.6
2	MAJOR	7,875	9,520	20.9
	Total	39,659	48,820	23.1

There was an increase in both minor and major surgeries done in 2014

Table 12 Distribution of Surgeries by Institution

Institution	Surgery Type		Total
	Minor	Major	
BBH	8,046	1,707	9753
MBH	4,471	4,635	9106
BHM	1,608	1,564	3172
MBHD	2,596	1,395	3991
BHB	384	194	578
DBH	153	25	178
Other Institutions	22,042	-	22042
TOTAL	39,300	9,520	48,820

The number of surgeries conducted at MBH is far more than any other hospital. There is influenced by presence of the PAACS program.

Table 13 Notifiable Diseases

DISEASES	2013	2014	% CHANGE
Neonatal tetanus	4	1	-75
Leprosy	5	5	0
Yellow fever	5	57	1040
Cerebrospinal meningitis	310	247	-20.3
Human rabies	16	5	-68.8
tuberculosis	1374	1335	-2.8
Cholera	0	3	//
Typhoid fever	725	1104	52.3
Poliomyelitis	0	4	//
Measles	46	249	441.3

Yellow fever was reported at Mutengene while measles outbreak was at Ngounso.

Table 14 HIV Prevalence

Type of Clients	2013		2014		% Change
	# Screened	% HIV+	# Screened	%HIV+	
Blood donors	5059	2.3	7259	2.4	0.1
PMTCT Clients	121,826	4.1	108424	3.5	-0.6
Patients	45672	13.2	51329	12.0	-1.2

HIV prevalence among blood donors was stable and decreased among PMTCT clients and hospital patients.

Table 15 Deaths

Wards	2013	2014	% Change
Pediatric	240	253	5.4
Surgical	124	157	26.6
Maternal	16	21	31.3
Medical	1080	1029	-4.7
Truama	NA	2	//
TOTAL	1460	1462	0.1

The increase in pediatric and surgical deaths follow increased patient load in those specialties. Although the inpatient attendance increased the number of medical deaths dropped.

Table 16 Ten Leading Diseases for 2013 and 2014

SN	2013		2014	
	DISEASE	CASES	DISEASE	CASES
1	Malaria	47,491	Malaria	65,315
2	Hypertension	29,563	Hypertension	41,073
3	Gastritis/PUD	18,707	Conjunctivitis	23,306
4	URTI/LRTI	15,809	URTI/LRTI	23,237
5	MSKP	11,761	Gastritis/PUD	19,102
6	Cystitis/UTI	10767	Diabetes Mellitus	15,502
7	Diabetes Mellitus	10527	MSKP	14173
8	GE/Diarrhea	8234	GE/Diarrhea	12685
9	Epilepsy	7610	Cystitis/UTI	11647
10	HIV and AIDS	6678	Dermatitis	11238

Malaria and hypertension continue to top the list of leading diseases. As noticed, the number of hypertension cases is growing rapidly from 29,563 to 41,073 in 2014. This is alarming. The same set of diseases remain in the list did not

change in 2014. Conjunctivitis and dermatitis were new in the list of ten leading disease in 2014, displacing epilepsy and HIV

Table 17 Ten leading causes of death

SN	2013		2014	
	DISEASE	CASES	DISEASE	CASES
1	AIDS	263	AIDS	148
2	Congestive Heart Failure (CHF)	108	Malaria	64
3	Meningitis	102	Congestive Heart Failure	62
4	Cancers/ Tumors	82	Meningitis	62
5	Septicaemia sepsis	75	Tuberculosis	55
6	Pneumonia	69	Cancers/ Tumors	45
7	Tuberculosis	55	Septicaemia	39
8	Malaria	40	Hypertension	38
9	Hepatitis/Cirrhosis	40	Pneumonia	37
10	Hypertension	35	Anaemias	35

Although reducing in magnitude AIDS continue to be on top of the list of leading killer diseases. In 2014, malaria displaced CHF from the second position to the third. Hypertension displaced hepatitis from the list of ten leading killer diseases this year.

Table 18 HIV Care and Treatment Program Work load

SN	SITE	2014 GENERAL ENROLMENT	2014 ART INITIATION	CUMULATIVE ON ART	CURRENT ON ART
1	BBH	584	545	5,858	3,991
2	MBH	305	255	2,075	1281
3	BHM	778	472	4,155	3,445
4	NKWEN	508	403	5,814	4,575
5	MBOPPI	1006	730	5,429	4,112
	TOTAL	3,181	2,405	23,331	17,404

Over the years, 23,331 clients have been initiated on ART at the five CBCHS care and treatment centres and currently, 17,404 of them are on treatment. About 50% of clients that dropped out of care were transferred to other care and treatment centers, others died, some were lost to follow up and others were stopped for clinical reasons or chose to stop it themselves

Table 19 Evolution of CBCHB PMTCT Activities

Indicator / Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
Number of sites	5	9	58	89	115	180	250	374	391	427	403	453	742	772	772	772
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	125,363	110,352	1,027,813
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	125,406	108,601	998,317
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	124,389	108,560	985,763
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	5,900	3,711	59,663
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	4,837	3,317	55,855
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	4,898	4,007	36,780
% 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	99.2	99.9622	98.7
% 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	4.7	3.4171	6.0
% 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	82	89.3829	93.6
% 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	83	94	61.6
% MTCT-PCR	-	-	-	-	17.8	-	-	-	-	-	13.3	14.6	11.6	6.7	6.5	
% MTCT-Rapid Test	-	-	-	7	11.3	26.5	38.9	20.5	20.9	19.4	17.7	34.9	NA	NA	NA	
% of partners HIV +	-	-	-	25	-	-	-	-	23.5	11.7	9.3	14	13.1	5.7	10.3	

Table 20 CBCHS Tuberculosis activities

Indicators	2013	2014	% CHANGE
Total # of TB patients	1,282	1,208	-5.8
Number screened for AFB	6,858	7,090	3.4
Number of pulmonary TB	1,001	964	-3.7
Number of Smear Positive	868	888	2.3
Number of Smear Negative	134	85	-36.6
Number of Extra Pulmonary TB	281	236	-16
Number tested For HIV	1,267	1,204	-5
Acceptance rate	99	100	0.9
Number tested HIV+	589	553	-6.1
% of Co-infection	47	46	-1.3

There was an increase in the number of patients screened for TB in 2014. The TB/HIV co-infection rate decreased by 1.3%

Table 21 Evolution of Activities of Extended Forum of Care

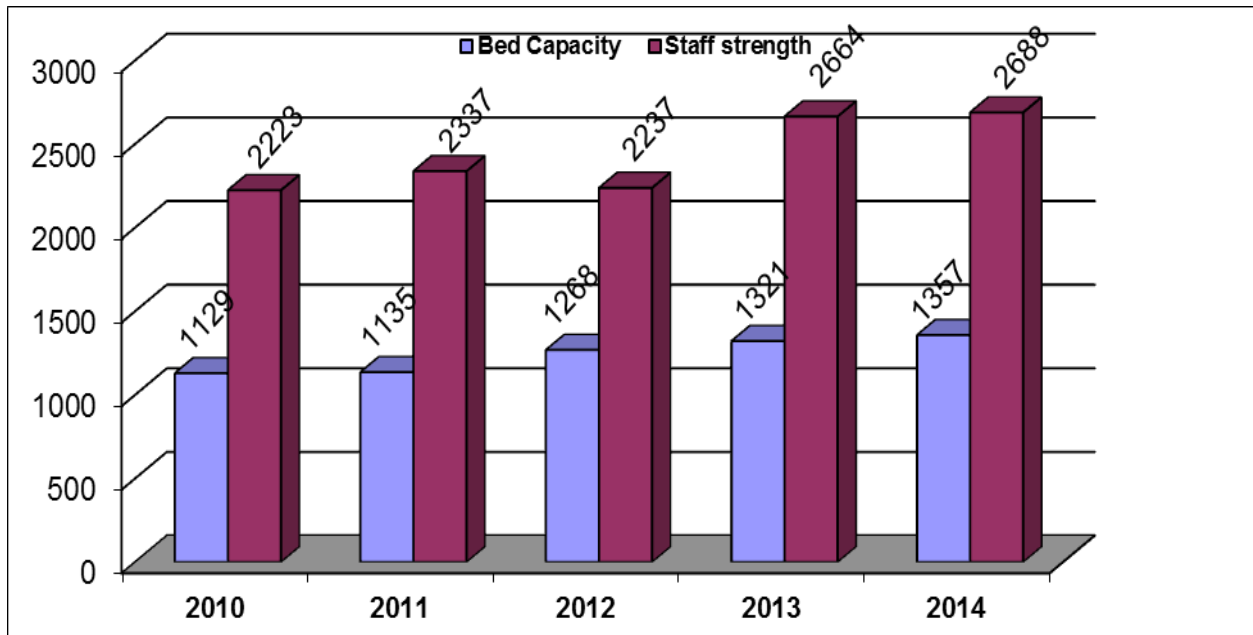
Year	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL	%
Index Persons	227	1,610	2,174	2,587	2,058	2,409	2,439	2186	15,690	-
Contact Persons	278	1,701	2,384	2,812	2,476	3,041	2,710	2419	17,821	-
Contact Persons Notified	167	1,309	1,742	2,184	1,416	1,627	1,336	1274	11,055	62.0
Contact Persons Tested	110	1,004	1,477	1,681	808	1139	863	898	7,980	44.8
Contact Persons With HIV+	55	557	688	969	446	588	470	447	4,220	52.9
C Ps Linked to Care & Treatment	0	37	90	633	302	587	473	447	2,569	60.9

Table 22 Statistics of Burkitt Lymphoma/Childhood Cancer Service

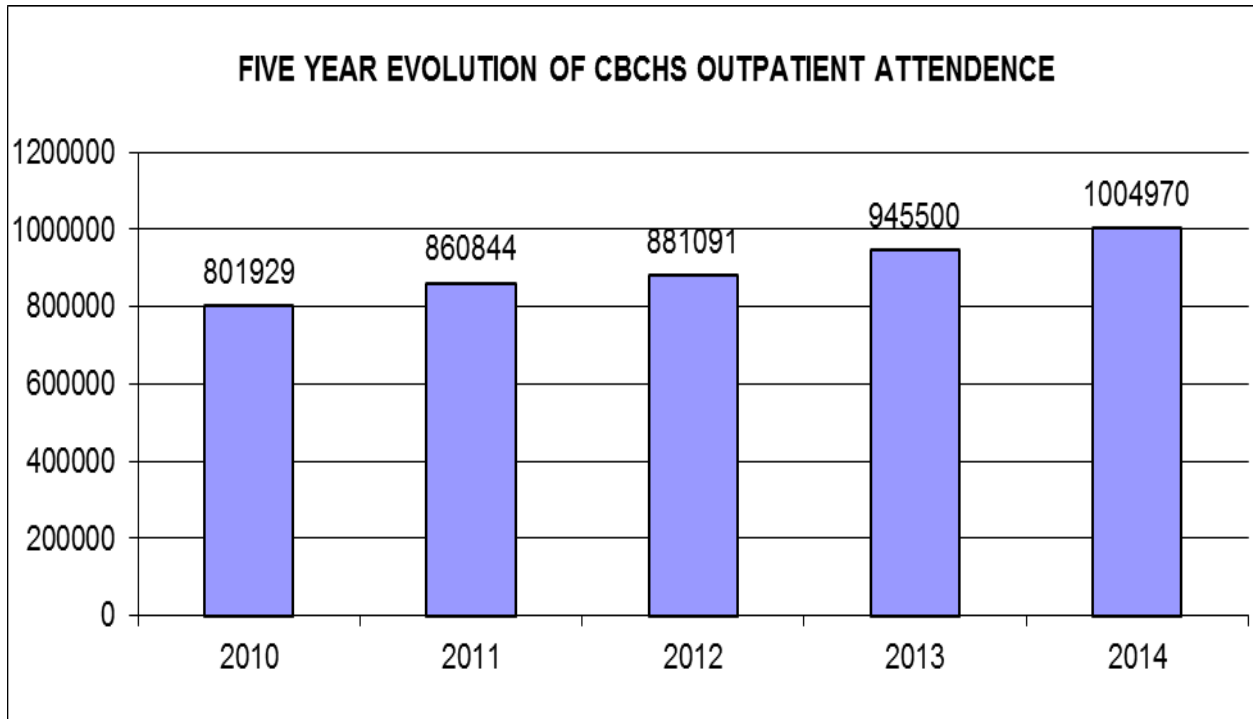
TYPE	BBH	MBH	BHM	TOTAL
Burkit lymphoma	26	23	12	61
Wilms Tumour	1	9	0	10
Retinoblastoma	0	18	3	21
Kaposi sarcoma	0	1	1	2
NHL other	1	3	0	4
Rhabdomyosarcoma	0	5	0	5
Hodgkin lymphoma	0	3	0	3
Leukaemia	0	2	0	2
Mesoblastoma	0	1	0	1
Parotid tumour	0	1	0	1
Histiocytosis	0	1	0	1
Hepatic carcinoma	0	1	0	1
Totals	28	72	16	112

ANNEX – FIVE YEARS EVOLUTION OF CBCHS KEY ACTIVITIES

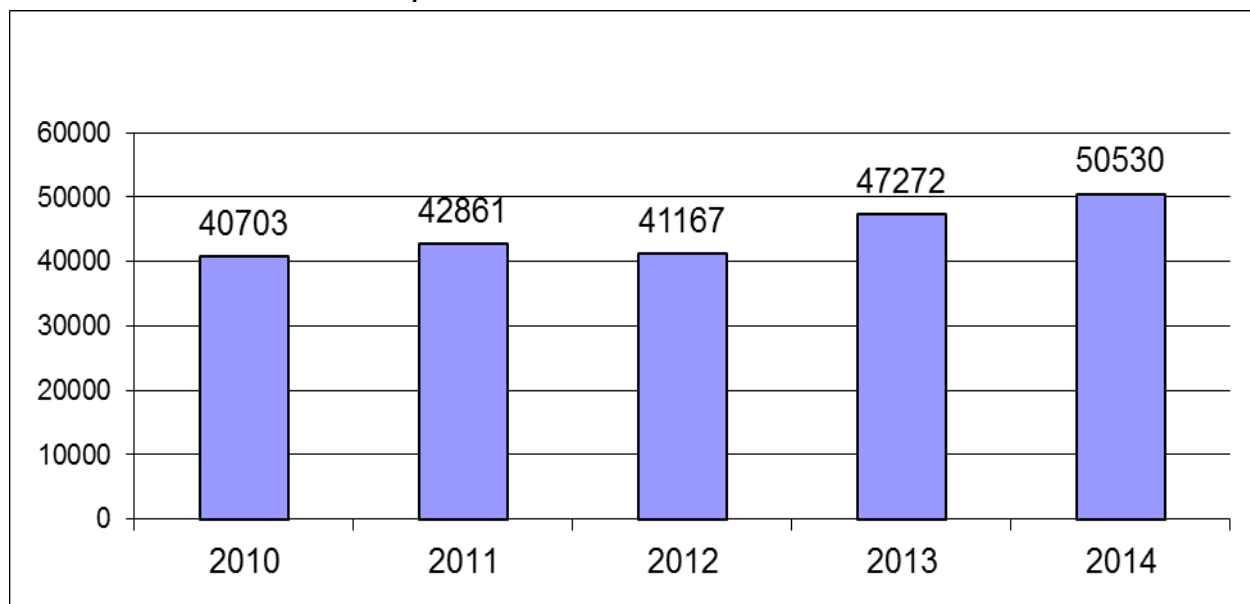
Annex 1- Five Year Evolution of Number of Beds and Staff



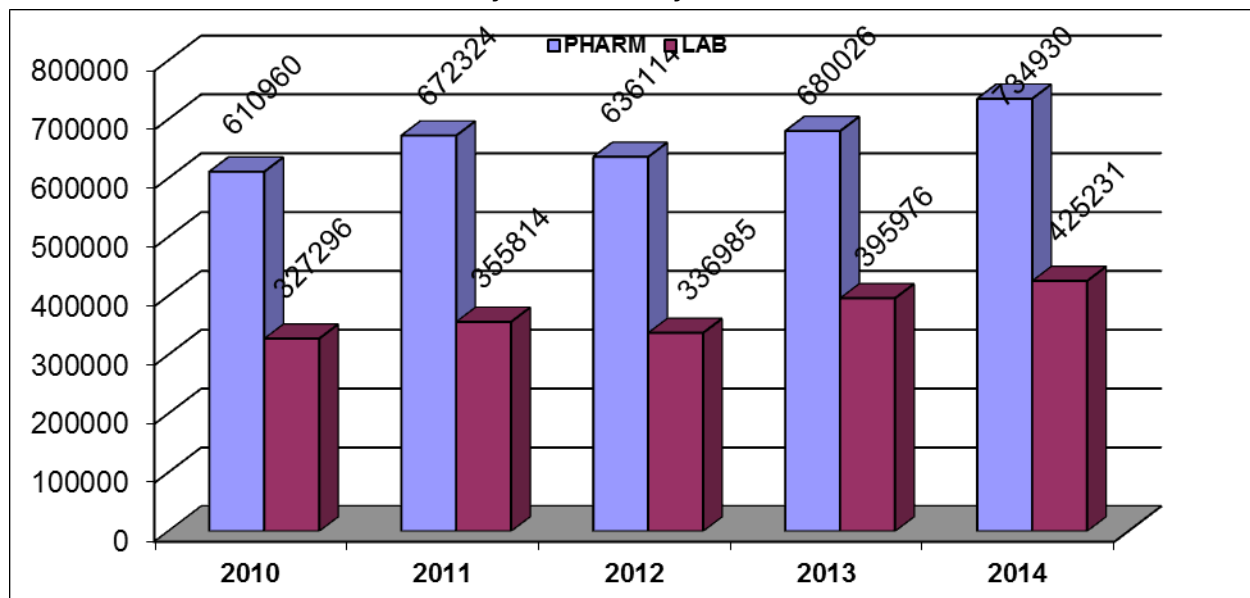
Annex 2 – Five Years Evolution of Outpatient Attendance



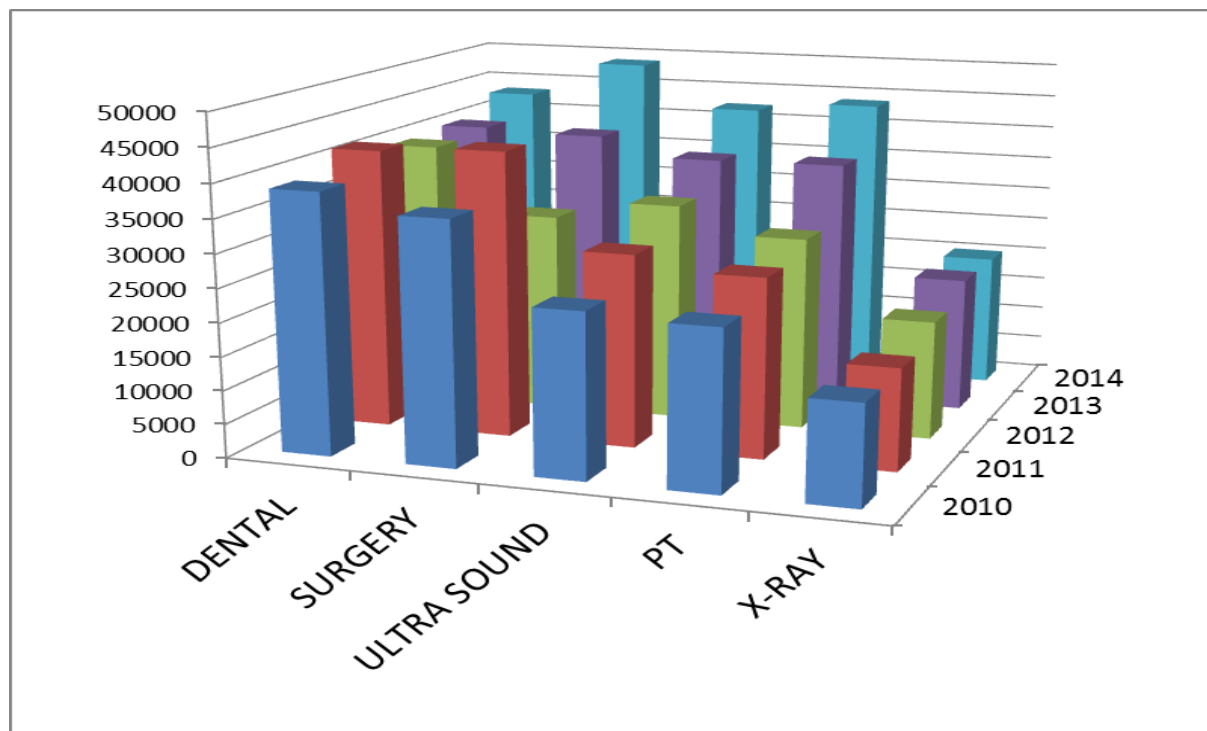
Annex 3- Five Years Evolution of Inpatients Attendance



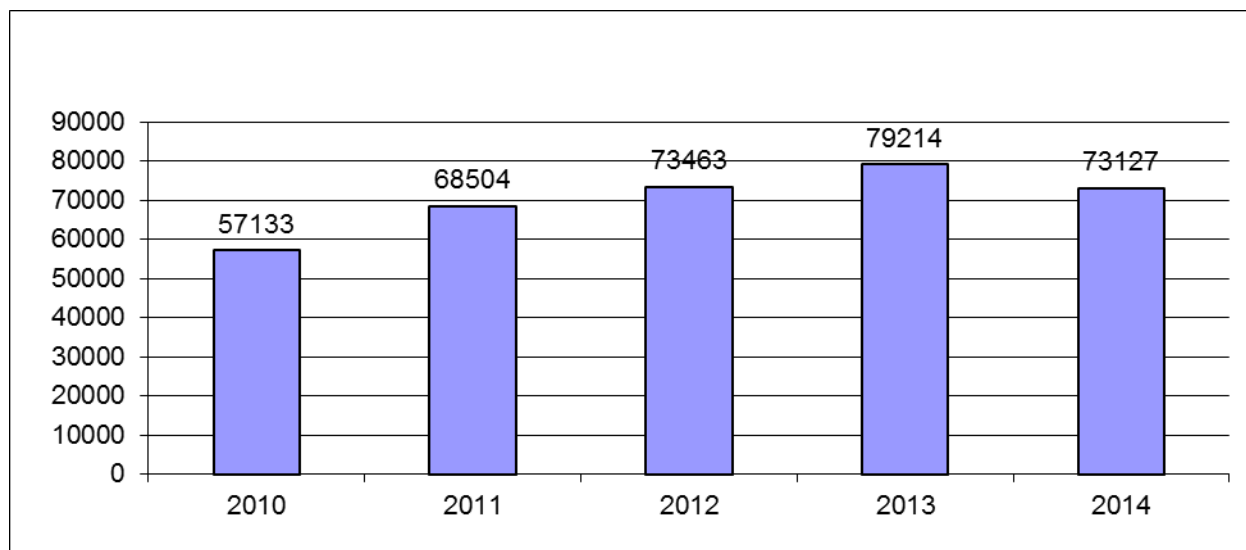
Annex 4- Five Years Evolution of Pharmacy and Laboratory work load



Annex 5- Five Years Evolution of Department work load



Annex 6- Five Years Evolution of MCH Activities



Conclusion

We are thankful to God for the successes of 2014. 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.

Appendix 1 – Bed Capacity and Staff Strength

IDENTIFICATION			BED CAPACITY					PERSONNEL																				NURSES														
SERIAL #	INSTITUTION / MONTH	Region	GENERAL	MATERNITY	PEDIATRIC	SURGICAL	TOTAL	DRS		TRAINED NURSES		AUXILIARY		TRAINED PARA MED.		ADMINISTRATORS		ADM. STAFF		CHAPLAINS		OTHER SUPPORT STAFF		CASUAL		TOTAL MALES	TOTAL FEMALES	GRAND TOTAL	NP/BSN/RSN	Brevete/APNA		Nurse Assistant/ Nursing Auxiliary	Nurse Midwife/ Midwife		Ward Auxiliary	TOTAL MALES	TOTAL FEMALES	GRAND TOTAL				
							M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M/F	M	F	M	F	M	F	M	F	M	F	M	F	M/F				
1	ALLAT	AD	9	3	3	0	15	0	0	2	2	3	0	0	0	0	0	0	1	1	0	0	5	1	0	0	10	4	14	0	0	1	1	2	1	1	0	1	0	6	2	8
2	BANYO	AD	20	8	7	7	42	1	0	7	13	3	6	8	4	1	0	3	3	2	0	15	12	7	14	40	33	72	3	6	1	1	3	8	2	2	2	4	8	18	25	
3	BANGOLAN	NW	26	19	0	0	45	0	0	3	10	1	7	0	0	0	0	2	2	1	0	6	3	1	2	13	22	33	0	0	2	1	1	7	0	1	1	4	4	12	15	
4	BBH	NW	105	39	51	44	239	9	8	43	99	35	32	38	32	3	1	5	6	5	8	118	57	0	0	255	243	498	18	17	14	32	9	43	2	7	23	48	66	147	213	
5	JIKIJEM	NW	14	18	6	0	38	0	0	1	5	1	4	3	3	0	0	4	2	1	0	5	2	1	0	13	14	25	0	0	1	3	0	4	0	2	1	4	2	11	12	
6	KOUHOUAT	WE	15	4	8	0	27	0	0	3	2	2	3	1	1	0	0	1	2	0	1	5	3	4	3	11	12	23	0	1	1	3	2	0	0	1	2	3	5	6	11	
7	LASSIN	NW	11	8	5	0	19	0	0	2	3	1	4	2	0	0	0	1	1	0	0	2	2	2	1	9	9	17	0	0	2	0	0	2	0	0	1	2	2	4	6	
8	MBEM	NW	23	17	0	0	40	0	0	1	4	2	2	2	0	0	1	2	0	1	0	6	2	6	0	16	6	19	0	1	1	1	2	3	0	0	2	0	5	4	8	
9	NDU	NW	22	14	7	0	43	0	0	5	8	3	6	0	0	0	0	0	4	0	1	9	4	0	0	16	23	38	0	0	1	5	2	5	1	2	1	2	5	12	17	
10	NGEPTANG	NW	12	9	0	0	21	0	0	1	5	0	0	1	0	0	0	0	1	0	0	4	3	3	0	6	8	13	0	0	1	1	0	3	0	0	0	3	1	5	6	
11	NGOUNSO	WE	25	17	8	0	50	1	0	8	9	6	6	1	0	0	0	1	1	1	0	13	9	1	4	30	29	59	0	0	3	5	4	8	1	5	6	6	13	7	20	
12	NYAMBOYA	AD	17	6	6	0	29	0	0	1	1	2	6	1	1	0	0	1	1	0	0	3	1	1	1	9	11	19	0	0	0	0	2	3	1	1	1	4	4	8	10	
13	ROMKONG	NW	4	4	4	0	12	0	0	0	1	0	5	0	0	0	0	0	1	0	0	4	2	0	0	4	8	11	0	0	0	1	0	1	0	1	0	5	0	7	7	
14	SARKI BARKA	AD	7	5	7	0	19	0	0	4	1	0	2	3	1	0	0	1	0	4	0	4	4	1	1	10	6	14	0	0	1	3	3	0	1	0	0	2	5	5	7	
15	NWAT	NW	23	17	0	0	40	0	0	2	3	3	2	2	1	0	2	2	1	1	0	6	0	4	1	16	7	20	0	0	1	1	2	3	0	1	3	2	6	4	10	
16	KOUSSAM	WE	6	3	3	0	12	0	0	3	0	3	0	2	1	0	0	1	0	0	1	0	1	0	10	1	11	0	0	1	0	2	0	0	0	3	0	6	0	6		
17	AKEH	NW	4	5	4	0	13	0	0	1	0	4	3	0	0	0	0	0	1	0	0	2	2	0	0	7	6	12	0	0	1	0	0	1	0	0	4	3	5	4	8	
18	BAFOUSSAM	WE	0	0	0	0	0	0	1	1	8	2	5	8	3	0	0	2	0	1	0	7	12	0	0	21	29	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	BELO	NW	12	29	14	0	55	0	0	3	8	0	0	0	0	0	0	0	1	0	0	6	3	0	0	9	12	21	0	0	1	0	0	1	0	1	2	8	3	10	13	
20	FINKWI	NW	8	8	4	0	20	0	0	1	2	1	2	0	0	0	0	1	1	0	0	3	3	0	2	6	10	16	0	0	3	0	0	3	0	1	1	3	4	7	11	
21	KWIGHE	NW	17	7	0	0	24	0	0	3	0	0	4	0	0	0	0	1	1	0	0	3	3	1	0	7	8	13	1	0	0	0	1	9	0	0	0	2	2	11	13	
22	ASHONG	NW	11	4	0	0	15	0	0	2	3	1	2	0	0	0	0	0	1	0	1	2	2	1	1	6	10	16	0	1	1	1	1	1	0	0	1	2	3	5	8	
23	MBH	NW	181	22	26	65	294	12	8	47	99	30	58	36	37	2	1	10	38	6	5	150	140	28	4	320	389	709	9	14	25	30	43	65	3	10	21	32	101	151	252	
24	NKWEN	NW	0	0	0	0	0	1	2	5	20	3	26	6	7	0	1	1	9	1	1	21	19	0	0	37	85	122	1	1	0	5	0	3	0	4	0	7	1	20	21	
25	SABGA	NW	10	4	5	0	19	0	0	4	1	1	2	0	0	0	0	0	0	0	2	5	4	0	0	9	9	17	0	0	1	0	2	1	0	1	0	2	3	3	6	
26	BAYANGAM	WE	7	3	0	0	10	0	0	1	0	0	2	2	0	0	0	0	1	0	0	2	3	0	0	5	6	11	1	0	1	0	0	1	0	0	0	1	1	2	3	
27	NDEBAYA	SW	8	7	0	0	15	0	0	1	1	2	0	0	0	0	0	1	1	0	0	1	1	0	1	5	4	8	0	0	1	0	0	1	0	0	0	0	1	1	2	
28	EKOUNOU	CE	0	0	0	0	0	0	0	3	8	2	3	3	4	0	0	1	4	1	0	13	5	0	2	22	25	47	0	0	1	2	0	4	0	1	2	2	3	7	9	
29	ETOUGEBE	CE	0	0	0	0	0	0	5	4	20	9	11	12	13	1	2	2	10	0	1	20	11	1	2	49	75	124	2	8	1	4	1	8	1	2	0	2	5	24	29	
30	KUMBA	SW	7	12	0	0	19	0	1	5	16	5	6	5	8	0	0	2	6	1	1	12	17	0	1	27	53	80	1	2	2	2	1	8	0	2	1	2	5	16	21	
31	MBOPPI	LT	0	47	14	23	84	7	6	32	63	10	8	25	33	1	1	8	21	1	3	28	29	30	5	142	169	311	6	15	6	9	4	18	6	6	0	0	22	48	70	
32	VOUDOU	CE	3	3	0	0	6	0	0	0	1	0	1	2	0	0	0	1	1	0	0	3	3	0	0	6	6	12	0	0	0	1	0	2	0	0	3	3	3	6	9	
33	MUTENGENE	SW	46	21	10	20	97	10	4	29	82	11	20	17	27	2	1	7	2	4	3	17	9	14	12	103	157	260	5	14	10	9	9	33	2	11	4	20	29	82	111	
34	EKONDO TITI	SW	6	4	0	0	10	0	0	1	2	1	0	4	0	0	0	1	0	0	0	2	2	0	0	9	4	13	0	0	1	0	1	1	0	1	1	0	3	2	5	

Appendix 2- Outpatient attendance

IDENTIFICATION			ATTENDANCE															
SERIAL #	INSTITUTION / MONTH	Region	OUTPATIENT															
			≤1			1 to 5			6 to 15			16 to 45			45+			G.Tot (M&F)
			Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	ALLAT	AD	95	85	180	213	177	390	168	132	300	447	980	1427	191	198	389	2686
2	BANYO	AD	235	169	401	364	243	607	364	373	737	2014	3809	5823	1347	770	2117	9685
3	BANGOLAN	NW	174	180	327	270	235	505	276	342	618	1191	5341	6532	1191	1846	3037	11019
4	BBH	NW	1244	1314	2558	1806	1599	3405	3261	3185	6446	18084	32911	50995	15024	15526	30550	93954
5	JKIJEM	NW	238	202	440	236	284	520	536	642	1178	1720	3128	4848	644	747	1391	8377
6	KOUHOUAT	WE	82	74	156	270	193	463	201	319	520	952	1308	2260	922	845	1767	5166
7	LASSIN	NW	96	88	184	258	201	459	2265	200	380	407	1170	1589	414	651	1100	3457
8	MBEM	NW	201	167	368	108	109	217	155	181	336	585	1439	2024	720	986	1706	4651
9	NDU	NW	221	328	549	654	505	1159	479	463	942	2077	4586	6663	2536	3704	6240	15553
10	NGEPTANG	NW	49	29	78	102	108	210	130	149	279	367	1156	1523	319	533	852	2942
11	NGOUNSO	WE	281	230	511	710	656	1366	441	531	972	1530	4817	6347	1035	996	2031	11227
12	NYAMBOYA	AD	136	96	232	276	242	518	197	286	483	786	1569	2355	225	233	458	4046
13	ROMKONG	NW	46	34	67	96	78	174	80	53	133	330	863	1095	226	497	723	2305
14	SARKI BARKA	AD	120	136	256	284	292	576	219	270	489	389	1155	1544	235	207	442	3307
15	NWAT	NW	79	80	159	274	254	528	199	175	374	823	1709	2532	445	722	1167	4760
16	KOUSSAM	WE	60	32	94	154	93	247	88	86	174	298	792	1090	302	449	751	2356
17	AKEH	NW	47	56	103	95	102	197	142	132	274	284	778	1062	232	387	619	2255
18	BAFOUSSAM	WE	382	362	744	1304	1195	2499	1303	1669	3360	4608	10182	14790	4760	7246	12006	33399
19	BELO	NW	245	191	436	309	181	577	347	334	681	1370	1795	3165	1329	1399	2728	7587
20	FINKWI	NW	148	141	289	247	217	464	238	255	493	1379	2986	4365	835	1564	2399	8010
21	KWIGHE	NW	63	34	97	126	118	244	147	165	312	395	1594	1989	269	640	909	3551
22	ASHONG	NW	100	76	176	187	176	363	354	278	632	908	1534	2442	593	896	1489	5102
23	MBH	NW	844	792	1636	1839	1147	2986	2998	2323	5321	14482	20291	34773	14490	20447	34937	79653
24	NKWEN	NW	3288	3563	6851	5615	5630	11245	6280	9520	15800	20487	24091	44578	9915	11449	21364	99838
25	SABGA	NW	67	83	150	127	165	280	149	220	357	805	1362	2167	445	916	1361	4315
26	BAYANGAM	WE	50	28	78	131	99	230	145	157	302	411	712	1123	644	905	1549	3282
27	NDEBAYA	SW	45	33	78	165	110	275	61	72	136	447	525	916	184	197	364	1769
28	EKOUNOU	CE	861	823	1684	2293	1943	3990	1691	2001	3813	5605	8970	14575	3092	3850	6942	31004
29	ETOUGEBE	CE	3599	2607	6206	5654	4630	10284	4419	4461	8880	21323	47276	68599	8234	12051	20285	114254
30	KUMBA	SW	1889	1731	3620	4013	3749	7762	2758	3083	5841	8354	14861	23215	1388	1818	3206	43644
31	MBOPPI	LT	7697	7959	15656	8619	8098	16717	5902	7582	13484	36887	108862	145749	24524	38826	63350	254956
32	VOUDOU	CE	262	255	517	688	540	1228	212	251	463	967	2544	3511	174	184	358	6077
33	MUTENGENE	SW	1826	2015	3841	3406	3299	6705	3734	4475	8209	21738	39395	61133	13498	18241	31739	111627
34	EKONDO TITI	SW	71	46	117	198	181	379	80	117	197	345	469	814	119	187	306	1813

Appendix 3- Maternity and Pediatric Admissions

SERIAL #	INSTITUTION	Region			MATERNITY						PEDIATRIC												
					MATERNITY						ADMISSIONS	HOSP. DAYS	AV. STAY	<1			1 to 5			6 to 15			
			M	F	6 to 15	16 to 45	45 +	Total maternity Admissions	HOSP. DAYS	AV. STAY				Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	ALLAT	AD		0	0	0	61	0	60	139	2.3	234	649	2.8	19	24	48	78	72	132	21	15	36
2	BANYO	AD		0	0	2	175	0	168	603	3.6	316	1032	3.3	44	31	75	100	63	160	41	32	66
3	BANGOLAN	NW		0	0	2	481	0	483	892	1.8	54	108	2	7	17	8	17	7	22	0	53	53
4	BBH	NW		9	12	12	1350	0	1383	6130	4.4	1610	10230	6.4	176	160	336	338	330	668	271	237	508
5	JIKIJEM	NW		0	0	1	296	0	297	1218	4.1	122	515	4.2	15	16	31	28	28	46	16	19	35
6	KOUHOUAT	WE		0	0	12	114	15	141	435	3.1	416	1613	3.9	29	29	58	157	104	261	60	60	120
7	LASSIN	NW		2	1	5	92	18	95	218	2.3	65	143	2.2	3	3	3	6	14	20	15	24	39
8	MBEM	NW		3	1	2	151	3	158	586	3.7	169	614	3.6	23	23	33	39	40	74	21	24	45
9	NDU	NW		0	0	0	254	18	249	562	2.3	322	831	2.6	31	30	61	84	89	173	59	32	91
10	NGEPTANG	NW	43		26	4	92	6	133	292	2.2	0	0	-	0	0	0	0	0	0	0	0	0
11	NGOUNSO	WE		0	5	16	617	1	639	1678	2.6	1353	4191	3.1	108	91	199	490	409	899	154	180	334
12	NYAMBOYA	AD		0	0	3	150	0	121	218	1.8	622	1820	2.9	56	53	109	193	178	371	81	87	168
13	ROMKONG	NW		0	0	0	74	0	74	119	1.6	63	81	1.3	12	6	11	23	11	29	9	8	13
14	SARKI BARKA	AD		0	0	0	93	0	114	118	1	526	387	0.7	56	33	89	148	178	326	70	70	140
15	NWAT	NW		0	2	0	124	0	113	505	4.5	80	234	2.9	0	3	3	21	18	39	6	11	17
16	KOUSSAM	WE		0	0	0	63	0	41	0	0	119	0	0	11	10	21	75	56	131	21	23	44
17	AKEH	NW		6	4	0	78	0	88	187	2.1	66	164	2.5	5	4	9	26	6	32	15	16	30
18	BAFOUSSAM	WE		0	0	0	0	0	0	-		0	0	-	0	0	0	0	0	0	0	0	0
19	BELO	NW		0	0	0	523	0	523	1705	3.3	0	0	-	0	0	0	0	0	0	0	0	0
20	FINKWI	NW		0	0	0	103	0	103	302	2.9	167	501	3	13	17	30	42	45	87	26	24	50
21	KWIGHE	NW		0	0	0	117	0	117	322	2.8	8	22	2.8	0	0	0	0	0	0	0	0	0
22	ASHONG	NW		0	0	0	46	0	56	160	2.9	9	19	2.1	0	0	0	0	0	0	0	0	0
23	MBH	NW		0	0	0	1055	0	1055	4610	4.4	941	4640	4.9	132	59	191	199	148	347	217	160	377
24	NKWEN	NW		0	0	0	0	0	0	-		0	0	-	0	0	0	0	0	0	0	0	0
25	SABGA	NW		0	0	0	58	0	65	173	2.7	137	368	2.7	20	13	33	37	43	80	14	24	38
26	BAYANGAM	WE		0	0	0	25	0	26	71	2.7	0	0	-	0	0	0	0	0	0	0	0	0
27	NDEBAYA	SW		0	0	0	28	0	28	94	3.4	0	0	-	0	0	0	0	0	0	0	0	0
28	EKOUNOU	CE		0	0	0	0	0	0	0	-	0	0	-	0	0	0	0	0	0	0	0	0
29	ETOUGE BE	CE		0	0	0	0	0	0	0	-	0	0	-	0	0	0	0	0	0	0	0	0
30	KUMBA	SW		0	0	0	295	0	295	560	1.9	735	1469	2	70	66	136	216	229	445	82	105	187
31	MBOPPI	LT		0	0	0	2883	0	2883	8738	3	1630	4985	3.1	421	412	833	269	215	484	172	141	313
32	VOUDOU	CE		0	0	0	0	0	0	0	-	0	0	-	0	0	0	0	0	0	0	0	0
33	MUTENGENE	SW		0	0	107	898	0	1005	4500	4.5	927	3536	3.8	137	142	268	186	152	320	140	135	275
34	EKONDO TITI	SW		0	0	0	27	0	27	180	6.7	178	180	1	14	17	31	55	44	99	20	30	50

Appendix 4 – Surgical and Medical Admissions

SERIAL #	INSTITUTION	Region	SURGICALS																		MEDICALS																	
			ADMISSIONS	HOSP. DAYS	AV. STAY	<1			1 to 5			6 to 15			16 to 45			45+			ADMISSIONS	HOSP. DAYS	AV. STAY	<1			1 to 5			6 to 15			16 to 45			45+		
						Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total				Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	ALLAT	AD	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	206	518	2.5	0	0	0	0	0	0	0	0	1	1	32	130	162	15	26	36
2	BANYO	AD	125	1131	9	3	2	5	3	5	8	9	16	25	50	66	116	38	22	60	397	2093	5.3	0	0	0	0	0	0	7	3	4	112	182	292	60	51	107
3	BANGOLAN	NW	55	110	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1063	3188	3	41	40	81	126	126	252	80	97	177	108	300	408	89	117	206	
4	BBH	NW	1569	13495	8.6	0	0	0	0	0	0	4	0	3	481	439	920	316	329	645	3489	28300	8.1	0	0	0	0	0	0	0	0	937	1003	1940	795	754	1549	
5	JKIJEM	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	255	1167	4.6	0	0	0	0	0	0	2	1	3	65	111	176	36	43	79	
6	KOUHOUAT	WE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	407	1307	3.2	4	0	4	0	0	0	0	0	0	76	216	272	69	83	162	
7	LASSIN	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	302	725	2.4	8	11	19	41	35	76	35	26	61	29	123	152	13	37	50	
8	MBEM	NW	14	50	3.6	0	0	0	0	0	0	0	0	0	1	0	1	3	2	5	305	1341	4.4	0	0	0	0	0	0	0	0	0	67	85	153	81	103	184
9	NDU	NW	27	76	2.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	695	2129	3.1	0	0	0	0	0	0	0	0	0	179	226	405	115	197	312	
10	NGEPTANG	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	361	1120	3.1	15	14	28	68	56	115	47	60	107	41	88	129	32	31	63	
11	NGOUNSO	WE	79	184	2.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	879	2392	2.7	0	0	0	0	0	0	0	0	0	260	398	658	130	139	269	
12	NYAMBOYA	AD	31	89	2.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	729	1792	2.5	12	18	30	17	25	42	47	43	90	152	296	411	73	84	157	
13	ROMKONG	NW	5	3	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	159	216	1.4	0	0	0	0	0	0	3	2	5	47	64	111	15	34	49	
14	SARKI BARKA	AD	43	3	0.1	3	4	7	10	12	22	3	10	13	0	0	0	0	0	329	309	0.9	0	0	0	0	0	0	0	0	0	80	291	371	45	55	100	
15	NWAT	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	537	1356	2.5	15	20	35	108	110	218	30	31	61	55	136	191	32	34	66	
16	KOUSSAM	WE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56	45	0.8	0	0	0	0	0	0	0	0	0	21	78	99	20	41	61	
17	AKEH	NW	15	30	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148	367	2.5	0	0	0	0	0	0	3	1	4	53	67	120	14	25	39	
18	BAFOUSSAM	WE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	BELO	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	587	2935	5	34	22	81	59	52	111	37	58	95	108	172	279	69	89	158	
20	FINKWI	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	435	1309	3	1	1	3	1	1	3	3	7	10	72	223	295	51	92	143	
21	KWIGHE	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	302	835	2.8	14	5	19	28	14	42	17	18	35	46	112	158	13	45	58	
22	ASHONG	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	399	1090	2.7	12	12	24	25	32	57	23	20	43	80	95	175	33	63	96	
23	MBH	NW	3437	19016	5.5	53	39	92	185	111	296	154	135	267	743	749	1492	822	652	1474	4769	38376	8	1	1	2	11	10	21	86	63	149	1194	1211	2405	1279	1186	2465
24	NKWEN	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	8	4	12	0	0	0	0	0	0	0	0	
25	SABGA	NW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	469	1305	2.8	0	0	0	0	0	0	7	6	13	103	180	288	43	106	152	
26	BAYANGAM	WE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	97	310	3.2	1	1	2	2	3	5	4	3	7	22	26	48	23	21	44	
27	NDEBAYA	SW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	88	268	3	5	2	7	26	13	41	6	11	17	14	17	31	3	6	9	
28	EKOUNOU	CE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	ETOUGEBE	CE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	KUMBA	SW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	434	868	2	0	0	0	0	0	0	0	0	0	105	266	371	33	53	86	
31	MBOPPI	LT	1023	4170	4.1	0	0	0	2	3	5	19	29	48	249	348	597	160	209	436	1162	3562	3.1	0	0	0	0	0	0	10	9	19	310	378	688	189	266	455
32	VOUDOU	CE	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	MUTENGENE	SW	1265	6805	5.4	13	20	33	37	24	61	62	45	107	286	270	556	261	248	509	1791	8107	4.5	0	0	0	0	0	0	4	5	9	354	570	924	329	365	694
34	EKONDO TITI	SW	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	185	150	0.8	0	0	0	0	0	0	0	0	0	79	131	210	19	39	58	

Appendix 5- Departments and Referrals

SERIAL #	INSTITUTION	Region											PATIENT SEEN BY DRs	PATIENT SEEN BY SCREENER	PATIENTS SEEN BY SOCIAL WORKER	NUTRITION	CERVICAL CANCER SCREENING	REFERRALS						COUNTER REFERRALS				
			EYE	X - RAY	P T	UTRA - SOUND	DENTAL	LABORATORY	PHARMACY	CHAPLAINCY	ANTENATALS	LABOUR						NEONATES	INPTS	OUTPTS	ANTENATALS	LABOUR	NEONATES	INPTS	OUTPTS			
1	ALLAT	AD	0	0	0	0	0	1722	2514	0	0	2362	0	0	0	0	2	1	21	23	0	0	0	1	0			
2	BANYO	AD	587	881	199	1305	643	6736	8066	588	2496	7849	0	0	0	2	0	0	16	22	0	0	0	1	0			
3	BANGOLAN	NW	37	0	0	0	0	6942	7696	1386	166	10879	0	425	0	33	5	0	56	67	0	1	0	0	0			
4	BBH	NW	11598	4700	6991	7930	5260	51996	54577	8730	17171	28153	3768	2577	1974	0	0	0	0	0	0	0	0	0	0			
5	JKIJEM	NW	915	0	0	0	0	3019	5274	450	361	5913	0	0	0	39	28	0	52	45	0	0	0	0	8			
6	KOUHOUAT	WE	55	0	0	0	2	3766	5162	210	264	4130	0	0	84	14	4	0	66	54	3	0	0	5	7			
7	LASSIN	NW	58	0	0	0	0	2225	2970	0	119	3415	0	3	0	0	2	1	24	38	0	0	0	1	2			
8	MBEM	NW	137	0	0	0	0	1796	4119	270	527	10654	0	80	0	0	2	0	7	10	0	1	0	0	0			
9	NDU	NW	1542	0	0	0	0	5929	10908	922	371	8769	0	6	0	19	23	2	72	183	0	0	0	0	0			
10	NGEPTANG	NW	0	0	0	0	0	1742	2583	0	66	2241	0	7	0	3	7	0	18	6	0	0	0	0	0			
11	NGOUNSO	WE	0	0	0	0	0	8978	9371	1033	449	10670	0	348	0	7	12	2	54	31	0	0	1	0	0			
12	NYAMBOYA	AD	0	0	0	0	0	1902	3399	0	0	2845	0	0	0	6	12	1	57	46	24	45	68	15	27			
13	ROMKONG	NW	0	0	0	0	0	868	1697	0	0	2156	0	9	0	1	2	0	0	9	0	7	0	12	2			
14	SARKI BARKA	AD	0	0	0	0	0	2076	3137	0	0	3415	0	0	0	2	11	0	15	5	0	0	0	0	0			
15	NWAT	NW	0	0	0	0	0	2537	3460	40	222	3866	0	0	57	7	1	1	19	48	0	0	0	0	0			
16	KOUSSAM	WE	0	0	0	0	0	1503	1939	0	0	2354	0	0	0	8	2	0	17	43	2	0	0	0	2			
17	AKEH	NW	22	0	0	0	0	943	2593	7	73	2033	0	5	0	1	3	2	2	3	0	0	0	0	0			
18	BAFOUSSAM	WE	8376	0	2813	200	1634	15953	28280	588	280	20221	1	353	0	0	0	0	0	0	0	0	0	0	0			
19	BELO	NW	0	0	0	0	0	5893	7796	0	93	7578	0	1	0	0	4	0	14	60	0	0	0	0	0			
20	FINKWI	NW	0	0	0	0	0	4307	5918	0	0	7970	0	0	0	4	2	1	15	132	2	1	0	11	29			
21	KWIGHE	NW	0	0	0	0	0	1827	2188	0	0	3444	0	0	0	0	1	0	19	15	0	0	0	2	1			
22	ASHONG	NW	0	0	0	0	0	2657	4288	505	0	4183	0	0	0	0	0	0	5	1	0	0	0	2	0			
23	MBH	NW	14284	10711	11037	12276	2273	57820	95701	5663	34144	45415	3160	1880	1652	0	0	0	3	3	0	0	0	0	0			
24	NKWEN	NW	12424	0	3489	1576	8785	25364	55608	3277	2029	47954	1492	1104	1442	0	0	0	0	0	0	0	0	0	0			
25	SABGA	NW	184	0	0	0	0	2759	4463	493	272	1992	0	33	0	0	0	0	12	0	0	0	0	0	0			
26	BAYANGAM	WE	61	0	0	0	0	936	2518	4	356	3067	3	4	0	0	0	0	7	78	0	0	0	0	9			
27	NDEBAYA	SW	31	0	0	0	0	1149	1591	0	0	1965	0	11	0	1	1	0	4	12	2	0	0	0	5			
28	EKOUNOU	CE	3764	0	1396	0	2595	15197	24864	720	1040	17312	0	326	0	54	0	0	5	79	35	0	0	0	20			
29	ETOUGE BE	CE	14514	0	3686	3440	9834	42619	73415	919	15591	42434	928	713	1084	110	0	0	0	162	0	0	0	0	4			
30	KUMBA	SW	2927	0	718	470	1996	25784	34502	1087	1843	28632	346	634	181	0	0	0	94	627	0	1	0	38	194			
31	MBOPPI	LT	26080	0	10599	10010	6446	68521	170276	1924	68311	186645	3764	24946	2032	0	0	1	5	0	0	0	0	1	0			
32	VOUDOU	CE	0	0	0	0	0	2347	5457	0	46	1057	0	674	0	3	5	0	0	57	0	0	0	0	0			
33	MUTENGENE	SW	11928	3813	2839	5050	3759	41954	81860	3082	32437	72554	4385	902	831	0	0	0	17	0	0	0	0	0	0			
34	EKONDO TITI	SW	131	0	0	0	0	1537	2116	0	59	1970	0	0	76	0	3	0	0	23	0	0	0	0	0			

Appendix 6 – MCH

SERIAL #	INSTITUTION	Region	ANC			INFANT WELFARE			PRESCHOOL CLINIC			FAMILY PLANNING			TOTAL DELIVERY	DELIVERIES					
			NEW	OLD	TOTAL	NEW	OLD	TOTAL	NEW	OLD	TOTAL	NEW	OLD	TOTAL		LIVE BIRTH	PRE-TERM	NEOD	BBA	SB	AB
1	ALLAT	AD	133	151	284	213	316	529	156	252	408	53	10	63	58	53	5	2	2	4	16
2	BANYO	AD	198	779	977	116	192	308	10	59	69	27	49	76	187	171	4	3	2	12	5
3	BANGOLAN	NW	532	1690	2222	535	1650	2185	24	97	121	277	43	320	502	477	11	0	0	4	29
4	BBH	NW	880	3498	4347	533	996	1555	393	1673	2090	637	535	1172	1377	1344	48	3	19	33	20
5	JIKIJEM	NW	396	1867	2263	352	2389	2741	15	7	22	125	204	329	304	298	5	2	9	0	0
6	KOUHOUAT	WE	274	984	1258	178	304	482	47	39	86	40	41	81	152	143	1	0	1	0	0
7	LASSIN	NW	145	424	569	359	794	1153	5	48	53	22	44	66	94	93	0	0	3	0	1
8	MBEM	NW	352	543	895	239	404	643	0	0	0	36	63	99	158	158	0	0	2	0	0
9	NDU	NW	290	1509	1799	197	1882	2079	0	0	0	66	80	146	271	267	0	0	5	4	4
10	NGEPTANG	NW	136	352	488	127	152	279	56	79	135	27	20	47	102	99	1	0	2	1	4
11	NGOUNSO	WE	613	1349	1962	218	299	517	0	0	0	50	98	148	307	293	10	2	6	5	2
12	NYAMBOYA	AD	356	514	870	255	770	1025	0	0	0	18	18	36	156	155	0	0	0	3	17
13	ROMKONG	NW	77	315	392	25	506	531	17	143	154	21	51	72	72	70	0	1	1	2	0
14	SARKI BARKA	AD	167	352	519	2	3	5	0	0	0	6	5	11	105	104	2	0	0	0	2
15	NWAT	NW	176	385	561	102	218	320	30	43	67	21	9	30	108	131	2	0	3	2	2
16	KOUSSAM	WE	89	239	328	14	32	46	80	217	297	6	10	16	57	55	0	0	1	2	1
17	AKEH	NW	94	212	306	121	668	789	0	0	0	26	29	55	84	80	2	1	1	4	0
18	BAFOUSSAM	WE	544	1678	2222	78	677	755	40	329	369	114	128	242	0	0	0	0	0	0	0
19	BELO	NW	538	2155	2693	313	1880	2193	68	74	142	97	122	219	458	458	5	1	0	0	0
20	FINKWI	NW	135	356	516	49	114	172	0	0	0	144	257	401	103	103	2	0	6	0	1
21	KWIGHE	NW	99	495	594	77	328	405	0	92	105	61	24	80	109	117	1	0	1	0	4
22	ASHONG	NW	91	156	247	62	224	286	9	1	10	40	8	48	57	61	4	0	0	0	0
23	MBH	NW	409	1928	2337	324	731	1055	0	0	0	473	244	717	916	859	46	6	1	40	8
24	NKWEN	NW	666	3351	4017	434	3449	3883	41	268	309	649	282	931	0	0	0	0	0	0	0
25	SABGA	NW	56	257	313	75	299	374	2	3	5	60	35	95	62	62	0	0	0	0	0
26	BAYANGAM	WE	27	53	72	20	94	114	3	8	11	10	12	22	18	18	1	0	0	0	0
27	NDEBAYA	SW	37	60	97	15	50	65	0	0	0	18	21	39	28	28	1	0	0	0	0
28	EKOUNOU	CE	452	1793	2245	570	2414	2984	58	255	313	142	141	283	0	0	0	0	0	0	0
29	ETOUGE BE	CE	2326	5994	8320	975	2932	3907	0	0	0	443	439	882	0	0	0	0	0	0	0
30	KUMBA	SW	636	1096	1732	585	765	1350	76	81	157	229	222	451	295	295	0	0	0	0	0
31	MBOPPI	LT	4579	18360	22939	4746	6358	11104	190	87	277	2092	734	2826	2883	2772	69	18	11	49	50
32	VOUDOU	CE	281	640	921	166	476	642	0	0	0	50	83	133	157	157	0	0	0	0	3
33	MUTENGENE	SW	991	2490	3481	1200	2203	3403	460	1253	1713	334	281	615	923	899	51	2	3	18	5
34	EKONDO TITI	SW	55	94	149	20	40	60	0	0	0	2	6	8	27	27	0	0	1	0	0

Appendix 7 – Immunization

IDENTIFICATION			IMMUNIZATION																
SERIAL #	INSTITUTION	Region	Meningitis	BCG	DPT			POLIO				TITANUS					MEASLES	OTHERS	TOTAL IMMUNIZATION
					DPT 1	DPT 2	DPT 3	POLIO 0	POLIO 1	POLIO 2	POLIO 3	TITANUS 1	TITANUS 2	TITANUS 3	TITANUS 4	TITANUS 5			
1	ALLAT	AD	0	440	490	464	396	440	490	464	396	182	131	68	16	2	452	452	4883
2	BANYO	AD	0	139	78	74	71	124	89	79	73	127	65	3	1	1	51	23	998
3	BANGOLAN	NW	0	527	531	451	381	527	531	451	381	164	170	140	95	86	260	304	4999
4	BBH	NW	0	1116	582	498	492	1116	555	494	487	506	310	108	51	27	461	650	7453
5	JIKIJEM	NW	0	291	268	277	246	291	268	273	251	220	133	21	21	18	157	466	3201
6	KOUHOUAT	WE	0	158	126	114	81	158	126	114	81	155	101	18	8	3	21	0	1264
7	LASSIN	NW	0	311	135	132	157	289	132	133	155	76	48	16	3	4	122	125	1838
8	MBEM	NW	0	205	117	83	56	218	123	87	63	202	146	0	0	0	44	291	1635
9	NDU	NW	0	322	332	335	273	330	349	353	291	169	133	61	21	5	449	936	4359
10	NGEPTANG	NW	0	138	126	152	150	142	129	151	141	67	21	4	3	2	143	75	1444
11	NGOUNSO	WE	0	285	141	119	100	285	141	119	100	42	8	4	1	0	136	147	1628
12	NYAMBOYA	AD	0	538	486	502	491	351	491	508	481	219	124	14	29	10	411	1743	6398
13	ROMKONG	NW	0	106	44	40	39	106	44	40	39	52	18	9	10	6	42	42	607
14	SARKI BARKA	AD	1	35	18	5	4	23	28	7	6	13	20	30	9	8	2	0	209
15	NWAT	NW	0	91	63	45	48	70	57	57	52	89	86	8	1	5	61	83	805
16	KOUSSAM	WE	0	74	46	47	31	66	42	47	30	66	47	25	21	8	37	27	614
17	AKEH	NW	0	169	154	139	162	169	159	139	170	99	85	16	1	0	114	105	1598
18	BAFOUSSAM	WE	0	0	72	79	88	0	72	79	88	249	115	100	25	16	86	0	1069
19	BELO	NW	0	439	444	363	347	545	441	352	357	290	243	75	50	21	219	558	4744
20	FINKWI	NW	0	88	82	95	69	84	78	88	64	108	219	176	74	20	80	63	1388
21	KWIGHE	NW	0	149	139	130	128	149	139	128	128	129	64	3	0	13	107	445	1851
22	ASHONG	NW	0	69	68	71	63	69	68	73	63	22	21	0	14	14	35	31	681
23	MBH	NW	0	436	163	104	92	705	163	104	94	147	95	37	30	21	23	57	2271
24	NKWEN	NW	0	0	357	382	387	0	357	382	387	402	229	126	60	24	373	373	3839
25	SABGA	NW	7	68	74	72	90	72	78	80	94	80	52	23	24	14	71	324	1223
26	BAYANGAM	WE	0	15	13	16	14	13	13	16	14	1	2	3	0	0	4	17	113
27	NDEBAYA	SW	0	30	40	32	38	34	40	32	38	23	13	2	4	12	55	58	451
28	EKOUNOU	CE	15	257	372	390	406	225	367	404	376	290	176	47	31	70	458	1056	4940
29	ETOUGEBE	CE	405	740	945	900	857	674	945	900	863	1631	850	370	202	108	985	1461	12836
30	KUMBA	SW	42	265	289	230	175	259	291	233	190	538	347	82	28	19	185	371	3544
31	MBOPPI	LT	499	2491	1726	1577	1537	2491	1726	1577	1537	2773	1919	705	353	175	1290	3024	25347
32	VOUDOU	CE	0	166	121	133	121	167	98	94	99	165	97	17	3	3	79	164	1527
33	MUTENGENE	SW	83	861	629	568	593	861	629	568	593	787	503	244	103	69	426	426	7943
34	EKONDO TITI	SW	0	21	15	11	16	20	17	11	18	35	21	4	0	1	1	4	195

Appendix 8 – Surgeries and Notifiable Diseases

IDENTIFICATION			SURGERIES			NOTIFIABLE DISEASES									
SERIAL #	INSTITUTION	Region	MINOR	MAJOR	TOTAL	NEONATAL TITANUS	LEPROSY	YELLOW FEVER	CEREBROSPINAL MENINGITIS	HUMAN RABIES	TUBERCULOSIS	CHOLERA	TYPHOID FEVER	POLIOMYELITIS	MEASLES
1	ALLAT	AD	32	0	32	0	0	0	0	0	0	0	15	0	0
2	BANYO	AD	384	194	578	0	0	0	0	0	6	1	50	0	0
3	BANGOLAN	NW	735	0	735	0	0	0	0	0	7	0	69	0	23
4	BBH	NW	8046	1707	9753	0	0	0	0	0	193	0	0	0	0
5	JKIJEM	NW	165	0	165	0	0	0	0	0	1	0	1	0	1
6	KOUHOUAT	WE	299	0	299	0	0	0	0	0	0	0	2	0	2
7	LASSIN	NW	67	0	52	0	0	0	0	0	0	0	2	0	0
8	MBEM	NW	153	25	178	0	0	0	0	0	1	0	0	0	0
9	NDU	NW	220	0	220	0	0	0	0	0	1	0	0	0	0
10	NGEPTANG	NW	58	0	58	0	0	0	0	0	0	0	0	0	0
11	NGOUNSO	WE	264	0	264	0	0	0	1	0	2	2	10	0	172
12	NYAMBOYA	AD	94	0	94	0	0	0	1	2	4	0	95	0	4
13	ROMKONG	NW	326	0	315	0	0	0	0	0	0	0	0	0	0
14	SARKI BARKA	AD	40	0	40	1	0	0	1	3	0	0	0	0	1
15	NWAT	NW	71	0	71	0	0	0	6	0	0	0	7	0	0
16	KOUSSAM	WE	27	0	27	0	0	0	0	0	2	0	10	0	9
17	AKEH	NW	186	0	186	0	0	0	0	0	0	0	0	0	0
18	BAFOUSSAM	WE	63	0	63	0	0	0	0	0	1	0	1	0	0
19	BELO	NW	258	0	258	0	0	0	0	0	0	0	0	0	0
20	FINKWI	NW	237	0	237	0	0	0	0	0	2	0	0	0	0
21	KWIGHE	NW	68	0	68	0	0	0	0	0	0	0	0	0	0
22	ASHONG	NW	9	0	9	0	0	1	0	0	1	0	14	0	0
23	MBH	NW	4471	4635	9106	0	5	0	234	0	334	0	153	0	0
24	NKWEN	NW	16155	0	16155	0	0	0	0	0	0	0	0	1	1
25	SABGA	NW	207	0	207	0	0	0	0	0	0	0	0	0	0
26	BAYANGAM	WE	15	0	15	0	0	1	0	0	0	0	0	0	0
27	NDEBAYA	SW	54	0	54	0	0	0	0	0	1	0	9	0	0
28	EKOUNOU	CE	190	0	190	0	0	0	0	0	2	0	95	0	14
29	ETOUGE BE	CE	1138	0	1138	0	0	25	1	0	63	0	159	0	8
30	KUMBA	SW	909	0	909	0	0	3	0	0	43	0	0	0	0
31	MBOPPI	LT	2596	1395	3991	0	0	3	0	0	426	0	0	3	4
32	VOUDOU	CE	93	0	93	0	0	0	0	0	0	0	0	0	0
33	MUTENGENE	SW	1608	1564	3172	0	0	22	3	0	231	0	330	0	9
34	EKONDO TITI	SW	28	0	28	0	0	0	0	0	0	0	0	0	1

Appendix 9 – HIV Test

IDENTIFICATION			HIV PREVALENCE																
SERIAL #	INSTITUTION	Region	BLOOD DONOR PATIENTS SCREENED					Distribution per Province											
			TOTAL	POSITIVE	NEGATIVE	POSITIVE	NEGATIVE	G. TOTAL POSITIVE	North west	South west	WEST	Center	South	Littoral	Adamawa	North	Far North	East	Total
1	ALLAT	AD	15	1	26	10	199	11	0	0	0	0	0	0	3	0	0	0	3
2	BANYO	AD	57	2	143	122	444	124	0	0	0	0	0	0	69	0	0	0	69
3	BANGOLAN	NW	99	0	30	35	1621	35	22	0	13	0	0	0	0	0	0	0	35
4	BBH	NW	193	73	1181	768	5500	1349	546	7	65	19	3	16	6	0	0	2	664
5	JIKIJEM	NW	3	0	0	6	249	36	8	0	0	0	0	0	0	0	0	0	8
6	KOUHOUAT	WE	4	3	24	35	483	38	0	0	14	0	0	0	0	0	0	0	11
7	LASSIN	NW	2	0	0	16	181	13	7	0	0	0	0	0	0	0	0	0	7
8	MBEM	NW	1	0	16	14	352	17	8	2	0	0	0	0	2	0	0	0	10
9	NDU	NW	1	0	22	78	725	78	51	0	0	0	0	0	0	0	0	0	51
10	NGEPTANG	NW	0	1	19	21	134	14	0	0	0	0	0	0	0	0	0	0	0
11	NGOUNSO	WE	187	5	268	107	469	112	2	0	96	1	0	0	0	0	0	1	100
12	NYAMBOYA	AD	106	1	76	51	448	52	0	0	0	0	0	0	37	0	0	0	37
13	ROMKONG	NW	0	0	0	3	48	3	0	0	0	0	0	0	0	0	0	0	0
14	SARKI BARKA	AD	6	0	67	12	360	12	0	0	0	0	0	0	228	0	0	0	228
15	NWAT	NW	13	2	75	45	341	53	20	0	0	0	0	0	0	0	0	0	20
16	KOUSSAM	WE	21	0	25	21	185	21	0	0	18	0	0	0	0	0	0	0	18
17	AKEH	NW	0	0	0	10	198	10	0	0	0	0	0	0	0	0	0	0	0
18	BAFOUSSAM	WE	2	0	0	113	964	113	0	0	0	0	0	0	0	0	0	0	0
19	BELO	NW	0	0	0	22	150	22	0	0	0	0	0	0	0	0	0	0	0
20	FINKWI	NW	2	0	2	91	2066	174	0	0	0	0	0	0	0	0	0	0	0
21	KWIGHE	NW	0	0	0	16	237	16	2	0	0	0	0	0	0	0	0	0	2
22	ASHONG	NW	16	0	4	29	203	45	3	1	0	0	0	0	0	0	0	0	4
23	MBH	NW	726	72	3139	556	5429	628	0	0	0	0	0	0	0	0	0	0	0
24	NKWEN	NW	2	0	0	598	2566	598	0	0	0	0	0	0	0	0	0	0	0
25	SABGA	NW	0	0	15	46	455	46	0	0	0	0	0	0	0	0	0	0	0
26	BAYANGAM	WE	1	0	0	9	84	9	0	0	1	0	0	0	0	0	0	0	1
27	NDEBAYA	SW	8	0	23	51	116	51	0	0	0	0	0	0	0	0	0	0	0
28	EKOUNOU	CE	111	0	0	125	918	125	0	0	1	68	0	0	0	0	0	0	0
29	ETOUGEBE	CE	256	0	0	328	2556	328	0	0	0	280	0	0	0	0	0	0	0
30	KUMBA	SW	46	2	68	257	1553	463	0	386	0	0	0	0	0	0	0	0	186
31	MBOPPI	LT	436	7	827	1229	11744	1236	0	0	0	0	0	1236	0	0	0	0	1139
32	VOUDOU	CE	0	0	37	17	332	17	0	0	0	0	0	0	0	0	0	0	0
33	MUTENGENE	SW	595	6	954	1227	3400	1233	9	821	0	6	0	170	0	0	0	1	1007
34	EKONDO TITI	SW	1	0	3	29	131	29	12	9	2	0	0	3	0	0	0	0	0

Appendix 10- Deaths

SERIAL #	INSTITUTION	Region	MEDICAL	MATERNAL	SURGICAL	PEDIATRIC	TRUAMA	Total
1	ALLAT	AD	1	0	0	5	0	6
2	BANYO	AD	19	0	0	14	0	33
3	BANGOLAN	NW	17	0	0	0	0	17
4	BBH	NW	374	2	40	62	0	478
5	JKIJEM	NW	2	1	0	4	1	5
6	KOUHOUAT	WE	6	0	0	6	0	12
7	LASSIN	NW	6	3	0	0	0	9
8	MBEM	NW	4	0	0	1	0	5
9	NDU	NW	20	1	3	7	0	31
10	NGEPTANG	NW	4	2	0	0	0	6
11	NGOUNSO	WE	13	1	1	10	0	25
12	NYAMBOYA	AD	1	0	0	10	0	11
13	ROMKONG	NW	1	0	0	0	0	1
14	SARKI BARKA	AD	5	1	0	12	0	18
15	NWAT	NW	6	0	0	1	0	7
16	KOUSSAM	WE	1	0	0	4	0	5
17	AKEH	NW	1	0	0	0	0	1
18	BAFOUSSAM	WE	0	0	0	0	0	0
19	BELO	NW	0	0	0	0	0	0
20	FINKWI	NW	2	1	0	1	0	4
21	KWIGHE	NW	0	0	0	0	0	0
22	ASHONG	NW	0	1	0	0	0	1
23	MBH	NW	419	3	82	59	2	565
24	NKWEN	NW	0	0	0	0	0	0
25	SABGA	NW	1	0	0	0	0	1
26	BAYANGAM	WE	2	0	0	0	0	2
27	NDEBAYA	SW	4	0	0	0	0	4
28	EKOUNOU	CE	0	0	0	0	0	0
29	ETOUGEBE	CE	0	0	0	0	0	0
30	KUMBA	SW	0	0	0	0	0	10
31	MBOPPI	LT	23	5	1	26	0	55
32	VOUDOU	CE	0	0	0	6	0	6
33	MUTENGENE	SW	98	0	30	26	0	154
34	EKONDO TITI	SW	0	0	0	0	0	0

Appendix 11- Diabetes

SERIAL #	INSTITUTION	Region	NEW			OLD			TYPE			DRUG				AGE GROUP/SEX DISTRIBUTION																
			Male	Female	Total	Male	Female	Total	ONE	TWO	Total	ORAL	INJECTION	DIET	Total	<1			1 to 5			6 to 15			16 to 45			45+			G.Tot (M&F)	
																Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
1	ALLAT	AD	9	3	12	20	17	37	0	44	44	43	4	4	51	0	0	0	0	0	0	0	0	1	0	2	8	10	24	15	39	49
2	BANYO	AD	8	7	40	128	60	188	5	14	19	0	0	0	0	0	0	0	0	0	0	0	0	0	22	17	39	100	66	166	173	
3	BANGOLAN	NW	88	120	199	13	31	45	57	174	226	166	43	0	209	0	0	0	0	0	0	0	0	0	33	42	75	54	99	153	172	
4	BBH	NW	239	272	534	721	744	1465	0	0	0	124	30	0	154	0	0	0	0	0	1	1	0	1	90	92	182	148	271	257	328	
5	JIKIJEM	NW	34	37	71	83	67	150	0	39	39	14	5	0	19	0	0	0	0	0	0	0	0	0	43	52	95	73	51	124	219	
6	KOUHOUAT	WE	31	31	56	83	100	127	35	1	36	164	56	10	191	2	3	18	7	0	7	5	6	11	44	52	96	86	71	157	289	
7	LASSIN	NW	11	5	14	25	21	46	6	6	12	0	0	0	0	0	2	2	2	0	2	0	0	0	16	8	24	22	20	42	70	
8	MBEM	NW	13	18	30	44	23	67	3	0	4	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9	NDU	NW	28	64	92	145	270	415	69	558	627	503	63	355	921	0	0	0	0	0	0	0	0	0	26	41	67	149	342	491	558	
10	NGEPTANG	NW	4	8	12	13	29	42	0	8	8	34	7	0	38	0	0	0	0	0	0	0	0	0	5	18	23	10	14	24	47	
11	NGOUNSO	WE	29	32	63	63	42	105	16	207	220	187	29	0	216	2	2	4	13	15	28	1	3	4	36	33	69	77	56	133	238	
12	NYAMBOYA	AD	26	42	68	37	42	79	8	9	17	8	9	0	17	0	0	0	0	0	0	0	0	0	2	3	4	8	7	15	19	
13	ROMKONG	NW	0	4	4	27	59	78	81	1	74	68	11	0	71	0	0	0	0	0	0	0	0	0	1	7	7	22	60	75	82	
14	SARKI BARKA	AD	0	0	0	2	6	8	1	7	8	4	4	0	8	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	2	
15	NWAT	NW	1	0	1	42	66	108	0	103	113	101	2	0	103	0	0	0	0	2	7	9	0	0	10	5	18	26	50	76	103	
16	KOUSSAM	WE	4	6	10	10	13	23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	6	10	46	78	124	134	
17	AKEH	NW	0	0	0	17	17	34	1	21	22	14	2	0	16	2	1	3	0	0	0	0	0	0	1	5	6	13	11	24	34	
18	BAFOUSSAM	WE	67	113	180	491	887	1378	0	0	0	0	0	0	0	0	0	0	3	2	5	1	5	5	18	40	71	527	911	1438	1519	
19	BELO	NW	16	19	35	155	150	305	0	0	0	0	0	0	0	0	0	0	0	0	0	8	11	1	50	47	97	120	127	247	434	
20	FINKWI	NW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	KWIGHE	NW	0	1	1	17	43	60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	13	16	12	27	39	52	
22	ASHONG	NW	1	1	2	17	8	25	5	0	5	3	2	0	5	0	0	0	0	0	0	0	0	0	8	4	12	10	10	20	32	
23	MBH	NW	6	11	17	115	110	225	27	224	251	226	25	250	501	0	0	0	0	0	0	0	0	0	3	11	14	115	124	235	249	
24	NKWEN	NW	16	33	49	156	107	263	0	268	268	81	166	0	247	0	0	0	0	0	0	0	0	4	4	111	91	202	69	123	192	398
25	SABGA	NW	0	0	0	3	5	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	7	9	5	6	11	26	
26	BAYANGAM	WE	20	29	49	77	123	200	172	61	233	66	13	18	97	0	0	0	0	0	0	0	0	0	16	19	35	78	122	200	235	
27	NDEBAYA	SW	2	6	8	17	9	26	0	2	2	29	0	0	29	0	0	0	0	0	0	0	0	0	15	1	16	8	12	20	36	
28	EKOOUNOU	CE	4	0	4	615	696	1311	771	482	1253	1178	93	0	0	1272	0	0	0	0	0	0	0	0	0	0	147	86	233	458	530	988
29	ETOUGEBE	CE	244	245	489	742	876	1618	29	513	542	513	29	0	542	0	0	0	0	0	0	0	13	13	186	415	601	847	710	1557	1980	
30	KUMBA	SW	34	63	384	946	1463	1701	722	2067	2361	1664	950	157	2589	0	0	0	4	3	5	3	8	70	284	459	637	783	1134	1852	1912	
31	MBOPPI	LT	29	32	61	1502	1986	3488	1358	2230	3588	2642	907	3549	7098	0	0	0	0	0	0	0	0	0	602	831	1433	892	1224	2406	3839	
32	VOUDOU	CE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	MUTENGENE	SW	12	28	40	401	554	955	230	757	948	404	585	0	989	0	0	0	0	0	0	0	1	1	151	180	331	272	380	652	921	
34	EKONDO TITI	SW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	