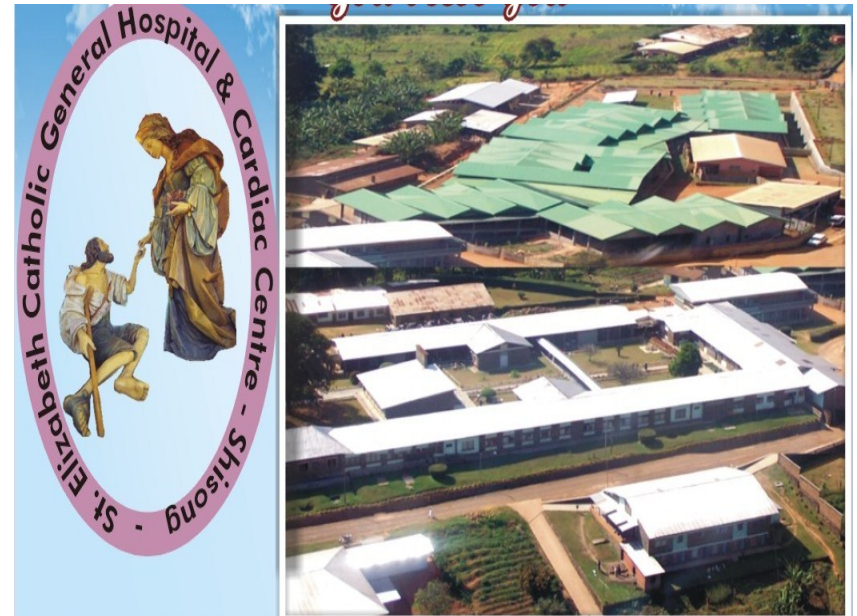


Annual Report: 2015



***Mission:** To See and Serve Christ in All by Spending Time to Care*

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CONCLUSION

This year 2015 was characterised with a lot of activities and achievements thanks to the great collaboration of our stakeholders. These achievements were however recorded amidst some challenges. This year also witnessed the handing over of the baton by Sr. Ebamu Ruphina (Matron) to Sr. Kinyuy Mary Aldrine (Director) for continuity of the vision of the institution. It is thanks to the collaboration of the departmental charges of the Hospital and chief of our satellite Health Centres this report has been realized. Gratitude goes to God Almighty for his continues protection and care as we travelled far and wide for mission or underwent some risk to rescue the patients. We look forward to continue to as per our mission statement "To see and serve Christ in all by spending time to care,"

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Dr. Charles briefing visitors



Nurses with patient in the ICU

SOME ABBREVIATIONS

ATT:	Anti-Tetanus Toxoid
ANC	Antennal Clinic
C2D :	Contrat de-endettement et développement
CVA:	Celebro Vascular Accident
CSHS:	Catholic School of Health Sciences
CRT	Cardiac Resynchronization Therapy
FNA:	Fine Needle Aspiration
GP:	General Practitioner
HB:	Heamoglobin
ICU:	Intensive Care Unit
IDCC:	Integrated Day Care Centre
ICD	Implantable Cardioverter Defibrillators
IWC	Infant Welfare Clinic
LUMOS:	Leuvense Universitaire Medische Ontwikkelingssamenwerking en Solidariteit
MCHNAW:	Mother-and-Child Nutrition Action Week
NIDs:	National Immunization Days
PCR:	Polymerase Chain Reaction
PMTCT:	Prevention of Mother-to-Child Transmission
RTG:	Regional Technical Group
TBA:	Traditional Birth Attendant. TB: Tuberculosis
CHW:	Community Health Worker
PVBDA:	Pelican Voluntary Blood Donor Association
SOP	Standards Operating Procedures
PMTCT	Prevention from Mother-To-Child Transmission
PBF	Performance Based Financing

WORD FROM THE NEW HOSPITAL DIRECTOR

The mission statement “To see and serve Christ in all by spending time to care” is a watchword that resounds in the hearts of all who serve in Shisong Hospital. In my humble opinion, I direct the achievements of this year to my able predecessor Sr. Ebamu Ruphina whose footprints still remain in the sand of the history of this institution. This report contains the significant events and reforms in the hospital within the year. In all things, we want to render immense gratitude to God for working in us and through us for his greater glory. It is our dream, our wish and our prayers that we may follow in the footsteps of our able predecessors to bring the healing love of God to the sick together

with the constant support of our collaborators within and without the institution. To God be the glory for the great things He has done and is yet to do for the institution.

SECTION ONE: **GENERAL PRESENTATION OF THE HOSPITAL**

BRIEF HISTORY OF THE HOSPITAL

St. Elizabeth Catholic General Hospital was started on the 15th of November 1935 as a small dispensary and maternity by five Tertiary Sisters of St. Francis from Brixen, South Tyrol-Italy, who had arrived in Cameroon on October 12, 1935 and reached Shisong on the 16th October. The maternity and dispensary were a simple sun-dried brick house roofed with grass and had three rooms; one for the dispensary, one for deliveries and a larger one with eight beds for the maternity. Sr. Camilla Geier, a midwife was the first Matron. She started with an average of 20 consultations daily.

With the arrival of the first resident doctor, an Austrian General Practitioner, Dr. Hildegard Platzer, the dispensary was recognized as a Hospital by the Government of Cameroon on the 13th June 1952 and given the Registration number 224. On the 23rd October 1974 the recognition was reconfirmed with the Reg.no.96/A/MSAP/DSP/SDFS/BESP.

On the 1st February 1954, 12 candidates started an 18-months training course as Grade 2 midwives in what is known today as the Catholic School of Health Sciences, Shisong, now training State Registered Nurses, State Registered Laboratory Technicians, State Registered Midwives and Nurse Assistants.

1961 saw the beginning of a massive expansion Program, made possible by generous financial assistance received from MISEREOR-Germany. It was completed successfully in 1987 with the buildings that presently serve as the maternity and theater blocks.

In 1972 Dr. Leonard Sunjo, was appointed as the first Cameroonian Chief Medical Officer. Since 1983 the Administration of the Hospital has been in the hands of African Tertiary Sisters. Sr. Xaveria Ntenmusi was the first matron.

In 2002, a diagnostic cardiology department was created in collaboration with two Italian Associations: Bambini Cardiopatici nel Mondo, Cuore Fratello and the Tertiary Sisters of St. Francis. Dr. Jean Claude Ambassa was the first Cameroonian Cardiologist. In 2009, the full-fledged Cardiac Center was inaugurated by the Minister of Public Health – His Excellency André MAMA FOU DA. Being a significant expansion of the Hospital, the Manager, Sr. Jethro Nkenglefac, and a Supervisory Board were appointed by the Provincial Administration of the Tertiary Sisters of St. Francis.

The storey-building hosting the cytopathology laboratory and the integrated Day Care Center was completed in July 2012 in order to integrate the HIV/AIDS program into the Hospital activity and minimize stigma when clients had to move into the former offices, located in the Nursing School Laboratory building. Moreover, the complete Blood Bank



was established in the Cardiac Center basement in 2014, separately from the general laboratory.



Send forth of Sr. Ruphina



Handing over the baton of command



Feast of St. Elizabeth celebration



Doctors, Choir at Feast of St. Elizabeth celebration



Euphoria at St. Elizabeth Feast Day



STAFF COMPOSITION

DEPARTMENT	No.
ADMINISTRATION	13
Matron and Assistant	2
Manager and Assistant	2
Financial Managers	2
Cashier	2
Nurse Superintendent	4
IDCC Coordinator	1
Nursing staff	161
Masters of Science in Nursing (Obstetric)	1
Bachelor of Science in Nursing (BSN)	11
Bachelors in Nursing Technology	3
Nurse Anesthetists	3
State Registered Nurses	42
State Enrolled Nurses	15
State Registered Nurse Midwives	4
State Enrolled Nurse Midwives	6
Nursing Aid	31
Nurse Assistants	32
Ward Maids	6
Physiotherapist	2
X-Ray Technician	1
Assistant X-Ray Technician	1

Some highlight events of 2015 in pictures

Ultrasound Technician	1
Dental Technician	1
Microscopist	1
Nurses and Auxiliaries working in attached Health Centres	28
Laboratory	22
Master of Science in Haematology	1
Bachelors in Medical Laboratory Science (BMLS)	6
Medical Laboratory Technicians (MLT)	18
Cytotechnologist	1
COMMUNICATION	1
Bachelors in Journalism	1
TECHNICAL STAFF	15
Electrician/Mechanics/Plumber	3
Carpenters	5
Drivers	3
Associate Degree, ICT	2
ICT Assistants	2
DOMESTIC STAFF	55
Canteen	12
Cleaners	19
General Labourers	4
Tailors	3
Laundry	4
Security Guards	13
Mortuary Attendants	3
PASTORAL / SOCIAL WORKERS	27
Chaplains	3
Full-Time Counsellors	4
Part-Time Counsellors including some Nurses/Community Relay Agents	20
MEDICAL DOCTORS	8
Surgeons (2 Gynaecologists/1 Urologist)	3
General Practitioners	4
Paediatrician	1
TOTAL STAFF ENROLMENT	327



Difficulties

- The 2 staff members working continuously for two years without going on leave.
- Lack of a guard poses a serious security to the workers' security as they are both women
- The committee members have not been function except the treasurer.
- The laboratory personnel has gone to School with no replacement

It is our earnest desire that the Administration of Shisong Hospital should urgently look into our difficulties to salvage the situation of Banten H/C

27. Cytopathology Unit

In a bit to improve the health standards of the population in relation to cancers prevention, especially cervical cancer, the unit continued to sensitize and create awareness on the importance of regular cervical cancer screening especially using the standard test (Pap test) which is ideal for early detection and treatment of precancerous lesions before they can ever become cancerous. The best way of treating cancer is by prevention and the best prevention is by regular screening. The outreaches in 2015 were very successful with positive feedbacks from the clients and the institution. Screening visits were made to Kikakelaki, Tatum (twice within the year), Wainamah, Kingomen, Jakiri, Djottin, Wvem, and the CHALICE women's group. A total number of 739 clients were screened during these tours. 1141 specimens were collected in 2015 as opposed to 439 in 2014. Below is a summary of the specimens that were collected.

Pap smear	FNA		Fluids		TOTAL
	Breast	Lymph Nodes	Pleural	Peritoneal	
1000	10	83	29	18	1140

There was a remarkable increase in the cervical cancer screening in the outreaches more than ever before

Proposals

- ◇ Formation of a cancer sensitization team to create more awareness, strengthen and improve on outreach activities.
- ◇ Pap test to be implemented as a ROUTINE test for all women consulting in our hospital
- ◇ All consultants/doctors to adequately utilize the science of cytology
- ◇ A need for a female gynaecologist
- ◇ Need for a pathologist or upgrade knowledge on histopathology.

DOCTORS' RESPONSIBILITIES

Name	Responsibility
Dr. Njiki Jules	Chief Medical Officer, Gynaecologist
Dr. Ambassa Jean Claude	Clinical Director – Cardiac Centre
Dr. Tantchou Tchoumi Jacque Cabral	Head of Cardiology
Dr. Cisse Demba	Urologist
Dr. Wandji Kounougo René	GP, Neonatologist, Dr. in charge of the Integrated Day Care Centre
Dr. Daniel Foppa Tiankwa	Pharmacist
Dr. Charles Mve Mvondo	Head of Cardiac Surgery, Cardiac Surgeon
Dr. Onivogui Faustin Djobo	Gynaecologist / Obstetrician
Dr. Nchare Chouibou	GP, in charge of the Diabetes Program
Dr. Kitio Zogni Gilbert Juvelil	GP
Dr. Njimoh Alemnju Edwine	GP

TURNOVER AND OTHER STAFF INFORMATION

Retirement.....	2
Recruitment.....	20
Wedding	2
Deliveries.....	10 & 1 set of twins
Death	0
Departures.....	12

Currently on training 2015/2016

Medical doctor in specialisation.....	1
State Registered nurses	7
Degree in Nursing	3
Midwifery	0
Communication and Public Relations.....	1
Counselling.....	2

Completed training in 2015

Nurse / Counsellors.....	4
BSc Nurses.....	2
BMLS.....	1

FEAST OF ST. ELIZABETH OF HUNGARY

The feast of our patron, St. Elizabeth of Hungary started with a Novena on the 4th of November, and closed with a torch light procession from the Sisters' Cemetery to the St. Elizabeth Grotto in the Hospital. The Feast was celebrated this year on the 21st instead of the calendar 17th November. with Holy Mass at 9 a.m officiated by Fr. Tobias Ngah and Fr. Nestor Nyamjo and massively attended by the new hospital Administration and staff, Provincial Leadership Team, patients, guardians, and CSHS students and staff. A renewed spirit and commitment of staff participation was displayed during the animation and cultural presentations of the Khan Dance, Njang, dance, Mbaya dance, 2minute past 2:30 from CSHS, and a wonderful presentation from the SW II patients (some on wheel chairs), guardians and staff. Refreshments crowned the 2015 feast of St. Elizabeth with very good feedback on the organization of the event. Fr. Tobias blessed the twins delivered within the week of St. Elizabeth Feast.



Provincial Leadership Team



Director & Deputies



St. Elizabeth Choir

- November 29th – Participation in the Parish harvest thanks giving by the Hospital staff, whereby 7650000 was raised as opposed to 600,000 FCFA in 2014. this is indicative of the staff growth in giving and it is hoped it will continue to increase in the years ahead.

SOME SIGNIFICANT SOCIAL ACTIVITIES / NEWS/EVENTS OF THE YEAR

Staff Retreat 2015

Staff annual retreat for 2015 for Group One was from the 2nd to the 3rd of February, Group Two from the 4th to the 5th February 2015 and Group Three from the 19th to 20th of March 2015

- January 10th - Launching of Sports Season –Volley ball & Football and the finals played on the 9th of August 2015
- March 8th – Celebration of women's day with all the female staff.
- May 1st - labour Day celebration: The Hospital staff marched at Tobin.
- 4female staff members got wedded; 2 in January and 1 in August 2015
- 2 General staff meetings on the 1st April and 5th November 2015
- Retirement of 2 staff members from the hospital
- Departure of Dr Ivan Timofeev and Dr Olga Timofeev on the 29th July 2015 Dr.

Parameter	Total			
	New	Old	Ref	
consultations	2166	315	39	2481
Admissions	Male	Female	Total	
	210	331	541	
Deliveries	Male	Female	Referral	Total
	63	65	4	124
ANC	New	Old	Ref	Total
	135	414	3	552
IWC	New	Old	Ref	Total
	133	810	0	943

Laboratory investigations were also conducted for malaria and HIV

26.5. BANTEN HEALTH CENTER

Incharge: Berinyuy Nicoline Yensi

The Health Center continued with its usual activities in 2015. The Health Center has two workers with 4 wards and 13 beds. Work was being carried out by only 2 staff since September 2014 till end of 2015 with the departure of the microscopist for further studies making work very difficult especially performing the elementary laboratory investigations before treatment. The center has been managing to sustain its functioning cost.

With regards to infrastructure, the consultation and female blocks was renovated thanks to a bundle of zinc donated by Hon. Mbiybe Caroline (Parliamentarian for Nkum)

Statistical Analysis

	Indicators	2015
1	Outpatient	502
2	Inpatient	104
3	Deliveries	39
4	ANC	155
5	IWC	416

This year the Health Center received the gift of a generator from the village elite while Medicines for Humanity offered to renovate the structure. Eleven community workers have been trained.

Financially the year ended with a deficit of more than 100,000 FCFA. The following are the statistics for Mvem Health Center.

		Year
	Indicator	2015
1	Outpatient	1275
2	Inpatient	175
3	Deliveries	54
4	Referrals	24
5	Minor surgery	112
6	Lab Test	612

26.4. WAINAMAH SACRED HEART HEALTH CENTER

Nurse in charge: Fola Clarisse Suilareng

Activities continued at the Wainamah Health Center as usual thanks to the additional staff strength from 5 in 2014 to 6 in 2015. In collaboration with the Health Management Committee various services were rendered to the target population of 5898. More Community Health Workers have been trained (sponsored by Medicines for Humanity) to assist the workers. The lab still suffers and patients get disappointed since the microscopist does not work full time. The Health Centre participated in all the immunization campaigns in the Health Area, such as polio vaccination, mother-and-child nutritional week, etc.

Construction of the showers and toilets was started, funded by Medicines for Humanity, but came to a halt due to shortage of resources. There is the need to create a children’s ward, but financial resources are lacking. Medicines for Humanity provided the water storage tank that supplies water to the admitted patients and post partum mothers. The organisation also provided food to malnourished children in the health area.

Though the financial situation is not so wonderful, we are glad to have cleared all the debts owed the Hospital. Below are some statistics:

Dimba Cisse (Urologist) started work on the 3rd of August 2015 and has been performing his functions well.

- The official handing over of office by Sr. Ebamu Ruphina (Outgone matron) to her successor Sr. Kinyuy Mary Aldrine Banseka on the 25th September 2015 witnessed by the TSSF Provincial Administration, civil Administration, BBH Administrator staff members and other stakeholders of the institution. It should be noted that Sr. Ebamu Ruphina served from September 2006—September 2015
- In accordance with the institutional culture, the Hospital Administration organised thanksgiving masses for its two Small Christian Communities and like Santa Claus or Father Christmas gave assorted gifts to all workers of the entire Hospital.
- 6 staff members completed their courses in the various Higher Learning Institutes and resumed duty in the institution within the third and fourth quarter of 2015.

The second Scientific Conference of Cameroon North West Association of Anesthetists (CAMNOWAA) held in Shisong Hospital on the Saturday 21st February 2015.

Focus was on the team “Safe Surgery Saves Life” which reflects the WHO global campaign in making surgery safer everywhere in the world through the introduction of the WHO surgical check list and ensuring that each operating room in the world have at least a pulse oximeter as the basic monitoring equipment during surgery. The guest speaker for the conference was Dr. Ellen Dailor from the University of Rochester, New York who has remained keen and interested in the welfare and activities of our young association. The conference ended with the distribution of 50 oximeters that were donated through Lifebox-a charity organization based in the UK whose overall objectives is to supply each operating room in the world with at least a pulse oximeters.



Distribution of oximeters to participants.



participants viewing the oximeters

Achievements / Infrastructure

Renovation of the Administrative block, General ward, Canteen, Mortuary and Doctor’s residence. Ongoing construction of new private wards for the SW II de-

partment

16th March 2015

The successful realization of a covered walkway linking the Compound Office and the Men’s Medical Ward on the 16th March 2015 to ease movement of patients especially during the raining season

STAFF RETIREMENT CELEBRATION 2015

The event took place on December 30, 2015 beginning with a Holy Mass at the Cardiac Centre OPD Hall, where the entire Hospital community and families joint to celebrate the many years of service for Bongfen Chin Rose (40 years), Nsoyuni Margaret (24 years), joined by Mr. Viban Richard and Mr. Tata Paul from the Shisong Convent community. The Director, Sr. Kinyuy Mary Aldrine , attending an event of this magnitude for her first time in her capacity appreciated the senior citizens going on retirement for their selfless and devoted services in the Lord’s vine yard for their respective number of years of service. The Administrator for Bansa Baptist Hospital (BBH) who witnessed this ceremony thanked the retirees for the services to the institution and applauded them for retiring happily unlike some who go on retirement grumbling and wished them God’s continues guidance and protection as they relax at home.

Sr. Marietta Giwe , enjoined the senior citizens to continue to serve God as they rest at home while thanking the respective families for their support. Some of the retirees acknowledge that they had handed some of their spiritual responsibilities to the young staff. Remarkable in this year retirement celebration was the attendance and participation of the St. Elizabeth choir Lun-Kumbo.



Senior citizens with the Administrators

Challenges

There is still low usage of the Health Center by the community due to insufficient sensitization despite the efforts made by the health committee to encourage them.

Secondly, the health centre has just 1 person for the Lab, 1 in the pharmacy and 1 for birth assistance making the workload heavy on these few staff. There is need for more staff

26.2. KINGOMEN HEALTH CENTER

The staff of Kingomen Health Center continued rendering outpatient, inpatient, deliveries, ANC, IWC to the population of this health area in 2015. The human resource was not stable this year as one staff member came and left after another leading to a negative functioning of the Health Center that has not been redressed. The following are some statistical analysis of the services offered

	Indicator	Year	
		2014	2015
1	Outpatient	498	763
2	Inpatient	58	122
3	Deliveries	45	43
4	ANC	129	168
5	IWC	517	470

Challenges

- No supervision from Shisong Hospital as was the case over the years
- No supervision during IWC i.e. every 3rd Tuesday
- No committee for Health Center
- No access to collect money from the Bank
- No collaboration among workers

26.3. MVEM HEALTH CENTER

The Center is managed by six personnel: 2 nurses, 2 guards, 1 microscopist and a ward mate, serving a population of 4,183. The few nurses are unable to perform outreach activities and home visits. In the absence of a cleaner, everyone takes part in dry cleaning the structure. Staff meetings are held monthly, and national immunisation days are observed.

UNPAID BILLS

The institution still ended the year with unpaid bills despite the presence of the 2 Health Insurance Schemes in the Hospital. The financial inability of many patients to pay their bills upon discharge has continued to pose a big a problem. Below is an analysis of the pending Hospital Bills:

Bills by Patients	7,251,075
Staff c/o the Institution	2,105,150
Sisters' bills	6,310,500
TOTAL	15,666,725

26. OUT-REACH CLINICS

26.1. SABONGIDA *Chief of Center: Yinde Lucas Gobi*

The 3 staff members of Sabongida Health Center continued to rendered services to the population of this locality in collaboration with the Health Management Committee . Activities carried out were consultations, delivery, ANC, IWC and vaccinations in the outreach. A total number of 340 cases were attended to in 2015. In order to build capacities, the staff attended seminars and meetings at the District Hospital in Nkambe and others at Dumbo Health Centre. Monthly regular visits by the PHC team from the Shisong Hospital has always been appreciated by the patients, especially those on ARVs. Some of the achievements as follows:

- ◆ Repairs of the collapsed placenta pit, repairs of the kitchen roof blown down by wind, 2 doors and window eaten by ants repaired , the roof repaired both inside and outside the house.
- ◆ 8 lockers, 1 scale and 1 examination bed brought by Sr. Venji

Statistical Analysis

Parameter				Total
	New	Old	Ref	
consultations	317	23	14	491
Admissions	Male	Female	Total	
	36	75	101	
Deliveries	Male	Female	Referral	Total
	18	22	0	40

SMALL CHRISTIAN COMMUNITIES (SCC)

The St. John Paul II and St. Camilla SCC continued with their monthly doctrine classes every first and third Saturday of the month respectively. This breakdown of staff into these groups facilitated the teaching of the Catholic Doctrine monthly by Staff Chaplain.

SOME VISITORS IN 2015

- ◇ The General Manager of Banque Atlantique, Cameroon visited the hospital on the 24th January 2015 and among the things discussed was the provision of an Automated Teller Machine (ATM) in the hospital for Banque Atlantique clients
- ◇ LUMOS Board Members visited the hospital from the 17th to the 19th February 2015 in view of strengthening the existing collaboration with Shisong Hospital and to discuss plans for continuous sending of:
 - students for internship to Shisong hospital;
 - teachers to teach in the nursing school; and
 - cardiac teams for surgical missions in the Cardiac Centre.
- ◇ Manager Brasseries du Cameroun
- ◇ Richard Kings with some Italian friends
- ◇ International supervisor of Stride Cameroon
- ◇ Richard Mueller, a pharmacist from the USA, visited the TSSF pharmacies, including that of Shisong Hospital for needs assessment. At the end he made recommendations for improvement, including possibilities of centralized procurement of medication and disposables.
- ◇ A Delegation from the City of La Crosse Wisconsin, USA currently visited Kumbo Council and Shisong Hospital on the 29th of December 2015.

SECTION TWO

DEPARTMENTAL REPORTS OF CLINICAL ACTIVITIES

We shall present a brief report of each department with specific or general statistics, depending on its size and complexity.

OUT PATIENT DEPARTMENT

Doctor in Charge: Dr. Njimoh Alemnju Edwine

Consultation of patients continued 24/7 in this department. Dr. Nchare , Dr. Gilbert were joined by Dr. Jaspa in the last quarter of 2015 to foster work in this department Departmental meetings and refresher courses were organized

Year	2014	2015
New patients	30,432	26,462
Old patients	5,651	5,952
Total consultations	36,083	32,414

Ten Commonest Causes of Mortality in 2015

HIV/AIDS	62
Malignancies	14
Diabetes	14
TB	13
Anaemia	13
Liver Cirrhosis	6
Renal Failure	8
Pneumonia	8
Gastro enteritis	8
Sepsis	7

Ten Commonest Causes of Morbidity in 2015

Gastritis / PUD	2518
Malaria	2136
Gastro-Enteritis	1304
Rheumatism	1026
Bronchitis	984
Diabetes	292
Urinary tract infections	623
Hypocalcaemia	549
Hypertension	154
Fungi Infection	285

HOSPITALISATIONS (WARDS)

Patients continued to be admitted and nursed in the various departments of the hospital in 2015. Below are the statistical analysis of hospitalizations registered in the various departments.

Definition	Income	Expenditure
Salaries medical / paramedical staff		323,927,925
Salaries: domestic staff		40,202,190
National Social Insurance Fund		43,326,805
Allowances: other service cost		25,100,350
Medications		182,756,922
Medical /surgical material		6,566,100
X-ray material		6,101,300
Dentistry		2,752,325
Laboratory		49,200,075
Electricity		20,679,551
Fuel		12,436,200
Laundry and hygiene		9,985,045
Beddings/hospital gowns		3,550,000
Wood work		4,021,050
Mortuary		4,106,500
Physiotherapy		769,250
Stationery /administration		4,492,650
Telephone /internet		3,860,200
Petrol		6,340,750
Car service and repair		5,524,950
Contributions		4,500,000
External travelling expense		1,500,000
Local transportation expense		1,750,325
Courses and seminars		1,389,650
Church		1,095,600
General maintenance		11,687,550
Building maintenance		20,054,684
PBF		49,708,970
TOTAL	851,578,302	847,404,917
Balance B/D		4,173,385
Balance B/F Next year	4,173,385	

25. FINANCIAL REPORT

The planned budget for 2015 was stringently managed as analysed in the income and expenditure tables below.

DESCRIPTION	INCOME
Registration	6,725,500
Dispensary	167,115,250
Wards/operation	305,006,675
Surgery	55,532,402
Consultation	16,995,600
Maternity	39,987,150
Laboratory	120,025,675
X-ray	22,687,550
Dentistry	4,925,100
Eye Clinic	3,265,300
Clinic	11,225,250
Ultrasound	27,010,050
Physiotherapy	3,050,100
Mortuary	13,945,000
Local donations	3,650,750
PBF	50,430,950

	Admission	Patient Days	Deaths	Dis-charge	Daily Av.
MMW	2011	10753	77	1930	29
FMW	1759	10482	75	1685	28
Surgical II	169	3967	16	155	10
Mat	1300	7225	1	1298	19
General	237	3816	24	219	10
Children	1002	4649	17	986	12
Surg. I	713	7330	8	712	20
Gynae	778	6430	5	770	17
Cardiac Center	1223	9170	133	1098	25
Total	9192	63822	356	8853	

3. LABORATORY

The department continued with the laboratory investigations normally within the year. Some of the staff members were transferred to other units while 4 staff members left the unit and were replaced by 4 newly recruited staff who joined the team in the last quarter of the year. One staff member who went on further studies completed his course and resumed duty. The staff members took turns to attend the Thursday classes and went on their annual leave accordingly. Reagent purchase was done quarterly to ensure there was no stock out of material. Students on internship from the various Higher institutes of learning were received in the department for practical experiences. The main lab supported the blood bank in providing technicians for each blood collection outreach as need arose.



3.2 VISIT OF “BIOLOGIE SANS FRONTIER”

The department received Jean Simon and Cecile Guillerm from Biologie Sans Frontier (BSF) who visited the lab for 10 days at the end of which they donated some materials to the department. They also organized installations and trainings offered by equipment technicians from MEDICALEX to train laboratory technicians on equipment.

Challenges

The laboratory did not have an autoclave and this was a big hindrance to the microbiology section of the Lab 2015.

Later in the year we encountered some problems with the two old spectrophotometers resulting from the aging out of the lamps. This we applied to the administration for the photometers to be serviced and we are still waiting for the servicing to be done.

We encountered a few problems with shortage of some materials at the level of suppliers but thank God it was not so serious to stop work.

We also encountered problems with communication and printing specifically the lack of a printer and an internet connection in the lab.

Statistical Analysis

ANNUAL LABORATORY STATISTICAL ANALYSIS 2015	
ANNUAL TOTAL N ^o OF PATIENTS	19303
ANNUAL AVERAGE PATIENTS PER DAY	53.08166667
ANNUAL TOTAL NO OF TESTS	90125
ANNUAL AVERAGE TESTS PER DAY	243.9425

Comparatively, the annual statistical analysis indicated a mile decrease in the average number of patients 54.9 per day from in 2014 to 53.1 in 2015 though with an increase in the average number of tests done per day from 222.7 in 2014 to 243.9 in 2015.

The way forward

The two old spectrophotometers and the haematology analyser should be serviced and the lamps replaced with new lamps.

An autoclave should be purchased for the laboratory.

A printer should be purchased for the laboratory.

An Internet connection system could be installed for easy communication.

A data base software and a printer should also be installed in the main lab for better information management.

Plans for 2016

Try to see with the administration if the two old spectrophotometers could be serviced and the lamps replaced with new lamps.

Try to see with the administration if a new haematology machine probably with

- Capuchin Province of Lombardy and Custody of Cameroon
- The District service, Kumbo East
- The Franciscan Common Venture, USA
- Intercare, UK
- Medicines for Humanity, USA
- University of Professional Education, Arnhem, Netherlands
- Kindermissionswerk, Aachen, Germany
- Dr. Lawong Gilbert and Friends, Munich
- Humanitarian Aid, Germany
- The Clinton Foundation, USA
- CYMA Firm, USA
- Leuven Catholic Hospital, Belgium
- Care Cameroon
- Project Hope
- BIWON-Children’s Brighter Future Association, Shisong
- Archbishop Paul Verdzekov Heart Foundation, Shisong
- Mutual Health Cooperative Society
- BEPHA
- Nascent Solutions (Kumbo)
- Brotherly Heart Association
- North West Special Fund for Health (NWPSFH)
- All the Institutions that send their interns to us (listed on page...)
- All the TSSF Health Institutions

- Construction of modern maternity
- An intensive care unit
- A new sterilization unit
- Construction of additional space for Physiotherapy

23. COLLABORATION WITH THE CAMEROON GOVERNMENT

- The Government organized seminars in which our staff participated; for example: a seminar on malaria rapid and confirmatory diagnosis in Bamenda for laboratory personnel; the 2014 annual conference organized by the Cameroon association of medical laboratory sciences in Yaoundé with the theme: *infectious disease outbreak; role of the clinical diagnostic laboratory*; seminar on *quality in diagnosing HIV and PMTCT*, organized by the centre for disease control and prevention (CDC) in Tobin.
- Through the Ministry of Health, that of Finance granted exoneration for the importation of medical supplies for the Cardiac Center
- The Ministry of Public Health guaranteed the Hospital a 10-million FCFA subvention, pending payment.

While we are grateful for these moves, we hope that the subvention for 2015 will be increased, sponsorship of the cardiac surgery for the underprivileged patients, paving of the 5km road from Kumbo to Shisong.

24. SOME MAJOR DONORS AND COLLABORATORS

Thanks sincerely to each and every one of our benefactors, donors, volunteers and collaborators who assisted us in our effort to bring wholesome and affordable healthcare to the people of Cameroon, Gabon, Nigeria, Chad, and the Republic of Central Africa who come to us:

- General Administration of the Tertiary Sisters of St. Francis, Rome
- Provincial Administration of the Tertiary Sisters of St. Francis, Brixen
- The Bishop of the Diocese of Kumbo
- Ministry of Public Health, Cameroon
- Minister of Finance (granted exoneration from custom duties and taxes)
- Bambini Cardiopatici nel Mondo Association, Milan-Italy
- Cuore Fratello Association (Milan and Cameroon)

more parameters can be purchased for the lab.

Try to improve on the quality of laboratory services by drawing up a quality manual and start implementing quality assurance activities.

3.3 BLOOD BANK

The great need for safe blood for various cardiac procedures and for patients in the Cardiac Centre and the General Hospital in Shisong necessitated the putting in place of a blood bank. The Blood Bank has evolved and carries out blood collection in Shisong and at outreach. The existence of the blood bank led to the creation of the Pelican Voluntary Blood Donor Association (PVBDA). This Association was legalised in 2013 and mobilization of voluntary donors remains a major activity. Blood Donors are clustered in 58 villages and technicians from Shisong Hospital carry out monthly blood collection. The partners of Shisong Hospital Blood Bank are – the Cameroon Government, PVBDA, and the National Voluntary Blood Donor Organisation. During the year under review, the mobile blood collection team of Shisong Hospital carried out 25 blood collection visits. 1210 voluntary donors were screened, 1099 actually donated. Current records show that there are about 7500 voluntary blood donors of the PVBDA across 58 villages in Bui Division.

4. ULTRASOUND

Work and training programs in this department were successfully carried out in 2015 without any major drawbacks. A total of 4649 ultrasound exams were done against 4525 exams in 2014 indicating a positive incidence in growth. The department was assigned a floor cleaner to improve on the sanitary conditions and the introduction of disposable bed drapes. Internal sanitary control team paid visits to evaluate work carried out. Third year students of the Catholic School of Health Sciences Shisong carried out their training.

Departmental Needs

- The departments needs an Ultrasound machine with current and required performance/installations.
- An additional toilet to the existing one to serve female and male patients separately.
- Refresher courses for the staff of the department would help them be updated on recent and advanced procedures for examinations.



Ultrasound Statistics

	Abdomen	Abdomen pelvic	Pelvis	Obstetrics	Thyroid	Testes & Scrotum	Breast	Others	Tot
Jan	18	73	145	85	2	3	0	33	359
Feb	17	93	145	73	0	1	0	39	368
Mar	23	117	113	90	0	0	1	49	393
Apr	12	95	144	77	1	1	0	76	406
May	8	91	115	71	0	1	0	62	348
Jun	16	112	154	84	0	2	0	95	463
Jul	22	114	143	69	1	5	2	69	425
Aug	24	169	198	128	5	9	0	38	571
Sep	32	114	117	82	4	6	0	8	363
Oct	13	111	123	64	4	9	1	14	339
Nov	18	109	84	47	0	7	1	18	284
Dec	23	102	110	72	1	7	2	13	330
Tot	226	1300	1591	942	18	51	7	514	4649

5. CHAPLAINCY SERVICES

By Sr. Mary Charles, Fr. Tobias Ngah and Fr. Nestor Nyamjjo

The Chaplaincy continued to promote the mission of the Hospital by catering for the spiritual and pastoral needs of the patients, caregivers, and the staff irrespective of their religion. The department witnessed the transfer of Fr. Gordian Baba who was replaced by Fr. Tobias Ngah. During the year, much time and energy was devoted to the sick during daily rounds in the wards to assist them in their spiritual needs. Many patients participated in some of the sacraments according to their needs for spiritual healing.

The chaplains listened, advised, counseled, taught catechesis, and administered the Sacraments (for Catholics). They worked in collaboration with the Counseling team and staff members, especially the departmental heads. Gifts collected at the end-of-year Masses were given to the poor.

Drawing inspiration from James 5:13-15, the following Sacraments were administered this year, anointing of the 274 sick people, Holy Communion, 2 couples for sacrament of matrimony (in each case, one of the partners was in danger of death), sacrament of Reconciliation administered to patients, guardians and staff during the Lent and Advent season.

22. THE 2015 DEVELOPMENT PLAN

The following projects are envisaged for 2015. We would be glad with any donor that comes to our aid.

EQUIPMENT

- Suction machine and monitors for the maternity and theater
- Ultrasound in M—and B—Mode capable of scanning the cerebro/vascular system, abdomen, pelvis, neck, thorax, breast, musculoskeletal system, oncology and urology.
- CT scanner
- A computer and a printer for proper documentation in the theater
- Anesthetic machines since the current ones are unreliable
- Potent sutures
- Artificial respirator, incubator, trolley for caesarean section, sphygmometer, baby scale, television for the labour ward.

PERSONNEL

Anesthesiologist
 Cardiologist
 Specialist in tropical medicines
 Dentist
 Radiologist
 Cardiac Intensivist
 ICU Nurses (Cardiac Center)
 A general surgeon
 A pediatric surgeon
 A Pathologist

Nb: Our recruitment plan is scheduled for January and July

CONSTRUCTION PROJECTS

- Networking of the Hospital / intelcom
- Completion of the construction of more Private wards at the Surgical II Unit
- Construction of a fence
- Construction of a bore hole in the Cardiac Center
- Construction / equipping of a customer service block
- Construction of Guest House for volunteer nurses and doctors

10 years of collaboration with Shisong Hospital. The following services were guaranteed to its members who fulfilled the benefit conditions in 2015:-

- 9 cases benefited 50% coverage for out-patient bills worth 3,909,875F
- 324 cases benefited 75% coverage for hospitalization bills worth 7,045,402F
- 72 cases benefited 50% coverage for normal delivery bills worth 923,950F.
- 24 cases benefited 50% coverage for planned surgery worth 1,436,425F
- 3 cases benefited 75% coverage from unplanned surgery worth 370,000F

NB: The above surgery percentages are covered only for members who are three years and above in the scheme.

All bills are submitted monthly from Shisong Hospital to KMHO and are being paid progressively following the contract terms. A total of **1310 cases** benefited from the MHO services amounting to **14,639,302Fcfa**.

The net-working of Kumbo, Bamenda, and Boyo MHOs now enables coverage of members who come to Shisong Hospital and vice versa. 1 case for outpatient and 1 for hospitalization from Bamenda MHO benefited from the networking service.

Challenges faced were the high delinquency rate of members who default after benefiting or renew late in most cases when a group members is already sick

21.2. BAMENDA ECCLESIASTICAL PROVINCE HEALTH ASSISTANCE (BEPHA)

By Limfenyuy Dzelamonyuy, BEPHA Agent in the Hospital

Since 2010, BEPHA has been in collaboration with the Institution in an effort to ensure the provision of effective, cheaper, and quality healthcare to members. The office continued to sensitize the population regarding their services—subsidizing a certain percentage of members’ consultations, hospitalization, delivery and surgery bills. Below are some statistics:

Service	Out Patient	Hospitalization	Delivery	Surgery	Total
No.	410	201	23	27	661
Cost	2.305.991	3.758.606	341.625	1.849.624	8.255.846

Challenges:

- Some members failed to adhere to the rules governing the scheme; this led to misunderstandings and dissatisfaction of some clients. For their comfort and satisfaction, we have continued to educate and to make proper follow-up, especially when clients are hospitalized.
- BEPHA’s inability to cover certain illnesses, investigations and some treatment even when the patients are needy.

Some spiritual activities of 2015

Holy Mass at 6:30 am.....Wednesday and Friday by Fr. Tobias Ngah
 Holy Mass at 5:30 am.....Saturday by the Capuchins
 Morning Prayers at 6:45 am.....Monday, Tuesday, Thursday
 Adoration of the Blessed Sacrament..... before morning Mass

The celebration of the World Day of the Sick took place on February 10 in which the sacrament of anointing was administered to 78 persons. The Chaplains were actively involved in preparations for the celebration of the Feast of St. Elizabeth of Hungary on the 21st November, Recollection and organized Retreats in order to uplift the spiritual life of the staff, administered ashes on Ash Wednesday. The Chaplains also encountered members of sects around whose reaction at times were not positive.

The doors of the Chaplaincy remains widely open to receive especially spiritual material and financial support to boost the ministry.

6. DENTISTAL CLINIC

Incharge: Sr. Mark Verjai

Activities continued normally in 2015 with the usual dental procedures / services rendered to the clients who came for consultation in the Dental Department . Students on internship from St. Louis Higher Institute and those from the CSHS were received in the department for more practical experience. The staff strength remained 3 persons who have worked so hard to realize the following statistics.

Procedure	Number	Procedure	Number
Caries	391	RCT	14
Fillings	145	Traumas	3
Repaired dentures	38	Peritonitis	5
Complete dentures	6	Children	13
Abscesses	94	Dental wiring	2
Sensitive teeth	19	X-rays	4
Scaling	22	Extractions	232
Partial dentures	109	Tumors	4
Periodontitis	48	Others	552

Statistics

Total number of old clients	144
Total number of new clients	903
Total number of clients in 2015	1047

7. OPERATING THEATRE (*Njoaka Cyprian M –HOD*)

Surgical procedures continued to be performed in the unit throughout the year with increase in the number of surgeries conducted as reflected in the statistics. The unit witnessed the departure of the General Surgeon and Urologist Dr. Timofeev Ivan in July 2015 who was replaced by Dr. Cisse Demba (Urologist). The two Gynecologist continued with the operations in their specialties. The staffing situation improved from 8 trained staff to 10 while the 3 auxiliary workers were there to take care of environmental sanitation. Unlike the previous years, 2015 witnessed remarkable changes/events such as the provision of Anaesthetic air compressor, CO2 monitor and Oxygen concentrator by a Belgian team, installation of scalytic operation table lamps in the Theatre One, constant presence of Nursing and medical students from national and international training grounds, the 2 months working experience in the field of urology by Dr. Gilber Kitio.

Statistics of Surgical Operations

OPERATIONS						
Major	Minor	Hernia	C/S	POP	Suturing	I/D
753	311	149	319	3	85	53

Challenges

- Absence of an intensive care unit and staff to monitor patients
- Delayed sterilization programs because of very old and poor functioning machines
- Intermittent shortage of Anaesthetic drugs and surgical materials
- Referral of the very complicated cases to our surgical setting is on the rise.
- Inadequate theatre staff especially as we envisage a General surgeon

Needs

- An urgent need for an Anesthetic machine (Glostaven system)
- Construction and staffing of an ICU
- Construction of more operation rooms (an in-built system) with provision for different surgical specialties
- Proper renovation of theatre II floors and walls

20. AUXILIARY SERVICES

The auxiliary services of the Hospital offer humanitarian services to complement the medical care provided. They are as follows:

Carpentry Workshop provides and repairs all wood work needed in the Hospital; such as, chairs, tables, coffins, cupboards, etc. For excellent products, the department stands in need of a planing machine.

Mechanical workshop carries out maintenance and sometimes, assembles the mechanical equipment needed in the Hospital. Its personnel is made of car mechanics, plumbers, electricians, etc.

Sewing room has three tailors whose routine activities includes sewing and repairing of patients' outfit, bed sheets, theatre robes, etc. The staff of this unit were busy sewing uniforms of the students of CSHS during the last quarter of the year. Some of the challenges faced by this unit are the lack of facilities such as the provision of a water closet toilet for them.

The Canteen Department continued to offer the catering services to the patients, staff and care givers. Its proximity to the patients and its patient-friendly menus are appreciated. The major challenge has been the limited staff especially those serving customers at the canteen eating room and washing dishes at the same time, thereby causing delays in service.

Security Guards continued to ensure that order, safety and security reigned at every entry point and within the Hospital premises. They are the first to welcome the incoming patients especially the emergency cases. The staff strength remained at 15 security guards in 2015.

The Farewell Home continued with its services to the public as they prepared the mortal bodies for removal by the respective family members. Work was carried out by three attendants with no major challenges.

21. HEALTH INSURANCE SCHEMES

The Hospital continued to work in partnership with the two existing health insurance schemes; Mutual Health Organization and BEPHA in health care financing

21.1. KUMBO MUTUAL HEALTH COOPERATIVE

By B. Leonarda Kinyuy (Shisong Branch office Animator)

Kumbo Mutual Health Cooperative society, a community based poverty alleviation scheme, operating on the principle of solidarity and mutual assistance for

Program	2014/2015	2015/2016	Total 2016
State Registered Nursing I	75	70	193
State Registered Nursing II	52	76	
State Registered Nursing III	52	47	
Midwifery Class I	34	31	87
Midwifery Class II	27	33	
Midwifery Class III	27	23	
Laboratory Technician I	35	36	106
Laboratory Technician II	35	35	
Laboratory Technician III	34	35	
Nurse Assistant	40	45	45
In-service	47	19	19
In-Service Midwives	0	19	19
TOTAL	458	466	470

We graduated 193 candidates at the end of the 2014/2015 with a hundred percent score at all the levels in the Certification Exam. Our resources both human and material is at the background of our excellence, a well equipped library, demonstration lab etc. The challenge faced regards shortage of lodging space, since we encourage the students to stay in the dormitory.



Library.

Demonstration Room for Nurses

8. GYNAECO-OBSTETRIC

Work continued to flow well in the unit with the 2 Gynaecologist and staff members working relentlessly to ensure that clients were given the needed assistance to ameliorate their health situation. Staff members continued to upgrade their knowledge and skill during the Thursday classes. Thanks to the availability of the 2 gynaecologists, Drs. Njiki Jules and Onivogui Faustin many more new, old and referral cases continued to be received for consultations this year.

PARAMETER	Definition	Total 2014	Sub total	Total 2015
Deliveries	Male	1,215	662	1214
	Female	1,215	552	
Caesarian section		259		316
Referrals Received		98		108
Premature	Male	43	29	59
	Female	43	30	
Twin	Male	98	51	
	Female	98	47	
Triplets	Male	3	0	0
	Female	3	0	
Still birth		34		40
Episiotomy		233		215
Mother Mortality		2		1
Babies Mortality	Before 24hrs	1		6
	After 24 hrs	12		7
Malaria Positive		0		0

Challenges

- Increased use of traditional medicines by women in labour posing a great risk during labour
- Clients unable to pay their bills, even normal deliveries
- Despite constant health education, women with previous caesarean scar still

think they can have normal deliveries and tend to stay home till they are in active labour.

- Despite the improved health care, there are still have un-booked cases.

Way Forward

- Continuous health education at the Infant Welfare Clinic (IWC)
- Increase collaboration and organize seminars with health center staff
- Encourage the health centers to ensure that referrals are done promptly

9. EYE CLINIC

Work continued normally in the Eye Clinic as many clients in need of ophthalmological problems came for the various services. The eye specialist of Ntasen Hospital, Dr. Siben Litila, continued with monthly programmed consultation visits and performed surgeries for those in need. The following are some statistics:

Rubric	No of case
New patients	540
Old patients	292
Total cases operated	45

A total number of 832 cases were consulted in 2015.

10. PHYSIOTHERAPY

Statistics

Ailment	No
Back pain, joint pain, shoulder pain, neck pain etc.	337
Weakness hemiplegia	36
Paraplegia	6
Cerebral palsy	11
Erb's palsy	4
Arthrogryposis	2
TOTAL	380

Challenges

- ◆ Inability of patients to pay for specialised procedures like Open-heart Surgery, Catheterization and Implantation of Pacemakers, defibrillators and Cardiac resynchronization Therapy;
- ◆ The need for more partners and networks to promote the Cardiac Centre; The desire to maintain and improve the quality of our services.
- ◆ The procurement of drugs and medical devices still remains a great challenge for the Cardiac Centre to find some drugs and medical equipment on the local market. The Cardiac Centre continued buying drugs through CE-NAME but most of its drugs were not on CENAME's list. The Centre can hardly do without foreign markets and its high cost is obvious.

19. CATHOLIC SCHOOL OF HEALTH SCIENCES

Date of Creation: **1954**

MISSION STATEMENT: In the Spirit St.Francis of Assisi and Maria Huber, CSHS seeks to train competent health professionals of excellent morals, who will provide quality care at National and International levels.

Administration

DirectorSr. Ilyn **WIYSANYUY**
 Vice DirectorSr. Chaira **YONGYE** Lucy
 Dean of Studies:Mr. Edwin **FOMONYUY**
 Head of Laboratory Department:Mr. Cho **Frederick** Nchang
 Head of Nursing Department:Mr. **MOFOR** Sylvanus
 Head of Midwifery Department:Sr. Franka Andienza
 Head of Discipline:Mr. Patrick **KOFON**
 Chaplain: Fr. Tobias Ngah

Staff Count

Full time Instructors: 21
 Part Time Tutors: 7
 Liberian: 1
 General Labour: 2
 Night Watch: 1
 Secretary/Bursar 1



Partial view of the CSHS campus

The State Registered Nursing (SRN) course started in September 2001 with nine candidates. The Laboratory school was opened in September 2004 with 20 students. The State Registered Midwifery Department was opened in September 2011 with 24 students. **Enrolment 2014/2015** is seen per department as follows:

On our Talking Points some pertinent issues were discussed in the course of the year and some measures taken to sustain activities and render quality cost-effective service to the sick:

Advocacy for the ‘Public Utility’ status of the Cardiac Centre was a major talking point which yielded fruits on November 4th, 2015 following a Presidential Decree N° 2015/493, recognizing the Cardiac Centre Shisong as a “Public Utility”.

- ◇ Facilitated the Celebration of some international days like World Blood Donor Day (June 14), World Heart Day (September 29), World Diabetes Day (November 14), the 5th Congress of the Cardiac Centre on November 13 and the World Diabetes Day on November 14.
- ◇ Continued with two international studies
- ◇ Got involved in the Canadian Study (INVICTUS) for anticoagulation therapy trial without INR monitoring
- ◇ Organized Saturday Refresher Classes for Staff
- ◇ The SRC supervised 06 students on internship

Mobile Screening

The mobile screening team continued with its activities. A total number of 30 mobile screening visits were made corresponding to 3,625 clients screened / consulted in the North West, South West, Littoral, Centre, South, West Regions

Some Statistical analysis from 2009—2015

Activities	Annual Totals					
	2009/10	2011	2012	2013	2014	2015
Consultation	5.956	5.420	5.268	5.246	5.976	6313
Echo diagnosis	2.423	2.470	2.357	2.520	2.709	2956
ECG diagnosis	2.464	2.263	2.132	2.307	2.490	2579
Stress Tests	00	15	08	06	04	05
Holter ECG	00	60	62	56	77	70
In-patients	994	1.183	1.213	1.051	1.180	1156
Pacemaker Implantations	04	17	17	27	22	37
Catheterizations	58	61	78	55	57	70
Surgeries	104	103	87	101	60	98
Mobile Cardiac Clinics	-	420	892	1,354	3672	3625

- ◇ Some challenges experienced within the year were that the unit received so many patients and the space remains too small to attend to the clients.
- ◇ Also, there are few personnel in the unit to cope with the increasing workload which covers the main hospital and cardiac unit.
- ◇ Some cases are difficult to manage while some cases run or are discharged without our knowledge.
- ◇ Lack of patience on the part of some clients to complete their treatment program.
- ◇ Lack of cooperation between the Doctors and Physiotherapist for complementary client management.
- ◇ There is therefore an urgent need for enough space to be provided in this unit to accommodate the increasing number of clients amidst other needs.

11. INTEGRATED DAY CARE CENTER

Activities continued normally in the Integrated Day Care Center ranging from the management of HIV/AIDS to Primary Prevention, Treatment Care and Support of persons affected by HIV/AIDS in collaboration with “BIWON” Children’s Brighter Future and Project Hope. Out-reach and educational programs targeted traditional healers, youths and adolescents. The Follow-up program of Prevention from Mother-To-Child Transmission (PMTCT) continued inline with the regulations from the Ministry of Public Health.

Care, support and ARV monthly refill was done as work was done in close collaboration with the Clinic Pharmacy, Histopathology/Cytopatology and the Tuberculosis reach Laboratory.

Routine Weekly/Monthly Activities were as follows

Talks to the pregnant women at ANC on HIV/AIDS prevention and PMTCT activities.

Every Saturdays therapeutic committee meetings

Follow up of defaulters by community rely agents on daily bases.

Health education to clients every day.

Children’s consultation and refill of their ARV’s is done following their age groups i.e. First Saturday (0 -11years), second Saturday (12 -15years), third Saturday(13-19 years)

Children’s meetings every three months.

Departmental meetings were held on the last Saturday of the month. Below are some statistics

HIV Statistics and Antenatal Clinic Inclusive

Total HIV testing	Total Positive	Female		Male		Children		
		Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Prevalence
7107	450	2402	179	4271	248	650	24	6.3%

Antenatal Clinic Statistics

Total HIV Test	Total Pos.	Female		Male		Pre.	VDRL		HB	B/G	TPHA		MP	HBV
		Neg.	Pos.	Neg.	Pos.		Neg.	Pos.			N	P		
946	33	927	33	21	0	2.8	927	87	340 0	937	36	5	226	226

CD4 Statistics

Total Tested	Therapeutic	Pre-Therapeutic	Initiated on ARVs	Total Clients on ARVs
2256	1868	388	308	1992

Polymerase Chain Reaction (PCR) Statistics

Total Collected	Total Results	Total Negative	Total Positive
53	50	47	3

Achievements

- ◆ Many clients on ARVs were properly followed up with TB test thanks to the two units within the IDCC.
- ◆ Less children defaulting treatment as an outcome of regular meetings at the child play centre that was created.
- ◆ More than 2000 secondary school students were tested of HIV for free in the Kumbo East health district.
- ◆ Many women were tested for HIV during cancer screening.
- ◆ The support from the Regional Technical Group (RTG) Bamenda, in form of testing kits, lancets etc have helped in the testing of many people for HIV.
- ◆ Financial support from CDC Atlanta through CBC enable the centre to provide ARVs to support groups in outreaches.
- ◆ 2 staff members trained on child's psychosocial care and disclosure of HIV status.

National students from various health institutions continued to make Shisong hospital a fertile ground for gaining experience in different fields, such as nursing, laboratory and physiotherapy. A total of 215 student interns carried out their practical internship 2015. Below are the statistics for 2015, excluding students from the Catholic School of Health Sciences, Shisong.

Two student-teachers came for academic research; one researching on the incidence of malnutrition in Shisong health area of the Kumbo East Health District and the other one on medical waste management in Kumbo Central Sub Division. Our staff on study leave in *Institut Universitaire Siantou* also researched on Communication Strategies in St. Elizabeth Catholic General Hospital, Shisong.

In Summary:

	2013	2014	2015
International students on internship	8	6	
National students on internship	477	422	215
Persons on hospital experience		3	1

18. CARDIAC CENTER

General Manager: Sr. Jethro Nkenglefac

The Cardiac Center in its sixth year of existence after the inauguration in 2009 continued with its relentless services to the general public. Like the previous years, 2015 was marked by planned activities, surgical missions, mobile consultations to the 6 regions and other innovations prompted by the day-to-day management and coordination of different resources. The experiences of the past years enabled the Management of the Cardiac Centre to plan and manage contingencies and slacks within its calendar of activities. These activities were however carried amidst several internal and external challenges but thanks to our partners, collaborators, benefactors and well-wishers who supported and challenged our activities at various levels. Some of the major events recorded were as follows:

The Resident Team had its hands on deck to ensure that some specialised procedures like Open-Heart Surgery; Diagnostic and Interventional Catheterization and Implantation of Pacemakers, Implantable Cardioverter Defibrillators (ICD) and the first Cardiac Resynchronization Therapy (CRT) were performed. There were Paediatric Surgical Missions from Italy and Mozambique that boosted up surgical activities in Shisong. Some expatriate Cardiac Anaesthesiologists from Europe and the USA joined the Resident Team to manage cardiovascular diseases and give hope to cardiac patients of the Central African Sub Region and Nigeria.

- Teaching the nurses the importance of documentation in nursing practice
- Priority in nursing care/routine procedure
- Patient-centered care
- Enforcement of Standards Operating Procedures (SOP)
- Nursing care plan
- Staff outlook – dressing
- Writing of shift report

Most of the lessons planned for the Thursday classes were covered though staff attendance kept on fluctuating.

INTERNSHIP/RESEARCH

No. of Students	Specialty	Name of School
7	Nursing	Catholic University of Central Africa
10	Nursing	University of Bamenda
12	Nursing	National Polytechnic Bamenda
24	Nursing	Bamenda University of Science and Technology
4	Lab. Tech	Bamenda University of Science and Technology
22	Nursing	International University – Kumbo campus
40	Nursing	St. Louis Higher Institute Bamenda
1	Nursing	St. Francis Buea
28	Nursing	CATUC, school of health sciences, Kumbo/Bda
4	Lab. Tech	Training School for Assistant Lab. Tec. Bda
12	Midwifery	Training school for Midwives – Bamenda
33	Nursing (HND)	Redemption Higher Institute of Biomedical & Management Sciences Yoke-Muyuka
2	Nursing	University of Buea
16	Nursing/Sonography	HIAMS Buea

- ◆ CD4 collection carried out in various outreach stations with the use of PI-MA machine improving patients' attendance and less defaulters.

Challenges

- ◆ No intercom in the department, making communication difficult to other departments. Patient retention still a problem.
- ◆ Insufficient funds to easy the follow up of defaulters most especially in remote areas. Flyover from outpatient department to IDCC.
- ◆ No Wheel chairs for IDCC
- ◆ Insufficient workers most especially in the Laboratory.

11.2. TUBERCULOSIS REACH LABORATORY

Tuberculosis Reach Laboratory is one of the newly created laboratories that has been screening people with suspected tuberculosis. The creation of this laboratory is in line with WHO's initiative to reduce mortality and morbidity due to tuberculosis among immunosuppressed individuals, children and also exposed individuals by early diagnosis, continues follow up and to ensure proper treatment and management. These individuals' fall under two groups; HIGH RISK, LOW RISK

High risk individuals fall under the following interventions ;

- Intervention one : Any HIV patient newly eligible for antiretroviral therapy regardless of symptoms,
- Intervention two : Any hospitalized HIV positive patient regardless of symptoms and any hospitalized patient with TB symptoms regardless of HIV status,
- Intervention three : Any HIV positive outpatient presenting at a health facility with one or more symptoms,
- Intervention four: Other TB suspects usually with unknown HIV status- Person's who are exposed e.g. nurses, carers of SPPTB, family members in the household where someone have been infected, the entire community.

These groups of person's benefited from more modern ways of diagnosing TB using the molecular technique (GeneXpert)

Low risk individuals benefited from microscopy technique.

Follow up was done on the first ,second, third , fourth ,fifth and sixth month control samples if negative, the patient is declared treated. For relapsed, defaulters and Xpert positive patients, their samples were collected before start of treatment and sent to Bamenda for culture for fear of drug resistance and confirmation. Rifampicin resistance cases were immediately referred to Bamenda for proper management with MDR-regimens

Annual Activities in the TB Lab

On 28th January 2015 Wirnkar Sequinta started a counseling course on terminal illness and psychosocial support which lasted for 9 months.

23rd July 2015 Wirnkar Sequinta attended a seminar and an evaluation meeting

in Bamenda. 28th July 2015 Kuku Peter attended a training workshop on quality control at the TBRL Bamenda. 11th September 2015 Site monitor training in Bamenda NWSFH. 18th September installation of site monitor and take of function in the institution. Below are some statistics

Month	MICROSCOPY		XPERT		FOLOWUPS	
	No done	Positive	No done	Positive	No done	Positive
Jan	99	0	137	9	13	2
Feb	313	3	89	8	19	3
Mar	66	2	103	19	17	3
Apr	94	4	149	17	16	1
May	52	2	115	14	25	5
Jun	37	2	122	14	22	1
Jul	36	3	81	8	20	2
Aug	35	2	84	6	22	1
Sep	28	0	99	10	21	2
Oct	29	3	127	10	22	3
Nov	21	1	115	12	17	0
Dec	7	0	85	6	17	2
Total	817	22	1306	133	231	25

OUTREACH ACTIVITIES

- Djottin on the 4th of every month, Jakiri and Wainamah 12th of every month
 - Mbiame 19th of every two months, Tatum 30th of every two months
 screening was done at the prisons four times a year for HIV and TB
 October students start coming for internship from BUST, Buea, Bamenda University, TSHP Bamenda, CATUC Kumbo, CSHS Shisong.
 Follow up of expert negative or discharged SPPTB through phone calls for at least seven days to be sure they are improving if not they are asked to come back for evaluation on the transport expense of the TB Reach Programme.
 Monthly and quarterly supervision by the regional and central control teams was done to ensure the smooth running of the programme.

Challenges

- ◆ Lack of space in the lab leading to congestion
- ◆ Insufficient personnel hence too much workload for one person
- ◆ Temperature fluctuations

- Some clients also wish to communicate by cell phone but at times staff are on duty and cannot receive calls

Challenges

- HIV-positive clients despite their status who are in need of a baby
- The unmarried have been requesting the services more than the married
- Some people miss appointments.
- Most often men are not ready to accompany their wives to the clinic.

17. X-RAY

Incharge: Shey Pius Verla

Work continued normally in the department as x-rays were conducted for the outpatients and inpatients. A total number of 3928 radiological examinations were performed. Within the year, we received third year students on practical experience from the Catholic School of Health Sciences Shisong

The Internal quality assessment team visited the department 6 times this year and made appraisals about the activities. In June, the x-ray machine that was acquired in 2006 had a breakdown and all attempts by the Cardiac Centre technicians to repair it failed indicating that the machine may never function again.

The manageable machine, installed in 1974, was declared out-dated by the Quality Control Team from the Ministry of Higher Education and Scientific Research in 2014. We pray and hope the hospital Administration will lay hands on a new one before their visit in 2016. X-ray discussions between doctors, ward charges and X-ray technicians were held though very irregular and not taken seriously by the concerned. There is urgent need for the Administration to reinforce this discussion classes every Tuesday for the interest of our patients and knowledge upgrading.

We held our departmental meetings during which matters concerning the department were discussed and strategies to be adopted to regularly improve on the quality services rendered.. The is a serious need and eagerness by the departmental staff members to have a meeting with the Director as soon as possible to review some departmental concerns.

NURSE SUPERINTENDENT OFFICE

The premodial role of the Nurse Superintendent is to ensure the standard and quality of the nursing care, supervision and evaluation of nurses and student nurses and general coordination of nursing activities within the hospital milieu. Some major activities of this office focused on:

- Weekly Thursday classes on various topics

Trainings

- Community workers were trained in October 2015 on the distribution of mosquito nets of which 7957 nets were distributed 3218 households with a population of 13,621
- More than 8 trainings of community workers, vaccinators for vaccination and other health programs carried out in the field. 7179 children aged 9 months to 14 years were vaccinated against measles and rubella in November 2015.
- Training of community workers on NIDs of which polio vaccines were administered to 3130 children making the 4th Round for the year.
- Mother and Child Health Nutrition Action Week (MCHNAW), 2nd Round for the year during which Vit A was given to 2882 children, Mebendazole to 2639 children aged 0—59 months. The PHC statistics are as follows:

PMTCT

Women counselled	= 893
Women tested	= 873
Women tested HIV +	= 24
Refusals	= 4

16. NATURAL FAMILY PLANNING *(Nsa Eunice)*

The Natural Family Planning (NFP) office in its second year of existence continued to attend to clients who came for natural family planning education. 37 couples were received within the year most of whom have been spacers. 6 of these couples have been achievers who have been also followed-up by the gynaecologist. Spacers who have already been practicing NFP have been doing so well to respect their rendezvous

Strengths

- Most spacers have reported success in practice
- The Office charts for follow up and booklets are available
- Availability of two trained staff for natural family planning services
- Post natal exam for all women at 6 weeks
- Achievers promote the services through sensitization
- Health education has been going on in the PHC on NFP
- A workshop has been programmed for the hospital women on NFP in March

Weaknesses

- Staff clients have been loss to follow-up because of tight work schedules

- ◆ No intercom to communicate with the other units of the hospital



Educating prisoners on TB and HIV prevention

12. TUBERCULOSIS PROGRAM

Dr. Wandji Kounougo René, (TB Coordinator assisted by Mrs. Mary Electa Lybarfe)

The tuberculosis (TB) program continued its activities of diagnosing, treating and following up of TB patients hospitalized and those discharged to ensure they complete their treatment. Thanks to the collaboration and joint efforts of the Tuberculosis Laboratory, coordinator, the ward staff and the Doctor who relentlessly worked to ensure the achievements of this unit's goals.

TB Diagnosis

With the use of the GenXpert machine in the TB laboratory improved the diagnosis of smear positive pulmonary TB (SPPTB). A total of 180 clients were diagnosed within the year as analysed below amongst whom 90 were HIV positive confirming the fact that TB is one of the highest opportunistic diseases. It was observed that many patients had defaulted their treatment or have been irregular in coming for refills. The total number of TB patients diagnosed and treated this year is classified according to the various types, as follows:-

Statistics

Smear Positive Pulmonary Tuberculosis (SPPTB)	91
Smear Negative Pulmonary Tuberculosis (SNPTB)	9
Extra Pulmonary Tuberculosis (EPTB)	11
Retreatment cases	12
TOTAL	123

Treatment Outcome

Many clients placed on treatment had not yet completed their treatment regimens by the end of the year. The outcome of TB patients put on treatment can only be given for the last year (2014) since majority of the patients diagnosed this year are still on treatment. Hence the treatment outcome of TB patients diagnosed in 2013 are as follows.

Patients diagnosed in 2013	No. treated	No. defaulted	No. who failed treatment	No. of deaths
153	122	1	0	30

The above analysis reveals that death rate still remains high attributed to late diagnosis and severe complications of HIV. Much still needs to be done to create awareness in the communities so that suspects can seek medical care early.

To continue to evaluate and build capacities, staff, of the TB Unit participated in a Regional Evaluation meeting at Bambili in February 2015, during which strategies to improve diagnosis and treatment were at the centre of discussion and another seminar on interpersonal relationship and human rights was organized in August 2015 for 3 days in Bali

Challenges Faced

The program faced many challenges within the year some of which are:=

- difficulty to trace referred patients
- Shortage of staff
- Increase death rate
- Difficulty to track and bring back defaulters

Thanks to the team work of the TB Unit staff members work went on well in 2015. The addition of more nurses and empowering them to care and follow-up TB patients will be an added impetus to enhance the services of the TB Unit

13. DIABETES MELLITUS PROGRAM

By Dr. Nchare Chouibou, MD, Diabetes Program Coordinator and Mr. Tachea Roger, Nurse Diabetes Educator

Activities continued to be centred on educative talks on diabetes to all the patients and their relatives in the various units of the institution. During the encounters clients were schooled on the meaning of diabetes, types of diabetes, common signs and symptoms, the risk factors, healthy diet, the importance of drugs and insulin and their storage condition and the importance of exercise to a healthy lifestyle.

Educative talks were also organized with the local radio stations. The Diabetes

0—11 MONTHS		12—59 MONTHS		
New	Old	Old	New	Total
545	2685	833	0	4,063

Vaccine	Type			Total
BCG				1,115
Polio	I	II	III	1,115
Penta	I	II	III	1,541
	513	511	517	
Pneumo	I	II	III	1,541
	513	511	517	
ROTA	I	II		1024
	513	511		
IPT	I	II	III	1,833
	771	613	449	
Measles				583
Yellow fever				583
IPV				200
VIT A	6-11 mths		12-59 mths	650
	305		345	
Tetanus Toxoid	I,	II	III, IV, V	1,844
	859,	556	275, 98, 56	
I.W.C	New		513	3524
	Old		3524	
ANC	New		893	5,36
	Old		4467	

Performance Based Financing Advocates the following:

Accountability, Financial autonomy of the Health Institution, Priority in the execution of activities, Monthly quantity assessment, Development by ensuring a three-monthly business plan for services and indicators to be purchased, approved, and validated by AEDES. Thanks immensely for the sponsorship.

Shortcomings

- PBF subsidies consider only the patients originated from Kumbo East Health District, which is a small portion of our actual clients.
- PBF subsidies for some months in 2015 have not yet entered the Hospital bank account, a delay which provokes many unanswered questions.

Recommendation

- To consider all Cameroonian patients whom we attend to.

15. PRIMARY HEALTH CARE

Primary health care takes care of women in pregnancy and gestation as well as babies from 0 to 12 months through health education, vaccination for immunization, etc within the Hospital and in six Health Centers under our supervision. The outreach posts are mostly found in the Kumbo East District except for Banten, Kouram and Sabongida.

Scope of Shisong Health Area

According to the Ministry of Public Health, Kumbo is divided into two Districts: Kumbo East and Kumbo West. The total population of Kumbo East stands at **17,648**. Kumbo East Health District is made up of 20 health areas. Shisong, which falls under Kumbo East, is divided into seven zones where each zone designates the date for its PHC activities.

Activities carried out within the year were as follows:

- IWC for vaccinations and education of mothers every Thursday and Saturday
- ANC booking clinic every Friday
- ANC subsequent visit every Monday and Wednesday
- Training of community workers for all the field programmes
- Training of 39 Traditional Rulers/ doctors and some stakeholders on how to help community members remain healthy in collaboration with the hospital outreach programs
- Outreach visits continued to Sabongida, Wvem, Kingomen, Banten Wainamah and Kouram health centers and other outreach areas for vaccination

Antenatal Clinic (ANC) and Infant Welfare Clinic (IWC)

New Cases	Old Cases	Counselled	Tested	Positive	I.P.T.	ITBN Distributed
981	4,195	981	923	34	1,756	770

World Day, we were not able to conduct screening due to time constraints and lack of material.

Statistics of clients seen in 2015

Description	Male	Female
New clients with type I diabetes	3	5
New clients with type II diabetes	20	28
Old clients with type I diabetes	11	2
Old clients with type II diabetes	66	39
New clients already with complications	22	
Old clients who developed complications	67	

Recommendations

- We need more nurse educators to continue the education of diabetes mellitus in the Hospital.
- We need an emergency department with resuscitation kits for complicated cases.
- Mobilise for the celebration of World Diabetes Day by providing a kit containing glucometers and strips.
- Provide an office for the Diabetes program in the institution to solve the problem of meeting patients under the tree or in lawns.

14. PERFORMANCE-BASED FINANCING (PBF)

The Performance Based Financing program in its fourth year of collaboration with the Shisong Hospital, continued with routine evaluation visits to make appraisals of the quality of services rendered to the public. A program said to be at its pilot phase in Cameroon aims at encouraging the provision of accessible quality health care to the population with special interest on the mother and child, the vulnerable population. It is financed by both the World Bank and the Cameroon Government, implemented by *Agence Européenne pour le Développement de la Santé* (AEDES) as the fund holder. Following the terms of contract signed with the AEDES General Manager, evaluations are done periodically following laid down quality monthly and quarterly indicators.

Evaluation marks scored are graded and calculation of financial subsidies done commensurately. The amount of subsidies received depends on the marks accorded to the institution.