



A Report Based on my Observations of Service provision by UPEC Centres in Yaounde.

Generally it has been proven statistically that the prevalence rate of HIV in Cameroon marks a decrease. The figure indicates a drop to 3.4% as compared to 4.3% in 2011 and 3.9% in 2016. I believe the various UPEC centres played a vital role in this change. It is on this note I will love to say we acknowledge and immensely appreciate their efforts.

Nevertheless as an adolescent girl being in the field, I observed and noted some vital concepts that is, some policy gaps based on the level of implementation at the testing and treatment center (UPEC), that I will love to outline based on how crucial it is.

To begin with, the policy of " FOLLOW UP". This may include calls, home visiting or via messaging, just to name a few. There is need for enforcement here from what I noted. One thing is certain, patient are sensitive to follow up, not only that how persuasive and the concern you show towards their well being. Two instances I will love to quote as examples. An adolescent girl of age 23, reactive to the HIV virus and pregnant stopped going for antenatal for months, analyzing from what she said, it was obvious there was no conscious follow up from where she took her medications and this made her inconsistent with her medications and you could see the result on her body. This is just part of the chain block events that can take place if proper and effective follow up and counseling is not done.

I also observed an adolescent girl who contracted the HIV virus and she was behaving sometimes like she is not normal , this case needed some form of expertise to help persons in such condition which was lacking in the UPEC unit, unfortunately she died. I feel no one should be left out of follow up, room should be made for all caliber of persons and follow up strategy should be enforced.

Again, I observed yet another policy gap. The policy, which is " VOLUNTARY TESTING AND COUNSELLING CENTRES" . I will love to state that the quality of 'counseling one receives will determine the level of his or her resistance to stigmatization'. 2 examples why the office t of counseling needs enforcement. A campaign was held for HIV free testing and people came in their numbers. Someone asked why his own results was taking a longer time because they were trying to do his oral quick test , instead of the counselor doing her work to maintain peace and calmness, she got angry and spoke rudely to the man and the man already confirmed his results even without seeing it, he left in that anger and some other health persons ran after him and he said he can't go to hospital for anything, people were already talking , you literally see the stigma created and this is what we are fighting against. Before this happened, others had complained about her manner of approach. Not everyone is qualified for the counseling position. The hope of most patience is in the mouth of their counselor, if words are not well salted before being released, it can break down a patient rather than mending him or her. Another observation was a young lady who stopped taking her medications and went back. The person that was to speak to her in the place of a counselor scolded at her not in a way to encourage her and was like how can she be big and doing that but he was not polite so she said. Forgetting to know that trauma is no respecter of age and from time to time they do need encouragements. But later on he apologized but just for those few minutes we could imagine her hurt. Manner of approach and patience is very important when dealing with patients.

Observations of an AGYW based on her experience in the UPEC centre (the Observer wishes to be anonymous)