



JANUARY 2016, Issue 28

MONTHLY UPDATES

HIV-FREE NORTHWEST PMTCT PROJECT



Photo: Clementine Y.

Participants at the PMTCT information meeting. Seated left to right (PMTCT Focal Point, the RTG Coordinator, Regional Delegate Public Health, Principal Investigator of PMTCT project, Administrator NWRFP). Standing are DMOs

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

IN THIS ISSUE

- ❖ Project Year Four Objectives
- ❖ Overview of Months Activities
- ❖ Progress towards targets
- ❖ Stories from the field/Coordination areas
- ❖ Sub components: Focus on LCI
- ❖ Interviews

WITH TECHNICAL AND FINANCIAL SUPPORT FROM
CDC/PEPFAR



Dr. Omotayo Bolu,
CDC Country Director



HE Andre Mama Fouda,
Minister of Public Health



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CDC Program Director

WELCOME TO THE HIV-F NORTHWEST PROJECT UPDATES

Our updates are shared electronically on a 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

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

FIVE YEARS OF IMPLEMENTATION; FIVE YEARS OF GROWTH

By Clementina Njang Yong

For five years, the CBC Health Services has been implementing a Prevention of Mother to Child Transmission of HIV (PMTCT) project dubbed 'HIV-Free Northwest and Southwest project'. Funded by CDC/PEPFAR, the project which started in 2011 had 7 objectives geared towards quality PMTCT services; increasing the percentages of Pregnant Women (PW) tested for HIV and who know their results, PW living with HIV who receive ARV prophylaxis according to the National guidelines, HIV Exposed Infants (HEI) who receive appropriate prophylaxis, HEI who are tested for HIV within 18 months of birth, HIV infected infants who receive antiretroviral treatment; as well as undertake advocacy and partnership building at all levels to maximise coordination and sustainability of PMTCT services. For these five years, the project has realised great progress. Achievements include a 98% HIV test acceptance rate and over 90% of maternal and infant treatment thanks to the constant availability of ARVs.

The mother to child transmission of HIV at six weeks which currently stands at 4.3% anticipates a drop after the effective interventions of Option B+, the new PMTCT protocol which is being fully rolled out in the



Photo: Clementine Y.

Major stakeholders during the information meeting

Region. Male partner involvement in PMTCT has also witnessed an increase from 1.9% in 2011 to 10.2% in 2015.

The elapse of these years accompanied by successes has been greatly appraised by the project funders and other stakeholders. By the fifth year of implementation, the project had expanded services to 19 health districts and 372 sites in the Northwest region. According to the sustainability plan of the project, a total of 12 districts and 143 sites have been systematically selected to continue activities. However, global funding through the Government of Cameroon will hitherto support the other districts and sites not included in the sustained sites.

Stakeholders of the project including The Regional Delegation of Public Health, District Medical Officers, and the media have been updated on the current trend of activities. The information sharing forum which took place at the Northwest Fund for health Promotion on February 16th saw the participation of all



Regional Delegate of Public Health and Prof Tih facing the press

stakeholders.

Addressing the Press, the Regional Delegate for public health Dr Manjo Mathilda lauded the services of CBCHB and raised her voice to call on other stakeholders in the HIV response to continue to put hands on deck for the complete eradication of this pandemic. To this, she prescribed proper documentation of activities as the panacea through which more progress can be evaluated.

To the Principal investigator of the Project Professor Tih, there are hopes that the remaining 2% of the population of pregnant women will accept to know their HIV status and benefit the readily available services.

PEDIATRIC CARE AND TREATMENT SERVICES**STEPS TO BETTER MANAGE PEDIATRIC CARE AND TREATMENT IN THE
NORTHWEST REGION****SUPERVISION AT ACT SITES EMPLOYED FOR EFFECTIVE SERVICES**

By Lanjo Joseph

Accelerated Children Treatment (ACT) initiative activities in the Northwest are constantly overseen through supervision geared at ensuring the optimum performance and operation of staff in this domain. These visits also serve as a parameter in offering a conducive and enabling working environment that can boost results. During such visits, work is effected in documentation procedure, onsite trainings in areas of lapses and checks to confirm the work of the Pediatric HIV Task Team that has been formed and set up to control



pediatric HIV activities at facilities.

The month saw these visits extended to several facilities where all identified problems were immediately presented with a solution. The challenges in documentation, non-availability of commodities at some sites and challenges of getting a play centre were redressed through collaborative work with facility staff and test kit supplies from the project's management office.

The supervisory activity has enabled the proper identification and systematic testing of all clients at entry points. The monthly statistics are also duly collected by the Pediatric Task Team at all ACT approved sites and the new ACT report booklet with visible font sizes have been made available together with HIV laboratory diagnosis booklet. All these will pre-empt any errors and propel effective implementation of ACT activities.

EVALUATION WORKING SESSION TO SOME ACT SITES IN THE NORTHWEST REGION

By Lanjo Joseph

The Director of the Bamenda Regional hospital Dr Kinge Thompson who now doubles as the Care and Treatment Physician for the CBCHB has together with the Pediatric HIV and AIDS Advisor for the CBCHB paid a working visit to some pediatric Care and Treatment sites in the region. Their supervisory working visit was to amongst other activities ensure that the Ministerial decisions regulating pediatric HIV management in the country are respected to the later; documentation of activities are properly done by the installed pediatric Task team and also that there is collaboration amongst all heads of different pediatric units. The Regional hospital it should be noted is the highest volume site in the Northwest and his additional position will work at enforcing proper implementation of ACT activities not only at his facility but also at other Care and Treatment centres.

The working visits served as a forum to listen to ongoing activities at sites. Misunderstandings and complaints of side-lining by some collaborators were rife at the Regional Hospital from the Pediatrician of the hospital and the head of the Care and Treatment Centre. To this effect, the Care and Treatment Physician has stressed on the need to respect stipulations from the Ministerial decision regarding the documentation process of all activities to be eventually submitted to the Ministry of Public Health. The visit saw the redress of this problem with calls for amicable team work amongst Facility paediatricians, Pediatric HIV Supervisor, treatment centre Coordinators, heads of Pediatric HIV care at facilities and other staff of the ACT program especially the Pediatric Task team; who have been charged with the responsibility to ensure that all children are tested at entry points and receive the appropriate care.

The next stop of the visit was at the Nkwen Baptist Health Centre Pediatric care and treatment site where Dr Thompson appreciated them for the statistics they have been submitting in this domain and encouraged staff



Pediatric HIV and AIDS Advisor Dr Atanga addressing staff on the implementation of ACT activities

to continue to upgrade the tact in the execution of assigned functions.

HIGHLIGHT OF ACTIVITIES CARRIED OUT IN COORDINATION AREAS AND DISTRICTS

ASHONG COORDINATION AREA (BATIBO AND BALI DISTRICTS)

By Gah Christencia



Supervision at Gungong Integrated Health Centre

There is this saying that work done without documentation is equals no work done. Service providers have regularly had this statement re-echoed to them to enable them see the importance of documenting all their activities especially the services they render to clients. As some heed to this advice, others seem to be a little negligent in this domain. Supervision in Ashong this month in the company of the PMTCT Supervisor to some 6 facilities noticed lapses in the documentation domain. The lack of correlation in ANC registers and those in the lap indicate a

degree of negligence some of the sit staff as far as documentation is concerned. Supervision therefore continues to be an arduous task to right these errors. Amidst complaints of work load, transfers of trained staff and ignorance in recording some of the information, continuous measures are taken to rescue such situations in the field.

MBENGWI COORDINATION AREA (MBENGWI AND NJIKWA DISTRICTS)

By Tubuoh Claris



ACT Supervisor checking and correcting registers with site staff

Documentation has constantly been reported as a challenge in some sites across all coordination areas. This has rendered it an absolute necessity to regularly check files at facilities with site staff to effect corrections. The method employed by Mbengwi PMTCT staff and those elsewhere has not only been to do verbal corrections but take time off to work together with site staff who in turn ask questions in this domain. This month, visits focused on some ACT sites in the presence of the ACT Supervisor Mr Lanjo Joseph who paid visits to Child Play centres and Care and Treatment centres to brief staff on the filling of ACT files. These efforts are to pre-empt any documentation errors in the ACT program.

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MBINGO COORDINATION AREA (Tubah, Ndop and Fundong Districts)

By Yonghabi Promise

Work in the Mbingo Coordination area is reportedly moving smoothly in all the 66 sites of this area. A degree of improvement in Service Quality Assurance (SQA) and Data Quality Assurance (DQA) has to an extent been linked to regular supervisory visits and improvement in working relationship amongst the districts. This has been witnessed in the domains of PMTCT including Option B+ and ACT where there is a general reduction in the number of errors at sites. This, coupled with great improvement in the commodity chain supply from the region to the sites, has led to appropriate care to clients.

Triplets born to an HIV positive mother in this coordination area are reportedly healthy and have all tested negative after rapid tests. A visit has been planned to the family next month to witness the family's

continuous joy as the children who are now 2 years 9 months old are all growing healthily. The PMTCT program has followed the children since their birth in June 2013 to do their PCR which tested negative and also negative rapid tests were conducted on the children.

LIFE ABUNDANT PROGRAMME (LAP) COORDINATION AREA

By Sakah Peter

Collaboration between the leading health facility and the Primary Health Centres (PHCs), respect of administrative staff for punctuality coupled with the continuous persistent checks from the PMTCT coordinator in this coordination area has reportedly led to the increase in the utilisation of the PHCs by the community. According to the coordinator, there is presently a minimal rate of laissez-faire attitude which some of the site workers had started inculcating. Due to the afore-mentioned, the staff are more conscious of their work and are duty conscious. This working spirit has been greatly encouraged and the Community Mother and Child Health Aides (COMCHAs) have been also encouraged to continue with their work in serving the communities.

The triplets born to an HIV+ mother in this coordination area have had their DBS specimen collected and forwarded to Bamenda, and the results are being awaited.

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

By Jimla Catherine and Nsa Kenneth

Partnerships with other projects in the execution of PMTCT activities have proven successful across the years. These partnerships which go a long way at rendering services to more people, also creates amicable working relations amongst collaborating parties. The partnerships it should be noted are also channels for the realisation of project goals and objectives.

It is thanks to a partnership with the ViiV project that there is the continuous increase in the number of Men as Partners in PMTCT in the Bansa and Ndu Coordination areas, areas where frequent MAP clinics are organised. This month, a cumulative 39 men across 5 facilities and others captured during VCT underwent routine health checks and two of the men tested HIV+.

The VCT which was still an extension of the Voluntary Counselling and Testing exercise at some local community markets recorded the following results

Health area	Number screened		Positive cases		Number of couples	Total
	Preg. women	others	Preg. women	others		
Oku market	0	107	0	04	04(all negative)	107
Ngeptang market	01	122	0	01	05(all negative)	122
TOTAL	01	229	0	05	09	229

All seven cases tested HIV+ have been linked to care and treatment, the principal purpose of the outcome of results.

NDU COORDINATION AREA (Ndu and Nwa Districts)

By Nsame Pauline

The laid down rule and advice for people to regularly do their HIV tests in order to ascertain their status and take early interventions if need be, has not always witnessed positive reaction from the general public. This sometimes is also due to ignorance, complaints of inaccessible facilities and even the aspect of fear of the unknown results outcome. The realisation of this ignorance, indifference and disregard to such calls across the five years of the project's existence prompted revised strategies to ensure that this service reaches out to all people irrespective of their location. The project for some time organised VCT in communities and follow up of those who tested HIV+ continues to take place.

This strategy of outreach Voluntary Counselling and Testing (VCT) campaigns to communities amongst others gave this opportunity to many people in all project's coordination areas. As follow up is effected for those who tested HIV positive during these outreach VCT, project staff also continue to readily render

services and human resource collaboration with other stakeholders in the HIV response to ensure the realisation of objectives two through six of the project (See strategic objectives above). Monthly reports have regularly contained the working together with other groups with a common purpose. The case in point this month is the Ndu coordination area that collaborated with the ViiV project to conduct VCT in two communities and recorded some 7 HIV+ cases amongst the 324 tested. This activity also gave an opportunity for the staff to continue to sensitize the communities on the importance of male partner involvement in PMTCT.

The coordination area also succeeded at linking to care and treatment a 14 year old child and an infant whose PCR turned out positive at Early Infant Diagnosis (EID). All these cases have been linked to care and treatment and it is worth noting that this success has been recorded thanks to persistent follow up and counselling.

The increase in the number of people on treatment has necessitated the demand for the decongestion of some treatment centres in areas where there are complaints of long distances to access Care and Treatment services. Long distances have been blamed for defaulting by clients. The distance is also a menace and constitutes complaints by clients in the Turn Around Time at the treatment centres. The Ndu coordination area, one of the areas witnessing this problem, has solicited the assistance of the Treatment centre staff to together work with Groups to render outreach services in communities. This call though welcomed by the Director of the centre is in the process of implementation, with the hopes that there will be enough staff from the already limited number to carry out the services.

WUMCOORDINATION AREA (Wum and Benakuma Districts)

By Kum Roland/Tebo Harzel

AN ENTIRE FAMILY INFECTED WITH HIV FOUND AND INITIATED ON TREATMENT

Many may wonder how a family of father, mother and three children could be ignorantly living with HIV and AIDS probably for years. This is the case of a family in Modelle-Wum where after testing a 12 years old child HIV+, follow up for initiation led to multiple discoveries of infected cases in the same family.

It was during a VCT campaign in August 2015 that the HIV+ diagnosis of the child drew the attention of the PMTCT staff. A follow up visit for initiation a week later took the staff to the girls' family where with the consent of her father, her siblings were tested. We won't say unfortunately all tested HIV+ including their parents; but we will rather say fortunately, the family has been able to know this status and accepted treatment. The initiation into treatment might have taken long due to the initial refusal by the father but thanks to persistent counselling, he has accepted for entire family to take treatment.

The PMTCT staff are happy for this recorded success but most happy for having reunited the family as a result of this. It is worth noting that the mother to these children who had earlier deserted them and relocated to the Southwest, came home thanks to the intervention of the PMTCT coordinator. She is currently taking good care of her entire family and all efforts are engaged to ensure adherence that will keep the family healthy.

BAMENDA COORDINATION AREA (Bamenda, Santa and Bafut Districts)

By Manga Jeanne Lydie



Photo: Clementine Y.

Community mobilizer carrying out counselling in a local community

Counselling is an integral part of HIV testing. Counselling methods across the years have continued to be enhanced to attain internationally approved standards. Individual decisions to either get tested for HIV or not, including the decision to accept treatment if tested positive has been attributed greatly to the method and manner of counselling. To this effect, the project from inception has always prioritized this aspect and trainings and refresher courses geared at capacitating service providers in professional counselling methods have been organised. Counselling therefore does not only take place at facilities but also during outdoor VCT.

The 98% acceptance rate in HIV testing amongst pregnant women as at 2015 can be partly attributed to effective counselling methods during the pre and post-test. It is however obvious that not all effort can always obtain a 100% achievement. In spite of all the counselling employed however, some clients are still adamant to change of mind-set. To achieve the desired goal however, persistent follow up coupled with additional counselling sets in for such difficult cases; some of whom strangely still exhibit ignorance in the existence of HIV.

The Bamenda coordination area this month has reported the incidence of four HIV+ pregnant women who have not only refused treatment but have refuted the existence of HIV. The PMTCT team is working hard to save the lives of these children by seeing to it that these women succumb to advice in due course.

SUPPORTIVE AND FACILITATIVE SUPERVISION

This activity took place in all district health services. Documentation was discovered to have improved significantly at some sites, though others still present with serious documentation problems. It has been realised however that failure to document is not only due to ignorance, but also a result of complaints of work load. Apparently, some service providers expect to be compensated for the work they consider is becoming very heavy on them given the additional indicators in some of the registers. The failure of appropriate documentation has a heavy toll on PMTCT activities and most especially on Option B+. It is

however hoped that with the recent trainings obtained by these service providers, the documentation situation will change for the better.

The ACT sites which have been facing a similar problem are currently receiving supervisory visits from the ACT supervisor to check, correct and advice on documentation procedure. As the saying goes that all work done without documentation tantamount to no work done, the service providers are gradually succumbing to this adage and positively receiving directives on documentation.

In Wum, the DMO during the Supervision visits used it as a forum to call on Chiefs of Centres (CoC) to endeavour to always forward monthly reports in PMTCT, Option B+ and ACT on time. Instructions were also given on how to treat positive PCR and on the need to always collect the second PCR. This emphasis is as a result of some second PCR tests that recently turned out positive in Wum Urban and Weh IHC. These majors are to avoid any positive cases to remain undiagnosed.

SUB COMPONENTS

LOCAL CAPACITY INITIATIVE (LCI)

INTEGRATED OUTREACH AND SENSITIZATION FOR MNCH

By Abuseh Jacky and Cho Odette

Outreach and sensitization activities in all districts implementing the LCI project have continued to take place. This is in a bid to get more stakeholders involved and understand their roles in the communities. The engagement this month in outreach activities have also been driven by the success registered in previous outreach activities.

This month, a total of 26,445 people were sensitized, 109 captured for ANC1 and 148 old ANC cases. These activities which also rendered vaccinations to 1529 children, received 459 persons at consultations; also saw many Men As Partners, tracked and linked back some lost-to-follow up cases amongst others.

The active participation of all stakeholders in this exercise has been commendable. This, coupled with the organisation of regular meetings shows prove of commitment in prioritizing health at the local level. Local resource mobilisation this month through fund raising activities and individual donations paints a brighter picture of owning and running healthcare. Three districts of Mbengwi, Bafut and Tubah have had their communities raise a total of 563,600 to cater for areas of need in their respective facilities. The Health districts of Bafut, Tubah and Ako which started receiving assistance from the council last year have had renewed commitment this year. The councils in these areas have continued to support health care activities thanks to the interventions of the LCI project in some domains especially that of recruiting and employing staff to serve in facilities where there are shortages - the case of Bafut and Ako and also carry out major projects like supplying electricity in the facility - the case of Tubah.

It has also been thanks to the project's influence through community stakeholders that the DMO of Benakuma has successfully made the Regional Delegate of Public health Dr Manjo Mathilda to appoint a Chief of Centre for Beba Batomo Health Centre. Trainings on community participation on health are gradually yielding fruit.

These unfolding activities show that dialogue structure members are becoming more proactive. It is therefore hoped that the start of the implementation of the policy advocacy strategy will enable committees to be more focused and organised; a practice that will gradually lead to more productivity and ownership.

OPTION B+

TURNING ALL HEALTH FACILITIES INTO OPTION B+ SITES THROUGH CAPACITY BUILDING TRAININGS IN THE NORTH WEST REGION OF CAMEROON

By Fri Delphine

As the Option B+ proved its efficacy in Malawi and its pilot phase in some selected health facilities in the North West and South West Regions of Cameroon proved its worth, the Government of Cameroon on the 13 of September 2014 approved the Option B+ as the new protocol in the country. It is from this framework

that the HivF Project embarked on capacity building to equip service providers in the North West Region to better adapt to this innovative approach.

The trainings which started on the 3rd of November 2014, brought together carefully selected staff from all Health Districts; both from high volume and low volume sites in different phases to improve on their capacities to better manage pregnant women living with HIV. It is from this backdrop that the last phase of 136 service providers were trained from the 15th to 19th and 22nd to 26th of February in Bamenda and Banzo respectively.

These numbers add on to the already 452 health personnel trained on Option B+ since its initiation in the NWR of Cameroon.



Participant following a presentation on PMTCT in Cameroon by Dr Tayong

It is worth noting that Option B+ has several advantages as compared to the Option A protocol formerly implemented in Cameroon. Some of which will include taking just one tablet daily, optimal reduction of MTCT of HIV, Protection against MTCT in current pregnancy and future pregnancies, Protection of negative partners in sero-discordant relationships, Avoiding ARV resistance associated with starting and stopping treatment repeatedly especially in areas of high fertility, Prevention of disease

prevention for the mother, Breast feeding safer, infant health promotion, Align well with TB regimens, and efficacious treatment of Hepatitis B co-infection among others.

Talking with the HivF North West Project manager Mrs Kuni Esther who expressed her joy for training at least a staff on Option B+ in all health facilities of the Northwest Region, she had this to say “we are hopeful that with the last phase of trainings done, we expect that as from march, no woman will be on prophylaxis again. This will go a long way to increase retention rate because treatment with one pill reduces the pill

burden and reduce the rate of double counting of recording different treatment regimens amongst others. We intend to intensify counseling in other to increase adherence thereby reducing transmission rate to below 2%. This can only achieve if service providers own the initiative and respect the supply chain modalities which will enable them receive drugs on time. If this is done, I am sure it will facilitate the attainment of the UNAIDS 2020 target of 90: 90: 90: which stands for; 90 percent of PLWHV should know their status, 90% of those who know their status should be treated and 90% of those on treatment should witness a reduction of viral load.”

Supervision has been going on smoothly with challenges being too much dusty and stony roads. During our supervision we updated the various registers and did requisition of drugs. From our supervision this month,



Photo: Clementine Y.

Participants drilled on pre and post-test counselling through role play

we observed that most of our sites have initiated many clients on option B+. We also realized that some sites had defaulters and lost to follow-up clients. We hope to have no more defaulters because of distance since all our sites are now option B+ sites.

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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