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

[Logos and graphics]
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:

<table>
<thead>
<tr>
<th>SN</th>
<th>Health District</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bamenda</td>
<td>Northwest</td>
</tr>
<tr>
<td>2</td>
<td>Kumbo West</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Fundong</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mifi</td>
<td>West</td>
</tr>
<tr>
<td>5</td>
<td>Tiko</td>
<td>Southwest</td>
</tr>
<tr>
<td>6</td>
<td>New Bell</td>
<td>Littoral</td>
</tr>
<tr>
<td>7</td>
<td>Biyem Assi</td>
<td>Centre</td>
</tr>
</tbody>
</table>

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
## Table of Contents

FOREWORD ................................................................................................................................. 1
Glossary ........................................................................................................................................... 3
Acknowledgements ....................................................................................................................... 6
Background ..................................................................................................................................... 7
Project Goal ................................................................................................................................... 7
Objectives ....................................................................................................................................... 7
Period ............................................................................................................................................ 7
Narrative Report for April to September 2017 ........................................................................... 8
Project Start up Activities (April to June 2017) ........................................................................... 8
Administrative Clearances: ........................................................................................................... 8
Site Preparations: .......................................................................................................................... 8
Development of Training Materials ............................................................................................... 9
Procurement of Equipment ............................................................................................................ 9
Training of KYN Nurses ................................................................................................................ 10
Training of Data Clerks: ................................................................................................................ 12
Pre and post-test analysis for Data Clerk training ......................................................................... 13
District Level Workshops: ............................................................................................................ 13
District Workshops Assessment Results ....................................................................................... 15
Screening Activities ..................................................................................................................... 16
GENERAL ANALYSIS OF NCD RISK EXPOSURE ASSESSMENT FOR 6 MONTHS ................................. 17
ANALYSIS OF NCD RISK EXPOSURE BY PILOT DISTRICT ................................................................ 24
1 Kumbo West Health District ...................................................................................................... 24
2 Mifi Health District ..................................................................................................................... 27
3 Tiko Health District .................................................................................................................... 31
4 Biyem Assi Health District ......................................................................................................... 34
5 Fundong Health District ............................................................................................................ 38
6 New Bell Health District ........................................................................................................... 41
7 Bamenda Health District ........................................................................................................... 45
Facilitative Supervision ................................................................................................................ 49
Challenges/Proposed Solutions ................................................................................................... 53
Other Proposed solutions ............................................................................................................. 53
Promising /Best Practices ............................................................................................................ 54
Conclusion ..................................................................................................................................... 54
Some Training Photos .................................................................................................................... 55
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBH</td>
<td>Banso Baptist Hospital</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CBC</td>
<td>Cameroon Baptist Convention</td>
</tr>
<tr>
<td>CBCHS</td>
<td>Cameroon Baptist Convention Health Services</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
</tr>
<tr>
<td>KYN</td>
<td>Know Your Numbers</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH (MoPH)</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NCD PCP</td>
<td>Non Communicable Disease Prevention and Control Program</td>
</tr>
<tr>
<td>DMO</td>
<td>District Medical Officer</td>
</tr>
<tr>
<td>DHS</td>
<td>District Health Services</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>BS</td>
<td>Blood Sugar</td>
</tr>
<tr>
<td>BTSHP</td>
<td>Baptist Training School for Health Personnel</td>
</tr>
<tr>
<td>NCD PCP</td>
<td>Non Communicable Disease Prevention and Control Program</td>
</tr>
<tr>
<td>WC</td>
<td>Waist Circumference</td>
</tr>
<tr>
<td>SNS</td>
<td>Supervisor of Nursing Services</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
</tr>
</tbody>
</table>
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.
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.

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:

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.
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.
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:

- 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.

Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>N(Pre)</th>
<th>N(Post)</th>
<th>Minimum(Pre)</th>
<th>Minimum(Post)</th>
<th>Maximum(Pre)</th>
<th>Maximum(Post)</th>
<th>Mean(Pre)</th>
<th>Mean(Post)</th>
<th>Std. Deviation(Pre)</th>
<th>Std. Deviation(Post)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge score</td>
<td>26</td>
<td>25</td>
<td>6.0</td>
<td>8.0</td>
<td>12.0</td>
<td>12.5</td>
<td>9.308</td>
<td>10.600</td>
<td>1.6916</td>
<td>1.3070</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td>26</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
### Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>N(Pr e)</th>
<th>N(Post )</th>
<th>Minimum(Pre)</th>
<th>Minimum(Post )</th>
<th>Maximum(Pre)</th>
<th>Maximum(Post )</th>
<th>Mean(Pre)</th>
<th>Mean(Post )</th>
<th>Std. Deviation(Pre)</th>
<th>Std. Deviation(Post )</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence with measurement</td>
<td>26</td>
<td>17</td>
<td>.00</td>
<td>5.00</td>
<td>10.00</td>
<td>10.00</td>
<td>2.5000</td>
<td>8.0000</td>
<td>3.47851</td>
<td>2.06155</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Confidence with NCD and KYN knowledge</td>
<td>17</td>
<td>18</td>
<td>2.00</td>
<td>4.00</td>
<td>9.00</td>
<td>10.00</td>
<td>5.6471</td>
<td>7.6111</td>
<td>1.93459</td>
<td>1.78684</td>
<td>0.017</td>
</tr>
<tr>
<td>Confidence with provision of counselling</td>
<td>24</td>
<td>17</td>
<td>2.00</td>
<td>4.00</td>
<td>10.00</td>
<td>10.00</td>
<td>6.2500</td>
<td>7.64705</td>
<td>2.38200</td>
<td>1.966633</td>
<td>0.089</td>
</tr>
<tr>
<td>Confidence in making a presentation on NCD in public settings</td>
<td>25</td>
<td>16</td>
<td>2.00</td>
<td>4.00</td>
<td>9.00</td>
<td>10.00</td>
<td>5.8000</td>
<td>7.3125</td>
<td>2.16025</td>
<td>1.77834</td>
<td>0.002</td>
</tr>
<tr>
<td>Confidence with provision of intervention</td>
<td>24</td>
<td>12</td>
<td>2.00</td>
<td>4.00</td>
<td>10.00</td>
<td>9.00</td>
<td>6.5000</td>
<td>7.0833</td>
<td>2.16695</td>
<td>1.67649</td>
<td>0.172</td>
</tr>
<tr>
<td><strong>Average confidence</strong></td>
<td>25</td>
<td>20</td>
<td>2.40</td>
<td>4.20</td>
<td>9.25</td>
<td>10.00</td>
<td>6.1727</td>
<td>7.6375</td>
<td>1.94347</td>
<td>1.68772</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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.
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 Database
- 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

![Graph showing pre-test and post-test scores]

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

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)
Table 1: Summary of Workshop Outcome

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

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.
GENERAL ANALYSIS OF NCD RISK EXPOSURE ASSESSMENT FOR 6 MONTHS

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Facility</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Screened</td>
<td>4153</td>
<td>1680</td>
<td>5833</td>
</tr>
</tbody>
</table>
Note: The number of persons being screened at the facility is currently more than the number of persons being screened at the community.
April, May and June were project start up months. Active engagement with the communities for screening began only in July.
Table 3: Age Disaggregation of Risk Exposure by Indicator

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

Age Disaggregation of Risk Exposure

![Chart showing age disaggregation of risk exposure by indicator](chart.png)
Table 4: Distribution of Risk Exposure by Gender

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

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

<table>
<thead>
<tr>
<th>Health District</th>
<th>July</th>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kumbo West</td>
<td>BBH(204)</td>
<td>Kumbo Urban(104)</td>
<td>Kumbo CMA(154)</td>
</tr>
<tr>
<td>Fundong</td>
<td>Mejang(106)</td>
<td>Belo(67)</td>
<td>Anyajua(129)</td>
</tr>
<tr>
<td>Tiko</td>
<td>Mudeka(30)</td>
<td>Tiko town(75)</td>
<td>Hofforth(96)</td>
</tr>
<tr>
<td>New Bell</td>
<td></td>
<td>Nkolouloun(56)</td>
<td>Camp Yabassi(51)</td>
</tr>
<tr>
<td>Biyem Assi</td>
<td>Etoug-ebe(15)</td>
<td>Biscuiterie(66)</td>
<td>Elig-Effa(94)</td>
</tr>
<tr>
<td>Bamenda</td>
<td>Nkwen Baptist(80)</td>
<td>Nkwen Urban(79)</td>
<td>Nkwen Rural(115)</td>
</tr>
<tr>
<td>Mifl</td>
<td>Kings place(19)</td>
<td>Bapi(44)</td>
<td>Njietcha(141)</td>
</tr>
</tbody>
</table>
ANALYSIS OF NCD RISK EXPOSURE BY PILOT DISTRICT

1. Kumbo West Health District

Total Screened 1119:

---

**Community and Facility Disaggregation**

<table>
<thead>
<tr>
<th>Number of Clients Seen</th>
<th>Community</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>688</td>
<td></td>
<td></td>
</tr>
<tr>
<td>431</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1119</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Gender Distribution of Persons screened**

<table>
<thead>
<tr>
<th>Number of Clients Seen</th>
<th>Female (F)</th>
<th>Male (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>771</td>
<td></td>
<td></td>
</tr>
<tr>
<td>337</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
Know Your Numbers Pilot Project

1st Bi-Annual Report

Trends in uptake of KYN

Age distribution of Population Screened

- <30 years: 22%
- 30-70 years: 75%
- >70 years: 3%
Distribution of Risk Exposure

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Inactivity</td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td></td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td></td>
</tr>
<tr>
<td>Unhealthy Diet</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
</tr>
<tr>
<td>High Blood Sugar</td>
<td></td>
</tr>
<tr>
<td>High BP</td>
<td></td>
</tr>
</tbody>
</table>

Number of Clients Seen

Distribution of Risk Exposure by Gender

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Inactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unhealthy Diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High BP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Clients seen
2. Mifi Health District

Total Screed: 624
Know Your Numbers Pilot Project

1st Bi-Annual Report

Gender Distribution of Persons screened

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>465</td>
<td>158</td>
</tr>
</tbody>
</table>

Trends in KYN Uptake

- Number of Persons screened
- June: 50
- July: 150
- August: 250
- September: 400

Mifii
Age Distribution of Population Screened

- <30 years: 7%
- 30-70 years: 82%
- >70 years: 11%

Distribution of Risk Exposure

- Physical Inactivity: Number of Clients Seen
- Tobacco use: Number of Clients Seen
- Alcohol Misuse: Number of Clients Seen
- Unhealthy Diet: Number of Clients Seen
- Obese: Number of Clients Seen
- Overweight: Number of Clients Seen
- High Blood Sugar: Number of Clients Seen
- High BP: Number of Clients Seen
Know Your Numbers Pilot Project

1st Bi-Annual Report

Distribution of Risk Exposure by Gender

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients Seen

Age Disaggregation of Risk Exposure

- High BP
- High Blood Sugar
- Overweight
- Obese
- Unhealthy Diet
- Alcohol Misuse
- Tobacco use
- Physical Inactivity

Number of Clients Seen

<30 years
30-70 years
>70 years
3. **Tiko Health District**

Total Number Screened: 850

**Gender Distribution of Persons screened**

- **F**: 450
- **M**: 400

**Community and Facility Disaggregation**

- **Community**: 201
- **Facility**: 651
Know Your Numbers Pilot Project

1st Bi-Annual Report

Risk Exposure Distribution

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients Seen

Distribution of Risk Exposure by Gender

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients Seen

FEMALE
MALE
4. Biyem Assi Health District
Total Number Screened: 586
Know Your Numbers Pilot Project

1st Bi-Annual Report

Gender Distribution of Persons screened

<table>
<thead>
<tr>
<th>Number of Clients seen</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>371</td>
<td></td>
<td></td>
</tr>
<tr>
<td>212</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Biyem-Assi

Trends in uptake of KYN

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Persons screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td></td>
</tr>
</tbody>
</table>

Biyem-Assi
Age distribution of Population Screened

- 76% of the population screened is within the 30-70 years age group.
- 23% is between 30 and 70 years.
- 1% is less than 30 years.
- 0% is over 70 years.

Distribution of Risk Exposure

- Physical Inactivity: 400 clients
- Tobacco use: 50 clients
- Alcohol Misuse: 100 clients
- Unhealthy Diet: 200 clients
- Obese: 300 clients
- Overweight: 200 clients
- High Blood Sugar: 100 clients
- High BP: 100 clients

Number of Clients seen
Distribution of Risk Exposure by Gender

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients

Age Aggregation of Risk Exposure

- High BP
- High Blood Sugar
- Overweight
- Obese
- Unhealthy Diet
- Alcohol Misuse
- Tobacco use
- Physical Inactivity

Number of Clients seen

- <30 years
- 30-70 years
- >70 years
5. Fundong Health District
Total Number Screened: 857

Community and Facility Disagregation

<table>
<thead>
<tr>
<th>Fundong</th>
<th>Community</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>302</td>
<td>573</td>
</tr>
</tbody>
</table>

Gender Distribution of Persons screened

<table>
<thead>
<tr>
<th>Fundong</th>
<th>Number of Clients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F: 582</td>
</tr>
<tr>
<td></td>
<td>M: 290</td>
</tr>
</tbody>
</table>
Trends in uptake of KYN

Age distribution of Population Screened

- <30 years
- 30-70 years
- >70 years

81%
17%
2%
6. New Bell Health District
Total Number Screened: 950

Age Disaggregation of Risk Exposure

Community and Facility Disaggregation
Gender Distribution of Persons screened

- F: 536
- M: 411

Trends in uptake of KYN

- July: 230
- August: 290
- September: 310

New Bell
Know Your Numbers Pilot Project

1st Bi-Annual Report

Age distribution of Population Screened

- <30 years: 0%
- 30-70 years: 71%
- >70 years: 29%

Risk Exposure Distribution

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients seen
**Gender Distribution of Person at Risk**

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

**Age distribution of persons at risk to NCDs**

- High BP
- High Blood Sugar
- Overweight
- Obese
- Unhealthy Diet
- Alcohol Misuse
- Tobacco use
- Physical Inactivity

Categories: <30 years, 30-70 years, >70 years
7. Bamenda Health District

Total Number Screened: 824

Gender Distribution of Persons screened

![Bar chart showing gender distribution with 607 females and 217 males.]

Community and Facility Disaggregation

![Bar chart showing community and facility clients seen with 275 in community and 552 total.]

- Community
- Facility
Trends in uptake of KYN

Age distribution of Population Screened

- <30 years: 3%
- 30-70 years: 15%
- >70 years: 82%
Know Your Numbers Pilot Project

1st Bi-Annual Report

Distribution of Risk Exposure

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients Seen

Distribution of Risk Exposure by Gender

- Physical Inactivity
- Tobacco use
- Alcohol Misuse
- Unhealthy Diet
- Obese
- Overweight
- High Blood Sugar
- High BP

Number of Clients seen

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

<table>
<thead>
<tr>
<th>Activities</th>
<th>Results obtained</th>
<th>MoV</th>
<th>Person Responsible</th>
<th>Timeframe</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Start up activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official Program to Sign Agreement with Novartis</td>
<td>Written official agreement with Novartis for the project was signed and project started.</td>
<td>-Signed agreement</td>
<td>Project Director</td>
<td>April</td>
<td>This was signed by both parties.</td>
</tr>
<tr>
<td>Administrative Clearances obtained to ensure smooth functioning of project</td>
<td>A Written project clearance is obtained from MoH</td>
<td>Clearance</td>
<td>Project Director</td>
<td>April</td>
<td>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</td>
</tr>
<tr>
<td>Clearances and Preparations</td>
<td>Meet with Hospital Administrators and arrange from project start up</td>
<td>Report</td>
<td>PM</td>
<td>April</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>When all sites were visited</th>
<th>All 7 project sites are visited and District participation secured</th>
<th>Report -Photos -MoU</th>
<th>Project Supervisor</th>
<th>April May</th>
<th>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.</th>
</tr>
</thead>
</table>

Prepare Training Materials for KYN Nurses

<table>
<thead>
<tr>
<th>Prepare Training Materials for KYN Nurses</th>
<th>All training materials and modules for KYN Nurses were developed and printed.</th>
<th>Training materials - Modules -Receipts</th>
<th>Project Internal Manager</th>
<th>April</th>
<th>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.</th>
</tr>
</thead>
</table>

Train 28 KYN Nurses

<table>
<thead>
<tr>
<th>Train 28 KYN Nurses</th>
<th>28 KYN Nurses were trained</th>
<th>Report -Photos</th>
<th>Project Manager</th>
<th>April</th>
<th>This was successful. They rather need supervision which will be provided as per project schedule.</th>
</tr>
</thead>
</table>
## Place Orders for Project Equipment

All project equipment were identified and ordered for purchase by the Procurement department and the Central Pharmacy for clinical equipment. All project equipment were purchased and in use.

Other equipment were disqualified. Others were replaced.

- **Purchase order**
- **Receipts**

| Project Manager | April May | // |

## Train 7 of Data Clerks

7 Data Clerks were trained to fill in KYN Data into data basis that will be extracted into excel for analysis.

- **Report**
- **Photos**

| Project Manager | June | // |

## Hold Health District level Workshops

7 workshops were conducted in 7 health districts covering NCDs, their responsibilities as members of health area health committees and engaging them in KYN.

- **Report**
- **Photos**

| Project Supervisor | May June | // |

## Project Activities

### Develop, print and distribute NCD Awareness Fact sheets and brochures

All NCD IEC materials are developed, printed and distributed at sites. 1500 Brochures and 100 Posters have been printed.

- **Posters**
- **Flyers**
- **Brochures**

| Project Manager | May June | // |

### Develop program

Interactive project website is under development.

- **Website link**

| Web Master | May June | Still in progress |
## 1st Bi-Annual Report

### Develop program website
Interactive project website is under development and to be furnished with project information.

- **Website link**: [Website link](#)
- **Web Master**: Web Master
- **Progress**: May June
- **Status**: Still in progress

### Develop project E-Newsletter
Project E-Newsletter is developed and furnished with required information.

- **E-Newsletter link**: [E-Newsletter link](#)
- **Documentation officer**: Documentation officer
- **Progress**: May June
- **Status**: 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**: Reports
- **M&E Officer**: M&E Officer
- **Progress**: April-Sep
- **Status**: //

### Data analysis, Reports preparation
First Bi-Annual data analyzed with available reports. Data from all 1st quarter trainings have been analyzed and presented as part of this report.

- **-Data reports**: -Data reports
- **M&E Officer**: M&E Officer
- **Progress**: May June
- **Status**: //

### Supervision to sites
All seven project sites supervised by the coordination team.

- **Pictures Report**: Pictures Report
- **Project Manager**: Project Manager
- **Progress**: Aug-Sep
- **Status**: See Supervision Report for more details

### Project Mid-year meeting
One project mid-year meeting held for coordination and evaluation.

- **Pictures Minutes**: Pictures Minutes
- **Project Manager**: Project Manager
- **Progress**: September
- **Status**: //
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. 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
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.
Training sessions in progress
Know Your Numbers Pilot Project

1st Bi-Annual Report

Participants at group sessions and restitutions
Practical and demonstration sessions
Practical and demonstration sessions
Contacts:

Telephone: +237 674 733 730
   + 237 677 764781
Email: ncd@cbchealthservices.org
Site Web de la cbc: www.ncd.cbchealthservices.org

Non-Communicable Diseases Prevention
and Control Program (NCDPCP)
BP.: 1 Bamenda,
Region du Nord Ouest, Cameroun