



CAMEROON BAPTIST CONVENTION HEALTH SERVICES

The Health Services CHRONICLE

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CBC Health Services Press Division Transforms into Communication Unit

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**STOP
Press**

Read the HS Chronicle and
pass it on to the next person

**Bible
Verse**

"The Lord is my light and my salvation – whom
shall I fear?" Psalm 27:1 (NIV).

CBC Health Services Press Division Transforms into Communication Unit

Effective July 26, 2019, what hitherto, was called the Cameroon Baptist Convention Health Services (CBCHS) Press Division has been transformed to bear a new appellation, CBCHS Communication Unit. What is in a name is a common question!

The change of name was one of the key resolutions taken at a meeting at the DHS Hall in Bamenda with CBCHS Central Administration, the Press Division and the HIV Free Communication Team together with their Project Managers. The meeting appreciated the current Communication Channels within the system and their efforts to give visibility to the CBC Health Services, Programs, and Projects and resolved to harmonize all the efforts into the Communication Unit for better management of information and coordination.

In his opening words, Prof. Tih Pius Muffih, Director of Health Services (DHS) called for frank discussions to better the way that

communication is done within the CBCHS. The Director reiterated the importance of Communication as the life wire of every Organization. In his words "Information is Strength. Organizations depend on information to succeed, and how well we do depends largely on how well we communicate"

The Chief of Administration and Finance (CAF), Mr. Warri Denis moderated this meeting that examined how communication is done at the former Press Division, in the various Programs and Projects of the CBC Health Services and on the institution's website. The role of Heads of Services, Program and Project Managers as well as the need for good pictures were also discussed.

The meeting charged the newly created Communication Unit to operationalize the outcomes of the discussion through Refresher Courses on key communication aspects to keep Program and Project Communication Officers and Field Reporters abreast with

prevailing changes and expectations. Besides, the Communication Unit should propose a good structure in which information flows to the Unit to feed the Health Mirror magazine which is quarterly, the Health Services Chronicle which is monthly, and the Website and Social Media which is daily or weekly, as well as the Audio-Visual Media. Meanwhile, the programs and projects should intensify effective communication to meet the needs of their specific targets. Above all, a monitoring system should exist to ensure that proper communication is being done within the system.

Before the meeting rose, the DHS appreciated the open discussions and admonished everyone to respect the various channels of communication that necessitate information dissemination to Funders, Promoters, Clients and the general public. He said our visibility will increase when we improve on our reporting and publishing of information in the system.

Dwindling Patient Care Preoccupies Supervisors of Nursing Services

Supervisors of Nursing Services across the Cameroon Baptist Convention (CBC) Health Services have converged in Bamenda to discuss strategies that will improve the quality of health care delivery to clients.

The 2-day meeting from July 4-5, 2019, at the Baptist Center in Nkwen, allowed the kingpins to brainstorm and make concrete proposals to the administration that will help staff give the kind of care that the organization is yearning to give her clients.



SNSs discuss ways to improve quality of healthcare delivery across health facilities

Mr. Ngam Joseph, Technical Adviser to the Director of Health Services while chairing the come together remarked that quality care cannot be attained if we [the staff] remain static. "Hence there is a need for us to constantly refresh, renew, revise and review our standards to meet up with the trends in the sector." He further underscored that the organization is working every day to mitigate complaints from clients concerning the care they are due

The seasoned and erstwhile hospital administrator called all the clinical supervisors as well as staff to own the system. He asked them to seek to 'brighten their corners' where they are and should work as on to God, to succeed in their varied and demanding task.

Mrs. Tamon Evelyn, Supervisor of Nursing Services at Mbingo Baptist Hospital told CBCHS Press that the meeting was a time to look at the causes of the falling standards in

nursing care and charting out remedial measures. She highlighted that through the meeting they [we] have discussed ways to encourage staff to maintain a standard of care that is short of nothing but quality.

Quizzed on the attributes of a nurse that offers compassionate care to clients as defined by the CBC Health Services, Mrs. Tamon said, "A nurse is one who listens religiously to the cares and worries of a patient and one who refers and hands the

CBC Health Services Malaria Control Program intensifies Surveillance System for Effective Reporting of Malaria Cases



LAP field staff empowered to detect & refer malaria cases

The Malaria Prevention and Control Program of the Cameroon Baptist Convention (CBC) Health Services has stepped up the surveillance of malaria in her hospitals and health centers. The surveillance is done via routine data collection from health facilities.

Dr. Nfor Emmanuel, Malaria Focal Point says once the data is collected, it is analyzed to identify trends in cases and deaths recorded. The analysis equally assesses the impact of control measures implemented in the past while charting new ones.

It is worth noting that at the hospital or health center level, a case-based surveillance of malaria at inpatient/outpatient is undertaken to respond to cases of severe disease, with the hope of attaining a target of zero malaria deaths.

The data captures the malaria incidence and deaths; general patient attendance rates; diagnostic activity; quality of diagnosis and treatment and health facility reporting.

Statistics from data collected within the first half of 2019 indicate a total of 710,000 (Seven hundred and ten thousand) suspected cases

of Malaria with a record of 25,968 (twenty-five thousand, nine hundred and sixty-eight) cases treated and 2,847 (two thousand eight and forty-seven) non treated cases.

To ensure that there is accurate data collection, completeness, and timeliness in reporting, the program organized one-day training for staff of the Life Abundant Program in Allat last June 17, 2019. During the training, LAP field workers were schooled on early malaria detection, referrals and data collection tools.

Christa Njerim, staff at the Malaria Program told CBCHS Press that successes recorded by the Program are thanks to the high level of cooperation from management and the field staff in the different facilities. She noted that much would have been achieved if the program had sponsorship to design other aspects of monitoring with field supervision to capture more data on the spot. "While waiting for possible sponsorship from the proposals already submitted, we are intentional in correcting the lapses identified in the reporting and other interventions to have more valid data in the future," Christa remarked.

CBCHS Partners with UN Agencies to reach out to IDPs

The Cameroon Baptist Convention (CBC) Health Services has concluded groundwork for the Rapid Response Mechanism (RRM) to reach out to displaced people or Internally Displaced Persons (IDP's) in and around Kumbo, Bui Division of the Northwest Region.

According to Dr. Nfor Emmanuel Malaria Focal Point Steering Committee Chairman of the IDP Project says the timely response targets hard-to-reach communities owing to the stalemate in English speaking Cameroon.

He adds that the objective for the intervention is primarily to provide timely humanitarian aid to children and families with diverse humanitarian needs, especially where there are fluid population movements due to sporadic, unpredictable and widespread conflicts, necessitating robust approaches to facilitate access and acceptance.

In addition to providing immediate services, the RRM will establish a framework of humanitarian access, enabling the CBC Health Services to assess acceptance in conflict-affected locations.

The RRM project comprises of WASH (Water, Sanitation and Hygiene), Health, Nutrition, and Child Protection. The WASH component alone will enable affected communities/IDPs to have access to safe drinking water, hygiene support at individual, household and community level. This will be done through the distribution of WASH kits including water purification supplies (aqua tabs); distribution of non-food items (jerry cans, portable water storage, kettle), distribution of individual

hygiene and dignity kits, and community sensitization on basic hygiene activities, promotion of handwashing and menstrual hygiene.

At the time of this report, some 30 Community Volunteers and Health Workers have been trained to facilitate and reach out to the affected persons.

The RRM Project is promoted by four UN Agencies; United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Food Program.



The PMR Project Committee

PRESS RELEASE



**CAMEROON BAPTIST CONVENTION
HEALTH SERVICES**
Director of Health Services
P.O. BOX 1 Bamenda, North West Region
Republic of Cameroon

Ref.CBC/DHS-L/19/2586
June 26, 2019

PRESS RELEASE

Training Opportunities: Study While You Work

The Regional Training Centre for Excellence (RTC) of the Cameroon Baptist Convention (CBC) Health Services, in partnership with the Mildmay Institute of Health Sciences (MIHS), Uganda is offering clinical and non-clinical Courses at their campus in Mutengene, Southwest Region. The Courses are:

1. BSc in Health and Social Systems Management validated by the University of Manchester, UK. It is a 36-month Course with an exit point at 18 months with a Diploma.
Eligibility: Professionals in decision-making positions, District Health Officers, Health Unit Managers, Education Officers, Social Workers, Teachers, Pastors, Counsellors and others.
2. Diploma in Public Health; 2 years
Eligibility/Entry requirements: GCE A Level pass or equivalence OR
Certificate Entry: A certificate in a Health or Social Sciences related field from a recognised institution.
3. Diploma in Medical Records and Health Informatics; 2 years
Eligibility/Entry requirements: GCE A Level pass or equivalence from a recognized institution.
Certificate entry: A certificate holder in Medical Records or any certificate related to Health Sciences.
4. Diploma in Human Nutrition and Clinical Dietetics; 2 years
Eligibility/Entry requirements: GCE A Level pass or equivalence with a pass in science subjects like Biology, Chemistry and Food and Nutrition.
Certificate entry: A certificate in any Health Sciences related field from a recognized institution.
5. Diploma in Paediatric Palliative Care; 12 months
Eligibility/Entry requirements: Recognized Professionals in Health and Social Care work like Nurses, Doctors, Clinical Officers, Physiotherapists, Counselors, Social Workers, Psychologists, and Spiritual Counselors.
6. Diploma in Community HIV and AIDS care and Management validated by Mbarara University of Science and Technology, Uganda.
Eligibility/Entry requirements: Professional qualification in Health or Social Care such as enrolled Nurses, Midwives, Counsellors, Clinical Officers, Social Workers, Medical Officers, Pastors, Nutrition Counselors.

Fees for all Diploma Courses are 1,300,000 CFA, with an additional 1,400,000 for the BSc in Health and Social Systems Management Course.

Registration is currently going on and will end on October 31, 2019 for the 2019/2020 academic year.

Contact the RTC on:

Email: regionaltrainingcenterfex@gmail.com

Tel: 670400839 (Registrar) or 677565537 (Academic Coordinator)

Website: www.cbchealthservices.org

Sincerely,

Prof. Tih Pius Muffih, MPH PhD
Director of Health Services



Success Stories

Kaele is a small village in the Far North Region of Cameroon. Whilst agriculture has remained the main source of livelihood, the concept of universal education remains a myth in these communities where educating the girl child is regarded by many as wastage of resources. As the EDID team moved through this desert-like community, they met with Aziakiato Njabba, a 30-year-old woman living with disability who narrates how she is living her dreams despite encountering several hurdles.



Aziakiato Njabba narates her story

“I act as role model to other youngsters with disabilities. I have mended my relationship with my father, so that I can speak as a wounded healer with authority”

The Sting That Ignited My Nightmares

My life took a wrong turn when I was barely six years old; I was bitten by a poisonous snake. The venom was so noxious that after spending five months in the hospital, the flesh on the foot fell off leaving the rotten meat on my left foot at the mercy of flies. One needed to mount the courage to come closer to me because aside the pungent smell, the sight of the leg was frightful. One could see the bones of my toes.

I was abandoned to myself in the hospital when my father ordered my mum to leave me after spending three months in the hospital with me. My maternal family had to step in to assist me; they cleaned me up, fed me and paid my bills until I was finally discharged from the hospital. Alas! I could walk again though with crutches.

I was happy to go back home. Little did I know that my father had written my name off the list of his children. I was tagged as a witch by my very own father. He gave strict instructions to my mother to starve me to death. As helpless as she was, she had no say in how the lives of her children were run. My mum was bound by culture to obey my dad to the letter. Hence, she devised means of feeding me in secret; I could only eat in the absence of my father or when my sisters were going to fetch water from the river. They will hide food in buckets and give me on the way. Whenever my father caught me eating, he will beat me up, put some sand into the food and threaten whoever gave me more food. You could see his hatred for me in his eyes. This convinced neighbors to buy into his witchcraft story. I lived a desolate childhood as children were asked not to play with me.

I really can't explain where that determination came from despite all my challenges, I can recall repeating to myself that I had to survive. I started following other children to go to primary school in the village. The school authorities left me in school until class four. At the end of the academic year, they told me I'll start paying tuition fees for the next academic year. From that holiday on, I started breaking stones in the village quarry. Before school resumed, I was able to gather money that paid my fee, bought my uniform and exercise books. I paid my fees until the first year in secondary school. Then hard times stroke again. I fell seriously sick and spent more than three months in the hospital. Once again, it was my mother's side of the family that stood by me.

My father's desire to see me dead increased, he threatened to kill me with his bare hands. This pushed my mum to start drinking 'billi billi', a local alcoholic beverage. She began frequenting every drinking spot in the locality, abandoning her motherly duties.

Cont. on Pg 6

The Sting That Ignited My Nightmares

Paradoxically I started looking after my mum as she moved from one saloon to another. It was in one of these places that my life will take a new turn for the better. I met a visually impaired man who took me to social services. That was how I moved from the family home to a foster home under our local Catholic Church. It was under the guidance of the "Sœurs de Marie Reine des Apôtres, Kaélé (A Partner Organisation under the Cameroon Baptist Convention Health Services) that I succeeded to obtain my secondary school certificate and got my entrance exams into the teachers training college."With my newly acquired invalidity card and the intervention of the social services, my tuition fee was waived for the three years of training".

Despite my continual stressful relationship with my father, I graduated from the Teachers Training School in 2016 and I am enjoying life to the fullest. I was the second runner-up at the final of "Miss Handicapée" 2018 for the three Northern Regions of Cameroon. I used the platform to talk about issues surrounding disabilities in my community. Also, I am taking a front seat at the Parents Support Group of disabled persons in my locality. In this capacity, I act as a role model to other youngsters with disabilities. I have mended my relationship with my father so that I can speak as a wound healer with authority.

Success Stories Continued from Pg 5

My biggest dream is to see an inclusive society, where children with disabilities, women and other vulnerable members of society will be given the dignity they deserve as integral human beings. To all those living with disabilities, if life throws lemon at your face, turn them into lemonade; never give up!



Aziakiato Njabba in the midst of her community group

SNS Appeals for Good Customer Care to Satisfy Clients at Nkwen Baptist Health Center

The Supervisor of Nursing Services (SNS) at Nkwen Baptist Health Center (NBHC) has enjoined her staff to reserve and offer a warm welcome to the many clients who now seek medical care at the facility on daily basis. She made this call recently amidst the growing number of patient turnout to the Health Centre.

According to Mrs. Chimi Emmerencia "A good reception offered to a client can be the beginning of their healing in any health facility." Hence Service Providers (Screeners, Doctors, and Clerks) at NBHC must live up to the challenge to give just the smile that patients need, as they make their entry into the health center for consultation emphasized Mrs. Chimi.

The seasoned nurse says special attention has to be given to the way [they] we receive clients because one dissatisfied client

especially during their visit at the Health Center, can play down on the trust they have for the services offered here and in other hospitals of the Cameroon Baptist Convention Health Services.

NBHC has in recent times witnessed an unprecedented influx of patients due to the increase in the number of services. "At the time our patient load has increased from an average of 400 patients daily to about 700," highlights the SNS.

Mr. Kangong Joce, Administrator says special measures like running a two-shift-system have been adopted to ensure that the health center operates 24/7 to attend to clients. He further notes that though [we] they are overwhelmed with the patient turnout; the staff too are adjusting to the new developments to maintain and offer quality and satisfactory care to those in need.

The center at press time is operating in-patient ward for children, spacious maternity, a mental health clinic, and a theatre.

NBHC will in no distant time play host to specialized services, thanks to an ultramodern structure under construction pending finishing works in the days ahead.

Cross-questioned on how her staff is coping with the new developments that the health center is witnessing, Mrs. Chimi told CBCHS Press that "We are now putting in more efforts to sustain the workload. Given that transition is always a very difficult moment in the development process, I want to encourage staff to be open and work harder".

Cataract: Leading Cause of Blindness in the World



Cataract amounts to about **50% of the different eye cases** treated in BHM

A cataract is the clouding of the eye's natural lens which prevents clear vision. It is the most common cause of vision loss among people over age 40.

World Health Organization (WHO) says cataract is the principal cause of blindness in the world, responsible for about 51% of world blindness, which represents about 20 million people worldwide. According to WHO estimates, 1.2% of the entire population of Africa is blind, and that cataract causes 36% of this blindness. Meaning that about 6,000,000 people are blind and about 2,000,000 of them are blind due to cataract.

Most African countries cannot afford successful cataract surgery; some barriers such as low income and a limited number of competent hospitals prevent patients to access surgery especially in developing countries like Cameroon.

In March 2018, the government of Cameroon launched a 5-year innovative cataract project through the Development of Impact Bond (DIB) to the tune of about USD 10 million (approximately FCFA 5,824,213,667). In the course of the project, about 115,000 cases of cataracts have been recorded in Cameroon. The project aims at providing 18,000 cataract surgeries in Cameroon. About 2,500 successful surgeries have been achieved within the first year of the project.

The Magrabi ICO Cameroon Eye Institute (MICEI) reports that estimated 48,000 surgeries are needed each year in Cameroon to treat new cases of cataracts amid the rising cataract cases which are said to double by 2020.

Samuel Fai, Senior Ophthalmology Technician, Baptist Hospital Muntengene (BHM) of the Cameroon Baptist Convention (CBC) Health Services says cataract occurs when the opacity of the natural eye lens becomes blurred or thicker over time due to age and causes the patient not to see clearly (a blurry vision).

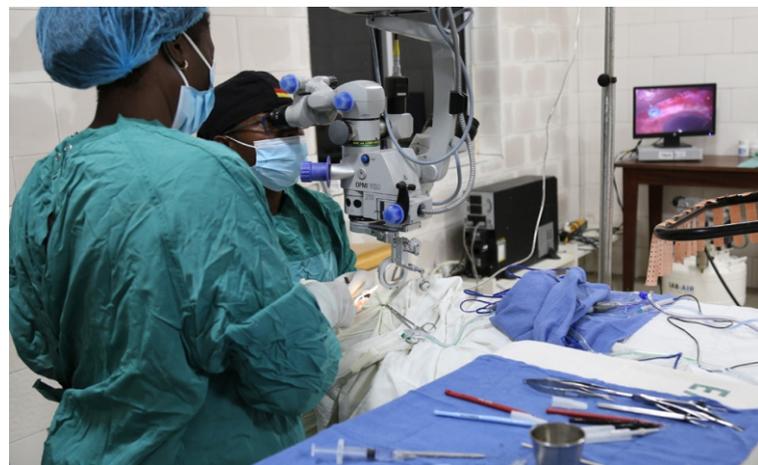
"Cataract amounts to about 50% of the different eye cases treated in our hospital. We do about 70 surgeries of cataract cases every month. Other common eye cases we treat here at BHM are Glaucoma, Diabetic Eye Disease, Low Vision, Dry Eye, and others" reveals Mr. Fai.

Cataract generally affects old people from age 50 and above. Some cases of cataracts can start as early as 40 for people, who are frequently exposed to heat.

CBC Health Services Press learned that there are cases where a child can be born with cataract when the mother during pregnancy has an illness like rubella (another form of measles). This form of cataract is called Congenital Cataract.

Scholastica Shulika Assistant Ophthalmic Medical Assistant at the Nkwen Baptist Health Center, Bamenda told CBC Health Services Press that, out of about 700 different eye cases seen at Nkwen Baptist Health Center, about 300 (40%) are cataracts. She affirms, "Cataract cannot be prevented. As people get old, the natural lenses of the eye just like eyeglasses we use depreciate over time or become dull and blurry."

"Surgery is the only way cataract can be treated. The natural lens of the eye is replaced with an artificial one. The good thing is that sight lost or blind sights caused by cataract can be restored unlike sight lost owing to other eye conditions like glaucoma which cannot be restored", Shulika



Cataract Surgery involves a delicate procedure where the old natural lens of the eye is replaced with a new one

Health Services Complex Mutenegene

Southwest 'Support Group' Members commit to ensuring Healthy Living



Close to 400 Support Group members encouraged to live healthy despite challenging times

Members of over 16-Support Groups in the Southwest Region of Cameroon have engaged to live healthy amidst the challenges brought by the overstretched crisis plaguing the English Speaking parts of Cameroon. The commitment was taken at the 2019 Support Group Conference staged at Health Services Complex Mutenegene under the theme, "Live Healthy in Challenging Times".

Lauretta-Barbara Kometa, Manager of the Community Initiative for AIDS Care and Prevention (CIACP) of the CBC Health Services told CBCHS Press that the goal of the conference was to bring together people living with HIV (PLHIV) to have updates on how to adhere to treatment, support them with life skills to break the barriers of stigma and discrimination that still linger in the community towards [them] PLHIV. "Every time they come together we teach them income-generating skills such as making of peanuts, fish pie, and many other crafts," Barbara said.

The CIACP Manager continued that the conference also allows them to hear the testimonies of other group members and be encouraged to live a better life in their communities. Today, we are happy we have close to 400 members who have come from far and near distances despite the challenges.

She highlighted that "There are many people out there living with HIV and AIDS, who see no reason to live. But we are encouraging such people to know that CIACP is here to help them live a better life. HIV and AIDS are treated and carriers can live with them for hundreds of years.

According to Barbara, "We help groups, not individuals. That is why we encourage anyone who needs our help to locate us and join a Support Group".

Adhering to treatment can greatly reduce the viral load to levels where the immune system is no longer at risk of opportunistic infections. Hence, free viral load testing is

one of the important services CIACP offers Support Group members during their conferences.

Dr. Pascal Nji Atanga, Senior Technical Advisor of HIV Care and Treatment, HIV Free Northwest and Southwest Project told the Conference participants that viral load testing is very important for every person living with HIV and AIDS.

"This testing helps the patient to know how much progress he or she is making under medication. HIV/AIDS is just a health condition that is effectively treated, if you are consistent with your medication, it suppresses the virus from spreading deep into the system", Dr. Atanga explained.

The Support Group members were also encouraged on the use of their Continues Care Card (CCC) during emergencies. The CCC helps registered members to get the medication in any health facility in the world in times of crisis, or relocations.

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Southwest 'Support Group' Members commit to ensuring Healthy Living

Mr. Fred (given name) has been seropositive for over 10 years today. He says "Living with HIV, I had to grapple with rejection, isolation, and discrimination from friends." However, since joining 'Milky Way,' a Support Group in Mutengene working in collaboration with CIACP, I have had a glimpse of hope towards destigmatization. "When you are stigmatized you can die. But once you destigmatize yourself you can live up to 100years," says Fred with a broad smile. He noted that "Thanks to the support group we now operate a chair-rental business to care for the needs of our members".

"Lifelong support and funding for HIV care are today very limited, therefore; we must change our approach in providing care to PLHIV. Equipping Support Group members with skills on how to produce locally-made products and consumables that will serve income-generating means will enable them to meet their immediate needs and to live normal lives in the community," notes Loretta-Barbara.

Mrs. Jane (given name) says "I joined 'Help Out' Mutengene way back in 2009. Since then my life has changed. In our support, we have been taught how to produce soya beans powder and other products that enrich our diet to live healthily. Besides improving our diet, we produce chewable and detergents to sell to better our lives. "Thanks to the teachings I have received here, I am now providing psychosocial support to others to adhere to treatment," avows Jane.

Support Groups have principally PLHIV as members, who come together to share common concerns on their health, build the self-esteem of the members who have no hope for living and in like manner inspire many community members to know their status and adhere to Antiretroviral (ARVs) for those positive.

The 2019 Support Group Conference was in its fourth edition.



Support group members who attended the conference also benefitted from free viral load testing

Baptist Hospital Mutengene

BHM Pilots Management of Cerebral Palsy

Like other hospitals of the Cameroon Baptist Convention (CBC) Health Services, Baptist Hospital Mutengene (BHM) has begun providing care to children with cerebral palsy. The service anchored by the Physiotherapy Department (PT) has already recruited over 8-children across the Southwest Region with the disorder.

George Mbanwe, Physiotherapy Assistant says the initiative is aimed at supporting parents with enabling tools to better care for their progenies with cerebral palsy. "Parents are very receptive and hope that their children who lived dependent lives for everyday need and action in the past are today gradually

being able to take actions on their own," says George.

Cerebral Palsy (CP) refers to a group of permanent disorders of the development of movement and posture, causing activity limitations, which are attributed to non-progressive disturbances that occurred in the developing infant brain.

"Given that the condition leads to developmental retardation, abnormal muscle tone, muscle weakness, posture control deficiencies, and behavioral problems, supporting parents as well as educating them on how to care for these children while going

on with their normal activities unlike in the past is cardinal," notes George.

The initiative christened, 'STEP Project is a welcome relief to parents. "The STEP (Support Tools Enabling Parents) approach which is more community focus starts with an assessment of the children by the Physiotherapist and subsequently a care plan is developed per case given that each child has different mobility and feeding needs," he adds.

The implementation of the STEP Project at BHM has been on since March 2019.

YONEFOH 'Counts Blessings' Mid-way in 2019

The Youth Network for Health (YONEFOH) of the Cameroon Baptist Convention (CBC) Health Services has taken stock of activities carried in the first half of 2019. According to a detailed midyear report published recently, the program has reached out to 14,078 youths with health education on HIV and AIDS, STDs (Sexually Transmitted Diseases), smoking, drug abuse, alcohol, dating, relationships, rape, values, self-esteem, abstinence, sexual abuse, peer pressure and consequences of abortion.

Rene Kwalar, Supervisor of YONEFOH notes with optimism that the program has penetrated both the urban and rural settings with well-tailored messages that take into account the specificity of young people to promote healthy behaviors and reduce the

transmission of HIV and Sexually Transmitted Infections (STIs).

Besides laying much emphasis on the education of HIV, YONEFOH has a comprehensive approach that involves voluntary testing and counseling on HIV. During this first half of 2019, a total of 758 were youths screened for HIV and 4 tested positive and three initiated on treatment.

Rene lamented that "Being a youth-focused program with school-going children as principal targets, the total or partial shutdown of schools in the English speaking part of Cameroon due to the crisis, made it very difficult for us to make contacts and reach out to young people in schools".

The toll of the crisis is not only manifested in the YONEFOH's targets but also on the program itself. The Head Office of the program is now hosted at Health Services Complex (HSC) Mutengene from Banson Baptist Hospital.

In spite of the challenges, the program is looking forward to the next half of the year, as it strategizes to reach out to youths in different areas.

It is worth recalling that YONEFOH is an evidence-based behavior change program initiated way back in 2003 by the CBC Health Services AIDS Care and Prevention (ACP) program

Rainy Season, Displacement of People Increase Malaria Cases in Cameroon

The number of Malaria Cases recorded in some health facilities of the CBC Health Services in Cameroon for the past months has increased by at least 30 percent, affecting mostly children and pregnant women.

Medical practitioners say the reason for this increase is due to the rainy season and displacement of people owing to the crisis in the Northwest and Southwest Regions of Cameroon.



At least seven in ten children received at BHM every day are diagnosed with malaria.

Cameroon has a sunny and humid climate that favors the breeding of Anopheles mosquitoes that transmit the malaria parasite. The country's 25 million people have always been at risk of contracting malaria. The disease is the leading cause of hospital visits and infant deaths in the country.

More than 1.2 million people were inflicted with malaria in Cameroon in 2017, with over 40,000 deaths.

Malaria is a life-threatening disease caused by parasites transmitted to people through the bites of infected female Anopheles mosquitoes.

According to the World Health Organization, the peak of malaria

transmission is usually during and just after the rainy season. Malaria can also occur when people with low immunity move into areas with intense malaria transmission especially during crisis or job seeking.

Dr. Ngam Blessing of Baptist Hospital Mutengene (BHM) says the rainy season breeds more mosquitoes from stagnant waters and swamps.

"Insecurities in the Northwest and Southwest Regions of Cameroon have increased the migration of people to cities like Douala, Yaounde and Bafoussam. Some of these people who migrate cannot afford to live in clean areas and many people stay in swampy areas that breed mosquitoes.

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Continued from Pg 10

Rainy Season, Displacement of People Increase Malaria Cases in Cameroon

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"Insecurities in the Northwest and Southwest Regions of Cameroon have increased the migration of people to cities like Douala, Yaounde and Bafoussam. Some of these people who migrate cannot afford to live in clean areas and many people stay in swampy areas that breed mosquitoes.

"Some people who are carriers of the malaria parasite travel from one place to another, and in turn infect others through mosquito bites from one person to another"

Dr. Blessing says during the rainy season mosquitoes reproduce in high rates and their numbers increase. With this increase, they have to feed, infecting many people with malaria, especially children.

"Recently in the past 3 months, we have witnessed a 30 percent increase in the number of malaria cases we see in BHM. At least seven in ten children we receive every day is diagnosed with malaria. About 50 percent of these children are brought here in critical conditions needing a blood transfusion," she added.

WHO says every 2 minutes, a child dies of malaria. And each year, more than 200 million new cases of the disease are reported.

World malaria report in 2017 reported 219 million cases of malaria in 2017, with estimated deaths of 435,000 globally. The report says 92 percent of all cases and 93 percent of all deaths came from Sub-Saharan Africa.

However, health officials say universal health protection and effective treatments of Malaria are paying off. Many health facilities across Cameroon are seeing fewer and fewer patients each year.

The National Malaria Control Committee's reports show a steady fall in malaria cases in the country from 44.5 percent in 2008 to 20 percent in 2017.

But urgent action is still needed. WHO "High burden to high Impact" project launched against Malaria in November 2018, still places Cameroon among the 11 high burden countries (Burkina Faso, Cameroon, DR Congo, Ghana, India, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania) carry the highest burden of malaria in the world.

Though malaria is amongst the world's killer diseases, it is preventable and curable.

Health workers say many people have mosquito nets but are not using them. The mosquitoes are also developing resistance to insecticides.

The Government and other stakeholders like the CBC Health Services have also scaled up affordable treatment using a combination of free mosquito bed nets, insecticides, anti-malaria drugs including Artemether and Artesunate. These drugs attack the reproductive cycle of the malaria parasite, thereby curing and reducing transmission at the same time.

But in preventing malaria, Dr. Blessing says the public must play its part. Early treatment, correct use of long-lasting insecticidal mosquito nets, insecticides, and proper hygiene, can greatly reduce new infections.



Malaria is transmitted to people through the bites of infected female **Anopheles** mosquitoes.

"We are at Cross Roads" - Project Technical Director reminds Staff at Regional Coordination Meeting

Based on the new orientations of the HIV Free Projects, the cooperative agreement which started in October 2013 ends on September 30, 2019 with much work still left to be done. Hence, the coordination meeting that held on July 20, sought to keep project staff abreast with the current realities, and orientate them on how the future will look like.

According to the Monitoring and Evaluation

(M&E) Supervisor, the project has attained only 19% of the general targets with an overall yield of only 1.6% which is even below the national prevalence rate. It is against this backdrop, that the third quarter (Q3) Regional Coordination Meeting of July 20 was convened.

Dr. Albert Bakor, Technical Director said, if the index testers of the region concentrate on offering services to all the 2,695 HIV

positive clients who were diagnosed since Q1 till Q4, then all the Index Testing targets will be attained. His analysis also showed that, from Q1 to Q3, about 508 clients have not been linked to treatment, a number, which Dr. Bakor laments, will greatly impact the project treatment current targets and outcomes.

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“We are at Cross Roads” - Project Technical Director reminds Staff at Regional Coordination Meeting

The project staff left the coordination meeting with the main strategy, which is to increase the retention rate through linking clients to care and following them up. The staff were instructed to ensure that all the clients coming for their monthly refills are given treatment which will last at least two months; because the security challenges may not permit the clients to return for their refills (additional drugs). The only exceptions to this strategy, it was stressed, are those with unsuppressed viral load since they have to go through serious monitoring for effective adherence. “To remain in business, we must do business differently” the Technical Director reiterated in conclusion.



Prayer Concerns

1. Thank God for the calm that has reigned in some parts of the NW and SW regions in recent times. Pray that this will be the beginning of peace to gradually return to the two English speaking regions.
2. Thank God for sustaining our services in this period of crisis.
3. Thank for the growth in Nkwen Baptist Health Center and the expansion in the French speaking part of the country.
4. Pray that we shall cope with the challenges that go with the expansion in the midst of crisis.
5. Thank God for using our leaders during difficult moments to make wise decisions. Pray for our children on holiday; pray that schools

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