



SEPTEMBER 2015,  
Issue 24

## HIV-FREE NORTHWEST PMTCT PROJECT

MONTHLY UPDATES



SCALING UP AND STRENGTHENING PMTCT SERVICES IN ALL HEALTH DISTRICTS OF THE NORTHWEST REGION

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WITH TECHNICAL AND FINANCIAL SUPPORT FROM  
CDC/PEPFAR



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## WELCOME TO THE HIV-F NORTHWEST PROJECT UPDATES

Our updates are shared electronically on monthly basis with our donors, partners, stakeholders and project staff primarily to inform them on project progress. It contains updates of wraparound activities that fall under each of the seven strategic objectives as well as some important announcements and the successes recorded.

If there are any updates you want included, you can send them within the last 10 days of every month to [hivfdoc.team@yahoo.com](mailto:hivfdoc.team@yahoo.com)

We hope you will enjoy reading through!

## PROJECT TITLE

Expanding Coverage and improving the quality of Facility and Community Based Prevention of mother to Child Transmission of HIV in the Southwest and Northwest regions of Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR) 2011-2016

## HIV-FREE SOUTHWEST AND NORTHWEST FUNDING YEAR FOUR STRATEGIC OBJECTIVES (APRIL 1, 2015 – MARCH 31, 2016)

Objective 1: Ensure provision of high-quality, continuous PMTCT services at all 341 government-recognized ANC facilities in the NWR

Objective 2: Increase the percentage of PW tested for HIV and who know their results from 59% to 63.7% NWR by the end of FY4.

Objective 3: Increase the percentage of PW living with HIV who receive treatment according to national guidelines from 96% to 100% in the NW by the end of FY4.

Objective 4: Increase the percentage of HIV-exposed infants (HEIs) who receive appropriate prophylaxis from 98% to 100% by the end of FY4.

Objective 5: Increase the percentage of HEIs who are tested for HIV within 18 months of birth from 95.4% to 100% in the NWR by the end of FY4.

Objective 6: Increase the percentage of HIV-infected infants who receive antiretroviral treatment from 65% to 80% by the end of FY4.

Objective 7: Undertake advocacy and partnership building at community, district, regional and National levels to maximize coordination and sustainability of PMTCT services.

# OVERVIEW OF THE MONTH'S

## ACTIVITIES

### US DEPLOMAT LAUDS THE HIV-FREE NORTHWEST/SOUTHWEST PROJECT

By Clementina YONG

The US Deputy Chief of Missions (DCM) at the US embassy in Cameroon, Matthieu Smith has lauded the CBC Health Board for the profound and positive difference they make in the lives of ordinary citizens, coupled with their compassionate work done in providing health care to Cameroonians especially in the domain of HIV and AIDS. He made this statement September 11<sup>th</sup> during his visit to the CBCHB to assess the PEPFAR sponsored project implemented by the institution. He equally expressed satisfaction at the judicious use of funds invested in this domain by the US government as a long term partner. Matthieu Smith added that the US government is thrilled to invest in the CBC Health Board, given the results of the services rendered to the people. Noting that 72% of people living with HIV are getting treated is a remarkable achievement and that the CBCHB is doing God's work to realise this goal.



US DCM Matthieu Smith addressing health Board staff

The visit was characterized by a presentation of project activities by the Director of Health Services Professor Tih, who doubles as the Principal Investigator of the project. Addressing journalists after the event, he reiterated the importance of the visit and the support given by the US government for the funding of HIV and AIDS care in the Northwest, Southwest, Littoral and Centre regions of Cameroon. He used the occasion to express his appreciation from the

people of Cameroon to the people of America for choosing Cameroon to fund the HIV/AIDS project noting emphatically that any additional dollar donated to the people of Cameroon especially through PEPFAR will be accounted for according to the cooperative agreement.



CBCHB leaders chat with the US DCM

## **CBCHB DIRECTOR RECEIVES RECOGNITIONS FROM CAMEROON'S FIRST LADY; CHANTAL BIYA AND SOME MEDIA ORGANS**

**By Fri Delphine/Clementina N. YONG**

The closing ceremony of the HIV free holiday campaign organized by African Synergy in



Prof Tih receiving his award

Bamenda ended with two recognitions. These were to the Director of CBCHB Professor Tih Pius Muffih and the Governor of the Northwest Region, Adolf Lele L'Afrique. Professor Tih's recognition was

awarded for the strides scored in the fight against HIV/AIDS and other humanitarian services he and the CBCHB are rendering to needy communities in Cameroon. The African Synergy it should be noted is an embodiment of African First Ladies' willingness to contribute to the improvement of the health and wellbeing of Africans. This initiative of Mrs. Chantal Biya has as goal to fight against HIV and AIDS amongst others. While it was the first time for the African Synergy to carry such a project in the North West Region, they came in their numbers among them were prominent members of The Circle of Friends of Cameroon (CERAC) like Dr. Mrs. Linda Yang. During this highly attended occasion, the executive secretary of African Synergy, Mr. Jean Stephane Biathe openly acknowledged the efforts put in place by the Church through the CBCHB to fight the HIV and AIDS pandemic in Cameroon. In recognition of the work done by the CBCHB, Professor Tih Pius Muffih on behalf of the entire team, received one of the two recognition awards rewarded to stake-holders in acknowledgement of the efforts put in place to change the tides of HIV and AIDS in Cameroon.

Still within the month, Professor Tih was honoured as a 'Northwest Goodwill Ambassador' by the Watchdog Tribune. The National Press awards by this media group was organized at Nkwen Fon's palace on September 19<sup>th</sup> during the 15<sup>th</sup> anniversary of the newspaper. Explaining the merit of the award, the Publisher/Editor of the Watchdog Tribune Dotta Ezekiel elaborated that the award was in recognition of the achievements of the CBCHB under the leadership of Professor Tih especially in the domain of fighting against the HIV/AIDS pandemic.



Left: Award from the watchdog newspaper at Nkwen Fon's palace: Right, presentation of awards to the Central administration staff

Representing Professor Tih, the Documentation Supervisor and the PMTCT coordinator of Bamenda received the award and expressed the joy of the impact of work done to improve upon lives in communities.

These awards and those received by the HIV-Free project and the PMTCT journalist in August from the Eye newspaper were collectively presented to the Director of Health Services staff by the Chief of Administration and Finance Mr Warri Denis.

## **COORDINATION AREAS AND DISTRICTS HIGHLIGHTS**

### **Supervision was carried out in the Mbengwi, Batibo and part of Bamenda districts.**

The month witnessed an intensive supervision geared towards supporting and facilitating the work on the field. Three districts of Mbengwi, Batibo and Bamenda received the PMTCT Supervisor Mr Nkuoh Godlove and his team who focused on checking pediatric care, observing the sorting of children into age groups and the creation of space for child play centers, areas where improvements were observed. These improvements according to the Supervisor are thanks to the transport reimbursement subsidies given to parents and caregivers.

In all, 79 children were confirmed to be under care and treatment in the centers of Acha Tugi hospital, Mbengwi District Hospital (DH), Batibo DH and St Joseph Widikum. The turnout of the children has been commendable albeit long distances and bad roads. While some of the child play centers visited are struggling to make the centers meet the recommended standards, a lot of work still needs to be done in other centers void of decorations. The project will furnish and decorate rooms allocated by some facilities to ensure the comfort of the children whose monthly schedule has been fixed in most of the facilities.



Left: Discussions with leaders in Widikum on how to upgrade children's clinic; Right: meeting with some children in Widikum

## ASHONG COORDINATION AREA (Bali and Batibo Districts)

By Gah Christencia

With the onset of the Accelerated Children's HIV/AIDS Treatment Initiative (ACT), Supervisors and Coordinators have focused on ensuring that services rendered to children living with HIV at all treatment centres respects prescribed standards. This is being gradually respected as there is the upgrading of child play centres. It is however unfortunate that some centres are still to give this sector the attention it deserves. Such is the case in Ashong Coordination areas where a few centres like the Batibo District Hospital where pediatric activities are carried out in the corridors of the hospital due to non-allocation of space. Meantime, St Joseph CHC Widikum has also been registered as a centre with limited plating tools for children.

The beauty and receptive nature of the environment and providers at these centres in other coordination areas have recorded great successes in attracting more children feel comfortable at receiving and adhering to treatment. It is hoped that the interventions of the DMO and hospital administration to uplift the standards of pediatric clinics will realise good results in the nearest future.

Care givers in these centres have also been cautioned to endeavour to always keep confidentiality paramount amidst these odds, and for proper steps to be taken during disclosure. The pictures below depict the scenario of child play centres in some clinics.



Pediatric clinic activities at Batibo DH



Pediatric clinic at St Joseph Widikum

Other activities carried out by the PMTCT staff here included amongst others the supervision of Option B+ sites, peer educators meeting, holding of the adult support group meeting, and the follow up and linking to care of HIV positive cases identified during the previous VCT outreach campaigns.

## **MBENGWI COORDINATION AREA (Mbengwi and Njikwa Districts)**

**By Ngeh Divine**

HIV positive clients identified during previous VCT in Mbengwi are currently being followed up to ensure that they are taking appropriate treatment. The PMTCT coordinator and team embarked on this ongoing exercise that took them to Oshie village in September. As most of the clients are into care and treatment, the staff will continue to work with them for adherence to be respected.

This activity was coupled with supervision which was extended to 8 sites. The Supervision carried out in the presence of the PMTCT Supervisor was very successful as most of the activities earmarked were supervised and necessary inputs made for improvements in the future. Sites visited included Andek CMA , Etwi IHC, Njindom CHC, Mbengwi UHC, Mbengwi DH and Bome IHC, amongst which are 3 Option B+ and 3 Option A sites. In these health facilities registers and client care documents were reviewed, Data flow charts checked, stock situation assessed and waste management evaluated. The PMTCT staff were generally impressed with the progress in all these domains and site staff were encouraged and appreciated for hard work and cautioned at the same time to respect the entry into registers of all necessary indicators at all times. In the domain of pediatric HIV, sites visited showed smooth ongoing activities save for the reduction in the number of children at sites whose visiting days fall with working days. Caused by the fact that children go to school, site staff have been advised to organise visits on weekends to ensure that all children attend and receive their treatment without interrupting their education.



Supervision at CMA Andek and Njindom CHC

## **MBINGO COORDINATION AREA (Tubah, Ndop and Fundong Districts)**

**By Yonghabi Promise**

The Mbingo undertook a comprehensive visit to sites this month. In all, 25 sites were visited. These visits that recorded a few drawbacks like uncompleted registers, documentation challenges and difficulty in follow up of Option B+ clients, some positive changes have been realised thanks to frequent facilitative and supportive supervision. Sites that have improved greatly in documentation and reporting include amongst others CMA Balikumbat, Bangolan Baptist Health Centre, Ndop District Hospital, CMA Bambalang, PHC Bafangji , Mbissa I H/C. It is a daunting task to have access to some of the sites that are situated across valleys and rivers. Determined staff however succeeded to visit these sites by boat. Requisition of commodities is a difficulty in most of these sites and staff were advised to pass their requisition through the district to the region in good time in order to have the service rendered.

Still in this area, some 10 new sites recently trained on Option B+ had started implementation. According to the coordinator, staff who missed out on the Option B+ trainings can be empowered onsite to build their capacities on the use of new tools.



PMTCT coordinator on a canoe to render services across the river

## LIFE ABUNDANT PROGRAMME (LAP) COORDINATION AREA

By Sakah Peter

LAP coordination area this month undertook routine supervision. They facilitated the replenishing of supplies, assisted in ANC AND IWC activities, and held a health committee meeting. Lap sites which are all Option A sites have been referring HIV+ cases to the Integrated



Health Centres for prophylaxis. The efforts put in by the site staff of Oku, Kumbo East, Ndu and Nkambe have been commended by the PMTCT coordinator who during the supervisory visits realised that they endeavour to follow up clients who fail to turn up for IWC and ANC to their homes. This has improved adherence and the constant check rendered to

babies whose PCR turned out negative has also gone a long way to improve the health of the babies.

Thanks to the Health Board Laboratory Supervisor, tests kits are always available in this coordination area. This, coupled with the regular turn out of mothers with their children for services including vaccination, has made work easy and PMTCT implementation successful. The collaboration of traditional village heads and Pastors in sensitizing the population to uptake health services has also been very fruitful.

## **BANSO COORDINATION AREA (Kumbo East, Kumbo West and Oku)**

*By Jimla Catherine/Ngi Evelyne*

The Banso coordination area this month collaborated with the ViiV Healthcare project to carry out some activities. These included a Voluntary Counselling and Testing exercise and the organisation of a Men As Partners (MAP) clinic. The VCT exercise saw a total of 300 persons tested for HIV recording the following results.

Health area	Number screened		Positive cases		Indeterminate cases		Total
	Preg. women	others	Preg. women	Others	Preg. women	others	
<b>DJOTTIN</b>	<b>00</b>	<b>114</b>	<b>00</b>	<b>02</b>	<b>00</b>	<b>00</b>	<b>144</b>
MBIAME	01	155	00	01	00	00	<b>156</b>
<b>TOTAL</b>	01	260	00	03	00	00	<b>300</b>

The Peer Educator, the coordinator and the Chief of Centre are currently undertaking steps to see to it that those who tested HIV positive are linked to care and treatment. The same follow

up is currently done for those who tested positive in earlier VCT campaigns as well as HEI. The pregnant woman tested in this exercise has already booked for her clinic sessions.

The MAP clinic which was conducted in some two health facilities of JAKIRI CMA and Tatum IHC rendered some health services to the partners, including an HIV test, as well as enlightened them on the importance of ANC and their role in this process. The 20 men who answered present had their data captured in PMTCT monthly reports. Preparations are underway to carry out this same exercise in Jakiri IHC, Mbiame CMA, Lassin BHC, Geptang BHC and Oku district hospital.

In addition to the aforementioned activities was a facilitative supervision to sites. This exercise which constituted one of the major activities was very successful, save for some lapses still registered in the domain of documentation of postnatal infant registers.

Option B+ activities in this area so far have been without any major challenges. Site staff during supervision were congratulated for their good work in filling in B+ files and registers as well as stock cards. It is worth noting that some women rejected Option B+ and others abandoned TELE. The good news however is that one of the two women who rejected this treatment in BBH has finally come to her senses and turned up for initiation to treatment, thanks to follow up. It is hoped that the endeavour will also yield fruits with the other two difficult women in Jikijem who abandoned their TELE.

## **NDU COORDINATION AREA (Ndu and Nwa Districts)**

**By Warri Pauline and Kristy Bunyui**

The Ndu coordination area has been recording success in some areas. The commodity requisition chain in this area has been very successful thanks to the collaboration that exist between the PMTCT staff, site staff and the district. The Option B+ sites were sufficiently stocked with drugs and reagents to avoid any stock-outs.

Characterized by bad roads and difficult access to some of the sites, most supervision this month focused on accessible sites around the Ndu Health District with plan to visit other sites as the dry season draws near. These roads have equally posed a challenge to Peer Educators who during their regular monthly meeting also mentioned bad weather and harvesting season as some hindrances to the services within the month. They were however charged with the

responsibility of rendering their services effectively as expected. The Peer Educators were drawn from Kumbo, Ndu and Nwa.

The Accelerated Children HIV/AIDS Treatment (ACT) Initiative officially started in Ndu this month. The Ndu District hospital enjoyed the first ever transport supported clinic and play session. Divided into two age appropriate groups, the children received care joyously, and their care givers used the opportunity to extend gratitude for this novel strategy that has gone a long way to relieve stress and reduce stigma. With hopes that this number of children will increase, the coordinators and service providers are working towards replicating this example and the continuous amelioration of these services in other child play centres.

## **WUM COORDINATION AREA (Wum and Benakuma Districts)**

**By Wilson Kimbi/Kum Roland**

The activities of the month of September in Wum coordination Area was mainly facilitative supervision to some 6 facilities where corrections were effected in documents and on-the-spot supplies and briefing on certain key indicators on the monthly reporting forms of both option B+ and PMTCT reports took place.

Another important activity which took place here was the children's clinic in the care and treatment centre at the Wum District hospital during which about 30 children answered present. This was the very first time to have this number present and this is because of the availability of the children's support fund that provides transportation to all those who would attend their Clinic sessions. Grateful parents and their caregivers passed their messages of gratitude through the Coordinators to the project sponsors for this support which has gone a long way to improve on treatment uptake by their children. There are indications that many more children will be enrolled, thanks to this financial support. Some 5 children whose parents and caregivers previously complained of financial difficulties joined the group in September.

Another activity that went well in this coordination area was the coordination meetings with PEs and Bikers whose services are so valuable in the prompt implementation of the project services in communities. It is thanks to their services that counselling, and DBS collection have improved. Documentation and stock situation has also registered good comments across the month.

It has however been acknowledged that if difficulties persists, it is as a result of limited staff and to a certain extent denial with some few parents. A case in point is a father in Modelle who has vehemently refused treatment for his three children who all tested HIV positive.

The district was also involved in the polio campaign during which we also participated as district supervisors.

## **BAMENDA COORDINATION AREA (Bamenda, Santa and Bafut Districts)**

By Ndi Grace Yewong

The PMTCT coordinator and her team in the Bamenda coordination area have registered great success so far in the domain of follow up and linking to care of people tested HIV positive during previous VCT outreach campaigns. The results of their action as tabulated below show the results of the follow up efforts in 8 health areas.

HEALTH AREA	TOTAL POS.	LINKED TO CARE.	ON ART	NOT ELIGIBLE	DENIAL OR LTFU
NDAPANG	8	5	5		3
BUCHI	2	1	1		1
AWING	6	5	3	2	
BALIGHAM	8	8	5		3
MBAKONG	12	8	6	2	4
MUNDUM 1	6	6	6		
MENKA	4	3	3		1
TINGOH	2	1	1		1

Still within the Bamenda coordination area, the Bamenda Regional Hospital, the highest volume site has been observed as one of the sites where a lot of effort still needs to be employed in the domain of the ACT Initiative project implementation. Activities in this centre unlike other centres are still poorly structured, a situation that has led to poor documentation of the activities, thereby beseeching the intervention of M&E supervisors to regularise the situation. A recently hired staff to work at this unit hopefully will receive on-site training and effect services as expected. A similar poor documentation in Option B+ documentation showed that

some site staff pay more attention to client files, neglecting the registers. This situation also begs for correction to ensure effective documentation.

## **NKAMBE COORDINATION AREA (Nkambe and Ako Districts)**

**By Calister Nkese and Ndzi Felix**

September in the Nkambe coordination area witnessed the requisition and dispensation of drugs to option B+ sites, while the pediatric clinics witnessed the reimbursement of transport and feeding fee to the children. There was also follow up in the communities of clients who tested HIV positive during VCT for linkage to care and treatment as well as follow up of infants with positive PCR.

The implementation of quality services can only be meaningful when drugs and reagents are available likewise Option B+ commodities. Sites that suffered problems of stock out received solutions during supervisory visits. A case in point was Nkambe urban which suffered a stocks. To salvage the situation, drugs were withdrawn from nearby Option B+ facilities and served. This act and other assistance rendered, garnered appreciation from the chief of center for Nkambe urban and the head of laboratory for Nkambe district acknowledging the services of the CBCHBS through PMTCT for the assistance given to them in commodity supplies.



Supply of PIMA reagents to the Nkambe District Hospital

In the domain of ACT, the parents and caregivers have been appreciative of the financial support rendered to them at the child play centres to enable them receive treatment. The Nkambe coordination area noted for its vast settlement and high rates of HIV prevalence, has so far registered a total enrolment of 94 children living with HIV, and as of September, 2015, 54 of these children were seen at the treatment centre while others in very distant places joined their parents in support groups to receive their medication.

In September, the PMTCT staff successfully linked 5 adults and 2 children to the Care and Treatment Centre. The intention has been to follow up and link all those diagnosed HIV positive during outreach campaigns.



**Infants of the pediatric clinic and caregivers appreciated the gesture of transport reimbursement and feeding**

Visits to Option B+ sites have indicated a steady supplies of commodities, a situation that has maintained the quality of services expected at these sites.

## SUB COMPONENTS

### LOCAL CAPACITY INITIATIVE (LCI)

By Abuseh Jacky/Lum Odette

#### OUTREACH SENSITIZATION YIELDING FRUIT

Bafut and Tubah Health districts, alongside 15 of the 17 health areas in Mbengwi health district have successfully carried out outreach and sensitization activities geared at increasing ANC uptake and also to strengthen the capacities of dialogue structures so that they can own health at the local level.

These activities recorded great success as many people turned up for the services. A total of 8,698 people were sensitized during this outreach as shown in the table.

District	Number of persons sensitized	Number of ANC1	Number of old ANC cases	Number of partners	Number of children vaccinated/ IWC	Lost to HIV follow up tracked and linked	Number of consultations
Mbengwi	3868	26	13	4	174	2(1 woman and one child)	156
Tubah	1911	28	19	1	137	0	19
Bafut	2919	24	31	9	94	0	29

This activity it should be noted was done as a follow up of the trainings held with Health Area Management Committee members. The prompt response to this activity from the stakeholders who met prior to this activity, shows their commitment in ensuring that planned activities are executed in record time to the benefit of the community.

The sensitization that took place in churches, njangi houses (social groups), women's groups, men and youth groups, market squares and prayer grounds, were very successful thanks to the collaboration and presence of community influential stakeholders like traditional rulers, religious leaders, quarter heads, amongst others.

Circulated messages focused on the importance of attending antenatal clinic, importance of consulting at the health facilities, disadvantages of home deliveries and the importance of vaccinating children.

Out of the number of children vaccinated in Mbengwi H/D, a suspected case of polio was identified. The sample was immediately taken to Yaounde for proper diagnosis. Some of the women who consulted have begun accessing healthcare services, the Fulani minority groups in Mbengwi and Tubah showing great interest and promising subsequent visits to health facilities.

## **LCI SUPERVISORS MENTORING MEETING**

The Business Official of the HIV Free project Mr Munjo Johnson has called on LCI supervisors to work heartily for the benefit of their communities in order to ensure the sustenance of healthcare services when the project comes to an end. He made this fervent call September 18<sup>th</sup> during a meeting with LCI field supervisors organized to present the updated supervisors report forms and the general statistics realised in each of the districts. He also used the forum to thank the supervisors for their work.

The meeting that held in Bamenda saw the attendance of all LCI supervisors who used the opportunity to share best practices, challenges, and their field experiences for others to learn and improve on assigned tasks for the benefit of their respective communities. Some of the best practices shared during this meeting will be documented as success stories by the documentation/communication office.



*Business Official addressing participants*



*Cross section of participants*

At the end of the meeting steps were undertaken to ensure effectiveness in documentation on the field, while some community initiatives were earmarked for tracking. These included community employed staff, income generating activities, financial and material support to health; while council initiatives included; amount of funding to health, number of council employed staff amongst others.

These best practices were noted by the documented bench of the HIV Free project to be gathered and published subsequently.

At the end of the meeting, extracts of the main action plans were distributed to the supervisors to follow up the council to include some of the activities programmed in the budget for next year.

## **OPTION B+ PILOT**

Clients enrolled into the pilot phase of Option B+ in the Bamenda health district are currently being retested to confirm their HIV status. The retesting of all women already placed on HAART world-wide is a WHO recommendation which expects all national HIV/AIDS programmes to retest all newly diagnosed people with HIV.

According to a report released by the WHO, there have been recent reports in the published literature and unpublished programme data of HIV status misplacement, with both false positive and false negative results. The current exercise carried out by Ministries of health and National AIDS Control programmes is geared towards ruling out any potential misdiagnosis and consequently misclassification.

The recommendation emphasizes the need to ensure the quality of HIV testing using the rapid diagnostic tests (RDTs), as well as laboratory-based testing. This is particularly important in relation to immediate initiation of lifelong antiretroviral therapy (ART) after HIV testing (including immediate initiation of ART for all pregnant women with Option B+ for preventing mother-to-child transmission of HIV (PMTCT)).

There has been the recommendation for Option B+ to be extended to all health facilities for efficacy of services. This recommendation came from the PMTCT Supervisor Mr Nkuoh Godlove after his visit to some districts for Supervisory work within the month.

Clients in the Districts of Mbengwi, Batibo and Bamenda are said to have welcome this program. Activities at Option B+ sites so far are faring well, with request

### **Report from the Supervision Office**

**Option B+** is a very welcome program except for some documentation gaps in almost all the sites visited. Activities are faring well and non-Option B+ sites request that the program be extended to them. However, personnel expressed challenges with many registers and documentation. The PMTCT coordinators expressed their lack of collaboration and frustrations in working with the person who disburses inputs at the Regional Special Fund for health.

We also contacted facilities of CMA Nkwen and St Mary Soledad to finalized arrangement for renovating and upgrading rooms for dispensation of TELE. Funds have already been approved for furniture and a bit for renovating these sites.

Other Health units supervised were Andek CMA, Etwi IHC, Bome IHC, Njindom Catholic HC, Guzang IHC and St John of God Catholic Hc in Batibo.

A mentorship training program also started at Mezam poly clinic

## **SUCCESS STORY**

### **Discovering the Mystery that kept me down**

I was sick, so sick that my round fleshy body which earned me the nickname Fatima had gone away to the point that I felt I was flying whenever I walked. As if to make matters worse, I had lost my menses four months earlier and my stomach was bulging out. I was depressed, and confused because I was told witchcraft was the course of my ill health; yet one day while I laid on my sick bed contemplating, waiting for death to come take me, one lady visited us sharing some health talks. My mum told her I needed it most because I was lying in critically sick.

This lady talked with me and encouraged my parents to take me to the hospital, which they did, it was there that I was declared pregnant and HIV positive. I was happy and sad at the same time, but I didn't allow the bad news to pull me down. More so, I was happy because unlike the charlatan who had linked my bulging stomach and ill-health to witchcraft, the service provider did not only diagnosed what was wrong with me, but also proposed a treatment for me. I didn't hesitate to adhere and some few months after, I started putting on weight as I regained my health. I was blessed with a healthy child and today I am very strong. This woman literally saved my life. Thanks to the funders, whoever there are.

## Words of Appreciation

We wish to thank all our partners, stakeholders, Regional and District teams for their wonderful collaboration, support and encouragement as we work in the field. We appreciate the efforts of all the project staff who are working hard in various parts of the region to ensure that we achieve our objectives. We cannot forget to say thank you to the various service providers at all project sites for their hard work. Finally we remain very grateful to CDC/PEPFAR for giving us the opportunity to implement this very important project.

“We are improving on services but only you can improve on your health”

Prof Tih, Project Principal Investigator

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