Vers Une Génération Sans SIDA

HIGHLIGHT OF MONTHLY ACTIVITIES

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PROJECT OBJECTIVES

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.
This month turned out to be another busy month in the lifespan of the HIVFREE Center Region Project as the team brought all hands on deck to ensure that the road map laid on the ground was followed meticulously. The team continued to train, monitor, supervise, and attend key stakeholder meetings in a bid to enhance a smooth movement of the project.

On July 16th, a four man delegation from the CBCHB attended a high profile meeting of health stakeholders which was chaired by the Minister of Public Health, André MAMA FOUDA at Hilton Hotel. The event was a restitution meeting showcasing findings from CAMPHIA which carried out a household survey for the evaluation of the HIV pandemic in Cameroon. The research indicated a clear drop of HIV prevalence from 4.6% to 3.6%.

As the Index testing establishes itself as a joker in identifying new positive cases in the community, management deemed it necessary to capacitate more service providers in scale-up sites. Hence 115 Health Care Providers (HCP) drawn from 9 health districts were trained.

Also, adolescent flag bearers were trained to improve the management and Retention of Adolescent Living with HIV. During this four days training, participants were drilled on effective communication skills, differences between HIV and AIDS, counseling technics among others.

To scale-up Key Population (KP) friendly activities, 5 new DSD sites (Centre de Sante Mvolye, Hopital District D’Olembe, Hopital Bethesda, Hopital Geneco Obstetrique et Pediatric Yaoundé and Infirmerie Prison Central (Nkondengui) were identified to host these activities.

All site leads and Focal Points staff worked relentlessly to follow up activities in the domains of Index testing, PMTCT, adult Care and treatment, Pediatric care and treatment, PITC, HIV-TB and Supply Chain in the 147 health facilities supported with PEPFAR Funds.

Contracted CBOs also stayed focus to their objectives in the search and follow-up of clients.

Thanks to this sacrificial efforts, the program is slowly but surely gaining more steam in meeting its targets.

Happy reading!
A Drop that counts: HIV under control in Cameroon

HIV prevalence rate drops to 3.4% in Cameroon! This is the main information of the official ceremony of restitution from a household survey for the evaluation of the HIV pandemic in Cameroon. The dissemination meeting which brought together key stakeholders at the Hilton Hotel in Yaounde on July 16th 2018 was chaired by the Minister of Health public, André MAMA FOUDA.

Scientists, researchers, technical and financial partners from both government and private sectors united in the same hall to better appraise their efforts in stampeding HIV in Cameroon. From the research carried out in the scope of the PHIA Project, a total of 14128 randomly selected households in the 10 ten Regions of Cameroon took part in this survey with 95% of the households favorably contributing to the success of the survey.

In total, close to 33,000 people between the ages of 0 and 64 received in strict confidentiality and in compliance with international conventions related to this type of survey, the results of their HIV test, their CD4 count, and the hepatitis B test when needed. Hence, statistics from this research indicates the drop of HIV prevalence from 4.6 to 3.4% in the general population with 81% of people on treatment witnessing an undetectable viral load.

The research also proved that girls within the age group of 15-24 are 9 times more expose to HIV than young boys of the same age group. According to André MAMA FOUDA, this category of the population is also the key population in Cameroon. Hence he called on girls to better utilize female condoms and opt to know their HIV status. His
A Drop that counts: HIV under control in Cameroon

Excellency also used this platform to hail all the stakeholders who are living no stone unturned to ensure that the tides of HIV changes in Cameroon. He heartily appreciated the American government for supporting Cameroon through the U.S. president’s Emergency Fund for Relief (PEPFAR) in carrying out such gigantic projects in Cameroon.

The PHIA Project is the first ever population-based survey with focus on HIV incidence, pediatric HIV status, antiretroviral coverage, and HIV prevention in Cameroon.

It is also worth noting that CAMPHIA is a nationally representative, population-based HIV impact assessment led by the Ministry of Public Health and the National AIDS Control Committee in collaboration with the National Institute of Statistics, ICAP at Colombia University and the U.S. Centers for Disease Control and Prevention (CDC).
To better understand what project staff do on daily basis, the CDC Country Director, Dr Emily Kainno Dokubo, paid a friendly visit to l'hôpital Gyneco-Obstétrique et pédiatric de Yaoundé and HD Biyem-Assi. Accompanied by the HIV-Free CE Project Manager, Dr. Dr Edouard K.T. and a host of key project staff, the team seized the opportunity to address some pertinent issues affecting the smooth functioning of health activities in these facilities.

During this visit, the team visited different entry points of these hospitals where they carefully evaluated the strength and weaknesses of services offered at the C&T wards. A tête-à-tête talk was held between the CDC country Director and Director of HGOPY, Prof. Angwafor.

It is hoped that this high profile visit furthermore strengthen and ease the work relationship between HIVFREE project staff and the facility staff to the attainment of UNAIDS Vision 90-90-90
HIGHLIGHTS

Flag bearers strengthened to improve the management and Retention of Adolescent Living with HIV

To enable adolescent leaders work as an integral part of a clinic multi-disciplinary care team, there was a need to provide them with necessary skills to improve the management and retention of Adolescent Living with HIV (ALHIV) on ART. In this wise, the HIV-Free project organized a four days training to capacitate adolescent peer educators with skills to address the psychosocial needs of ALHIV.

During this four days training, participants were drilled on effective communication skills, differences between HIV and AIDS, counseling technics among others.

The training also provided a forum for participants to table their challenges and solutions were provided to enable peer educators to effectively carry out their functions in their various health facilities.

The training was attended by over 34 participants drawn from HD Cite Verte, CASS Nkoldongo, HD Biyem-Assi, CHUY, EBHY, HD Efoulan, CHDSMP, Hopital Bethesda.

At the end of the training, participants were awarded a certificate of participation. These flag bearers are expected to effectively use skills acquired to assist in peers’ sensitization and adherence.

It’s worth noting that sites staff and APS were assigned to work with trained adolescent peers to ensure their effective involvement in the sites care and support activities.
Breaking the chains of HIV Through the creation of Support Groups

In other to attain the 2nd and 3rd 90s of UNAIDS Vision 2020, the support group strategy has proven to be a vital strategy in helping clients to understand the importance of adherence. Hence in June 4, new SG were created at CMA Abala, Notre Dame de la Merci, HD Nkoldongo and HD Cité Verte to add to the 32 existing Support Groups. All the 36 Support Group meetings held in June with a total participation of 952 participants; 204 men and 748 women among which were 97 new members. All 952 members refilled their ART.

The HIV –FREE Team has also been carrying advocacy talks with the management of some health facilities and presidents of support groups to ensure that Support Group are accessible to all clients at their point of care. It is from this backdrop that discussions were made with some presidents of existing support Groups. This arrangements led to the creating of two more community support Groups at Centre Medical MVOG ADA, and another at Centre Hospitaliere Universitaire Yaounde (CHUY).

Community testing and results on the rise

The Community Health Program (CHP) has as vision to mobilize the community for HIV testing with focus on high risk population. Thanks to their referral systems to health facilities, a total of 2099 men tested for HIV with 98 diagnosed to be HIV positive and linked to treatment. In the communities, CHP tested 892 men for HIV, among them, 36 tested positive of which 35 have been placed on treatment, one was already a known case.

Through CHP concerted efforts, 2016 pregnant women were identified from the communities and referred to ANC sites for ANC1. All were tested and 31 positives were identified and 29 initiated.
INDEX TESTING

Health Care Providers trained to improve identification of new HIV positive clients through Index testing

To meet up with the 1st 90 in the Center Region, the HIV-Free project in collaboration with the Regional Technical Group (RTG) for the fight against HIV organized a series of training sessions in the Month of June. This was to equip service providers with necessary skills to efficiently carry out index testing services in their various health facilities.

During these trainings various teaching methodologies like: role play, group work and discussion sessions were used to enhance participants understanding on the various steps in counseling (pre and post-test), HIV testing, partner notification and resistance management.

Attended by over 115 Health Care Providers (HCP) drawn from 9 health districts, the training had as expectation to increase the percentage of positive cases identified in a bid to break the chain of HIV transmission by December 2018.

It’s worth noting that, over 76 clients were notified in the month of May with 49 testing positive and placed on treatment.

PMTCT

Training on PMTCT Cohort Monitoring

A two days training was held from June 12 to 13 to refresh health care providers’ knowledge on PMTCT Cohort Monitoring. During this training, participants reviewed and revised ANC routine visits, PCR and HIV testing National Algorithm.

PMTCT Cohort Monitoring registers were given to these health care providers drawn from CSC Mvoyle, HCY, Hospital Bethesda and H.D Biyem-assi, Nicola Barre for proper documentation.
ADULT CARE AND TREATMENT

Taking Care and Treatment Services to the door steps of KPs

Evident to the fact that Key Populations (KPs) are highly exposed to HIV, the need to expand services offered to these Key Populations imposed itself. Hence, the HIV-FREE Team identified and introduced KP friendly activities to 5 new DSD sites (Centre de Sante Mvolye, Hopital District D’Olembe, Hopital Bethesda, Hopital Geneco Obstetrique et Pediatric Yaoundé and Infirmerie Prison Central (Nkondengui)

Though the identification of Key Populations have proven to be a daunting task, the Project has however proposed tailored strategies to bridge the gaps in finding and identification of key populations. In partnership with some CBOs (Horizons Femmes, Humanity First, RENATA, other catchments), Drop in Centers were created to meet their needs. Other strategies used in identifying key pops in sites includes: Structured risk assessment during enrollment of patients, observation of dressing code and behavior patterns during enrollment. The index testing strategy is also implore to follow up sexual partners of Identified cases. The Presence of some opportunistic infections indicating anal/oral sex practices are strategies used in identifying KP amongst the general population.

Thanks to these intentional strategies for the KPs, more KPs were identified in June with xxx tested for HIV, among them, xxx tested positive and xxx placed on treatment.

PEDIATRIC CARE AND TREATMENT

Enhancing Paediatric ART active file follow up and sibling testing

Amidst the routine activity of mentoring, trainings and data collection at the different sites in June, the team meticulously sorted out all active paediatric files in HD Cite Verte. This was in a bid to trace the number of siblings tested for all index cases. Out of 63 ART files found in HD Cite Verte, 53 were active with 10 LTFU. This files were classified according to their cohorts and DAMA updated with this information.

However, the team resolved to contact LTFU and carry out home visits to retain these patients on treatment in the days ahead.
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during Q3 of Financial Year 4, the project team sorted out the number of eligible clients for viral load testing per health facility. The team organized Dry Blood Sample (DBS) viral load campaigns and viral load baseline assessment in all sites. Out of the 84 TA sites visited, a total of 7210 patients were eligible for viral load testing. Hence, 703 results were collected in TA sites with a viral load suppression rate of 86%.

In line with this strategy, 22 DSD sites were also visited. During this visit, a total of 14434 persons were qualified eligible for viral load testing. In this light, 1698 DBS-Viral load samples were collected from these DSD sites and documented in the laboratory viral load register.

More so the team carried out verification at health facilities to ensure results entered in the viral load database were properly documented in ART registers, viral load registers, patients’ files and DAMA.

Also, patients with high viral load results were followed up per site using Enhanced Adherence Counselling forms (EAC).
Reinforcing CBOs For Better Results

In line with the strategy of building and strengthening the capacity of CBOs to improve dispensation of ARVs in the community, our team organized a 4 days training with facility staff and two CBOs (Recap+ and horizon femme) members. This training was aimed at addressing challenges in Community ARV Dispensation (CAD) at HD Cite Verte. Attended by over 40 service providers, participants were clarified on eligible criteria to take in to consideration when referring patients to CBOs. Some of the items emphasized on for consideration before referring someone to a CBO are; the client should be clinically stable i.e. have at least 350 CD4 counts and a viral load of maximum 1000 copies, be 21 years of age and above (no pregnant woman) and must have been on treatment for at least one year. The team also emphasized on the importance of psychosocial support activities in CAD.

This forum also acted as a platform for CBOs to express the challenges faced in documentation, data management and reporting. They received feedback of their challenges and where walked drilled on the process of filling their documentations.

Supply Chain

Supply chain staff assisting site pharmacist to arrange drugs in the shelf

As the supply chain carry on with their routine activities in 3 supported DSD and TA sites, the team paid more attention on the management of test kits and ARVs by updating stock cards, monitor stock and maintaining buffer levels of drugs. They also coached the staff on reporting monthly consumption and how to prepare timely requisitions to avoid stock outs.

Nevertheless, the team has continued to decry that the lack of supply chain tools like inventory form, transfer forms within and without districts hampers efficacy. As a remedy, the team collaborated with the Regional fund for health and Supply chain to put in place a mechanism to check if what is requested is needed for the site and share mechanism with CBCHB.
SIMS recorded improvement at sites

Ensuring that each Site Information and Monitoring System (SIMS) tool is intact vital for a successful program implementation, mentoring and SIMS preparation was done at Centre de Sante Integre Urbain de SOA (CSUI SOA). During this activity, the team updated the ANC, Labour and Delivery, ART, EID, Data Quality Assurance registers on indicators on ARVs. This site which was formally an Option B+ site was approved a care and treatment centre with an active file of 20 PCR documented on a black register.

Also, files were established for all exposed infants who have done PCR and calls were made for those who’ve missed PCR appointments.

Moreso, Implementing Partner and US government SIMS Comprehensive Follow Up was carried out in 8 health facilities. As a result, 4 health facilities were validated for USG SIMS.

It is worth noting that, most sites visited witnessed a remarkable improvement in USG SIMS. However, continuous supporting mentoring activities was carried out in all sites to improve the sets for quality services.
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