



# -FIS-

FOR IMPACTS IN SOCIAL HEALTH



# 2016

ANNUAL REPORT

For Impacts in Social Health (FIS)  
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# ABBREVIATIONS

<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>ANC:</b>	Antenatal Consultation
<b>ART:</b>	Antiretroviral Treatment
<b>CBO:</b>	Community Based Organization
<b>CCM:</b>	Country Coordination Mechanism
<b>CEAM:</b>	Cercle d'Entraide et d'Assistance Des Mères de la Fondation Chantal BIYA
<b>CD:</b>	Community Diagnosis
<b>CFCS:</b>	Challenge Facility for Civil Society
<b>CNs:</b>	Concept Notes
<b>COSA:</b>	Committee de Santé = Health Committee
<b>COSADI:</b>	Committee de Santé du District = District Health Committee
<b>CSO:</b>	Civil Society Organization
<b>CSS:</b>	Community System Strengthening
<b>DHIS II:</b>	District health information software II
<b>DMO:</b>	District Medical Officer
<b>ED:</b>	Executive Director
<b>FIS:</b>	For Impacts in Social health
<b>GB:</b>	Great Britain
<b>GF:</b>	Global Fund
<b>GIZ:</b>	Gesellschaft für Internationale Zusammenarbeit
<b>HIV:</b>	Human Immunodeficiency Virus
<b>HPAF:</b>	Health Policy Action Fund
<b>HSS:</b>	Health System Strengthening
<b>LLINs:</b>	Long Lasting Insecticide Nets
<b>ML:</b>	Mother Light
<b>MoH:</b>	Ministry of Health
<b>NACC:</b>	National AIDS Control Committee
<b>NGO:</b>	Non Governmental Organization
<b>NMCP:</b>	National Malaria Control Program
<b>NTP:</b>	National Tuberculosis Program
<b>PACF:</b>	Positive Actions for Children Fund
<b>PLHIV:</b>	Persons Living with HIV
<b>PR:</b>	Principal Recipient
<b>RDPH:</b>	Regional Delegation of Public Health
<b>RH:</b>	Reproductive Health
<b>SDG:</b>	Sustainable Development Goal
<b>DO:</b>	Divisional Officer
<b>SR:</b>	Sub-Recipient
<b>SRH:</b>	Sexual and Reproductive Health
<b>TB:</b>	Tuberculosis
<b>UHC:</b>	Universal Health Coverage
<b>WHO:</b>	World Health Organization



# KEY ACHIEVEMENTS AT GLANCE

## **January 2016: Governance:**

As part of governance, FIS in collaboration with some consultants finalized its strategic plan 2016-2020.

The finalization of the strategic plan serves as a guideline that orientates FIS in the implementations of its activities to better attain its vision of “eradicating injustice in the health domain”.



Finalization of strategic plan 2016-2020

## **February 2016: Aid Effectiveness**

Focus group discussion with HIV key population by an OXFAM consultant from South Africa on the project “Consolidation of watchdogs system to monitor the performance, accountability and effectiveness of Global Fund grants in Cameroon” funded by HPAF.

This visit permitted the consultant to see and know the different partners with whom FIS worked in monitoring the performance and effectiveness of GF grant in Cameroon.

NB: The consultant visited many other partners (NTP, MoH, CSOs/CBOs etc)



Visit to CEAM by consultant (Cheryl Jacob)



## **March 2016: Creating enabling environment for community conversation to improve PMTCT results**

Launching of the stakeholder's platform for the promotion of SRH/PMTCT and the fight against HIV in the Lolodorf health area under the project “Community conversation to improve PMTCT results in the Lolodorf Health Area”, funded by Positive Actions for Children Fund (ViiV-PACF). The objective of this activity was to bring together all the local





actors involved in the promotion of PMTCT services in the Lolodorf health area in order to unanimously identify the obstacles and find strategies to improve access to PMTCT / HIV / SRH services.

As a result of the putting in place of this platform, local actors were able to influence behavior in the community, thus creating a conducive environment for access to PMTCT / HIV / SRH services for marginalized groups such as the pygmies, pregnant women, PLHIV and the reduction of discrimination and stigmatization in the community.

#### April 2016: Respect for diversity.

Our conviction on human right as part of our values compel for respect for (cultural, religious,etc) diversity. FIS organized educative talks with the pigmy community (children) on the values of whatever status quo they find themselves.

This educative talk helped to highlight the importance and values of belonging to whatever community and the right to reservation to judging people on the bases of skin colour, religion, tribe, sex, etc as well as their right (children)to education and health.



Educative talk with pigmy community (children)



ML undergoing training

#### May 2016: Capacity strengthening to improve PMTCT results in Lolodorf health area.

Each quarter, a formative supervision is planned in Lolodorf health area to strengthening the capacity of community relays workers known as "Mom Light" on the project "community conversation to improve PMTCT results in the Lolodorf health area".

These formative supervisions have permitted the community relay workers to work on the gaps they have on the ground and to provide



them with the basic PMTCT / RH elements for better awareness. This justify the increase in the participation of PMTCT services from 2 – 59%, the improvement of the health coverage

rate from 45% to 95%, an 8% increase of male partners support and an improvement in vaccination coverage (PENTA 3) from 23% in December 2015 to 71% in February 2017.

NB: The selection of this project by the MoH as an example of "Best Practice" through the works of "ML" was a big achievement for FIS.

### June 2016: Institutional Partnership

In May 2016, FIS signed a Collaboration Agreement Letter N° 0941 with MINSANTE through the RDPH for the Center Region to be recognized as an institutional partner in our zones of intervention.

Thanks to this Collaboration Agreement, a team from the RDPH for the Center visited our Head Office for first hand appreciation of what we do and to strengthen the collaboration between FIS and the RDPH for the Center Region.



1st contact visit to FIS by the RDPH team

### July 2016: Building a recognized civil society / community network

FIS organized a meeting with actors and stakeholders in the fight against TB at NTP Head Office to launch the project "strengthening comprehensive response to tuberculosis that engage and are accountable to communities in Cameroon", with the objective "to build a recognized civil society / community network that represent, support and are accountable to communities who can partner with one another and successfully engage in national TB responses" to better make visible the role of CSO/CBO in TB response.

At the end of the meeting, stakeholders and actors in TB response accepted to work in an inclusive approach in strengthening community response in the fight against TB in Cameroon ensuring bottom-up approach.



Launching of stop TB project



### August 2016: CSO and community perception on TB response in Cameroon:

To strengthen community response that are integrated and are part of a comprehensive response to TB, a base line evaluation (interview with actors and stakeholders, focus group discussions etc) was done by a Stop TB consultant so that meaningful assessments could be made.

Through this baseline evaluation, the perceptions of community engagement in TB in Cameroon was known e.g. There are



no organizations that works specifically on TB; CSOs carry out activities around multiple health issues – HIV, TB, malaria; TB activities by CSOs are very little because of little money for TB, not enough tools and materials to educate the population .In addition, the NTP

believes that people who work for CSOs are not at the same level as doctors and health professionals i.e. CSOs are not viewed as an equal partner. This perception is a challenge and needs to be changed.



Consultant interviewing stakeholders and actors in TB reponse



### September 2016: 2nd edition of Felix AMBASSA prize award ceremony.

Another important initiative by FIS in 2016 to monitor the effective management of GF grant was the organization of a competition called "Félix Ambassa prize award competition" with the first edition held in 2015. This competition was instituted to award best media production that better addresses the issue of the management of GF grant in Cameroon. The objective was to spark media engagement on GF grants in Cameroon. In a free, fair, serene and objective atmosphere, the choice of the best candidate was made following the laid down criteria only for journalist from all media (TV, Radio, Press print, Blog etc).

At the end of the deliberation phase, the prizes and certificate of excellence were awarded to the meritorious candidates who proved their worth on the understanding of GF grant management in Cameroon.

- o 1st prize (250 000 Frs.) went to Mr. Rigobert KEMMOGNE of Galaxy FM
- o 2nd prize (150 000 Frs.) went to Mrs. DONFACK BOWA TCHANTCHOU NadègeChristelle of the daily magazine newspaper "Le Messager".
- o 3rd prize (100 000 Frs.) went to Mr. Joseph MBENG BOUM of Vision 4 TV.



Laureates pose for the press with the ED.

From right to left: Rigobert KEMMOGNE, DONFACK BOWA Christelle, ED and Joseph MBENG BOUM





### October 2016: Capacity strengthening on on-line Resource Mobilization

A training workshop organized at the Head Office of FIS by Reach Out on "Gaining a greater understanding of online fundraising and how it



can be beneficial to organizations".

This training permitted participants in general and FIS staff in particular to have wider scope on online resource mobilization.

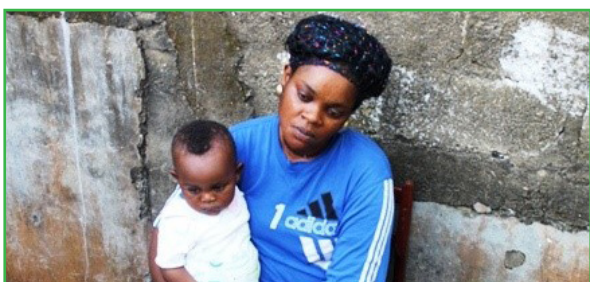


### November 2016: Production of a film documentary with OXFAM GB team

FIS produced a film documentary with the support of OXFAM GB team on human impact stories concerning "User fees for health care". This was done through interviewing vulnerable groups, communities, personnel of health facilities etc.



Three categories of vulnerable people were interviewed who have been negatively impacted by user fees for healthcare; those who returned back from the hospital without been treated and were in a critical situation and were even exposed to death because they didn't have money, those who were retained in the hospital against their will because they didn't have money to pay for their hospital bills after treatment and finally those obliged to jeopardize their goods or properties in order to pay for their hospital bills after treatment.



Interview with people negatively impacted by user fees for health care

The production of this film-documentary is to improve the process of "user fee" access to healthcare through a high level advocacy on what matters for Universal Health Coverage.

### December 2016: Press Conference on UHC Day:

In prelude to UHC Day on December 12, 2016, FIS organized a press conference to excite media interest in the acceleration of UHC implementation in Cameroon.

This press conference permitted the media to accompany FIS in the elaboration of an advocacy paper to collect 872 signatures in order to accelerate the implementation of UHC in Cameroon.



Press conference (top), media engagement (bottom)



# Executive Summary



As a Civil Society Organization, our social aspiration is to contribute through “simple actions for greater impacts”, to impact positively the health of mother, child and adolescent as well as the health conditions of the population in general. In 2016, FIS has been working to implement its vision “to eradicate injustice in the domain of health” by scrupulously implementing its projects in line with the four main pillars of its 2016-2020 strategic plan (Aid effectiveness, Demand creation, Universal health coverage and Internal governance and sustainability) and to strengthen cooperation with our donor partners, technical partners and other actors involved in the implementation of our different projects.

In 2016, FIS recorded an execution success rate of about 75 % in terms of its strategic pillars of interventions;

## **Aids effectiveness;**

1. FIS produced two “Shadow Reports” on Malaria, HIV/AIDS and a consolidated version respectively which contributed to ensure the consolidation of monitoring the performance, accountability and effectiveness of Global Fund grants in Cameroon.

2. We created a National TB Community Coalition that contributes to reinforce community response in the fight against Tuberculosis in Cameroon.

3. We put in place a “Community Observa-

tory” on community response to diseases (Malaria, TB/HIV) within the framework of the GF New Funding Model (NFM) for a better organized and coordinated community response that will facilitate the strengthening of the health system in the TB, HIV and Malaria components.

4. The putting in place of a “Free Call Number 82 05” and a link to denounce any abuse:<http://fiscameroon.org/index.php/appeals/informations>

## **Demand creation;**

5. To increase the use of basic health services for mothers, children and adolescents, we implemented a project on “community conversation” in the Lolodorf health area to Strengthen community support, leadership of PLHIV and partnership to improve the retention of women / children and their spouses in HIV/PMTCT/RH services by 80%. Through this project; The Seroprevalence rate in pregnant women reduced from 14% in 2015 to 10.9% in 2016, the number of pregnant women received in ANC 1 moved from 29 to 360 for a cumulative total of 1,122 pregnant women, Penta 3 vaccination coverage rate moved from 23% to 71% etc.

6. FIS organized community diagnoses in 12 villages in 03 subdivisions of the Lolodorf Health District to understand the causes of



non-use of RSH services in order to address them from 2017 for an estimated target of 67,000 inhabitants.

### **Universal Health Coverage (UHC);**

5. We have launched a campaign called «Future Health» to collect 782 signatures (in memory of the number of women who die each year in Cameroon while trying to give life) to advocate for the acceleration of the implementation of Universal Health Coverage in Cameroon.

6. OXFAMGB provided its technical expertise to FIS for the production of a documentary film on “user fees for healthcare” that will serve as an advocacy for Universal Health Coverage.

### **Internal governance and sustainability:**

7. Reaching modern standards of operation according to the law governing Associations/NGOs in Cameroon that contributed to ensure annual audit of accounts, finalization of the Strategic Plan 2016-2020, Social Insurance Contributions of our staff.

8. Establishment of Collaboration Agreement and Contract of Execution from MoH and Registration in the Directory of Associations/NGOs in the Ministry of External Relations and finally the NGO status which is in the process of completion.

9. In 2016, FIS received 678 visitors in her Head Office for diverse (work, visit, meetings etc) reasons (Jan 14, Feb 42, March 32, April 42, May 34, June 43, July 70, August 121, Sept 41, Oct 68, Nov 84 and Dec 69)

For these reasons we are continuing to put our efforts to boost community involvement in monitoring of international aid in Cameroon; increase the use of basic health services for mother child and adolescent; advocate for the full implementation of Universal Health Coverage in Cameroon and to reach modern standards of operation according to the law governing Associations/NGOs in Cameroon with the minimum resources we have.

However, in 2017 we intend to be resolute, take initiatives and be more innovative in resource mobilization to meet the desired health aspirations of the vulnerable populations (mother, child and adolescent) and acquire adequate competence for the implementation of our fun-

ded projects in order to continue contributing in improving the health system in Cameroon.

**Our History:** Created in 1996 under the name FISS-MST/SIDA (Front Inter-Scolaire pour la Sensibilisation sur les MST/SIDA), was legalized at the Prefectorial Office of Mfoundi under law N° 00193/RDA/J06/BAPP of April 07, 1997 and later registered in the directory of Associations/NGOs of the Ministry of External Relations under law N° 01274/DIPL/3/SDONG/ONG of May 5, 1997.

After more than a decade of activities, an Extraordinary General Assembly meeting of December 20, 2012 recommended an in-depth mutation within the association in order to widen its field of actions and to respond with more pertinence to the essential needs of the vulnerable populations.

Thus, the appellation “FISS-MST/SIDA” was changed to “FIS” (For Impacts in Social health) in December 2012, taken into account the rectification of the declaration of Association No. 00000085 / RRDA / J06 / BAPP of 21 January 2014.

FIS is bound to respect the laws in force and its programs and strategies will always be within the context of legality and citizenship.

### **Our vision:**

To eradicate injustices in the health domain

### **Our mission:**

To propose innovative approaches on health policies and to work as a complement to public services taking into consideration the basic needs of the less privileged population for them to get a positive impact on their health conditions.

### **Our objectives:**

1. Fight against injustice which affects access to quality health services to the most vulnerable population.
2. Promote human right in the domain of health
3. Fight against gender inequality affecting the health of women and marginalized groups of people.
4. Awareness creation of the local communities on how to take care of their health problems beside formal health system.

# OUR PHILOSOPHY AND BELIEF

## PHILOSOPHY:



**“Impact positively the Health of Mother, Child and Adolescent / Ensure healthy lives and promote well-being for all at all ages”**

## BELIEF:

**“Every human being has the right and duty to participate individually and collectively in the planning and implementation of quality health care services”**





# PROJECTS, ACTIVITIES AND ACHIEVEMENTS

## I. OUR PROJECTS:

In 2016, FIS implemented six funded projects with some still in course and others ended. They include;

### Projects under implementation:

1. “Community conversation to improve PMTCT results in the Lolodorf Health Area”, funded by Positive Actions for Children Fund (**ViiV-PACF**)

2. “Strengthening comprehensive response to tuberculosis that engage and are accountable to communities in Cameroon” funded by **Stop TB partnership CFCs Round 7**.

3. “Community Conversations to improve the use of SRH Services in the Lolodorf Health District, South Region” funded by **AMPLIFY CHANGE**.

4. “Community Observatory on community response to Malaria, Tuberculosis and HIV diseases within the framework of the New Funding Model (NFM)” funded by **GIZ/ Backup Santé**.

### Project(s) that have ended:

5 “Consolidation of community watchdogs system to ensure performance, accountability and effectiveness of Global Fund (GF) grants in Cameroon”, funded by Health Policy Action Fund (**HPAF**) ended in September 2016.

6 “User fees for healthcare, Measure what matters for Universal Health Coverage” funded by **OXFAM GB**. Started in October 26, 2016 and ended in December 31, 2016.

### None funded program, but under implementation:

Universal Health Coverage (Advocate for an integral implementation of UHC in Cameroon), it falls in line with one of FIS's strategic pillars.

**NB:** We also coordinated the PROVARESSC platform. PROVARESSC is a CSO platform for promoting immunization and strengthening the health system in Cameroon. Its objective is to engage significantly in the vaccination and health system strengthening processes in Cameroon. A platform that accounts close to 165 associations assessed in the 10 regions of Cameroon.

## II. OUR ACHIEVEMENTS:

Being faithful to our vision, the results of these different projects are in conformity with the four pillars of our strategic plan 2016-2020. These pillars are;

### PILLAR 1: AID EFFECTIVENESS

### PILLAR 2: DEMAND CREATION

### PILLAR 3: UNIVERSAL HEALTH COVERAGE (UHC)

### PILLAR 4: INTERNAL AND SUSTAINABLE GOVERNANCE.



# PILLAR 1

## Aid Effectiveness:

### (Boost community involvement in monitoring GF aid in Cameroon)

In view of Cameroon's emergence in 2035, FIS has as vision to control the follow up progress of aid effectiveness in the health sector and has integrated more on the issues of aid effectiveness in health policy to see into it that the engagements taken by stakeholders attain the expected results, ensuring the participation of all for a maximum impact on the vulnerable and beneficiary population.

1: The project «Consolidation of community watchdogs system to ensure performance, responsibility and effectiveness of Global Fund (GF) grants in Cameroon»

This project falls within the strategic pillar "Aid Effectiveness" that guarantees a maximum impact of resources mobilized in favour of the more vulnerable population. Since 2012, this is another initiative of the follow up process of Global Fund Grant initiated by FIS. This process has recorded effective results such as the putting in place of trained community watchdog system that represents the vulnerable communities to ensure a follow up (systems and service provision) of Global Fund subventions in its diversity in Cameroon.

The project aimed at improving the performance, accountability and aid effectiveness of Global Fund in Cameroon through the production and publication of « Shadow Report » every three months on the quality of the system (transparency and accountability) and service provisions.

Information collected and compiled by watchdogs for the « Shadow Report » served as advocacy tools during advocacy meetings to encourage accountability of the main stakeholders (CCM, PR, SR etc) involved in implementing GF programs.

In 2016, the following achievements were recorded by this project;

1. The production and publication of «Shadow Report II » on Malaria grant (July), « Shadow Report III » on HIV grant (September) and finally « Shadow Report IV » a consolidated version of the previous publications i.e. « Shadow Report I, II and III.

**NB: Shadow Report I on Tuberculosis grant was produced and published in 2015.**

2. 2nd edition of Felix AMBASSA prize award ceremony on best media production with respect to GF grant management in Cameroon.

### OUTPUT 1: Production and publication of "Shadow Reports"

«Shadow Report» is an alternative evaluation of the principal recipient's reports based on the basic investigations on the availability of health services and on the beneficiaries' satisfaction. It is the perception of community beneficiaries of Global Fund grants. "Shadow Report" also contributes to identify priorities for better access to health services and to formulate clear and specific recommendations for better grant management.

**Shadow Report on Malaria:** In this edition of the «Shadow Report", FIS focused on Cameroon Malaria grant (CMR – M - MoH) with primary activity being prevention through distribution of LLINs. The survey was based on the indicators of the National Malaria Control Program (NMCP).

**Results:** The results obtained from a survey conducted in May - June 2016 with health personnel, households and pregnant women in the 10 regions of the country revealed that;

1. 88% of households slept under LLINs as against 62% in 2013 (MoH's report). This is due

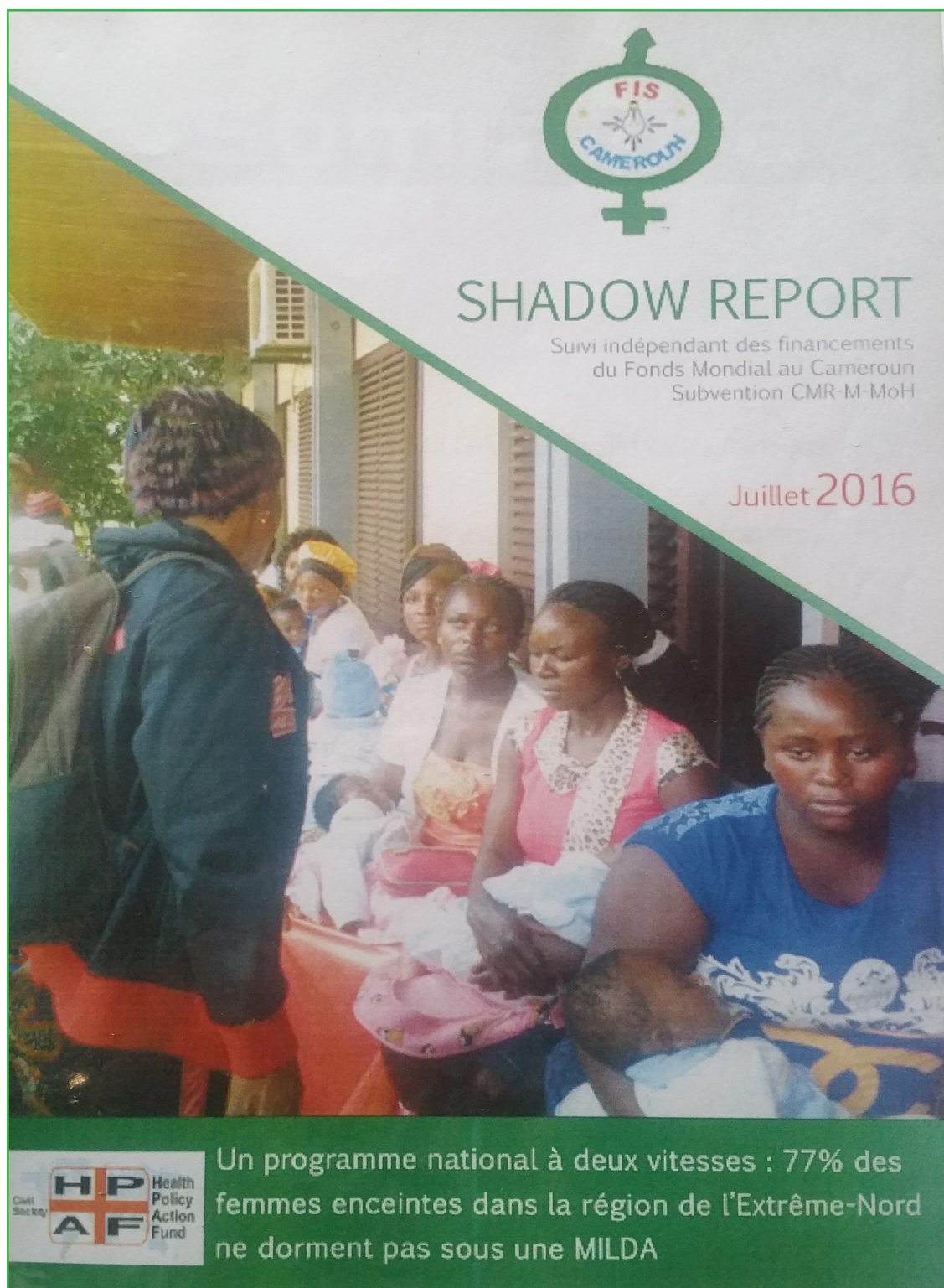
to the efficient communication strategies in preparation of the campaign.

2. 72 % of households declared having heard of the LLINs distribution campaign at least three months before distribution.

However, even though the Northern Regions (North and Far North) are considered as main epidemiological regions with high risk of malaria mortality, we unfortunately recorded the highest percentage of households who did not sleep under LLINs the day before the survey;

1. 50% in the Far North and 45% in the North did not sleep under LLINs due to the non-use of LLINs as a result of heat.

2. Also, very weak result was observed for pregnant women where 32% do not sleep under LLINs and 77% of them are from the Far North Region.





## Shadow Report (Malaria)

Shadow Report on HIV/AIDS: Here, emphasis was on intervention towards women, HIV component of TB/HIV grant in Cameroon whose principal activities were in course of implementation. This report was as well based on four performance indicators, including a transverse indicator on TB/HIV co-infection of HIV grant N° WRC-HMOH, 993. The survey was conducted in August 2016 with beneficiaries being HIV+ pregnant women having done at least one ANC and women living with HIV.

Results: Of the 100% pregnant women surveyed who knew their status;

1. 98% were on ART, even though there was continued resistance from the male partners of pregnant women to be tested for HIV.

2. 41% of women surveyed were not accompanied by their spouses in the PMTCT circuit, a situation that constitutes the main barrier to ANC.

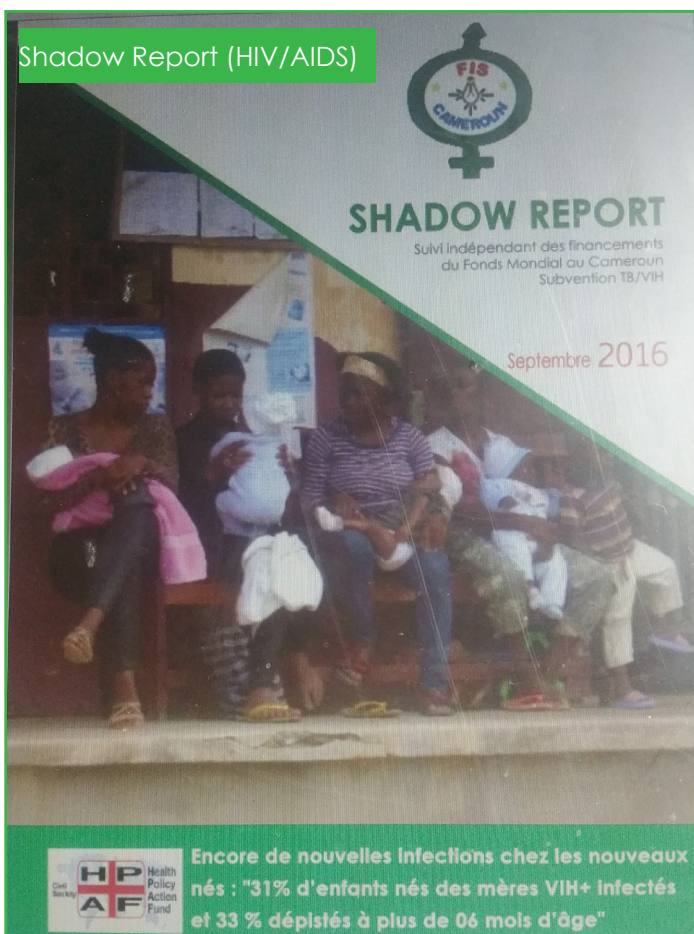
However, despite the effective practice of Option B+, we noticed failure also in the follow-up of children aged 0 - 59 months.

3. This survey revealed that 31% of children born to HIV+ mothers are also infected and 33% were screened later than 06 months of age.

4. The survey also revealed a weak integration of TB/HIV services in the HIV care units where 41% of HIV+ women surveyed

said they had not undergone TB diagnosis while 76% of HIV+ women surveyed said they had not being given support for TB in their Care Units due to the absence of proper TB services.

These statistics show the limitations in the integration of TB/HIV services to reduce the TB burden among women living with HIV.



## OUTPUT 2: 2nd edition of Felix AMBASSA prize award ceremony

As part of the implementation of the campaign on the efficiency of GF financing in Cameroon initiated by FIS since 2012, one essential part of this initiative was the organization of a competition called "Félix Ambassa prize award competition" with the first edition held in 2015. This competition was instituted to award best media production that better addresses the issue of the management of GF grant in Cameroon. The objective was to spark media engagement on GF grants in Cameroon and 13 journalists did subscribe, for a total of 19 articles (audio, video and press print) that were sent in by prospective candidates. For evaluation and deliberation of these articles, three members

of Jury Dr EDENGUE (Medical Doctor), Isaac TITA (Health consultant) and Telesphore MBA BIZO (Seasoned journalist at CRTV) solicited by FIS agreed to do the exercise. In a free, fair, serene and objective atmosphere, the choice of the best candidate was made following the laid down criteria and it should be noted that this competition was solely for journalist from all media (TV, Radio, Press print, Blog etc).

Result: Prize award ceremony:

At the end of the deliberation phase, the prizes and certificate of excellence were awarded to the meritorious candidates as follows;





- 1st prize went to Mr. Rigobert KEMMOGNE (250 000 Frs.) of Galaxy FM
- 2nd prize went to Mrs. DONFACK BOWA TCHANTCHOU NadègeChristelle (150 000 Frs.) of the daily magazine newspaper "Le Messager".
- 3rd prize went to Joseph MBENG BOUM (100 000 Frs.) of Vision 4 TV.

## 2. The project "Strengthening comprehensive response to TB that engage and are accountable to communities in Cameroon"

There are a number of challenges in the fight against TB in Cameroon, including, infrastructure, organization, the socio-political context as well as funding. The issues around funding include an absence of resources to support meaningful community engagement and patient centered approaches to TB.

The central role of communities as an ethical and pragmatic imperative for a successful response to TB in Cameroon was however recently recognized by the NTP, in the National Strategic Plan 2015-2019. The NSP includes 2 community-related indicators; 1) Increase the proportion of the population with satisfactory knowledge of tuberculosis to 85% and 2) for the NTP to establish partnerships with at least one civil society organization (CSO) per region by 2019. Yet without increased investments, to support the full engagement of communities and community-based organizations in the TB response, the rhetorical commitment to an enhanced role for communities carries little weight.

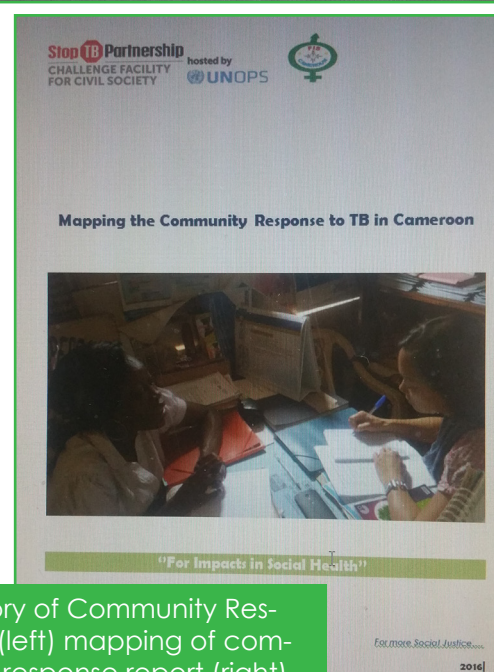
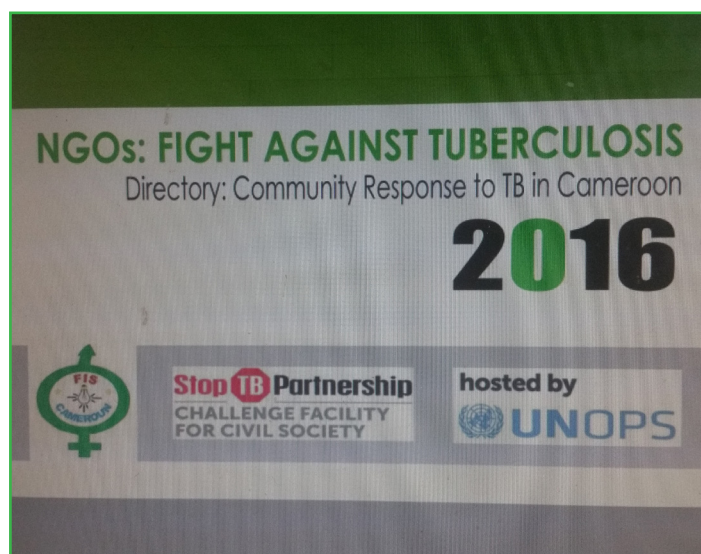
In April 2016, For Impacts in Social Health (FIS) was awarded a grant from the Stop TB Partnership's Challenge Facility for Civil Society (CFCS). CFCS is a funding mechanism in the Stop TB Partnership that aims to strengthen the capacity of community-based organizations and networks to better engage with TB prevention and care programs. Under CFCS Round 7, FIS was tasked with identifying community and civil society organizations engaged in the fight to end TB and with mapping the services they provide so that local partners, national programs and donors can address the gaps and barriers preventing strong community systems and responses to TB.

Results: Through this project FIS was able to;

- Produced a Directory of Community Response to TB in Cameroon
- Created a coalition of organizations working on TB called "National TB Community Coalition Cameroon".

## OUTPUT 1: Production of Directory of Community Response to TB in Cameroon:

FIS as a grantee organization conducted a multi-stakeholder mapping exercise to plot the current community response to TB, against the Community Systems Strengthening (CSS) framework of GF to fight against AIDS, TB and Malaria using tools developed by the Stop TB Partnership. This exercise permitted FIS to understand TB geographic coverage, service area, vulnerable population coverage and the gaps in existing community-based services. It also permitted FIS to identify potential collaborating partners to form a national network of community and civil society actors and its leadership. The Directory provided the main findings around the six components of the CSS (Enabling environment and advocacy; Community networks, linkages, partnerships and coordination; Resources and capacity building; Community activities and service delivery; Organizational and leadership strengthening and M & E and planning). From the analysis of the Directory, FIS produced a report "Mapping the Community Response to TB in Cameroon" which illustrates that Community responses are vital components of an efficient and effective TB response (In the Directory there are 44CBOs and 24 CSOs involve in TB response in the 10 regions of Cameroon). However, the Directory remains dynamic, can be updated when necessary. To end TB as an epidemic, Cameroon needs effective systems for health which integrate robust community responses in strong health systems.



Directory of Community Response (left) mapping of community response report (right)

## OUTPUT 2: Creation of a coalition of organizations working on TB called "National TB Community Coalition Cameroon".

In 2013, FIS contributed in the putting in place of a platform of CSOs in the fight against TB in Cameroon known as "Stop TB Cameroon". This platform had as ambition to contribute efforts to the fight against TB in Cameroon through a coordinated response of CSOs and other key stakeholders in accordance with the national orientation.

At the time the Platform was created, there were about 60 CSOs present with a rational geographic distribution all over the country. Among the major achievements of the platform; one could cite the actual CSO representation at CCM as permanent and substitute members.

However, this Platform experienced several functional constraints, due to the lack of finance. In 2016, with the support of CCM and NTP, FIS got a grant from Stop TB to boost the functioning of the platform. The first activities implemented in the framework of the grant included mapping of organizations and services provided in the fight against TB as well as the initial analysis of the situation of community response in Cameroon by an International Stop TB Consultant followed by the putting in place of an organizational chart to reinforce the platform now known as "National TB Community Coalition Cameroon".





National TB Community Coalition Group work to elaborate Coalition organigram



### 3. The project “Community Observatory on community response to disease within the framework of the New Funding Model (NFM) on Malaria, TB / HIV”

FIS encourages the participation of communities in their own health care by improving their capacities. At the same time, FIS noted that the commitment of community actors in general does not always produce the expected results in terms of Health System Strengthening (HSS). It is in this perspective that the idea of a Community Observatory (information and listening platform, mapping of CHW-CBOs in priority sites, Community System Analysis, etc.) was born to collect the point of view of these population and actors to correct the gaps observed through innovative mechanisms. In partnership with GIZ Back Up, relevant information will be collected and presented during the elaboration of the Concept Note for Funding that Cameroon receives from the GF to fight against Malaria, Tuberculosis and HIV / AIDS.

## OUTPUT 1: Analysis of community system in response to HIV, malaria and Tuberculosis in Cameroon.

In the national response to Malaria, Tuberculosis and HIV/AIDS, the communities constitute an important component in the fight against these diseases. They are a preferential partner in the prevention and continuum of care. They also contribute to public health discourse, planning and decision-making, knowledge and understanding of the real consequences of the disease. However, like any other human commitment that of community actors is not without difficulties. In order to better assess the performance of the health system in its community component and to optimize its contribution in the development of the 2018 concept notes, this study was conducted. The main objective was to provide basic relevant elements on the functioning of the community system in Cameroon as part of the response to HIV, malaria and tuberculosis which will be used to make strong intervention proposals based on the evidences to be taken into account in the 2018 concept note in conjunction with

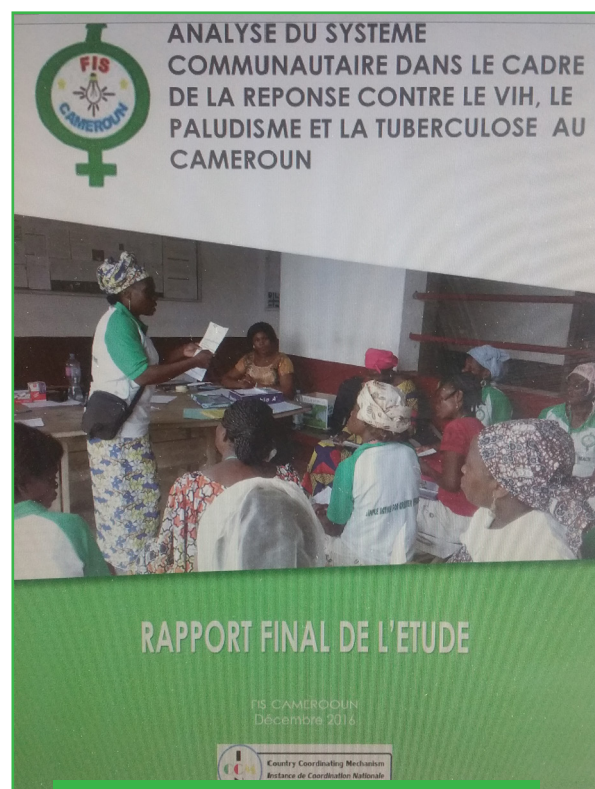
Strengthening Health system.

The study was carried out at the central level in MoH (the Directorate for Disease Control, Epidemics and Pandemics (DLMEP IN French), the Directorate for Health Care and Technology, the Directorate for Health Promotion, NTP, NMCP and NACC), NGOs working in the fight against these three diseases. The Center Regional Delegation of health, South-West and adamawa (intermediate level), health districts of Ngaoundéré urban and rural, Efoulan, Djoungolo, Buea and Tikowere retained at regional level on the basis of their performance. To conduct the study, a semi-structured individual interview was conducted with each program manager for TB, Malaria and HIV at the central, intermediate and health district levels. Focus groups were also conducted with members of community-based organizations that work in the fight against these three diseases (COSADI, COSA, community relays). A



qualitative analysis of the data was carried out.(See report of community health system analysis).

Results: Through this study FIS was able to organize community system response to HIV, Malaria and TB in 07 major themes namely: Organization and coordination of community activities in the fight against HIV, malaria and Tuberculosis; Strategies and policies for community participation in the fight against HIV, malaria and tuberculosis; The capacities of community actors involved in the control of these diseases; The risks of community response and suggestions for management strategies of these risks; The key populations and access to prevention services, diagnosis and treatment (factors limiting accessibility) in the context of the fight against TB, malaria and HIV; The performances (forces, Weaknesses, opportunities and threats) of community activities and finally, Suggestions for recommendations to improve community response as well as the guidelines, policies and strategies.



Report of Community System Analysis

## OUT 2: Community Virtual Observatory:

In 2018, Cameroon will be required to submit Concept Notes to Global Fund to benefit from Funding as has been the case since 2004, in the context of the fight against HIV / AIDS, Malaria and Tuberculosis. The development of these CNs which is ongoing is aimed at strengthening the health system, taking into account the views of beneficiary populations, the populations whose health care expenditure according to, W.H.O is 68% and 51% live on less than \$ 2 a day.

Among the key achievements of this project is also the Community Observatory for listening and denunciations. This initiative aims to improve the effectiveness in the implementation of the grants that Cameroon receives from the Global Fund in the fight against Malaria and HIV / TB, with a real impact on the beneficiary populations.

Thus, FIS saw the necessity for an Advocacy for social responsibility of community actors in order to include the voices of the people

in these discussions, by collecting their opinions free of charge through the provision of an innovative technology based on telephone call or online message. The Virtual Observatory is a platform that aims to inform the population about the Cameroon Health System, as well as to collect the types of abuses that the populations face in access to health care.

### Result:

FIS put in place a free telephone line (82 05) where people can call for free to speak out against "user fee for health care and to give information about the functioning of the Cameroonian Health System wherever you are found through Camtel N° or write a message via the link; <http://app.fiscameroon.org/index.php/appels/information>. Through these means you can report any situation (intimidation, corruptions, sexual abuse, scams, deceptions etc.) that you have undergone in any health facility or hospital.

# PILLAR 2

## **Demand Creation:**

### **(Increase the use of basic health services for mother child and adolescent)**

The lack of financial access to health care services is one of the major causes of under-utilization of reproductive health services. Corruption in public services is a burden that makes access to care difficult, especially for the poor population. Several aspects of gender and rights are underexploited, including geographical remoteness, ethnic groups with particular beliefs, populations living in insecure areas and refugees, but also the impact of poverty in families. The ineffectiveness of strategies (including funding) to achieve universal health coverage has been a major obstacle to achieving equity in access to health care in Cameroon.

Most often households bear the cost of health care since they pay directly for these services in health facilities. The direct payment system is a source of inequity both in the use of health services and in the mobilization of private and public resources for health. It exposes households to catastrophic spending and is a barrier to access to health services. This is explained, by the insufficient funding from the State on the one hand and by the weak development of mechanisms for sharing health risks on the other. The health system does not yet provide protection against health risk to all the population.

## **4. The project “Community Conversations to Improve PMTCT results in the Lolodorf Health Area”**

The presence of new infections among HIV infected children (60%) and the low incidence of PMTCT services in the health area are among others due to the poor reception of HIV+ women in different health facilities, stigmatization in the community etc. This accounts for the high number (95% in 2013) of lost to follow-up in PMTCT / RH services, with an attendance rate of 40.95% and pregnancy prevalence of 14.23% causing low vaccination coverage of 23%.

In order to reverse the trend, this project is aimed at promoting the leadership of PLHIV, women, women of child bearing age in order to retain couples, pregnant women and their children in PMTCT services, encourage the reduction of stigma and discrimination through support from family, community and the commitment of community and municipal administrators to PMTCT / RH as well as to reduce the number of women lost to PMTCT by 80% and to maintain 80% of children

born to HIV infected mothers in pediatric HIV services through the involvement of the community, PLHIV, spouses, families, in partnership with health, administrative, traditional and religious authorities. The model used is community conversations under the leadership of women living positively with HIV / AIDS (Light Mom's).

The results presented below highlight some constrictions that persist including lessons learned;

- Create a conducive community environment to improve PMTCT / RH outcomes
- Facilitate access to at least 3,697 women of child bearing age to RH / PMTCT services:
- Retain at least 761 pregnant women and their children in RH / PMTCT and pediatric HIV services
- Different training workshops under PACF



**OUTPUT 1: Create a conducive community environment to improve PMTCT / RH outcomes.**

Some major activities were carried out to achieve this result:

**a. Launching of the stakeholder platform for the promotion of PMTCT and the fight against HIV in the Lolodorf health area:**

The objective of this activity was to bring together all the local actors involved in the promotion of PMTCT services in the Lolodorf health area in order to unanimously identify the obstacles and find strategies to improve access to PMTCT / HIV / SRH services. This provided a platform for local actors to influence behavior in the community, thus creating an enabling environment for access to PMTCT / HIV / SRH services for marginalized groups such as the pygmies,

pregnant women, PLHIV and the reduction of discrimination and stigmatization in the community.

The purpose of these meetings was to present to these key actors the challenges and other obstacles that persist on the ground in relation to the use of PMTCT / SRH services and to specifically address the issue of sustainability of interventions to promote PMTCT / RH services in the health area.

In each of these meetings, there was always the award of best PMTCT couple so that these leaders could also promote this prize award in their respective communities. The actions of these leaders in the field have significantly contributed to making the environment very conducive.



Speeches from the stakeholders and actors (Mayor of Lolodorf, DO of Lolodorf ED of FIS, Director of CBCHS, DMO of Lolodorf and family photo by all participants respectively





### **b. Organization of a technical evaluation meeting with the Health District.**

During this meeting which included all the heads of health units in the entire Lolodorf health district, an end-of-cycle evaluation was carried out with the health district staff. The DMO of the Lolodorf Health District welcomed the action of FIS which really boosted PMTCT results in the Lolodorf health area, including the rate of attendance of PMTCT services by women of childbearing age.

However, remarks were also made by the DMO to improving collaboration; i.e. FIS on her part should respect the administrative procedures in the conduct of all activities in order to avoid discomfort in the field; that planning of field activities, including support of MLs should be carried out in a joint and concerted manner and that the dates fixed in advance for the implementation of the activities should be respected. The DMO saluted the extension project on which the 02 entities(FIS and DMO) had worked for. He reaffirmed the willingness of the health district

to accompany FIS in its activities not only in the extension of the PACF project but in other initiatives. With regard to joint planning, dates were agreed for the coordination meetings with the entire district team as seen below:

Combined supervision activities:

- From 27 March - 08 April 2017
- From 26 June - 08 July 2017
- District Health Coordination Meetings for 2017
- Week of April 13
- Week of July 13
- Week of December 15

The first deputy mayor of Lolodorf who came to attend this work briefly, made a promise on behalf of the mayor that he would want to open the doors of a third hospital in the Health Area, in particular the one in Bibondi village because of the actions of the MLs in the field, the populations are obliged to travel more than twenty kilometres (20 km) to go to the hospital of Bibia or further to Lolodorf. The reopening of this health facility will be of great use to the populations in that area.



Technical evaluation meeting between FIS and Heads of Lolodorf health unit

### **c. The action of the community motorcycle in the Lolodorf health area:**

Still in the same vein to create an enabling environment for access to the use of PMTCT / HIV / SR services in the Lolodorf health area, a motor bike was made available by FIS in the health facility to reach communities with difficulties in accessing PMTCT / RH / HIV / vaccination services. These interventions remain in most cases advanced strategies organized by the health district under the leadership of the head of the Lolodorf health area. This makes it possible to combine care and services with the populations and to act considerably against the constraints of access to the care that the community experiences due to the remoteness of the health facilities and the isolation of the health area.



The actions of the community motorcycle





Cumulative data of the action of the motorcycle in 2016 in Lolodorf health district.	Quantity	Service rendered
Pregnant women reached in advance strategy	776	ANC, voluntary screening, vaccination etc.
Women of child bearing age reached in advanced strategy	441	Voluntary screening
Young boys reached in advanced strategy	104	Voluntary screening
Young girls reached in advanced strategy	407	Voluntary screening
Children vaccinated in fixed and advanced strategy	936	vaccination
Number of child deliveries achieved in the site	92	Assistance
Number of villages covered by the motorcycle	54	Target tracking
Total distance covered by the motorcycle	3148	All of the above services

#### d. Organization of advocacy meeting:

Seven (07) advocacy meetings with the main stakeholders (Mayor, Sub divisional Officer, DMO, Religious and Traditional leaders, Representative of pygmy community etc.) have been organized since the beginning of the implementation of the project.

The purpose of these meetings was to present to the key stakeholders the challenges and other obstacles that persist on the

ground in relation to the use of PMTCT / SRH services as well as to take stock of the evolution of results related to PMTCT performance in the Lolodorf health area and the roles of each and everyone in the process. It was also to ensure continuous follow-up of the recommendations of the meeting earlier held in March 2016.

These advocacies have considerably made it possible to combat the illegal sale of drugs in the Lolodorf health area.



Advocacy meetings with local stakeholders and community actors

## OUTPUT 2: Facilitate access to at least 3,697 women of child bearing age to RH / PMTCT services:

**In a bid to achieve the above objective, the following activities were carried out in 2016:**

#### a. The organization of ML training workshop:

In March 1, 17 and 19, 2016, a training workshop to strengthen the capacities of 27 MLs (instead of 15 initially previewed) was organized on topics concerning PMTCT / HIV / AIDS. This was to reach all 27 villages in the Lolodorf health area. During the workshop, we arrived at the organization of home visits, community support for PLHIV,

creation and running of HIV advocacy group including reporting. For the new ML, this training workshop enabled them to better understand all the modules on PMTCT / HIV / AIDS, including filling of the Reporting Sheets. This workshop helped to boost not only our quality of work in the field, perceptible at the level of the project indicators, but also greatly improved the quality of MLs reporting. This workshop was co-facilitated by FIS and the Chief Medical Officer of the Lolodorf health district.



Advocacy meetings with local stakeholders and community actors



MLs undergoing training on issues of PMTCT/HIV/AIDS

b. Organization of community conversation and educative talks by ML:

2031 community conversations and educative talks were organized to increase demand for RH / PMTCT / ANC services. As a result of this action, there is a considerable increase in the use of PMTCT / RH services by women of child bearing age of 123%, with an increased demand for voluntary testing;

- 3025 women of child bearing age were involved in these community conversations / educative talks.

- 2992 of them were referred to PMTCT / RH services.

- 22,026 persons were cumulatively reached directly and indirectly; 9279 women of childbearing age and pregnant women were sensitized.

### c. Organization of Focus Groups:

12 discussion groups were organized with pregnant women/ their partners, women of childbearing age, PLHIV and parents. The objective was to increase the use of PMTCT services.



Group discussion with women of childbearing age /pregnant women etc

Group discussion with women of childbearing age /pregnant women etc

## OUTPUT 3: Retain at least 761 pregnant women and their children in RH / PMTCT and pediatric HIV services

The goal here was to track targets (pregnant women, partners and children) in communities to retain them in the PMTCT and pediatric care pathways and was materialized through the implementation of the following activities:

- 1226 homes-visits made and 297 pregnant

women and children who constantly visited the health facility

- As part of the retention of pregnant women and their children on the PMTCT circuit, from February 2016 to February 2017, the 27 MLs organized 1226 home visits in order to accompany the target





l'étiquette devrait être; Prize award to head of health area (top), ML (Middle) and best couple (bottom).

population they follow up. The objective of the home visit was to work on delivery plans for pregnant women already enrolled in the health facility, follow-up on appointments for ANC, follow-up of pregnant women or women of child bearing age who were referred to the health facility and whether they actually went. The home visit had a positive effect on the attendance rate in health facilities. This justifies the improvement of the health coverage rate from 45% to 95%, an 8% increase of male partners support. Also, an improvement in vaccination coverage (PENTA 3) from 23 % in December 2015 to 71% in February 2017.

- At the same time, 331 nutritional kits were distributed during the home visit to extremely destitute pregnant / breast feeding women neglected by their partners. In addition, funds for kits were made available to the Lolodorf health district hospital, which enabled 100 pregnant women who gave birth at the hospital within that period to benefit.
- In the course of the year 2016, four (04) couples were awarded prizes of encouragement to have completed all 04 ANC. Four (04) medical staff particularly the head of the health area were nominated twice by the MLs, as well as 04 MLs received an encouragement prize awards.

Generally, in 24 months (January 2015 – January 2017), these are the project's achievements in the Lolodorf health area;

- Penta 3 vaccination coverage rate moved from 23% to 71%
- Health coverage moved from 45% to 95%.
- Number of pregnant women received in ANC 1: moved from 29 to 360 for a cumulative total of 1122 pregnant women.
- Total number of deliveries in Health Facility: moved from 05 to 187, for a cumulative total of 526 deliveries in the Health Facilities.
- Number of children born from HIV+ mothers who returned for the 6-week follow-up visit moved from 00 to 19 for a cumulative total of 38.
- Number of male partners who participated in ANCs with their partners: moved from 00 to 66 for a cumulative total of 130.
- Number of pregnant women received in PMTCT / SRH services moved from 00 to 489 for a cumulative total of 1533.
- Seroprevalence rate in pregnant women reduced from 14% to 10.9%.
- Reduction in the rate of lose-to-follow-up from 92% to 45%
- Retention rate of pregnant women to PMCT circuit by 47%

## 5. The project “Community Conversations to improve the use of SRH Services in the Lolodorf Health District, South Region.



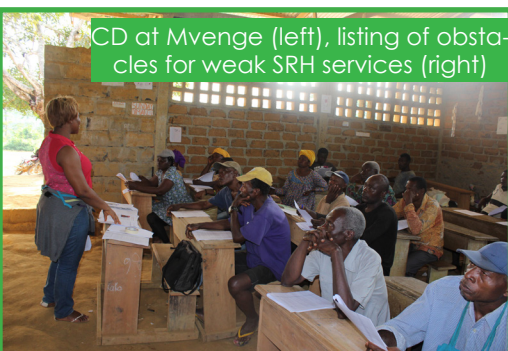
Meeting with Lolodorf health district team

Over the past decade, adolescent sexual and reproductive health concerns have increasingly been on national agenda. For many countries including Cameroon, this concern has been driven by the high prevalence of HIV/AIDS among young people. In other countries, a central concern has been early childbearing; and still others have focused predominantly on sexual behaviors among adolescents. Increasingly research and program experience has shown that it is neither feasible nor productive to focus on one isolated behavior without addressing a broader set of adolescent sexual and reproductive health concerns.

In order to determine which risk and protective factors are important for ado-

lescent sexual and reproductive health , behaviours FIS organized a descent in the field to the project site to hold a programmatic meeting with the Lolodorf health district team, which has been a partner of FIS since 2015.

This was to strengthen collaboration and consultation with the health district in order to put in place a concerted roadmap of activities of the district and FIS, which must take into account the different planning, in relation to the projects implemented in the Lolodorf health district. In order to make this objective effective, several indicators were formulated with the aim of channeling the discussion between the two partners.



CD at Mvengue (left), listing of obstacles for weak SRH services (right)



All activities planned for the reporting period were effectively implemented. The indicators were as follows:

- 10 out of 12 community diagnosis organized in the 03 subdivisions of the health district (Lolodorf, Bipindi and Mvengue).
- 14 CBOs working in the identified health district and the organizational diagnosis of 9 CBOs conducted.
- An update of the information on the number of users of SRHservices / information / products.
- An identification of different types of services / information / SRH products accessible to marginalized groups
- Administrative, Traditional, Community and Religious leaders mapping are available
- Leaders of eligible marginalized groups for capacity building identified.

**NB:** It should be noted that in 2016, Amplify Change was just in it preparatory phase (Community and Organizational diagnosis) to identify the obstacles leading to weak access to SRH services in the 12 villages identified in the Lolodorf health district. However, results and impact of the project will begin to be experienced as from 2017.



# PILLAR 3

## Universal Health Coverage (UHC):

### (Advocate for full implementation of Universal Health Coverage in Cameroon)

In 2016, women continued to die in large numbers during labour either by lack of finance or because of the inadequate equipped health facilities (the cases of Madam Koumateke in the Douala Laquintinie hospital and the woman who gave birth to quadruple in Yaoundé central hospital). The financial burden on health is largely supported by households. Private expenditure accounted for 70.4% of total health expenditure (of which 94.5% is in the form of direct payments), 13.2% of funding was provided by external resources, and public resources covered less than 16.4 % of total health expenditure.

Access to health care in Cameroon is restrictive to families and the poor populations.

The rate of direct payments for health care by families is about 70% and the country is ranked 5th out of 37 countries according to World Bank.

Currently the Ministry of Health is leading a multi sectoral working group in order to move forward rapidly towards the implementation of the UHC in Cameroon. This is an achievable goal. More than 100 low and middle income countries where three-quarters of the world's population live, have taken steps to ensure the UHC. Countries that implement UHC see the benefits of healthier communities and stronger economies.

## OUTPUT 1: Press conference:



TV show in prelude to UHC Day (left), UHC Day Press conference (middle) Interview of ED after press conference (right)

On the occasion of UHC Day (every December 12), the organization «For Impacts in Social Health» (FIS), in partnership with OXFAM GB, produced a documentary on the impact of direct payments on poor populations. This documentary on the challenges facing the poorest communities in Cameroon and the need for universal health coverage was discussed on radio and television programs including the FIS's website ([www.fiscameroon.org](http://www.fiscameroon.org)). A press conference was held on December 12, 2016 to urge the government to «Act with ambition» and continue to make progress in implementing the UHC in Cameroon. The press conference had as objective “To encourage public debate on UHC by urging key stakeholders (Government, CSOs, Development Partners) to act with ambition.



## OUTPUT 2: Production of advocacy paper on the Campaign “Future Health” for the effective implementation of Universal Health Coverage (UHC) in Cameroon

In Cameroon the Political Commitment to promote a health insurance system was reaffirmed by the President of the Republic in his oath taking in November 3, 2011. The putting in place of health insurance policy scheme within the framework of social security system, will facilitate access to care for the poor ...” This high-level political commitment was followed by the establishment of a multi-sectoral working group on the implementation of UHC in Cameroon. Direct household payments account for 94.6% of the total health expenditure according to National Institute of Statistics (NIS), with 51% of the population living on less than US\$ 2 a day (18% for Rwanda and 21% for Gabon). In the last three years the budget of the Ministry of Health varied between 4 and 6% of the national budget (4.1% in 2014, 5.5% in 2015 and 5.58% in 2016), contrary to the commitments of Abuja 2001 that stipulated the allocation of at least 15% of the national budget to health.

This is why FIS, inaugurated the campaign «Future Health» to collect 782 signatures to request for the acceleration of the implementation of UHC in Cameroon. 782 signatures are in memory of the number of women who die each year in Cameroon while trying to give life.

Through this campaign, FIS appeals for urgent reversal of the trend, to devote UHC for the improvement of the health of Cameroonians and this campaign is ongoing. All Cameroonians must have access to quality health care without financial difficulties or risk of getting poorer. Strong action by the government of Cameroon is needed that is why FIS advocates as follows:

- It is time to take action to stop unnecessary deaths. Cameroonians do not have enough money in their pocket to pay directly for their health care, hence the urgency for the government to eliminate direct payments and consequently invest in the health sector (15% of the national budget) in view of the commitment taken in Abuja, Nigeria.
- The time has come to set up a health system in which all Cameroonians, rich or poor, regardless of the region in which they live (North, South, East and West) can have access to a doctor and qualified health professionals.
- It is time for the government to «Act with Ambition» and offer Universal Health Coverage in Cameroon.

## OUTPUT 3: Production of a film documentary with OXFAM GB team

In 2016, FIS signed an agreement letter with OXFAM GB for specific project implementation related to UHC. This agreement was for OXFAM team to come to Cameroon and produce a documentary on Human impact stories (User fees for healthcare) which will be used to advocate what matters for Universal Health Coverage.

It is within this framework that OXFAM team spent four days in Cameroon to meet several people (Vulnerable groups, communities, head of government, health facilities and staff of National Institute of Statistics etc). The trip covered the towns of Yaoundé and Douala. Here, they conducted interviews with three

categories of people who have been negatively impacted by user fees for healthcare.

1. Those who returned back from the hospital without been treated and were in a critical situation and even exposed to death.
2. Those who were retained in the hospital against their will because they didn't have money to pay for their hospital bills after treatment.
3. Those obliged to jeopardize their goods or properties in order to pay for their hospital bills after treatment.

The production of this film-documentary is to improve the process of “user fee” access to healthcare through a high level advocacy.



TV show in prelude to UHC Day (right), Press Conference (left) and interview of ED after Press Conference (top)



# PILLAR 4

## INTERNAL GOVERNANCE AND SUSTAINABILITY (Reaching modern standards of operation according to the law governing Associations/NGOs in Cameroon)

Founded some two decades ago, FIS has undergone several changes including its name, after an extraordinary general assembly meeting in December, 2012. The first strategic Plan (2012-2015) did not sufficiently take into account our internal governance system. The SWOT analysis (Strength, Weaknesses, Opportunities and Threats) carried out as part of the development framework of our new strategic plan (2016-2020) highlighted the following key points:

### Strength:

- Clear vision and existence of prescriptive documents (Constitution, Internal Rules and Regulation and procedural manual)
- Equipped and conducive working environment
- Salaried staff and affiliated to the National Social Insurance Fund
- Staff regularly evaluated
- Rigorous management of funded projects by partners

### Weaknesses:

- Employees not much conversant with the vision of FIS
- Non evaluation of annual work plan due to lack of a monitoring and evaluation plan
- Inadequate resource mobilization strategy
- Lacked an activity capitalization system

### Opportunities:

- National laws on the role of civil society
- Existence of a formal collaboration framework between MINSANTE and CSOs
- Belongs to several networks both at national and international level
- Relationship of trust exist with some financial partners
- Tutoring system with two international structures and one national structure

### Threats:

- Weak loyalty of salaried staff
- The weakening of relationships with institutional partners
- Financial instability
- Insecurity in some areas of project implementation
- Collaborative environment within national civil society organizations

### Also, in 2016, FIS:

1. Finalized its strategic plan 2016 - 2020

2. Has an administrative and financial procedure manual that governs its functioning
3. Had weekly coordination meetings every Monday
4. Payment of taxes
5. Staff Evaluation Sheet available
6. Employee Bonus System (e.g. Employee of the year 2016 was awarded to Miss Michèle Rose NZIE BONKOUN)
7. The existence of employment contracts with the staff
8. Payment of staff salary through bank transfer for traceability
9. Existence of Professional Accounting Software
10. Staff with profiles meeting the needs of the organization
11. Offices equipped with;
  - Desktop computers for the staff
  - Laptops for the hierarchy
  - Internet high debit for research
12. FIS provided lunch for its staff free of charge except Fridays which is a half working day.

### PARTNERSHIP IN 2016

1. Establishment of Collaboration Agreement and Contract of Execution with MoH.
2. Registration of FIS in the Directory of Associations/NGOs in the Ministry of External Relations.
3. NGO status is in the process of completion in the Ministry of Territorial Administration and Decentralization.
4. In 2016, FIS received 678 visitors in her Head Office for work, meeting etc (14 in Jan, 42 in Feb, 32 in March, 42 in April, 34 in May, 43 in June, 70 in July, 121 in August, 41 in Sept, 68 in Oct, 84 in Nov and 69 in Dec).
5. FIS provided logistics to two partners; Free hall to REACH OUT to organize Global fundraising workshop with some partner organizations and free internet services to CEAM for research.
6. In 2016, FIS received 10 trainees, all of whom were post graduate students: 6 were doing academic internship and 4 were doing professional probation on health promotion.
7. In the course of the year, FIS received a delegation from the RDPH for the Center Region as contact tour with partner organizations.
8. A courtesy visit of a delegation of Board of Directors of Positive Generation.



# FIS's Contribution to the 2016-2027 Health Sectoral Strategy Plan through its interventions in 2016

## Pillar 1: Health promotion

## Pillar 2: Disease prevention

<b>General objective of the strategy</b>	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
<b>The components main problem</b>	The incidence and prevalence of preventable diseases is high in Cameroon		
<b>The strategic objective of the components</b>	"To reduce premature mortality by preventing - preventable diseases"		
<b>Specific objectives</b>	<b>Tracer indicators</b>	<b>FIS's contributions 2016</b>	<b>Source of verification</b>
By 2027, reduce the incidence / prevalence of major communicable diseases (HIV, malaria and tuberculosis) by at least 30% and eliminate some Tropical Negligible Diseases "TNDs" (lymphatic filariasis and HAT	HIV prevalence	FIS contributed in the reduction of seroprevalence rate in pregnant women from 14% to 10.9% in Lolodorf Health area	DHIS II
By 2027, increase at least 80% coverage of high-impact prevention interventions for mother, newborn and child targets in at least 80% of Health District.	Vaccine coverage against reference antigen (penta 3)	FIS contributed to improve vaccination coverage in Penta 3 from 23 % in December 2015 to 71% in February 2017 in the Lolodorf Health area	DHIS II
	Coverage rate in Antenatal Consultation 1.	143% of women were able to do ANC1 on a target of 761 expected pregnant women in ANC1, 1122 pregnant women attended the first ANC.	DHIS II
	% of pregnant women who received at least 3 doses of IPT (Intermittent Preventive Treatment) during pregnancy (IPT3)	FIS has contributed to the retention of women in the PMTCT circuit in the lolodorf health area with 47% reaching ANC4	DHIS II
	% of pregnant women infected with HIV and who are under ART.	98.33% of HIV infected pregnant women were put under ART through the contribution of PACF project implemented by FIS in the Lolodorf health Area.	DHIS II

## Pillar 3: Case management

<b>General objective of the strategy</b>	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
<b>The components main problem</b>	Diagnosis and case management are not adequately assured (high incidence and prevalence of disease)		
<b>Strategic objective</b>	To reduce global mortality and lethality in health facilities and in the community		
<b>Specific objectives</b>	<b>Tracer indicators</b>	<b>FIS's contributions 2016</b>	<b>Source of verification</b>
By 2027, ensure comprehensive and standard-based management of maternal, newborn, child and adolescent health problems at Community level and in at least 80% of health facilities.	Rate of deliveries assisted by qualified personnel	70% of deliveries were assisted by qualified personnel through the contribution of PACF project implemented by FIS in the Lolodorf health Area.	DHIS II
	Percentage of newborns receiving postnatal care within 48 hours.	89.65% of newborns received postnatal care within 48 hours through the contribution of PACF project implemented by FIS in the Lolodorf health Area.	DHIS II
	Rate of mother-to-child transmission of HIV.	FIS contributed in the reducing the rate of mother-to-child transmission of HIV by 5.14% through the PACF project in the Lolodorf Health area.	DHIS II

## Pillar 4: Health System Strengthening

<b>General objective of the strategy</b>	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
<b>The components main problem</b>	Poor development of the pillars of the health system		
<b>Strategic objective</b>	Increase the institutional capacities of health structures for sustainable and equitable access of populations to health care and services		
<b>Tracer indicators</b>	Number of health professionals (doctors, nurses and midwives / maieutic) per 1000 population		
	Global Health Care Availability and Services Index.		
<b>Specific objectives</b>	<b>Tracer indicators</b>	<b>FIS's contributions 2016</b>	<b>Source of verification</b>
By 2027, ensure the harmonious development of infrastructures, equipment and the availability of health care and service packages according to standards in at least 80% of health facilities in 3rd, 4th, 5th and 6th categories.	Proportion of Health District whose development is consolidated.	<ul style="list-style-type: none"> <li>- FIS has contributed to the development of a conviviality room at the Lolodorf district hospital for the welfare of patients.</li> <li>- FIS handed over 331 nutritional kits to pregnant women who gave birth in a health facility.</li> </ul>	Activity report PACF, Report DMO Lolodorf
By 2027, ensure the development of health research and the availability of quality health information for evidence-based decision making at all levels of the health pyramid.	Proportion of research results that have been restituted. Proportion of research results that were the subject of decision-making.	FIS produced a research study on « <b>Analyse du Système Communautaire dans le cadre de la réponse contre le VIH, le Paludisme et la Tuberculose au Cameroun</b> » with a copy in the keeping of the MoH.	Report of Study. December, 2016 www.fiscameroon.org



## Pillar 5: Governance and Strategic Steering of the Health System

<b>GENERAL OBJECTIVE OF THE STRATEGY</b>	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
<b>STRATEGIC PILLAR</b>	STEERING AND GOVERNANCE		
<b>THE CENTRAL PROBLEM</b>	Poor performance of the health system		
<b>STRATEGIC OBJECTIVE</b>	Improve the performance of the health system at all levels		
<b>Specific objectives</b>	<b>Tracer indicators</b>	<b>FIS's contributions 2016</b>	<b>Source of verification</b>
By 2027, improve governance in the sector through the strengthening of standardization, regulation and accountability	Corruption Perception Index in the health sector.	<b>Production of Shadow Reports on Malaria, TB/HIV.</b> (Consolidation of community watchdog system to ensure performance, accountability and effectiveness of GF grant in Cameroon on Malaria, TB/HIV).	Shadow Reports <a href="http://www.fiscameroon.org">www.fiscameroon.org</a>

### TECHNICAL ASSISTANCE

In a bid to promote high level of excellence and competence, FIS staff participated in different training workshops/seminars/conferences in and out of the country in 2016 sponsored by our technical partners.

### PARTICIPATION IN WORKSHOPS / SEMINARS / CONFERENCES WITHIN THE COUNTRY:

➤ Training on "strengthening CSOs capacity on the quality of data collection and analysis in the health domain" under the project; "Consolidation of community watchdogs system to ensure performance, responsibility and effectiveness of Global Fund (GF) grants in Cameroon", funded by Health Policy Action Fund (HPAF) through the expertise of AIDSPAN (independent observer of the Global Fund to Fight AIDS, Tuberculosis and Malaria). Yaoundé; March 28 - 30, 2016.



Day one of training workshop



Angela KAGENI; facilitator of the training (left)  
Award of certificate to participants (right)





- Cameroon CBO Media Training organized under the VIIV Technical Assistance under the project "Community conversation to improve PMTCT results in the Lolodorf Health Area", funded by Positive Actions for Children Fund (Viiv-PACF). It was designed to formalized leaders from Community-based organizations with communication concepts and equips them with skills related to traditional and social media to enhance the visibility of their organizations and to document and share success stories and best practices. Bamenda; July 18 - 22, 2016.



Eric Bond Facilitator (left) Radio program (middle) and family photo with all participants (right)

- Training to strengthen the commitment of CBOs and CSOs on HIV/PMTCT through Sensitization and community mobilization in order to improve the Cameroon Health System under the project "Community conversation to improve PMTCT results in the Lolodorf Health Area", funded by Positive Actions for Children Fund (Viiv-PACF); Mutengene; October 18 – 20, 2016



- Training of CSOs in Financial Management to strengthen the capacities of Accountants, Deputy Accountants and Administrative and Finance Officers on the mechanisms of financial management under the project "Community conversation to improve PMTCT results in the Lolodorf Health Area": Mutengene; December 15 – 17, 2016.



Working session (top) and FIS participant's presentation (bottom)



- Conference on Health sector performance, development, effectiveness and advocacy and campaign skills, Organized by OXFAM GB. OXFORD UK; April 02 – 08, 2016.





- Conference on Health sector performance, development, effectiveness and advocacy and campaign skills, Organized by OXFAM GB. OXFORD UK; April 02 – 08, 2016.

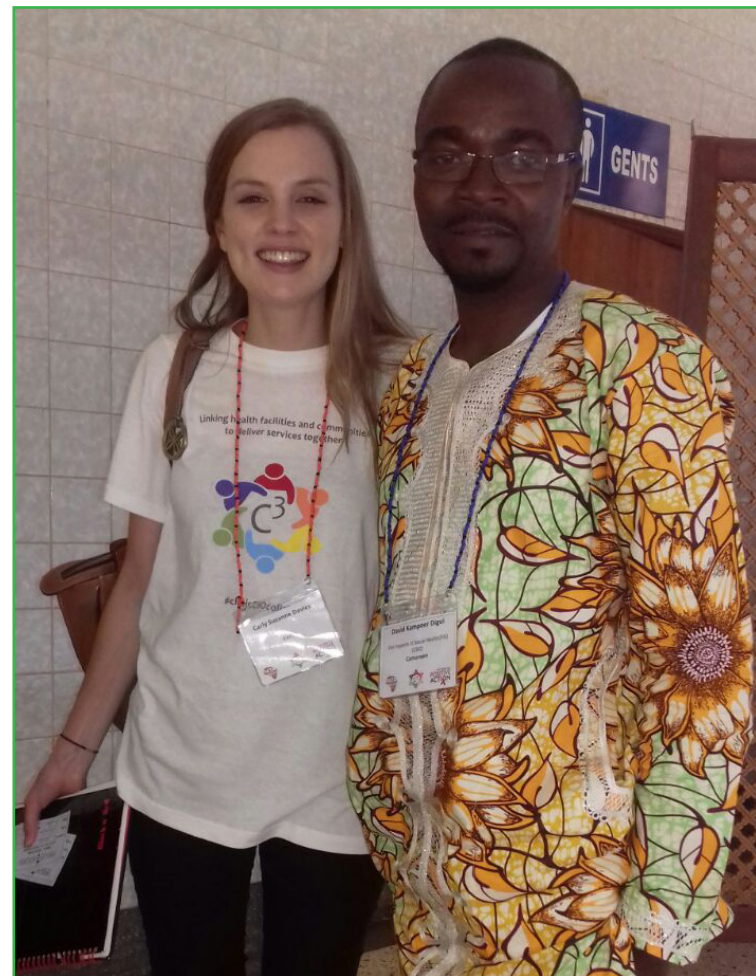


Participants in plenary

- A continental summit on Linking health facilities and communities to deliver services together organized by PATA:Entebbe Uganda; December 05 – 07, 2016.



FIS presentation (left) pose for the press with a partner (right)



# PERSPECTIVES

FIS (For Impacts in Social Health), is a non-governmental organization operating under the 1990 Law on Freedom of Association working in the field of health promotion.

In order to realize its vision of eradicating injustices in the domain of health and specifically, to positively impact the health of mother, child and adolescent in line with its strategic plan 2016-2020, FIS is endowed with a wonderful team for the implementation of its activities. Each member of the team is subjected to quality performance for the achievement of the organization's objectives.

At the beginning of 2017, key performance indicators were adopted on a consensual basis by all the staff of the organization. These indicators were documented in the form of a "Commitment Charter". This charter affirms respect and reciprocal consideration of the orientations and priorities of each and everyone.

## Guiding Principles

- **Qualitative advancement:** Acquire a wide array of new capabilities that expands our options.
- **Effective and efficient management:** "Failing to plan is planning to fail". High level planning, organization, directing, coordinating, reporting and budgeting
- **Paradigm shift:** Fundamental changes in view of how things work in the organization.
- **Resource mobilization:** Mobilize financial, material and human (volunteers) resources.
- **Rigor and innovation:** Severity, strictness and hardness that will lead to the act of creating/starting/introducing something new for the first time beneficial to the organization.
- **Team spirit:** In team spirit, there is no "I" but "we"
- **Professionalism:** High level of excellence/competence expected from all staff
- **Ambition:** An ardent desire to achieve our objectives for 2016-2020



# OUR PEOPLE

## PERMANENT STAFF



**Mr. Bertrand  
KAMPOER**

*Executive Director*



**Mr. Anicet DIGUI**

*Administrative &  
Finance Officer*



**Mr. Jeannot  
ABESSOLO**

*Accountant*



**Mr. Ekoi Edwin**

*Program Officer*



**Miss Michèle  
BONKOUN**

*Community Mobiliza-  
tion Officer.  
(Staff of the year 2016)*



**Mr. Benoit  
BISSOHONG**

*Communication  
& Advocacy Officer*



**Mrs. Marlyse  
Gladys BILE**

*In Charge of UHC  
Program*



**Mr. Joël  
MINKOUA**

*Support Staff*

# ACKNOWLEDGMENTS

This report has been put in place under the auspices of Mr. Bertrand KAMPOER (Executive Director) whose scrupulous guidance and support has made it possible for this report to exist. Information gotten from all stakeholders and our partners is highly appreciated. We are thankful to them for their coordination during the implementation of our projects. We also acknowledge the wonderful contributions of our volunteers. This report is a success thanks to the financial support of our partners as seen below, which we heartily acknowledged.

**April 07, 2017, will mark the 20th anniversary of FIS.** To attain twenty years of existence is the age of maturity coupled with achievements though, not without some challenges which were however surmounted. As a major actor in the promotion of health in Cameroon, FIS plans to celebrate its 20th anniversary to mark a milestone in a competitive world in the domain of health.



AMPLIFYCHANGE





## HOW YOU CAN HELP

### **Volunteer your time:**

To become a volunteer,  
contact: [contact@fiscameroon.org](mailto:contact@fiscameroon.org)  
[www.fiscameroon.org](http://www.fiscameroon.org)

### **Make a donation:**

You can make a donation through;



### **CONTACT US FOR MORE INFORMATION AT:**

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Website: [www.fiscameroon.org](http://www.fiscameroon.org)

Twitter: @FIS\_Cameroon

Facebook : Fis Cameroon

## **Speak out against “user fee for health care”:**



**Call free (CAMTEL only): 82 05 or visit the link below;**  
<http://fiscameroon.org/index.php/appels/informations>