



QUARTERLY BULLETIN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

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Contact: dsfstat365@gmail.com



1. EDITORIAL

The Department of Family Health (DSF) is responsible for developing and monitoring the implementation of government policy on reproductive health and programs to combat maternal and child morbidity and mortality. This quarterly bulletin highlights the monitoring of reproductive, maternal, newborn, child and adolescent health (RMNCAH) through the analysis of data from DHIS2 (District Health Information Software), with a view to contributing to the achievement of the strategic objectives defined in the RMNCAH-Nut 2024-2030 National Strategic Plan.

This bulletin provides accurate information for informed decision-making on reproductive health and serves as an advocacy tool for policymakers, health professionals, and technical and financial partners.

This publication, in line with the agenda for transforming the health system in Cameroon, informs its readers about the activities carried out by the DSF in the fight to reduce maternal, neonatal and infant mortality in the era of Universal Health Coverage (UHC).

The Director of Family Health

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2. EXECUTIVE SUMMARY

In the fourth quarter of 2025, reproductive, maternal, newborn, child and adolescent health in Cameroon showed some improvements while continuing to face persistent challenges. Report completeness reached 96% and timeliness 89%, indicating an overall satisfactory performance of the reporting system. The national maternal mortality ratio stood at 192 deaths per 100,000 live births, and the proportion of maternal deaths reviewed increased (56%), although regional disparities persist. Antenatal care coverage remains insufficient, with only 18% of women initiating ANC before 16 weeks, and ANC5+ coverage remaining limited (20–23%). In family planning, short-acting methods predominate (injectables 44%, male condoms 22%), while long-acting methods remain underutilized. The national caesarean section rate ranges between 9–11%, below the WHO recommended range (10–15%), and the proportion of births attended by skilled personnel remains relatively low (55–59%). In PMTCT, the first “95” target has been achieved (96.2%), but the second (85.7%) and especially the third (44.7%) remain below the target, with pediatric ART initiation still limited (52.2%). In neonatal health, mortality remained stable at 4 deaths per 1,000 live births, while stillbirths increased slightly (from 12 to 13 deaths per 1,000 births), and prematurity remains the leading cause of neonatal death (34%). Neonatal resuscitation coverage remains high (87–98%), and Kangaroo Mother Care adoption is improving (83%), although regional disparities persist. Among children, antibiotic treatment for pneumonia is very high (95%), whereas ORS + zinc coverage for diarrhea remains lower (74%) in the northern regions. Finally, adolescent health continues to be marked by 12,778 STI cases (87% managed according to national guidelines) and 527 reported rape cases, more than 90% involving females, confirming the persistence of gender-based violence.

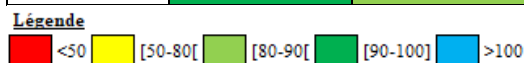
3. COMPLETENESS AND TIMELINESS OF MONTHLY ACTIVITY REPORTS

Overall, the quarter is characterized by near-universal report completeness, although timeliness still requires improvement in some regions. At the national level, report completeness remains high at 96%, reflecting the strong capacity of regions to submit the full set of expected reports. However, the East (83%) and North-West (91%) regions report levels below the national average, indicating room for improvement in terms of completeness.

Regarding timeliness, the national level stands at 89%, indicating that the majority of reports are submitted within the required timeframe. The North (98%), Littoral (92%), and Far North (91%) regions demonstrate the highest levels of timeliness, reflecting strong performance in the timely submission of reports. In contrast, the East (70%) and North-West (78%) regions report timeliness levels below the expected threshold, suggesting persistent challenges in the rapid transmission of information.

Table 1 : Completeness and timeliness of monthly report transmission in the fourth quarter of 2025

Region	Completeness	Timeliness
Adamawa	96%	82%
Center	97%	89%
East	83%	70%
Far North	97%	93%
Littoral	96%	92%
North	100%	98%
Northwest	91%	78%
West	98%	96%
South	97%	89%
Southwest	94%	85%
National	96%	89%

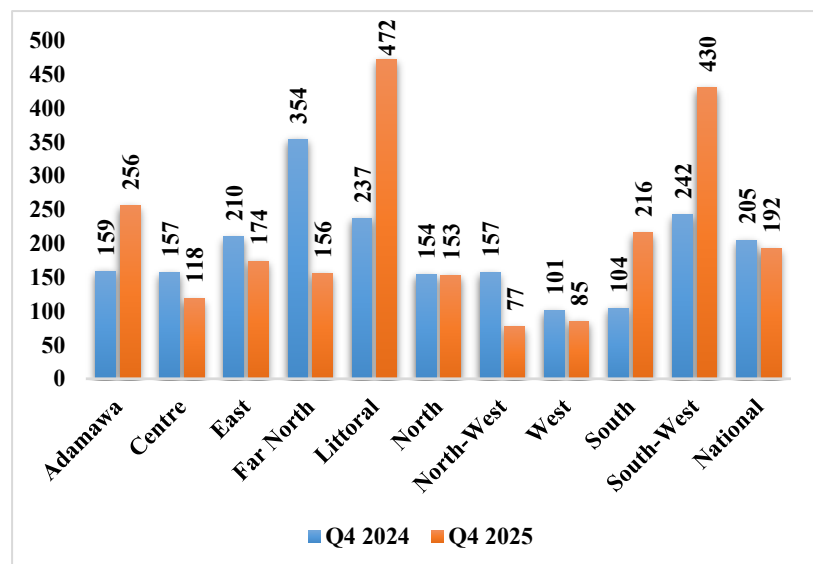


Source: DHIS2 Cameroon, consulted on 23rd February 2026

4. MATERNAL HEALTH

4.1. Maternal mortality

Figure 1 : Comparison of maternal mortality ratios in Cameroon in the fourth quarter of 2024 and 2025



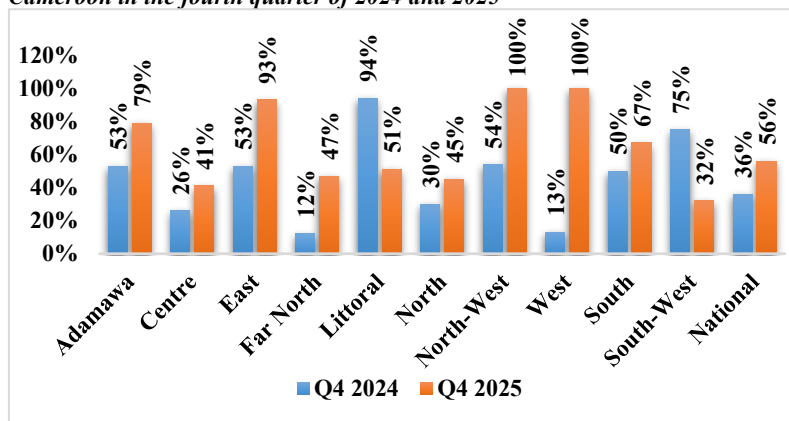
Source: DHIS2 Cameroon, consulted on 23rd February 2026

In the fourth quarter of 2025, the national maternal mortality ratio in Cameroon stood at 192 deaths per 100,000 live births, representing a decline compared with the same period of the previous year. However, this national trend masks significant regional disparities. Overall, the situation remains concerning, as several regions continue to record high ratios, particularly the Littoral and South-West regions.

The contrast between the divergent trends observed across regions highlights persistent inequalities in the performance of maternal health services. The figure suggests the need to strengthen emergency obstetric care, improve the timely referral of complicated cases, and reinforce antenatal care follow-up, through strategies tailored to regional contexts.

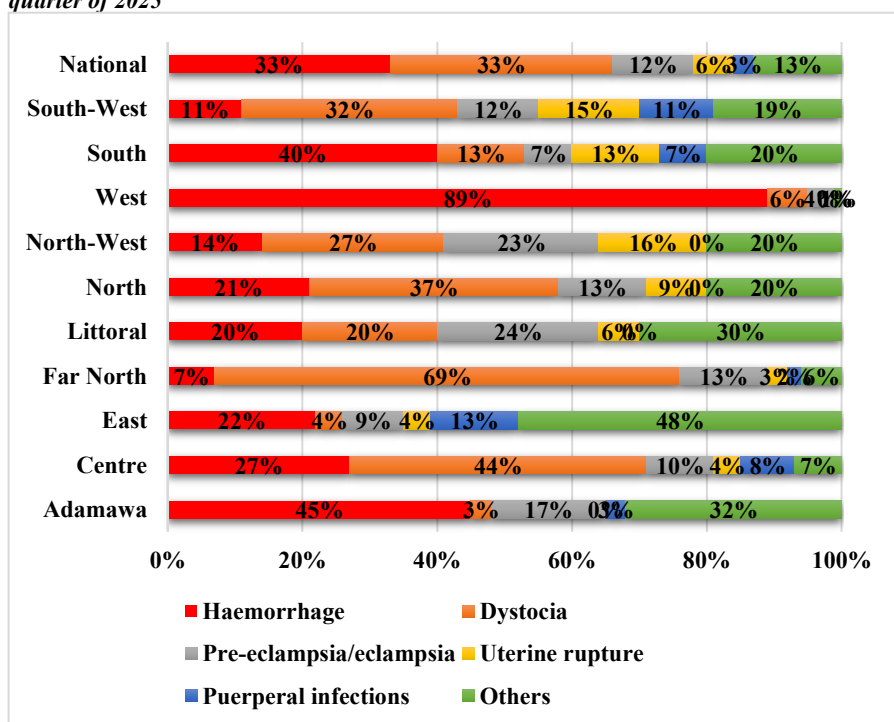
At the national level, the proportion of maternal deaths reviewed increased from 36% in Q4 2024 to 56% in Q4 2025, reflecting a notable improvement in the practice of maternal death audits. However, this overall progress masks significant regional disparities. Overall, while the national trend is encouraging, the implementation of maternal death reviews remains uneven across regions. The very high performance observed in the West and North-West regions may reflect recent catch-up efforts or the more systematic implementation of review processes, whereas the low levels observed in some regions highlight the urgent need to strengthen local capacities. The systematic and regular institutionalization of maternal death reviews remains a critical requirement for identifying and guiding targeted corrective actions and for sustainably improving maternal health outcomes in Cameroon.

Figure 2 : Comparison of the proportion of reviewed maternal deaths in Cameroon in the fourth quarter of 2024 and 2025



Source: DHIS2 Cameroon, consulted on 23rd February 2026

Figure 3 : Contribution of causes to maternal deaths in 2025 (%) in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon, consulted on 23rd February 2026

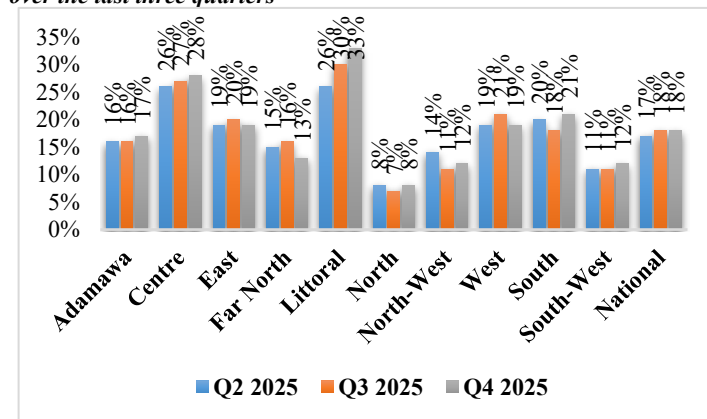
4.2. Antenatal consultation

In the fourth quarter of 2025, national ANC1 coverage remained at approximately 70%, reflecting generally satisfactory utilization of antenatal care services (Figure 5). However, when examining the proportion of women who initiated ANC before 16 weeks, the levels remain significantly lower, at around 18%, highlighting a persistent delay in early entry into antenatal care (Figure 4).

The combined analysis of the two figures indicates that the key challenge lies not only in increasing overall ANC1 coverage, but also in strengthening the early initiation of antenatal care. National ANC5+ coverage (at least five antenatal contacts) remains low, ranging between 20% and 23% (Figure 6).

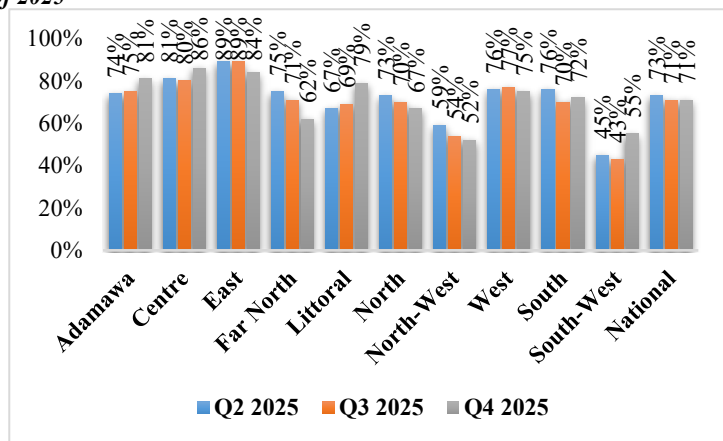
In the fourth quarter of 2025, preventable direct causes remained predominant in maternal deaths in Cameroon. At the national level, hemorrhage and dystocia together account for the largest share of maternal deaths, confirming persistent gaps in the management of labor and obstetric emergencies. Some regions display particularly distinct patterns: in the West, hemorrhage is almost exclusive (89% of deaths), which may reflect challenges related to blood availability and the active management of the third stage of labor. In the Far North, dystocia largely predominates, suggesting difficulties in the referral and management of complicated labor. Finally, the high proportion of the “other” category in regions such as Adamawa and the East may reflect both the diversity of indirect causes and limitations in the classification or reporting of causes of death.

Figure 4 : Evolution of ANC1 coverage before 16 weeks in Cameroon over the last three quarters



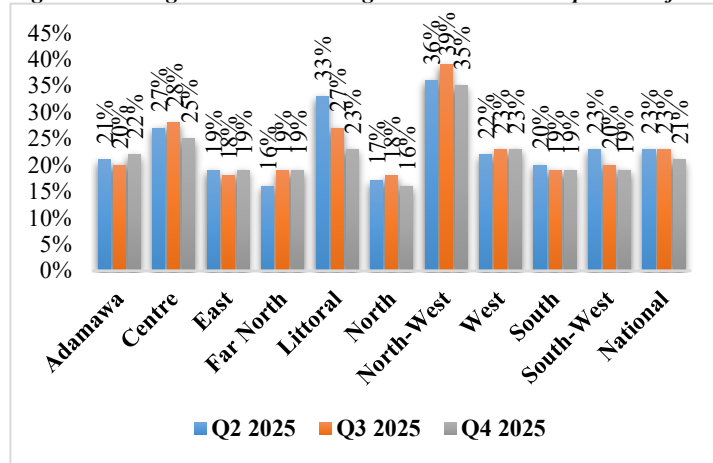
Source: DHIS2 Cameroon, consulted on 23rd February 2026

Figure 5 : Change in ANCI coverage (1st contact) over the last three quarters of 2025



Source: DHIS2 Cameroon, consulted on 23rd February 2026

Figure 6 : Change in ANC5+ coverage over the last three quarters of 2025

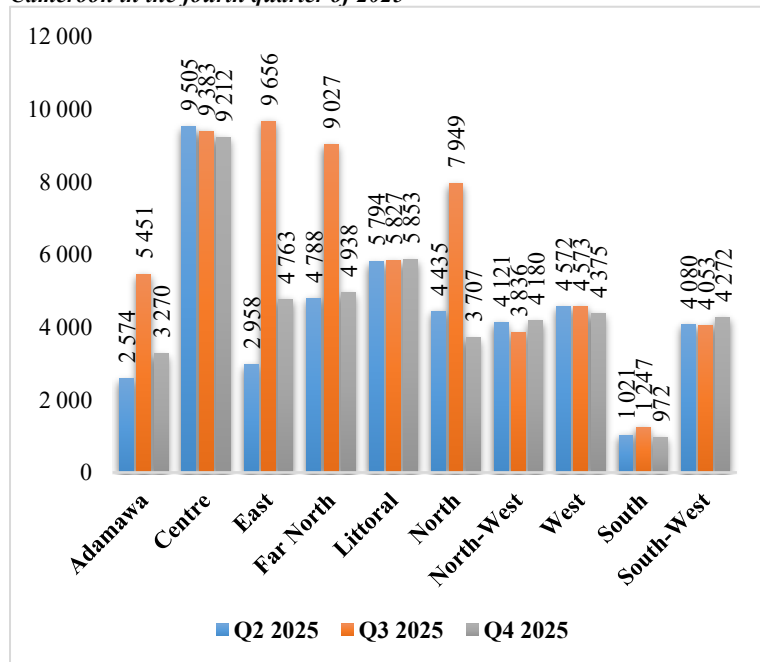


Source: DHIS2 Cameroon, consulted on 23rd February 2026

4.3. Family planning

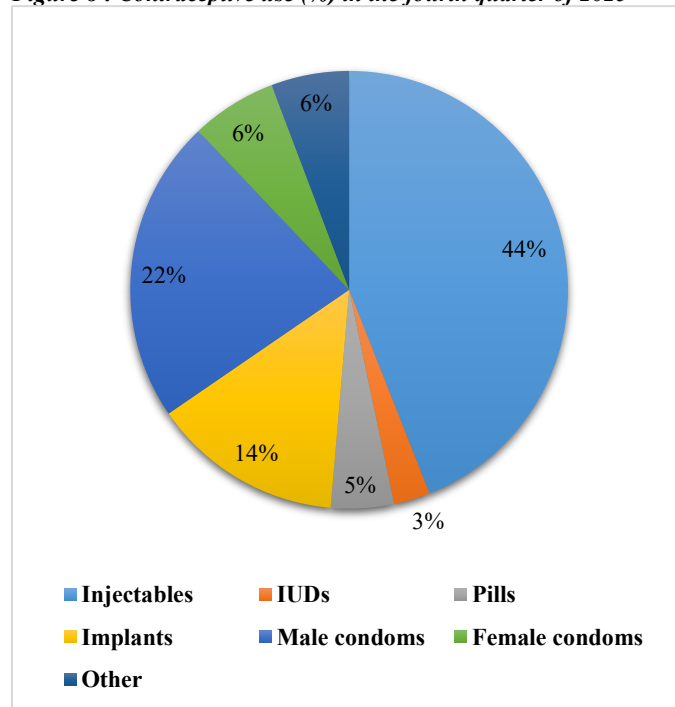
In the fourth quarter of 2025, the number of new acceptors of modern family planning methods shows variations across regions. Regarding contraceptive use, the distribution observed in Q4 2025 indicates a predominance of short- and medium-acting methods: injectables (44%) and male condoms (22%). Long-acting methods remain underutilized, with IUDs (3%) and implants (14%), while the female condom (6%) and the “other” category (6%) remain marginal. This distribution suggests a method mix oriented toward easily accessible and reversible options but, still limited in terms of the diversity and availability of long-acting methods.

Figure 7 : Number of new users of modern family planning methods in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon, consulted on 23rd February 2026

Figure 8 : Contraceptive use (%) in the fourth quarter of 2025



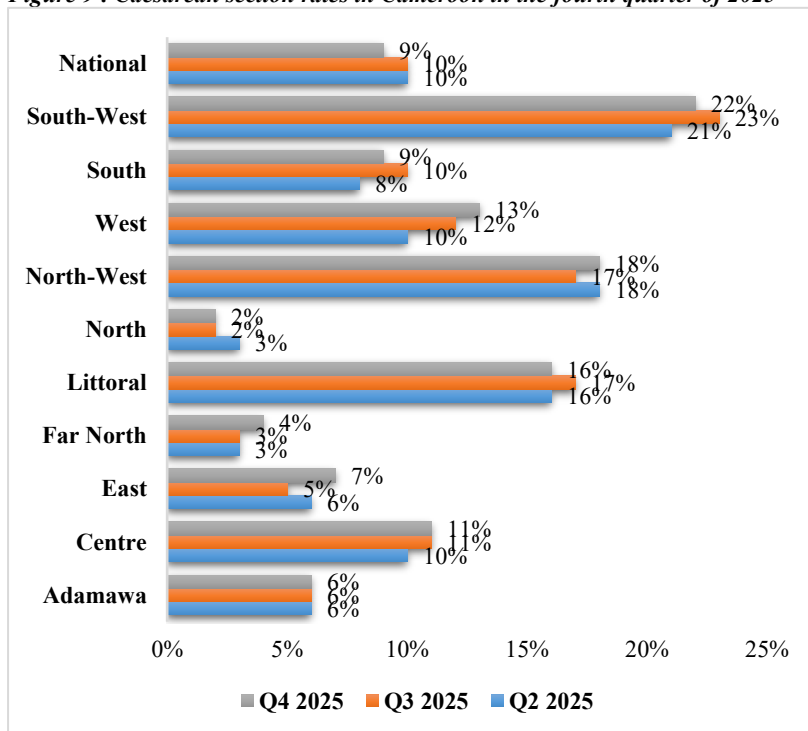
Source: DHIS2 Cameroon, consulted on 23rd February 2026

4.4. Caesarean sections and deliveries assisted by skilled personnel

In the fourth quarter of 2025, the national caesarean section rate remained generally stable, ranging between 9% and 11%, slightly below the WHO recommended range (10–15%). However, this average conceals significant regional disparities.

These disparities suggest a dual challenge: on the one hand, the potential overuse of caesarean sections in some urban or better-equipped regions; and on the other hand, insufficient access in vulnerable areas where women may not have access to surgical care in the event of obstetric complications.

Figure 9 : Caesarean section rates in Cameroon in the fourth quarter of 2025



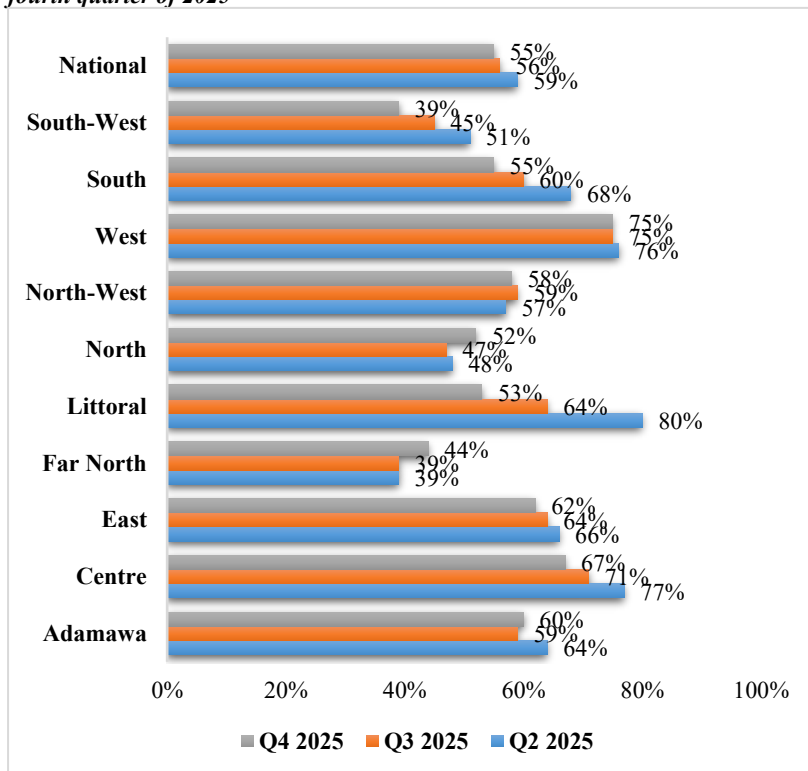
Source: DHIS2 Cameroon, consulted on 23rd February 2026

In the last quarter of 2025, the national proportion of births attended by skilled health personnel remained low, ranging between 55% and 59%. This level remains insufficient to ensure universal access to skilled obstetric care.

These trends remain concerning in the context of maternal mortality, as skilled birth attendance is a key determinant of both maternal and neonatal survival. The declines observed in some regions may be linked to structural and contextual factors, including geographic distance, insecurity, indirect costs of care, and limited trust in health services.

Despite some progress in the Centre, Littoral, and West regions, the national proportion of skilled birth attendance remains inadequate. Strengthening equitable access to skilled obstetric care, particularly in vulnerable areas, remains essential for reducing maternal mortality and improving health indicators.

Figure 10 : Proportion of births attended by skilled personnel in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon, consulted on 23rd February 2026

4.5. Prevention of mother-to-child transmission of HIV

In the fourth quarter of 2025, Cameroon recorded progress in the implementation of the prevention of mother-to-child transmission of HIV (PMTCT). Analysis of the UNAIDS 95–95–95 cascade shows that the first 95 target has been achieved (96.2%). However, at the regional level, among the ten regions, only the North region did not reach the 95% target for knowledge of HIV status, with a coverage of 92.6%. Regarding the second 95, the national level stands at 85.7%. At the regional level, the Centre and North-West regions show the lowest levels of ART coverage among HIV-positive pregnant women, compared with the national target of 95%.

As for the third 95, it stands at 44.7%. Significant regional disparities are also observed, with the South-West, Littoral, North, and West regions recording the lowest levels of viral suppression among HIV-positive pregnant women, relative to the national target of 95%. In addition, ARV prophylaxis coverage among HIV-exposed infants is very high (92.8% nationally), with near-universal coverage in regions such as Adamawa and Littoral, reflecting a well-structured service delivery system. Early infant diagnosis (EID) also reaches a satisfactory level (92.5%), although variations persist across regions. Finally, ART initiation among infants diagnosed HIV-positive by PCR remains the weakest link in the cascade, with only 52.2% initiated on treatment nationally, and marked disparities: several regions reach 100%, while others, such as the Centre, North-West, and South-West, report substantially lower levels (30–33%). These findings indicate that while the PMTCT cascade performs well at the levels of testing and prophylaxis, it remains limited at the stage of pediatric treatment initiation. This underscores the need to strengthen the availability of pediatric ARVs, improve post-diagnosis follow-up, and reduce regional disparities in order to enhance the overall effectiveness of the PMTCT strategy.

Tableau 2 : PMTCT indicator performance in the fourth quarter of 2025 in Cameroon

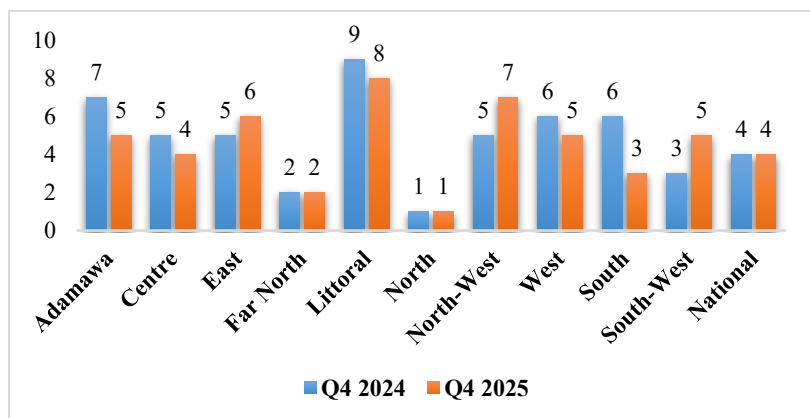
Region	Percentage of pregnant women with known status	ART coverage for HIV-positive pregnant women	Viral load suppression rate	Prophylactic ART coverage among children exposed to HIV	Service coverage for early HIV diagnosis among children exposed	ART coverage for children exposed who test positive by PCR
Adamawa	98.1%	91.0%	54.4%	98.2%	62.5%	100.0%
Centre	95.4%	76.4%	43.1%	87.8%	117.2%	30.0%
East	94.2%	88.0%	42.9%	87.5%	90.3%	80.0%
Far North	96.1%	91.3%	73.8%	91.5%	83.7%	70.0%
Littoral	98.2%	94.6%	34.9%	97.9%	93.2%	66.7%
North	92.6%	92.1%	25.0%	92.4%	92.4%	100.0%
Northwest	98.0%	72.6%	46.7%	94.7%	75.7%	33.3%
West	98.2%	88.0%	37.7%	95.7%	77.3%	100.0%
South	99.0%	88.8%	55.9%	94.3%	111.5%	100.0%
Southwest	97.0%	89.4%	38.5%	91.2%	100.7%	33.3%
National	96.2%	85.7%	44.7%	92.8%	92.5%	52.2%

Source: DHIS2 Cameroon. consulted on 23rd February 2026

5. NEONATAL HEALTH

5.1. Neonatal mortality and stillbirths

Figure 11 : Neonatal mortality rate per 1.000 live births in Cameroon in the fourth quarter of 2025

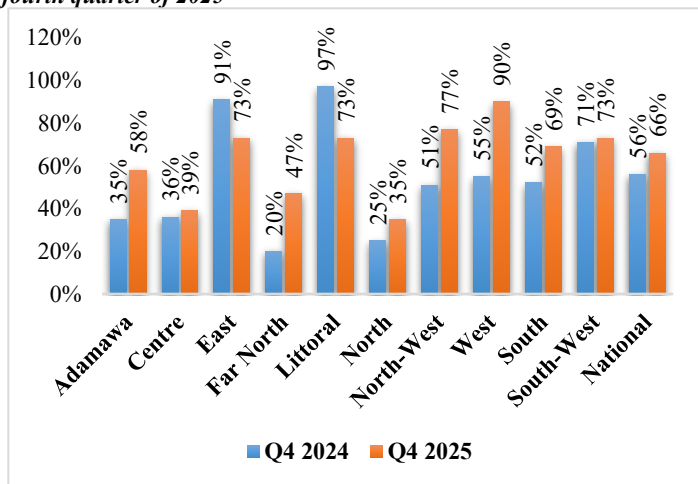


Source : DHIS2 Cameroon. consulted on 23rd February 2026

In the fourth quarter of 2025, the national neonatal mortality rate remained at 4 per 1,000 live births, indicating a stagnation in progress toward improving neonatal survival. However, this stability masks regional variations. Some regions also recorded stable levels, such as the Far North (2) and the North (1). The Littoral region continues to record the highest neonatal mortality rate in Q4 2025. Overall, these results show that while the national situation remains stable, significant regional disparities persist and highlight the need for targeted interventions to reduce neonatal mortality.

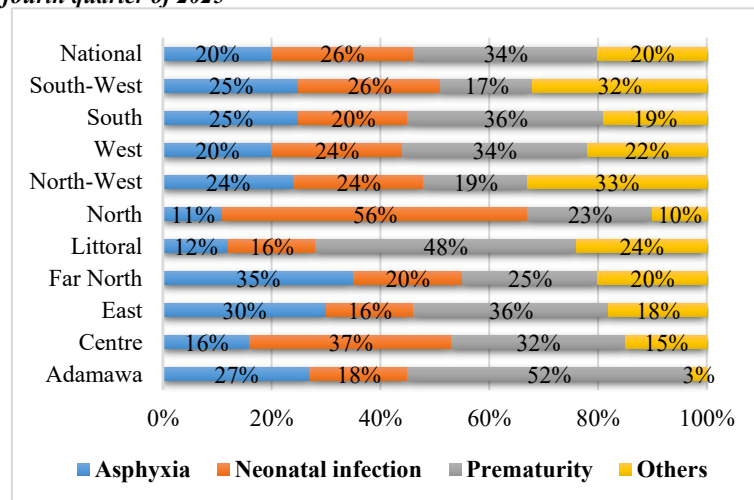
In the fourth quarter of 2025, prematurity was the leading cause of neonatal deaths in Cameroon (34%), followed by neonatal infections (26%) and birth asphyxia (20%), highlighting the burden of complications related to the quality of obstetric and neonatal care before, during, and immediately after delivery. At the same time, the proportion of neonatal deaths reviewed increased from 56% in Q4 2024 to 66% in Q4 2025 at the national level, reflecting strengthened functioning of review committees and improved institutionalization of the audit culture. However, this improvement shows regional disparities. For example, some regions such as the North (25% to 35%) and the Centre (36% to 39%) have progressed more slowly, suggesting the need to further strengthen the adoption of audit mechanisms and continuous quality improvement practices. Overall, these findings indicate that while the national trend remains favorable, the effectiveness of the strategy will depend on reducing regional gaps and strengthening essential neonatal care practices in targeted areas.

Figure 12 : Proportion of reviewed neonatal deaths in Cameroon in the fourth quarter of 2025



Source : DHIS2 Cameroon. consulted on 23rd February 2026

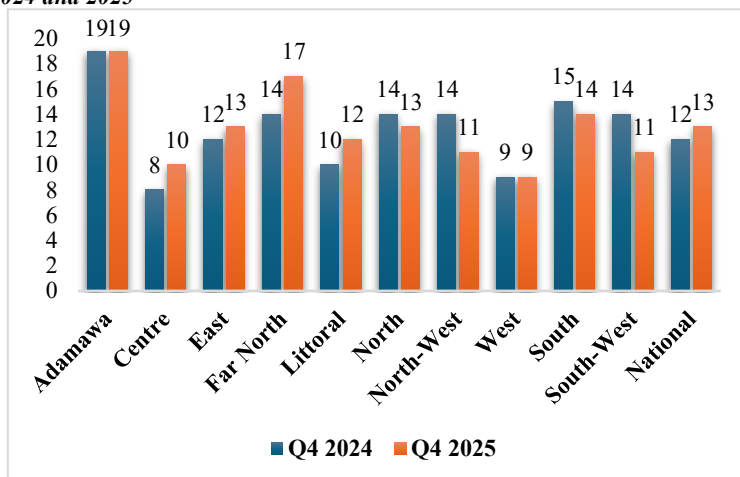
Figure 13 : Contribution of causes to neonatal deaths (%) in Cameroon in the fourth quarter of 2025



Source : DHIS2 Cameroon. consulted on 23rd February 2026

In the fourth quarter of 2025, the national stillbirth rate recorded a slight increase, rising from 12 to 13 deaths per 1,000 births, indicating a concerning stagnation in progress toward the prevention of fetal deaths. However, this overall trend masks significant regional disparities. The Far North and Adamawa regions are among the most affected, with levels above the national average. Overall, these results show that although some regions are recording improvements, the national trend remains unfavorable and highlights the need for targeted interventions to sustainably reduce stillbirths.

Figure 14 : Stillbirth rate per 1.000 births in Cameroon in the fourth quarter of 2024 and 2025

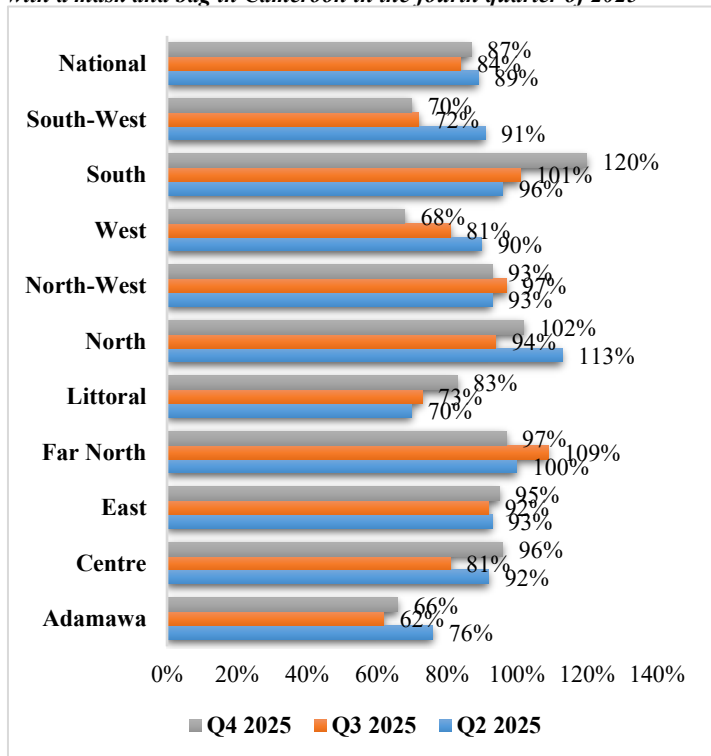


Source: DHIS2 Cameroon. consulted on 23rd February 2026

5.2. Newborn care

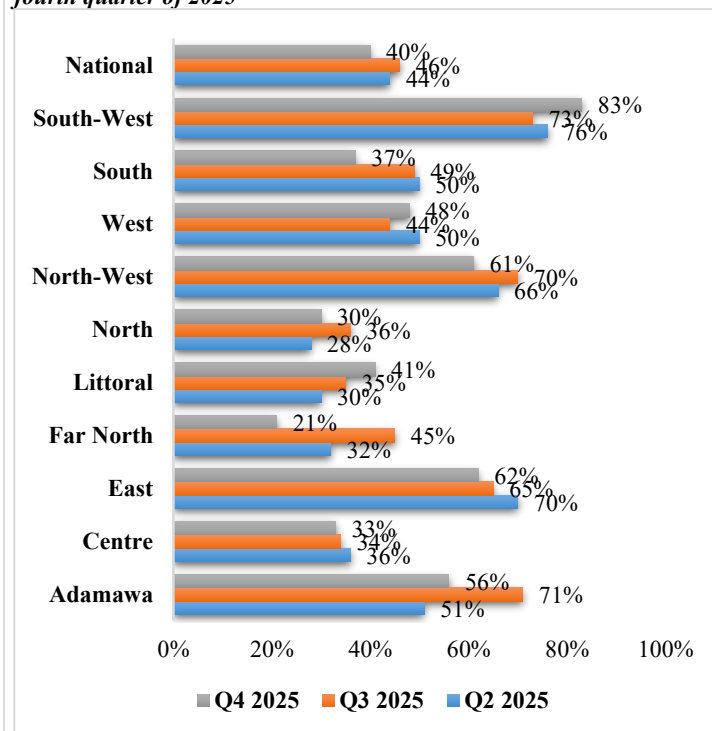
At the national level, the proportion of preterm or low birth weight newborns managed through Kangaroo Mother Care (KMC) remained relatively stable, decreasing from 44% in Q2 2025 to 40% in Q4 2025, indicating that the coverage of this high-impact intervention remains insufficient (Figure 16). At the same time, the proportion of asphyxiated newborns receiving resuscitation with a bag and mask remained generally high, with slight fluctuations between Q2 (89%), Q3 (84%), and Q4 (87%), suggesting a relatively stable capacity to manage neonatal resuscitation cases (Figure 15).

Figure 15 : Proportion of newborns born asphyxiated and resuscitated with a mask and bag in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon. consulted on 23rd February 2026

Figure 16 : Proportion of premature and/or low birth weight newborns cared for using the Kangaroo Mother Care method in Cameroon in the fourth quarter of 2025



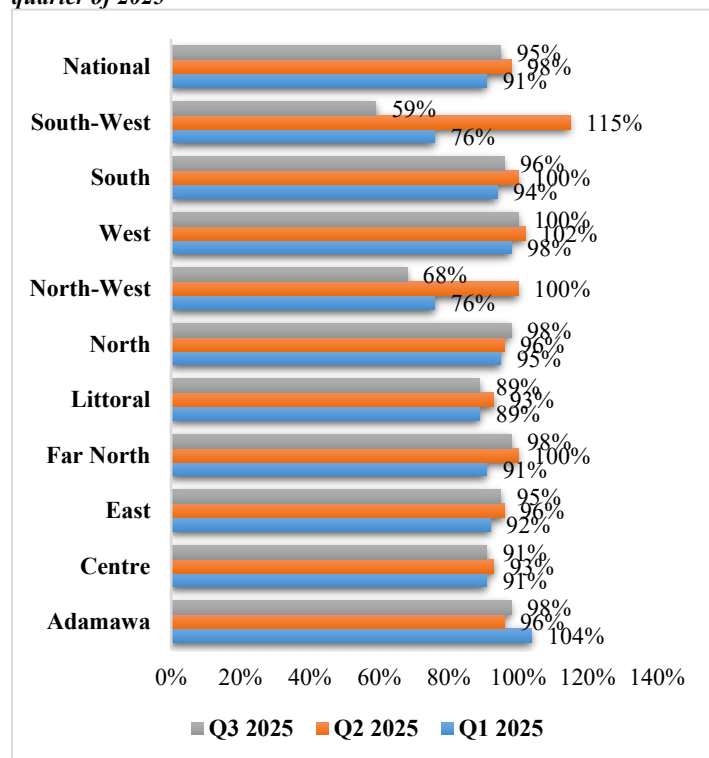
Source: DHIS2 Cameroon. consulted on 23rd February 2026

6. CHILD HEALTH

4.1. Integrated Management of Childhood Illness (IMCI)

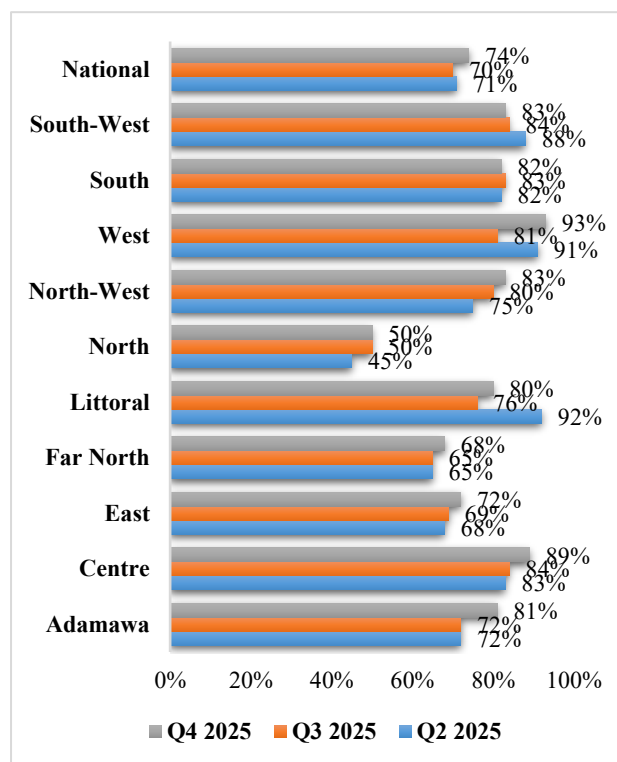
In the fourth quarter of 2025, indicators related to the management of childhood illnesses show generally satisfactory performance, although regional disparities persist. The proportion of children under five with pneumonia who received antibiotic treatment reached a very high national level (95%), reflecting good availability of antibiotics and effective integration of case management within health services. Regarding the management of diarrhea with ORS + zinc therapy, national results remain lower, with a coverage of 74%, indicating progress but still insufficient to achieve universal coverage.

Figure 17 : Proportion of children aged 0 to 59 months suffering from pneumonia who received antibiotic treatment in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon. consulted on 23rd February 2026

Figure 18 : Proportion of children aged 0 to 59 months who received ORS + ZINC (oral rehydration salts and zinc) therapy for diarrhea in Cameroon in the fourth quarter of 2025



Source: DHIS2 Cameroon. consulted on 23rd February 2026

7. HEALTH OF ADOLESCENTS AND OTHER TARGET GROUPS

5.1. Gender-based violence (GBV)

In the fourth quarter of 2025, data on rape cases recorded in health facilities indicate a concerning situation regarding gender-based violence (GBV). At the national level, 527 cases were reported, the vast majority involving women (478 cases, over 90%), reflecting the high proportion of female victims among reported cases.

Men represent a minority (49 cases), but their presence in the statistics indicates that sexual violence also affects the male population, although to a lesser extent.

These data highlight the need to strengthen prevention, protection, and survivor care mechanisms.

Table 3 : Number of rape cases recorded in health facilities in Cameroon in the fourth quarter of 2025

Region	Male	Female	Total
Adamawa	0	11	11
Centre	12	81	93
East	5	35	40
Far North	4	25	29
Littoral	5	75	80
North	8	19	27
Northwest	2	43	45
West	6	143	149
South	0	8	8
Southwest	7	38	45
National	49	478	527

Source: DHIS2 Cameroon. consulted on 23rd February 2026

5.2. Sexually Transmitted Infections (STIs) in adolescents

In the fourth quarter of 2025, data on screening and management of sexually transmitted infections (STIs) among adolescents indicate a generally satisfactory situation, although marked by regional disparities. At the national level, 12,778 adolescents were received in health facilities for STIs, of whom 11,076 were managed according to national guidelines, representing 87%. This level reflects good integration of case management protocols but remains below the target of universal coverage. Overall, while the management of STIs among adolescents appears satisfactory and well-integrated in most regions, the disparities observed highlight the need to strengthen capacities in the most vulnerable areas in order to ensure a more equitable and consistent response nationwide.

Table 4: Sexually Transmitted Infections (STIs) among adolescents in Cameroon in the fourth quarter of 2025

Region	Number of adolescents seen at health facilities for STIs	Number of adolescents seen at health facilities for STIs and treated according to standards	Proportion of adolescents seen at health facilities for STIs and treated according to standards
Adamawa	571	529	93%
Centre	3 620	2 719	75%
East	2 310	2 184	95%
Far North	991	917	93%
Littoral	1 932	1 608	83%
North	786	763	97%
Northwest	756	773	102%
West	1 161	993	86%
South	455	466	102%
Southwest	196	124	63%
National	12 778	11 076	87%

Source: DHIS2 Cameroon. consulted on 23rd February 2026

8. ACTIVITIES CARRIED OUT IN THE FOURTH QUARTER OF 2025

- Update of norms and standards in reproductive health (RH)
- Update of the Quality Assurance manual
- Revision of protocols and algorithms in reproductive health
- Conduct of surveys on Emergency Obstetric and Neonatal Care (EmONC) under the new paradigm
- Revision of training modules on the prevention of postpartum hemorrhage
- Organization of a workshop to develop a demand generation plan for family planning, including the hormonal intrauterine device in Cameroon
- Development and validation of the operational plan for family planning (FP)
- Capacity strengthening of 20 key stakeholders to lead the process of integrating disability into health facilities
- Organization of two meetings of the HIV/Syphilis dual-test Task Force

9. RECOMMENDATIONS

9.1 Maternal Health

- **Problem:** Late start of antenatal care in the North, Far North, and Northwest regions.
 - **Recommended action:** Strengthen targeted community awareness activities to reduce barriers to access to antenatal care services and improve the quality of antenatal follow-up (North, Far North, Northwest).
 - **Expected result:** Increased proportion of women initiating antenatal care early in the North, Far North, and North-West regions.
- **Problem:** Low coverage of births attended by skilled personnel in the Far North, North, and Southwest regions.
 - **Recommended action:** Strengthen birth preparedness through capacity building of health providers, awareness-raising among couples, and the organization of obstetric transport mechanisms.
 - **Expected result:** Increased proportion of births attended by skilled personnel in the targeted regions.
- **Problem:** Poor performance of the maternal death surveillance and review system (MPDSR) in the Far North, North, and Central regions.
 - **Recommended action:** Strengthen the capacities of maternal and perinatal death review committees.
 - **Expected result:** Improved completeness, regularity, and quality of maternal death reviews in the targeted regions.

9.2 Child Health

- **Problem:** Inadequate management of diarrhea in children under five in the North region.
 - **Recommended action:** Strengthen the implementation of IMCI guidelines and ensure the continuous availability of ORS

and zinc in health facilities

– **Expected result:** Increased use of ORS + zinc treatment for diarrhea in children under five in the North region.

9.3 Adolescent Health and Other Target Groups

- **Problem:** Stagnation or decline in the number of new adolescent and young female users of family planning services in the Adamawa, Center, South, Littoral, West, and Southwest regions.
 - **Recommended action:** Stimulate demand and strengthen the provision of family planning services tailored to adolescents and young people in the regions concerned.
 - **Expected result:** Increase the number of new users of modern family planning methods in the Adamawa, Center, South, Littoral, West, and Southwest regions.
- **Problem:** Inadequate treatment of sexually transmitted infections (STIs) among adolescents in the Center (75%) and Southwest (63%) regions.
 - **Recommended action:** Improve the quality of STI care for adolescents in the identified regions.
 - **Expected result:** Increased proportion of adolescents receiving STI care in accordance with standards in the Center and Southwest regions.

9.4 PMTCT

- **Problem:** Insufficient antiretroviral treatment for pregnant women living with HIV in the Central and Northwest regions.
 - **Recommended action:** Strengthen early identification of HIV-positive pregnant women and rapid initiation of antiretroviral treatment in the Central and Northwest regions.
 - **Expected result:** Increase in the proportion of HIV-positive pregnant women receiving ART in accordance with national guidelines in the Central and Northwest regions.
- **Problem:** Low initiation of antiretroviral treatment among HIV-exposed children diagnosed positive in the Central, Northwest, and Southwest regions, with only up to 33% receiving treatment after a positive PCR test.
 - **Recommended action:** Strengthen active case finding, rapid referral, and prompt initiation of antiretroviral treatment for HIV-exposed children diagnosed positive in the Central, Northwest, and Southwest regions.
 - **Expected result:** Increased rate of antiretroviral treatment initiation among HIV-positive exposed children and improved progress toward elimination goals.