



OCTOBER 2015, Issue 25

MONTHLY UPDATES

## HIV-FREE NORTHWEST PMTCT PROJECT



Photo: Clementine M.

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.

# **O V E R V I E W   O F   T H E   M O N T H ' S**

## **A C T I V I T I E S**

### **PEER EDUCATORS REMINDED OF THEIR DUTIES**

**By Clementina Njang Yong**

Peer Educators (PE) working with the HIV-Free Northwest and Southwest project constitute the team of dynamic and dedicated field workers whose activities in the communities influence a lot in PMTCT service uptake. Their role cannot be over emphasized in the exercise of their duties, which they undertake so passionately. Given the pivotal role they play in the follow up of clients in communities, monthly meetings are usually held at coordination areas to assess their work and chart better ways of improving and rendering their services.

In October, these Peer Educators converged in Bamenda and Bansa for an enlarged PMTCT PE coordination meeting. These meetings that held on the 20<sup>th</sup> and 21<sup>st</sup> October, pulled together 232 PEs and was aimed at enlightening the PE on recent developments in the project and re-orientating them on their duties to ensure efficacy of services in all aspects at the community and facility levels.



**Project Manager updating anxious and attentive PE in Bamenda**

It was a forum where the HIV project manager Ms Kuni Esther updated PE on the project activities, accomplishments and where more efforts need to be employed. Noting that a lot of attention is now tilted towards Option B+, participants were given the opportunity to share Option B+ experiences from their respective sites. Other updates done were in the domain of counting of pregnant women, Monitoring and Evaluation and the Accelerated Children's HIV/AIDS Treatment (ACT) Initiative. To this, the PE were made to understand the ACT and their role situated and spelled out for its success. PE who previously worked to link children with positive PCR for care and treatment were made to understand that they will now follow up and link adolescents up to the ages of 19. Participants left the dual meetings with the commitment to double their efforts in the continuous and earnest quest for HIV-Free communities.

## **PMTCT SUPERVISORS AND COORDINATORS MEET FOR UPDATES**

**By Clementina Njang Yong**

All coordinators and supervisors working with the HIV-Free Northwest project have received updates on the project progress and its new focus. The coordination meeting that took place on October 16<sup>th</sup>, 2015 brought together all coordinators of the nine coordination areas in the Northwest. Welcoming those present, the Principal Investigator for the project Professor Tih thanked and encouraged those present for their hard work at a time when the project is at its

maintenance and sustenance stage. His announcement on the current endeavor for Option B+ to be scaled up to all facilities was greatly welcome by the staff.

On her part, the Manager of the HIV-Free Northwest and Center Regions Ms Kuni Esther appreciated the work they have been doing in their respective areas. She reminded them that the project is now focusing a lot of attention on Option B+, and expectations are for all staff to put in their best to ensure that the ongoing Option B+ scale up and implementation is effective. The meeting was also a forum for the coordinators to receive information on the Accelerated Children HIV/AIDS activities and supervision tips with regards to ACT. They were also orientated on Information Technology (IT) usage, an orientation that was intended to provide them with necessary skills that will make them more flexible in office work in this domain.



Photo: Clementine M.

Project Supervisors, Coordinators following directives on the project focus and expectations per objective

## **COORDINATION AREAS AND DISTRICTS HIGHLIGHTS**

### **ASHONG COORDINATION AREA (Bali and Batibo Districts)**

By Gah Christencia

The team here continuous to follow up HIV positive cases that were diagnosed during VCT. This exercise has continued to successfully link people diagnosed during VCT to care and treatment. This month, a four year old child started his treatment thanks to this follow up. The

effort is however affected by some challenges especially in cases where the clients gave wrong names and or faulty addresses.

It has also been realised in this area that some of the adolescents' HIV status have not been disclosed. The reason for this delay in disclosure has been linked to failure of parents and care-givers accompanying their children from the ages of ten. The service providers concerned in such cases are working out strategies to accomplish this.

Other activities carried out by the PMTCT staff here included visits to pediatric clinics, some health facilities for supervision. Recommendations were made during these visits and there are expectations that improvements will be noticed during the next visits.

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

By Yonghabi Promise

Some 22 sites have received visits in the Mbingo coordination area. These visits that took place in October focused in replenishing supplies, collecting data, reviewing records, providing counselling support, collecting DBS, giving PCR and also initiating on-the-spot training in areas where lapses were noticed.

Facilitative and supportive supervision took place in PMTCT and Option B+ implementing sites, including the ten newly trained sites. Observations in SQA and DQA showcase significant improvement in most of the Option B+ sites.

It was however noticed in some of the sites visited that documentation is still a major challenge. According to the coordinator of this area, a lot is done on the field but reporting is a major problem albeit the recent workshops conducted. Problems of requisition from the region have also been highlighted as a problem in a series of facilities. Facilities where several lapses were identified have been cautioned and given directives. A case in point being the Tikebeng catholic Health Centre where a lot discrepancies were discovered in ANC and laboratory registers, conducting deliveries on women without ascertaining their HIV status.

It was also discovered that some sites are unwilling to cooperate on Option B+ with the excuse that they never received any formal training.

As a result of this, there are plans to undertake intensive follow and supervision to ensure that effective documentation and register entry is conducted; do onsite trainings to build the capacity of those who were never trained on the use of new tools because they were newly transferred to that site and continue to mentor staff on the sites to improve on documentation of activities carried out; and to mentor sited to do individual requisitions without passing through the districts.

## **LIFE ABUNDANT PROGRAMME (LAP) COORDINATION AREA**

By Sakah Peter

The Lap Coordinator, Mr Sakah Peter has made proposals for some sites within his area to be introduced to Option B+, given that all sites in LAP are still offering the option. His proposal comes after supervisory visits that took the PMTCT team to some 11 Primary Health Care Centres (PHCs) during the month, a visit that uncovered the difficulties faced by pregnant women who are referred after being tested HIV positive. According to the coordinator, some of the women are not usually happy when referred, leading to failure to turn up for care and treatment at the Integrated Health Centers. Given the great improvement in the quality of services rendered at some sites alongside the number of pregnant women received at these sites, the following constitutes the table of proposed sites that need to be initiated and trained on Option B+ in order to improve on the quality of services.

NS	PHC	HEALTH AREA	DISTRICT	POSITIVE CASES PAST 3 YEARS
1	KAM	VEKOVI	KUMBO EAST	8
2	BAMDZENG	DZENG	KUMBO WEST	2
3	MAREM	KIKAIKOM	KUMBO WEST	3
4	MBABUR	BONGONG	NDU	9
5	MBIPGO	BONGONG	NDU	6
6	SINNA	SOP	NDU	3
7	BOH	BOH	OKU	2
8	NCHANFUNG	JOTTIN	OKU	2
9	LANG	KIWVU	OKU	4
10	IBAL	IBAL	OKU	3
11	KITSUMEN	NONI	OKU	3
12	BEM	MESAJE	NKAMBE	2
13	ADERE	KOM	NKAMBE	2
14	KOMBASSE	BUH	KUMBO WEST	2
15	SAAH	BIH	NKAMBE	2
16	NKFU	ELAK	OKU	1
17	MBIPI	KOM	NKAMBE	1
18	NTIM		NWA	2
19	BENADE	BENADE	BENAKUMA	2
20	BALIKUMBAT	BALIKUMBAT	NDOP	1

The PMTCT coordinator for LAP has stressed the importance of Men as Partners in PMTCT. His pronouncements were made during a training organized by Bread for the World for her partners on HIV/AIDS under the theme ‘Masculinity in the context of HIV’.



The trainings capacitated promoters from communities in the Northwest and Southwest regions.

Relatedly, the LAP administration organized a two-session refresher course for promoters within the LAP area. Running from the 26<sup>th</sup> to 27<sup>th</sup> October 2015 42 promoters were drilled on benefits of involving men in PMTCT, Barriers and Strategies that can help involve men in PMTCT. Deliberations in these trainings were very fruitful and if engaged as expected, there will be great improvement in this aspect of PMTCT in the near future.

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

*By Kimbi Wilson, Jimla Catherine and Ngi Evelyne*

The Banso coordination area now enjoys the services of newly appointed Supervisor and Coordinator who were installed during the month by the HIV-F project manager for the NW/CE regions. Mr Kimbi Wilson and Mrs Jimla Catherine take over from Mr Esa Ismaila and Ms Linda as Supervisor and Coordinator respectively. The duo started off new functions

that included amongst others their familiarisation with PMTCT staff in some four health districts of Kumbo West, Kumbo East, Ndu and Ndop. During these visits, they charted ways for improvement in PMTCT services with respect to timely reporting, requisition of commodities amongst others.

The visit also witnessed supportive supervision in some of the sites where emphasis was laid in checking PMTCT, ANC and Option B+ registers; stock cards and report forms; drug supplies and preservation; and infection prevention.

This exercise which noticed lapses in some areas of documentation, defaulting and shortages in PMTCT commodities at some sites, received immediate solutions where applicable and on-the-spot directives given where necessary. Strides are being made in bringing back to care defaulting women and those still to be initiated to care.

In the domain of paediatric care, there have been positive comments on the turn up of children for treatment, thanks to excitement instilled by the assurance of transport support. The children who are no longer subjected and compelled to trekking long distances for treatment now remind their parents on clinic days. The Ndop, BBH and Shisong sites visited have been hailed for their standards with hopes that other sites will emulate the good example in properly decorate paediatric clinics and making services more acceptable as per the paediatric clinic guidelines. Ongoing ACT activities have been reported to be moving on smoothly so far.

Subsequently, the Supervisor and coordinators visits will be characterised by joined participation in the correction of registers.

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

*By Warri Pauline and Kristy Bunyui*

The CMO of Ndu has promised to ensure the provision of accommodation for ACT activities to be able to Treat and Keep the children within this coordination area. He made this statement as the new PMTCT Supervisor for Bui, Ngoketunjia and Donga Mantung Mr Kimbi Wilson together with PMTCT staff visited sites within his area of work in October. The Supervisor

during his maiden outing was out to become accustomed with his facilities, staff and their activities; taking note of areas where attention is needed. Facilities visited under the Ndu health district and parts of the Nwa Health district included Ndu D/H ,Ndu BHC, Ntumbaw IHC, Sop IHC, Ntaba Cathatholic IHC, and to Ntem IHC, Ngu IHC, Nwat BHC, ST.Kizito Catholic H/C and Islamic IHC Sabongari. This exercise which ended prematurely due to other administrative duties will continue in November when the roads will be more accessible in the dry season.

The scaling up of Men As Partners (MAP) and Children clinics in communities and facilities is intended as an area of focus in November.

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

By Kum Roland

Some 7 sites in the Wum coordination area within the 28<sup>th</sup> – 30<sup>th</sup> October, underwent facilitative supervision conducted by the PMTCT Supervisor and other PMTCT staff. During this tour PMTCT registers were checked, with emphasis laid on option B+ geared at effecting some documentation challenges in this domain.

In the ACT Initiative, it has been observed that children are becoming more enthusiastic in visiting the clinic for their drugs, thanks to the provision made to cover their transportation and feeding during these visits. The children's clinic this month brought together 26 children. Of the 5 children initiated to care and treatment during this month, 3 were the cases from Modelle who have refused treatment for several months, but finally succumbed thanks to persuasive follow-up and show of concern by the PMTCT team. These children who were diagnosed during VCT, increases the number of those already linked to care and treatment, and efforts are put in place to ensure that all others receive the treatment they need to improve their health conditions.

Other activities indulged in by this coordination area was the peer educators and bikers monthly meeting held to deliberate on better strategies for the smooth running of PMTCT activities. During these meetings, they were encouraged to work closely with their COCs for reports to

be forwarded on time. They were also drilled on the PMTCT monthly reporting forms and registers.

The distribution of mosquito nets which also took place within the month also saw the participation of the PMTCT coordinator who supervised this activity. Several coordinators and other PMTCT staff across other coordination areas also took active part in this exercise in the Northwest region.

With relatively positive comments with regards to quality of counselling, register compilation, stock situation and DBS at all sites visited, it is hoped that challenges noticed and actions put in place to redress them will meet immediate solutions. These included the shortage of test kits in health facilities for the ACT program, below-standard documentation at Option B+ sites, lack of trained staff for CD4 testing in areas like Benakuma which has recently witnessed several transfers and the total absence of ANC, Laboratory or delivery registers and PMTCT monthly report booklets in some of the facilities visited.

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

By Ndi Grace Yewong

The work of PMTCT staff in the Bamenda coordination area has yielded some fruits lately. In the domain of Option B+, women who tested HIV positive in three health districts have been successfully initiated on TELE.

<b>District</b>	<b>Pregnant Women Tested Positive</b>	<b>Enrolled on Option B+</b>
Bamenda	17	17
Santa	2	2
Bafut	3	3

It is also worth mentioning that all the 22 Option B+ sites in this coordination area are functioning well albeit a few lapses in documentation which is however continuously improved thanks to constant supervision. The same holds for the 11 ACT sites within this area. An increased interest in ACT activities and improvement in services rendered to children has been observed at sites with more efforts put in by all staff involved.

Secondly, recommendations for improvement in quality service delivery made at some sites have been followed and changes made. The case in point is the Mendakwe IHC which has upgraded its delivery room and equipped it with a new delivery bed, as well as rearranged its laboratory to meet quality standards. The actions of the Chief of Centre (COC) has given the centre a new face lift, an action worth emulating by centres where much attention is not paid on presentation and hygienic conditions of working paces and environments. With the delivery bed donated by an elite of the area, it is a wake-up call to other facilities to solicit



Photos: Ndi Grace

Left: Midwife standing beside the delivery bed and baby's insulator; Right: Nurse undertaking test in the lab

assistance from good will donors and philanthropists at the village level, some of whom are usually readily available for assistance.

Though general observations were good, there is the persistent documentation shortcomings at some of the sites visited, especially the highest volume site: the Regional Hospital. It is to this effect that the Coordinator for Bamenda has called for more regular visits at this site to ensure effectiveness in services delivery and also for improved collaboration between the project Supervisors and Directors of basic departments at the hospital where some understanding needs to be effected to improved quality services.

## NKAMBE COORDINATION AREA (Nkambe and Ako Districts)

By Calister Nkese and Ndzi Felix

The Nkambe coordination area registered some success in the domain of Care and Treatment enrolment of some clients. The 8 cases in question included two children with HIV positive PCR, four identified through the ACT program and two adults earlier diagnosed positive during the VCT outreach in communities. The PMTCT team plans to launch the World AIDS day week in Dumbu health area, the area with the highest HIV prevalence rate. This was noted during the VCT campaigns and a lot is being done to link to care and treatment all those diagnosed in this community.

Some of these successes are attributed to the work of Peer Educators who within the month received some appreciation for their work. Noting that PE contributed immensely in ANC uptake in 2012 when they were engaged, the coordinator however lamented the stable rate of



Peer educators in their monthly meeting

uptake that has been stable since 2013. The situation was presented to the PE, with the use of statistics, which show that prior to the engagement of PE in this area, ANC stood between 30-40% and increased to 50-60% when they started work in 2012.

The PEs have expressly been appreciative for the PMTCT work which has not only empowered them financially, but has enabled them render self-fulfilled services to their communities. They promise to forever be PMTCT advocacy ambassadors as long as they live.



Checking of registers at Bih IHC

The month that was also characterized by supervision which identified and made corrections in all domains where staff are facing difficulties. Some on-the-spot training too was carried out at sites where there were discrepancies and inconsistencies in documentation and commodity management.

## SUB COMPONENTS

### LOCAL CAPACITY INITIATIVE (LCI)

By Abuseh Jacky/Lum Odette

The Local Capacity Initiative LCI has had a one week working session on the review and enrichment of the CBCHS policy and advocacy strategic plan. The working session took place with a consultant from FHI 360-Emily Bockh.

Prior to the arrival of the consultant, the group had refocused the strategic plan from ANC fee, staffing needs and health care financing to the enforcement of dialogue structures. This meeting finalized on the goal of CBCHB having to work with the Southwest and Northwest Special Funds for Health Promotion to increase their commitment and shared accountability to enforce and support the functionality and coordination of district level dialogue structures pertaining to technical support provision, membership and elections. They equally came out with objectives that need to be developed for the plan within a stipulated time frame that runs through 2016 and 2017. These include;

- District representatives in the NW and SW Special Fund will develop and plan the use of scorecards to track and ensure accountability of district level dialogue structure operations by January 2017.
- The NW and SW Special fund will sign a commitment to organize the November 2017 elections according to policy by January 2017.
- The NW and SW Special Fund will develop guidelines on membership structure (e.g. gender and age and other qualifications) for district level dialogue structures by December 2016

Some 20,310 persons have been sensitized in the communities on MNCH services. These activities that have taken place in two phases continued this month. The sensitization was followed by some outreach activities per health area. These activities are a means to strengthen the dialogue structures and also to cause pregnant women who cannot access health services due to topographic or financial constraints to benefit from these services; hence increase the uptake of ANC. They were carried out in all the five districts of project implementation this month. These activities that were coupled by supervision in which health staff and district health committee members took part.



Photos: Abuseh J.

Infant welfare clinic and pregnant women during outreach

The sensitization that took place at strategic points like churches, njangi houses ( social groups), women, men and youth groups, door to door visits, market squares etc was very

successful thanks to the active participation of the influential stakeholders including traditional rulers, religious leaders, quarter heads and the Mbororo community. These local communities gained messages focused on the importance of antenatal clinic, the importance of partners accompanying their wives to the clinic, importance of consulting at the health facility, disadvantages of home deliveries, importance of vaccinating children, the dangers of criminal abortion etc. The sensitization is already realizing turn up of pregnant women for further care.



Sensitization activities during outreach

Summarily, activities at the health area levels included meetings, sensitization, community mobilization, outreach activities strategizing on how to upgrade health facilities and how to raise local resources to support health. Some successes were recorded at the levels of initiating income generating activities, contributing financially, and material contributions.

It is worth noting that stakeholders are getting more involved in health at the local level. Communities are getting more excited with the ongoing sensitization and outreach activities and other initiatives undertaken by the committees for their benefit. It is hoped that even after the project, committees will continue to be intentional in their meetings i.e. in prioritizing, planning and executing activities for the benefit of the community.

## 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.

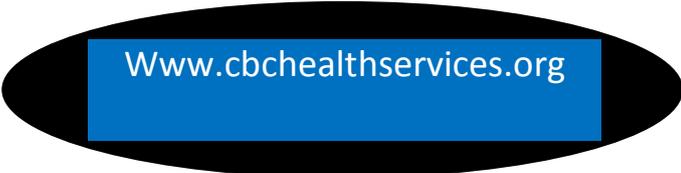
“We are improving on services but only you can improve on your health”

Prof Tih, Project Principal Investigator

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