



DECEMBER 2015, Issue 27

# HIV-FREE NORTHWEST PMTCT PROJECT

MONTHLY UPDATES



Photo: M. Clementine

Cross section of trainees in Bamenda during the scale up training of Option B+

**SCALING UP AND STRENGTHENING PMTCT SERVICES IN ALL HEALTH DISTRICTS OF THE NORTHWEST REGION**

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**WITH TECHNICAL AND FINANCIAL SUPPORT FROM  
CDC/PEPFAR**



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## WELCOME TO THE HIV-F NORTHWEST PROJECT UPDATES

Our updates are shared electronically on monthly basis with our donors, partners, stakeholders and project staff primarily to inform them on project progress. It contains updates of wraparound activities that fall under each of the seven strategic objectives as well as some important announcements and the successes recorded.

If there are any updates you want included, you can send them within the last 10 days of every month to [hivfdoc.team@yahoo.com](mailto:hivfdoc.team@yahoo.com)

We hope you will enjoy reading through!

### PROJECT TITLE

Expanding Coverage and improving the quality of Facility and Community Based Prevention of mother to Child Transmission of HIV in the Southwest and Northwest regions of Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR) 2011-2016

**HIV-FREE SOUTHWEST AND NORTHWEST FUNDING YEAR FOUR STRATEGIC OBJECTIVES (APRIL 1, 2015 – MARCH 31, 2016)**

Objective 1: Ensure provision of high-quality, continuous PMTCT services at all 341 government-recognized ANC facilities in the NWR

Objective 2: Increase the percentage of PW tested for HIV and who know their results from 59% to 63.7% NWR by the end of FY4.

Objective 3: Increase the percentage of PW living with HIV who receive treatment according to national guidelines from 96% to 100% in the NW by the end of FY4.

Objective 4: Increase the percentage of HIV-exposed infants (HEIs) who receive appropriate prophylaxis from 98% to 100% by the end of FY4.

Objective 5: Increase the percentage of HEIs who are tested for HIV within 18 months of birth from 95.4% to 100% in the NWR by the end of FY4.

Objective 6: Increase the percentage of HIV-infected infants who receive antiretroviral treatment from 65% to 80% by the end of FY4.

Objective 7: Undertake advocacy and partnership building at community, district, regional and National levels to maximize coordination and sustainability of PMTCT services.

# OVERVIEW OF THE MONTH'S ACTIVITIES

## PEDIATRIC CARE AND TREATMENT SERVICES

### NKWEN BAPTIST CARE AND TREATMENT CENTER CELEBRATES WITH THEIR CHILDREN

By Mbi Clementine

Children Living with HIV (CLWHIV) have witnessed the joy of Christmas and celebrated the season in love and harmony. This was made possible by a Christmas party organised to their honour by the staff of the Nkwen Baptist Health Centre Pediatric Care and Treatment Unit. The event that took place on December 5, 2015 brought together 85 children of 0-9 years.

These children had the opportunity to commune with their caregivers, parents, staff to sing Christmas carols, receive gifts and express their wishes for 2016. Most of them promised to always take their medication, be happy and also strive to do well in everything especially in school. Their joy could be seen from the smiles on their faces.

This event is part of the social services rendered to the 259 children that the centre caters for, and works selflessly to identify more children and link to Care and Treatment.



Pediatric Health Care Providers sharing with the children

It is also thanks to the loving and caring service providers at these centres that the children are happy and the number of children per centre keeps climbing since the start of the Accelerated Children's HIV/AIDS Treatment

(ACT) Initiative. A case in point is Ndu where the number of children has increased from 37 in November to 67 in December.

In the Nkambe coordination area, there was also the usual pediatric clinic whose activities are smoothly running. They have registered a reduction in the percentage of missed appointment cases. The number of children enrolled into Care and Treatment is also witnessing a steady increase, thanks to the ACT program that is succeeding in finding these children. Below is the enrollment statistics for pediatric clinic for Nkambe treatment center.

Children ever enrolled 0-19 years	Children still actively in care 0-19years	Age range for children still actively in care			Defaulters (enrolled but no more in care)
		<10 years	10-13 years	14-19 years	
144	105	43	40	22	39

All efforts are being put in to find these ones and bring them back to C&T.



Photo: Ndzi Felix

Pediatric clinic at Nkambe DH

## ADULT CARE AND TREATMENT ACTIVITIES TO RETAIN CLIENTS

By Kuni Esther

As a way of following up HIV positive clients and keeping them in care, the Monitoring and Evaluation team embarked on an exercise to identify addresses of these clients in the Region to enable the project team and partners better serve them. An assessment was done in all Care and Treatment centres in the Region by going through patients files and gathering information of their address. Some phone calls were also made in some cases where the addresses of their residence were not clear. Statistics show that a greater number of clients receiving treatment at care and treatment centres in proportions come from Bamenda District, followed by Fundong and then Ndop. See table below for all the districts. This information will enable project team strategize follow up through outreach.

DISTRICT	%	District	%
BAMENDA	20,6	KUMBO WEST	2,5
FUNDONG	17,2	KUMBO EAST	1,9
NDOP	9,7	SANTA	1,8
WUM	7,5	BENAKUMA	0,9
BATIBO	7,2	NJIKWA	0,9
BAFUT	5,4	NWA	0,9
NKAMBE	5,0	WEST	0,7
MBENGWI	4,6	AKO	0,5
BALI	4,5	OKU	0,3
TUBAH	3,0	SOUTH WEST	1,5
NDU	2,9	LITTORAL	0,4
		CENTER	0,2

Meanwhile outreach continued at 9 C&T Centres supported with project funds. Averagely 1900 clients are reached in far off communities through this service as a way of reducing the distance of clients to the C&T centres. Clients express their joy as this has helped some who would not have respected appointments to meet the team of nurses in their own community health centers.

## HIGHLIGHT OF ACTIVITIES CARRIED OUT IN COORDINATION AREAS AND DISTRICTS

### ASHONG COORDINATION AREA (BATIBO AND BALI DISTRICTS)

By Gah Christencia

The staff of Ashong carried out regular routine activities, as well as activities to mark WAD 2015. In effect, a VCT carried out as part of the celebrations registered a total of 268 persons tested for HIV, amongst whom were 3 pregnant women. Six people who tested positive had their CD4 count done and all were linked to care and treatment. Follow up has been initiated to ensure that all six cases including the two known cases receive appropriate care and treatment. Celebrations were also marked by sensitization using different strategies and messages on Ante Natal Care (ANC) attendance, Men as Partners (MAP) in PMTCT, Accelerated Children's HIV/AIDS Treatment Initiative (ACT) amongst others.

Though observations on services rendered are good, persistent documentation challenges as well as some problems with requisitions have been reported in this area. Failure to initiate requisitions on time using the right procedure is a worry in some of the sites visited.

This problem which is not peculiar with this area, shows the need for regular and constant supervision and reminders on these issues.



Photos: Gah Christencia

Sensitization in Bali town



VCT at the Bali grand stand

## MBENGWI COORDINATION AREA (MBENGWI AND NJIKWA DISTRICTS)

By Tubuoh Claris

This month witnessed activities in this coordination area including supervision, meetings and holding of pediatric clinics. Seven health facilities received supervision with some facing the problems of shortage of reagents which were reported and handled. The project Manager supplied some procured with project funds and filled gaps while working with RTG to get more from the central level.

Mbengwi health area registers a low HIV positivity rate but unfortunately, the denial syndrome for the few HIV positive cases is a concern. Many clients and their spouses vehemently refuse care and treatment services.



The

Coordinators have adopted the strategy of not just indicating errors in registers, but actually working together with site staff to fill registers, develop pregnancy ID numbers and trace lost to follow up women amongst other documentation procedures

follow up is however not relented and hopes are for them to change and make beneficial decisions in the future.

There is the challenge of absence of trained Chiefs of Centres (COC) on Option B+ which slow down services as observed at a few centres until they are back. There are hopes that through the Local Capacity Initiative Project, some of the sites receive staff paid by the council to fill gaps where the COC is alone at the center.

## MBINGO COORDINATION AREA (Tubah, Ndop and Fundong Districts)

By Yonghabi Promise

The Mbingo coordination area visited some 19 sites this month. Activities carried out here away from the regular monthly routine engagements were emphasis laid in the supervision of PMTCT and Option B+ sites. Improvements have been recorded in these sites according to the reports, and all the trained sites on Option B+ are currently implementing this protocol. Lack of Option B+ registers at implementing sites was noticed

and the registers are currently being supplied. Other documentation problems regarding the channelling and submission of reports were identified and corrections made.

With the lapses identified on the field, suggestions involve the training of staff to fill gaps in some facilities, ensure the availability of registers at all sites especially those recently trained on Option B+.

### WAD 2015 IN MBINGO

Mbingo coordination area is home to one of the biggest health facilities of the CBC Health Services in the Northwest Region. The celebration of national events here are always in high gear. The world AIDS day 2015 commemorated on December 1, 2015, was marked here by presentations and talks on the AIDS Control Program of the CBC Health Board and other AIDS related activities. Staff were empowered with this knowledge and charged to act as ambassadors in making people sensitised on the HIV pandemic, make healthy informed choices and take up available treatment in cases of HIV infection.

Some 170 people who tested for HIV this week recorded 5 positive cases. Two of these cases were linked to care while two others from the outskirts of the area were referred offsite for treatment. Cases that complained of financial difficulties and failed to undergo the baseline laboratory test are followed up for Care and Treatment assurance.



Photo: Y. Promise

Sensitization march through the streets of Belo

## LIFE ABUNDANT PROGRAMME (LAP) COORDINATION AREA

By Sakah Peter

Routine facilitative and supportive supervision, participation in the World AIDS Day commemorative activities and in the reopening of Nseh PHC, characterised activities in the LAP coordination area.

In the domain of supervision, the PMTCT staff paid attention to and actively supported at antenatal clinics, sensitization in communities amongst others. In the act of attending to pregnant women at PHCs, collecting DBS amongst related activities, the team noticed lapses in this domain. The Coordinator is working with Management to see how Community Health AIDES (COMCHAS) can be given basic knowledge on TELE. This will facilitate treatment services rendered to pregnant women who sometimes fail to respect the referral advice to receive B+ in other sites.

The Nseh Primary Health center that was short down at one point reopened in December and received gratitude from the population. This was shown by the massive turn out of the community members during the event, including the traditional ruler who called on his community members to utilize the services of the centre. The health committee members and health promoters have also been called upon to work for the good of the community.



Figure 1 Giving out prizes to school children after a quiz on HIV/AIDS on WAD

Like other coordination areas, LAP laid special attention in the commemoration of World AIDS day. The celebrations took place in the local community of Marem to create more impact. Sensitization took place in churches, schools and social groups. Health talks on HIV and AIDS as well as proper nutrition for HIV infected cases were part of activities. The VCT to mark this event saw a total of 132 person. The lone case diagnosed HIV was linked

to Care and Treatment at BBH. Students and people in this community who took part in the HIV/AIDS quiz won prizes.

## **BANSO COORDINATION AREA (Kumbo East, Kumbo West and Oku)**

By Kimbi Wilson, Jimla Catherine and Ngi Evelyne

The main activities in this area were facilitative and supportive supervision and active participation in the World AIDS day as reported in the last updates. Generally, supervision to sites was successfully done, with inconsistent documentation being the lone challenge that surfaces all the time. Most of the sites visited by the PMTCT team this month were Option B+ sites. Some of these sites have initiated clients in the Option B+ program like St Claire clinic, Kevu integrated health centre with four clients and Tadu catholic H/C with 4 clients. They also noticed great improvements in documentation in some sites and those with challenges in documentation received assistance from the team which jointly worked with site staff to correct all the documentation errors.

Peer Educators in this area have also been encouraged to continue to do their work as usual and continue to prove their worth in communities in the new PMTCT cascade. The call that came during the monthly meeting of the Peer Educators of Kumbo West, Kumbo East and Oku Health Districts had the PE promising to do their best in 2016 in follow up and linking to care of HIV positive cases found in the communities.

Another achievement within the month was in the area of Men as Partners at ANC. In partnership with the ViiV Healthcare program, the project team saw some 29 men accompanied their spouses in the Oku District hospital and Wainamah Catholic H/C. They were screened accordingly and plans have been made for Djottin C H/C and Dzung I H/C in early 2016. The example shown in this health area in the domain of MAP is worth emulating by other health areas.

## **NDU COORDINATION AREA (Ndu and Nwa Districts)**

By Nsame Pauline

The beginning of the month registered a success in Ndu as they succeeded in organising World AIDS day activities on December 1 in a Muslim community. The strides made by the PMTCT staff in Bui, Ngoketunjia and Donga Mantung Divisions of the Northwest region amongst the Muslim community is commendable. This community which hitherto years back shunned most healthcare services are now very open and welcoming to receive sensitization, services and join in major health activities. This is a leap forward because most areas in these divisions are inhabited by the Muslims. This involvement by the Muslims is also thanks

to the project's employment of one of theirs Esa Ismailla as PMTCT Supervisor for these three divisions, who during his two years of service in Kumbo west in this capacity succeeded in the behaviour change of his fulani people.

Supervision and peer educator's meetings also took place. These took care of all problems faced at the sites visited and the Peer Educators were challenged to work harder in their prescribed activities.

According to the PMTCT coordinator of Ndu, about 90% of the sites are already implementing Option B+ thanks to the scale of training of B+ that took place in Kumbo in December. Service providers are appreciative of this training and Option B+ implementation whose benefits were already being felt in their respective facilities.

## **WUM COORDINATION AREA (Wum and Benakuma Districts)**

By Kum Roland/Tebo Harzel

This month was also very busy as the previous months with series of activities engaged. These included WAD activities, supportive supervision to Option B+ sites, meetings with Bikers and Peer Educators, on-the-spot training etc. The 35 children who turned up at the Children's clinic this month departed all smiles as they received their packages and money which they promised to use in buying their Christmas balloons.

The implementation of Option B+ services here are moving on smoothly and the sites set aside to be trained on B+ in February are happily and anxiously awaiting the training. These sites include CMA Furuawa, Munkep IHC, Kumfutu IHC, and Bu IHC in Wum Health District and Mukuru, and Benade IHC in Benakuma Health District.

Checks on counselling quality, stock management, documentation efficiency, DBS collection amongst others showed signs of improvement. During this exercise, the Wum Urban hospital this recorded a positive PCR and the child has been put on treatment. This was however not void of challenges in some areas which need corrections. These areas include new ACT monthly reporting form, incessant transfers of trained staff and lapses in postpartum follow up. Suggestions to upgrade this situation have been made.

## **BAMENDA COORDINATION AREA (Bamenda, Santa and Bafut Districts)**

By Ndi Grace Yewong

This coordination area was part of the trainings in December increasing the number of Option B+ implementing sites. This is considered a success in the month given that the Bamenda District that falls under

this coordination area recorded success in the pilot phase of the project and many more sites are currently added.

In this area, identified problems include lack of will amongst staff especially in the domain of documentation at some sites, failure to be duty conscious and exemplary. It was also realised at St Francis that all trained staff on Option B+ have recently resigned creating a big void in this area. The stock out of determine was resolved by the project Management.

The project Manager and the Supervisor in collaboration with the coordinator are working to see to it that these challenges get solutions as soon as possible.

## **NKAMBE COORDINATION AREA (Nkambe and Ako Districts)**

By Calister Nkese and Ndzi Felix

Supportive facilitative supervision was carried out in some of the health facilities which included on-the-spot site training on PCR collection and focus laid on Option B+ registers updating and the timely requisition of drugs/reagents using the daily stock card dispensation.

Trainees on Option B+ always depart the training ground with the advice to disseminate knowledge gained to their colleagues in order to avoid instances of total ignorance with the untrained staff. Though some providers respect this, it however is not the case in all facilities. Some self-centred staff like the one in CMA Misaje who fail to share this knowledge do so at the detriment of the Health facility and the clients. This is because their absence renders a total halt in services delivery in this domain. On-the-spot trainings have been helping out.

About 82% of the facility sites of this coordination area are now offering Option B+ services, however the



Option B+ on-the-spot training in CMA Misaje

Photo: S. Musa

remaining 18% are encouraged to refer their HIV positive diagnosed pregnant women to the nearest Option B+ sites, a call they respect while waiting for the training sessions of February.

With reduced challenges in project implementation, there are plans here to regularly visit sites facing difficulties in Option B+ implementation.

It is also worth noting that PMTCT staff usually partner with other health organisations in local communities

whenever there is the need. There is the plan in Nkambe to partner with the US Peace Corps on a workshop organized in Binshua community aiming at increasing the awareness and support of orphans and vulnerable children in the areas of health, education, psychosocial support, disease prevention and economic strengthening through their parents/care givers.

## SUB COMPONENTS

### LOCAL CAPACITY INITIATIVE (LCI)

By Abuseh Jacky/Lum Odette

#### THE POLICY ADVOCACY TEAM STRATEGIZES ON STRENGTHENING DIALOGUE STRUCTURES

The Advocacy Technical Working Group of the LCI has brainstormed on strategies geared towards refining the draft copy of the Policy Advocacy Strategic Plan that centres at strengthening dialogue structures. Meeting in Bamenda in a three day working session from December 14<sup>th</sup>-16<sup>th</sup>, the team that comprised of the LCI consultant Dr Ndonko and eight participants, focused on the background, goal, objectives, work plan, monitoring and evaluation as well as budgeting.

To this effect, resolutions met have laid down the need for CBCHB working with the NW/SW Special Funds for Health Promotion to increase commitment and shared accountability to enforce and support the functionality and coordination of health district and area level dialogue structures; pertaining to technical support provision, membership and elections by 2019.

In order to accomplish the four objectives whose deadlines were set from 2016-2019, a work plan has been developed with a corresponding budget that stands at 47,530,000 francs CFA.

The CBCHB has therefore embarked on continuously monitoring and sustaining the functioning of dialogue structures in partnership with the Special Funds for Health Promotion. The collaboration of these two bodies will greatly improve on the quality of accountability and reporting of dialogue structures. The CBCHB will in effect provide technical support and the development of a timeframe and a reporting tool for dialogue structures in order to facilitate work in this domain.



Members of the ATWG in session

## **LCI STAKEHOLDERS AND COMMUNITIES CONTINUOUSLY GET INVOLVED IN THEIR HEALTHCARE**

The last phase of the sensitization and integrated outreach activities for Ante Natal Care (ANC) for 2015 ended this month. The activity that was carried out in all five districts of the LCI project reached out to a total of 8880 persons. Communities have through this activity seen the importance of attending early ANC. The involvement of stakeholders like traditional rulers, Religious leaders, District Management Committee and

health Area Management Committee members in the process, indicates the zeal of the local stakeholders for the success of the project and the progress achieved after building the capacities of these stakeholders to assume responsibility and effectively handle the project after transitioning.

In all; 65 traditional rulers, 83 religious leaders, 21 DMC members, 190 HAMC members and 28 other stakeholders actively participated in the sensitizations in churches, mosques, market squares and door to door campaigns. There are hopes and efforts made to maintain this show of dedication and interest in health talks on the importance of attending ANC, importance of male participation in PMTCT, importance of visiting the health facilities, dangers of road side drugs, disadvantages of teenage pregnancies, etc. The communities are therefore more and more aware in these areas and progressively using their health facilities for healthcare services.

It is worth noting that the sensitization and outreach activities have imparted a positive influence on the HAMCs who are now more conscious of their duties and meet regularly to effectively carry them out.

## OPTION B+

### OPTION B+ SCALED UP TO MORE FACILITIES IN THE NORTHWEST REGION

In December 2015, the HIV Free Northwest project embarked on the trainings of healthcare service providers from additional facilities in the Northwest region. These trainings in the domain of Option B+ aimed at capacitating service providers on this WHO Prevention of Mother to Child Transmission of HIV (PMTCT) protocol. These month's trainings were organized in two sessions that ran in Bamenda and Kumbo and built the capacities of some 83 health care service providers. This number adds to 81 providers trained in November to bring a total of 164 health care providers.

The general objective of the trainings are to educate service providers on how to implement and follow up HIV positive pregnant women on Option B+ arm of PMTCT. Specific objectives have been to enlighten the service providers on the generalities of HIV, HIV counselling, management of HIV infected women and exposed infants in Mother Child Health (MCH) services, antiretroviral therapy, adherence and management of defaulters, care of health care worker and monitoring and evaluation.

The scale up of the Option B+ sites operates from a background that intends to train providers from all facilities in the Region. This move is geared at bringing Option B+ closer to the population to ensure optimal services that will go a long way to reduce new infections in Mother to Child Transmission (MTCT) of HIV. This also

falls within the government of Cameroon's framework of gradually scaling up Option B+ to all government recognised health facilities in the country.



Photo: M. Clementine

Cross section of trainees in the Kumbo session

## Words of Appreciation

We wish to thank all our partners, stakeholders, Regional and District teams for their wonderful collaboration, support and encouragement as we work in the field. We appreciate the efforts of all the project staff who are working hard in various parts of the region to ensure that we achieve our objectives. We cannot forget to say thank you to the various service providers at all project sites for their hard work. Finally we remain very grateful to CDC/PEPFAR for giving us the opportunity to implement this very important project.

“We are improving on services but only you can improve on your health”

Prof Tih, Project Principal Investigator

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