

CAMEROON BAPTIST CONVENTION HEALTH BOARD



AIDS CARE AND PREVENTION PROGRAM (ACP)



Annual Report, 2008

A handwritten signature in purple ink, which appears to read 'Tih Pius Muffih', is positioned below the title.

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Mission:

The Cameroon Baptist Convention Health Board (CBCHB) seeks to assist in the provision of care to all who need it as an expression of Christian love and as a means of witness, in order that they might be brought to God through Jesus Christ. Thus the Health Board shall provide exemplary health care with genuine compassion with overriding purpose of evangelical witness.

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Introduction

The Cameroon Baptist Convention Health Board AIDS Care and Prevention Program (CBCHB-ACP) is a comprehensive and ongoing program. It began in 1999 with Community AIDS Education and today, it runs 13 components. Two of the thirteen components were introduced this year. The activities of the program include prevention, care and treatment people living with HIV and AIDS (PLWHIV) and psychosocial support for the affected and PLWHIV. This program works in partnership with the National AIDS Program and other national and international partners. The components of the program include:

1. Community AIDS Education
2. Prevention of Mother to Child Transmission of HIV (PMTCT)
3. Tuberculosis (TB) Control
4. Orphan Care (Chosen Children)
5. Support Groups for HIV-positive men and women
6. HIV Care and Treatment Program
7. Youth Network for Health (YONEFOH)
8. Adopt a Health Care Worker
9. Palliative Care
10. Extended Forum for Care (Contact tracing)
11. Reproductive Health (Cervical and Breast Cancer Screening, Family Planning, and Treatment of Sexually Transmitted Infections)
12. Nutrition Improvement Program (NIP)
13. New Life Club (NLC) – Commercial Sew Workers Program

Each of these components of the program experienced some remarkable progress in the course of 2008. This report will highlight the key activities of each of the components of the program.

1. COMMUNITY AIDS EDUCATION

Our goal is to empower communities to provide AIDS education in a self sufficient manner, with minimal external support. Selected persons from communities are trained as resource persons on HIV and AIDS to address issues around the epidemic in their respective communities. These resource persons help to disseminate information on HIV and AIDS to their communities and act as a link between the program staff and their communities as well. HIV Voluntary counselling and testing has been identified as an effective tool for reversing the spread of the pandemic and efforts are being made to promote it through community AIDS education. Bread for the World (BftW) funds these activities in the Southwest Province while CBCHB covers the cost in other regions.

Activities

In 2008, Seventeen (17) training sessions for resource persons were carried out in five (5) out of the six (6) divisions in the South West region. A total of 993 persons were trained and 557 of them were females (56.1%).

Most of the people trained were Muslims, students and Catholics. Below are some details;

- We began with a training for 40 CBC health board staff on how to organize and facilitate trainings / workshop.
- Peer educators were trained in the Catholic Diocese of Mamfe: 36 in Mamfe and 49 in Fontem
- A total of 239 Muslims - 152 (52.97%) males and 87 (40.07%) females - were trained in Buea, Muyuka, Kumba, Ekondi titi and Mamfe on the basics of HIV and AIDS. Those trained are expected to serve as peer educators in the Muslim population in these areas.
- Other trainings involved students of the Cameroon Baptist Seminary in Kumba and final year nursing students from the University of Buea.

Others activities

- A one day round table conference on the fight against HIV and AIDS in Muyuka Sub Division was organized by Noble Social Group where CBCHB was one of the main facilitators. 23 males - 47.91% and 25 females - 52.09% attended including the Divisional officer, Commander of the Gendarmerie Brigade, principals of schools and many other key leaders in Muyuka health district attended the conference.
- A one week (May 25 – 31, 2008) seminar on tropical plants as a source of health was organized by ANAMED (Action for Natural medicine) Bamenda at the Presbyterian Church Center. The assistant project manager and another CBCHB staff attended. Knowledge gained is being disseminated.
- A two day seminar on the Good Samaritan approach to HIV and AIDS Care and Prevention was organized and funded by the Oku Field Women's Union at the Mbocke Jikijem Baptist Church with an average of 290 women in attendance.

Support to PLWHIV

- More PLWHA have been identified in the communities. Some have integrated themselves in the existing support groups while others are still shy. Home visits were carried out with 69 PLWHIV visited - 20 males and 49 females. Two support groups were visited in Fako division to follow up pending loans given out in 2007 with support from CARE Cameroon.. Other visits took the team to Ekondo titi, Buea, Muyuka and Mondoni.

Visitors

- Two Transfer of Functions (TOF) visits took place in May and November 2008 during which the project execution, impact and results from the field were assessed. The visiting team from SIRDEP – BftW's representative came out with a lot of recommendations for us to implement in order to improve on our work.
- Four (2 males and two females) visitors from the Bread for the World (BftW) supervisory board in Germany visited the program in the second quarter.

VCT

- A lot of VCT was done this year. Most of the training sessions ended with a VCT exercise. A lot of mobile VCT was also done in schools and in the communities.
- Nine sensitization activities were carried out in primary, secondary and professional schools and about two thousand (2000) people were sensitized on HIV and AIDS.
- From February to December we tested 3,996 persons (47.5% M and 52.5%F). 61 tested positive with 10 indeterminate cases which were referred to health facilities for further testing.
- The IEC material (manual) has been revised and more lessons on health such as personal hygiene, malaria, oral health etc, included.

In addition to what was done under the Community Initiative AIDS control and Prevention (CIACP) project in the Southwest Region, a lot of community AIDS education took place in the various PMTCT coordination areas most of which ended with VCT. This was the case in Mbingo, Kouhouart, and Yaounde areas. A lot of education was also carried out during the CBC bible conferences in the various regions.

Funding

Almost all the funding for the Community AIDS education comes from Bread for the World. The CBCHB contributes to the funding. We are grateful to Bread for the World.

Challenges

- We are not able to meet the increasing demand for HIV testing in the communities because of limited resources.
- Some planned activities for this year could not be realized because of some break down in communication especially with the Muslim communities and a lot of mobile VCT to meet the demand.
- PLWHIV have diverse needs which we cannot provide due to limited funds.
- Limited Staff leading to burn out.

Way forward

- Continue with supervision in all the groups trained so as to get some success stories and know some of their challenges in the field.
- Train PLWHIV groups in lobbying and advocacy in the next quarter.
- Share knowledge gained from seminar on medicinal plants as much as possible.
- Identify more community volunteers to work with.

2. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

General

From February 2000 when PMTCT activities started in Cameroon to December 2008, 349,273 ANC clients have been counselled of whom 329,151 (94.2%) accepted to do the HIV test. Of the 329,151 who did the test, 324,429(98.6%) returned for test results. 25,466(7.7%) of the clients tested HIV positive. The prophylactic treatment rate for infected mothers and their infants with a single dose of Nevirapine and other complex regimens has been on the increase. 17,843 (70.1%) mothers, 11,132(43.7%) infants have been treated. Cumulatively, a total of 3,779 PCR samples have been tested with 423(11.19%) positive, 3,352(88.70%) negative and 4(0.12%) indeterminate.

2008 activities

- For the year 2008, a total of 91,776 ANC clients received PMTCT services through the program with 91,776 counselled and 88,778(96.7%) tested for HIV. Of the number tested, 5,694 (06.4%) were positive. 4,953(87.0%) mothers and 3,035 (53.3%) infants received ARV prophylaxis to prevent MTCT.
- 15 new sites were created bringing the total number of sites to 410 in six of the ten regions of Cameroon as represented in the table below.
- Training sessions and refresher courses were organised in various areas following identified needs. A total of 289 people took part in the trainings.

- Testing in labour has remained a challenge over the years. More and more women are seen in labour who do not know their HIV status while a good proportion of those tested are HIV positive. Out of the 4,228 clients tested, 588 (13.9%) were HIV positive and most of them receive maternal and infant single dose nevirapine prophylaxis.
- During this year, 977 infants were tested by PCR. 85(8.7%) were HIV positive, 892(91.3%) were negative. For the five CBCHB sites with treatment centers which provide more effective prophylactic regimens with two or three drugs, 703 infants were tested by PCR and 52 (7.4 %) were positive. This confirms the fact that bi & tri therapy are more effective in reducing MTCT.
- An international PMTCT training of trainers took place at the Regional Training Centre in Mutengene for 2 weeks from February 18-29, 2008. The eight trainees are PMTCT leaders from 3 countries: Liberia (3), Sierra Leone (2) and Cameroon (3).
- Training sessions for Laboratory technicians from PMTCT sites supported by the CBCHB took place in the various coordination areas. The aim of this training was to inform participants on the new format of collecting dried blood specimens (DBS) for early infant diagnoses (EID).
- Dr Fassinou Patricia - Senior Technical Advisor of the Elisabeth Glaser Paediatric AIDS Foundation in Ivory Coast visited the CBCHB PMTCT program. The aim of her visit was to learn about the CBCHB PMTCT program so that she could replicate some of the best practices in her country which has low uptake of ARV among PMTCT clients.
- PMTCT Mapping went on in five of the regions where PMTCT has been implemented. These are the Northwest, Southwest, West, Adamawa and Littoral regions. This exercise aimed at assessing the extent of PMTCT coverage in terms of target population and facilities. A questionnaire was administered in 70 of the 82 health districts in the five regions. District Medical Officers or PMTCT focal point persons that collaborated in the exercise reported the presence of a total of 782 health facilities in the 70 health districts. 419 health facilities overall responded to the questionnaire, and 416 (99.3%) responded that they were PMTCT sites. 398 (95.0%) of the responding health facilities offer ANC services and 374 (89.3%) sites provide the minimum package of PMTCT services; minimum being defined as the provision of HIV pre- and post counseling, HIV test results, and maternal single dose Nevirapine (SD-NVP). The CBCHB provided technical assistance to the Gambian PMTCT program from March 01 -10, 2008. The purpose was to facilitate training sessions during the Training of Trainers workshop in PMTCT and support. The Gambian NACP team in the assessment of the opt-out approach initiated on a pilot basis at 3 PMTCT sites requested technical support from CBCHB which was provided in March 2008.

- A small research project was carried out in Mbingo area by the PMTCT department to identify reasons for the low male involvement in PMTCT. The various reasons identified are being used to strengthen male participation in the program.
- The PMTCT program now has a Technical assistant from EGPAF, Catherine Harrington, who will work with the CBCHB for a minimum period of one year. She is acting as a liaison between EGPAF and CBCHB, coordinating communication between stations, helping with program management, writing grants and monitoring the finances of the PMTCT program.
- The program director with some PMTCT program leaders, participated in an Advocacy and briefing meeting on PMTCT in the Northwest region in Bamenda from May 5 - 7, 2008. The highlights of the meeting included the identification of the difficulties and challenges encountered in the PMTCT program in the province.
- To ensure effective management of funds, a planning meeting for CBCHB PMTCT coordinators was organized. The aim of the meeting was to harmonise the sub plans of the different coordination areas to avoid over spending and duplication of activities. This meeting held in the ACP coordination office in Mutengene on July 17, 2008. Following this meeting, three new coordination areas were created in Ndu, Kumba and Kouhouat bringing the number of coordination areas to nine with a goal of service improvement.
- Data collection has continued to improve with the aid of cell phones and credit made available to the coordinators to call when need be. Most sites especially the hard – to - reach sites have been able to submit their statistics by phone. We hope that this will greatly improve with the addition of new coordination areas
- Early this year, a need was identified to train staff in the LAP to be able to carry out PMTCT services. In this light, a two day training was organized for LAP field supervisors This training took place from the 3 – 5, November 2008. A total of 17 field supervisors were trained. During this training, various strategies for strengthening PMTCT services at LAP were put in place.
- Facilitative supervision and field visits are very crucial aspects of smooth project implementation. The program supervisors visited various coordination areas and sites working with staff to appraise what has been done so far and seek ways of improving on activities. The staff of these sites appreciated the visits very much. Visits were made to the three new coordination areas (Ndu, Kumba and Kouhouat) and so far work is going on well.
- The Monitoring and Evaluation team visited the various coordination areas for supervision and data collection on quarterly basis. This has greatly improved the data collection.
- Dr. Sue Willard, EGPAF Quality Improvement Officer, visited Cameroon from September 15-29, 2009. The purpose of her visit was to conduct a situational analysis of PMTCT Quality Improvement interventions in Cameroon, conduct site visits to get a cross sectional overview of programs, provide technical support to sites, as needed, and provide recommendations for next steps to scale-up PMTCT quality improvement efforts.

During her stay in Cameroon, 17 PMTCT sites were visited in five of the six provinces where CBCHB implements its PMTCT program.

- The data base was revised and this facilitated the production of graphical feedback to sites on the evolution of activities over the years.
- Sujata Bose, EGPAF Senior Monitoring and Evaluation Officer, visited Cameroon from November 10 – 15, 2008. She worked with the CBCHB team to review the M&E activities, tools, indicators and made suggestions for improvement.
- The CBCHB won a two year Operational Research awarded by EGPAF which aims to "strengthen the link between PMTCT and Care and treatment". That is to ensure that PMTCT clients who test positive for HIV from the communities receive proper care and treatment.
- Meetings were held with PMTCT service providers in various districts to discuss: causes of low uptake of infant ARV prophylaxis, Suggestions on how to improve the uptake, Protocol for administration of infant prophylactic treatment in PMTCT (NVP and AZT), Emphasis on the collection of DBS for EID. CBCHB co-organised the meetings with various DMOs.
- A training focused on Data Management, Microsoft Excel and Access was held for 30 ACP staff members in August 2008. This three-day training was led by Rachel Popick, a visitor to CBCHB from the US. Immediately following this training, a one-day course on EpiData was led by ACP General Supervisor, Mr. Nkfusai Joseph.
- The CBCHB participated in the National PMTCT meeting that took place during this quarter. In this meeting, key PMTCT persons from the ten regions were represented and made presentation amongst which was a presentation of an Evolution of CBCHB PMTCT activities.
- Some minor renovation was done at a few PMTCT sites to improve on service provision.

Challenges

- We have continued to encounter some difficulties in terms of collaboration with some officials of the Ministry of Health which hinders the smooth functioning of PMTCT activities in some areas like Littoral Region.
- There is limited access to ART treatment due to bad roads, lack of transport and limited number of treatment sites; hence, not all positive clients are able to have access to treatment.
- The implementation of bi-therapy for PMTCT is not fully scaled up due to lack of access to drugs like AZT and Lamivudine.
- Male involvement is still below expectations despite the efforts being made through Men As Partners (MAP) Program

- The follow up of HIV exposed infants remains a challenge. Some women change their residency, thus making it difficult for proper follow up. Some of the women do not return with their babies, while others do not allow the referral staff to visit their homes.
- Though the presence of phones has improved on data collection, some of the sites have no access to the network and are not accessible during the rainy season. This makes supervision difficult.
- Many of the sites that provide antenatal care do not have Labour and Delivery facilities making it hard to follow up when these mothers after they deliver at other facilities or at home.
- With the creation of more coordination areas, more staff are needed to provide services so that burnout is prevented.
- During the fourth quarter, we ran short of test kits as a result activities were slowed down in the sites. The problem was however solved in less than a month thanks to the faithful donation of kits by Direct Relief International and Abbott laboratories and corrective action has been taken to prevent this from occurring in the future.

Way forward

- Strengthen collaboration with the MOH at all levels.
- Follow –up and ensure that all sites submit reports to the various DMOs as required.
- Strengthen the giving of regular feedback to sites, districts and regional focal people.
- The government should approve and equip more treatment centers to improve access to treatment
- Gradually scale up Men As Partners (MAP) activities to all PMTCT sites
- Intensify follow up for HIV exposed infants and continue with sensitization so that many will know the importance of the program.
- Work with DMOs to gradually scale up bi & tri therapy to all sites as drugs become available.
- Employ and train more staff to carry out PMTCT activities in the new coordination areas.
- Work with CENAME to receive donated drugs and supplies as recommended by the MOH, which will enable the government to track consumption in the country and also help CBCHB to avoid paying customs for donated nevirapine and Determine HIV tests from Boehringer-Ingelheim and Abbott.

3. TUBERCULOSIS (TB) CONTROL

This TB program focuses on TB diagnosis, provision of free treatment and follows-up of TB patients to ensure treatment compliance and completion with special emphasis on TB patients who are co-infected with HIV.

Activities

The TB department started this year well with routine work of diagnosing and placing clients on treatment as usual.

- BHM and Nkwen Health Center were approved as treatment centers increasing the number of treatment centers from four to six.
- The Potts Foundation donated funds for the running of the TB program. Construction work continued on the TB ward in MBH.
- All TB liaison nurses had a meeting in Banso during which reporting and other TB activities were harmonized. Mr Nshom Emmanuel and Pastor Denis Bambo were very helpful in facilitating at this meeting.
- Work continued on the culture and sensitivity study at the Mezam Polyclinic in Bamenda and adherence study is at the level of data cleaning and analysis with Mr. Nshom Emmanuel's assistance.
- Both BBH and MBH had TB treatment completion rates of more than 78%. They were congratulated at a regional TB evaluation meeting on being a model in terms of having such a low defaulter rate.
- We received additional donation of three sputum inducers to be used in the new TB treatment centers and MBH/BBH had desktops and a printer for MBH.
- The Potts I donation to the TB program was spent and all the reports were sent to the foundation as required.
- We reviewed Potts II and wrote the first quarter report.
- Dr. Elias Fomunyan has been appointed medical director of the TB program.
- We had regular supply of drugs and reagents from the government who supervised all treatment centers without any major complaints.
- The TB death rate has dropped because many HIV positive TB patients now receiving ARVs either in the course of treatment or after completing TB treatment.

Statistics

A total of 1260 patients were seen by the program this year as follows;

	BBH	MBH	Nkwen	Douala	BHM	Etoug Ebe
SPPTB	208	154	68	304	172	52
SNPTB	28	80	10	20	52	20
EPTB	62	71	5	7	19	9
Total	298	305	83	331	243	81
Tested for HIV	298	294	69	296	179	61
Tested Positive	185	150	44	112	94	17
Males HIV+	87	74	23	54	38	8
Females HIV+	98	76	21	58	56	9

SPPTB= Sputum Positive TB

SNTB = Sputum Negative TB

EPTB = Extra Pulmonary TB

Challenges

The program faced some challenges such as very difficult roads to cover for follow-up, limited staff or staff having too many other assignments, limited funds and space.

Way Forward.

- There is need for staff to be assigned to TB departments of BHM, Mboppi, on permanent basis without so many additional assignments. There is also a need for an additional staff to be added to MBH TB department
- Finish the basement of the MBH TB ward to begin admitting clients to this unit
- We plan to have a TB training for LAP promoters with LAP funding part of the training.
- To attend international training to gain more international standards and improve our present standards
- With HIV positive people being the most vulnerable to develop TB disease, we plan to visit most support groups at their meetings and educate them on TB.

4. ORPHAN CARE (CHOSEN CHILDREN)

In this component of the program, we identify and register AIDS orphans and other vulnerable children and supports them through their foster parents by subsidizing their education, nutrition, health and psychosocial needs. The total number of children enrolled in the program is 2600, while 875 received support this year. See details below;

Number of boys =484

Number of girls = 391

Number in Primary school = 482

Number in secondary school = 323

Number in professional Institutions = 6

Number in other trades = 47

Total supported = 875

Total enrolment = 2600

The program operates in fourteen fields of the CBC, primarily in the Northwest and Southwest regions. There are three full time staff and 12 field agents.

Activities

During the year, the following activities were carried out;

- The program was blessed with a volunteer from UK, Miss Polly Andrews, from December 28, 2007 to February 17, 2008. During her stay, she learnt and contributed to the growth of the program. On February 25, a visitor - Dr. Shun visited some children in Nso field, took pictures and promised to raise funds for the program. He was impressed by what he saw.
- On March 14, 2007, eleven chosen children from Gebeaur field were selected to do some arts work. The focus of the children's art was on the following; them playing with other children, their friends, their families, where they live-drawing of the area, playing sports and everyday life. These works had as complements signed consent forms from the caregivers accepting the drawing and pictures of the children to be used for publication. These shall be used to raise funds for the program.
- The CCP Manual was revised and more lessons and appendixes added.
- We had a very successful World AIDS Orphans' Day commemoration on May 7, 2008. Letters were sent by the Director of Health services to all CBCHB stations, churches and individuals to support the program on this day. Close to 500.000 FCFA was raised with many material things (shoes and dresses) for the children.
- On May 15, 2008, the Supervisor made a special visit with (rice, soap, palm oil and dresses) to a family reported to be hosting 9 orphan children and solely sponsored by a 59 year old grand mother. There has been continuous home visitations of the chosen children by the field agents same as in 2007.
- A chosen child in the University of Yaounde wrote an appreciation letter thanking the CCP for taking him from secondary school to the university level. We had support during the world AIDS Orphans day from the three individuals who passed through the chosen children program and are now earning a living.
- Funding of 25,000 USD was received from EGPAF this year. This was used to pay school fee assistance for the children and other program activities. Funding in small amounts continued to come from HB institutions, NAB, some churches and individuals.
- The school fee disbursement exercise took place from July 17 - October 4, 2008; the children in SWR were tested for HIV during the exercise. A total of 127 persons (children and care-givers) were tested and 16 tested HIV positive.
- Many chosen children who were sick received free medical treatment. Those living with HIV and placed on ARV came for regular follow up except for a few children whose care-givers had problems.
- The demand for food and other basic household needs continues to increase coupled with the high prices of food commodities since early 2008.
- The request for assistance continues to rise as CCP came to the assistance of some 17 children in Catholic School Bojongo in SWP following a sorrowful plea from one Rev. Sister Njikeh Janet.

- The Program realised that many of the orphans living with HIV came from Nkambe field hence, there was need to train the caregivers on care of PLWHIV. 34 orphans were selected from this field and their caregivers' trained.
- A Suzuki Jeep was bought for the program in November 2008 for program supervision.
- A CCP annual meeting took place on the 13th of December 2008, bringing together all field agents and staff of the Program.
- An application for funding has been submitted to the Catholic Relief Services.

Challenges

- The demand for food and other basic house hold needs continue to increase due to the high cost of living.
- Some children living with HIV and AIDS have not been able to follow-up their treatment.
- Many orphans are not yet benefiting from the program due to limited funds
- The sole laptop computer for the Program broke down since September 2, 2008 and is still being repaired by the computer department of the CBCHB.
- The free interest micro-loan for caregivers which started in the NWR in 2005 ended pre-maturely in 2007 and has remained a challenge.
- There are many HIV positive children seeking assistance from the Program
- Some caregivers died in 2008 leaving the children without a caring family.
- The need for more Staff is increasing
- The Family Caregivers in the Southwest are also asking for funds for Income Generating Activities which are not available.

Way Forward

- The Program will use the World AIDS Orphans day to raise awareness on the plight of orphans and also raise funds to support the program.
- Project CURE in US is using the CCP art work and photos to raise some funding for the program. We pray that this effort be successful.

5. SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV AND AIDS

The CBC Support Group Program runs 88 active groups in Cameroon with a total monthly average attendance of 2428 with 382 males and 2046 females. Support Group meetings are held one time per month in hospitals, health centers and churches and in individual homes. The objective of the program is to provide a forum for People Living

with HIV and AIDS to build their capacities on positive living and to maintain a health status. It equally provides an avenue for ongoing psycho-social counselling greatly promoted by trained peer educators.

The CBCHB also works with and supports some 14 community based support groups in the Southwest Region.

Activities

Prophylaxis distribution: The distribution of multivitamins and cotrimoxazole is done when it is available. It was not regular in all the groups this year because it was out of stock in some coordination areas. As a result of this situation, only an average of 677 (27.8%) of the total support group members received cotrimoxazole and multivitamins on a monthly basis. However, the number of babies on cotrimoxazole prophylaxis and ARV is steadily increasing. Our statistics indicate that about 38 babies are on prophylaxis while 27 others are on ARV. About 331 babies did rapid test for HIV with 70 (21.1%) positive results, which is much higher than the PCR results, suggesting that the transmission of HIV via breast milk may be quite high. However, this statistics is based only on support group activities.

Monitoring of CD4 counts among support group members: During the monthly meetings, support group members are advised to monitor of their CD4 level every six months. During this reporting period, a phlebotomist from the Nkwen treatment center visited the groups to collect specimens for CD4 count. Usually, support group members in far off communities complain of lack of transport money to come for CD4 count. An average of 468 (19.3%) support group members did the CD4 count.

Encouraging support group members on ARV treatment adherence: The Mutual Health Organizations (MHO) in Boyo, Kumbo and Bamenda have employed three support group members as “expert patients”. These expert patients help a lot in adherence counselling and peer education at Mbingo, Bansa and Nkwen Treatment Centers. As such treatment default is greatly reduced among the members. A total of 23 (0.9%) members on the average defaulted treatment monthly. About 606 (30%) support group members receive anti-retroviral drugs monthly. Due to the effectiveness of the ARVs, disease burden reduced as very few 318 (13.1%) member absented from meetings due to sickness. This contributed in reducing death rate among support group members from 38 (1st quarter) to 23 in the 4th quarter. In the same line, death rate among babies was reduced from 42 (1st quarter) to 16 infant deaths in the (4th quarter).

Family planning services: Condom distribution is an integral part of support group activities. Following a decision of the Director of Health Services in a circular, support group members have received with joy the provision of free

services for some Family planning methods. An average of 860 (35.4%) support group members receive condoms each month for protection against HIV re-infection, unwanted pregnancy and sexually transmitted infections.

Income generating activities: The acquisition of two photocopier machines has boosted our internally generated income at Ndu and Nkwen Baptist Health Centers. The Hope Quality production sites are also generating a significant income for the support group program. About 32 support group members in Bansa area were happy recipients of goats, sheep and cattle from HEIFER project. Six support group members went through employment process as Ward Auxiliaries course organized by the CBC Health Board. They will be recruited to work in some of our health centers and hospitals. Our internally generated income activities have yielded some substantial finances. The Mutengene support group program also received a grinding mill from the CARE Cameroon. To ensure effectiveness and efficiency among our staff working at these business places, we have been rotating them. We have equally instituted strict control measures and regular supervision as well as maintaining timely supplies to them.

Training – We organized training for support group members on nutrition and group management in Bafoussam, Douala and Ndu coordination areas. A total of 291 (281 female and 10 male) support group members attended various capacity building trainings. We received a volunteer from Canada who trained support group members in groups in Bamenda North and Bamenda West on greeting card production.

Annual Conferences

The holding of annual conferences are a major activity of the Support Group Program. The conferences provide an opportunity for group members to fellowship together. It also serves as an avenue for the communication of major program policies, action plans and mapping of the way forward to usher us into the new year. This year, the conferences were organized only for leaders. It was not feasible to bring together all the group members due to financial constraints. A total of 179 members attended the six conferences organised in various coordination areas.

B. Challenges

- The production of infant/adult formula has been slowed down due to inadequate funds in the program's account resulting in many malnourished babies and adult are unable to purchase it.
- Many monthly meetings and supervision of the groups were not held in rainy season due to the heavy rains and bad roads. Above all, our coordinators find it difficult to move to the groups as they have to wait for long hours and to be squeezed into overloaded public vehicles.

- During this period, the support group program passed through a financial hardship that halted some of our planned activities.
- There is an acute problem of space felt by our coordinators who lack space for offices. Most groups do not have enough room to accommodate members during meetings and lack space for production at Mbingo and Banzo. Most of our production of complementary infant food in Banzo is done in private, homes which does not guarantee hygiene and safety of our products. We are hiring a kitchen in Banzo where some cooking is done and storage of some equipment.
- We were unable to give vitamin and cotrimoxazole prophylaxis regularly to the Support Group members as planned.
- We could not pay the bills for all support group members who were sick and admitted in hospital.
- Support groups are not able to get micro-finance loans to earn a living and avoid dependency on family members. This is a source of stigma and discrimination against those who are living with HIV and AIDS.

Way Forward

- Our immediate concern is to raise funds to register all our support group members in the Mutual Health Organizations for 100% free medical care and services.
- Our plans are to run small kiosks to produce and sell items.
- We shall embark on fundraising to enable support group members engage in socio-economic activities and sustain a healthy life.
- We have put in place strong measures to ensure that cotrimoxazole, condoms and multivitamins are regularly available.

Acknowledgement

We remain very grateful to the Flagstaff Health Fund, NAB, EGPAF, and other people of goodwill for their financial assistance to the support group program. Through the support group businesses, we raised some funds to sustain the program and change the deficit faced by the program.

6. HIV AND AIDS CARE AND TREATMENT PROGRAM

This focuses on the provision of care and treatment to PLWHIV with emphasis on pregnant women found to be positive through the PMTCT program and their partners and children.

Activities

CBCHB has been providing Care and treatment services for people living with HIV for four years now. All the five CBCHB Care and treatment sites effectively provided services through out the year 2008. A general increase in activities was observed. It was a year of transition for the Care and treatment funding support and monitoring activities.

Statistics of Enrolment into ART Care

SN	SITE	ART ENROLLMENT	
		CUMULATIVE	CURRENT *
1	BHM	555	510
2	MBH	587	517
3	MBOPPI	1060	1017
4	NKWEN	1926	1833
5	BBH	2159	2027
	TOTAL	6287	5904

Current = Cumulative minus deaths, transfer out and stopped

Cumulatively, 6,287 patients have enrolled on ART through the 5 CBCHB Care and treatment sites and 5,904 patients were on ART at the end of 2008. Other patients either died, transferred out of the Care and treatment sites or stopped taking the medication.

PCR Testing

Year	BBH		MBH		Nkwen		Mboppi		BHM		Totals		
	# Tested	# HIV+	# Tested	# HIV+	# Tested	# HIV+	# Tested	# HIV+	# Tested	# HIV+	# Tested	# HIV+	% HIV+
2005	18	5	52	5	0	0	0	0	0	0	70	10	14.3
2006	43	7	63	9	89	11	0	0	0	0	195	27	13.8
2007	52	6	28	0	104	9	3	0	23	1	210	16	7.6
2008	160	20	79	5	265	20	203	6	189	6	896	57	6.3
Total	273	38	222	19	458	38	206	9	212	7	1371	110	8.0

Cumulatively since 2005, 1371 babies have been tested by PCR through the CBCHB Care and Treatment program. 110 (8.0%) of the babies tested HIV+. The transmission rate has been steadily decreasing with the introduction of complex regimens for PMTCT in 2007.

Challenges

1. Uncertain source of future funding for the program with the end of support from Columbia University.
2. The transition from an intensive computerised M&E system to a register system was a major challenge
3. Increasing workload without proportionate increase in the number of staff
4. Frequent breakdown of CD4 count machines.
5. Irregular follow up of patients missing appointment or defaulting ART treatment.
6. Irregular reimbursement by the government for the cost of laboratory tests done.

Way Forward

1. Continuous solicitation of funding support from various potential partners
2. Close monitoring of the register system to ensure regular updates
3. Carry out preventive maintenance for CD4 machines
4. Continue to follow up with the Government authorities for the reimbursement of the cost of laboratory tests done.
5. Institute a regular follow up system for patients missing appointment.

7. YOUTH NETWORK FOR HEALTH

The name of this program was changed from the Youth Network for Abstinence to the Youth Network for Health as its goals expanded to promote other healthy behaviours among youth such as healthy diets and physical activity, and avoiding alcohol and tobacco. The expanded spectrum of the program also has enabled many more youth to identify comfortably with it. As at Dec 2008, the Youth Network for Health program supports a total of 96 youth clubs with a total of 6,862 registered members.

Activities

Trainings organized

- Peer educators training. The Year started with the long awaited Peer Educators' training which took 3 days from January 10th to 12th, 2008 at the Regional Training Center in Mutengene. Among the 42 trainees, were 13 females and 29 males, drawn from the 6 divisions of the SW Region including Littoral.
- Two training workshops were organized in Menda and Tatum CBC Churches in Bamenda after which a total of 22 gate keepers (5 and 17 respectively) were trained.

- With the Campus Crusade for Christ Ministry, we organized and benefited from a four days training in Kumbo under the theme “Life at the Cross Roads” to meet the needs of young people in the aspect of emotions and positive behaviour. 39 participants were present at the exercise.
 - Three workshops for youths in CBC Bamunka, CMBC Kumbo and GBHS Jakiri were organized and over 1,800 youths were in attendance
- a. Trainings attended
- A program staff and a gatekeeper in the SW had a 3 day capacity building workshop in Kribi on “Female Vulnerability-Countering Gender Based Norms & Values in HIV and AIDS” organized by SWAA - Cameroon.
 - The SW Program Coordinator attended a one day capacity building workshop in Limbe on HIV and AIDS organized by the American Embassy, a three day workshop on contact tracing at the HSC Mutengene, and facilitated during the training of Pastors in the Kumba seminary on Prevention and Practical steps to abstain from sex until marriage.
 - The NW Program coordinator was at the last BWA Youth Conference in Germany as a facilitator in workshops on Abstinence and HIV and AIDS Education/sensitization.
 - “The technique in counselling for HIV and AIDS and Reproductive Health in adolescent for health workers” was the theme of another one in Bamenda for 4 days also, attended by the NW program coordinator, organized by the ministry of public Health with support from United Nations Fund for Population and Advocacy (UNFPA).
- b. Follow up sex survey. The Data gathered from the follow-up Sex survey among youth aged 12-26 years was entered up to February 2008. For NW, 3,170 were entered as against 1809 for SW, making a higher total of 4979 Youths interviewed effectively compared to 4600 in 2004. Results showed a marked improvement in the lifestyles of the youths.
- c. Formation of clubs. 28 new clubs were formed in schools and churches in the Northwest and Southwest regions.
- d. Education and sensitization. A total of about 25, 223 youths received sensitization messages on HIV and AIDS and the importance of abstinence until marriage during the year. This number excludes mass sensitization during public occasions like on the national youth day (11th February) through March pass.
- e. Counseling and testing for HIV. A total of 4,387 youth in the communities were tested for HIV with about 2,500 of them being club members. Out of this number tested 27 were HIV positive (0.6%), none of whom were club members. This is an indication that the program activities are yielding the desired fruits.

f. Others

- Through the Health Club and students of GBHS Mutengene, a play titled “Boys as victims of sexual harassment”; an idea of one of the members by name Ngong Bertrand will soon be used for more sensitization.
- A portable generator acquired for better sensitization and health education in suburbs.

Challenges

- Difficulties in the follow up of the multiple Clubs already existing
- Some institutional leaders are not cooperative, and Counsellors/laboratory staffs are insufficient.
- The expectations of staff and partners on motivation and incentives are more than what is available.
- Working with students at the close of the year is very demanding.
- There are bad roads in some places, leading to stress and cancellation of scheduled meetings
- There is so much work for very few staff
- There is Limited reagents for VCT

Way forward

- Explore ways of raising more funds
- Recruit volunteers to assist in program activities
- Increase collaboration with the Education Board Chaplaincy, Bamenda Field Youth Pastor for easy cover through their School Ministry.
- Plan and follow up clubs at the beginning of the academic year
- Test all club members annually to measure the success of the program
- Challenge and incapacitate gate keepers in order to use them more and more.
- Appoint a supervisor and two coordinators, and/or add three more staff

8. PALLIATIVE CARE

Activities:

- Programme activities went on normally and grew in strength.
- We conducted one palliative care training for health professionals at Bansa Baptist hospital with 21 participants in the first quarter.
- The visit of the VSO programme development officer to Bansa Baptist Hospital on February 18, 2008 led to more collaboration. During that visit, we shared programme goals and experiences and came up with some

decisions that will assist our programme with volunteer staff. In that line. The Programme Supervisor held a meeting with the VSO Programme Development Officer and agreed on the transfer of the volunteer from another program to the Palliative Care Unit at Bansa Baptist Hospital. This took place on the May 14, 2008. The VSO volunteer (Hilary Edwards) started work with the Palliative Care Programme at Bansa Baptist Hospital on the June 7, 2008.

- Dr. Anne Merriman and Nawangi Catherine from Hospice Africa were here from February 24 – 28, 2008 to evaluate our programme and provide necessary suggestions for improvement of standards but were caught up in the strike in Douala. However we discussed all the key issues within those difficult days in Douala.
- Advocacy is ongoing as a requirement of the programme and as a special assignment from APCA because the programme supervisor is a country palliative care representative.
- The programme Supervisor on behalf of CBCHB assisted the National Committee for the fight against cancer, in a Palliative Care sensitization workshop from April 21 – 25, 2008. A video of the workshop was obtained from the Press group. It will be used as a Palliative Care advocacy tool. This workshop marked the beginning of collaboration ties between the Gynecological and Paediatric Hospital Yaounde, and the Cameroon Baptist Convention Health Board.
- We organized and conducted a ten day Palliative Care workshop for 24 health providers at Mbingo Baptist Hospital from June 9 – 19, 2008. The main aim of the workshop was to strengthen Palliative Care activities and ensure proper use of morphine and other drugs for the control of pain and distressing symptoms at MBH.
- According to statistics from the field, a total of 497 people were seen in the program this year with an average of 42 people monthly. 81 of these were new patients and 29 of them were HIV positive people.

Challenges

- The major problem is funding. We have not been able to receive a full programme grant thus can not carry on the necessary plans to extend the much needed services. Sustainability is a real problem.
- Some of our patients are too poor and unable to pay for drugs even at reduced cost.
- We can not meet the full palliative care needs of all patients at the hospitals because of distance.
- There is limited trained personnel, frequent staff movement; much time required to orientate new staff.
- We have seen many patients who could not be enrolled into the programme because of distance.
- Most patients are referred to the programme late thus making follow up difficult.
- Some health care providers still do not understand that pain control is a human right for patients.

The way forward

- Explore ways of getting more financial resources, a comfort fund to meet the needs of very poor patients.
- Train more staff
- Extend of palliative care to all CBC Hospitals is a real need but requires a substantial budget
- Program staff will need to intensify sensitization and advocacy so that physicians and other health personnel can refer patients to the programme the early in the stage of their illnesses.
- Considering that most of the patients are facing financial challenges, providers should identify other NGOs in the community for social assistance.

9. ADOPT A HEALTH CARE WORKER

This is an initiative in which CBCHB staff donate a percentage of their monthly salaries into a fund which is used to provide care and treatment to infected colleagues living with HIV and AIDS and those with other chronic conditions.

Activities

- a) Program scope: Adopt a Health Care Worker Program covers HIV and AIDS, other chronic health conditions and gives support to orphans left by deceased staff when they are not taken care of by the Chosen Children program.
- b) Enrollment for treatment: 17 more staff are subsidized for treatment, raising the number to 63 staff who received medical attention in the program.
- c) Feedback: Follow up and feedback has been successful
- d) Harmonization of the program: To ensure effective feedback, information on the program, and its acceptance by the HB staff representatives, the program coordinator and the Director met in Bamenda on April 25, 2008. It was a forum of exchange of ideas, expression of ideas and sharing of information about the program for the interest of the staff and their families. This has been very helpful in sensitization, education, and encouragement of the staff through their representatives. The program continues and many HB institutions are serious about it now given its enlarged scope of beneficiaries.

Challenges

- Ensuring confidentiality and fighting stigma to get more staff tested and enrolled early enough.
- Invisible nature of the program's impact due to confidentiality
- It is worth noting that we did not receive reports from the field on the program for the last six months of the year.
- Establishing support groups for health care workers who are HIV positive

Way forward

- Work through the staff representatives for the acceptability and commitment of all staff to the program and communicate the changes made.
- Continue with follow up and timely feedback.
- Prepare, print and distribute the comprehensive brochure on the new approach of the program and implement it for beneficiaries to feel the impact and testify.

10. EXTENDED FORUM OF CARE (CONTACT TRACING)

Contact tracing and partner notification is a disease intervention strategy that aims at breaking the chain of HIV transmission in a community. Any person who tests positive for HIV is considered the “index case” and is interviewed to elicit information about his/her sexual contacts. The Health Advisor and “index case” agree on who will notify the sexual partner (whether the Health Advisor does confidentially without disclosing the source of information or the client notifies the sexual partner that they have been exposed to HIV and need to be tested)., The program is called Extended Forum of Care (EFC), because its focus is on identifying persons at risk for HIV, counseling them on ways to reduce the risk of acquiring and transmitting HIV and referring those contacts who are HIV positive for care and treatment. The motto of the program is Empathy, Faithfulness and Compassion (EFC).

Program objectives

- Assess risk factors for HIV infection in adolescents and young adults who are identified through all testing centres;
- Assess the acceptability and feasibility of partner notification among HIV positive individuals in Cameroon;
- Find out how many undiagnosed HIV cases are identified through partner notification;
- Find out whether high risk male transmitters contribute to the spread of HIV among the youth, and if so what can be done to reduce transmission;
- Find out if contact tracing can benefit the health of the contacts in terms of referral for appropriate medical evaluation and care.

Activities for 2008

Training: We have organized a total of 3 training sessions and one refresher course for Health Advisors in BBH, HSC, and MBH, training a total of 65 health advisors.

Program Expansion

The E.F.C program has been extended to seven divisions in the Northwest Region of Cameroon. This is as a result of the successes obtained in the pilot phase in Mezam division from August to December 2007. A training session was organized at Mutengene in the SWR. The training was aimed at preparing the ground work for possible expansion of the program to the Southwest Region of Cameroon. However, we contact trace exposed persons who reside in other regions of Cameroon provided that they have cell phones.

Summary of activities

	2007	2008					
	Aug-Dec	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	%
Index Persons	227	291	382	574	379	1853	
Contact Persons	278	308	414	604	404	2008	
Contact Persons traced and notified	167	216	330	509	256	1478	73,6
Contact persons counselled and tested	110	178	198	345	206	1037	70,2
Contact Persons tested positive	55	102	109	202	131	599	57,7
Non sexual contact		0	11	20	6	37	6,2
Not traced		0	3	4	3	10	0,5
CD4		0	9	17	10	36	6,0
ARV		0	9	14	5	28	77,7

How many undiagnosed HIV cases are identified through partner notification?

This is one of the questions we are trying to answer to meet the objective of the program. The conclusion is that many people in our communities are ignorant of their HIV status. As can be seen on Table 2 above, (1478) 73.6% of the 2008 index persons traced and notified. We went further to counsel and test 1037 (70.2%) of the 1478 positive contact persons. More than half 599 (57.7%) of 1037 counselled and tested had positive HIV results. 339 (56.6%) out of 559 contact persons who tested HIV positive were males. The other 260 (43.4%) were females.

Can contact tracing benefit the health of the contacts in terms of referral for appropriate medical evaluation and care?

As a result of their HIV positive status revealed to them, 36 HIV positive persons had a CD4 cell count. 28 (77,7%) out of the 36 that did the CD4 cell count met treatment criteria and were placed on ARV treatment. 46 contact persons who tested HIV positive were counselled and referred for ongoing psychosocial care in the support group program.

VCT

To meet one of the program objectives which is identifying HIV positive persons through contact tracing and testing, we continue to do voluntary counselling and testing for HIV on our contact persons. Rapid testing is done on contact persons in their homes, offices and work places. However, there are few cases of domestic violence, assault, suspicion and breach of confidentiality. The contact persons who are tested no matter the HIV test results have expressed deep appreciation for the program and wished that the program should continue in order to save people's lives.

Contact Tracing audits

Monthly audits are conducted at the level of each facility where the program is being implemented. During the September audit, the program's action plan was evaluated. This assessment revealed that much has been accomplished on the planned activities.

Challenges

1. Social mobility leading to change of address makes contact tracing difficult in the community
2. Telephone coverage limited to some communities making contact tracing by phone difficult
3. Inadequate transport and bad roads especially with the heavy rains.

Way Forward

We are in the process of preparing an action plan for 2009. In this plan we will intensify contact tracing and partner notification and also put up good grant proposals for funding to sustain the program.

Appreciation

We extend our gratitude to the following;

1. Dr. Tom Welty, Susie Welty, Dottie Mayer and the entire Flagstaff Fund Team in the USA for their financial sacrifices.
2. Prof. Tih Pius mentoring the program leaders and facilitating in seminars to train more Health Advisors
3. All the Health Advisors for taking this great challenge.

11. REPRODUCTIVE HEALTH PROGRAM

A) CERVICAL CANCER SCREENING

In this program, a digital photo-cervicography is used to screen women for cervical cancer with special focus on support group women. Those identified with pre-cancers are treated with cryotherapy and Loop Electrical Excision Procedure (LEEP).

Activities:

- The program Coordinator, attended a two weeks practical Training on “See and Treat” cervical cancer screening at the University Teaching Hospital of Zambia from August 13th to 27th, 2007. The training was sponsored by Prof. Groesbeck Parham, Co-Director of Cervical Health Program, Zambia and Dr. Edie Welty. This has helped so much to move the program forward
- A total of 1,602 women were seen in the program with 227 having abnormal cervixes in 2008 as shown below;

Site	Total clients	Clients with Abnormal cervixes	% of abnormal cervixes	Treated with cryotherapy	Treated with LEEP	Number of follow-ups
BBH	596	88	14.8%	26	24	134
MBH	172	20	11.6%	4	3	10
BHM	140	31	22.1%	5	1	10
Nkwen	29	1	3.5%	0	0	0
Mboppi	189	27	14.3%	0	0	0
Etoug-Ebe	30	2	6.7%	0	0	0
Mobile Clinic	446	58	13%	35	0	0
TOTALS	1,602	227	14.7%	70	28	154

- In addition to the data above, a total of 51 pathology results were received, one had invasive cancer, one had micro invasive cancer and 15 had high grade pre-cancers (CIN 3).
- Dr. Okorie, Consultant Surgeon at BBH and Interim PAACS Director has expressed his commitment to provide surgical backups and support for the program when indicated.
- A large van was reassigned to the program for mobile clinic.
- Flagstaff Fund donations and support from EGPAF permitted the program to provide services in 2008.
- The program prioritizes screening of PLWHIV and health care workers.
- Colposcopic evaluation has been available in BBH as a backup screening method.

- 2 new staff were added to the program; one SRN and one Secretary. A second clerical staff was employed recently to work full time in the program.
- The program is fully operational in three sites (Mbingo, Banzo and Mutengene).
- The program made an outreach to Bangolan from June 26 -28, 2008 screening 96 women. Two women had pre - cancers, 4 were identified with breast masses and 8 with reproductive tract infections.
- The program has received some materials for the endometrial biopsy, to rule out endometrial cancers, thanks to Dr. Edie Welty.
- Program staff attended Support Group Regional end of year conferences in Ndu, Banzo, Mbingo, Bamenda, Bafoussam and Mutengene to encourage support group women to come out en masse for screening.

Collaboration with the Government

- The program has the support and endorsement of Prof. Doh Anderson, Executive Secretary of Cameroon National Fight against Cancer. He has assigned one of his Gynaecologists, Dr. Sama Dohbit as an in-country consultant for the CBCHB program. Besides, the hospital will perform histopathological analysis for all LEEP and Biopsy specimens at reduced cost. Negotiations were also made with Dr. Nkele Ndeki, Obstetrician/Gynaecologist of Gynaecological Surgery Center Yaounde to offer technical assistance in LEEPs to the CBCHB Program. He provided technical assistance in Loop Electrical Excision Procedure (LEEP) to program staff in Banzo Baptist Hospital (BBH) on October 4th and 5th, 2008. Dr. Sama Dohbit, also paid his first visit to the program at BBH in October and took part in the second coordination meeting held in November in Mutengene.
- Based on recommendations from the ACP Head office, the program coordinator visited Bamenda Provincial Hospital, PMI Nkwen and Azire Integrated Health Center in order to establish collaboration with them. Since these institutions have no available treatment for pre-cancer, all their cases of pre-cancers have been referred to surgeons for hysterectomy; a practice that does not meet acceptable standard of care. It was arrived at that all clients with suspected cervical lesions should be referred to the CBCHB program for review and management.

Visitors

- The program was visited by an obstetrician/gynaecologist with expertise in cervical cancer diagnosis and management, Dr. Alexandra Kidd from Phoenix India Medical center in May 2008. For two weeks, she reviewed interesting cervigrams and consulted difficult cases. Besides, she drilled the surgeons in BBH and MBH on

surgical management of patients with Cervical Cancer. The CBCHB Website facilitates the upload of pictures for clarification or confirmation.

- The bone behind the program, Dr. Edith Welty, paid a two months visit to the program in April and May. Besides bringing more equipment (Cameras, LEEP Machines, Speculums, Forceps) for the program, she also offered technical assistance to the program.
- Cervical Cancer research fellow from the Zambia Cervical Cancer Health Program, Krista Pfaendher paid a two weeks visit to the program in late May and Early June. She reviewed 500 cervigrams with program staff and precepted the program coordinator on 14 LEEPs.
- The first coordination meeting to discuss program development was held in June 2008. The Cervical Cancer research fellow from Zambia was there to share experiences from the Zambia Cervical Health Program.
- The program coordinator attended a 3-days conference on Reproductive Health in Emergencies in Kampala sponsored by the United Nations Population Fund.
- A Data specialist, Rachel Popick, from the United States worked in the program for two and a half months between July and August 2008. During this period, she created an Access database for the program, entered data and taught program staff how to enter and manage the database.
- The program coordinator, the in-country consultant and Dr. Edie Welty visited Dr. Mayer François, head of Gynaecologic department at the Yaounde General Hospital in November, to negotiate for further LEEP training in his hospital. The negotiation was positive but the period for the training is yet to be organized.
- Still in November, the program coordinator, Dr. Tom and Edie Welty, Dr. Palmer Denis, Dr. Elias Formunyam and Catie Harrington visited Prof. Doh Anderson, the Executive Secretary for the National Cancer Program to discuss evolution of the CBCHB program and to seek Government support.

Challenges

- Insufficient funds to expand training and purchase equipment for screening and treatment for other sites. The training that was planned for November was replaced with onsite trainings to limit cost.
- The demand for services has outweighed the available staff. Thus, the staff are overworked. Mobile clinics have been suspended. The program failed to take off fully in Mboppi this quarter as was planned due to insufficient funds and low staffing.
- The LEEP training was not completed because some clients who were referred for LEEPs did not turn out for the procedure. Thus, the number seen was less than half.
- Lack of refresher courses for program staff.
- Lack of an office for program coordinator is affecting work negatively.

- Three women diagnosed with invasive cancer this quarter as per pathology report have been referred to Yaounde for radical surgery and radiotherapy, but are unable to afford for such expensive treatments. The program is also unable to support their treatments due to limited funds.

The cancer screening program is a source of hope for many young women who are susceptible to cervical cancer. We hope to prevent death from cervical cancer through education and screening.

Way forward

- Hold quarterly coordination meetings
- Send Dr. Dohbit to Zambia to learn from their experience.
- Continue education amongst support group women on the importance of screening.
- Organized a LEEP training with Dr. Mayer in the Yaounde General Hospital
- Conduct on-site training in Bamenda, Yaounde and Douala
- Employ and train a new clinical full-time staff.
- In-country consultant to visit all 6 participatory sites.
- Establish a Memorandum of Understanding between the CBCHB and the National Cancer Program.
- Resume mobile clinics.

B) FAMILY PLANNING

Activities:

A service improvement survey termed "Family Planning Services Review" was conducted in all 28 CBCHB Hospitals and Health centers between January and April, 2008. The aim was to situate the current position of family planning in the Health Board, to evaluate the impact of a series of family planning trainings conducted by AWARE between 2005 and 2007. The result of this survey is presently being used as a major tool in revitalizing family Planning in the CBCHB.

In July 2008, the family planning program received a donation from EGPAF to support its activities. The program has decided to offer free services to Support Group women living with HIV and AIDS through this donation. More than 50 Support Group Women have already benefited from this donation and we plan to reach more than 500 of these women by June 2009.

In October 2008, the first family planning enlarged staff meeting for providers in the CBCHB was held in the Regional Training Center in Mutengene. For one day, deliberations were geared towards revitalization of family

planning within the Health board. The program coordinator, accompanied by some senior staff of the program, is in a CBCHB wide supervision tour to implement some recommendations from the family planning services review. So far, 11 CBCHB facilities have been visited in the Northwest, West and Adamawa Regions this December 2008.

Program staff attended the Support Group Regional meetings that took place in Ndu, Banson, Mbingo, Bamenda, Bafoussam and Mutengene to encourage women to respond positively to receiving these free methods.

Mobile FP services from hospital to health centers has gained grounds in MBH.

A new implant, the Jadelle is now available in the system to eventually replace Norplant. It is thanks to Sr. Dorothy Meyer that we now have training materials for Jadelle insertion and removal.

The main difficulty of the program is the lack of funding to conduct trainings and for on-going supervision. Also, the service providers in most of our facilities have numerous other functions.

12. NUTRITION IMPROVEMENT PROGRAM (NIP)

The Nutrition Improvement Program was initiated this year to encourage intensification of infant feeding and nutrition activities and data collection. Two meetings involving all the nutrition trainers took place in MBH and Bafoussam Baptist Health Center in March and November respectively. Highlights of the meeting were given as reports of the activities performed in different areas, updates, resolutions and the way forward. The name 'Nutrition Improvement Program' (NIP) was adopted. Indicators for reporting and a new format of the register have been developed and will be implemented in some PMTCT supported health facilities in a pilot phase. A spread sheet will be developed to track data for the NIP. Supervisory activities have been scheduled to ensure that these planned activities be implemented beginning January 2009.

Training Manual: A manual for training nutrition and infant feeding counsellors has been developed. The document which is currently being reviewed, contains 12 lessons which are supposed to be covered in 5 days (40 hours). The training material contains lessons on Breast feeding, nutrition action for people living with HIV/AIDS, Nutrition and HIV among young children; infant feeding in the context of HIV; micronutrients, relationship between nutrition and infection, protein energy malnutrition; WHO guidelines for infant feeding; some selected recipes; foods to fill the energy gaps and vitamin A/ iron gaps; and Infant follow up.

Capacity Building: Two training sessions were conducted in October for 29 and 26 health providers at the Baptist centre and Mutengene respectively on Nutrition and infant feeding counselling. The curriculum for the training of nutrition and infant feeding counsellors has been developed and elaborated in a manual which is being used. The training brought together nurses, midwives and other cadres of health care provision working in infant welfare clinics in the different health units. At the end of the training, participants confirmed that all their expectations were met.

Two trainings of trainers (TOT) have also been conducted in Ndu and Banzo for 15 support group leaders from 6 different Support groups and 33 Support group leaders from 19 support groups respectively. The highlights of the trainings included lectures on food nutrients, relationships between nutrition & infection, nutrition action for PLWHA, practical demonstrations, group management, roles and responsibilities of group leaders, setting aims and objectives, planning activities in a changing situation, conflict management, monitoring and evaluation of networking and record keeping.

Health Education: Provision of nutritional education in our health units especially in the infant welfare clinics has been an ongoing activity. Most of the mothers attending our facilities go home with at least some information on nutrition.

Challenges

- Most mothers find it very difficult to abandon the old ways of feeding their infants, especially the poor way of positioning the baby to the breast.
- Some women find it difficult to do exclusive breastfeeding from birth to 4-6 months of life.
- Referrals for counselling on nutrition are few because some staff try to counsel but with no adequate nutrition training. Many of the staff in the MCH have limited knowledge on issues related to nutrition and infant feeding.
- There are inadequate material/equipment and space for cooking demonstration and measuring of the mid upper arm circumference.
- Staff shortage in most IWC is a huge hindrance to the program
- Infant nutrition guidelines from the MOH are not consistent with the 2006 WHO guidelines that form the basis of the CBCHB approach to infant nutrition. We hope the updated version can be made available soon.

Way forward

- We plan to revise the infant welfare clinic register, Implement and extend the reporting format to at least 15 health facilities in 2009.

- We will intensify education of proper and adequate nutrition in our health facilities.
- Jointly plan training on infant nutrition with the MOH with the aim of harmonizing the approach to counselling throughout Cameroon.

Others projects

A) AWARE Sub agreement:

Both the AWARE HIV/AIDS and AWARE Reproductive Health projects ended on March 31, 2008 at the CBCHB level and on June 30, 2008 at the Accra head office. Prior to this, the Regional Training Center in Mutengene organized a two week regional training workshop for health care workers from Liberia, Sierra Leone and Cameroon in February 2008. This was organized as a test of the sustainability strategies put in place in case there is no renewal for the AWARE project and was attended by eight self paid participants. The training was quite successful despite the fact that the second week of the training was affected by the nation wide strike in Cameroon

The second quarter was used for closeout activities and dissemination of results. The CBCHB team took part in five regional dissemination meetings held in Cotonou – Benin from March 26 – 31, 2008 for “Best practice dissemination on “Institutional Capacity Development”, Yaounde - Cameroon from April 1-3, 2008 for “Reproductive Health Best practices dissemination”, Dakar – Senegal for “Best Practice Replication activities”, Accra from June 28 – 30, 2008 for the “End of the AWARE RH project dissemination of results” and from July 14 – 15, 2008 for “AWARE HIV/AIDS end of project final dissemination of results”. The CBCHB team made presentations at these meetings. The contributions made by CBCHB and lessons learned were highly appreciated by all the countries which benefited from the CBCHB expertise and the project team.

The major question on everyone’s lips has been “What next after the end of the AWARE project?” USAID actually launched a new project called AWARE 2 with the aim of sustaining and strengthening the activities initiated by the AWARE 1 project in the region. The results of the solicitation were expected by May 18, 2008 but the bids were cancelled and shall be re-launched. Both AWARE projects have therefore closed their offices, while everybody who has known about AWARE funding in the West and Central African region is anxiously waiting for the next steps from USAID and preparing hard to be part of AWARE 2.

At the CBCHB level, we have continued to sustain the activities initiated under the project, though it is difficult to do so adequately without funding.

B) PMTCT EFFECTIVENESS IN AFRICA: RESEARCH AND LINKAGES TO CARE (PEARL) STUDY.

Since December 2006, the CBC Health Board has participated in the PEARL Study to assess the effectiveness of PMTCT services in Cameroon. The study involves:

1. Cord blood surveillance in eight facilities to determine the proportion of HIV positive mothers who took nevirapine prophylaxis by testing over 8,000 cord blood specimens for HIV.
2. A survey of PMTCT services provided by 16 facilities,
3. A community survey of 2400 households that had a child less than two years of age (living or deceased) to determine HIV free survival in relation to PMTCT services,
4. Evaluation of the cost effectiveness of PMTCT services in 13 facilities.

The study includes four countries; Cameroon, Cote D'Ivoire, Zambia and South Africa.

All data collection for the four components has been completed. The cord blood surveillance (CBS) component of the study was carried out in 8 PMTCT sites with close over 8000 cord blood specimens tested for HIV and ??? HIV positive specimens tested for NVP. Data collection for the cost effectiveness and facility survey components of the study went on smoothly, while the community survey component just ended in December. At an end of the community survey,, the field workers were praised for the wonderful job and given letters of appreciation. The community survey was done in Bamenda, Belo/Mbingo, and 5 remote villages in the Northwest Region and in Mutengene, Tiko and Limbe in the Southwest Region.

Nevirapine was present in about 75% HIV positive cord blood specimen, which is very close to the percent of HIV positive women who were dispensed nevirapine in the PMTCT program. Data entry for the community survey aspect is progressing well. The team is currently distributing PCR results of HIV-exposed babies to the families and tracking missing ones. The results of this landmark study will be presented to participating facilities as soon as they are available and will eventually be published along with the results of the other three countries. We hope the findings will help to improve PMTCT services in Cameroon and throughout Africa.

C) New Life Club Program

A new component has been introduced to the CBCHB AIDS Care and Prevention Program to reduce the HIV transmission rate among commercial sex workers. So far, three support groups have been formed with a total membership of 57. These groups are called New Life Clubs in order to reduce stigma and are made up of women of different ages and different socio-economic and social background. Interestingly there are also boys amongst them

who began as street children. They are being rehabilitated. Some measures have been taken by the CBCHB to send some to school, put some to learn trades of their choices and to screen them for HIV as seen on the table below.

CBCHB VCT ACTIVITIES FOR COMMERCIAL SEX WORKERS (NEW LIFE CLUB)

SN	Indicators	Male	Female	Total
1	# of club members who were Voluntarily Counselling and tested	14	35	49
2	# of Positive club Members	2	24	26
3	# of Negative club Members	12	11	23
4	# successfully referred for follow-up at a CBCHB institution	5	25	30
6	# whose CD4 are being monitored	2	23	25

CBCHB REHABILITATION ACTIVITIES

SN	Indicators	Male	Female	Total
1	Total # willing to be Rehabilitated	10	47	57
2	Total Number already schooling	-	4	4
3	Total Number in CBCHB apprenticeship training program	9	-	9
4	Total number willing to go into hairdressing/tailoring training	-	7	7
5	Total number willing to do business	1	16	17

A Church in Chicago has donated a large amount of jewellery to be used in making new jewellery pieces. This jewellery will be sold in Cameroon in order to raise funds to support the financial, educational and medical needs of club members.

The training to reconstruct this Jewelry was planned in December 2008 and will be held in January 2009. Janna Gregonis, an American jewellery-making instructor, has volunteered to come to Cameroon for the purpose of conducting training for 25 of the female club members. After the training, the reconstructed Jewelry will be sold, and the proceeds will be used to send more members to school, hold additional trainings for more women and provide for the medical needs of club members.

Despite the fact the CBC Health Board has succeeded in rehabilitating some of the members, reducing stigma and shame among them and instilling a high acceptance rate as all the 26 members who are tested positive are committed in coming for follow-up and treatment, we lack adequate funds to meet all their needs for financial and psycho-social support and reintegration. Most have serious economic hardship and need to learn a new trade or invest in new income generating initiatives. Plans are also underway to form many more New Life Clubs in other regions but funds are limited.

D) Coordination and regional meetings

With the constant expansion in the program components and number of staff, it is becoming increasingly difficult to organise general coordination meetings. Quarterly Regional coordination meetings have however been holding in the various program regions, while we also had a good number of program specific coordination meetings. Only the leaders come together for a general coordination meeting as was the case in July 2008. Our plan is to hold quarterly regional meetings, bi-annual coordination meetings for program leaders and annual program-specific coordination meetings.

E). World AIDS Campaign Activities

This year 2008, the CBCHB ACP decided to give various CBCHB institutions the free hand to plan, organise and fund WAC activities according to their perceived needs and means. The aim of this was to get institutions fully involved and also to ensure the sustainability of WAC celebrations in the future. Sensitization T-shirts were printed and distributed to the various institutions at subsidized cost prior to the campaign. The T-shirts were also sent to all PMTCT sites, friends and partners of the program.

A majority of the CBCHB institutions planned and carried out very educative crowd pulling activities which included marches around the localities with posters and banners, presentation of poems, sketches, singing of songs composed on HIV and AIDS, educative health talks, voluntary counselling and testing for HIV, football, handball, basket ball, volley ball and other games. Stations which were able ended the day with light refreshment. Some institutions didn't do much but we hope they will be able to do better next year.

The demand for VCT was very high but we couldn't meet up with it because we had very limited test kits. However, VCT was done in many communities around Mutengene with the help of CDC –Cameroon, in schools, in Baingo – Kom, Nkwen Baptist Center, Kouhouart, Bangorain, Bangolan Communities and many others. Some of our institutions also received test kits from the government for VCT.

F. Continuum of Care Operations Research (CORE) study

In September 2008, CBCHB was awarded a two-year, \$250,000 grant by EGPAF to conduct an operations research project focused on three aims:

- 1) To scale-up provision of more effective, complex ARV regimens for PMTCT to reach 100% of HIV-positive women and HIV-exposed infants served at the 114 CBCHB-supported PMTCT sites included in the project;

- 2) To improve follow-up of HIV-positive women and their HIV-exposed served at the 114 CBCHB-supported PMTCT sites included in the project, ensuring that at least 75% of the women and their infants are enrolled into care and treatment;
- 3) To identify the most successful methods for scaling-up provision of more effective, complex ARV regimens for PMTCT and establishing an continuum of care system that efficiently enrolls HIV-positive PMTCT clients and HIV-exposed infants into care and treatment.

Planning for the CORE Study began in October 2008. Three planning meetings were held in October, November and December 2008 to refine the research methodology, prepare the data collection forms and develop a training curriculum for study staff. A data collection pilot will begin at the end of January 2009, followed by implementation of Phase 1 data collection in Mbingo, Banzo and Nkwen regional areas and Phase 2 data collection in Mutengene and Mboppi regional areas. Ms. Kuni Esther was appointed as the CORE Study Coordinator.

Conclusion

The ACP program registered a lot of progress in 2008. It achieved more than 90% of sub program objectives, increased funding for PMTCT and related services from EGPAF, the winning of the Operations Research Award, the presence of an EGPAF country representative, renewed funding for CIACP activities and many others. These not withstanding, the program also suffered major difficulties like the closeout of funding opportunities (AWARE project and Columbia University funding for Care and Treatment) and limited collaboration with some government officials.

Our sincere appreciations go to the staff who worked tirelessly in their offices, at the sites or in the field to see that program objectives and the CBCHB mission statement are achieved. We equally remain very grateful to our very dear collaborators, partners especially the representatives of the MOH at all levels, funding partners such as EGPAF, AWARE, USAID, Bread for the World, CARE Cameroon, Heifer Project International, Columbia University, friends and well wishers. May the Lord Almighty continue to strengthen us as we serve His people.