Vers Une Génération Sans SIDA
HIV-FREE BIA KU SU MAGAZINE

A monthly publication of the HIV-Free Project Team.

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**Objective 1:** Increase the proportion of People Living with HIV (PLHIV) with known HIV status in the Center Region from 237,035 to 346,781 by March 31, 2018.

**Objective 2:** Increase the proportion of PLHIV who access ART from 70% to 85.9% in the Center Region by March 31, 2018.

**Objective 3:** Achieve 90% of all PLHIV on ART having viral load suppression from 80% (70% in children and 80% in adults) by March 31, 2018.

**Objective 4:** Health System Strengthening and Governance.
As the project takes the fast lane towards the closeouts after 5 years of implementation, project staff also felt the heat as they left no stone unturned to guarantee the attainment of targets. Hence, several activities were carried out by the varied teams to ensure that HIV positive cases are identified at every level and placed on treatment immediately.

One very important activity within the month was the DAMA Advocacy Meeting which took place in Mbalmayo with CDC Cameroon, EGPAF, CHAI, UNSF, NACC, MOH, Regional Delegates from 4 PEPFAR supported regions. Present were also RTG Coordinators, PMTCT Focal points, representatives and members of government. All were gathered to listen to CBCHB pitch the benefits of its new Data collection software called Data Manager (DAMA) . This Software, DAMA has proven its worth after it was piloted in some sites; 36 in CER and 34 in LTR.

The Team equally trained over 252 Health care providers on Test and treat for all in 85 stand-alone option B+ Health facilities that were not yet offering ART to all.

Some workshops and coordination meetings were equally organized within the month to address reporting issues, retention issues and enhance Pediatric care.

FY19Q2 began as a marathon with all program areas thinking out of the box to ensure better results. This edition presents some strategies like Moonlight Clinics to identify more positive KPs, multi-month refills to ensure retention, increase Viral Suppression, identify positive men and link them to care.

Happy Reading!
With the challenges faced in the collection of HIV data in Cameroon, the CBCHB was charged by CDC to conceive a data collection tool to ease the collection of HIV related Data in all PEPFAR implementing regions of Cameroon. It was from this backdrop that the Data Manager (DAMA) was born. With the successes recorded during the pilot phase, an advocacy meeting was organized at Hotel Departmental Mbalmayo on January 23, 2018 bringing together stakeholders from the Ministry of Public Health, International partners like EGPAF, CHAI, WHO, CDC Cameroon, CBCHB staff and members from other Community Based Organizations.

DAMA was introduced as an Electronic Client Register system (ECR). In other words, it’s an electronic version of current National M&E tools used in health facilities: registers (ANC and C&T) and reporting tools (MOH & PEPFAR).

This software was conceptualized and developed by CBCHB in 2017, to aide health facilities with better: Collect report and utilize health services data as well as ease the follow-up of clients through the care and treatment cascade.

DAMA has the capacity to monitor all major aspects of the Program like Testing, treatment and Viral Load. For testing, DAMA Captures and ensures data quality of HIV Testing Services (HTS) at all entry points in the facility and tracks linkage of HIV+ clients to care and treatment services.
CBCHB Advocates for the scale-up of DAMA as an Accurate Data Collection Tool

Under Treatment, the software can monitor client appointments, (up-coming, and clients with missed appointments) can also monitor days for clients ARV pick-up and remotely track and generate visits for patients on salvage dispensations from other DAMA sites. DAMA is also well known to effectively track patient’s treatment outcomes like clients who are LTFU, and Defaulters. Finally, DAMA Monitors viral load eligibility, sample collection and results

Summarily, DAMA Reinforces documentation of primary data at Health facilities, Reinforces the use of standard M&E tools and also Ensures quality data is captured. The software is well known to enhance monitoring and auto generates reports:

The meeting ended with lots of applause on the strengths of DAMA with the Secretary General of NAAC – Dr. Jean Bosco Elat promising to do his best in ensuring it gets the recognition it deserves and Sub Director of Epidemics and Pandemics from MOH Dr. Zeh Kakanou Florence.
**HIGHLIGHTS**

HIV-Free trains over 252 Health Care Providers on Test and Treat for all in stand-alone option B+ sites

With the transfer of former ICAP Districts handed to CBCHB for HIV Care extension as TA Districts in COP 17, the need for Global Management training was imperative as the health facilities in these districts were standalone Option B+ sites.

The training which was on the Operationalization of Test and Treat was organized in 5 paralleled sessions which took place from January 29-February 1, 2019. The different objectives were to ensure participants grasp and have good knowledge on all Test and Treat Strategies, understand Epidemiology and general concepts on HIV, and be able to do HIV counselling, and implement strategies to identify and manage HIV infected adults and children. Furthermore was the objective to ensure participants carry out monitoring activities on Adherence to antiretroviral therapy and treatment and evaluation reporting and commodity management.

A total of 252 (Two hundred and fifty-two) participants took part in the training coming from 85 health facilities in 22 Health Districts and comprised of 221 Health facility staff (Doctors/ Nurses/ Statisticians) and 31 HIV Free District Mentors.

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HIV FREE CER Management works to Ensure Better Reporting of Field Activities

Going with the adage that anything done and not documented was never done, staff was called upon to document their activities properly. This was done after management took upon itself to create a reporting template to assist the team capture their objectives, planned activities, Clinical Cascade, successes, challenges and recommendations they may have. Thus a coordination meeting with Site Leads and Senior Clinical Mentors was organized on January 10, 2018 to review the reports that have been done following the new reporting templates that were shared to the team.

The HIV-Free CE region remains determined, to ensure timely reporting and documentation of its activities all in a bid to achieve expected results. To close this meeting, the various challenges faced at sites were addressed.

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Retention: the “problem child” needs to be redressed

Going into FY19 Q1 results and comparing the results with results of previous quarters, Retention was observed to be lacking behind. Hence management organized a one day meeting with Senior Clinical Mentors, District Mentors, and Site Leads on January 28, 2019 to address the issues with achieving targets for retention.

The Technical Director who dubbed the retention challenge as “the Problem Child” explained that in FY18 over 1000 were lost to care. He equally used opportunity to review the existing strategies while mapping out new strategies to enhance retention in the days ahead.

Some strategies that are currently being implemented to achieve retention were projected while new strategies to improve on retention were proposed as well. One of them was the use of electronic appointments and reminder messaging system at DSD, cognizant of the lapses and the strategies put in place, it is hope that the problem child will be a problem of the past in the nearest future.

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Technical Director strategizing with his team to improve retention
A Continuous struggle to enhance Pediatric and Adolescent Care

With the growing need to improve on the quality of services on the global management of CLHIV and ALHIV and to meet the 90-90-90 objectives of the HIV-Free project, a five-day peer exchange workshop was organized involving 69 participants from 16 health facilities with various level of performance. The training aimed at experience sharing and learning from one another in the area of pediatric and adolescent care and to collegially discuss solutions to individual site’s program challenges.

Updates were received from individual sites in the pediatric/adolescents HIV program, as the teams identified and discuss individual site program challenges towards implementation. The platforms also serve as a forum to enhance the overall improvement on documentation system for pediatric/adolescent HIV at health facilities and to reiterate directives and nationally recommended processes to enhance pediatric HIV care and treatment in Cameroon.

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INDEX TESTING

Service providers braced up to optimize IT services in 8 health districts

The index testing team conducted a series of onsite trainings in 24 health facilities in 8 TA districts. The goal of these trainings was to strengthen the capacity of service providers to improve on the implementation and uptake of Index testing services in these TA districts in a bid to achieve optimal output. During the training, service providers were provided necessary skills to ensure proper documentation of IT in the DAMA software and enhance the uptake of the voucher initiation on testing. 111 service providers drawn from Okola, Soa, Mbankjock, Ngoumou, Ayos, SAA, Monatale, Ebebda, Esaka and Ngomakubi were capacitated.

The spiral effect of these trainings didn’t take long to be notice with an increase positive yield in case finding which was at a drop in previous months. This success can also be attributed to continuous mentoring and supportive supervision.

HIV-Free project increases TB screening for all People living with HIV (PLWHIV)

Following the need to intensify laboratory testing for all HIV positive patients suspected for TB raised up during the workshop in December 2018, a biker transport network was created based on the voucher initiative system put in place since October 2018.

08 new Bikers were recruited and orientated on the transportation of TB sputum samples to diagnostic laboratories and collection of test results. Similarly, 22 storage flasks for effective sample storage and transportation were provided (14 for the sites involved and 08 for the bikers.). 7 sites have used the bikers without any challenges reported so far. More so, the Proportion of TB screen positive that did lab test increased to 77.7%.

Despite the success witnessed, the team faced challenges such as a stock out of INH at site level (for many sites) and at the Centre d’Approvisionnements Regional level. In a bid to curb this challenge, the HIV-Free project advocated for a salvation stock of INH to ensure that all the patients already enrolled on IPT will complete the 06 months of therapy. They also supported transportation of over 726 bottles of INH (300mg) from Bafoussam to Yaoundé.

Quarterly TB data collection was carried out in 45 TB/HIV sites. In the month of January, linkage for TB treatment stood at 59% as 22 TB cases were confirmed and 13 initiated on treatment.
MALE AS PARTNERS

Improving male friendly services for better output in FY19

To ensure HIV prevention, testing, treatment and retention into care among men in the center region, the HIV-Free CE project started an innovative approach to reach out to men: men as partners (MAP), Extended HIV services hours and male friendly clinics in financial year 18 (FY18). These initiatives were sparked by a low uptake of HIV services among men resulting in a high death rate amidst men leaving with HIV. To ensure proper functioning of these strategies, the HIV-Free project intensified mentorship and supervision to improve the knowledge and skills of service providers in a bid to increase uptake and retention of men in the HIV care and treatment cascade.

Community based targeted testing was also carried out in CASS Nkoldongo, EBHY, CMC Nkolondom, EPC Djoungolo, HD Biyem Assi, CHUY, HD E, HJY, CM Nicolas Barre, Ayos and Enanga -Eboko using the multi-disease approach. Groups targeted included, Mechanics, Barbers, Soccer teams, drug addicts, prisoners, and male teachers.

Activities of Male strategy program in the Implementing sites

<table>
<thead>
<tr>
<th>Activity</th>
<th>HTC</th>
<th>HIV+ve</th>
<th>Initiation</th>
<th>Initiation Rate</th>
<th>ARV Pick Ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue based Community testing</td>
<td>1680</td>
<td>71</td>
<td>48</td>
<td>66.20%</td>
<td>NA</td>
</tr>
<tr>
<td>MAP</td>
<td>246</td>
<td>3</td>
<td>3</td>
<td>100%</td>
<td>NA</td>
</tr>
<tr>
<td>Extended Hours</td>
<td>175</td>
<td>17</td>
<td>15</td>
<td>88.20%</td>
<td>85</td>
</tr>
<tr>
<td>MFC</td>
<td>58</td>
<td>6</td>
<td>5</td>
<td>83.30%</td>
<td>251</td>
</tr>
<tr>
<td>G.TOTAL</td>
<td>2159</td>
<td>97</td>
<td>71</td>
<td>73.2%</td>
<td>336</td>
</tr>
</tbody>
</table>

KEY POPULATIONS

Upgrading Moonlight clinics to scale up KP testing at sites

The KP team had as aim to Scale up index testing services for KPs a and Moonlight clinics, reinforce collaboration with all CTA/UPEC teams, distribute condoms and lubricants to KPs (MSM) at hotspots. The team also, strengthened linkages/ ART initiation, retention, triage for Viral Load testing and mentored new KP facility focal points at the Djoungolo health district.

The month activity didn’t go hitch free as the team encountered some challenges. Most KPs changed location and gave wrong phone number due to auto stigma and fear of exposure.

In response, gatekeepers, facility heads, Key\priority pop, cabaret managers and peer educators were identified to facilitate community hotspot sensitization.

On the spot Index testing, psychosocial assessment and counselling was intensified. The team also set up 5 moonlight clinics for testing at Nkoldongo, Mfou, Mbalmayo, Soa and Bafia. 5 new positive clients were identified in these clinics and 3 initiated on ART. These index clients further gave 19 contacts of which 4 were equally tested.
Continuous efforts put in place to identify positive children

As part of the objectives planned for the month of January under pediatric care, activities executes with success were, Pediatric Index Testing Activities and Child/adolescent friendly corner activities

Under Pediatric Index Testing, Testing of biological siblings continued for newly initiated children. In 14 CBCHB supported Sites where these activities are taking place, out of 51 index cases counseled, 47 siblings were notified and 22 were tested with one positive case found, giving a yield of 4.5%. Out of 466 children and adolescents expected, 309 showed up at the children/adolescent support groups with a total average of 58% picking up their medication on the child support group days and about 62% of those eligible for VL having their samples collected for tests. 111 parents/care-givers attended and 33 were counseled for index case testing of the biological siblings of their children on ART.

The average suppression rate for those with current VL results reported was 71% and of the 34 out of 114 who had an up to date viral load results that was unsuppressed, 29 (85.3%) were enrolled for enhanced adherence counseling.

VIRAL LOAD

Working towards swelling viral load suppression of patients on ART

During the month of January, the viral load team conducted VL testing, ensured effective collection and documentation of viral load results and distributed materials for viral load to health facilities for sample collection. The team also worked with the reference laboratories to ensure all samples sent to the reference laboratories are tracked and all released results fill into the registers. More so, viral load documentation at the level of the health facilities in ART registers, patient files and DAMA were followed up.

Over 12475 EDTA tubes, 14500 vacutainer needles, 24000 gloves, 30 rolls of cotton and 27 liters of alcohol were distributed in various health facilities in the month of January. In same light, a total of 11688 results for quarter one was distributed to 68 health facilities to update ART register, DAMA and patients’ files.

The VL team encountered some challenges such as: Incomplete documentation of patient’s information into the ART register, DAMA and patients’ file. Some facilities have not begun the viral load voucher initiative. In a bid to curb this challenge, advocacy was recommended to be done at facilities that have not started sample collection following the voucher initiative for collection to begin.

Appendix II: Samples received, and results released from reference laboratories

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of samples Received</th>
<th>Number of Results released</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 4th January 2019</td>
<td>1563</td>
<td>1168</td>
</tr>
<tr>
<td>7 to 11th January 2019</td>
<td>1755</td>
<td>655</td>
</tr>
<tr>
<td>14 to 18th January 2019</td>
<td>2030</td>
<td>370</td>
</tr>
<tr>
<td>21 to 25th January 2019</td>
<td>1663</td>
<td>811</td>
</tr>
<tr>
<td>28/1/19 to 1 February 2019</td>
<td>1567</td>
<td>1579</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8578</strong></td>
<td><strong>4465</strong></td>
</tr>
</tbody>
</table>
CBC HEALTH BOARD

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