

**BEKOW HEALTH CENTRE – BAMESSING**  
[Franklin Ngam & Marceline]



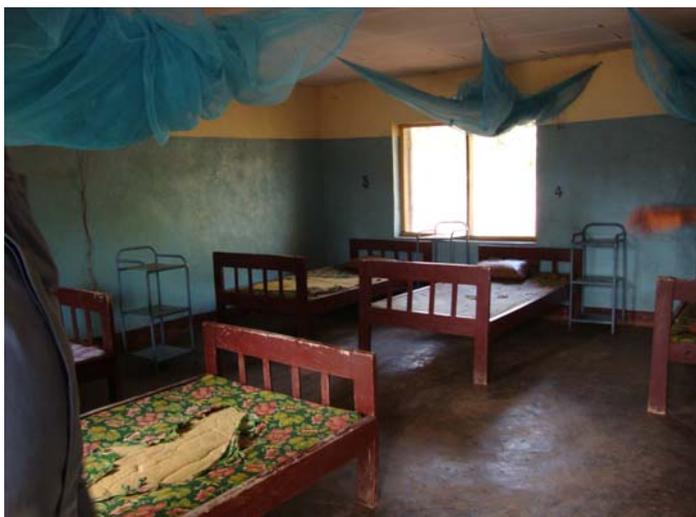
Bekow is not yet registered and so does not benefit from any debt relief monies locally. Patient use of the centre is variable but averages approximately 30 consultations per month. It is small, poorly equipped and inadequately staffed but patient numbers are reportedly increasing. It has no mains electricity at the present time and so relies on a small generator. It is hoped that the local ‘fon’ will afford them some additional land on which better facilities can be built and mains electricity will be brought in from the main road nearby. £2,700 of Bamenda funds have been pledged in the past 2 years. We understand that the monies are being reserved for the potential new building.

There are currently 2 nursing staff and one laboratory technician. The nursing staff reported that they work 12 hour days 7 days per week. It is understood that the

Healthcare Co-ordinator has arranged for one qualified nurse to join the team in February 2010. There is no visiting doctor.

The main presenting problem is Malaria.

Women and children’s ward (left) – 5 beds. There is an equivalent male ward.



This room (right) serves as the main office, night station and dispensary. All the medications are kept in the wardrobe behind the member of staff you see. They stated their main needs as staffing and a delivery bed.



**ST MARTIN DE PORRES HOSPITAL – NJINIKOM**  
[Sr Xaveria]

Bamenda funds from Portsmouth contributed to what has been reported as “a most impressive Obstetric, Surgical and post operative building (opened in March 2009). A report from the Healthcare Co-ordinator goes on to say that a team of orthopaedic doctors from Holland have been able to perform miraculous work on malformed limbs of patients as a consequence.

Our tour of the hospital took in this building, as well as busy, but very clean and professional looking wards, theatre areas and X ray dept. The building below allows for the production of IV fluids, ointments and syrups which can then be used in the hospital or sold to other healthcare services to generate much needed income.



X-ray Dept – sadly one machine purchased with Bamenda funds has never really been fully functional but it is still able to serve a useful purpose doing what the other machine can't!



Work continues to improve the facilities but needs remain for:

- A robust van to distribute the IV fluids to other centres
- Additional water supply to the hospital and surrounding area
- To extend outreach support to those infected and affected by HIV (Project Hope)
- HIV test kits for babies under 15 months

**HOLY FAMILY – AKUM**  
[Srs Virginia & Dorothy]

7,761 Consultations in 2009

44 staff including approx 20 qualified nurses

2 permanent doctors on the staff (from Nigeria & Democratic Republic of Congo).

Additionally have occasional visits from ENT doctors from Holland who test and treat the children with hearing impairments.



Bamenda funds contributed to the high cost of a blood testing machine which means that they have no problems with HIV tests now.

The Health Centre receives additional assistance from The Irish Missionary Resource Service (IMRS) and with this help has been building a surgical and post operative care unit (below). The staffing and the salaries are already in place for this to function. It remains to be completed and furnished. Equipment of Indian and Chinese origin is reported to be 'fading' and replacements need to be sought. Their preference is for equipment manufactured in Germany or UK. Sadly this centre also reported that they still find it necessary to wash and bleach swabs.

**New Surgical and Post-operative Unit – Akum**



**ST JOSEPH'S CHILDREN AND ADULT HOME (SAJOCALH)  
[Tertiary Sisters of St Francis of Assisi] – MAMBU BAFUT**

Sajocah is a rehabilitation unit providing care and training for children and adults with physical impairments. 2009 saw 715 new cases (reviewed cases are counted separately).

40 staff include: 2 physiotherapists, 4 assistant physios, 1 nurse, several teachers of special education and various technicians.

The staff reported that cases of 'knock knees' and brain damage are increasing for no known reason; they would welcome research into this area. They also see the number of people suffering from strokes on the increase and attribute this to poverty. Other patients include victims of road traffic accidents.

They continue to offer training workshops in knitting, sewing, crochet, cane furniture, prosthetic limb and orthopaedic shoe making as well as education that includes Braille for those with visual impairment. A farm aims to provide fresh food at the centre.





Bamenda funds paid for the provision of this walkway through the home that enables people to move about easily even in the rainy season.

Children practice their walking and generally get around using the little railings that run under the walkway.

Volunteer physiotherapists / Occupational therapists or others would be welcomed



There are ambitious hopes and plans for a new unit for stroke patients who it is felt would benefit from a quieter area to recover in away from the everyday noise of the children and general functioning of the home. The area below is where it is hoped a new building might be sited. It is thought that it would cost in the region of 32million CFAs. There do not however appear to be clear plans at the present time for how such a unit might be funded, staffed or sustained financially.



## **OTHER NEEDS**

Apart from the above centres which we were fortunate enough to be able to visit, there are many other establishments which it is beyond the scope of this report to comment on. They are also attempting to bring healthcare to people in Bamenda and perhaps particularly challenging is to provide for the more rural areas without water or electricity. An example of this might be 'Esaw' in Teze parish where the community have been requesting a health centre for some time. We were informed that the area has a particularly high incidence of epilepsy and many accidents and fatalities occur when people fall into the river or their fire when going about their normal everyday lives. The people have donated a small plot of land and also some rooms where in the meantime, consultations and tests can take place. Someone has been identified to work there and has now been sent for midwifery training. Little by little they are trying hard to develop something for themselves.

## **SOCIAL WELFARE COMMISSION / CARITAS**

[Sr Benedicta Muffuh]

This commission is supported by funds raised from 40% of a collection in the parishes in Bamenda on one Sunday in Lent. A further 25% of this collection goes into the parish's own Social welfare commission fund. Sr Benedicta has very few resources including no reliable office equipment or methods of communicating or travelling independently. However, she is actively trying to apply for grants and donations from any source she can for her work.

The work she described to us was many and varied, it included:

1. To create a charity called Self-Reliant Services which would provide for charitable and development work
2. Trying to develop a water supply for a very poor area in the north of Cameroon near the Nigerian border. Things are so desperate there that people are not even being able to grow their own vegetables. They need wells, health care facilities and a school
3. To identify orphans, handicapped people and refugees near the border areas with Chad and the Central African Republic and develop resources to assist them.
4. To identify and offer assistance including health care to street children in Bamenda
5. To develop training for unemployed people to learn trades
6. To offer opportunity for food at a drop in centre and subsequently to develop a counselling service there.
7. To be able to respond to requests in emergency situations such as an application we saw for help following a house fire in which a family of 5 had lost all their possessions.

## **HIV SUPPORT GROUP**

[Sr Sheila McElroy]

Group of those infected with HIV meet weekly to support one another. Participants eat and pray together, learn about how to look after their health and take part in activities that will raise funds to enable the group to be self-sufficient e.g. making washing powder from basic ingredients, making clothes or food to sell.



**Mrs Jo Overton**  
**Member of Bamenda and Clinicare Committees**  
**January 2010**