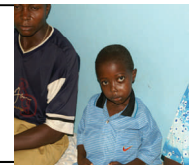


Child Advocacy International (CAI) in Cameroon



Cameroon is a country with all the problems associated with Sub Saharan Africa – underdeveloped systems of care, inadequate infrastructure and poor resources. Over half its (growing) population of around 16million is aged less than 20, infant and child mortality is high, and life expectancy is 46 years. How can a small charity like CAI make any difference in the face of these depressing facts?



CAI is running several projects in the Provincial Government hospital in Bamenda, the main town in the NW province of Cameroon. This is a general hospital, with medical, surgical, maternity, gynae and paediatric wards. Staffing levels of both nurses and doctors are poor. Nursing is not well paid or prestigious, and it is hard to attract and retain staff and to maintain morale. Doctors do not want to stay in this part of the country, but wish to work in the south of Cameroon, where the bigger cities offer more in terms of training opportunities, private practice and even an escape route to practice medicine in the West.

Cameroon is in the 'Burkitt's Belt' in Africa, and in 2002, children with Burkitt's lymphoma started to be treated at the hospital in Bamenda. Dr Peter McCormick used a simple chemotherapy regime (the Malawi protocol) designed for African children with Burkitt's. Peter recruited two nurses to work for CAI, one as the Burkitt's lymphoma nurse, and one as a local project manager, and supervised them himself as CAI doctor. Children were successfully treated with this regime, and although Peter has moved on, CAI continues to finance this chemotherapy and supportive care, treating around 15 new patients/year. Since 2004, there has been a locally trained paediatrician working at the hospital (the only children's specialist in the NW province), and she helps with this work. Professor Hesseling, from the University of Stellenbosch, has given help and advice. The cure rate is now over 60%, but could be improved further. We would like to provide ultrasound more easily at the hospital, and also to recruit another nurse to help to look after these children.

Work is ongoing to try to improve standards of care in the neonatal nursery. Peter McCormick established a breast milk bank, which, against all odds, continues to function well. Mothers who bring their babies to the immunisation clinic are encouraged to donate a few mls of breast milk, and are rewarded for this with a cake and palm wine. Aliquots of the donated samples are cultured, and those that are sterile are pasteurised and frozen for use in the nursery later.

The nursery is overcrowded, with inadequate hand washing facilities, and high mortality rates to which infection contributes. Earlier this year the concept of hand washing with a 'home made' alcohol/glycerine solution was introduced with success, and this has now been extended to the children's ward. A CAI fundraiser has raised enough money to extend the nursery, with the aim of providing some accommodation for mothers, and other improvements such as glass for the windows, and electric plugs for all the rooms.

In Cameroon, as in other African countries, HIV/AIDS is responsible for much ill health and suffering. There is a National program for antenatal testing and counselling, with uptake by over 90% pregnant mothers. Infants of HIV +ve mothers represent an unmanageable workload for the one paediatrician in the province. This year CAI has employed 2 new nurses to help her with identification and follow up of these babies.



Each of these projects contributes in a small way to improvements in healthcare locally, and CAI's work is appreciated in the hospital. The concern is that projects depend on a few able and hard working individuals. Our challenge is to improve standards of nursing and medical care for children generally, perhaps through educational initiatives, and to make sure that our work is sustainable financially, so that we can develop further.

Alison Earley