

REPORT ON CATHOLIC ARCHDIOCESAN HEALTH AND SOCIAL CARE BAMENDA 2010

Within the Catholic Archdiocese of Bamenda (NW Province Cameroon) there are 23 health institutions: 21 health centres and 2 hospitals. Healthcare is managed by Sr Sheila McElroy of the Holy Rosary Sisters who is occupying the 'Healthcare Co-ordinator' post for 3 years until 2011. 5 Health Centres come under the Healthcare Co-ordinator; the others are run by religious orders such as the Franciscans or LA Sainte Union Sisters.

Funding is channelled through diocesan accounts at Archbishop's House. This is a very busy office and it is reported that delays in payments can sometimes occur. Debt relief is one source of finance. 21 Million Cameroonian francs (approx £28,500) have been allocated for drugs this year but Health Centres need to be officially registered in order to benefit. Some have developed without this registration and are in the process of applying. The Catholic Relief Service (CRS) and Misereor (Catholic overseas development organisations in the US and Germany respectively) also provide assistance with healthcare and related projects.

It is not clear whether anyone is able to provide an accurate assessment of an areas healthcare needs or existing overall provision. Needs are assessed by listening to presenting problems at the existing centres. Evidently different healthcare providers exist within the same geographic area. These providers include the government run health commission as well as different denominations and nationalities. It is reported that the providers involved meet together but as yet are not working as efficiently as they might and that some 'unhealthy competition' exists between them.

A qualified nurse might expect to earn 80-90,000 CFAs per month – approx £108 - £121 per month. However wages are 'negotiable' depending on the nurse's qualifications, level of experience and the geographical area etc. Salaries are higher in the state sector and it is generally accepted that people do less for their pay in the state establishments.

Medications are ordered from abroad and supplied from a central store in Bamenda but systems and personnel can at times make it difficult to trace and expedite the complete supply chain from start to finish.

Healthcare is not free. Many people cannot afford to pay for the care or medicine that they require. Health centre staff report that people often attend 'late / too late' for appropriate treatment. People who are unable to pay are generally treated but given a bill to pay over time. It is reported that some people never return to pay. Health insurance schemes such as 'BEPHA' [Bamenda Ecclesiastical Province Health Assistance] exist. This costs 1000 CFA to register and 4000 CFAs per year insurance payment. 4000 people are already registered in the scheme but they aim for 12,000 in order to make it sustainable.

A more detailed summary of the health and social care establishments visited in January 2010 follows:

WUM

[Sr Olive – Franciscan order]

300 – 350 patients per month. 36 – 40 new births /month. 1 Doctor
The quality of patient care is reported to be very good.



Bamenda funds have contributed towards renovation of the wards (left).



The centre aims to continue improving the facilities in particular the toilet and shower block but building has stalled through lack of funds (above). They would also like proper laundry facilities. The laundry is currently washed outdoors (left).

Medical supplies are received from the Healthcare Co-ordinator or from Shisong Hospital but there is much need for equipment.



The one incubator (the wooden box seen on the right of the picture behind the table) has no thermostatic control and so is not safe to use. There are no trolleys or wheelchairs to take patients from theatre to the wards and Sr Olive reports a need for a new maternity / delivery table and a theatre lamp.

ST THERESE'S HEALTH CENTRE – MAMBU BAFUT

[Sr Felicitas Asoh & Sr Belinda]

This 'medicalised centre' has a new operating theatre suite which is reported to be functioning very well. One theatre was in use when we visited. The Nigerian anaesthetist in a permanent post at the centre suggests that an anaesthetic machine is required. In addition, the second theatre needs rewiring and some surfaces replaced in

order to support the sterilising equipment which is currently in another building.

On-going equipment needs include: surgical instruments, sutures, swabs and plaster for fractures, which is very expensive to buy.



Bamenda funds contributed to improvements to the flooring and walls within the centre (as in this ward), to the purchase of the steriliser (below) and to the very active 'One Love' HIV support group. This group consists of 35 people who are engaging in various trading activities to generate funds to support one another.



On this visit, we were also introduced to the Herbal Doctors Group that meets to share speciality knowledge of plants that assist in the management of chronic conditions such as diabetes.

BABANKI TUNGO – NDOP
[Margaret]

80-100 patients per month

5 staff (4 qualified)

1 doctor visiting once per month from Akum has greatly increased patient numbers.



Approximately one third of the building is functioning (the right hand side seen above). Bamenda Funds have contributed towards the completion of the additional wards and the roof. The project is well supported in the area by two 'fons' (local chiefs) and by a strong pastoral council.



Current state of the extension (left). It still requires completion, furnishing, staffing and salaries.

In the meantime they are able to provide child health clinics – weighing and immunising the babies (below) but greatly need some delivery sets including forceps so that they can deliver from more than one mother at a time. Currently they have to sterilise the one set they have before being able to use it on another delivery.



January 2010