CAMEROON BAPTIST CONVENTION HEALTH SERVICES

ACIVITY REPORT, 2015

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ANNUAL REPORT, 2015

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TABLE OF CONTENT

List of Abbreviations

CBCHS	Cameroon Baptist Convention Health Services
BBH	Banso Baptist Hospital
MBH	Mbingo Baptist Hospital
BHB	Baptist Hospital Banyo
BHM	Baptist Hospital Mutengene
MBHD	Mboppi Baptist Hospital Douala
DBH	Dunger Baptist Hospital
EBHY	Etoug-Ebe Baptist Hospital Yaounde
CP	Central Pharmacy
ACP	AIDS Care and Prevention Program
DHS	Director of Health Services
HSC	Health Services Complex
LAP	Life Abundant Primary Health Care
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 Department seeks to assist in the provision of care to all who need it as an expression of Christian love and as a means of witness in order that they might be brought to God through Jesus Christ. Thus, the Health Board seeks to provide exemplary health care with genuine compassion and with overriding purpose of evangelical witness.

Vision

Quality care to all

Acknowledgement

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

A. **NARRATIVE REPORT**

Introduction

The Cameroon Baptist Convention Health Department (CBCHD) has been existing since 1936 and continues to make 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 and beyond. The CBCHD runs a network of health facilities that include 7 hospitals, 28 integrated health centers, 50 primary health centers and a Pharmaceutical procurement and distribution service. Other services and programs that contribute to enhance patient care include: the Baptist Training School for Health Personnel that trains clinical personnel for the Health System, a comprehensive AIDS Care and Prevention Program, Services for People with Disabilities, the Centre for Clinical Pastoral Education and Social Services and Community Counseling Clinic. The services of the CBCHS are in six of the ten regions in Cameroon.

Baptist Training School for Health Personnel (BTSHP), Banso

The Baptist Training School for Health Personnel was created in 1955, and has since trained about 3000 healthcare workers. In 2015 alone, a total of 296 students graduated from 14 courses. Currently in the school there are eight ongoing courses with 150 students enrolled.

The new school block project is progressing steadily. The sum of about 3.9million francs was raised during the 2015 graduation and was applied to this project.

SIDE VIEW

FRONT VIEW

NEW BLOCK UNDER CONSTRUCTION

The main challenge of the school is staff shortage as a result of rapid staff turnover. The problem of space is gradually being overcome with the completion of construction work on the new block. The finalization of work on this block is one of our main targets in 2016. The North American Baptist (NAB) has

committed to raise funds to support the project. We are looking forward to this with a lot of hopes. Another area of key need for the school is a bus to facilitate transportation for students and staff. Other needs include a heavy duty photocopier, and good internet services.

Life Abundant Primary Health Care (LAP)

Over 35 years of existence, the Life Abundant Primary Health Care (LAP) keeps improving on the standards of Healthcare services provided to the remote communities of Cameroon. At the moment, LAP services are provided through 53 primary health posts in communities using the Community Determined Health Care (CDHC) or consciencetization approach. In 2008, LAP started the use of the services of Certified Nurses in busy Primary Health Centers and currently, 14 of the 53 Primary Health Centers have a resident nurse each. Four Primary Health Centers have been upgraded with laboratory services.

This year, LAP organized several trainings and refresher courses. These trainings are as follows:

- Training of eight Health Promoters from seven communities
- A total of 7 Students from 6 communities participated in the basic training for Community Mother Child Health Aides (CoMCHA).
- Twenty Health Promoters participated in continuous education on mental health issues to increase and improve on their skills and knowledge on how to identify and refer people with mental Health problems.
- A total of 25 administrative staff, Field supervisors and PHC Nurses participated in capacity building seminars to improve on their capacities in Facilitation and Participative Impact Monitoring (PIM).
- Forty nine Community Mother Child Health Aides (CoMCHAs) were drilled in the Basic Life Support in Obstetrics (BLSO) workshop to gain knowledge and skills on how to manage obstetrical emergencies in their respective communities to reduce maternal and infant appropriate referrals by CoMCHAs after the BLSO workshop.
- A total of 53 Village Health Workers participated in a refresher course to strengthen their capacities in the provision of clinical services in their villages.
- Fifty Community representatives participated in a workshop seminar to increase their knowledge and skills to better manage their Primary Health Centers.
- The LAP Administrator and two staff attended two separate workshops organized by Bread for the World; one in Bamenda on internal audits and financial control and the other in Buea where they were updated on the Current HIV Developments and were also introduced to learnings on ‘transformative Masculinities’ in relation to HIV and gender issues.

LAP is currently implementing PMTCT services in 47 of her sites. The acceptance rate for PMTCT services at LAP sites remains very high. Stigma and discrimination is on the decline.

A total of 7154 clients were sensitized on Nutrition, especially on Exclusive Breastfeeding, Complementary feeding and Dietary Diversity. The Nutrition Improvement Program (NIP) was scaled up in 5 PHCs making a total of 22 PHCs with the services. The LAP Nutrition Counselors carried out 22 food demonstration sessions to 413 clients during Infant welfare and Prenatal Clinics.

The Cameroon-European Union is funding a health care construction project through the Life Abundant Primary Health Care Program. The overall goal is to extend primary health care services to the Lake Nyos Zone to improve access to basic healthcare by the inhabitants and as a means to re-instate the survivors of the Lake Nyos Toxic gas disaster of 1986. The three villages to benefit from these projects are Subum, Nyos Valley and Cha. So far, only Subum Health Centre construction project has been completed. An old building was refurbished consisting of 9 rooms and a new external pit latrine constructed. Service provision started at this site on 11th of November 2015. There are 6 pioneer staff (3 Village Health Workers, One Laboratory auxiliary, one Pharmacy auxiliary and one Advanced Practicing Nurse Assistant; who is the team leader.) The main difficulty of this facility is water crisis.

LAP has continued to minister the gospel and strengthen the spiritual lives of staff at LAP Central and in the communities. A total of 2.390 people listened to the gospel message, 82 persons re-dedicated their lives to Christ, 22 people made first time decision to accept Christ and 34 were counseled on spiritual issues and encouraged.

Wellness Club: This is a new component of health care in promoting primary prevention of diseases and it is targeting school pupils. Through the LAP Field Supervisors a total of 15 wellness clubs have been created in 15 LAP Villages with 317 membership (207 males and 110 males).The LAP Field supervisors have carried out sensitization to all of these clubs on the Prevention and danger of Sexually Transmitted Infections including HIV/AIDS, Teen age Pregnancy, Abortions, sex Village in the Southwest Region that brought together 3 Primary Schools. A total of 244 pupils attended the Wellness Day event.

In 2015, LAP was visited by a missionary couple Drs Alison and John Edwards who taught the CoMCHA basic training at Ndu Baptist Health Centre and 2 Nurses students (Lauren and Maya) whose visit was to gain experience with the LAP Ministry.

Our challenges include the low utilization of some PHCs, difficulty to reach areas such as Tinta in Akwaya and Adere in Mfumteh due to bad road network.
We are very appreciative of our partners including the European Union, BftW, the German government, Converge Worldwide, NAB, etc who supported us in 2015.

Technical Services Department (TSD)

The main focus of the department for 2015 was on the S9PP. The project funds were available in January and work started in February followed by launch in March at Mbingo Baptist Hospital. The Foundation stone was laid by the CBC Executive President of the Convention, accompanied by Mr. Herve Conan, the Country Director of AFD. There were a total of 26 goals for the department in 2015 and 16 were realized. The level of accomplishment of the goals was as follow;

1. The MBH OPD was raised to roofing level.
2. The Nkwen Baptist Health Centre Maternity area was excavated and foundation work started. The Foundation stone was laid by the French Ambassador H.E. Christine Robichon on September 9, 2015.
3. The Bafoussam Baptist Health Centre building (4 floors) project was raised to roof level.
4. The walls of the Kumba Baptist Health Centre project (03 levels) were filled in and the roof gutter casted.
5. The Baptist Hospital Mutengene theatre block project was raised from foundation and roofed.
6. The digesters and filtration tanks of the Baptist Hospital Mutengene Biogas System were constructed.
7. The fence of Ekounou Health Centre site was constructed and the center designs fine-tuned.
8. The Baptist Training School Block was roofed and finishing work is going on.
9. The BBH Eye department Complex walls were built, ramp completed and finishing ongoing.
10. The MBH ICU was completed and put to use.
11. The BHS Awae, Yaounde third floor of the girls' dormitory project was constructed.
12. The BHM X-ray floor and laboratory floor of the building were completed.
13. The MBH Student Hostel first and second floors were completed and finishing is continuing on it.
14. The MBH Staff Duplex was completed and put into use.
15. The Lake Nyos Project to rehabilitate a Health Centre in Su-Bum was completed.
16. The Ark Buildingin Buea was renovated for the Radio Station operation.
17. The Mboppi New Laundry Block was constructed and it is being finished for use.
18. The first phase of the Baptist Centre Fence was constructed
19. The building plans of Etoug-Ebe New Medical Block, Mboppi Canteen Block Extension,

Kumba CP Satellite Store Block and the TSD Head Office were developed.

We run an apprenticeship program approved by the government. It admitted 42 students and graduated 27 this year. In total, there are 86 students in the program now. The Biomedical Equipment training program which is part of apprenticeship graduated 11 candidates. One Engineer and three senior Engineering technicians who were on practical experience were recruited.

The challenges of the department include delay in the disbursement of the AFD funds, changes in the technical details of building plans, and user requirements of projects and high work load.

Chaplaincy Services

The Chaplaincy Services of the CBC Health Services has continued to positively impact the lives of both the staff and patients who come for services to CBCHS institutions. There is a team of forty four Chaplains in the institutions who handle various spiritual matters. In 2015, this team served a total of 48,590 persons.

This year, the CHC Health Services joined the rest of the Departments of CBC to address a common Theme of Spiritual Emphasis; **Bearing the Cross: the cost of following Jesus**; drawn from Matthew 16:24. Under this Theme, the CBC health Services Staff were exposed to the word of God by Chaplains and some Pastors selected from some of our CBC Churches and institutions. The week ended with the Medical day of Prayer during which selected staff visited some local Churches within the communities of their institutions to disseminate information on current Health issues, the services available in the institutions and then pray with the sick. We are grateful to the local Churches that have remained open to this sharing opportunity. An offering collected on this day is used to meet the needs of the sick in the church or community as identified by Churches themselves.

The Chaplains of the Health Services have, on daily basis, shared the word of God with the patients and their Caregivers in the wards and outpatients. In the same light, the word of God is shared with staff during morning devotions and Bible studies. This activity has helped to expose many to the saving knowledge of Jesus Christ. Through the devotional thoughts, some people have rededicated their lives to Jesus while many others have been encouraged and strengthened in their faith.

The Chaplaincy services organized one prayer Chain across the CBC Health institutions within this year. Prayer concerns were provided to all institutions and on this day, each staff offered an hour of prayer for them. All of the CBCHS institutions dedicate one of their morning devotions of the week for prayers. Other prayer sessions were organized within the various institutions depending on their needs. In some cases prayer retreats were organized for some or all of the staff.

The Gospel teams and Choirs of some institutions helped to do outreach to the local churches and communities. Some of these groups have visited, supported and strengthened weak Churches within their communities. Such visits have also helped to strengthen the relationship of the institutions and the local Churches.

The extension of Christian Love to patients and their Caregivers was carried out in all CBC Health institutions. During the Christmas period, the Chaplains lead groups of staff on an agreed day to visit patients and offer gifts and a message on the Love of God through Jesus Christ. This presented an opportunity for staff to practically witness the Love of God to Patients and their Caregivers.
There is an increasing staff involvement, commitment and support of the local Church. This is evident by the fact that in many places where there are CBCHS institutions, the positions of leadership in the local Churches are occupied by Christians who are CBCHS staff members.

This year, the chaplaincy department organized Seminars on Marriage and Family Therapy for chaplains to equip them for better ministry and handling or referring of family matters. This has proven helpful in preventing or resolving some family and marital crises among staff. In the same light, many institutions worked together with the Community Counseling Clinic to organize marriage enrichment seminars for couples, Singles Seminars for singles and other seminars on parenting.

Three chaplains were ordained in 2015 and this has been helpful to their institutions, local churches and the entire convention. We are thankful to the Churches that initiated the ordination.

The formation of Spiritual Life Committees in all institutions is encouraged. At the Health Board level, the Spiritual Chaplaincy improvement Committee met this year and discussed major spiritual issues and made recommendations for the improvement of the Chaplaincy Services.

CECPES Program

The Community Counseling Clinic witnessed a tremendous growth in service uptake from 682 in 2014 to 887 in 2015. Her services were extended to the communities as many were eager to know about the different type of services offered. As the champion in marriage and premarital counseling issues, the clinic facilitated several Enrichment and Single seminars in some of the Cameroon Baptist Convention Health Services stations. A total of 8 of such seminars were conducted in Western, Southwest, and Northwest Regions. Besides serving the CBC Health institutions, the Community Counseling Clinic has benefitted some other institutions of the church, vis a vis, local churches and the Fields. For instance, at their request, a marriage seminar was conducted Kevu Baptist church while the Pastors and wives of Gebauer Field had a seminar on the Essentials of Pastoral Care and Counseling.

The recent collaboration between the SEEPD program and CCC has further strengthened the service. The mental health nurse routinely consults at the Clinic once a month, during which time medications are given to our clients who need medications right at the clinic at very affordable prices. The involvement of SEEPD means that clients who formerly could not afford therapy can now receive therapy with financial subsidy from SEEPD. This is a big relieve to both the clients and the clinic. As a win/win situation, the

clinic was able to assist SEEPD in running a one day seminar on Mental Disability where the level 500 students of the Guidance and Counseling Program at ENS, (University of Bamenda) attended. A total of 35 students were in attendance and actively participated.

As its name suggests, the Community Counseling Clinic was in high demand to present at various communities in the country in 2015. These included the Clinic Director's invitation to give an oral presentation at the Cameroon Psychology Association (CPA) which met at the University of Buea from April 9-11 on the topic: **Organization and Administration of Community Counseling Centers: The Case of CCC.** On a similar note the Clinic Director also facilitated and presented during the Cameroonian Association of Clinical Counselors (CACC) in the month of May where he spoke on the: **Group Approach to Counseling and Psychotherapy.** With these external presentations, two things have happened: the clinic has now become a reference center to all Christian and non-Christian Psychologists in the Country who are Professors in various State Universities. Some of these Professors have paid visits to the Clinic to learn experientially how counseling clinics can be organized. Another thing that has happened is that we have now registered an influx of applications from the University students both Private and State universities requesting to carry out their internship at the clinic as a requirement for graduation.

THE CENTER FOR CLINICAL PASTORAL EDUCATION AND SOCIAL SERVICES (CECPES)

CECPES has remained the only academic training center for professional practice for the CBC. In 2015, CECPES carried out several in-service trainings for chaplains and social workers. One of these in-service training was in February for some selected chaplains and social workers who were schooled on some practical skills on Marriage and Family Therapy. From March 23rd through June, CECPES carried out the training of 16 social workers, 14 of whom were potential staff for the CBCHS and 2 were self-sponsored for other services within the communities. With an agreement between the Cameroon Baptist Theological Seminary Ndu and CECPES, CECPES has now become the final campus for all MA students of CBTS, Ndu, specializing in Pastoral Care and Counseling. No student can graduate from the MA Counseling program in Ndu without a Unit of CPE (Clinical Pastoral Education). While this is wonderful as most of our young seminarians get to receive heightened self-awareness which happens to be a must for a successful minister.

The year ended with a twin graduation of 16 Social workers and 15 summer unit students on the 7th of August, 2015. The CECPES Director, the Supervisor of CBCHS Social work Department, together with the coordinator of Social work training for CECPES supervised and evaluated social workers who were posted for practical experience in the various practicum sites.

Social Services

The social services department served a total of 25,103 clients in 2015. Activities carried out that contributed to the mission of offering quality and holistic care to the clients included;

- The recruitment of 13 social workers.
- The establishment of cordial working relationship with the Divisional and Regional delegations of Social Affairs in the Center and Littoral regions.
- The extension of social services to the Life Abundant Primary Health Care Center.
- The supervision of national and international interns from the University of Berlin, university of Buea, and social workers by the MBH pool.
- Link the mother of a child abandoned due to financial difficulties to the social welfare for support at the Northwest Women Empowerment Center.
- Solicited funds from an Australian missionary and supported an orphan undgo eye surgery
- Connected an abandoned patient from Burkina Faso to his family.
- The Etoug-Ebe pool followed-up the placement of an abandoned child in an orphanage in the Center Region.
- The department staff participated in many training sessions including; Family Therapy Seminar, Training of Trainers Workshop on Psycho-Social Counseling for Children, adolescents and adults living with HIV/AIDS, Child Abuse/ Child Protection Seminar,

The main challenges of the department include inadequate office space in most institutions and inadequate finances to support clients assessed to be needy.

AIDS Care and Prevention Services

The prevention, treatment and psychosocial support activities of CBCHS AIDS Care and Prevention Program accomplished a lot in 2015, impacting on the lives of many Cameroonians.

The prevention programs (Youth Network for Health, the ViiV Community Project in NWR, the community initiative AIDS Care and Prevention Program in SWR, the Contact tracing program and New Life Club) were very busy sensitizing the population for positive behavior formation, change and sustenance. Their sensitization messages encouraged early ANC attendance and the importance of male partner participation. In 2015, these programs trained a total of 2,230 community members to function as HIV and AIDS resource persons and through them a population of 95,764 was sensitized on issues of HIV and STIs. The programs tested a total of 8056 persons in the community. The contact tracing and partner notification program identified and enrolled 1546 index persons, traced 1674 of their contacts and notified 777 of them. A total of 533 contact persons were tested for HIV and 277(52%) were positive and linked to on-going HIV care.

The new life club has 11 functional clubs with over 100 members. The club activities assist member to quit sex as a profession through continuous provision of alternative skills and activities (petit self-help projects, schooling, apprenticeship in various disciplines, and business/trading). The program activities were extended to the Southwest region this year. Their outreach activities included the identification and creation of associations of Female Commercial Sex Workers (FCSWs) to curb the risks of acquiring and transmitting STIs, especially HIV and AIDS.

The CBCHS piloted option B+ for Cameroon: Following the good results of successfully implementing the option B+ pilot project at 22 sites in Bamenda and Kumba health districts, this approach to PMTCT implementation was scaled up nationwide with CBCHS leading in four of the ten regions namely Northwest, Southwest, Center and Littoral regions. The eighteen month retention of monthly cohorts of women on ART the Option B+ pilot project sites ranged from 74%-86%. Of the 430 HIV exposed infants that were tested for HIV by PCR at 6-8 weeks, 13(3%) had a positive test result and were linked to C&T sites for treatment. In 2015, CBCHS supported over 800 PMTCT sites in six regions of Cameroon. Through these sites a total of 194,169 pregnant women attended first antenatal care clinics, 180,498 (93%) of whom were tested for HIV. Of those tested for HIV; 7,543 (4.2%) were HIV positive and 6,625 (87.8%) received for PMTCT services. A total of 6,967 (92.4%) of their infants were treated and six was transmission rate about 5%

The Care and Treatment program initiated 2,440 clients on treatment in the five CBCHS treatment centers. This year, the government authorized Etoug-Ebe Baptist Hospital to function as a treatment center. With PEPFAR support, the sites in the Northwest region are conducting outreach clinics to make ART drugs accessible to clients in enclave areas thus enhancing adherence to care and treatment. The support also enhanced the creation of children friendly corners in some care and treatment centers and this enabled children and adolescents living with HIV to be given quality care and support.

The Women Health Program enrolled 10,000 women this year for cervical cancer screening and other women health related issues. The program piloted the first ever HPV testing in Cameroon, reaching 1200 individuals in the Southwest and Littoral regions. The program staff participated and made presentations in the 6th international Conference of Colposcopy and Cervical Cancer Prevention organized organized by the University of Geneva.

The Chosen Children program supported 5,025 children this year. The World AIDS orphans day was observed and the sum of 500,000frs was raised besides material donations to the Chosen Children. The

program also carried out advocacy activities led by Children for Orphans (CFO), who exposed the plight of orphan children. Majority of the children did well academically and were promoted to upper classes while those that wrote the end of course examination succeeded. Twenty five children received baptism in their local churches. A total of 150 children were sick and treated at the cost of 4,432,325FCFA which the program absorbed. Two of them who were on ART died.

The Support Group now operates in two facets including the adults and children support groups. There are 79 adult Support Group with 1,460 active members. The groups have facilitated the mitigation of self-stigma from members and enhanced access to CD4 count and other chemistry tests as well to their drug refill. Fourteen of the members died in 2015. There are 14 children support groups which have been divided into different age groups having a total of 539 members. The Support groups were involved in income generating activities as a means of sustainability to the groups.

The palliative care program has continued to sensitize the population on its services. In 2015, the program enrolled and consulted 822 patients. The program worked in conjunction with the support group to successfully apply for a grant from the Liferise. This grant will facilitate activities to reach out and improve access to ART to clients and permit sharing of the gospel with all the clients.

T**he nutrition program** continued to improve on the lives of many through nutritional counseling, nutrition and supplements support. The program now operates in 28 sites. The program trained 19 nutrition counselors bringing the total number serving in the CBCHS institutions to 38. A total of 11,309 clients received nutritional counseling this year.

This Adopt a Health Worker Program was revived this year and staff participation increased. This has enabled some staff to benefit from health assistance which would have otherwise been difficult for the board to cover. The current balance in the account is about 4millionFCFA.

The CBCHS HIV response programs have continued to identify and use every avenue available to offer unprecedented intervention to the HIV pandemic. Most of the CBCHS-ACP programs have been able to accomplish a greater portion of planned activities despite the limited resources. The program staff have continued to work very hard and with commitment.

CBCHS Burkitt Lymphoma/Childhood Cancer Service

In 2015, a total of 112 (compared to 112 in the previous year) new patients were recorded and treated (See Table 22 below). The 3 main disease categories are Burkitt lymphoma (BL), retinoblastoma(RB) and Wilms tumours (WT) which are all treated according to internationally recommended and IRB approved protocols for low income countries. The number of BL patients has stabilized, and the number of patients

with RB and WT is slowly increasing. Other less common cancers are treated with adapted protocols according to the availability of specific drugs. Primary curative treatment (chemotherapy) for BL is 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.

Paediatric palliative care in hospital and at home is provided at BBH and MBH. Medical treatment is largely subsidized and parents pay an initial fee of CFA 30,000 on admission. The cost of surgery, chemotherapy, laboratory investigations and surgery is 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 is available when needed.

Long-term follow – up of patients is of critical importance to us to establish the real outcome. Patients who miss follow – up appointments are contacted by telephone or visited at home by our research assistant nursing staff. Overall long term survival in all patients with BL treated between 2013 and 2014 was 51%. The short term survival in patients with WT, RT and KS is > 50%. All patients are registered in the POND cancer registry, which enables us to generate health statistics to enable health planning.

The Northwest region Parent Support Group for children with cancer is a registered NGO. There are established branches at MBH, Babessi and at Ntaba. During the past year two families near BBH have raised chickens, 5 families at Babessi have started small businesses and are paying interest on the capital loan. Members of Ntaba are raising a pig and selling palm oil for shared profit. The allocation of one hectare of farmland to us at Ntaba by the local chairmen of our parents group enabled us to plant corn. Our piggery at MBH in collaboration with CBR has become profitable. The parent support organization will have an AGM in December to establish a new executive committee, and will redefine their role, and strategies to achieve this. World Child Cancer Day was celebrated on a grand scale, promoting knowledge and awareness about childhood cancer and solicited financial support.

At BHM we hope to witness the development of new paediatric wards during 2016. At BBH no changes have occurred. At MBH the planned move of the X Ray and Ultrasound departments to the new OPD wing will happen in 2016, and we will be able to develop a new 8 bed children's cancer ward adjacent to the existing children's ward. The Director of CBCHS and MBH management have allocated land very near the children's ward to build a parents home, to be named "We Care". Building plans have been approved, and the foundations will soon be laid. The building will contain 8 parent rooms and 4 luxury rooms for paying guests. We are looking for sponsors to fund the completion of this project. This facility

will provide an enormous service to the guardians, and will also make available hospital beds for children who must remain near the hospital, but not necessarily as inpatients.

Dr Francine Kouya, our dedicated CBC cancer treatment Manager, joined the adult and paediatric cancer service at Tygerberg Hospital, Stellenbosch University, South Africa in June for a planned 2 year visit. Nurse practitioner Vera Njamshi has rejoined our service at BBH. Dr Kifem Vincentia has commenced training as a paediatrician at Yaounde. Mr Kaah Joel, our palliative care nurse has successfully completed a diploma in paediatric palliative care at Cape Town University, South Africa. Mr Mbah Glenn is enrolled in an MPH Course in London. He was awarded a YALI award and spent 2 weeks in USA, and also has been awarded a SANOFI grant to implement training for health workers, and to promote advocacy about childhood cancer in the Northwest Region. Nurses Nfor Patience (BHM) and Kimbi Comfort (MBH) were invited to a 2 week summer school training in childhood cancer in Utrecht, Netherlands. Difficulties with visa application sadly prevented nurse Comfort's participation.

Communication between our 3 hospitals regarding the distribution of medicines, patient follow – up, gathering statistical and research data, regular consultation between our research nurses and coordination of parent group activities has improved with the appointment of Mr Mbah Glenn as our program Manager.

The excellent dedicated patient records and good follow – up system offers many opportunities for research. The SIOP International Conference in Cape Town was attended by 4 CBC staff members (Drs Francine Kouya, Mbanga Evans and nurse Mbah Glenn and Nana Philippa). Dr. Tih Pius Muffih, Prof Peter Hesseling and Prof Mariana Kruger all gave excellent presentations to the 1400 delegates from 95 different countries. The poster of the Wilms Pilot Study Group won a prize. Prof Hesseling was invited to give the first Keynote address of the conference. To date 4 research papers and 6 abstracts related to our work have been published in international scientific journals. An African Collaborative Study for the treatment of WT has good patient recruitment, and is well managed by Nana Philippa at MBH. Prof Pius Tih chaired a strategic planning together with all the Cameroonian Delegates, Stellenbosch delegates, Dr Paul Wharin from BTMAT and 3 executive members of World Child Cancer during the SIOP conference in Cape Town, to discuss the further development of our program.

Financial control (budget allocations for specific expense categories with 3 monthly assessments) will now be shared with the CBC financial administrators and the program Manager. The World Child Cancer board has decided not to terminate their support at the end of 2016, but will continue their financial support based on documented needs, performance and good financial management. This is a wonderful relief.

Medicines that are available in Cameroon (except those donated to BTMAT) will in future be purchased locally, paid by BTMAT, and distributed from BBH by Mbah Glenn. The guardians (who can afford it) will now be asked to pay CFA 50,000 on admission. In return all treatment, hospitalization and surgery will be free, and will be paid by BTMAT for all children < age with cancer.

We will actively identify and assist nurses and doctors in training programmes in paediatric oncology. The involvement of nurse practitioners at BBH and MBH (not yet available at BHM) has helped a lot to provide planned treatment. A major shortcoming remains the allocation of doctors in training for 3 month periods to our program. This is too short for them to become familiar with our standard treatment protocols and results in a documented 5 – 10% higher death rate for BL at BBH. The CBCHS administration is working on addressing this.

The cancer registry will change from the current POND system to the ERICC system which has the advantage of being off – line, during 2016. A website will be developed to serve the cancer service and the Northwest Parent Organization in 2016. This will promote awareness, advocacy and will solicit donors.

The MBH, BBH and BHM hospitals were visited from 23 May to 6 June, and 14 to 28 November 2015 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 Joeph Dixon (World Child Cancer program Director for Africa) joined us during the visit in November.

A special vote of thanks is due to all the CBCHS administrators and members of staff for their commitment, understanding and helpfulness to maintain and develop this service. We are thankful for the donations received from Beryl Thyer Memorial Africa Trust (BTMAT), World Child Cancer (BTMAT), Dept of Paediatrics and Child Health, Tygerberg Hospital, Stellenbosch University

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

Introduction: During the first phase of the Socio Economic Empowerment of Persons with Disability (SEEPD) Program from 2009 to 2011, focus was on raising awareness about disability issues in the region and offering services aimed at the empowerment of persons with disabilities (PWD). This phase complemented by the twin-track approach to disability and development inspired the development of a second phase from 2012 to 2014 with a major shift in focus from empowerment and service provision to inclusion. The second project phase emphasized the participation of PWDs in program implementation and promoting inclusion. However, the level of involvement of development stakeholders was not sufficient yet to guarantee consolidation of the program gains and ensure continuity.

In respond to this, the SEEPD Program in consultation with its stakeholders identified the need to close the gaps identified during the last 5 years and to ensure consolidation of the gains over the project phases. As such, phase three of the SEEPD Program has been designed to consolidate gains underpinned by the need for sustainability and to ensure that benefits of the program to the population of the Northwest continue beyond 2018 when this current phase is expected to end.

The focus of the third project phase (SEEPD III) is to ensure sustainability of services by engaging all stakeholders of each component to improve their commitment and participation in including Persons with Disabilities in their actions. As a sustainability strategy, this phase is shifting from focusing on providing services to persons with disabilities to engaging local actors to mainstream disability into all local development initiatives. In this light, the program has six domains of intervention which include: Medical and Rehabilitation, Inclusive Education, Livelihood, Community, Gender and Child Protection. Advocacy, Research and Communications are cross-cutting elements in the Program. This report presents the level of attainment of the results set for the Program during the period January to December 2015.

1. **Medical and Rehabilitation Services:** Messages to create awareness on the prevention of disability and access to available services reached 275,860 people. During the same period, 108,050 people accessed medical and rehabilitation services either for preventive, curative or rehabilitative care. A total of 33,518 people accessed these services for the first time. A total of 216 community outreache visits were taken to 216 communities and served 19,896 people. There were 86 communities that were visited for the first time.

Community Eye Screening of Bike Riders

Informed by the study on the Causes and Impact of Motor Bike Accidents in the Northwest Region, the Program adopted a public health approach and in collaboration with 9 councils and the Regional Delegation of transport, organized eye screening for Bike riders in 9 municipalities. This initiative resulted in the screening of 960 bike riders for visual acuity, where 96 were identified with mild visual impairments and referred. The campaign is being extended to other municipalities. Data gotten will further inform program strategy on disability awareness creation, preventive and rehabilitative care.

Family Care Center, BBH

In the exploration of the investments of capacity building provided to 3 mental health staff in the second phase of the Program, community Mental Health Services were started in Banso Baptist Hospital in January 2015 and has consulted a total of 1,220 people.

Education: This phase of the program is focusing on establishing sustainable networks and partnerships for inclusive education (IE) at regional and national levels. Through the efforts of multiple stakeholders, government has demonstrated increased commitment in inclusive education evident in the creation of 68 inclusive education pilot primary schools spread across all the ten regions of the country. At regional level, the Program has invested in strengthening networks for inclusive education by supporting the efforts of relevant stakeholders.

Within the framework of the 14 Pilot School initiatives, education authorities at regional level have demonstrated increased commitment in IE initiatives. This is evident in the following:

- A Joint socio cultural activity was organized for 422 (237 males, 185 females) teachers, parents and pupils of the Integrated School for the Deaf at Mbingo and CBC Primary School Mbingo I.
- The development of strategic action plans to support the implementation of IE by 35 school authorities and parent teacher association leaderships from the 17 pilot schools.
- The appointment of Regional Focal Points for IE by the Regional Delegates of Basic and Secondary education.
- The design of IE checklist and joint supervision undertaken to pilot schools by both the Regional Focal Points and the SEEPD Program.
- The official handing over of the Regional Inclusive Teaching and Learning Resource Centre located at GBHS Bamenda.
- In the Regional Inclusive Learning and Teaching Resource Centre, two staff were recruited by the PTA and government to facilitate inclusive learning.
- The organization of inclusive mock examinations by the Teachers Resource Unit.

It is expected that the enthusiasm demonstrated by school authorities will revamp the practical implementation of IE in the pilot schools.

The education component of the previous phases of the program was used to generate demand for inclusive education. This has led to increase access of Children with disabilities (CWDs) in both special

and mainstream schools. This is evident in the increase in enrolment of leaners with severe impairments in mainstream schools from 187 recorded in the 2014/2015 academic year to 201 recorded in the 2015/2016 academic year. Also enrolments in the ISFD have increased from 121 to 151 during the same period.

Campaigns undertaken by the program on the importance of IE have led to a corresponding interest in IE in the academic milieu as evident in the admission of candidates with impairments in private post-secondary institutions. Two professional schools (HIBUMS and ETTC) have requested technical support from the Program to facilitate learning for learners with impairments in their institutions. In view of this, efforts are currently being made to develop the human and material resources of special schools. It is expected that improvement in resources will enable the special schools serve as nurseries in preparing pupils with severe impairments for school and as resource rooms in supporting the efforts of mainstream schools in the implementation of IE.

Resource Centre at GBHS-Bamenda

University of Bamenda Signs MoU in Support of IE

In order to carry inclusive education into the future, an MoU has been signed between the University of Bamenda and the SEEPD Program. Within the framework of the MoU, short courses on IE shall be provided to both students and teachers of HTTC and a resource room for IE shall be created and equipped. Using the said MoU as leverage, the Program shall advocate for IE to be a compulsory module in the teachers training colleges. The program is also exploring possibilities of an MoU with GTTC.

Loan Beneficiary Establishes Electronic Repair Business

Livelihood: Facilitating access to livelihood opportunities for PWDs has proven to be quite fundamental in ensuring participation and social inclusion. During this period, efforts have been made not just to extend savings and loans to people with disabilities in more communities but first to provide

persons with disabilities the relevant training and follow up that will increase rewards in business. In addition, the loan package has been diversified to include individual loans which are an added element in the loan program. With this, PWDs are able to access higher amounts for more gainful business. Some key results in this domain are;

- Trainings on group dynamics, loan and business management and health and nutrition courses, provided to 391 PWDs from 36 APWDs. A total of 189 received micro credits with 48 (25%) receiving loans for the first time while 5 PWDs have benefited from individual loans.
- The capacity of 13 vocational training centres is being developed to provide inclusive training. Sixteen PWDs are receiving vocational training. The strategy has been to involve families and communities in the training of PWDs.
- Advocacy for formal employment of qualified PWDs is ongoing. Compared to the previous phases, the strategy has been to set up a database of qualified PWDs in the region and identifying and matching up PWDs to employment opportunities. In this light, partnership with the national employment fund and other key employers is being explored.

Besides the aforementioned, another strategic innovation the program looks forward to initiating in 2016 is the development of the potentials of APWDs in the management of their own savings and loans schemes. Existing savings and loans schemes run by PWDs will be strengthened through building the skills of group members in managing such schemes. Groups with potentials to manage such schemes will be encouraged and followed up to do so. It is anticipated that strengthening APWDs in the setting up and management of their own savings and loans schemes with continuous technical support will facilitate sustainability.

Social Inclusion: A weakness during the first and second phases of the program was the non-willingness of communities to take responsibility in the wellbeing of PWDs and to fully include PWDs in community plans and actions. This phase has taken advantage of the level of awareness that now exists within communities in the region to ensure the inclusion and full participation of persons with disabilities in community life. Here community includes families and the wider community structure. In this light, the following have been achieved.

- Capacity for identification, referral, follow-up and rehabilitation was provided to 106 community workers selected from the 7 divisions of the Northwest region. These CBR workers played key roles in talks on preventions of disabilities, awareness creation, community mobilization and rehabilitation.
- Health education to prevent disabilities reached 118,046 people and 1056 people were identified and referred to appropriate structures.
- In addition to 12 APWDs in the second phase, capacity to implement program activities has been extended to 9 more APWDs who are currently implementing different activities in their communities. Like in the second phase, we anticipate outstanding outcomes from this exercise.

- Also, there has been increased commitment of families and communities in the rehabilitation of PWDs. This is evident in the support provided by families for 13 PWDs to access vocational training.
- Taking advantage of the national program on decentralization, MoUs were formalized with 15 councils in the region. Within the framework of the partnerships, capacity in disability inclusive development was provided to 31 council staff. Action plans to facilitate the achievement of the MoUs are being developed and implemented. It is expected that with continuous technical support, councils will lead in the transformation of communities into disability inclusive communities

Bafut Council Constructs Ramp after MoU with SEEPD Program

Child Protection: The program rather than simply consider child protection as a cross cutting issue, has created a standalone component and set up a result area for child welfare. This has led to more conscious efforts made towards promoting child safety at all levels of the program. This is evident in the following:

- The SEEPD Program organized and hosted a **round table discussion on the 15th of June 2015** as part of events marking the **2015 edition of the Day of the African child** (in partnership with the Regional Delegation of Social Affairs for the Northwest region) on the theme ***"25years of the adoption of the African children's charter: accelerating our collective efforts to end child marriages in Africa".***

Round Table conference on the Day of the African Child

- An assessment to ascertain the risk of child abuse within the SEEPD system has been conducted by Unit-Center for Inclusion Studies (CIS). Based on the findings, action plans have been developed for two partners.
- The child protection policy has been designed for the program and has been rolled out to other institutions on the SEEPD Program.
- The program has developed a set of child abuse intervention standards that are designed to be a uniform process for interventions in alleged child abuse cases. The standards have been reviewed by all stakeholders and adopted as a working document to be used in activity implementation. It is being finalized and copies shall be made available to all implementing partners.

- Implementing partners' capacities have been developed, and a functional stakeholder committee (Northwest Child Protection Committee) set up. The committee will meet bi-annually to share information and evaluate progress made on the implementation of the agreed child protection standards.
- The stakeholders have also created a database for child abuse cases to be managed by the Research Unit- CIS. This is intended to serve as a reservoir for all cases reported in the region. It is intended to be used to study the trends in the prevalence of child abuse case in the northwest region.
- The program has provided psychosocial and/ or legal support to some 10 abused children and their families both within the region.

Gender: The last two phases concentrated on ensuring that disaggregated statistics are collected. However, gender considerations go beyond statistics. This phase focuses on establishing useful partnerships to increase and sustain the involvement of women with disabilities in all women development initiatives in the region. In this light, an MoU has been formalized with the Northwest regional delegation of Women's Empowerment and the Family. The MoU is aimed at providing the Regional Delegation knowledge on inclusive development and the relevant skills required to steer inclusive development in the elaboration of her mandate. It is expected that; the Regional Delegation will facilitate the inclusion of women with disabilities in all women empowerment initiatives in the Northwest Region. This partnership is serving as leverage to meeting other development actors working in the area of women's empowerment (Plan Cameroon, IVFCAM, COMINSUD, UYO and ACMS).

As a step towards realizing the above, the leadership of the Regional Delegation and the SEEPD Program have organized two capacity building workshops for 7 Divisional Delegates, 17 Directors of Women Empowerment Centres and 72 representatives of women's groups and 5 NGOs (Plan Cameroon, IVFCAM, COMINSUD, UYO and ACMS). This workshop was aimed at introducing the different stakeholders to the concept of DID and to advocate for the mainstreaming of disability in their mandate.

Role Models of PWDs Planning Awareness

The program has also constituted a 10-man committee of positive role models of PWDs. This committee has led 17 campaigns to churches, Mosques and cultural associations as well as the media on the need for gender sensitivity in development. A total of 2,854 (1,144 males, 1,710 females) people benefited from the campaigns.

- The program has designed a gender policy and Strategy to enhance gender mainstreaming within the SEEPD system. This policy and strategy is being rolled-out to all key partners of the Program.

Program Management and visibility: The program has expanded in scope and magnitude. Its domains of intervention have been diversified to give it the capacity to meet the comprehensive needs of persons with disabilities and those at risk of acquiring disabilities. This, coupled with growing requirement to meet targets, deadlines and quality as well as increase visibility in order to establish a hegemony in matters of disability at Regional and national levels, have made it incumbent on the program's management to be given special attention- this also to effectively support the overall functioning of the program.

In this light, the program management has been re-structured. The focus for this restructuring is to ensure that there is clear separation between programmatic and operational activities. The programmatic wing provides technical support to implementing partners to ensure that matters of deadlines and quality reporting, implementation and of monitoring of outcomes are improved. The program wing ensures that cross cutting issues are effectively mainstreamed throughout the program. Both wings functioning shall be underpinned by the drive for sustainability.

To ensure that the Program becomes strongly visible at regional and national levels, the program has done the following:

- Revised but also developed new partnerships with 17 radio stations selected from the seven divisions of the region. These media houses are contributing to raising awareness on program interventions but also engaging advocacy for inclusion.
- Produced and distributed information and communication materials on program services, rights of PWDs and child protection.

The program has also started a community of practice project. The focus of this project is to develop sustainable communities of practice leading to inclusive development and service improvements appropriate to the Northwest Region and Cameroon context. Starting within the communities of health, rehabilitation and social services practitioners, the program will also include other fields which are part of integrated inclusive development such as economic development, sanitation, information and communications technologies, education, and transportation sectors. Communities of practice shall operationalize, learn and update the best practice guidelines developed during Phase I of the Program.

Research: Research continues to support Program implementation with the design of a complaint and feedback mechanism for the program. It is expected that the complaint and feedback mechanism will capture complaints and feedback from within the SEEPD system. To measure patients' perception of

quality, exit interviews are being conducted in our medical projects. Information captured will be analyzed and used to inform program management.

Conclusion: There has been a remarkable increase in stakeholder engagement at all levels of program implementation and the benefits of this increase in commitment will have a sustainable impact in the quality of life of persons with disabilities. For instance, conducting inclusive examination has become the ethos of the University of Bamenda. This is reflected in the regular participation and success of candidates with visual impairments in the entrance exams into the HTTC. Eleven learners with visual impairments are currently in training and more participated in the most recent entrance exam. We congratulate the University for this. This progress in education is contributing to reducing the challenges of finding persons with disabilities with competences required in taking up empowerment and social inclusion opportunities. A rising impact of the present efforts will be reflected in the near future as many more PWDs graduate from education establishments and their quest for opportunities are complemented by the program and other stakeholder advocacy engagements.

APWDs have continued to demonstrate high level skills in activity implementation and the results achieved are of high quality, thanks to all leaders of APWDs. From feedback got from the community, much has changed in the lives of PWDs, their families and communities as a result of our joint efforts. However, it has been challenging for the follow-up system that was put in place by the program at the end of phase II to document and share the outcome of our interventions. That notwithstanding, the program and her funding partner have gone into reflections on better methods of documenting, and quantifying qualitative changes observed in the lives of PWDs, their families, and communities. Once this system is fully established, experience shall be shared with all program stakeholders.

We greatly recognise and appreciate our Mayors who have committed themselves to making inclusive development a reality in their municipalities. We recognise especially the commitment of the Mayors of Kumbo, Jakiri, Nkambe, Ndu, Wum, Tubah, Santa, Mbengwi, Bali, Bafut, Belo, Fundong, Bamenda I, II and III.

Our appreciation to the staff of projects that have surpassed the targets set for this reporting period. We are hopeful that the quality of the work on social inclusion will get better as experience is developed. Thank you to all implementing partners and the rest of the stakeholder team for their high level of engagement. Thank you to the Program Office staff for your commitment. We are grateful to CBCHB, CBM and AUSAID for funding the Program.

EMPOWERMENT AND DISABILITY INCLUSIVE DEVELOPMENT PROGRAM

INTRODUCTION: The CBCHS signed a partnership agreement with a Dutch Based NGO, the Liliane Foundation to become her Strategic Partner Organization (SPO) in Cameroon beginning October 1, 2014. This role for the CBCHS is to coordinate, coach, provide technical and financial support to other disability focused partner organizations in Cameroon so that they can support children and youths with disabilities from birth until 25 years to have access to education, health, social inclusion and livelihood opportunities. At the time of signing the partnership, there were 38 partner organizations that were handed over to the CBCHS.

ACTIVITIES: After assuming this new role, the Director of Health Services put in place a team with the name Empowerment and Disability inclusive Development (EDID) program, a name which reflects the mission and vision of this new strategic direction. This name was to create ownership of the program within the CBCHS and distinguish it from its funder, the Liliane Foundation, which is a name the program had been popularly known in Cameroon. The team put in place immediately started work. Several objectives were set in the various domains as follows:

EDUCATION and HEALTH: To ensure continuation and timely disbursement of funds to Partner Organizations (POs) for payment of budgeted school and medical needs of children with disabilities. Second, to assess the quality of learning institutions where partner organizations send children with disabilities and advice POs on the institutions to send their children:

LIVELIHOOD: To work with Partner Organizations to ensure that CWDs leaving the program have access to livelihood opportunities. We also carried out an assessment of all the partner organizations that were handed to the CBCHS in the partnership. Another objective was to pilot the community based rehabilitation approach in all six divisions of the southwest through the one partner organization, the Presbyterian Rehabilitation Community Rehabilitation Services

ACCOMPLISHMENTS

Disbursement of Funds to Partner Organizations: All partner organizations that submitted justifications for the funds that they had received directly from Holland in November and December 2014, were provided funds which they used to provide medical and education assistance to children and youths with disabilities in their various communities. Below is a summary of the different type of beneficiaries and the interventions provided by the Partner Organizations with support from the Program. The photos that follow show some of the children that have benefited from the program.

A total of 1216 children and youths with various types of disabilities were assisted from January to November 2015.

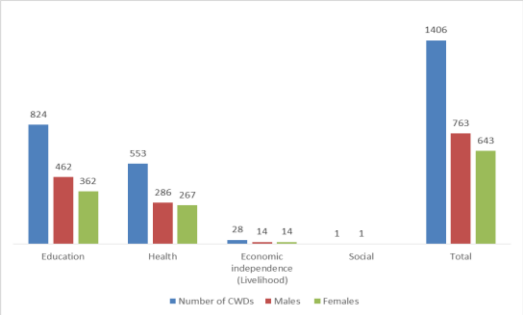


Fig 1: Types of assistance provided

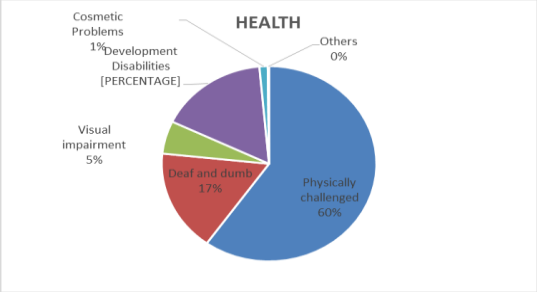
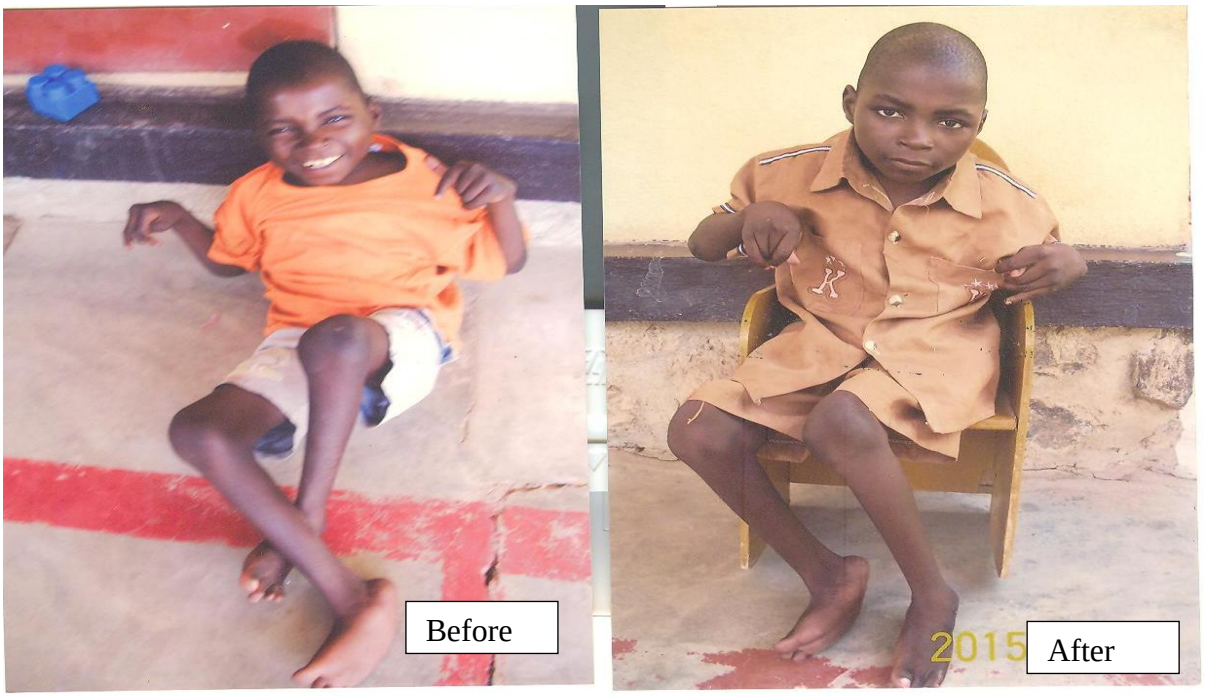


Figure 2: Distribution of beneficiaries

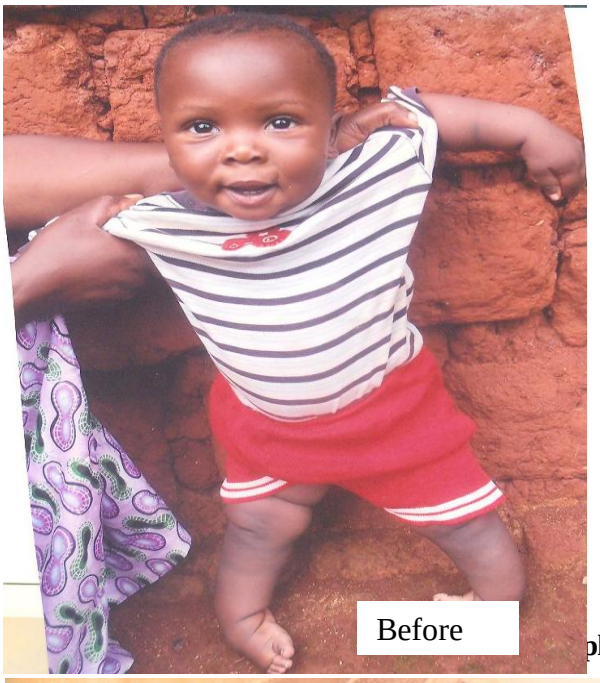
The graph in Fig 1 shows that a total of 1406 CWDs were assisted. The total number is more than the 1216 presented in figure 1 because some children and youths were assisted in more than one domain. Social interventions include counseling of parents to ensure participation within and outside the family and support for children and youths with disabilities to participate in leisure activities. Livelihood interventions include supporting children and youngsters with disabilities in shoe making, carpentry, craft work and sewing. The above figure represents only the direct beneficiaries of funds. Indirect beneficiaries like family members, neighbors, teachers and community members have not been counted. Of the total of 824 who have benefited from education intervention, figure 2 presents the distribution in accordance with the types of disabilities. Majority of the 553 beneficiaries in the health domains had physical disabilities.

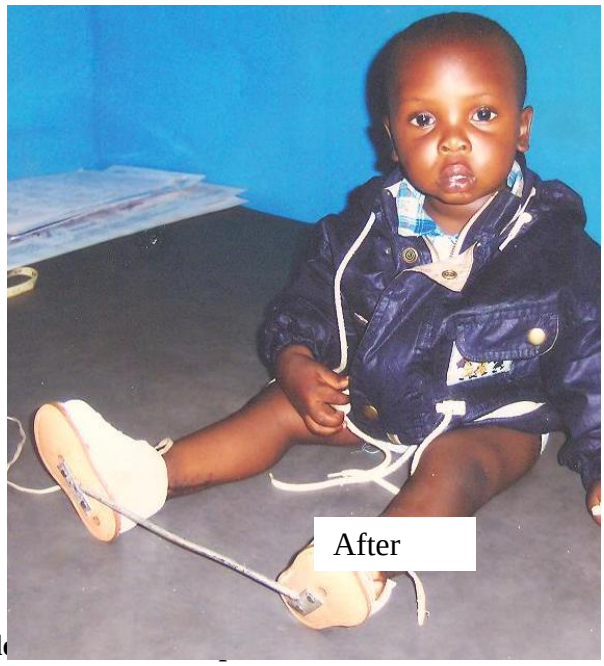
Some Photographs of beneficiaries of the program

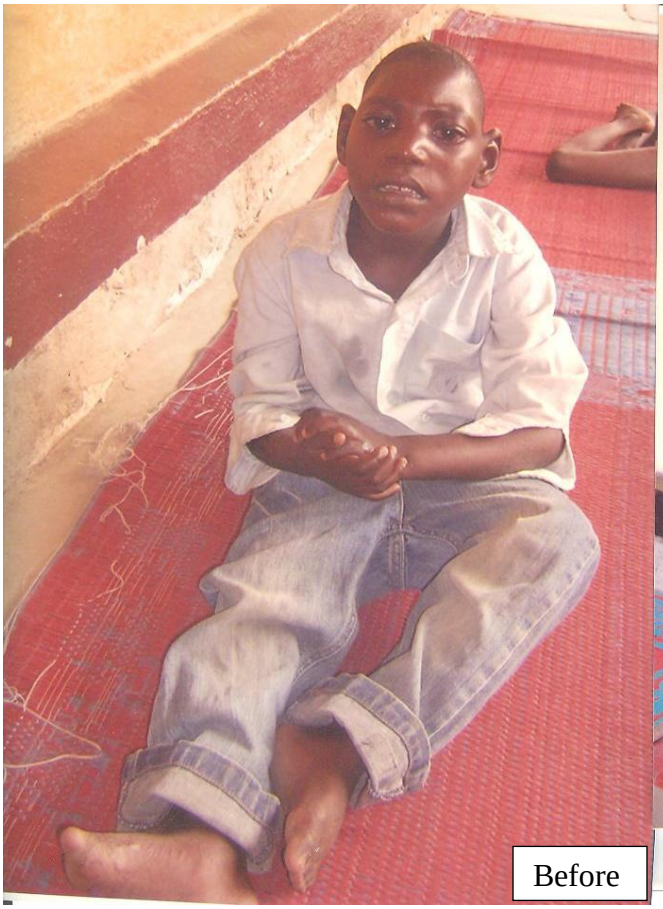
Below are a few of about 1500 direct beneficiaries of the program.

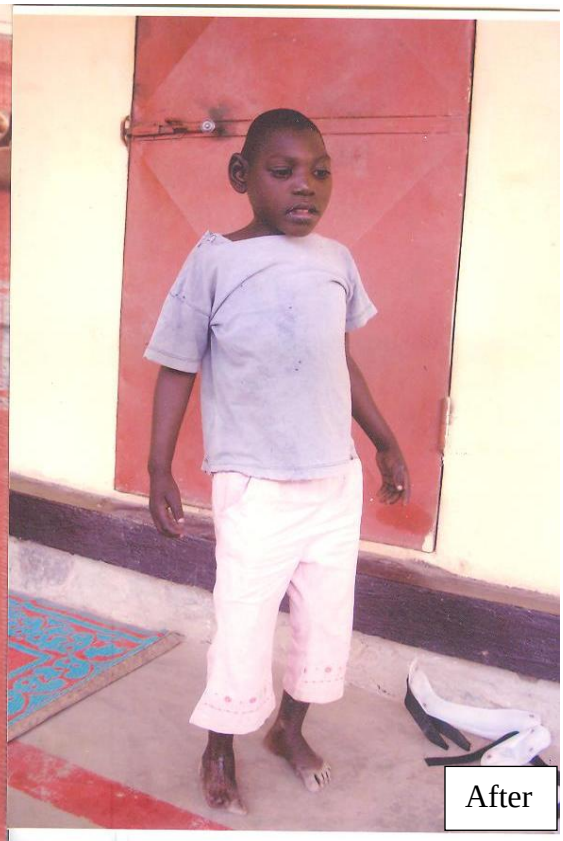


In some cases we can't completely fix the deformities, but we can improve on their lives





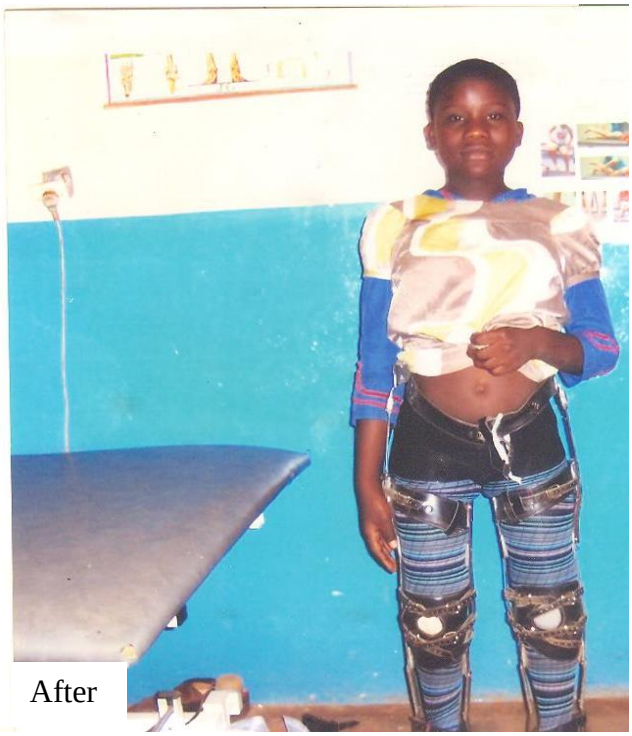




With physiotherapy and medication, Hamadjouma Haman (above) who could not walk because of Celebral Palsy is happy to be on his feet.

Even with Celebral Palsy, she can be able to walk again after physiotherapy and medical intervention.

Before



After

With Surgery and medication, she can walk again

Assessment of Partner Organizations and Learning Institutions: In order for the CBCHS to better play the role of Strategic partner Organization to the Liliane Foundation, it was inevitable to assess all the Partner Organizations to know their strengths, areas needing improvement, opportunities and threats. Considering the need for objectivity in this exercise, an external consultant with experience in this area was hired with clear terms of reference for the assessment. His assessment came out with the following recommendations which have all been included in the annual plan for 2016

- Partner with other active disability related organizations in Cameroon to share ideas on intervention methods
- Develop formal networking among POs to enable the optimal use of resources and experience sharing and capacity building
- Closely follow up and monitor organizations of partner organizations
- Come up with a directory of all beneficiaries and their family members
- Develop a systematic capacity building program for partner organizations
- Project most significant changes in the network
- Ensure the participation of beneficiaries in program planning

Program Management

Following the assessment of the network and the lessons brought home from the workshops in Benin and Ghana, in which it was realised that the PO network will need a lot of coaching and mentoring in order to understand and implement the new core strategy of child empowerment, the PO network was divided into two: Zones of High Supervision and Zones of least Supervision. The Zones of High Supervision are those that the CBCHS intends to actively coach to implement the new approach while the zones of least supervision are those which, due to difficulty in accessing and limited resources, it will not be possible to provide constant coaching for implantation of the new approach. The zones of high supervision include: Centre, West, Southwest, Northwest and Littoral. POs in these regions have already been guided on producing CBR related plans. Staff whose workload has been reduced due to the reduction of work in pluriform (a software designed by Liliane Foundation and used for capturing data for monitoring) have already been assigned to carry out active supervision in these areas. The Zones of least supervision include the Far North, North and East Regions..

Communication of Program Vision: Before the division of the PO network to zones of high supervision and zones of least supervision, the program team set out to communicate the new LF policy approach to all the partners in the network in order to determine their enthusiasm and willingness to work with the CBCHS in the implementation of the new approach. During this process, it was discovered that some POs were very willing and enthusiastic to work with the Strategic Partner Organization (SPO) in implementing the new approach, while others clearly stated that disability issues had not been the core

charisma for their congregation but rather a matter of only one or two committed staff and therefore getting engaged in a new approach that requires constant follow-up of children with disabilities in the communities will be a lot for them. With the goal of having a network of partner organizations with focus on quality and not just quantity, all organizations were given a fair chance to either remain or opt out. Some opted to remain while others opted out. In the Far North and North regions where there were 7 different partner organizations with difficulties in supervision, one strong organization known as Program pour la Lutte Contre l'Handicap (PLH) which has a vast experience in implementing CBR with funding from CBM just like the SEEPD program, was identified and given the responsibility to coordinate all the other 6 organizations in these two regions.

CBR pilot in the Southwest Region: As seen in the objective above, the SPO planned to pilot CBR in the southwest through the Presbyterian Community Rehabilitation Services. However, as the year went on, the SPO was increasingly convinced of the importance of government involvement in every aspect of the program. So instead of employing community field workers, the CBCHS thought of another innovative approach of accomplishing the same objective. It was decided that government social workers would be contacted to serve as field workers in their areas of jurisdiction. In order to accomplish this, the organization dialogued and established a memorandum of understanding with the Regional Delegation of Social Affairs, who identified 4 government social workers working in 3 different divisions of the Southwest (Lebialem, Manyu, and Ndian) below are photos of the various trips that were conducted to make this work. After the identification of the field workers, a basic 4 days training was provided to them via a workshop that took place at the Baptist Hospital Mutengene. During this workshop, the participants were drilled on how to identify, assess and provide basic intervention and referrals of persons with disabilities in their various locations. After the workshop, the government Social Workers immediately set out to work, identifying and establishing a database for children with disabilities in their divisions, assessing their needs and drawing up individual rehabilitation plan for possible intervention as funds are available. So far more than 40 children with disabilities have been identified and assessed by these government workers in their various communities.

An encounter with a child with disability during a CBR advocacy visit in the southwest

Above child with bow legs after

Below are some of the activities and results that the government social workers have undertaken since they started work in October 2015.

Component	Narration of intervention	No of beneficiaries
Education	Awareness campaigns were raised in communities on the need for CWDs to study in inclusive settings	109 benefited from these campaigns 31 new CWDs were identified 29 CWDs have received interventions
Health	Sensitizations done on existing services and prevention of disability talks on 28 venues CWDs ref to Health Services Number of follow ups done	109 people benefited 5 CWDs identified and referred to health structures 42 people benefited follow up advice 2 have received interventions
Social	Sensitization in communities sensitized to became accessible to facilitate the participation of CWDs social activities	11 communities benefited 11 people benefited from sensitization
Livelihood	No Y&WDs has been enrolled for the VT	

CONCLUSION: The Empowerment and Disability Inclusive Development Program which is one year old in the CBC Health services has enabled the CBCHS to expand its tentacles in the provision of services for persons with disabilities to many more places in Cameroon than ever before. Some challenges have no doubt been faced in the process such as reluctance by some existing partners in accepting the new approach, service providers reluctance to accept their role as service providers and not direct partners in the program. More challenges identified have been captured in the annual plan and objectives have been set to tackle them in 2016.

We want to express our appreciations to the Liliane Foundation for the financial support and the creation of a partner network in Cameroon for facilitating the provision of various interventions to children with disabilities in Cameroon.

Central Pharmacy (CP)

The Procurement and Distribution arm of Drugs and Medical Consumables for the CBCHS, the CP celebrated its Silver Jubilee on January 31, 2015 under the theme" Providing consistent quality pharmaceutical services at all times".

Dr. Tabeteh Frunjang Gerald handed over the leadership position of CP General Manager to Dr. Ngah Edward Ndze on the 3rd of July, 2015 in Mutengene. The former GM is now the Pharmacist in charge of Training Pharmacy staff at the Baptist Training School for Health Personnel, Kumbo in Bui Division, Northwest Region.

***Dr. Ngah Edward Ndze,* New General Manager of CP**

The central pharmacy operated between 40% to 80% availability of drugs throughout the year 2015. The low stock levels were caused by custom clearance difficulties at the Douala seaport. The sterile production unit has functioned basically for 2 months this year due to the frequent brake down of machines. After solving the sea port clearance issues, drug availability increased to above 80%. The dream is to move from 6 months placement of international orders to 12 months for the fast movers in a bid to promote greater access to medicines in CBC Health facilities.

A Consortium of Faith Based Drug Supply Organization (FBDSO) was formed under the mentorship of Ecumenical Pharmaceutical Network (EPN). A MoU with the CBCHS, PCCHS and EECHS was signed in a bid to foster pooled procurement of medicines directly from manufacturers in order to gain economies of scale as well as to make medicines more affordable to patients. In 2015, the FBDSO was still in its infancy but promising to achieve desired objectives in future. There is a Technical Working Group (TWG) comprising of the pharmacists of the CBC, PCC and EEC to purchase drugs in bulk for the three churches coordinated by EPN.

APPLICATION FOR AUTHORIZATION TO MANUFACTURE PHARMACEUTICALS The Central Pharmacy is in the process of obtaining a Cameroon government authorization to manufacture pharmaceuticals. The application file was compiled and submitted to the Ministry of Health (MOH) and inspectors visited the production facilities in Mutengene on Friday November 27th, 2015. They were satisfied with what has so far been put in place and recommended some more things to be done. They were very positive.

Inspection Team from Ministry of Health

LOCAL PRODUCTION OF PHARMACEUTICALS: The Auto clave (Sterilizer) and Distiller were bad making the production of Infusion fluids (IVs) difficult for most of 2015. The spare parts of the machines arrived at end of October and CP has resumed the production of IVs. The other CP productions have been going on well. Eye drop production has improved. CP can now produce Hand gel available in 100mls and Insect repellent gel. Currently, a pilot study is being conducted at Bafia-Muyuka Health Center, BHM and HSC to measure the effectiveness of the insect repellent gel. Also, unit packaging for the Eye Drop has been introduced and could be dispensed to patients in these new packs.

Antiseptic Hand Gel

The challenges with pharmaceutical production are the need for the water treatment plant to produce pharmaceutical grade water and the automation of the manual production processes.

The Central Pharmacy has finalized an assessment of all the various drugs and medical consumables that all the institutions of the CBCHS will need in 2016 and request for quotations has been placed. The Tender Board Committee to deliberate on these quotations shall met in December 2015.

In collaboration with DIFAEM (MINILAB) in Germany, CP Quality Assurance took part in the Medicine Sampling and Testing Project of 2015 in which 108 medicines in the various towns in Cameroon were sampled and tested. The survey revealed that 35% of fake drugs are in circulation in the Cameroon market, some of which have no APIs and others had poor quality. Two staff from Central Pharmacy; the General Manager, Dr Ngah and the Manager of the Quality Assurance Laboratory Unit, Mr. Tambo Cletus attended a two day workshop on 'The Quality of Medicines; The present day challenge' in Kampala-Uganda from November 23-24th, 2015.

This sustainable source of raw material (kernel oil) for the production of sanitary products(treatment soap, bleach and detergent) by CP Chemical Production unit is ongoing with over 8,500 high breed palms from IRAD Ekona transplanted on 60 hectares of land in Nyamboya and Sarkibaka last July and August 2015. Over 44,000 high breed palm nuts are in the palm nurseries in Ngounso, Nyamboya and Sarkibaka and will be transplanted at the advent of the rains in June 2016.

PALM PLANTATIONS PROJECT

The CBCHS is in the process of acquiring land in Lingam, Songkolong, Atta and Somie for the planting of these nursed palms. A total of 54 hectares of land was acquired from the Chief of Sarkibaka and 150 hectares of land from the Chief of Lingam. Land acquisition negotiations are ongoing and we are trusting God to acquire and plant palms on 1,000 hectares of land in the long term.

EPN, one of our partners recently donated children's medicine for allergic reactions (loratadine and chlorpheniramine suspensions) to both CBC and PCC worth about 10 million FCFA. Also, we continue to receive donations from White Cross thanks to our foreign cooperating missions, Project CURE and Brother's Brother Foundation.

Donations

The mission of Brother's Brother Foundation is to promote international health and education through efficient and effective distribution and provision of medical, educational, agricultural and other resources. All BBF programs are designed to fulfill its mission by connecting people's resources with people's needs. BBF supports over 2,000 medical facilities with donations of requested medical items around the world. They will be donating up to 1,000 hospital beds to CBCHS. 150 manual beds have been shipped in 3 containers and more than 8 containers will be shipped in 2016.

HESCO Water Production

HESCO water production trends have improved significantly from 242,708 bottles in 2014 to 439,055 bottles in 2015. There are plans with Mr. Jeff Brown to acquire a distribution van. Preforms have been paid for in China

but they have not yet been received and this is making bottling of HESCO Water difficult. Nevertheless, we are trying to buy preforms from Nigeria to go through the dry season.

Health Services Complex (HSC), Mutengene

The Mutengene Chiefdom Traditional Council partitioned the land outside the fence to some 21 occupants and some have already constructed houses on them. However, efforts are ongoing for the Divisional Land Consultative Board and Ministry of State Property and Land Tenure to revert the land to CBC. This procedure is regrettably very slow but we trust God that He will favour us. The said piece of land is less than 100 meters from the borehole.

The Regional Training Center for Excellence organized 60 training workshops in 2015 mostly on the management of HIV and including the Scale up of Option B+, Pediatric AIDS management, Women's Health, Advanced Life Support in Obstetrics (ASLO), Local Capacity Initiative (LCI) and Policy and Advocacy.

The CBCHS-RTC has signed a Memorandum with Mildmay Uganda and three courses have been launched for training to start in 2016; namely Health System Approach to Health and Social Care Management, Management of HIV Counseling and Palliative Care Management modules. To ensure the courses run concurrently, the upward space of the decked CP Transit Store at the former basketball court has been partitioned into 2 offices, a library and 2 conference rooms. Upon completion of this renovation work, additional conference rooms at the Regional Training Center for Excellence will become available.

Visit of the US Deputy Chief of Mission to HSC

The Deputy Chief of Mission (DCM) for the US Embassy in Cameroon, Mr. Mathieu Smith and the Country Director of US Centers for Disease Control and Prevention (CDC), Dr. Bolu Omotayo visited the PEPFAR Project sites at HSC and BHM on November 5, 2015. The DCM had a stopover at the Sterile Production Unit, Central Pharmacy. They were impressed with the progress of the PEPFAR project that is implemented by the CBCHS.

Visit of Mrs. Astrid and Mr. Singer to CIACP

Mrs. Astrid Berner Rodoreda, Policy Advisor for HIV and AIDS and Mr. Johann Singer, Project Officer for West and Central Africa from Bread for the World (BftW) - Protestant Development Service in Berlin, Germany visited the CBC Health Services Community Initiative for AIDS Control Program (CIACP) for 2 weeks

in October 2015. During the visit, they held working sessions and emphasized the need for the CBCHS to improvise strategies to involve men into PMTCT participation and CBC participation in the fight against HIV and AIDS.

Among the outreach visits by the HSC Gospel team was the visit to Idenau Baptist Church. According to the report of this visit, the community is growing rapidly with many immigrants from the neighboring Nigeria and therefore need a Baptist Health Center. They reported that there is no health institution in that vicinity and starting one there shall be a stitch in time.

Banso Baptist Hospital (BBH)

In 2015, the workload of the hospital increased and the staff worked hard to handle it. A total of 99,538 patients were served on outpatient basis, 8,357 were admitted and 1,505major surgeries conducted.

The hospital received Dr. Mirfila Atengol Degaulle, a Mbingo PAACS graduate and his family from DRC. He started work on January 19th, 2015 and has been functioning as the only surgeon since July 2015 after Dr. Yali Bin Ramazani resigned. The PAACS Mbingo Director, Dr. Jim Brown visited BBH. Following this visit, there are prospects of having PAACS residents and faculties come to BBH for teaching trips in the surgical department.

Four staff went on retirement in 2015; 2 in BBH, 1 in Romkong HC, and 1 in Dunger Baptist Hospital. Meanwhile 18 staff including those of BBH supervised health centers were awarded and decorated with Labour Medals of honour on May 1, 2015 (Labour Day).

The major construction projects of BBH are the training school and eye department blocks which are in progress.

The following renovation works were done:

a) "**Far–ward**" renovated with attachment constructed making 24 beds available for patient care. This ward will help to manage patients overflow and provide some degree of privacy to staff.

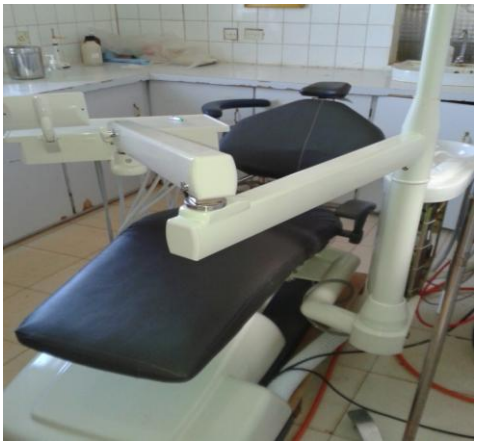

Renovated maternity block

- The Maternity block was renovated for 29 beds capacity. This ward now has new beds, tiled floors, and renovated toilets and other critical areas.
- The boys' quarter and store of house 1 have been renovated into a two room house now occupied by one of the staff, and same with the Garage and kitchen of House 4.
- The water reservoir shed was constructed with 4 tanks in place. Four more tanks will be added over time according to the growing need of water on the station. An automated pumping system has been set up to ensure constant water flow in the station. The hospital is working towards the construction of the second water catchment in order not to depend on water from the Kumbo Water Authorities.

Water Tanks

BBH now has a special self-care facility which serves as rest house. This has increased accommodation capacity of the station.

Self-care



Dental Unit

A full dental unit was purchased and installed in March this year. Other equipment bought this year include a standard anaesthetic, Patient monitors, Oxygen concentrators, Pulse oxymeters, wound care dopplers, autoclave, tricycle, digital X-Ray system, a Toyota dyna 350 truck, etc. The hospital received

a brand new Landcruiser bought through the SEEPD program with funds through CBM. Other donations to the hospital included a Haematology Machine was donated to us by US CDC-Cameroon and medical supplies and equipment by the Bui Family Union in USA and their partners.

BBH Supervised Health Institutions

There are seven supervised health facilities under BBH. The centers worked hard in providing quality care in their localities. Many of the centers are experiencing financial challenges but remain vital in making healthcare accessible and affordable to their communities.

Dunger Baptist Hospital: In 2015, this hospital served a total of 5,227 outpatients and 722 inpatients. Some renovation work was done in the hospital like the tiling of the theatre and its store area, the pharmacy, and the consultation room. The ceiling of these areas was changed to the plastic type. This renovation has made a significant difference in the care given to the patients. We thank Mr. Robert Mayforth who generously donated the money which supported this accomplishment.

Bangolan Baptist Health Centre: The staff of this center worked hard to ensure that all their patients were satisfied with the care they received. One major challenge that the center had was that a violent storm blew off the roof of the Female Ward in April but fortunately no patient was injured. The roof has been repaired. The health center received a new bike from the government for use in immunization activities.

Lassin Baptist Health Centre: The center was relocated to its new building in January 2015. A solar electricity and solar water system with a 3000l tank were installed in the center this year. Also, a laundry was constructed and a new bike received from the government for use in immunization activities. All these developments contributed to step up the quality of services that were provided to the clients.

Nwat Baptist Health Centre: A new well was sunk, with a 3000 litres water tank mounted up and shaded. The water is supplied by a solar water pump. Lightening damaged the solar energy set up of the centre on June 29th, with no casualties. Repairs have been done. The challenge related to the water management is the sticky soil material which is harmful to the water pump.

Water Tank

Ngounso Baptist Health Centre: This center is being developed to provide more services and run at the level of a hospital. Having overcome the challenges in the area of utilities, 2016 plans are to equip and staff the facility. The water catchment has been improved upon, with two shaded water tanks of 6,000 and 3,000 litres for better pressure to the centre.

Ngongso Solar Panel

The centre is now fully equipped with a strong solar system to which 2 new solar fridges, all machines, and bulbs are connected, with provision for more diagnostic equipment including an X-ray machine.

Part of the land in front of the health centre was finally acquired on September 5, 2015 in the presence of the Health centre Staff, village chief and his notables, Health committee chairman, and the Magba Field Pastor. The 8 room modern living facility constructed by the CBCHS on the health center land was handed over to Mr. Yengeh Emmanuel Amu to compensate him for the 1,331m^2 land which he gave up to the center.

Kouhouat BHC Maternity block

Kouhouat Baptist Health Center: The maternity block of the center is being completed and a plastic water tank has been put up making for better patient care.

Know Your Numbers (KYN): Sports was organized for health anniversary on December 9, 2015. It was very successful with the Senior Divisional Officer and the Divisional Officer participating.

Other Activities

- BBH is now equipped with the biometric system for staff to check in and out as they come to work.

- One of the BBH IT technicians (Mr. Chiambah Endurance) developed and installed a software which is facilitating the control of materials in the stores, including the Projects Material Store, Central Supply Store, and Provision Store/Shop.
- We started the year by joining in the DHS' delegation of visits to former CBC leaders and some dignitaries (SDO, Lord mayor, and HRH the Fon of Nso, and the Shufai Tsenla of Romkong)
- Some of our supporters (Dr. Dieter Class, Dr. James Norman, DR/Mrs Johannsen) came visited and helped us in the provision of care to our patients.
- The NAB officials visited the hospital and the BTSHP on February 27, 2015. The delegation led by the Director of Cooperating Missions promised to raise funds for the completion of the School roof in honour of Sis Kathy Kroll's dedication and services to God.
- Dr./Mrs. Cleek also visited BBH and we had a wonderful fellowship together as a family on October 31, 2015.
- BBH took the first price as services provider in family planning services on the PROFAM network.

Mbingo Baptist Hospital (MBH)

The year 2015 was another busy year for Mbingo Baptist Hospital with the clinical, non-clinical staff, doctors and support staff very committed as usual in providing exemplary care to the patients who came for healthcare at the hospital and the health centres. The team served a total of 93,040 outpatients, 11,732 inpatients and conducted 4,473 major surgeries. Most of the major goals were achieved.

Mbingo has a total of 36 doctors. This includes 6 house officers (GPs) and 16 residents. The permanent doctors include; three general surgeons, one plastic surgeon, two ENT doctors, two ophthalmologists, one orthopaedic surgeon, three internists, one internist/pathologist and one GP. One of the PAACS program faculty, Dr. Ebhele Angundru, who is an employee of Mbingo Baptist Hospital is a Congolese and a graduate from the PAACS program.

The signing of a memorandum of understanding (MOU) with the Loma Linda University gave recognition to the CIMS program. Just like the PAACS program, the certificates of the CIMS graduating residents of June 20th, 2015 were co-signed by Loma Linda University. All the former graduates of the program participated in the last graduation ceremony and received the certificates co-signed by Loma Linda University. This academic year the CIMS program witnessed the highest intake of four residents, one of whom is a non-Cameroonian resident, Dr. Kafoe Samuel from Sierra Leone.

The PAACS program has two new residents; a Cameroonian and a Liberian. The residency training programs now have a total of 16 (7 PAACS and 9 CIMS) students. Two PAACS residents from Egypt

rotated in Mbingo PAACS program this year. From next year 2016, the PAACS program academic year will start in January instead of in July.

The 62nd World Leprosy Day/Discharge was celebrated on January 25th, 2015. During this day, 10 patients treated and healed were discharged as against 6 in 2014. Of this number, six are from Balikumbat, one from Garoua, one from Bafut, one from Bafia and one from Jakiri/Nso.

A two week leprosy survey was conducted in Esimbi from 16th to 28th February, 2015 by a team of five people including Mr. Mfiekwe David, a retired MBH Leprosy Inspector. Only one person was identified with leprosy. This may be an indication that the incidence of leprosy is on a decrease.

In the past, the Integrated School For the Deaf operated from three locations. With the construction of additional classrooms, the school is now in one location at the CBC Primary School Mbingo I. Having the two schools together has facilitated inclusive education. This was demonstrated during the 20th May celebration where the two schools matched past the Belo Municipal grandstand together as one school and not as separate schools.

The construction of the Herdsmen's house at the Coffee farm was completed and the cattle that used to be in the hospital were taken to Coffee farm. The boundary fence at the Back Valley has been maintained to stop cattle intruding into the land.

The following seminars and meeting held in 2015;

- A three day local Haggai Institute leadership training was conducted from 9th to 11th April for 42 leaders consisting of head nurses, department heads etc.
- Two quality improvement seminars were organized this year.

Eighteen workers of MBH and her supervised health centres and one staff of the CBC Department of Finance and Development were awarded with the labour medals at Fundong during the Labour Day.

The Performance Based Financing (PBF) program was scaled up and the following CBC health centres have been included; Belo, Akeh, Mamfe and Bangolan. With MBH and Finkwi Health Centre, there are now 6 CBC Health Services institutions in PBF.

A Wound Care Clinic at the Surgical Clinic at the new Outpatient Department went operational in 2015. Wound dressing is now better handled in this clinic.

Rev. Kouya Bienvenu was ordained on March 15th, 2015 in Mbingo I CBC Church and Rev. Mbuh Julius on November 14th, 2015 during the Ndop Field Bible Conference at Balikumbat.

Due to the inconsistency of the MTN internet service, MBH switched to the Southwest Communications PLC (SWECOM) services. SWECOM is offering 6Mbps of air fiber internet service at 1,500,000 francs per month, tax inclusive. The installation was completed, tested and it is seems to be good.

The following equipment were purchased for the hospital this year,

Industrial Dryer

Chemistry analyzer (COBAS 311)

The Chemistry analyzer will be used for clinical Chemistry to analyze sera, plasma, urine, cerebrospinal fluid (CSF), hemolysate and whole blood. It has a capacity of 45 tests and throughput of up to 480 tests per hour.

COBAS 411

The COBAS 411 machine is used for immunological analysis of sera or plasma and offers rapid STAT and turnaround time, an on-board capacity of 18 tests and throughput of up to 88 tests per hour. MBH did not pay for this machine but committed to buy reagents from Roche Company, the supplier.

New Bus

Other medical equipment bought include; a URIC 5250 laboratory machine, 6 Oxygen concentrators, 8 suction machines, 3 syringe pumps, IM12 Monitor, an electro cautery machine, 15 pulse oximeters and 2 Ultrasound machines. Non-medical equipment include, 10 small cookers and 10 refrigerators for the Students Hostel, 9 flat screen TVs for the private ward and a 19 seater bus.

Infrastructure wise, the following project were realized this year;

The Mbingo Baptist Hospital Strategy 9 new OPD project was taken to roof level. The Strategy 9 projects were launched in Mbingo on March 17th, 2015. On September 29th, 2015 the French Ambassador visited the project and was very satisfied with the progress.

MBH OPD Building

All the 6 apartments of the second floor are occupied while some of the apartments in the first floor are also occupied. After completion of the ground floor, this structure will greatly reduce the lodging difficulties in MBH.

Students Hostel

A duplex was constructed with press blocks and initially intended for the bursar and a senior staff but it is now occupied by two doctors due to increase number of doctors and inadequate houses.

Pressed blocks duplex

Doctors duplex 1

Doctor's House - Duplex 2

Construction work on duplex 1 was completed and it is occupied by Prof. Koch (Head & Neck surgeon, who start the Head and Neck fellowship program in January 2016. Duplex 2 was being completed.

MBH Supervised Health Centres

Nkwen Baptist Health Centre: The foundation stone of the maternity block was laid by the French Ambassador on September 28, 2015 and the foundation is under construction. The centre purchased an Olympus microscope, a refraction kit/VA chart A, 2 TENS machine, an infra-red lamp/stand, a therapeutic ultrasound for PT, an electronic weighing scale, an overhead projector, 5 desktop computers and 4 air conditioners in 2015.

Bafoussam Baptist Health Centre: The Strategy 9 building is at the fourth floor and which will be roofed in 2016.

A Gospel Team was started and a couple and single seminars organized this year

Belo Baptist Health Centre: A toilet and bath were constructed in the private ward and two sign boards posted.

Ashong Baptist Health Centre: A water tank was bought and installed in the center. The yard was landscaped and grass planted. The center purchased a computer and printer.

Kwighe Baptist Health Centre: A ramp was constructed to link the two blocks of the center and the back walls of the wards plastered and the kitchen renovated to include a reliever staff room.

Sabga Baptist Health Centre: Construction work on the laundry was completed, the broken veranda maintained, and the center repainted. We purchased a motor cyclefor the health centre this year.

Ndebaya Baptist Health Centre: A portable lawn mower and an oxygen tank were purchased for the center in 2015.

Mamfe Baptist Health Centre: A doppler, oxygen tank, pediatric SaO2, a sanili motorbike and an office chair were purchased for the center. A new pit latrine was dug and constructed.

Akeh Baptist Health Centre: In 2015, we plastered the reliever's house and a water system toilet/bath was installed in the Chief of Centre's house.

Baptist Hospital Mutengene (BHM)

In 2015, the hospital team worked hard and served a total of 110,188 outpatients, 5,632 inpatients and conducted 2,313 surgeries. There were several major accomplishments as well as challenges that were experienced.

Infrastructure wise, about 98% of the work in the new laboratory structure with its admirable fly-over path was done. Fittings are going on and we are looking forward to using it in 2016.

New Laboratory Building

A biogas construction project is progressing well with the plan to put to use in 2016.

Biogas Project

The hospital accomplished a lot this year. Some of these are;

- The molding of five thousands blocks at the CBC Primary School site at Mutengene.
- The meeting of the Director of Health Services, the Education Secretary, the Limbe Field Pastor, and other dignitaries on March 14, 2015 in Mutengene to decide on the use of the land at the CBC School Mutengene and Dibanda mile 14 to avoid encroachment and other forms of invasion.
- A new Laundry was built.
- The surgical/Maternity structure under strategy nine (9) started as planned and has been roofed. We thank the Central Administration for the choice of "Esoka" construction department for our project. Their quality of work is neat and the staff are disciplined.
- Twenty two students of SAR/SM Ndop successfully completed their internship at BHM.
- A team from MTN Cameroon visited the hospital, communed with the staff and donated some work tools and testing kids for wards and laboratory use.
- The US Ambassador to Cameroon's Representative and his entourage visited the hospital and left with satisfaction on the work he observed that was going on.

- Seventeen (17) workers were awarded labour medals of honour during the May 20th celebrations in Tiko Sub-Division.
- We have thus far received over fifty workers both medical (including four doctors) and paramedical to handle the growing patient population.
- A visiting Retinal Surgeon from the USA spent over one week doing specialty eye works with Doctor Tambe. He donated equipment to the department.
- We purchased diagnostic machines and other equipment for the Laboratory and for the imaging department.
- Basic trauma course of the Good Samaritan Program took place at Baptist Hospital Mutengene with over forty (40) participants.
- A full time Gyneacologist was recruited and he commenced work this year
- The hospital paid for an Eneo transformer several months ago and it was finally installed.
- A new sign Board highlighting the services we offer was installed on the Limbe road.
- The endoscopy unit was installed and put to use.
- The hospital received brand new operating and delivery beds from of Brothers and Brothers and put into use.
- Spiritual activities are going on smoothly.

The challenges of the hospital include the regular electricity failure and fluctuation. This affects our equipment. There is inability of some clients to pay their bills and new or transferred staff do not easily find houses.

Kumba Baptist Health centre: There were several new developments in this center;

- Patients attendance is on the increase at both the in and out patients departments.
- The physiotherapy department was relocated and more equipment acquired.
- The construction of four rooms for call duty staff and others as need may be.
- Equipment for carpentry and electrical services were bought.
- Construction work started on the first phrase of the fence.
- The health center visited Baikuke CBC Church and LAP post and supported the LAP post activities with the sum of one hundred and ten thousand francs.

Bafia and Ekondo Titi Health centres: These centers are relating very well with both their communities and administration. Their respective patient's attendance is on a steady increase. Construction work on the chief of centre's temporary wooden structure is progressing at Bafia. Ekondotiti constructed a temporal Chief of Centre's office and a mini market to assist both clients and staff.

Mboppi Baptist Hospital Douala

The work load of the hospital remained high and the staff worked hard providing quality care to 249,477 out patients, 7,494 inpatients and conducted 1,663 major surgeries. The hospital equally realized the following activities;

Following the award of the HIV Free Project in the Littoral to CBCHS, the hospital started hosting the project offices in May 2015. The project was officially launched at Edea on the 5th May 2015. The program is going on very successfully and the hospital is benefiting from its activities.

The Men's fellowship group of Trinity Baptist Church Mboppi and Christ for all nations Christian group visited the hospital and assisted patients with gifts comprising of soap, mineral water and omo. One patient was assisted with 30.000 FRS to pay her child's bill.

Several equipment were bought this year. These include an ultra- modern neonatal incubator and fetal heart dopplers for the maternity, two slit lamps, an X-Ray machine, a dental chair, a water distiller machine, and a good and less complicated anesthetic machine.

Other equipment bought were a resograph and rector verso photocopier and good number of air conditioners. The air conditioners will control the extreme heat and make the wards, consultation rooms and offices comfortable.

A big new transformer was purchased and installed by Eneo Electricity Company. The transformer has increased current supply to the hospital. The hospital is still in need of a big generator with a high power supply that can support the running of the increased medical equipment and Air conditioners

A borehole was dug and a water pump installed in it. Enough clean water is now available at all time for patients and staff use. Water bills dropped from 600.000 FRS to 50.000 FRS per month. Analysis has been done at the lab and proven that the water is good and fit for consumption.

A new laundry has been constructed to accommodate the laundry equipment that were displaced to give way for the x-ray machines that were purchased.

The challenges of the hospital include inadequate space to accommodate increased patients attendance, insufficient staff, increased patient waiting time, increasing unpaid bills and insecurity both to staff and patients in the morning hours as they come to the hospital. Measures like negotiating to have military officers reinforce security in the hospital at night and increasing the height of the fence to reduce the possibility of anybody climbing and jumping over the fence into the hospital have been put in place

ETOUG-EBE BAPTIST HOSPITAL YAOUNDE AND SUPERVISED HEALTH CENTERS

The Etoug-Ebe Baptist Hospital Yaounde (EBHY) served a total of 128,674 outpatients in 2015. The staff worked hard to be able to handle this high workload. By the end of the year, there were 158 staff at EBHY and 5 temporary staff. The increase in staff load is due to the start of the HIV Free Project in the Center region.

We continue to encourage our staff to upgrade their knowledge and skills to better provide quality services through their participation in the following seminars and trainings:

- Our staff attended seminars organized within the CBCHS like the screeners, pharmacy, physiotherapy, etc seminars
- Also EBHY staff attended the monthly service conference on health issues in the U.S Embassy.
- Some staff had training on PMTCT with emphasis on option B^+, Maternal/Neonatal mortality organized by CHAI.
- Good Samaritan Training on First Aid, for drivers, HIV/FP integration, and Infection Prevention training in the satellite Health Centres were also organized.

International Conference on MCH Handbook

- Training on accelerated diagnosis and treatment of HIV positive children age 0-19 was organized for laboratory, consultants and Care and Treatment staff.
- Our staff participated in the 9th International Conference on MCH Handbook at the Yaounde Congress Hall.
- One COPE session was organized this year
- Support visits by ophthalmologist, orthopedic surgeon and dermatologist have boasted our standard as a hospital and is also a mentoring opportunity for staff.
- We started a monthly sickle cell disease clinic this year.
- We created a booth in the hospital for **"Know – Your Numbers"** (KYN). This helped some people to know that they are hypertensive, diabetic or obesed and need to be followed-up by consulting.
- We celebrated the world Diabetic Day on the 14 November 2015 and used the opportunity to carry out activities like health walk, sketches and health education.

The hospital has good working relationship with the Mvog-Betsi Health Area, Biyem Assi Health District, Regional Delegation of Health, Ministry of Public Health and other partners. Other activities that demonstrate good collaboration are as follow

- Sporting activities were organized between the hospital, Ekounou Health centre and BHS Awae.
- CDC-Cameroon donated medical supplies and medical equipment to the hospital.

- Susan Kuehle a pharmacist and member of the Ecumenical Pharmacy Network (EPN) visited in March and spent a week in the pharmacy helping to improve on the quality of services.

- Judith Brown an OB/GYN doctor visited the WHP and MCH departments this year
- Mme Veronique Leopoldine Lehman, a Cameroonian resident in Paris visited and donated some consumable theatre items to the hospital

Theatre items donated to the hospital

Some routine supervisory visits were as follow;

- The visit of the Central Administration team, which encouraged the staff for better performance.
- The clinical /inspection team also visited us and made contributions towards maintaining quality care and good hygiene practices.

- A number of teams from the Ministry of Public Health visited and supervised our facility.
- Also the Administration of this hospital, has paid a number of supervisory visits to Ekounou, voundou Health Centres, Makenene and Zoetele Eye clinic.

In order to cut down on patients waiting time, work starts from 6:40am – 6pm on Mondays – Fridays, with some departments running the split shift from 10am – 6pm: 6:40am to 3pm and from 10am to 6pm Monday to Friday. Some departments started receiving patients on Sundays, making room for those who are not chanced to consult on other days receive their health care. This has helped increased our attendance. A number of new laboratory machines like the hematology, chemistry machines, $HbA1_c$ machine were bought. These developments have improved the quality of care we give our patients.

Prayer weeks and retreats were organized for staff. Meanwhile the spiritual life committee visited some staff at their homes to encourage them. We had Lord Supper services in the hospital. The organized a retreat on the theme “Watch out the time is near” to mark the end of the year.

Limited space for work remains a major challenge to the hospital. A baby of about 6weeks of age was abandoned in the hospital at the Care and Treatment Centre waiting Area on August 18, 2015 and was taken to the **Social Welfare** and later to the "**Centre d'accueil des enfant en détress".** We named the baby **Afanyu Bless** for identification purpose.

Ekounou Baptist Health Centre: The patient load of this center continues to increase and in 2015, a total of 33,093 outpatients were served. The center constructed eight rooms dormitory at their permanent site. A fence was constructed around plots A, B and C of the permanent site. We dug a well there on the site. The center bought an electrophoresis, DHT HB and Dental polishing machines this year.

Newly Constructed Dormitory

The major challenge of the center is limited work space. Also, their generator was broken down meanwhile service vehicle experiences frequent break down and the high cost of maintenance stresses the center financially.

Construction of New Site Fence

Voundou Baptist Health Centre: The number of staff was increased in 2016 to 17 to better handle the increasing work load of the center. The main goal of constructing clients waiting area which will also host the maternity and other departments in the meantime is near completion. It has given the centre a good face lift which the community members and clients appreciate.

New building

The staff participated in infection Prevention Training, PMTCT, MCH activities and NIP seminars. The center has good collaboration with the Health District of Ntui and the churches of Ntui Association.

B. HEALTH INFORMATION MANAGEMENT SYSTEMS (HMIS)

In 2015, all the seven hospitals and twenty seven health centers of CBCHS reported throughout the year. Timely submission of reports remains a major challenge. Compared with 2014, outpatients' service uptake increased and there was a proportionate increase in admissions. The tables, figures and charts below summarize the key performances of 2015 compared to 2014

Table 1 Summary performance of CBCHS institutions in 2015

INDICATOR/DEPARTMENT	BBH	MBH	BHM	MBHD	BHB	DBH	EBH	SUPERVISED IHCs	Total
Bed Capacity	259	294	97	135	44	40	-	692	1,561
Staff Strength*	503	661	317	303	53	15	128	1,055	3,238
OPD attendance	99,538	93,040	110,188	249,477	11,613	5,273	128,674	424,300	1,122,103
Inpatient Attendance	8,357	11,732	5,632	7,494	1,382	722	-	21,863	57,182
Deliveries	1,140	883	872	3,085	194	138	-	3,535	9,847
Major Surgeries	1,505	4,473	2,313	1,663	245	32	-	-	10,231
Minor Surgeries	7,698	4,722	2,983	4,161	497	130	1,290	17,234	38,715
Deaths	413	533	183	97	23	2	-	162	1,413
Prescription served by pharmacy	63,250	81,822	66,793	169,922	10,328	3,835	77,521	266,385	739,856
Laboratory	62,086	57,364	40,083	74,567	8,467	2,005	42,170	167,376	454,118
Patients served by Doctors	19,397	36,471	42,393	81,747	2,256	514	14,742	16,741	214,261
Patients served by Screeners	24,095	56,578	43,133	158,336	18,096	7,204	54,287	245,407	607,136
Eye Department	11,853	12,667	12,898	23,632	581	201	18,454	34,336	114,622
Chaplaincy	9,927	7,791	8,516	2,350	702	234	792	18,278	48,590
Social Worker	3,379	6,399	6,385	4,037	-	-	1,837	3,066	25,103
Dental Department	5,415	3,963	3,632	6,059	413	-	10,440	17,179	47,101
Ultrasound Department	6,912	13,951	5,328	11,594	1,539	-	3,696	5,374	48,394
Physiotherapy Department	6,583	10,371	3,125	7,812	248	-	3,053	10,611	41,803
X - Ray Department	5,962	12,707	4,696	379	2,455	-	-	-	26,199
Nutrition	1,421	2,963	1,918	12,345	249	166	814	5,993	25,869

*: 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	125	39	51	44	259	17
MBH	179	23	26	66	294	19
BHM	46	21	10	20	97	6
MBHD	28	47	35	25	135	9
BHB	20	9	8	7	44	3
DBH	20	20	0	0	40	3
EBH	-	-	-	-	-	-
Other Institutions	324	247	118	3	692	44
Total	**742**	**406**	**248**	**165**	**1561**	100

Table 2.2 Number of Beds distributed by ward, comparing 2014 and 2015

S/N	WARD	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	Medical	651	742	91	14
2	Maternity	366	406	40	10.9
3	Pediatric	192	248	56	29.2
4	Surgical	159	165	6	3.8
	TOTAL	**1368**	**1561**	193	**14.1**

The number of beds in CBCHS institutions increased from 1,368 in 2014 to 1561 in 2015. This represents a 14.1% increase. The number of beds increased in all hospitals and health centers put together. The increase was much more at Banso, Mbingo and Mboppi Baptist Hospitals and due to construction which provided more space.

Table 3.1 Staff strength by institution and cadre

STAION	DOCTORS	NURSES	AUXILLARY	PARAMEDICAL	ADMINISTRATORS	ADMINISTRATIVE STAFF	CHAPLAINSSOCIALWORKERS	CLERICALSTAFF	NUTRITIONCOUNSELORS	OTHERS	TOTAL
BHM	10	111	40	39	2	2	8	29	2	74	317
BBH	8	162	85	49	4	7	12	39	1	135	503
MBHD	8	102	27	45	3	2	4	33	2	77	303
DBH	0	5	3	1	0	0	1	1	0	4	15
EBHY	3	35	15	24	1	0	2	15	1	32	128
BHB	0	16	7	7	1	0	1	4	1	16	53
MBH	18	205	71	58	3	8	13	59	2	232	661
HSC	0	6	20	27	2	11	1	14	0	85	166
LAP	0	15	3	2	1	1	2	3	1	18	46
DHS CENTRAL	0	5	2	2	3	36	6	12	0	59	125
Supervised IHCs	2	215	156	64	5	43	23	85	9	311	913
TOTAL	**49**	**877**	**429**	**318**	**26**	**110**	**73**	**294**	**19**	**1043**	**3238**

Table 3.2 staff strength by cadre comparing 2014 and 2015

SN	CADRE	2014	2015	DIFFERENCE	% CHANGE
1	DOCTORS	71	49	-22	(31)
2	NURSES	810	877	67	8
3	AUXILLARY	320	429	109	34
4	PARAMEDICAL	367	318	-49	(13)
5	ADMINISTRATORS	22	22	0	0
6	ADMINISTRATIVESTAFF	NA	110	NA	NA
7	CHAPLAINS/ SOCIAL WORKERS	65	73	8	12
8	CLERICALSTAFF	72	294	222	308
9	NUTRITION COUNSELORS	NA	19	NA	NA
10	OTHERS	1097	1047	-54	(5)
	TOTAL	**2824**	3238	**410**	15

There was a 15% increase in the staff strength of CBCHS. The number of doctors and paramedical staff decreased in 2015 while the number of auxiliary staff increased.

Table 4.1 Outpatient Attendance

SN	INSTITUTION	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	BBH	93,954	99,538	5,584	5.9
2	MBH	79,653	93,040	13,387	16.8
3	BHM	111,627	110,188	(1,439)	-1.3
4	MBHD	254,956	249,477	(5,479)	-2.1
5	BHB	9,685	11,613	1,928	19.9
6	DBH	4,651	5,273	622	13.4
7	EBH	114,254	128,674	14,420	12.6
8	Other Institutions (IHCs)	336,190	424,300	88,110	26.2
	TOTAL	**1,004,970**	**1,122,103**	**117,133**	**11.7**

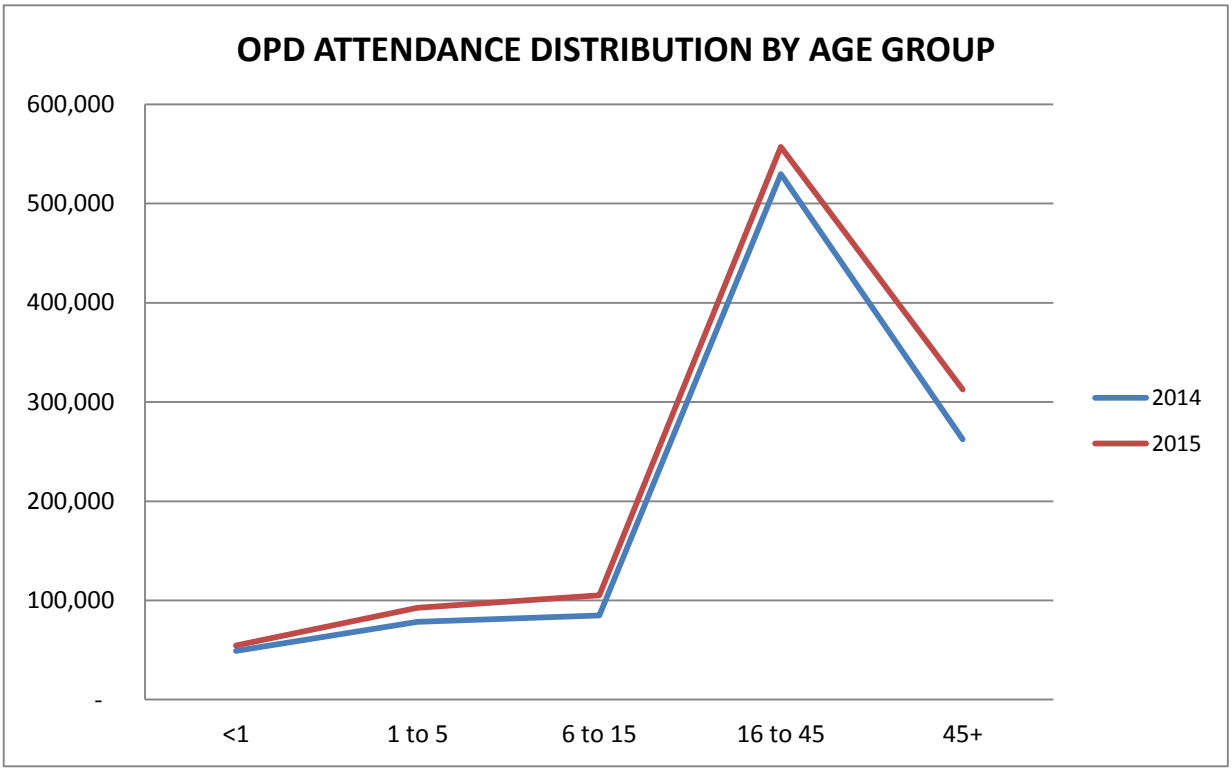
There was 11.7% increase in the outpatient attendance of 2015 compared to 2014. There was a decrease in the outpatient attendance of BHM and MBHD while the rest of the institutions observed an increase.

Table 4.2 Distribution of Outpatient by gender

SN	GENDER	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	Male	391,612	454,209	62,597	16
2	Female	613,358	667,894	54,536	8.9
	TOTAL	**1,004,970**	**1,122,103**	**117,133**	**11.7**

Generally, more females sought healthcare at CBCHS institutions than male in 2014 and 2015.

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 in 2014 and 2015, with more patients receiving healthcare in 2015 at all age groups.

Table 5.1 Five Health centers with Highest OPD Attendance in 2014 and 2015

SN	2014		2015	
	Health Center	**Attendance**	**Health Center**	**Attendance**
1	ETOUG-EBE	114,254	NKWEN	145,538
2	NKWEN	99,838	KUMBA	69,671
3	KUMBA	43,644	BAFOUSSAM	34,171
4	BAFOUSSAM	33,399	EKOUNOU	33,093
5	EKOUNOU	31,004	NDU	16,422

Following the upgrading of Etoug-Ebe health Center to a hospital by the board, Nkwen Baptist Health Center is now on top of the list of centers with highest OPD attendance and Ndu was new in this list.

Table 5.2 Five Health Centers with lowest OPD attendance in 2014 and 2015

SN	2014		2015	
	Health Center	**Attendance**	**Health Center**	**Attendance**
1	NDEBAYA	1,769	BAYANGAM	2,210
2	EKONDOTITI	1,813	KOUSSAM	2,504
3	BAFIA	2,007	NDEBAYA	2,578
4	AKEH	2,255	KWIGHE	2,595
5	ROMKONG	2,305	AKEH	2,743

Generally, there was small increase in the uptake of five centers with lowest OPD attendance in 2015 compared to 2014. Ndebaya and Kwighe Baptist Health Centre entered the list of five centers with lowest OPD attendance in 2015 while Ekondo Titi, Bafia and Romkong Baptist Health Centre dropped out of the list of five health centers with lowest outpatients' attendance this year.

Table 6.1 – Admissions by institutions and by wards

HOSPITAL	**MATERNITY**	**PEDIATRIC**	**SURGICAL**	**MEDICAL**	**TOTAL**	**%**
BBH	1240	1564	1585	3816	8205	14.3
MBH	1043	1044	4152	5547	11786	20.6
BHM	1001	919	1775	1878	5573	9.7
MBHD	3085	1561	1333	1689	7668	13.4
BHB	213	332	197	611	1353	2.4
DBH	141	192	0	352	685	1.2
EBHY	0	0	0	0	0	0.0
Supervised IHCs	3953	6627	22	11310	21912	38.3
TOTAL	10676	12239	9064	25203	57182	100.0

Table 6.2 Admissions of 2015 compared to 2014

SN	**UNIT**	**2014**	**2015**	CHANGES IN NUMBERS	**% CHANGE**
1	Maternity	10,682	10,676	(6)	-0.1
2	Pediatric	10,869	12,239	1,370	12.6
3	Surgical	7,688	9,064	1,376	17.9
4	Medical	21,291	25,203	3,912	18.4
	Total	**50,530**	**57,182**	**6,652**	**13.2**

Relative to 2014, there was 13.2% increase in the admissions of CBCHS institutions in 2015. This increase is consistent with the increase in outpatient attendance. But for the maternity ward that had a small decrease, all the wards experienced an increase in admissions in 2015.

Table 6.3 Bed occupancy rate of 2015 compared to 2014

SN	INDICATOR	2014	2015	CHANGES IN NUMBERS	% CHANGE
1	Number of beds	1,357	1,561	204	15.0
2	Number of hospital days	209,093	245523	36,430	17.4
3	Average length of stay	4.1	4.3	0	0.2
4	Bed occupancy rate	42.2	43.1	1	0.9
5	Mortality rate	2.9	2.5	(0)	-0.4

Table 6.3 Bed occupancy rate by Institution

SN	INDICATOR	BBH	MBH	BHM	MBHD	BHB	DBH	EBHY	Supervised IHCs	Total
1	Number of beds	259	294	97	135	44	40	-	692	1,561
2	Number of admissions	8,357	11,732	5,632	7,494	1,382	722	-	21,863	57,182
3	Number of hospital days	58679	73741	26380	24573	6781	2312	-	53,057	245,523
4	Average length of stay	7.0	6.3	4.7	3.3	4.9	3.2	-	2	4.3
5	Bed occupancy rate	62.1	68.7	74.5	49.9	42.2	15.8	-	21	43.1
6	Deaths	413	533	183	97	23	2	-	162	1413
7	Mortality rate	4.9	4.5	3.2	1.3	1.7	0.3	-	1	2.5

The average length of stay at CBCHS institutions was 4.3 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 43.1 %. There is a lot of underutilization of beds at DBH and health centers put together.

Table 7 Patients flow per department for 2015 compared to 2014

SN	DEPARTMENTS	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	Eye	109,708	114,622	4,914	4.5
2	X-Ray	20,105	26,199	6,094	30.3
3	Physiotherapy	43,767	41,803	(1,964)	-4.5
4	Ultra-Sound	42,257	48,394	6,137	14.5
5	Dental	43,227	47,101	3,874	9
6	Laboratory	425,231	454,118	28,887	6.8
7	Pharmacy	734,930	739,856	4,926	0.7
8	Chaplaincy	31,902	48,590	16,688	52.3
9	Social workers	17,847	25,103	7,256	40.7
10	Patients served by doctors	178,786	214,261	35,475	19.8
11	Patients served by screeners	611,730	607,136	(4,594)	-0.8
12	Nutrition	35,050	25,869	(9,181)	-26.2
13	Cervical Cancer	9413	18548	9,135	97

The physiotherapy department, screeners and nutrition counselors served fewer patients in 2015 than in 2014. There was an increase in the workload of the rest of the departments.

Table 8 Departmental Patient Flow By Hospitals and IHCs

DEPARTMENT	BBH	MBH	BHM	MBHD	DBH	BHB	EBHY	IHCs	TOTAL
Eye	11,853	12,667	12,898	23,632	201	581	18,454	34,336	114,622
X-ray	5,962	12,707	4,696	379	-	2,455	-	-	26,199
Physiotherapy	6,583	10,371	3,125	7,812	-	248	3,053	10,611	41,803
Ultra-sound	6,912	13,951	5,328	11,594	-	1,539	3,696	5,374	48,394
Dental	5,415	3,963	3,632	6,059	-	413	10,440	17,179	47,101
Laboratory	62,086	57,364	40,083	74,567	2,005	8,467	42,170	167,376	454,118
Pharmacy	63,250	81,822	66,793	169,922	3,835	10,328	77,521	266,385	739,856
Chaplaincy	9,927	7,791	8,516	2,350	234	702	792	18,278	48,590
social workers	3,379	6,399	6,385	4,037	-	-	1,837	3,066	25,103
Patients seen by doctors	19,397	36,471	42,393	81,747	514	2,256	14,742	16,741	214,261
Patients seen by screeners	24,095	56,578	43,133	158,336	7,204	18,096	54,287	245,407	607,136

Table 9.1 Mother and Child Health (MCH) FOR 2015 COMPARED TO 2014

ACTIVITY	2014	2015	CHANGE IN NUMBERS	% CHANGE
Antenatal Clinic	73,127	74,050	923	1.3
Family Planning	10,798	10,864	66	0.6
Infant Welfare Clinic	47,930	51,057	3,127	6.5
Preschool Clinic	6,888	5,822	(1,066)	-15.5
Total	138,743	141,793	3,050	2.2

There was a decrease in preschool uptake. This was traced to reporting differences. Some centers did not report on this service for some time.

Table 9.2 Deliveries for 2014 compared to 2013

DELIVERIES	2014	2015	CHANGE IN NUMBERS	% CHANGE
Total delivery	10,158	9,847	(311)	-3.1
Live birth	9,876	9,378	(498)	-5
Pre-term	271	329	58	21.4
NEOD	41	74	33	80.5
BBA	80	76	(4)	-5
SB	183	182	(1)	-0.5
AB	174	602	428	246

There was a decrease in deliveries which is consistent with the drop in ANC attendance in table 9.1. There was a desired decrease in the number of births before arrival and still births. However, neonatal deaths and pre-term significantly increased.

Table 9.3 Abortions by category

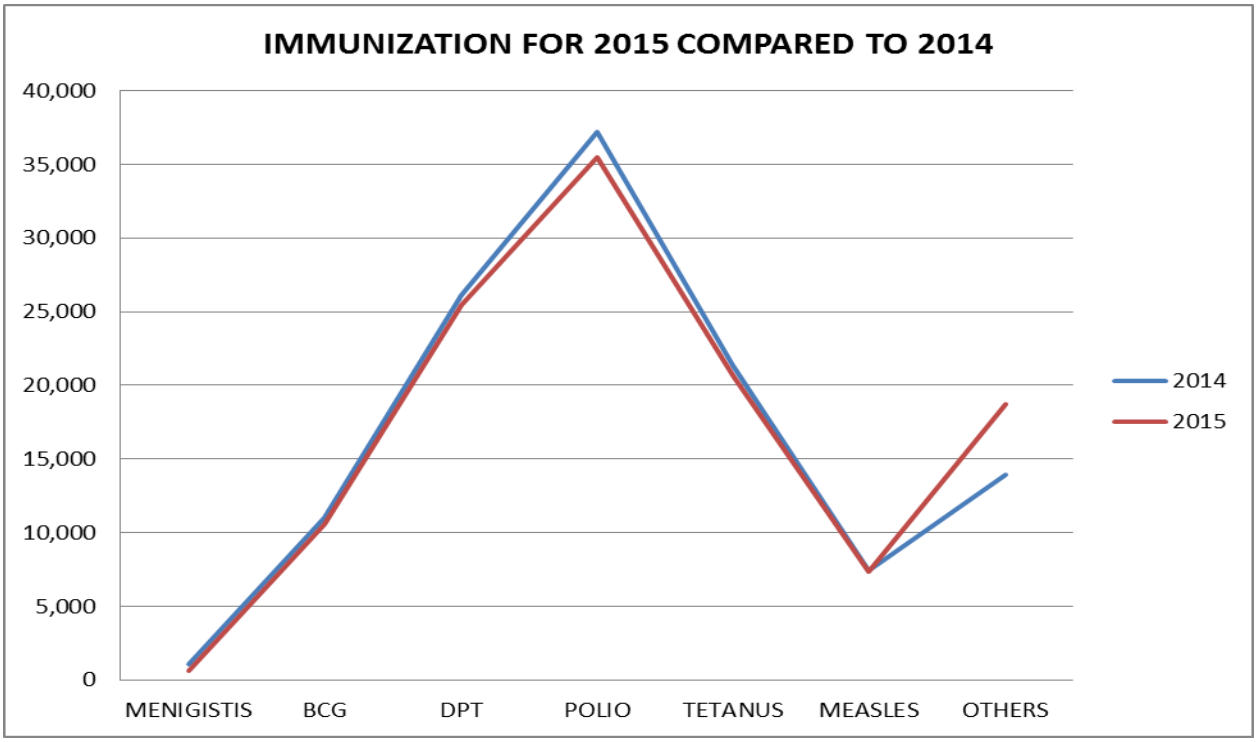
SN	INSTITUTIONS	TOTAL ABORTIONS	SPONTANEOUS	INDUCED	CRIMINAL
1	BBH	108	99	3	6
2	MBH	116	46	51	19
3	BHM	150	60	1	89
4	DBH	0	0	0	0
5	MBHD	32	32	0	0
6	BANYO	12	10	0	2
7	EBHY	42	22	14	6
8	Supervised IHCs	142	92	18	31
	TOTAL	**602**	**361**	**87**	**153**

Most of the abortions are reported to be spontaneous followed by those that are criminal. Some clients are likely to have taken something before arrival at the facility and will not disclose and some criminal abortions will present as spontaneous.

Table 10 Immunization for 2015 compared with 2014

SN	VACCINE	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	MENINGITIS	1,052	593	(459)	-43.6
2	BCG	11,040	10,534	(506)	-4.6
3	DPT	26,115	25,418	(697)	-2.7
4	POLIO	37,186	35,503	(1,683)	-4.5
5	TITANUS	21,366	20,699	(667)	-3.1
6	MEASLES	7,440	7,327	(113)	-1.5
7	OTHERS	13,901	18,719	4,818	34.7

Figure 2 Immunization for 2015 compared to 2014



The trends for immunization were similar for both years.

Table 11 Surgeries

SN	SURGERY	2014	2015	CHANGE IN NUMBERS	% CHANGE
1	MINOR	39,300	38,715	(585)	-1.5
2	MAJOR	9,520	10,231	711	7.5
	Total	48,820	48,946	126	0.3

Major surgeries increased while minor surgeries decreased in 2015

Table 12 Distribution of Surgeries by Institution

Institution	Surgery Type		Total
	Minor	Major	
BBH	7,698	1,505	9203
MBH	4,722	4,473	9195
BHM	2,983	2,313	5296
MBHD	4,161	1,663	5824
BHB	497	245	742
DBH	130	32	162
EBH	1,290	-	1290
Other Institutions	17,234	-	17234
TOTAL	**38,715**	**10,231**	**48,946**

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

Table 13 Notifiable Diseases

DISEASES	2014	2015	CHANGE IN NUMBERS	% CHANGE
Neonatal tetanus	1	4	3	300
Leprosy	5	20	15	300
Yellow fever	57	22	-35	-61.4
Cerebrospinal meningitis	247	307	60	24.3
Human rabies	5	10	5	100
tuberculosis	1,335	1483	148	11.1
Cholera	3	0	-3	-100
Typhoid fever	1,104	2402	1298	117.6
Poliomyelitis	4	0	-4	-100
Measles	249	103	-146	-58.6

All the leprosy cases were reported at MBH

Table 14 HIV Prevalence

Type of Clients	2014		2015		% Change
	# Screened	% HIV+	# Screened	% HIV+	
Blood donors	7259	2.4	6838	2.2	-0.2
Patients	51329	12.0	49737	11.5	-0.5
PMTCT	108424	3.5	105497	3.0	-0.5

HIV prevalence among blood donors was stable and slightly decreased among PMTCT clients and hospital patients in 2015.

Table 15 Deaths

Type	2014	2015	CHANGE IN NUMBERS	% Change
Pediatric	253	255	2	0.8
Surgical	157	163	6	3.8
Maternal	21	5	-16	-76.2
Medical	1029	980	-49	-4.8
Trauma	2	10	8	400
TOTAL	1462	1403	-57	-4

Maternal and medical deaths significantly decreased in 2015 while there was an increase in deaths resulting from surgery and trauma. Generally, there was a decrease in deaths in 2015, despite the increase in admissions.

Table 15 Ten Leading Diseases for 2014 and 2015

SN	2014		2015	
	DISEASE	CASES	DISEASE	CASES
1	Malaria	65,315	Malaria	63429
2	Hypertension	41,073	Hypertension	43636
3	Conjuctivities	23,306	URTI/LRTI	26487
4	URTI/LRTI	23,237	Conjuctivities	26249
5	Gastritis/PUD	19,102	Gastritis/PUD	22885
6	Diabetes Mellitus	15502	Diabetes Mellitus	19906
7	Muscoskeletal pain (MSKP)	14173	Muscoskeletal pain (MSKP)	16658
8	GE/Diarrhea	12685	Cystitis/UTI	14443
9	Cystitis/UTI	11647	HIV and AIDS	13913
10	Dermatitis	11238	GE/Diarrhea	12298

Malaria and hypertension continue to top the list of leading diseases. Although malaria is on top of this list, there was a small decrease in its magnitude in 2015 while the magnitude of hypertension increased. But for dermatitis that dropped from the list of leading disease in 2015 and in favor to HIV and AIDS, the rest of the set of diseases in the list did not change.

Table 17 Ten leading causes of death

	2014		2015	
SN	DISEASE	CASES	DISEASE	CASES
1	AIDS	148	AIDS	149
2	Malaria	64	Malaria	89
3	Congestive Heart Failure (CHF)	62	Septicaemia	86
4	Meningitis	62	Congestive Heart Failure (CHF)	76
5	Tuberculosis	55	Pneumonia	68
6	Cancers/ Tumors	45	Cancers/ Tumors	65
7	Septicaemia	39	Hypertension	60
8	Hypertension	38	Anaemias	57
9	Pneumonia	37	Meningitis	56
10	Anaemias	35	Renal failure	37

AIDS continue to be on top of the list of leading killer diseases although its magnitude is not increasing. Malaria is close following AIDS in the list of leading killer diseases with increasing magnitude. In 2015, renal failure displaced tuberculosis from the list of leading causes of death.

Table 18 HIV Care and Treatment Program Work load

SN	SITE	2015 GENERAL ENROLMENT	2015 ART INITIATION	CUMULATIVE ON ART	CURRENT ON ART
1	BBH	632	539	6,412	4,375
2	MBH	290	250	2,357	1,477
3	BHM	741	589	4,774	3,874
4	NKWEN	555	524	6,453	5,063
5	MBOPPI	688	538	6,044	4,584
	TOTAL	**2,906**	**2,440**	**26,040**	**19,373**

Over the years, 26,040 clients have been initiated on ART at the five CBCHS care and treatment centres and currently, 19,373 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	2015	TOTAL
Number of sites	5	9	58	89	115	180	250	374	391	427	403	453	742	772	772	1052	**1052**
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	195,782	**1,223,595**
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	180,498	**1,178,815**
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	178,943	**1,164,706**
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	7,543	**67,206**
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	6,625	**62,480**
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	6,967	**43,747**
% 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	100.0	99.1	**98.8**
% 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	4.2	**5.7**
% 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	87.8	**93.0**
% 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	92.4	**65.1**
% MTCT-PCR	-	-	-	-	17.8	-	-	-	-	-	13.3	14.6	11.6	6.7	6.5	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	NA	
% of partners HIV +	-	-	-	25	-	-	-	-	23.5	11.7	9.3	14	13.1	5.7	10.3	7.7	

Table 20 CBCHS Tuberculosis activities

Indicators	2014	2015	% CHANGE
Total # of TB patients	1,208	1,265	4.7
Number screened for AFB	7,090	8,810	24.3
Number of pulmonary TB	964	1,015	5.3
Number of Smear Positive	888	886	-0.2
Number of Smear Negative	85	122	43.5
Number of Extra Pulmonary TB	236	255	8.1
Number tested For HIV	1,204	1,261	4.7
Acceptance rate	99.7	99.7	0
Number tested HIV+	553	608	9.9
% of Co-infection	45.9	48.2	5

There was an increase in the number of patients screened for TB in 2015. The TB/HIV co-infection rate increased by 5%

Table 21 Evolution of Activities of Extended Forum of Care

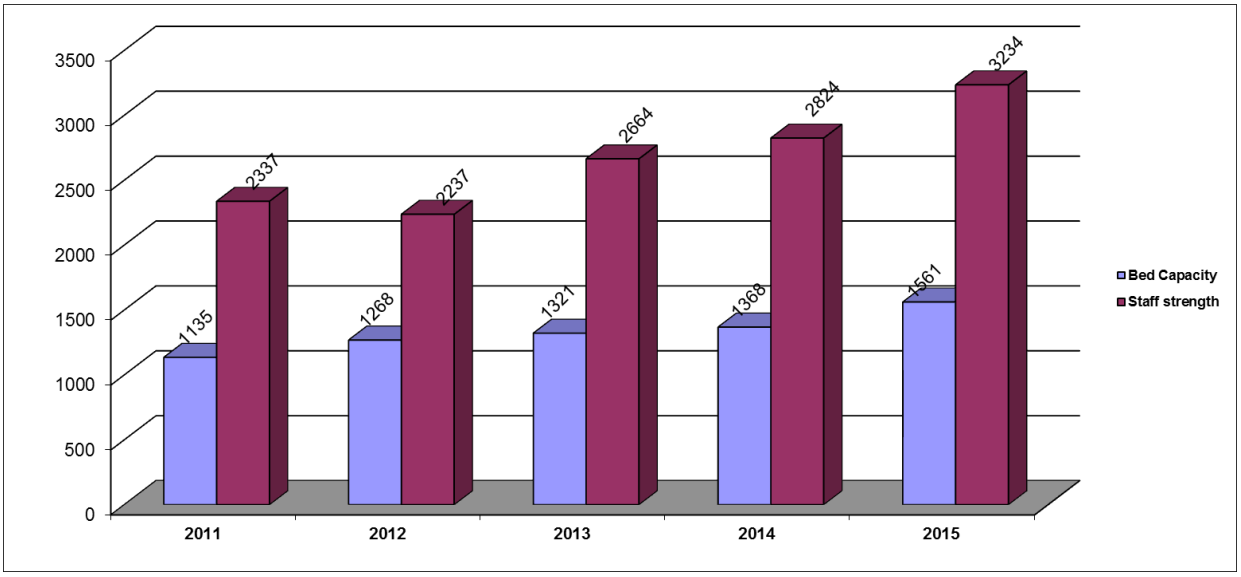
Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL	%
Index Persons	227	1,610	2,174	2,587	2,058	2,409	2,439	3030	2193	18,727	
Contact Persons	278	1,701	2,384	2,812	2,476	3,041	2,710	3283	2372	21,057	112.4
Contact Persons Notified	167	1,309	1,742	2,184	1,416	1,627	1,336	1981	1105	12,867	61.1
Contact Persons Tested	110	1,004	1,477	1,681	808	1139	863	1339	781	9,202	71.5
Contact Persons With HIV^+	55	557	688	969	446	588	470	592	399	4,764	51.8
C Ps Linked to Care & Treatment	0	37	90	633	302	587	473	591	399	3,112	65.3

Table 22 Statistics of Burkitt Lymphoma/Childhood Cancer Service

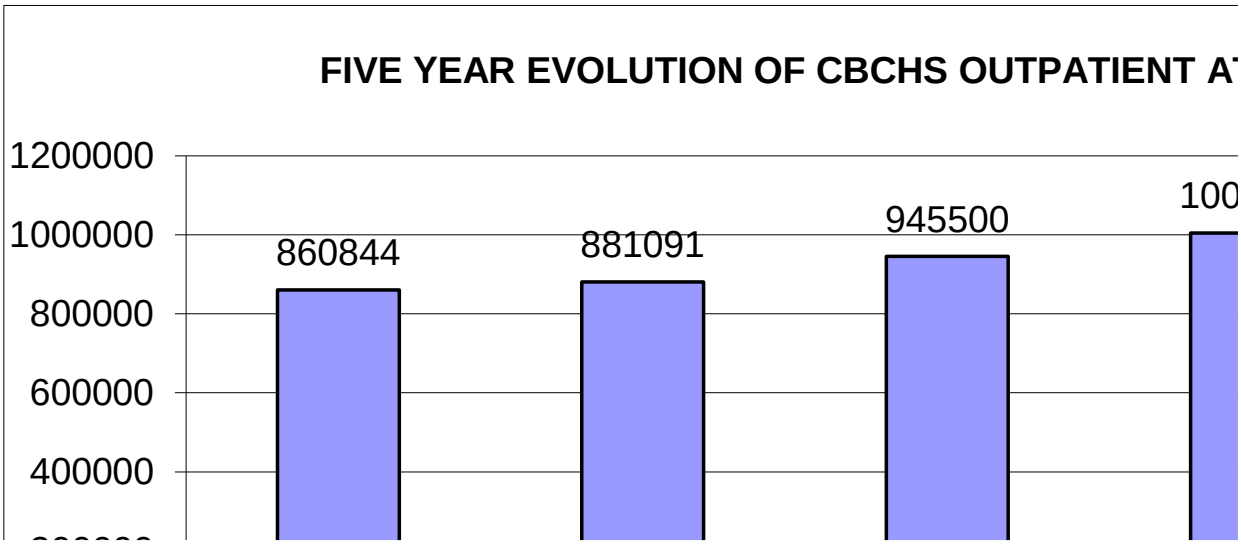
CANCER TYPE	BBH		MBH		BHM		TOTAL	
	2014	2015	2014	2015	2014	2015	2014	2015
Burkit lymphoma	26	23	23	21	12	16	61	60
Wilms Tumour	1	0	9	11	0	0	11	11
Retinoblastoma	0	0	18	18	3	5	21	23
Kaposi sarcoma	0	1	1	2	1	0	2	3
NHL other	1	0	3	4	0	0	4	4
Rhabdomyosarcoma	0	0	5	1	0	0	5	1
Hodgkin lymphoma	0	0	3	2	0	0	3	2
Leukaemia	0	0	2	3	0	0	2	2

ANNEX – FIVE YEARS EVOLUTION OF CBCHS KEY ACTIVITIES

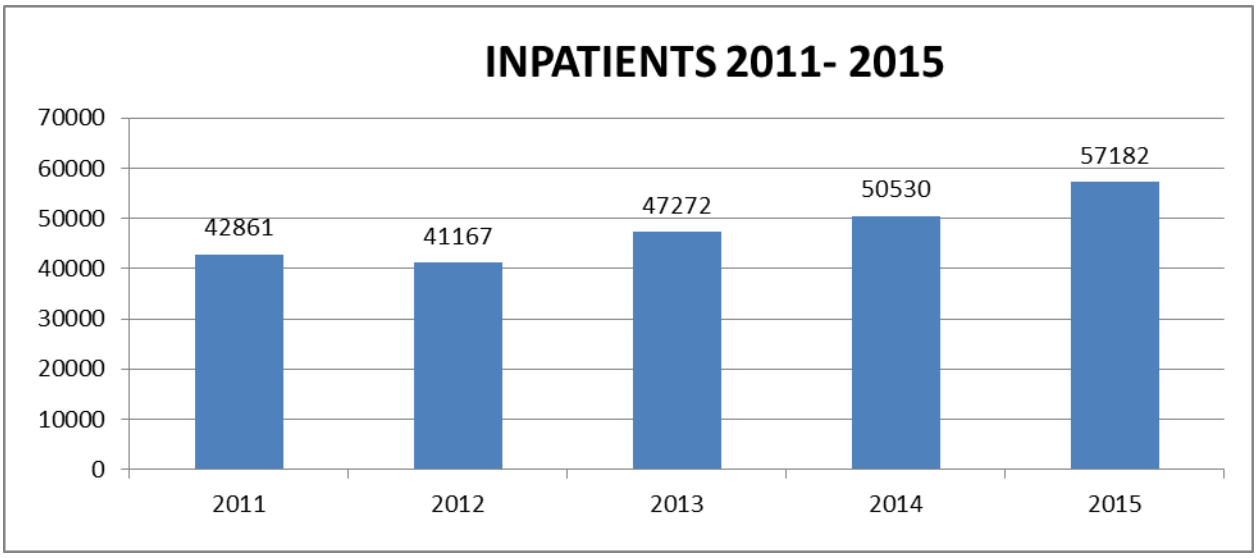
Annex 1- Five Year Evolution of Number of Beds and Staff



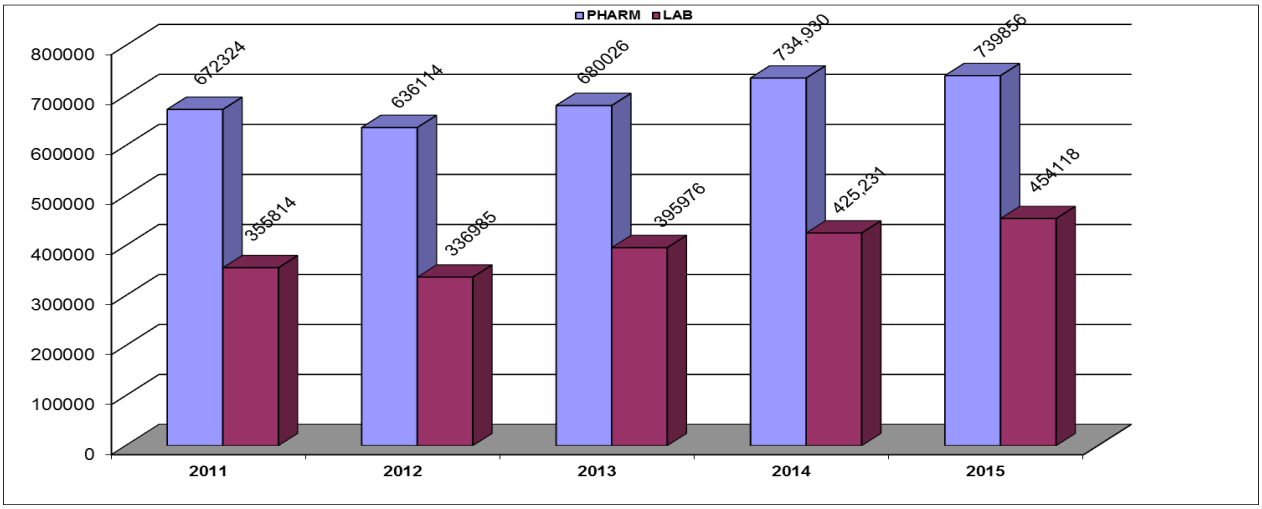
Annex 2 – Five Years Evolution of Outpatient Attendance



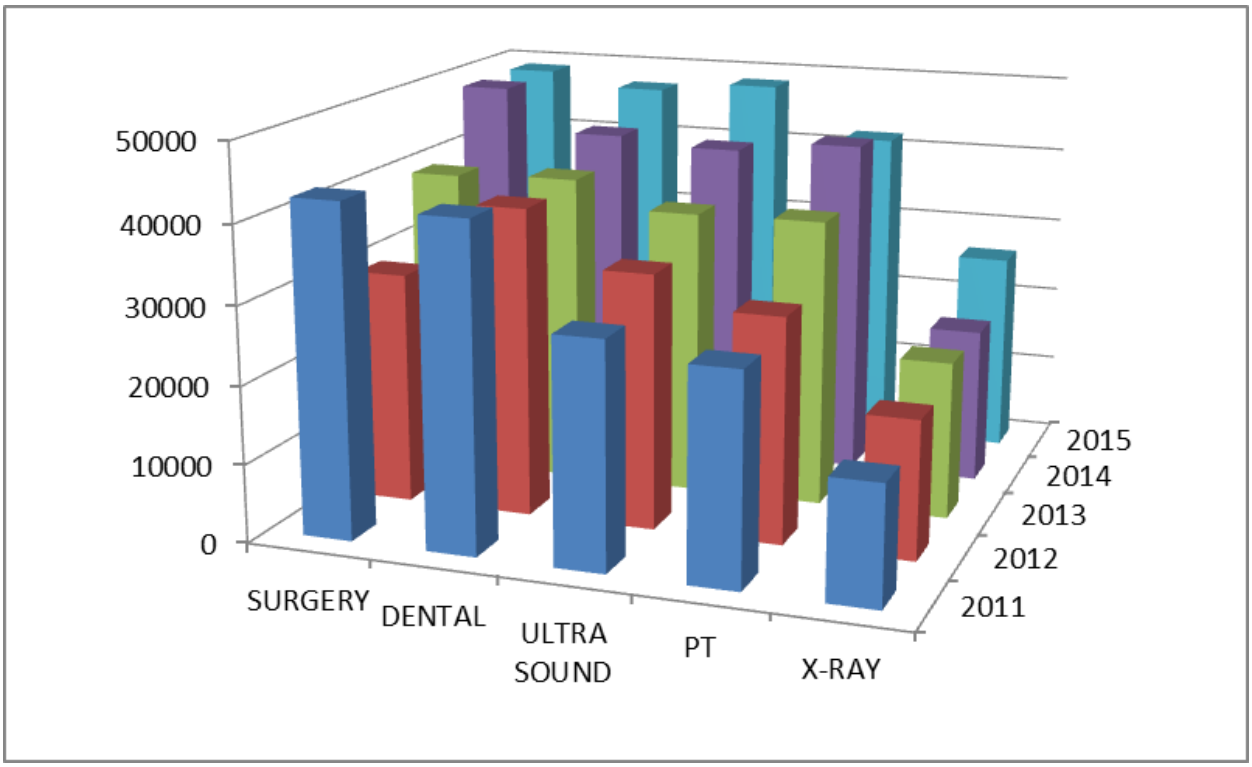
Annex 3- Five Years Evolution of Inpatients Attendance



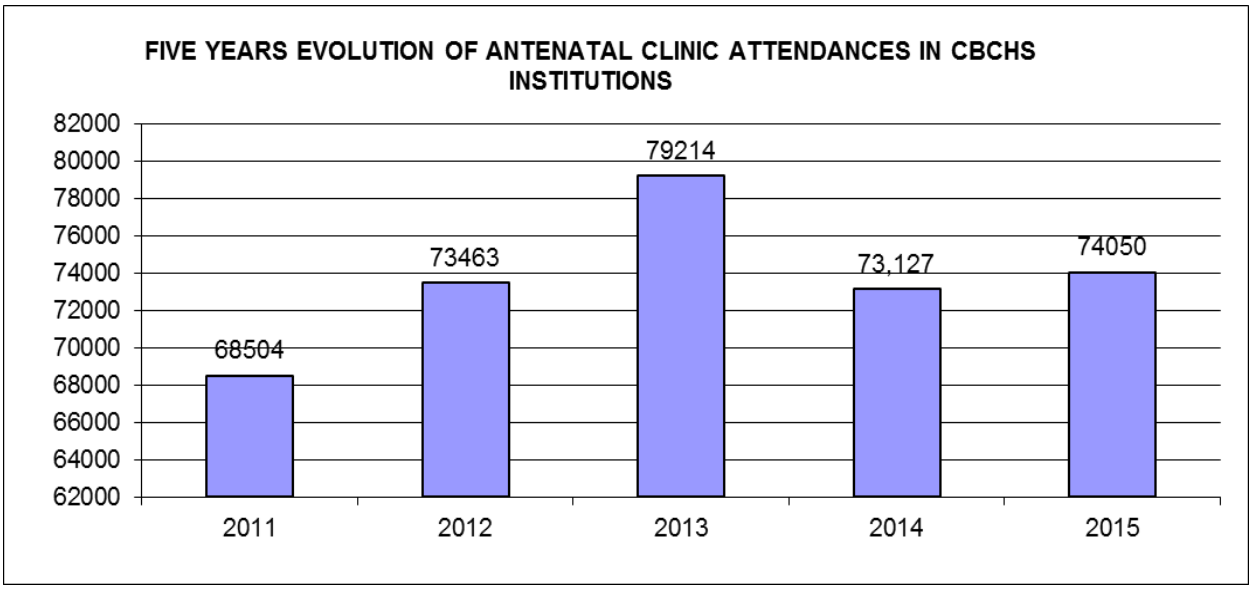
Annex 4- Five Years Evolution of Pharmacy and Laboratory work load



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 2015. 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.