Cameroon Baptist Convention Health Services

Non Communicable Disease Prevention and Control Program

Know Your Numbers Pilot Project



1st Bi-Annual Report APRIL-SEPTEMBER 2017

Produced by: CBCHS NCD PREVENTION AND CONTROL PROGRAM -Documentation Unit



FOREWORD

The Cameroon Baptist Convention (CBC) Health Services is a recognized faith based health services delivery organization in Cameroon. Existing for over 65 years, the CBC Health Services provides health services to all who need it as an expression of Christian love. We are delighted to partner with Novartis through the Novartis Access initiative to build the capacity of our communities to more resilient to prevent and control the increasing epidemic of non-communicable diseases. This report covers the period April to September 2016 for the "Know Your Numbers Campaign, an initiative to promote awareness on the burden, risk factors and prevention of NCDs as well as risk exposure assessment to improve health choices. The KYN pilot project started in April to pilot this approach in 7 health districts in 5 regions of Cameroon as follows:

SN	Health District	Region
1	Bamenda	
2	Kumbo West	Northwest
3	Fundong	
4	Mifi	West
5	Tiko	Southwest
6	New Bell	Littoral
7	Biyem Assi	Centre

We are delighted to provide a report of the activities for the first 6 months of the project Results for screening in each district has been presented. We hope that this report will inspire more readiness for further action in the domain of NCDs in Cameroon by all stakeholders, especially through population level prevention strategies such as Know Your Numbers.

Sincerely,

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

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NGD

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Glossary

ВВН	Banso Baptist Hospital
BMI	Body Mass Index
СВС	Cameroon Baptist Convention
CBCHS	Cameroon Baptist Convention Health Services
IEC	Information Education and Communication
KYN	Know Your Numbers
M&E	Monitoring and Evaluation
МоН (МоРН)	Ministry of Public Health
NCD PCP	Non Communicable Disease Prevention and Control Program
DMO	District Medical Officer
DHS	District Health Services
BP	Blood Pressure
BS	Blood Sugar
BTSHP	Baptist Training School for Health Personnel
NCD PCP	Non Communicable Disease Prevention and Control Program
WC	Waist Circumference
SNS	Supervisor of Nursing Services
SOP	Standard Operating Procedure

rogram

Acknowledgements

We appreciate all project staff for their commitment and hard work. We thank the community leaders and stakeholders for their collaboration.

This activity is made possible with Financial Support from NOVARTIS through the Novartis Access Initiative.



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Background

Following screening of 370 staff in Banso Baptist Hospital (BBH) in 2012, CBCHS adopted the "Know Your Numbers" (KYN) initiative to prompt staff and members of the community to screen some key health numbers. The response was overwhelming and in addition to an increasing number of patients that were seen with NCDs in our facilities, the need for more comprehensive services led to the establishment of the Non Communicable Disease Prevention and Control Program (NCD PCP) which further immortalized the KYN campaign into an NCD prevention strategy proving to be promising for community health.

In the past decades, NCDs have not been given as much attention as they should receive in health services including in awareness creation and screening. While many NCD cases remain undiagnosed in the community, some morbidity and mortality cases result from ignorance and others from negligence. Non Communicable Diseases currently account for 68% of global deaths with 2/3rds of these deaths occurring in low and middle income countries (LMICs). In Cameroon, NCD account for 31% of annual deaths and a lot more unaccounted for. Prevailing beliefs and cultural practices around the risk factors, in addition to challenges in access to health care continue to compound the negative impacts on the poor. In some societies, obese or overweight people are heralded as being more affluent or healthy. In some contexts there is a preference towards some unhealthy canned and oily foods as also being indicative of affluence or good living. The KYN campaign therefore creates a mechanism for awareness creation and the screening of intermediate risk factors and lifestyle risk, to improve adoption of healthy lifestyles among communities.

Project Goal

The goal of the project is to empower communities in 7 health districts on Non Communicable Diseases (NCDs) by increasing awareness and providing community and facility based screening and referral of persons at risk for care.

Objectives

Project objectives include:

- 1. Identify, select and strengthen the capacity of 28 CBCHS nurses to screen apparently healthy people and do appropriate referrals of persons at risk of NCDs for care
- 2. Strengthen the capacity of Health Areas to educate and mobilize their communities for NCD screening
- 3. Raise community awareness on NCDs in 7 health districts in Cameroon through education and sensitization
- 4. Carry out community based screening in 7 health districts in Cameroon as well as facility based screening in 7 CBCHS Health Facilities
- 5. Train 7 Data Clerks in NCD data collection and transmission for monitoring, evaluation and reporting

Period

Two Years (April 2017 – March 2019)

Narrative Report for April to September 2017

Project Start up Activities (April to June 2017)

The Project started in April 2017 with a Project start up meeting held on April 17, 2017. The Goal, Objectives, Scope, and Action Plan with timeline and the Standard Operating Procedures (SOPs) were finalized and adopted.

Working templates and guides were deliberated upon and adopted. This included the Health area overview information guide, monthly site work plan template, KYN monthly education outreach guide and the monthly site report template.



Core Implementation team at Project Start-up Meeting

Administrative Clearances:

These were obtained to ensure smooth running of project since it was interregional and involved districts. A written project clearance was obtained from the Ministry of Public Health in the form of a letter authorizing the project and inviting the Regional Delegates to provide the enabling environment for the success of the project. The regional delegates engaged the District Medical Officers who worked with the CBCHS team to conduct district level workshops to ensure smooth run of the project within the selected districts.

Site Preparations:

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The Project team met with Hospital Administrators and Chiefs of Center to prepare the KYN units at Sites that were to host a new unit from where activities in the district will be coordinated. The 7 sites took up responsibility and set up KYN units at the Out-patient departments. They also provided 4 staff to be trained as KYN Nurses each and one Data Clerk to be trained for activities on Site and within the district.



PM with Mr. Kangong at BBH

Development of Training Materials

The NCD Program Secretariat including KYN supervisors and Clinical advisers within the CBCHS worked together to develop the KYN Nurses training curriculum following the rational and approach to KYN. The content of the Data clerks training and district level workshops were also developed and printed in English language and in French for the French districts.

Procurement of Equipment

All project equipment were ordered and procured by the procurement department of the CBC Health Services. The equipment were distributed to the various sites in preparation for start of screening activities.



Reception of KYN Equipment at BHM



Reception and Dedication of Project Hilux



Training of KYN Nurses

The training of KYN Nurses took place at Banso Baptist Hospital (BBH) from April 24 – 26, 2017. Twenty eight (28) nurses were trained in total to serve in 7 facilities. The Nurses were mostly Nursing Assistants.



The specific objectives of the training Were of 28 KYN Nurses

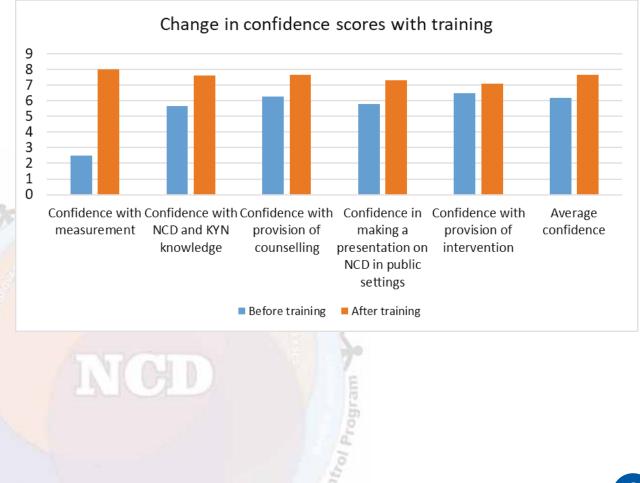
- To sharpen the community sensitization skills of KYN staff for NCD awareness creation
- To sharpen skills for measuring BP, BS, BMI, WC and lifestyle risks
- To train staff on using the NCD risk score/assessment charts
- To establish a harmonized procedure for clinic and outreach KYN campaign activities



point of 1.3 was achieved. The standard deviation from the mean was smaller with the posttest than with the pretest, implying that the participants had more knowledge on NCDs after than before the training.

	N(Pre)	N(Post	Minim	Minimu	Maxim	Maxim	Mean(Mean(Po	Std.	Std.	P value
)	um(Pr	m(Post	um(Pre	um(Po	Pre)	st)	Deviation(Deviation	
			e)))	st)			Pre)	(Post)	
Knowledge	26	25	6.0	8.0	12.0	12.5	9.308	10.600	1.6916	1.3070	<0.001
score											
Valid N (list	26	25									
wise)											

Participants' confidence with several aspects of NCD prevention was also assessed before and after the training. There was a significant increase in confidence for all aspects, except counselling, and provision of intervention. As with knowledge, standard deviation of confidence was smaller for all aspects of confidence at after the training than before, implying that the training put the trainees at a more comparable level of confidence with each other.



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							Descript	ive Statist	ICS		
	N(Pr	N(Post	Minimu	Minimu	Maximu	Maximu	Mean(Mean(P	Std.	Std.	P value
	e))	m(Pre)	m(Post	m(Pre)	m(Post)	Pre)	ost)	Deviation	Deviation(
)					(Pre)	Post)	
Confidence with measurement	26	17	.00	5.00	10.00	10.00	2.5000	8.0000	3.47851	2.06155	<0.001
Confidence with NCD and KYN	17	18	2.00	4.00	9.00	10.00	5.6471	7.6111	1.93459	1.78684	0.017
knowledge Confidence with provision of counselling	24	17	2.00	4.000	10.00	10.000	6.2500	7.64706	2.38200	1.966633	0.089
Confidence in making a presentation on NCD in public settings	25	16	2.00	4.00	10.00	9.00	5.8000	7.3125	2.16025	1.77834	0.002
Confidence with provision of intervention	24	12	2.00	4.00	10.00	9.00	6.5000	7.0833	2.16695	1.67649	0.172
Average confidence	25	20	2.40	4.20	9.25	10.00	6.1727	7.6375	1.94347	1.68772	<0.001
Valid N (listwise)	16	9									

Descriptive Statistics

Training of Data Clerks:

7 Data Clerks were trained on how to input data into an Access Data base for both facility and outreach.. One was later dropped due to lack of computer skills and another Clerk selected, oriented and reassigned in one of the Sites.



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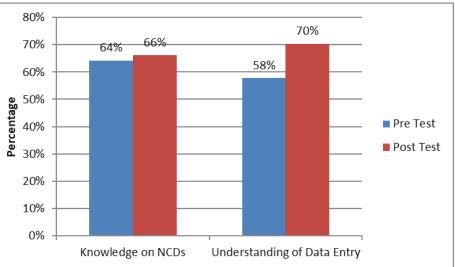
Training of Site Data Clerks

Pre and post-test analysis for Data Clerk training

On the 29th of April, there was a training to empower data clerks on data entry. There were 7 participants, each from the seven project sites. The objectives were to empower participants to:-

- Know how to enter KYN Data Entry into an Access Data base
- Gain basic knowledge on NCDs and KYN
- Understand the role of the data Clerk and the importance KYN screening data

Pre and post evaluation of Data Clerks after Training



They had been exposed to knowledge on NCDs from other presentations in their facilities.

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District Level Workshops:

Between the 26th of May and the 26th of June, The Project team organized district level workshops with the district health services. This involved the Chief of Center, the President of the Health Area Health Committee and the Focal Points for Communication in each of the 7 health districts covered by the project. Site Coordinators were introduced to the District Health Service and the Chiefs of Center with whom they are to work within the project period for the community screening activity. The overall objective of the workshop was to initiate the necessary collaboration with the health areas in conducting KYN activities. This was also the means by which to introduce KYN into the national health system through the districts and evaluate the impact and best way by which this can be scaled up in the nearest future as an NCD prevention strategy. These workshops therefore served to:

- Raise awareness on NCDs, their burden and risk factors to district level health leaders
- Strengthen the understanding of Health Area Committee members on the functionality, roles and responsibilities of health area management committees against NCDs, and to
- Introduce the "Know Your Numbers (KYN)" initiative to be piloted at the district level and establish collaboration necessary for such a pilot

Fundong (NW) and New Bell (Lit) Health Districts Workshops

Interactive sessions were held with the following topics:

- The Problem of NCDs
- Roles and responsibilities of Dialogue Structures
- Prevention and Control of NCDs
- Ways forward (KYN for Prevention)



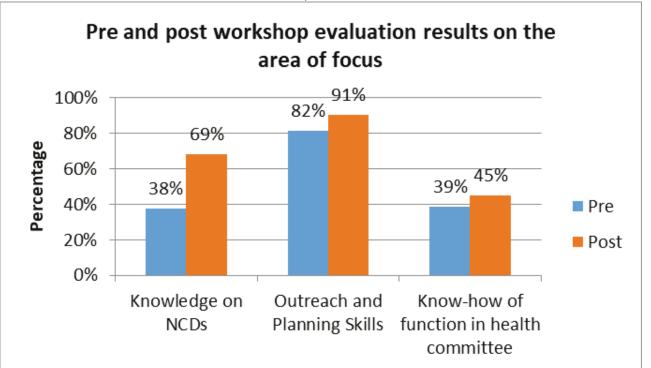
District Level workshops at Kumbo and New Bell Health Districts

Pre and Post Workshop Evaluations

Pre and post knowledge evaluations and analysis were made with the following 3 Criteria:-

- Participants' knowledge about NCDs
- Participants level of comprehension about Health Outreach
- Participants understanding of their role and responsibilities as members of the health Dialogue Structure (Or Health Committee)





District Workshops Assessment Results

Table 1: Summary of Workshop Outcome

		Health	Expected	No	No	%	%
SN	District	Areas	No	Attended	Evaluated	Attended	Evaluated
1	Tiko	9	36	34	22	94%	65%
2	New Bell	9	36	34	26	94%	76%
3	Biyem Assi	13	52	40	31	77%	78%
4	Fundong	12	48	48	42	100%	88%
5	Bamenda	16	64	60	36	94%	60%
6	Kumbo West	11	44	34	32	77%	94%
7	Mifi	18	72	60	52	83%	87%
	Total	88	352	310	241	88%	78%

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Meanwhile, 241 were able to do both the pre and the post workshop evaluation because some of the participants came late while others were unable to take the test because they were unable to read and write. However, they all participated and are expected to provide enormous support in NCD related activities in the community.



Workshop Session at Tiko Health District

Screening Activities

A total of 5833 people were screened in the 7 districts, with 4,153 people screened at the facility and 1,680 at the community. Emphasis is laid on screening healthy individuals with unknown status with respect to any of the NCDs. This target population is strategic towards ensuring better health outcomes for those with the silent conditions within their body systems. During this period of April to September, 20 community outreaches were done at the different project sites. Education and sensitizations were done in 32 churches and 13 Social groups on NCDs. Results of screening are shown in the tables and figures in the statistical section of this report.



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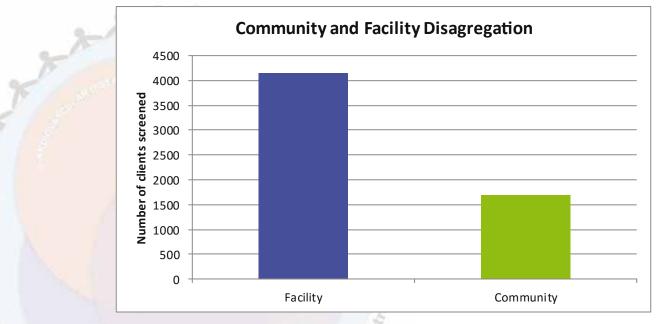


KYN Screening at Mifi Health District (notable receiving his assessment results)

GENERAL ANALYSIS OF NCD RISK EXPOSURE ASSESSMENT FOR 6 MONTHS

Table 2: Summary of Number of Persons Screened from April – September 2017

Description	Facility	Community	Total
Number Screened	4153	1680	5833



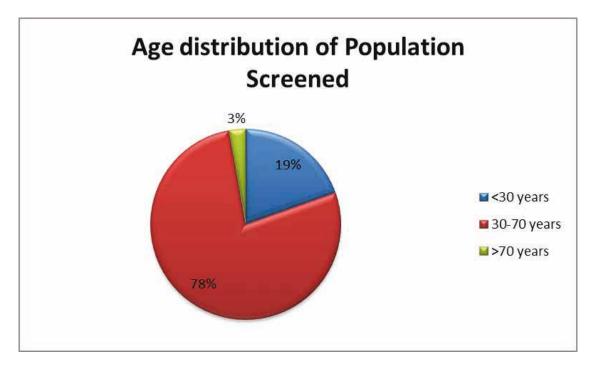


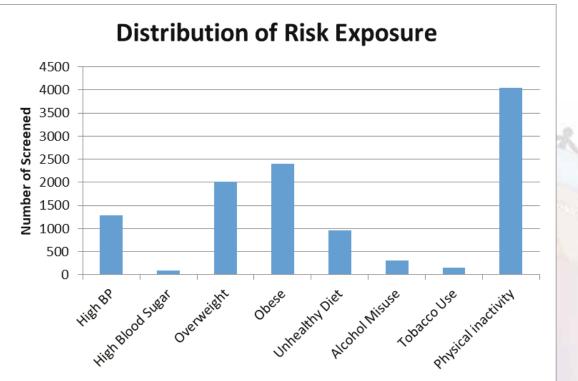
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Note: The number of persons being screened at the facility is currently more than the number of persons being screened at the community.



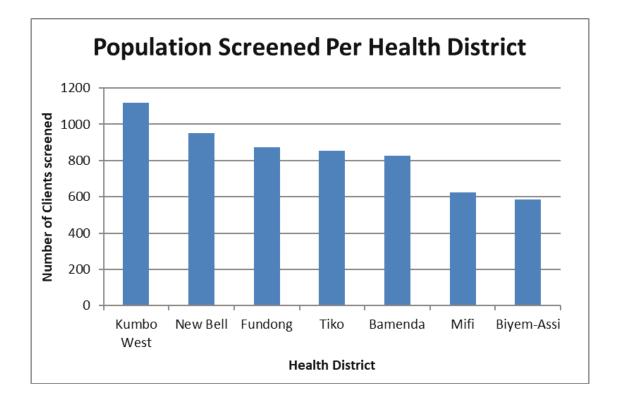


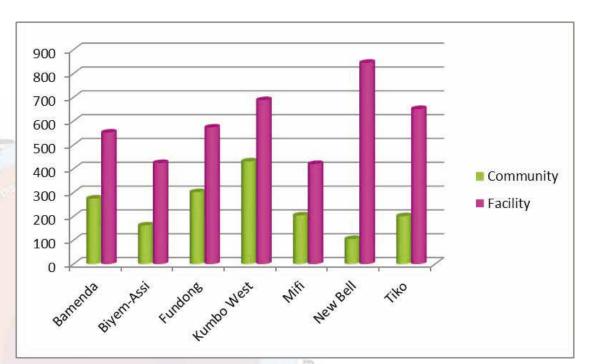


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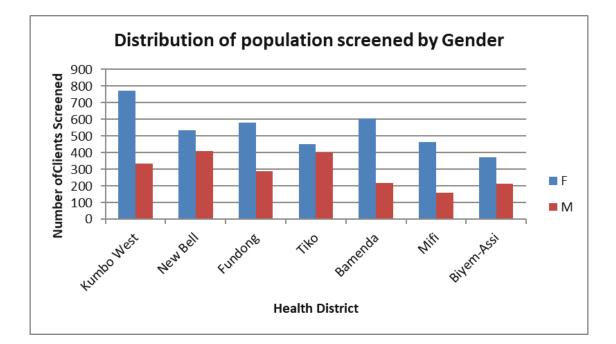


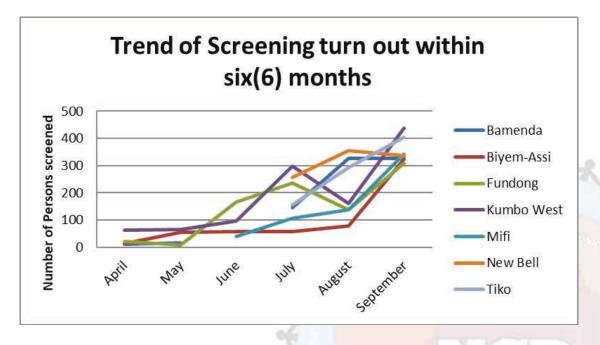
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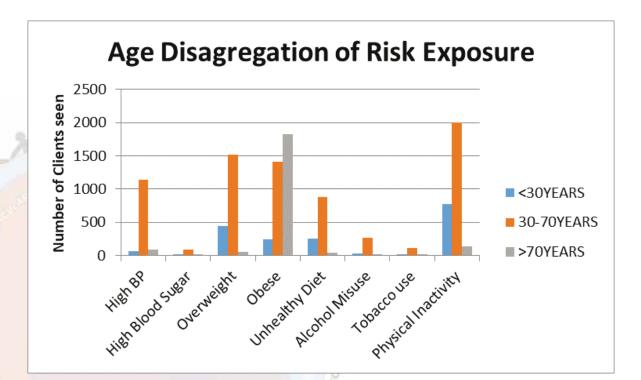


April, May and June were project start up months. Active engagement with the communities for screening began only in July.



INDICATOR	<30YEARS	30-70YEARS	>70YEARS
Number of clients with high BP	60	1136	82
Number of clients with high Blood Sugar	5	83	5
Number of clients overweight	442	1513	52
Number of clients obese	239	1414	1818
Number of clients at risk due to unhealthy diet	251	882	38
Number of clients at risk due to alcohol	25	263	17
Number of clients at risk due to tobacco use	16	116	15
Number of clients at risk due Physical inactivity	774	2004	129

Table 3: Age Disaggregation of Risk Exposure by Indicator



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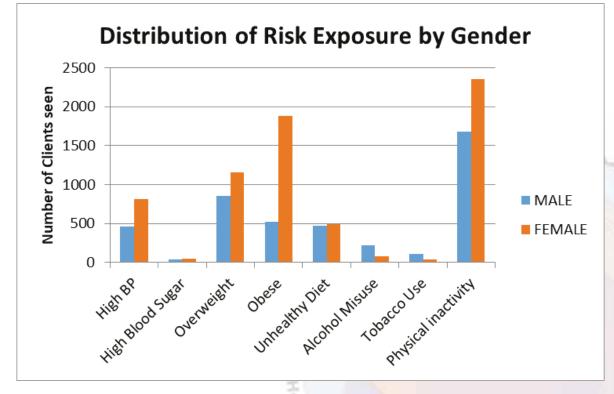
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Table 4: Distribution of Risk Exposure by Gender

INDICATOR	MALE	FEMALE
Total persons screened	2009	3734
Clients with a high BP	467	811
Clients with high Blood Sugar	39	54
Overweight clients	852	1155
Obese clients	520	1881
Clients at risk due to unhealthy diet	475	488
Clients at risk due to alcohol misuse	221	84
Clients at risk due to tobacco abuse	106	41
Clients at risk due physical inactivity	1681	2359



Community screening started in July and a total of 20 health areas have been visited thus far showing 22.5% coverage of the total 89 health areas in the 7 districts. Results so far are shown below:



Camp Yabassi(51) Elig-Effa(94)

Nkwen Rural(115)

21

Njietcha(141)

New Bell

Biyem Assi

Bamenda

Mifi

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Etoug-ebe(15)

Kings place(19)

Nkwen Baptist(80)

Health District	July	August	September
Kumbo West	BBH(204)	Kumbo Urban(104)	Kumbo CMA(154)
Fundong	Mejang(106)	Belo(67)	Anyajua(129)
Tiko	Mudeka(30)	Tiko town(75)	Holforth(96)

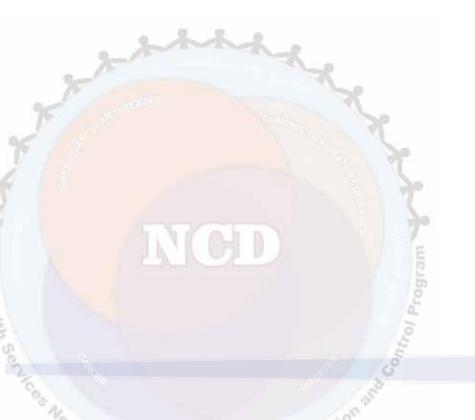
Nkolouloun(56)

Biscuiterie(66)

Bapi(44)

Nkwen Urban(79)

Table 5 – Health Areas reached by KYN Team per site as at September 2017

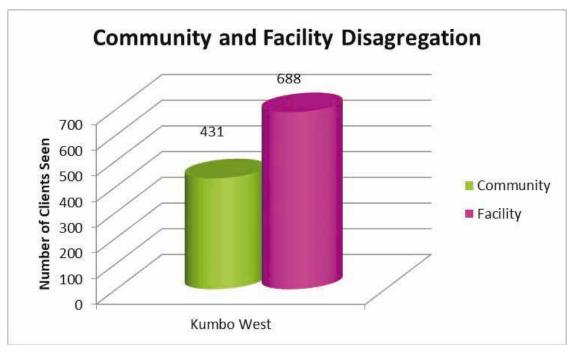


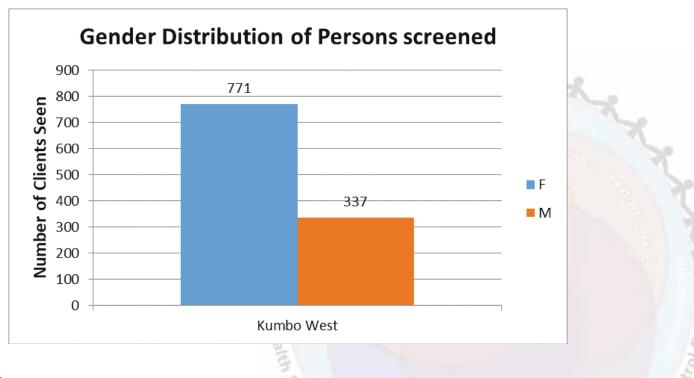
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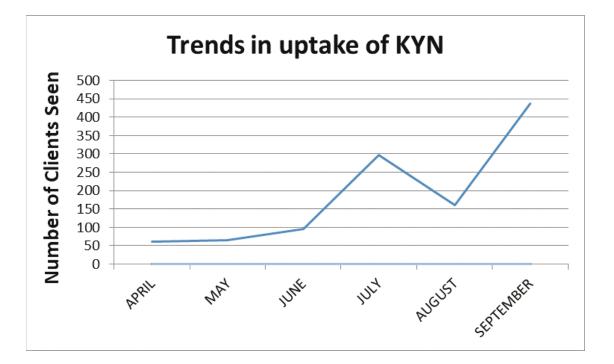
ANALYSIS OF NCD RISK EXPOSURE BY PILOT DISTRICT

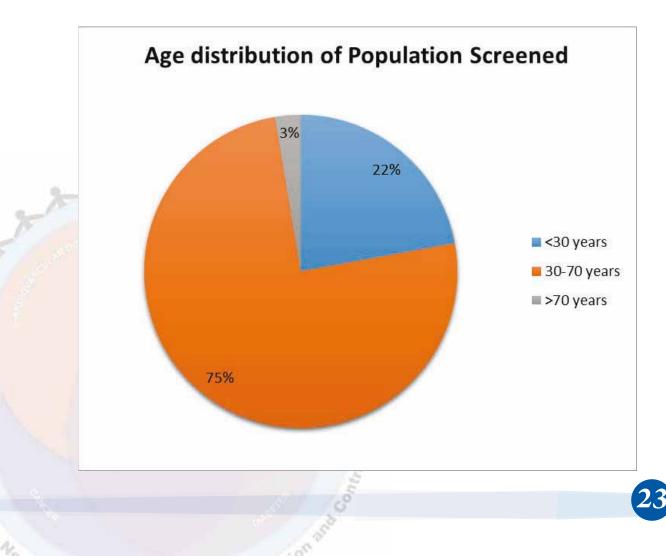
1. Kumbo West Health District

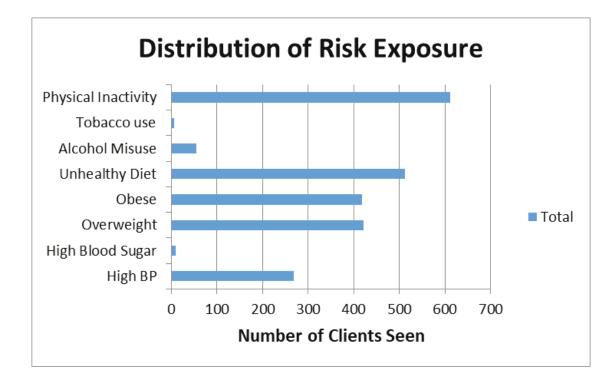
Total Screened 1119:

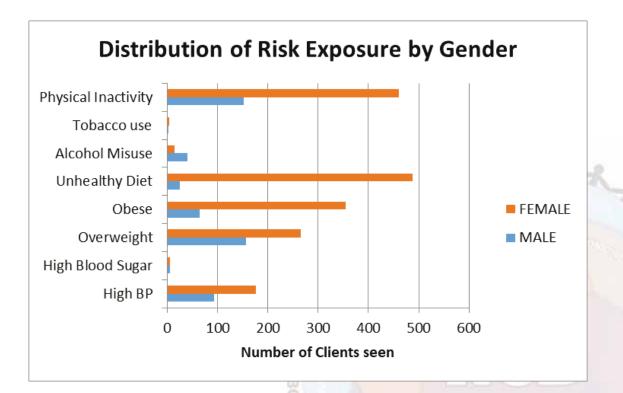




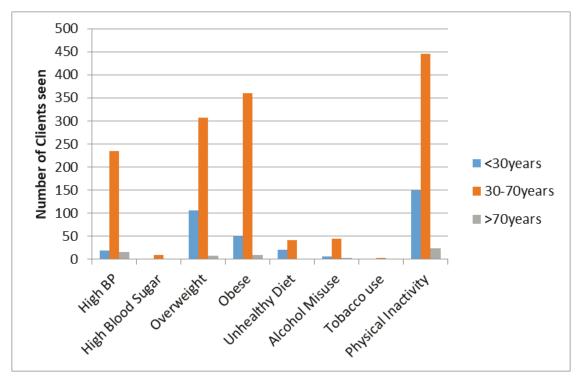








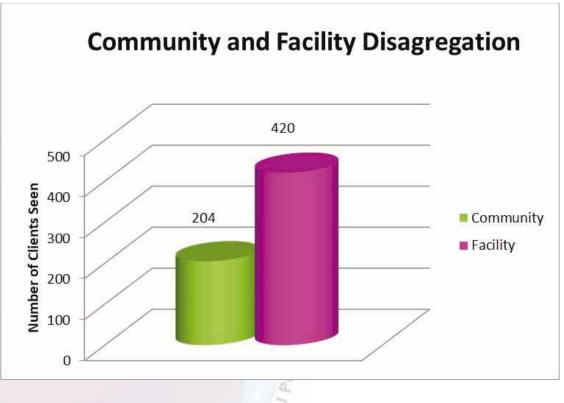




2. Mifi Health District

Total Screed: 624

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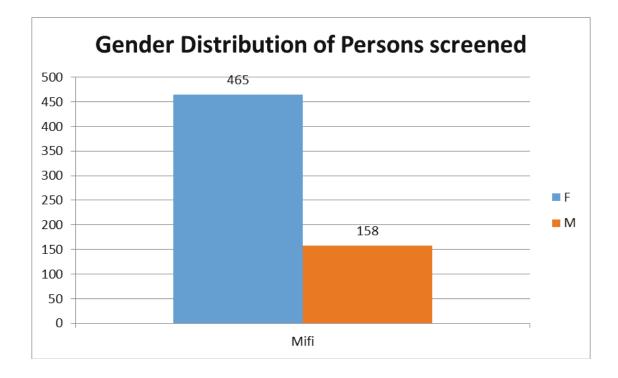


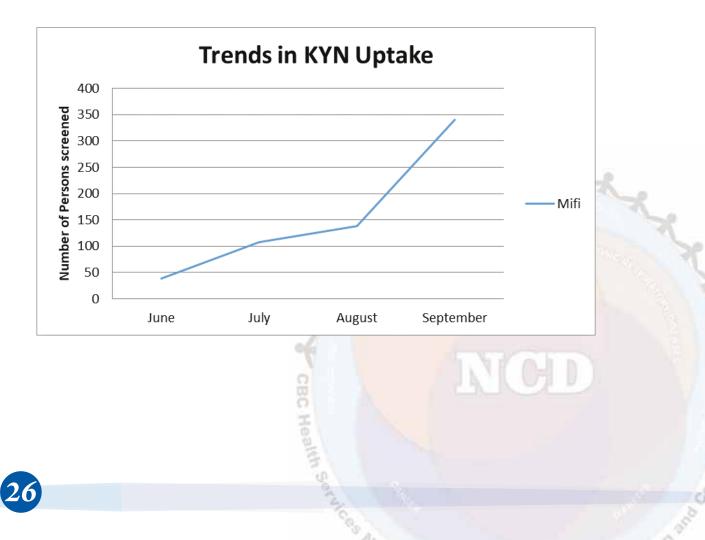
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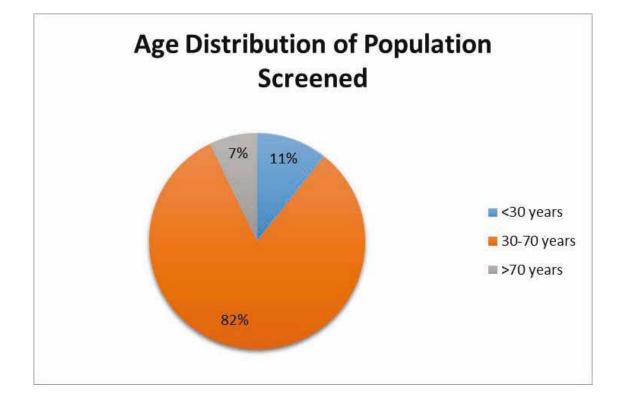
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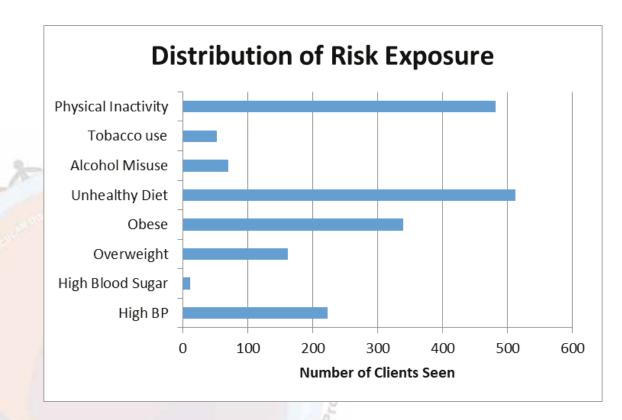
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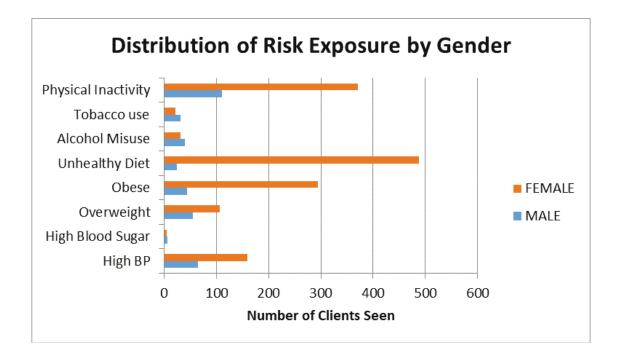


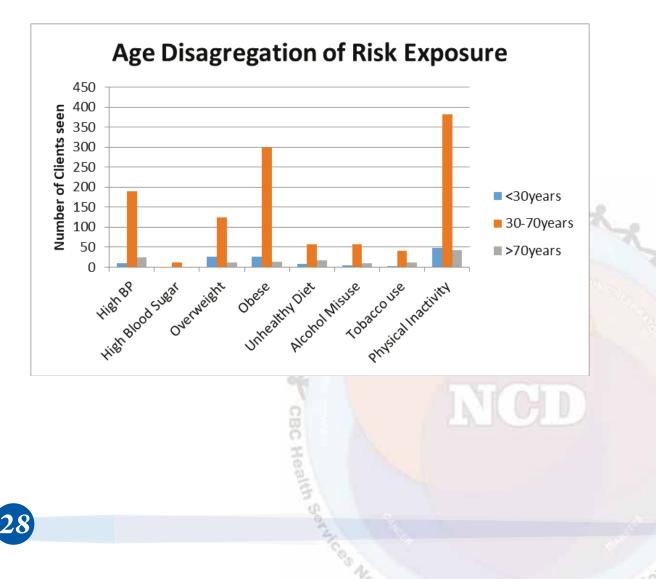




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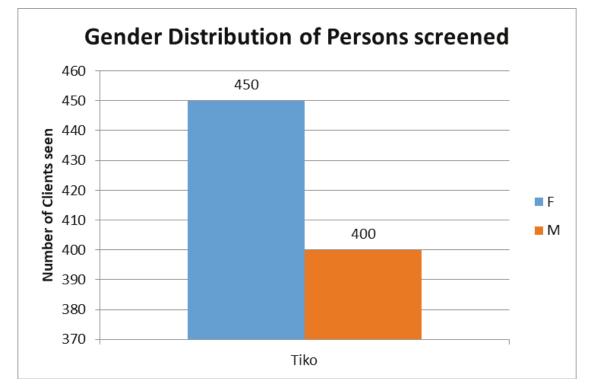


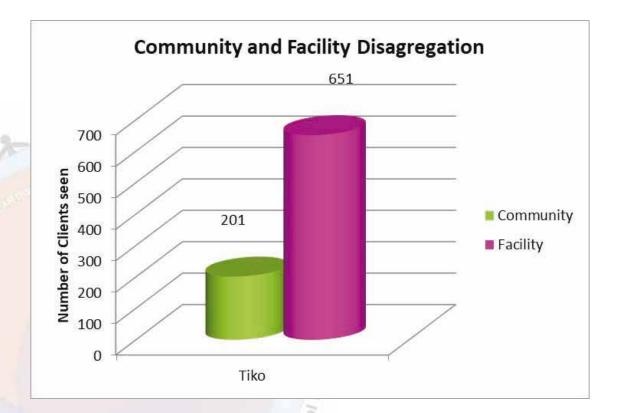
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3. Tiko Health District

Total Number Screened: 850



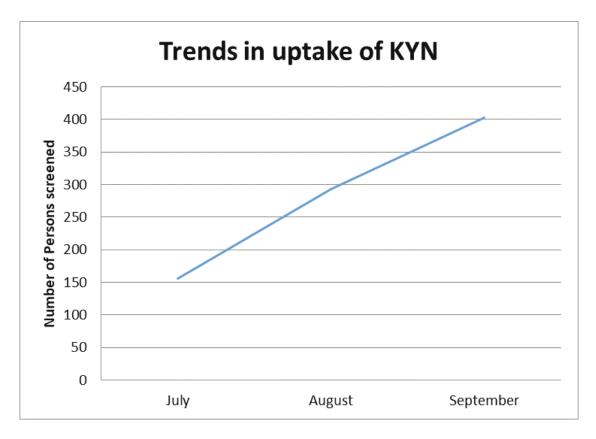


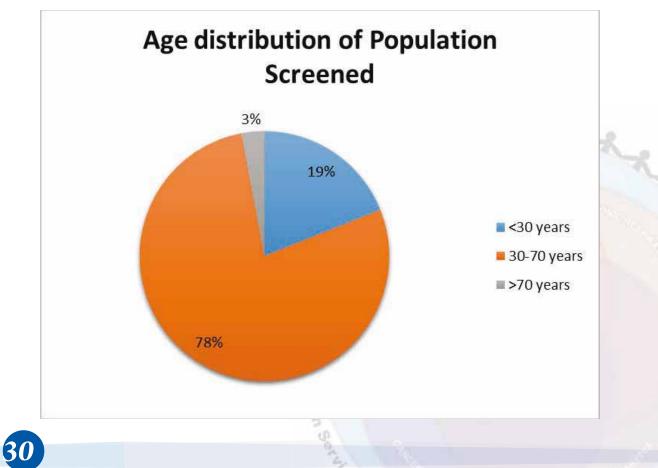
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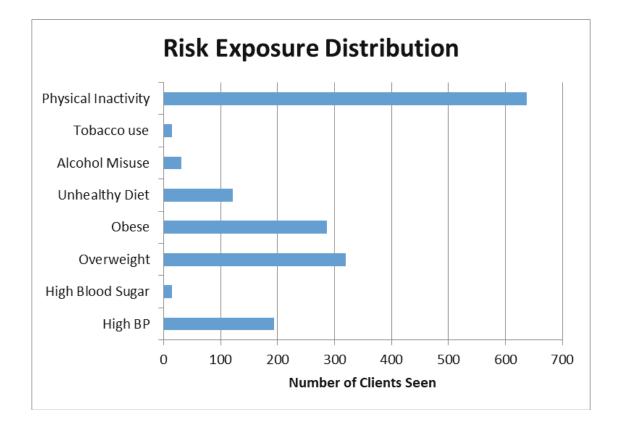
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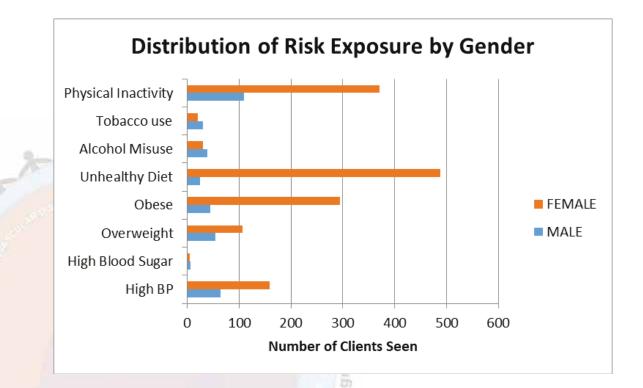
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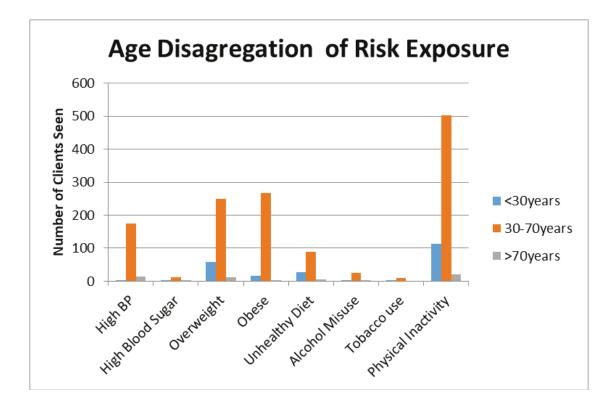




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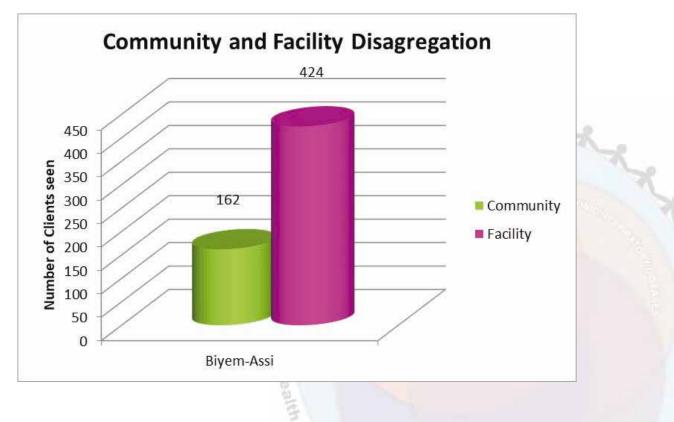
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4. Biyem Assi Health District

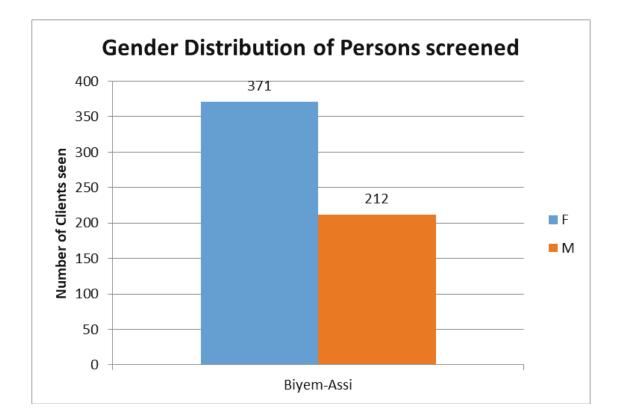
Total Number Screened: 586

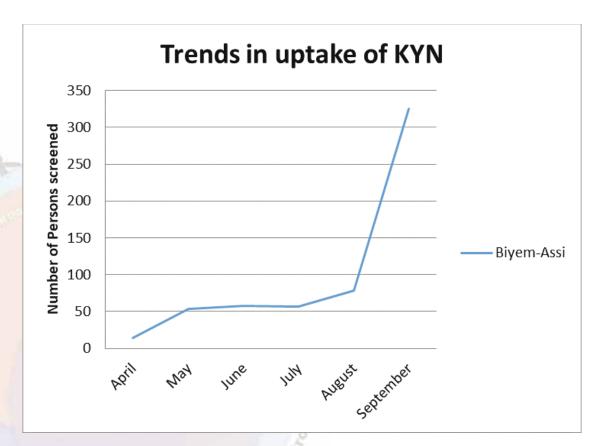




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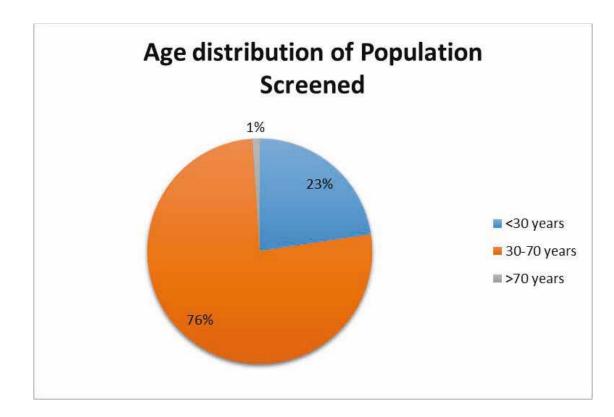


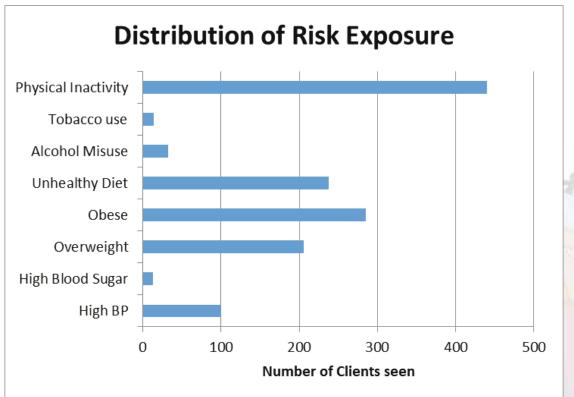


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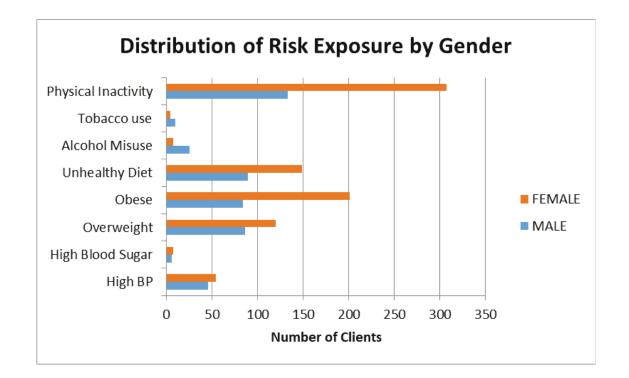


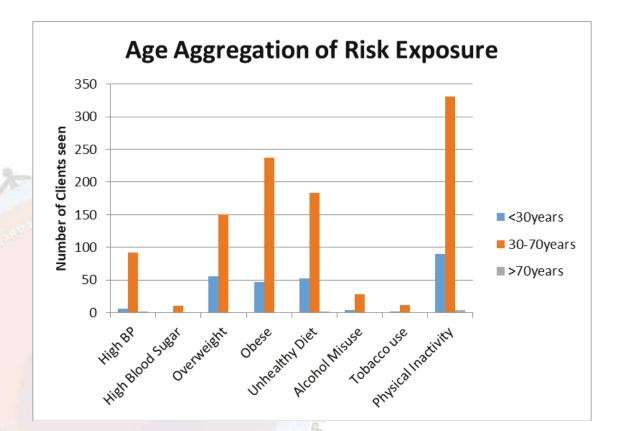




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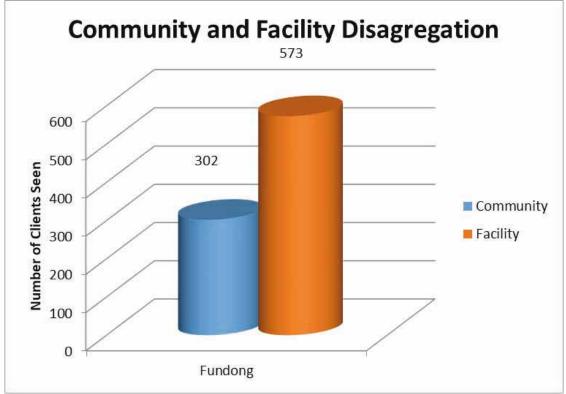
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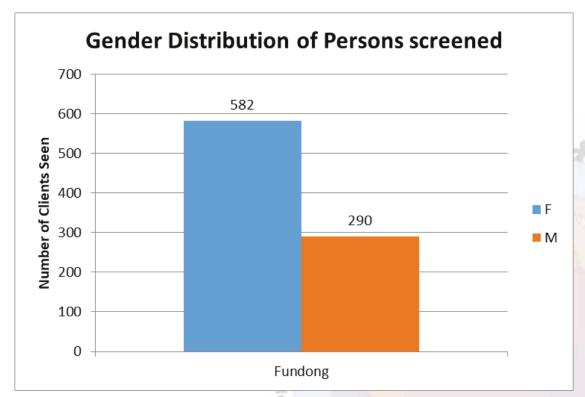
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5. **Fundong Health District**

Total Number Screened: 857

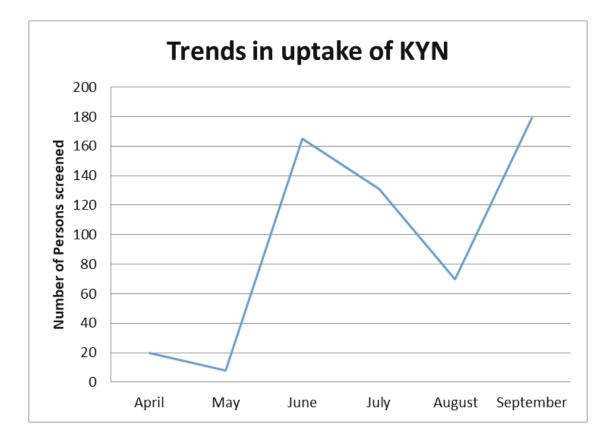


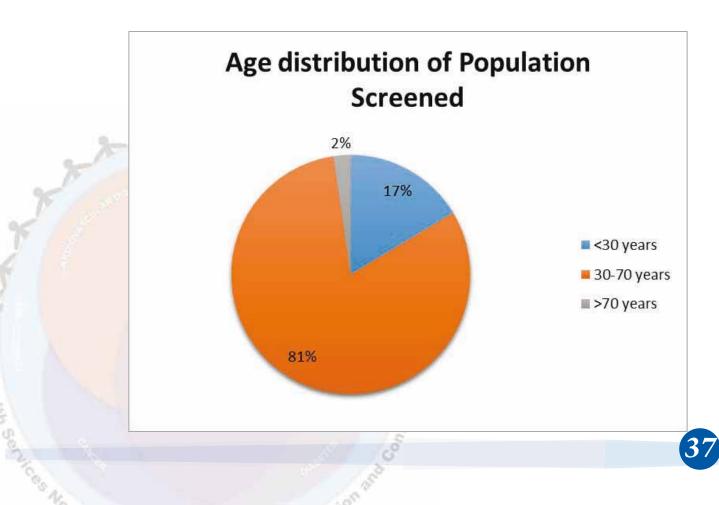




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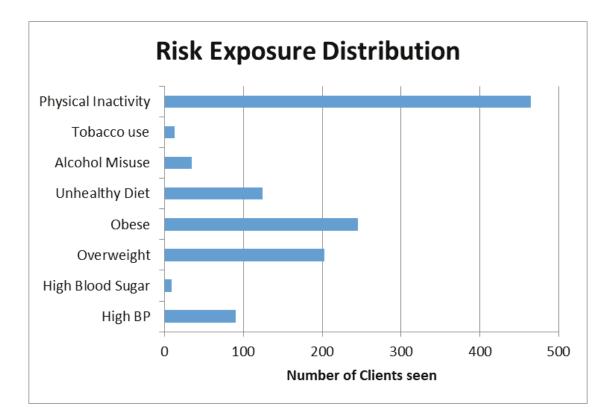


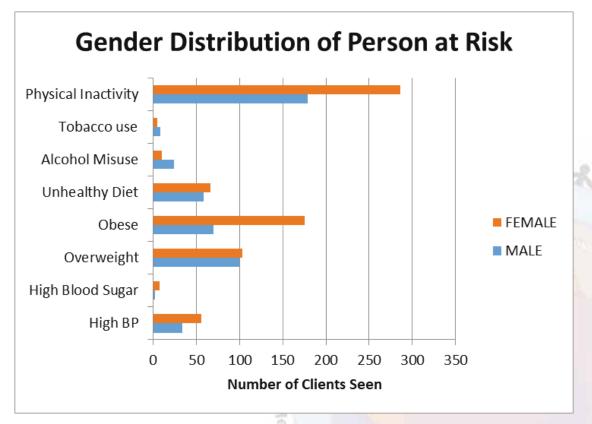


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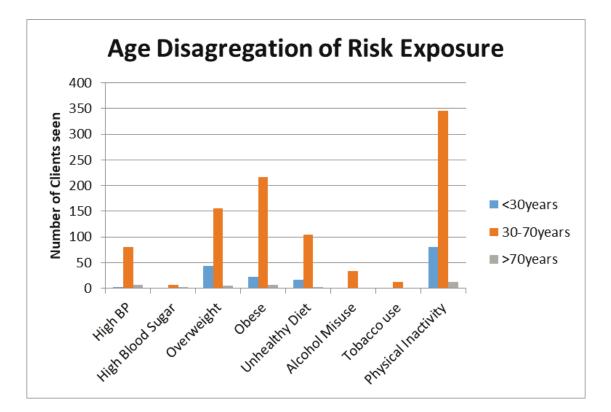






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6. New Bell Health District

Total Number Screened: 950

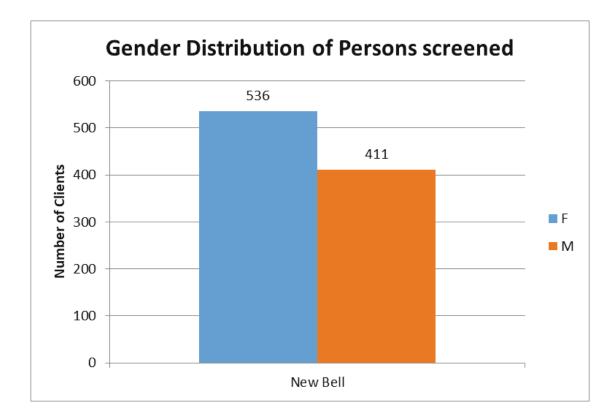


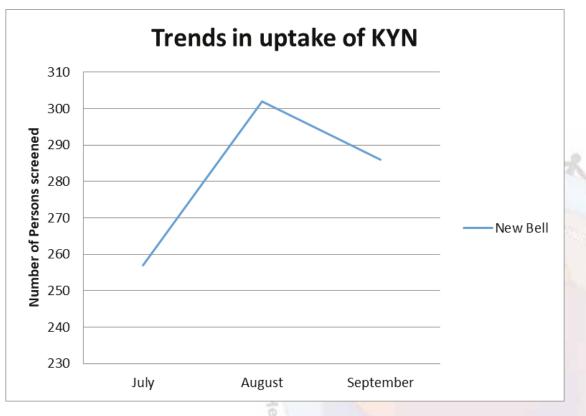
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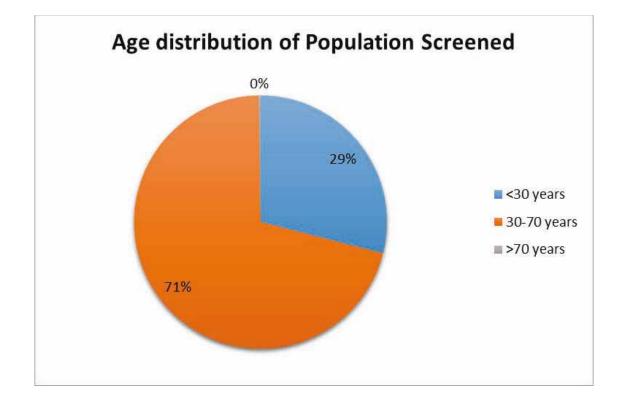
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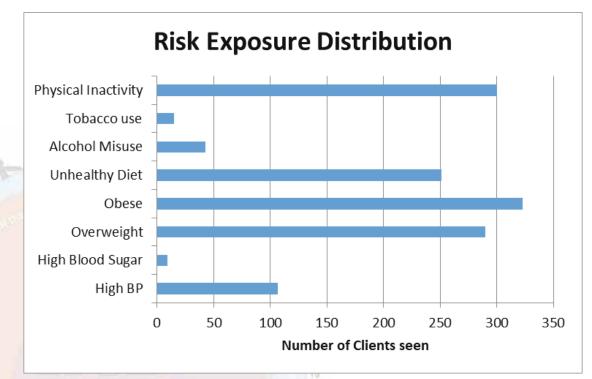




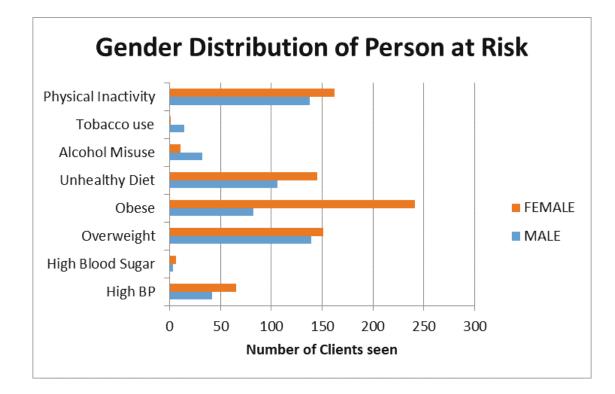


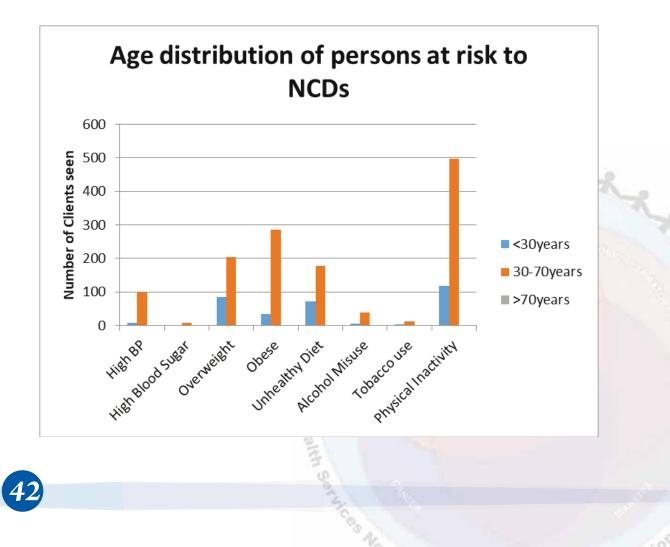
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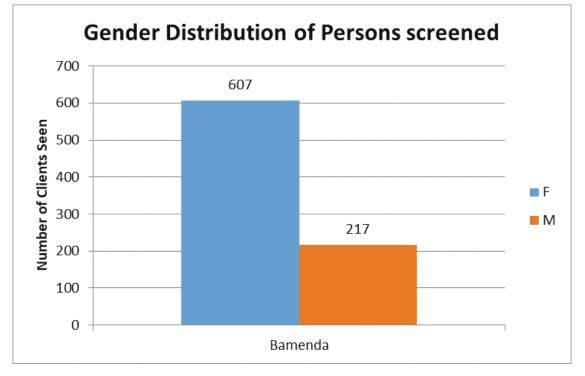


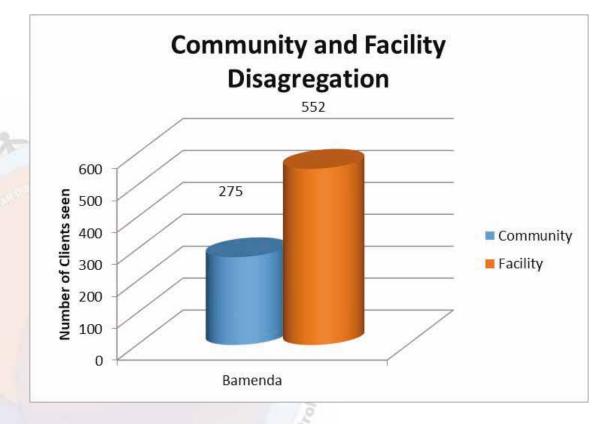


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7. Bamenda Health District

Total Number Screened: 824





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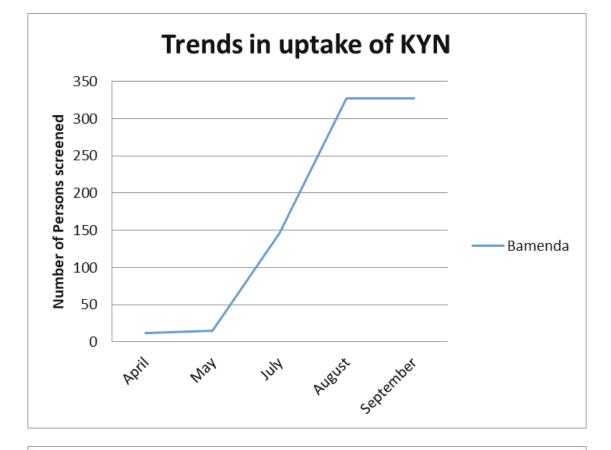


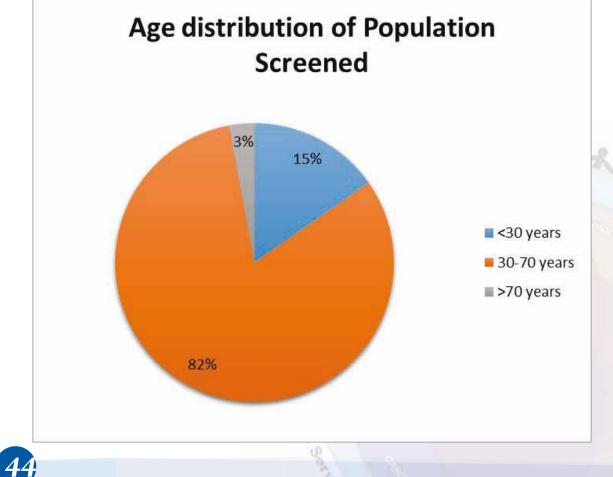
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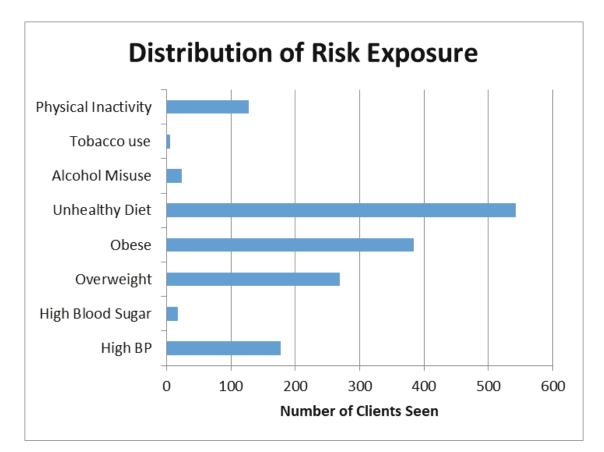


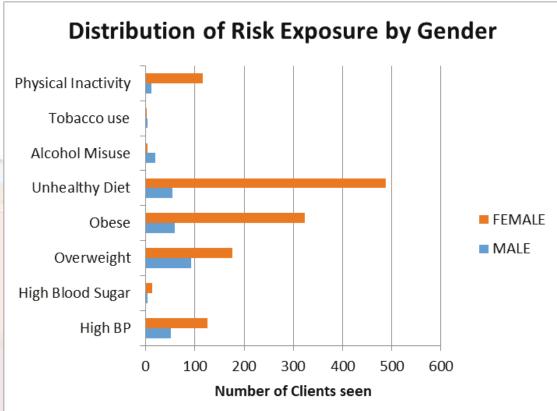




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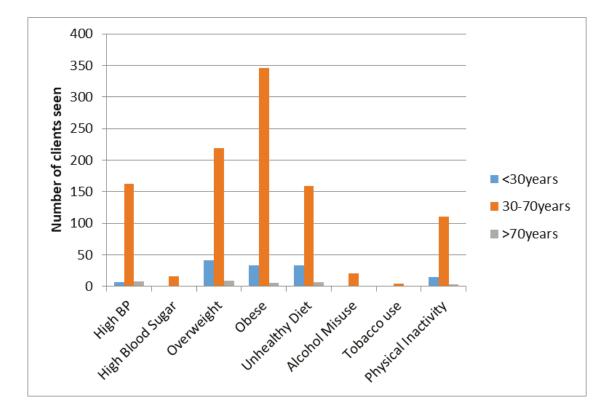






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Facilitative Supervision

Facilitative supervision of seven sites of the project was done by the coordination team from August 28 – September 12. 2017. The objective of the supervision visit was to strengthen KYN activities at the districts, set up local KYN committees at the base facilities and raise awareness of Site Staff on NCDs and the importance of KYN. During the visits, discussions and observations were centered on what works well, gaps/Challenges, needs, and proposed solutions. Meetings were also held with the Administrators of the various sites and the District Health Services.



Facilitative supervision sessions with Site KYN staff





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Table 6: Summary of planned activities and results for the First six project months

Activities	Results obtained	MoV	Person Responsible	Timeframe	Remarks
Project Start up	activities	·			
Official Program to Sign Agreement with Novartis	Written official agreement with Novartis for the project was signed and project started.	-Signed agreement	Project Director	April	This was signed by both parties.
Administrative Clearances obtained to ensure smooth functioning of project	A Written project clearance is obtained from MoH	Clearance	Project Director	April	The Project was presented to the MoH as an initiative for the prevention and control of NCDs and administrative clearance was gotten in the form of a letter authorizing the project and engaging the Regional Delegates to ensure its proper implementation
Clearances and Preparations	Meet with Hospital Administrators and arrange from project start up	Report	PM	April	All 7 stations received the PM and discussed the project, their obligations including the need to set up KYN units within the outpatient department, provide a vehicle for outreach every month and assign staff to conduct outreach as well as those the four to trained on rotatory basis when drawing shifts.

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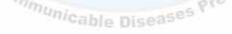
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When all sites were visited DMOs were visited: project presented and District participation secured by securing training dates and other district level information collected such as population, and number and type of participants for the workshop.	All 7 project sites are visited and District participation secured	-Report -Photos -MoU	Project Supervisor	April May	Some DMOs were very collaborative. Some were not, but all finally gave in and all workshops held successfully. They hope that the project is successful and it can be scaled up. They await reports and will be facilitating work.
Prepare Training Materials for KYN Nurses	All training materials and modules for KYN Nurses were developed and printed.	-Training materials - Modules -Receipts	Project Internal Manager	April	Project staff and technical advisers all worked on the Training Materials for the Nurses, the clerks and for the workshops. These were printed in the form of hand outs and issued out during each of the trainings.
Train 28 KYN Nurses	28 KYN Nurses were trained	-Report -Photos	Project Manager	April	This was successful. They rather need supervision which will be provided as per project schedule.

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	All project equipment were identified and order	-Purchase order -Receipts	Project Manager	April May	//
	placed for purchase	10001013			
	by the Procurement department and the				
	Central Pharmacy				
Place Orders for	for clinical equipment.				
Project Equipment	All project				
Equipment	equipment were purchased and in				
	USE.				
	Other equipment				
	were disqualified. Others were				
	replaced.				
	7 Data Clerks were trained to fill in KYN	-Report -Photos	Project Manager	June	//
Train 7 of Data	Data into data basis				
Clerks	that will be				
	extracted into excel for analysis.				
	7 workshops were conducted in 7	-Report -Photos	Project Supervisor	May June	//
	health districts	1 110105	Supervisor	June	
Hold Health	covering NCDs, their responsibilities				
District level Workshops	as members of				
workshops	health area health committees and				
2	engaging them in				
Project Activities	KYN.	2			
FT0ject Activities	Culton	Se			
Develop, print	All NCD IEC materials are	-Posters -Flyers	Project Manager	May June	
and distribute	developed, printed	-Flyers -Brochures	5	June	
NCD Awareness Fact	and distributed at		T		
sheets and	sites. 1500 Brochures and 100	18	70		
brochures	Posters have been printed.		am		
Develop	Interactive project	-Website	Web Master	Мау	Still in progress
program	website is under	link	id j	June	
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Develop program website	Interactive project website is under development and to be furnished with project information	-Website link	Web Master	May June	Still in progress
Develop project E-Newsletter	Project E- Newsletter is developed and furnished with required information	E- Newsletter link	Documentation officer	May June	Still in process, awaiting the website for dissemination
Community outreach programs	20 community outreach programs carried out at the different project sites. A total of 1672 persons were screened during community outreach programs.	Reports	M&E Officer	April-Sep	//
Data analysis, Reports preparation	First Bi-Annual data analyzed with available reports Data from all 1 st quarter trainings have been analyzed and presented as part of this report.	-Data reports	M&E Officer	May June	
Supervision to sites	All seven project sites supervised by the coordination team	Pictures Report	Project Manager	Aug -Sep	See Supervision Report for more details
Project Mid-year meeting	One project mid- year meeting held for coordination and evaluation	Pictures Minutes	Project Manager	September	

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Challenges/Proposed Solutions

The following are some challenges faced during the first quarter of the project had some few challenges:

1 The workshops in some districts had to be postponed because the DMOs were not available. This led to the two last workshops being conducted later than desired and pushed start up activities one additional month into the project timeline. This can be handled by working more closely with the district teams about 3 months prior to the intended training.

2 Some items were eventually purchased at a higher price than initially budgeted because of changes in market value of the items.

3 Some health areas are very large and topographically difficult to access. This made coverage difficult to achieve by a single screening exercise. This will require more funds to reach out to such health areas with education and screening.

4 In some health areas, populations are reluctant to move to designated screening sites preferring it to be done in their own localities Meanwhile some communities prefer to adhere to their social groups' attitudes and practices such as the Muslim community and in order to effectively reach them, requires different strategies.

5 There is still a relatively low NCD/risk factor awareness in the communities. Requiring more sensitization on NCDs to enable as many people as possible to adopt KYN at least once a year, especially those who cannot do more annual medical checkups which is costly.

6 There is high desire by health facilities to conduct KYN but with no training to do a compressive and helpful job to the community. This poses need for planning towards best strategies for future scale up of KYN. Because the approach is widely solicited by government and other health facilities even out of the pilot districts, there is need to train more nurses across health areas and assign for KYN in each health district to serve their different populations with a comprehensive KYN package and with the required skills.

7 Due to the current crises in the Anglophones zone of Cameroon, schools were not effective. Hence no education was done in schools. Plans are being put in place to step up mobilization through different strategies.

8 4. Lack of current national/local baselines for NCDs and their risk factors against which to monitor progress. There is desire to conduct a STEPwise survey as soon as possible. STEPS is a comprehensive survey that informs on NCD and risk factor baselines nationally.

Other Proposed solutions

• Community Mobilizers should be empowered more to mobilize the communities for outreach activities to ensure high turnout

• More trainings for KYN Nurses need to be conducted and other facilities introduced and approved as KYN sites within the health district

• Additional field screening equipment like helmets are needed for motor bike trips during community mobilization and sensitization. This is because of the bad roads that sometimes require staff to travel with on Motor Bikes

• Additional screening need to be planned and budgeted for in order to meet more people in the health areas than currently we are able to meet due to limited planned funds

Promising /Best Practices



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1. A Training curriculum for KYN that can be used to scale up KYN within the national health system as a major NCD Prevention facility based activity is set to be revised and approved for use for this activity

2. Understanding of best approaches to work with the national health system at district level and regional level to sustainably scale up KYN will be an asset for NCD prevention and control in Cameroon

3. Success stories are being compiled of people who through KYN discovered they were prediabetes or hypertensive or were engaged in one or more risky activities and have adopted a healthy lifestyle to improve on their health will be published in the next report. This will immortalize project gains.

Conclusion

In order to increase the efforts to prevent, diagnose and treat Non-Communicable Diseases (NCD) in Cameroon, the CBCHS' Know Your Numbers (KYN) Program is timely and necessary. The project observed a satisfactory welcome by all administrators and communities. It is expected to boost prevention and health promotion in the 7 health districts and present a best practice for NCD prevention, being a neglected area but a silent killing category of diseases leaving huge negative impacts on individuals, families and the community at large. Screening both at facility and community level during outreach will increase the number of persons at risk seen at the community and referred for further care. The first six months of activities as a kick off into the project went on successfully and a long way to enhancing the overall goal of prevention. More people are becoming aware of NCDs and are "knowing their numbers" and making healthier choices.

The statistic indicates that in general, there was the need to introduce this strategy. Having successfully introduced KYN, we hope that the next part of the project which will consist entirely of screening activities and sensitization.







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Training sessions in progress



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Participants at group sessions and restitutions





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Practical and demonstration sessions

Some Training Photos



Practical and demonstration sessions

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Some Training Photos



Practical and demonstration sessions

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> > es Non-Communicable

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