



Inter Care Report **Cameroon visit, February 2010**

Sr. Pat Story, Inter Care Trustee
Alan Mellor, Chair of Trustees Inter Care

Monday 8th February

We were met at Douala Airport by Sr. Xaveria and spent the night at **Padre Pio Hospital**.

Tuesday 9th February

Nine hour trip to Njinikom. Roads fine for most of the trip. Some traffic congestion at Bamenda. Arrived early evening at **St Martin de Porres Hospital**, our main base for the visit. Accommodation in their guest house of very good standard.

Wednesday 10th February

We travelled with Sr. Xaveria to Bamenda. Excellent road but heavy traffic and chaotic in Bamenda. Journey was 60 km taking 1.5 hrs.

We met with Sr. Sheila, the Diocesan Health Care Co-ordinator for the North West Region. This was an excellent way to start as Sr. Sheila was able to provide an overview of all the clinics in the Region. She is Irish, in her mid sixties, in post for a long time, and with many years experience in Cameroon. We met in her office at the Archbishop's House at the Cathedral.

Discussion highlights were:

- Letter from Health Ministry (date September 2007!) giving a reminder of guidelines governing drug donations, a cause for concern. Detailed conditions for acceptance of donated drugs are stipulated in the letter. Our joint view is that Inter Care's rigorous screening/methodology should meet all their requirements but Sr. Xaveria will maintain a dialogue with the authorities to ensure continuity of drug supply. She will obtain the newly mandatory visa
- Diocese controls 23 clinics, 16 of which are currently supplied by Inter Care
- Sr. Sheila affirmed strongly that she wants to supply donated drugs only to the clinics with a resident Sister (Religious). This may mean trimming the current list slightly. However, visits over the coming days may reveal other candidate clinics. It was stressed, and understood, that new clinics are appointed only following Inter Care review
- Little and often deliveries preferred to large drops
- Health Unit Fact Sheets and Drug Requirement Forms were discussed. Sr. Sheila volunteered to ensure that these will be provided by all clinics. Some have already been completed and will be collected on site visits. Sr. Xaveria will also ensure clinics comply and provide data as necessary. Completed information will come to Inter Care from both Sister Sheila and Xaveria
- A very successful introduction. Sister Sheila is a personable, likable lady who very much appreciated Inter Care's support. She clearly has a good working relationship with Sr. Xaveria

Thursday 11th February

Sister Xaveria, matron accompanied Sr. Pat and Alan on a tour of St Martin de Porres Hospital Njinikom, our base for the visit.

This is very impressive. Having opened in 1953 and becoming a General Hospital in 1964, the hospital now has 220 beds. Sr. Pat noticed considerable growth since her last visit in late 2008. In particular, the new Maternity/Obstetric unit is now open and we were able to observe in an incubator a newly born premature baby of just over 20 weeks, weighing less than one pound.



Friday 12th February

Sr. Pat gave the first of 2 diabetes workshops to Ward Charges and Consulting Nurses within the St Martin de Porres hospital. These were well attended and appreciated. The subjects covered were the Recognition of all Types of Diabetes, First line Management, History Taking and Subsequent Management both by staff and patient. Pharmacology, Ongoing Care and Problem Solving were completed in the afternoon session.

Alan visited Project Hope at the hospital in the morning. This is a comprehensive, holistic programme aimed at HIV/Aids sufferers and their families in Njinikom and surrounding areas. The programme is impressively managed by Bangsi Augustine, Project Hope Director.

Some Highlights:

- Project Hope has now been running for 9 years. Having first started as a project to prevent mother to child transmission of HIV, it now embraces the diagnosis and treatment of opportunistic infections, help with work/income creation, orphan care and life quality improvement
- Over 60 people are now involved in support groups for Njinikom, with more in outlying areas
- The stigma of HIV / Aids status has been greatly reduced by education
- The incidence of HIV has been greatly reduced in Njinikom but remains high in surrounding areas. A recent survey in a nearby area revealed over 14% positive testing
- There is a big shortage of drugs for opportunistic infections. Also ARV's, supposedly supplied by the government, are only patchily available
- Bangsi Augustine handed Alan a 2010-2015 Strategy Document aimed at expanding the Njinikom expertise throughout the North West Region. This is a highly impressive piece of work
- 750 HIV tests per year are currently undertaken. Project Hope has 4 staff, over 20 volunteers in Njinikom and more 'on call'
- The success in Njinikom is attracting favourable attention from government and UNICEF, both of whom have visited recently
- In summary, a moving visit and a programme which is led by an inspirational director



Later, Alan visited the facility at the hospital where medical preparations are manufactured on site. The Chief Pharmacist, Joseph Ndium, showed him round.

Highlights:

Full scale manufacturing started 2003. Products are manufactured to demanding standards in a meticulously sterile environment.

The range embraces syrups, Infusions, ear/eye/nose drops, antibiotic suspensions, ointments and cleaning/disinfection treatments.

As well as supplying **St Martin de Porres Hospital**, many Catholic hospitals throughout Cameroon are supplied.

Products are supplied on a commercial basis to cover all costs. Providing no public sales are made, the government supports this operation by levying no taxes.

Presbyterian and Baptists originally pioneered such schemes in Cameroon. Indeed, some quality control services are still supplied by the Baptists and bulk buying prices for bottles and tubes are obtained by pooling requirements with the Presbyterians and the Baptists.

Initial funding to set up the operation was principally supplied by the Diocese; approximately 25 million Francs (£1 = 760 Francs approximately)

Current total sales volumes amount to around 12 million Francs per annum.

A very impressive facility, well managed with excellent practices in place.

Wum : Meeting with Sr. Olive Marie Nga, Matron St Martin de Porres Clinic Wum

This was at **Njinikom hospital**. Time and distance prevented us travelling there.

Sr. Pat and Alan met with Sr. Olive who filled in the Drug Requirement Form, the Health Unit Fact Sheet and the contact details form. Some highlights from brief discussion:

WUM has one permanent medical doctor, 13 trained nurses (including 2 midwives) and one laboratory scientist.

The Centre has a laboratory, dispensary and an ultra sound facility (2 Sisters trained to use this) and caters for up to 68 in patients

They work 24 hour shifts in a 3 hour system and on average deliver at least 20 babies per month.

They have their own vehicle (a Toyota 4x4) and their nearest referral hospital is a District Hospital 3 km away.

Saturday 13th February

This was a quiet day as the Sisters and staff from the **Martin de Porres Hospital** had gone to Bamenda for the funeral and burial of Archbishop Paul.

Sunday 14th February

Accompanied by Sr. Xaveria, we made the journey to Bali clinic situated about 20km from Bamenda. Journey time was approximately 40 mins as the roads were good and no traffic.

The Matron at Bali, Sister Candida, was highly impressive.

Discussion highlights:

- Sr. Candida has been at Bali for 7 ½ years. Government financial support and drug allocations are virtually non-existent (she last received about £700 in 2005 from the Government). Diocesan support is also not available, so the unit has to fund itself from patient contributions. Patients often abscond after treatment without paying their bills. Take up of health insurance policies was described as 'tiny'
- The surrounding area is desperately poor. The water supply is very poor and a well is needed very urgently
- The clinic has 64 beds, a full time doctor, operates 3 shifts with 17 nurses and 2 Sisters including 2 midwives. 20 -25 deliveries are made per month. The clinic provides for a local catchment area of 28,000 people
- We visited the dispensary which had a very low stock of medicines. Over 75% of their requirements are supplied by Inter Care. They receive parcels via Sr. Xaveria at Njinikom. We were left with the strong impression that this clinic would benefit from considerably greater supplies from Inter Care and that they would use them wisely. We stressed the need for Sr. Candida to develop a strong relationship with Carol Austin, Inter Care Resources Manager. This will be facilitated by the onsite email at Bali
- HIV/AIDS infection is clearly a major issue. The stigma among the local population is very strong. They currently have 84 patients. CD4 counts are done nearby in Bamenda Hospital-20km away, but few make the journey and medicines are only patchily available. It was pleasing that Augustine Bansi's 2010-2015 strategy for expansion into areas outside Njinikom in NW Region has reached them and that this has enabled Bali to make their own plan. This is now pending approval from the local Chief Medical Officer (although no government resources will be made available!)
- Sr. Candida has recently completed for us the Health Unit Fact Sheet and Drugs Requirement Form. She will let Sr. Xaveria (or Sr. Sheila) have the drug questionnaire, following the next delivery. She completed the contact details for us
- Sr. Pat spent some time discussing possible instrument requirements. As a result the following items will be sent as and when they are available: Scalpel blades and holders (size 3) any suture materials and needles we can send, abdominal retractors, NO ARTERY FORCEPS needed, suture scissors, wound probes, gloves and syringes
- In summary, inspirational people delivering real benefits to a desperately needy population, despite chronic finance and resource problems



Ntasen Clinic

This is a half hour journey from Bali (7km from Bamenda) and approximately 90 minutes from Njinikom. The road is good except for the last 2 km over very difficult terrain which is described as impassable in the rainy season. Some highlights of the discussion with Sr. Eileen, Matron:

- The clinic is 4 years old; Sr. Eileen has been located there for the past 3 years. The local area is very poor and there are major patient payment problems. The catchment area is 14,000 people
- There are 11 nurses, including 1 midwife and Sr. Eileen who is a nurse/midwife. There are 28 beds plus many outpatients. 20-25 babies delivered per month. One resident doctor
- Laboratory (1 technician) includes tests for both Biochemistry and Culture and Sensitivity. Blood tests for full blood counts and differential counts, parasites etc. Have both portable chest x-ray machine and ultra sound scan
- 75% plus of medicines from Inter Care. They have internet on site for emails and the desirability of establishing direct links with Carol Austin was stressed. There was a clear need for us to stress that Inter Care parcels in future, which are clearly marked for individual clinics, should not be subdivided at Njinikom
- Sr. Pat discussed instrument needs. They include, when possible for Inter Care, neonatal suction catheters, gloves, syringes, 2 blood pressure machines and 2 stethoscopes. Episiotomy scissors urgently required. Any suture materials would be very welcome
- The Drug Request Form had been completed earlier and sent to us. The contact details were completed. A Health Unit Fact Sheet was completed by Sr. Eileen. The Medical Questionnaire will be completed after their first delivery and some time has elapsed
- A very useful meeting. The clinic building is large, space facilities are good and their intentions are to expand and customise. They have plenty of land for these endeavours. More medicines are needed, and there is little or no danger of misuse. Excellent administration under Sr. Eileen

Monday 15th February

We met with Augustine Bansi (Project Hope Director), Sr. Rosemary (Project Hope Financial Manager) and Sr. Xaveria for a Project Hope Volunteers Meeting. The volunteers are doing tremendous work in the community and starting to spread their influence beyond Njinikom into the surrounding areas, in accordance with the 2010-2015 Strategic plan. 28 volunteers, all HIV positive, were present. Some points raised in the lively discussion were:

- The continuing stigma surrounding HIV Aids which is slowly lessening as a result of education and communication
- The difficulty of getting men involved (only 3 volunteers are men) largely for cultural reasons
- The focus on income generation to help support sufferers' families. Sr. Rosemary will allocate money for these, but there will be follow up to ensure prudent use of the small amount of money available
- The enthusiasm and commitment was touching. Inter Care's drug contribution to treat opportunistic infections is especially welcome. Our presence was celebrated by a traditional dance in our honour

Njinikom

Later we met up with Clement (a prescribing Consultant Nurse) at the hospital, together with Candida, a nurse who dispenses the drugs to the patients in the dispensary (Out Patients). Key discussion points:

- Antibiotics are particularly needed, (Ceftrinzone and Ampicillin were specifically requested) but all medicines, in larger quantities are needed including creams and ointments, especially Nystatin
- The shelf life of the medicines received is fine (at least one year). We encouraged both Clement and Candida to involve themselves in the completion of the Inter Care Drug Requirement Form. They said this would not be a problem
- If available, they would very much welcome nasal-gastric tubes, neonatal catheters, (for suction and feeding), syringes, gloves and any medical books especially pathology and biochemistry. Sr. Pat undertook to try and obtain a medical code to enable access to information on the internet at a deeper level

Our final meeting of the day was with Sr. Amelia, the nurse at St Bede's College Ashing, about 10km from Njinikom. The college opened in 1963; Sr. Amelia has been there for 18 months. The College has 862 students, all resident, aged 9-18 years. Discussion highlights:

- She obtains medicines from Njinikom and the Bamenda Co-ordinator's Office. The dispensary also caters for the needs of a small number of local people
- There is a nurse (additional to Sr. Amelia) who is also a midwife; 1 lab technician (who operates a poorly functioning microscope) and one cleaner. They see around 10 patients per day (mainly accidents, occasionally malaria) and have 20 beds including 4 maternity (for the local population). For the last 2 years, they have averaged 96 baby deliveries per annum. They have no visiting doctor
- Communication is via email at Njinikom but she has completed the contact details form. The other forms have been completed very recently. We emphasised that creating communication with Carol Austin would be beneficial
- The overall impression was that Sr. Amelia is highly stressed, physically unwell and needs more staff support. Some conversations were had by Sr. Pat and one month's cover was obtained to give Sr. Amelia a rest and the correct treatment obtained for her ongoing medical situation

Tuesday 16th February

Sister Pat gave a day's workshop to senior members of Nursing Staff from many rural clinics on areas on Ward Management, Team Approach to Nursing Care, Effective Delegation and both Self Appraisal and Staff Appraisal. This was done both by working in groups and role play and brought out interesting points on their own problems in rural clinics and attitudes towards appraisal. The outcome being a desire to bring in appraisals on a regular basis. The whole workshop was well received. Group participation was excellent.

Wednesday 17th February

With Sr. Xaveria , we travelled north to the Kumbo Region to Shisong Hospital. From Njinikom, the first 90 minutes (via Bamenda) was on good tarmac roads. The remaining 2 hours was on poor, mainly unmade roads (total journey time 3 and half hours).

We stopped at the St Mary Immaculate Convent where the Kumbo Health Care Co-ordinator, Sr.Gabriella, has her office by the Cathedral.

We stayed here overnight. Here Sr. Pat gave a workshop on all aspects of Diabetes Care to a group of mainly lay nurses but did include some

Religious one of whom was from another Congregation (Srs of St. Therese). This was really well received and the information given was especially welcome as many are treating patients with diabetes and had very limited training in this area.

Whilst Sr. Pat was working with the group Alan was taken to Shisong hospital and met with Sr. Eleanora who now runs the Pharmacy and the Eye unit.



Highlights:

- Inter Care's drugs are critically important to the hospital. Government supplied drugs are costly and only patchily available
- They could certainly use a greater supply of medicines. In particular antibiotics and cardiac drugs
- **Shisong Hospital** is impressive, twice the size of Njinikom with 350 beds (50 in the new Cardiac Unit), 2 laboratories (1 for HIV, and 1 for General), 250 staff (including 10 doctors) and 9 wards
- Sr. Eleanora is not personally in contact with Inter Care. Sr. Gabriella receives the medicines (via Sr. Xaveria) and distributes them
- 778 babies delivered last year. 4288 HIV tests, 637 were positive (15%) Shisong has its own Project Hope programme. They get ARV's from the Government and some TB drugs but little for opportunistic infections
- Instruments needed (should we have anything available) including needle holders, artery forceps and frame heaters for mending spectacles. They can also use gloves size seven and upwards
- A separate discussion was held with Sr. Gabriella. Sister described the dangerous situation with drugs from Nigeria, often available on the streets and how they are both ineffective and harmful. 2/3rds of drugs in Douala fall into this category. Sr. Pat stressed the need for Sr. Gabriella to work with Sr. Xaveria more closely. Sr. Gabriella coordinates 12 clinics from the Kumbo region (approximately 10 of which receive Inter Care medicines). Twice yearly consignments are ideal but they could do with larger consignments
- Communication details were completed for Sr. Eleanora and Sr. Ruphina (Shisong Matron). A meeting was arranged for the following morning (18/2) to visit the new separate Cardiac Unit
- In summary, an excellent visit to the largest Hospital in the N.W. Region, clearly well run and meeting a huge local demand

Thursday 18th February

We visited the new Cardiac Centre at Shisong Hospital. We were accompanied by the the Sister in Charge, Sr. Jethro, and Sr. Solange. This Unit opened in September 2009 and is still coming fully into commission. It is utterly remarkable, especially bearing in mind its remote location. It has been funded by the Italian Government; on our tour we talked with IT and technical experts from Italy, who were there to train Cameroonian staff. The unit has received many millions of pounds in funding from Italy.



Some highlights:

- 2 cardiologists, 1 radiologist, 35 nurses, 24 beds, 8 private wards. 2 intensive care units (one operational), 2 theatres (one operational), X-ray dept, laboratories (including one hot lab.), sterilization room, angiogram machine etc
- Aim soon to be the foremost in West Africa. Able to perform open heart surgery (with 3 bypass machines), fit valves, pacemakers and eventually stents
- Cardiac Unit receives Inter Care medicines from the main Shisong hospital but we believe this unit merits 'separate' parcels. A Drug Request Form was completed. They stressed the urgent need for diuretics
- The contact details sheet was completed by Sr. Ruphina, Sr. Solange and Sister Jethro the Cardiac Unit Administrator
- To summarise, this centre is outstanding in its range of technical facilities and depth of staffing. It will undoubtedly gain renown in the coming years

Later we travelled for 90 minutes on a bad and dusty road towards Bamenda to visit **St Monica's Clinic** at Baba 1. In the absence of Sr. Eusibia (Matron for 12 years) we met with Sr. Loveline of the Sainte Union Congregation.



The highlights were:

- 1 permanent doctor, 8 nurses (no current midwife) 2 laboratory technicians, 30 beds. Started out as a dispensary only, See 200 people per month plus 200 for child welfare and 80 at antenatal clinic. 30 deliveries per month
- They buy drugs locally and from Sr. Sheila in the Health Co-ordinator's Office
- They passed a list of drugs they require to us. Priorities are medicines for malaria, anaemia, respiratory infections, urinary tract infections, gastric infections. Sr. Pat discussed this list and made appropriate amendments

They stated that they have recently filled in our Health Unit Fact Sheet and Drug Requirement Form, although we are not sure we have received them.

- They could certainly use dressings especially for burns (plus treatments for burns), gloves, galley pots, neonatal suction tubes and syringes
- The contact details form was completed. They can receive emails at Ndop (St John the Baptist Centre) close by. (Colette Bonglisi)
- In summary, a desperately under equipped clinic which we should help as much as possible. A gloomy, large place in total contrast to the Cardiac Centre from which we had just travelled



Our final visit was to the John the Baptist Health Centre at Ndop. The journey from Baba 1 was around 30 minutes on an unmade and dusty road. This unit is also run by the Sainte Union Sisters. We met with Sr. Bridget, the local Community Superior (a long time college friend of Sr. Pat's) and Sr. Julie the Provincial Superior, a formidably energetic English Sister with many years experience in Cameroon.

Highlights:

- The visit showed tremendous growth since our last visit and was in the process of transformation. Highly impressive work was well advanced and building refurbishment near completion. The unit had reopened that day
- In the immediate future, the unit will have 43 beds, 5 wards a teaching block, a counselling centre for HIV/Aids and extended theatre facilities and surgical wards. The building materials are in place and the land is ready for the new maternity unit
- In view of the transformation underway, we requested Carol Austin to email direct the Drugs Requirement Form and the Health Unit Fact Sheet to Colette Bonglisi (The Bursar and Drug Distributor)
- They would appreciate theatre instrument packs, trays, galley pots, gloves etc etc, if available
- They have 1 resident doctor, the current Sister in charge is away on a course (Sr. Sylvia)

The nursing complement will go from 7 to 14.

- In summary, what is being developed here is very impressive and will merit increased Inter Care support

Friday 19th February

Travelled to St Therese's Medical Centre at Bafut. About 1 ³/₄ hours from Ndop. A good road via Bamenda, the last 2 kms. on a dirt road. We met Matron Sr. Felicitas.

The highlights were:

- 80 Beds (10 maternity), 2 doctors, 1 anaesthetic nurse, 11 nurses (3 midwives).
18-20 deliveries per month
- Catchment 7500 people. Laboratory with comprehensive testing facilities (2 microscopes). An ultra sound machine, portable x-ray machine
- Operating Theatre (4 Hip replacements were done last year by visiting Italian surgeons)
- Could definitely use more medicines
- They will send Drug Requirement Form to Carol Austin. Contact details form completed by Sr. Felicitas
- In summary, a well run unit meriting increased Inter Care support



Next we visited the adjoining St Joseph's Children and Adult Home (SAJOCAH) which caters for disabled children and adults. In 2009 they helped 750 people with orthopaedic conditions including post operative patients from Njinikom, neurological conditions, amputees and those with visual impairment. The physiotherapy, workshops and resource rooms for the blind were particularly affecting. In future, we should label parcels going to St Joseph's with the SAJOCAH name marked with Sr. Judith or Sr. Petra's name. They should be sent in the Bafut consignment but marked separately. A Drug Requirement Form will be completed separately for St Joseph's and sent on to Sr. Xaveria. As well as medicines, they would be grateful for bandages, dressings, Elastoplast, chiropodist felt etc. especially useful for their patients with artificial limbs. We then travelled back to Bamenda and stayed at their Retreat House overnight.

Saturday 20th February

We travelled to Mbenguini Monastery about 45 mins from Bamenda, half tarmac roads and half unmade road.

We met with Brother Gabriel (The Infirmarian) and Abbot Charles.

The highlights were:

- 27 Cistercian monks in the Community, offering very basic dispensary and help to the local community
- Requirement for anti-malarials, antibiotics, gastric treatments in particular Mag.Trisilicate, psoriasis creams, and dressings
- Dispensary very much a one man show (Brother Gabriel) who is virtually self taught and even built a blood centrifuge from old motor cycle parts
- Microscope is unreliable and needs stabilisation repair or replacement. Could use more medicines
- Completed contact form
- Worthy of increased Inter Care support, a very poor community nevertheless undertaking practical and valuable work
- Very small income generation projects in progress

We then travelled back to Njinikom, about 2.25 hours via Bamenda. Mainly good roads

Sunday 21st February

We had a meeting at Njinikom with Dr Pius, the resident doctor for the last year. He is youthful and impressive having trained in Nigeria, and is now enjoying the contribution he is making to his native Njinikom. He made some interesting points about the very high costs to the patients of non-Inter Care drugs. He also made strong points about the erratic availability of drugs from government sources, including the recent non availability of reagents for the CD4 tests. (Essential to monitor care of HIV/Aids treatments).

Later we had a meeting with the staff of the hospital – many had come in on their day off.

We were formally and warmly thanked by them for our visit and for the donations of medicines by Inter Care. Appreciation was shown principally by the special “Palace Dancing”, refreshments and presentation of local carvings.

Monday 22nd February

We travelled from Njinikom to the **Padre Pio Hospital** in Douala. The journey was good on tarmac roads.

Tuesday 23rd February

In the morning we met Sr. Josephine, the Matron at **St Odile Health Centre Ekite**.



The Highlights:

- 13 staff including 7 nurses, 1 midwife 1 permanent doctor (lady doctor from the Congo), 1 lab technician plus 1 assistant
- Centre growing since the doctor arrived one year ago. Less than 10 baby deliveries per month. (Government Health Centre nearby). 40 beds. Comprehensive range of laboratory testing, ultrasound scan and small theatre
- Just managing on instruments, but would very much appreciate additional supplies of general surgical instruments (if available) and small suction catheters
- Small pharmacy/dispensary but Inter Care shipments critically important. Usual priorities - antibiotics, anti-malarials, analgesics, Tramadol, Cephalexine specifically mentioned, Nystatin. Could also use drugs and dressings. Generally would welcome larger consignments
- Drugs Request Form and Health Unit Fact Sheet completed some months ago. Contacts form completed

Our final meeting before leaving for the Airport was with Dr Valance Ndip (Pharmacist). He was Kenneth Muko's successor at Njinikom and is now the Head Pharmacist for the Catholic Health Organisation of Cameroon. He is lively, personable and clearly enjoys the total support of Sr. Xaveria.

Highlights:

- Valence is responsible for 256 health Centres in 5 provinces and 25 diocese. Each diocese has a Diocesan Health Co-ordinator. He has a central staff of 8
- He would like Inter Care to supply more health centres. We asked him to write profiles of the most needy 2-3 candidates and submit them to Carol Austin. We explained the current waiting list system
- He would like Inter Care to supply him directly with drugs for him to distribute free to very remote rural clinics. We said we would discuss this at the next Trustees' Meeting. (He would certainly be a trustworthy contact point). In the meantime he would prepare a priority list of drugs
- He would envisage no problem with the granting of the drugs visa. He enjoys an established relationship with Joseph and Victorina. Joseph was kind enough to come and meet us again towards the end of this discussion
- His principal problems centre round payment difficulties, patchy government support and 'dangerous' imports from Nigeria and India
- In summary, an encouraging meeting with an impressive individual, who we believe can do more for Inter Care

Our visit finally concluded. We owe a debt of gratitude to Sister Xaveria the Matron of St Martin de Porres Hospital Njinikom for the wonderfully organised itinerary, and generous hospitality. This made our visit not only enjoyable but successful too.

Two main conclusions can be made:

1. Inter Care's relationships in Cameroon are very strong. In the person of Sr. Xaveria, we are linked to a true powerhouse who can be relied upon to pursue our aims with total commitment and integrity.
2. We are confident that all units visited would benefit from larger shipments, with no danger of oversupply. Shipment frequency of 2-3 times a year is regarded as right, but larger consignments are critically needed.



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