

BIAKUSU

ON S'ACHEMINE

Vers Une Génération Sans SIDA

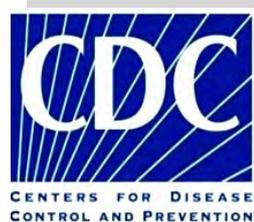
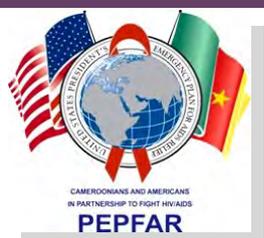


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HIGHLIGHT OF MONTHLY ACTIVITIES





PRODUCTION TEAM

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Website

www.cbchealthservices.org

Email

hivdoc.team@yahoo.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Kuni Esther

Editor in Chief

Abanda Alphonse

Tshimwanga K. Edouard

Deputy Managing Editor

Fri Delphine

Ismaila Esa

Associate Editors

Akuchu Ngwe Williet

Fotabong Nyachu Syntia

Photo Editor/Design

Fotabong Nyachu Syntia



WELCOME



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.



EXECUTIVE SUMMARY

It's been four years of project implementation and the month of September has come to ensure that FY18 wraps up in the best of ways. Hence the month of September was very critical in the lifespan of the project as the team members did not only concentrate on monthly targets, but also ensure that the last quarter reports aggregate. Thus the different teams left no stone unturned to safeguard the success of the last quarter of project year 4. Despite the high demands of FY18, the sacrificial efforts of each team member cannot be undermined in the attainment of the different goals.

Particularly in the months of September, a two day meeting was organized to analyze results and obtain feedback from field testing of PMTCT Cohort Monitoring updated tools at HD Olembe, HGOPY, CHUY and CM Henri Durant de la Croix-Rouge. The workshop brought together about 50 participants.

The HIV Free team put in place strategies to conduct DQA in 123 PEPFAR supported sites. With 17 of the 123 sites mentioned above covered, the team ensured that statistics reported to MoH and CDC by the 17 sites assessed so far tally with what was recorded in the various registers checked.

ANC Campaigns were organized in Health Districts of the Mfoundi and its environs to boost ANC uptake by the HIV Free team in partnership with community partner, CHP. The results produced were tremendous.

Site leads and regional focal persons of various program areas continued to coordinate their various teams to guarantee the success of the project. These activities culminated in to a successful transition from FY18 to FY19.

Happy reading!



HIGHLIGHTS

Service providers capacitated to improve PMTCT Cohort Monitoring



Service providers reviewing infant cohort register during training

In a quest to identify all HIV+ pregnant and breastfeeding women and retain them on treatment, a two day high profile workshop was organized at Merina hotel in Yaoundé to analyze results and feedback obtained from field testing of PMTCT Cohort Monitoring tools at HD Olembe, HGOPY, CHUY and CM Henri Dunant de la Croix-Rouge. The workshop brought together 50 participants with facilitators drawn from CDC headquarters and CDC Cameroon, the Department of Family Health (DFH) of the Ministry of Health (MoH) and the HIV-Free Centre project.

During the workshop, participants expressed challenges they faced in the field with the most recurrent ones being a low turnover of pregnant women for ANC1 uptake resulting from financial constraints; difficulties in collecting retrospective data for PMTCT clients who pick their ART outside the facility testing the tools and the presence of so

many registers at the facility.

To address these, the Ministry of Public Health and Implementing Partners were encouraged to concert themselves and review which registers could be phased out. More so, ART codes were recommended to be used to avoid double counting of PMTCT clients enrolled in the PMTCT cohort registers. Some changes were proposed to be made in the infant and maternal cohort monitoring registers and reporting forms, which included appointment date and an option for a second telephone number in the maternal register.

It is hope that these changes will improve uptake and the quality of data collected in the above mention health facilities.



HIGHLIGHTS

User fees; a strategy to ameliorate cost and quality of services at sites



Engagement with MOH (DPS) to evaluate the level of development of the Universal Health Coverage national plan

In order to improve on services at sites level, the USER FEES (UF) advocacy personnel of the HIV-FREE project carried out several activities with the Ministry of Public Health and partners in Q4 FY18. Some of the activities include: an engagement with department of Health promotion (DHP) of MoH to evaluate the level of development of the Universal Health Coverage (UHC) national plan, a series of meetings on UF with the CDC teams, facility heads to revise the user fees applied in health facilities as well as develop the HIV-FREE Voucher System and SOPs that will help remove the financial barrier that reduce access to care for indigents. The HIV Free team also organized an advocacy meeting with the RTG and carried out an advocacy visits in TA sites in the Centre in this line.

Though some of these activities are still in their initiation phase, the team expects to start seeing the fruits of these initiatives in FY19



HIGHLIGHTS

DQA: A strategy to maintain quality

After the joined NACC-CDC-IPs visit to conduct Data Quality Assessment exercises in 24 selected PEPFAR supported sites within the Centre region, it was recommended that CBCHB conducts same level DQA activity in all remaining 123 PEPFAR supported sites. Hence the HIV Free team put in place strategies to rigorously conduct DQA in all these remaining sites. With only 17 of the 123 sites covered this far, the team ensured that statistics reported from these 17 sites to MOH and CDC tally with what was in the registers..

More so, HIV Free team used this opportunity; to triangulate viral load (VL) results and ART visit status between ART patients' medical files and the ART register; rectify any discrepancy between reported and validated numbers and reproduce correct reports for onward transmission to MOH and PEPFAR. The team described some data quality challenges and recommended actions to improve onsite M&E system for sustainable data quality assurance and walk through the ART services in the facility for on the spot observation.

Following the systematical activity carried out from step 1 to 10 to assess the quality of data reported in quarter 3, the overall DQA results for TX CURR were outstanding. Percentage passed

stood at 99% and 103% for both MOH and PEPFAR respectively. However, TX NEW, PMTCT ART and Patient Files had major setbacks at mainly TA sites that were visited, with TX NEW data as low as 80% for PEPFAR reported data compare to what was found in the source documents.

Though the facilities were applauded for the incredible work done, the DQA team also took time to make some recommendations which will go a long way to help sites improve on their data. These recommendations included; Set up good archiving system at site to properly archive patient files by cohorts; Encourage patients to do VL test through implementing systematic request for VL once the patient is eligible; Update the ANC register to capture the ART protocol and code of patient; Capacitate site level staff to systematically and consistently fill the ART registers and patient files; Command patient files from RTG for all patients who do not have one and update all patients files that were identified; Reiterate on the fact that ANC and Labor and delivery (L&D) registers have to be the main data source for PMTCT_ART while the ART registers are used for follow-up of pregnant women on ART, ART pick up visits; Mentor site staff on PMTCT_ART definition for better understanding of data collection of this indicator.

Summary of DQA Data for 17 sites

| Indicator | Authority | Reported | Verified | Verification Factor |
|-----------------------|-----------|----------|----------|---------------------|
| TX_CURR (File Active) | MOH | 5938 | 6026 | 99% |
| | PEPFAR | 6648 | 6482 | 103% |
| TX_NEW | MOH | 522 | 528 | 99% |
| | PEPFAR | 420 | 528 | 80% |
| PMTCT_ART | MOH | 103 | 115 | 90% |
| | PEPFAR | 125 | 115 | 109% |



HIGHLIGHTS

Improved PMTCT Uptake through community ANC Campaigns



ANC Campaigns in Monatele

In order to bridge the gap between expected annual target and achievements in the PMTCT program area, ANC Campaigns were organized in all PEPFAR supported districts in the Centre Region. The HIV Free team in partnership with Community Partner (CHP) organized ANC campaigns in Health Districts of the Mfoundi and its environs to boost ANC uptake.

The focus of this campaign was to identify pregnant women in the community who had not started antenatal care and refer them to the health facilities. Thus 2,648 pregnant were tested for HIV and 33 positive cases were identified and linked to treatment.

This activity was supervised by the district mentors who made sure the all the data recorded during



the campaigns were well documented in the ANC registers.

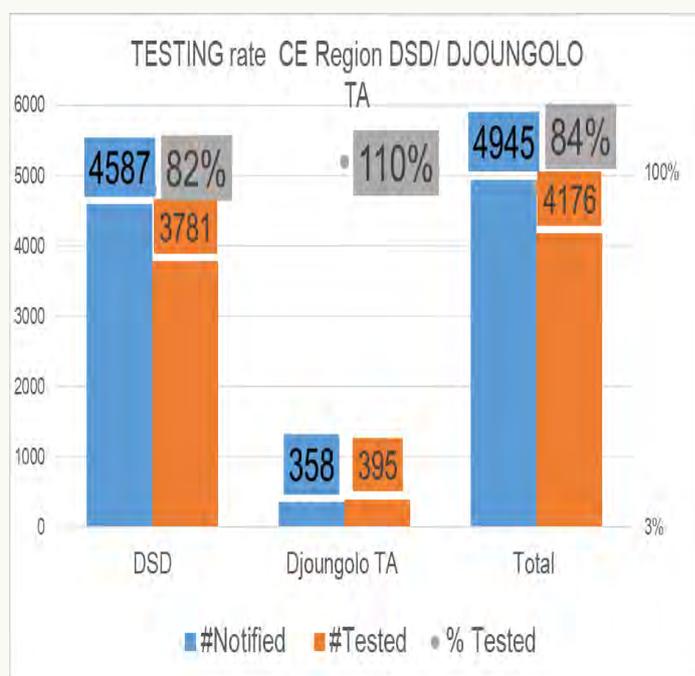
INDEX TESTING

HIV-FREE Centre project Improves index testing (IT) at SITES

As the IT team keeps striving to ensure that those who have been exposed to HIV know their status, in the month of September, the team focused on DSD and TA sites in the Mfoundi and its environs. They focused on supervision, mentoring, update of registers, testing of contact persons, data follow up and verification at sites. Strategic meetings were organized to deliberate on strategies to improve IT uptake in the Centre Region as well.

In same light, clinical mentors were orientated on IT follow up and the rate of IT activity was assessed in a bid to improve IT yield in each TA site. During these activities, the team distributed IT commodities for testing and ensured that paediatric index cases are well documented to trace all positive children tested for HIV. More so, continuous

education on the recommendation criteria for old and new index cases were reinforced



PMTCT

PMTCT Cohort Monitoring continues in 13 sites

As the fourth quarter of FY18 unfolded, the PMTCT team embarked on a marathon race to ensure that set targets are met. As a result, the team intensified supervision, consultation/, initiation and active follow up of newly diagnosed pregnant women. A series of trainings were organized in CM La Police, CHUY, CM Henri Dunant to pilot PMTCT Cohort monitoring updated tools. The team also held a PMTCT stakeholders concertation meeting during which the performance of PMTCT and pediatric Care services were assessed from January to June 2018.

Furthermore, continuous health education and counseling on PMTCT, HIV and AIDS were carried out at the OPD, ANC and IWC to increase ANC/PMTCT uptake. In same light, the team rein-

forced the use of quality improvement tools to reduce the default rate from 4.93% to 1% among women enrolled in the PMTCT cascade by the end of FY18.

During Q4, over 625 HIV+ pregnant and breast feeding women were enrolled in PMTCT and 211 HIV exposed infants enrolled in the birth cohort in 13 facilities.



MALE AS PARTNERS

MALE as Partners strategy successfully identifies more HIV positive men

The regional focal point for Male strategy and the team dedicated the month of September to implement activities in five of its DSD sites. After several strategies and activities implemented in Hopital District Biyem

Assi, Centre de Sante Catholic Mvolye, Hospital District Cite Verte and the Etoug Ebe Baptist Hospital results obtained were as follows

It should be noted that the extended hours activities began in September.

| Serial # | FACILITY | ACTIVITIES | Total seen | Total tested | Total positive | Total Linked to care | Tx Current |
|--------------|------------|---|------------|--------------|----------------|----------------------|------------|
| 1 | HDB | MAP | 13 | 13 | 0 | 0 | 0 |
| 2 | CSC Mvolye | MAP | 26 | 26 | 1 | 1 | 0 |
| 3 | HDCV | MAP | 96 | 96 | 1 | 1 | 0 |
| | | EXTENDED HOURS FOR MEN | 6 | 5 | 1 | 1 | 1 |
| 4 | HDE | MAP | 42 | 40 | 2 | 2 | 0 |
| | | EXTENDED HOURS FOR MEN | 27 | 26 | 1 | 0 | 1 |
| 5 | EBHY | MAP | 13 | 13 | 0 | 0 | 0 |
| | | Extended hours for men | 31 | 30 | 0 | 0 | 1 |
| Total | | For extended hours 64 men tested and 2 positive and 2 treatment current. MAP 190 Seen, 4 positive and 4 linked to care | | | | | |

GENDER BASED VIOLENCE

HIV FREE Program reaches out to the violated

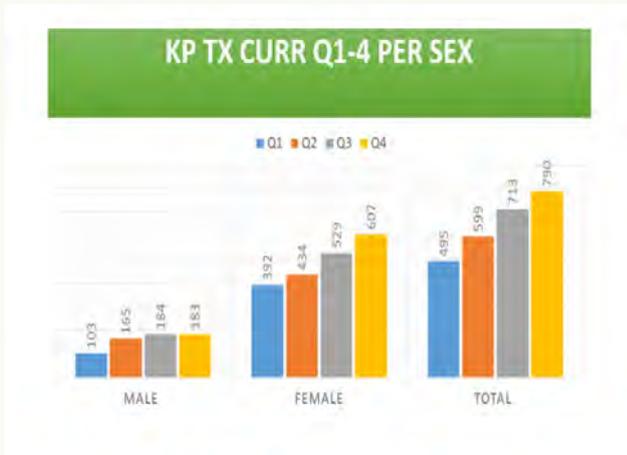
With the increasing number of violated persons in the communities, there was a need to create tailored programs to meet the needs of these vulnerable persons. Hence in September, 3 Health facilities (Hôpital Central de Yaoundé, CASS Nkoldongo, and Hôpital Gynéco obstétrique et pédiatrique de Yaoundé) opened their doors to cater for the need of the violated persons and persons abused physically and psychologically. In a total of 23 persons were reported to have received some

form of violence

Victims of Rape had free access to the HIV test with available and constant pre- and post-test counseling, post-exposure ART; and Immediate ARV treatment was administered in cases of rape (post exposure prophylaxis);

KEY POPULATIONS

MORE KEY POPULATIONS SITES IDENTIFIED FOR PROPER FOLLOW UP OF KPS



Due to the constant need to identify more positive cases and link them to treatment, it is imperative to ensure that targeted testing is carried out; Reasons why an assessment for 15 DSD and 7 TA sites was done in September in preparation for scale up in FY19. The fourth quarter of FY 18 was characterized by accelerating index testing for KPs in facilities and DICs. 179 KP contacts were tested with 8 positives and 6 initiated on treatment using the handshake model 111(16MSM:95FSW)

Site visits to support facility focal points were carried out to ensure appropriate documentation, data

accuracy and quality assurance. The team verified KP retention and follow up of outcome, carried out consultation and viral load for indigent KP at all functional 10 DSD sites.

In the course of implementing these activities, the team focused on a series of working sessions with focal persons, site leads and UPEC majors to reinforce teamwork. Coordination and a training organized by Care Cameroon brought together all facilities, CBO (DICs) focal points and PA leaders to strengthen their skills on HIV case identification, initiation, active follow-up of patients on ART and proper documentation. As the month wrapped up, the project team supported triage for unsuppressed viral load for over 221 KPs and re-filled consultation cost for 750 KPs. There was also a working session organized by Affirmative action on reinforcing the capacity of Directors of 6 Protestant hospitals as regards providing healthcare for KPs. At the end of Q4FY18, 790 (183M: 607F) KPs were effectively receiving ART in 10 sites and there are plans to scale up in FY19.

TB/HIV

TB/HIV Care made available for all PLHIV

As the TB/HIV team continued to implement its routine activities in the month of September, the team laid more emphasis on daily TB data collection, TB screening for all PLHIV at each visit, TB treatment for all the PLHIV diagnosed with TB, Scale up IPT in all the 25 DSD sites, TB data collection and validation.

In the same light, TB screening booklets were

made available for all the sites. The team ensured that all the PLWHIV and confirmed TB positive were placed on TB treatment and followed up for the next 06 months. As a result, linkage for TB treatment in September 2018, stood at 88, 8% as 09 cases were TB confirmed and 08 placed on treatment

PEDIATRIC CARE AND TREATMENT

Same-day ART initiation among children/adolescents makes stride in Q4



Parents and caretakers capacitated to provide quality care to HIV positive children at EBHY

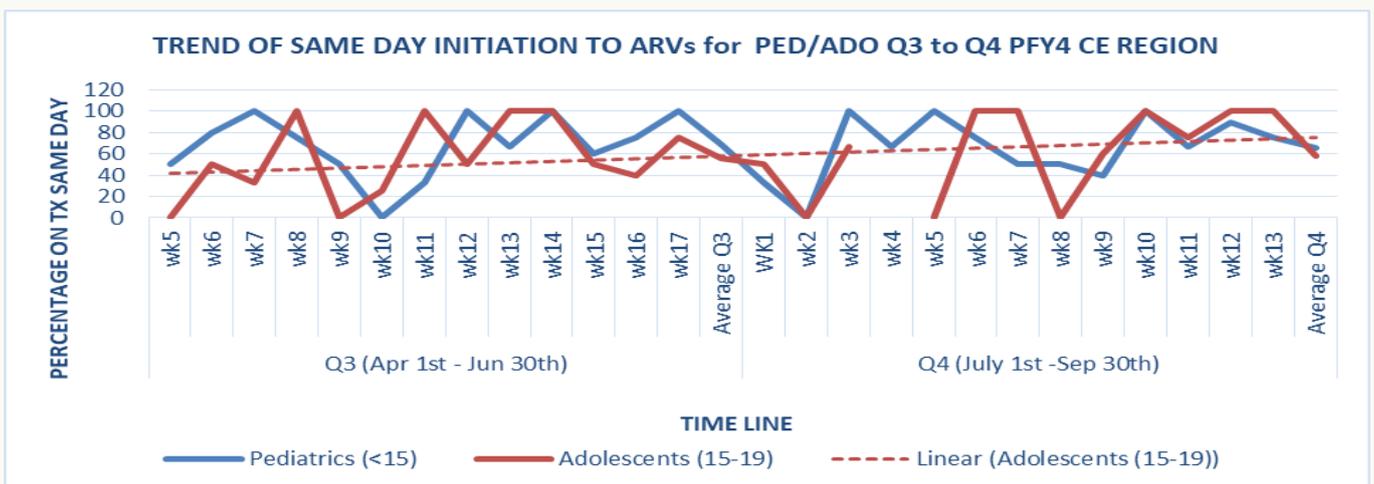
The month of September was set aside for in-depth on-site supervision of all activities of the pediatric and adolescent cascade. The project team put in place strategies to increase yield in FY19 and carried out active monitoring of linkage to care and treatment of newly diagnosed children/adolescents.

During the month, the CDC Atlanta pediatric TDY carried out a supervision and visited the Center of excellence for Mother and Child (Fondation Chantal Biya), Etoug-Ebe Baptist Center Yaounde, HD Efulan, Hopital Central Yaounde, Croix Rouge,

CSC Mvolye. During these visits, the CDC team assessed pediatric and adolescent services. They also paid a visit to Catholic Relief Services (CRS) to discuss partnership between the KIDSS project for orphans and vulnerable Children and the CBC HS HIV-Free project.

The CDC team witnessed an improvement in attendance of child friendly corner activities in Croix Rouge, EBHY and ST Martin de Porres. However, the number of children and adolescents tested has decreased over the months as the pool of biological siblings to be tested has been exhausted.

A marked improvement in same-day initiation of children/adolescent was recorded, leading to significant increase in tested positive initiation ratio. As a result, same-day ART initiation of adolescents moved from an average of 40% at the beginning of Q3 to an average of 80% by the end of Q4. The graph below demonstrates a gradual improvement in same-day initiation of children and adolescents over the weeks between quarter 3 and 4



VIRAL LOAD

14 DSD sites equipped to begin VL sample collections on sites



Health care providers working to update the viral load register at site before collections begin

Following a meeting at the regional Technical Group on September 14, which focused on ameliorating VL services in the CE region, 14 out of 22 DSD sites which were previously referring patients to the reference laboratories for sample collections, were provided materials to start doing VL sample collections on site.

The viral load team worked with all these DSD sites to ensure all patients with a viral load request have their samples collected on site and sent to the various reference laboratories. Hence, a total of 195 samples were collected from 15 sites and sent to the various reference laboratories after this

meeting. Sample collections are ongoing in other sites.

The viral load team worked with retention agents to sort out eligible patients for viral load tests from their respective cohorts in the ART registers. A total of 4347 results were collected in the months of July, August and September from 22 health facilities. 3833 were suppressed and 514 were unsuppressed giving a percentage of VL suppression of 88%.

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT SERVICES MADE EFFECTIVE IN THE CER

Given the importance of quality services at sites, the project team carried out QI coaching visits at Centre Médical Henri Dunant Croix Rouge, CSC Mvolye, and Etoug-ebe Baptist Hospital in September 2018. The quality improvement projects of these sites were reviewed. The team ensured proper Orientations to start Quality Improvement projects. One of the QI projects implemented across many supported sites was on VL prescription at sites, testing and documentation on result in patients files and the ART register. Coaching on how to track impact indicators on VL were provided to these sites.

The QI Officer also represented HIV Free in a workshop organized by MoH to review the national training manual on QI from September 4 to 8, 2018.

Also QI team effected coaching visits to district hospital Cite vert and Cass Nkoldongo to support QI projects on Viral Load and support data collection after Participating in VL meeting at RDPH.

Finally, the team Developed data elements for VL QI projects at the sites

SITE INFORMATION AND MONITORING SYSTEMS

SIMS Records successes in 21 PEPFAR supported Health Facilities

As part of HIV Free effort to improve on the quality of services at PEPFAR supported sites in the Center Region, HIV Free supports both the quality improvement pro-

cess of services and data. The month of September, recorded some key successes in USG SIMS. This was

conducted in 02 Health Facilities (passed in 1 out of 2) and 03 Health Districts (passed in 2 out of

| S/N | Health Facility | Health District | SD | Visit date | Type of visit | | | | |
|-----|-------------------|-----------------|------------|------------|-----------------------|--------|---------|------|---------|
| 1 | CS Ste Marie Soa | Soa | TA | 4-Sep-18 | USG Focused Follow Up | 13.2 % | 16.9 % | FFU | FFU |
| 2 | CSI Urbain de Soa | Soa | TA | 4-Sep-18 | USG Initial | 39% | 20% | 16 % | 25% |
| 3 | Biyem Assi DHS | Biyem Assi | Above site | 6-Sep-18 | USG Initial | 7.14 % | 35.71 % | 0% | 57.14 % |
| 4 | Nkolndongo DHS | Nkolndongo | Above site | 6-Sep-18 | USG Initial | 15% | 31% | 54 % | 0% |
| 5 | Djoungolo DHS | Djoungolo | Above site | 19-Sep-18 | USG Initial | 33% | 42% | 25 % | 0% |

SITE INFORMATION AND MONITORING SYSTEMS

SIMS Records successes in 21 PEPFAR supported Health Facilities

Also, IP SIMS was conducted in 22 Health Facilities and 19 PASSED out of 22 as seen below;

Result of IP SIMS in 19 health facilities

| S/N | Health Facility | Health District | SD | Visit date | Type of visit | | | | |
|-----|------------------------------------|-----------------|----|------------|---------------|--------|-------|--------|--------|
| 1 | Dispensaire Catholique de Gondon | Bafia | TA | 14-Sep-18 | IP FFU | 11.63% | 4.65% | 18.6% | 65.12% |
| 2 | CMA Nkolya | Mbalmayo | TA | 14-Sep-18 | IP FFU | 20.7% | 17.2% | 26.4% | 35.6% |
| 3 | CSC Emana | Monatele | TA | 14-Sep-18 | IP FFU | 8.7% | 56.1% | 33.3% | 1.7% |
| 4 | HD Nanga Eboko | Nanga Eboko | TA | 14-Sep-18 | IP FFU | 11% | 23% | 22% | 45% |
| 5 | CSI Ebang | Soa | TA | 14-Sep-18 | IP FFU | 3.4% | 33.9% | 37.3% | 25.4% |
| 6 | CS La Misericorde | Biyem Assi | TA | 17-Sep-18 | IP FFU | 12% | 16% | 32% | 40% |
| 7 | CMA Ombessa | Bafia | TA | 18-Sep-18 | IP FFU | 28.5% | 11.4% | 11.46% | 48.5% |
| 8 | Fondation R Freeman | Akonolinga | TA | 18-Sep-18 | IP FFU | 11% | 11% | 39% | 36% |
| 9 | HRA Ayos | Ayos | TA | 20-Sep-18 | IP FFU | 21% | 5% | 7% | 67% |
| 10 | CSI Goufan | Bafia | TA | 20-Sep-18 | IP FFU | 0% | 5% | 13% | 60.8% |
| 11 | CS Les Rois Marges | Mfou | TA | 20-Sep-18 | IP FFU | 30% | 16% | FFU | FFU |
| 12 | CMA Makenene | Ndikinimeki | TA | 20-Sep-18 | IP FFU | 6.3% | 38.1% | 44.4% | 11.1% |
| 13 | HD Ngog Mapubi | Ngog Mapubi | TA | 20-Sep-18 | IP FFU | 10% | 1.3% | 28% | 58% |
| 14 | CSI Mvom Nnam | SA'A | TA | 20-Sep-18 | IP FFU | 13% | 24% | 24% | 39% |
| 15 | CSI D'Ekoudou | Akonolinga | TA | 21-Sep-18 | IP FFU | 16% | 16% | 25% | 41% |
| 16 | CSC Mont Calvaire | Djoungolo | TA | 21-Sep-18 | IP FFU | 8.3% | 16.6% | 20.8% | 54.2% |
| 17 | CS Catholic Nkilzok | Mfou | TA | 25-Sep-18 | IP FFU | 15% | 17% | 20% | 46% |
| 18 | CSI Urbain D'Eseka | Eseka | TA | 25-Sep-18 | IP FFU | 35.9% | 7.7% | 5.1% | 51% |
| 19 | Centre Medical Marie Reine Etoudi | Djoungolo | TA | 25-Sep-18 | IP FFU | 19% | 23.1% | 30.8% | 26.9% |
| 20 | CS Notre Sante Emana | Djoungolo | TA | 26-Sep-18 | IP FFU | 9.5% | 19.1% | 19.1% | 52.3% |
| 21 | African Genesisic | Nkolndongo | TA | 27-Sep-18 | IP FFU | 20% | 20% | 16% | 44% |
| 22 | Centre Medical de Lycee Biyem Assi | Efoulan | TA | 27-Sep-18 | IP FFU | 14.3% | 28.6% | 38.1% | 19% |

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CBC HEALTH BOARD

HIV-FREE CE PROJECT

Phone: (+237) 679405849 (CE)

E-mail: hivdoc.team@yahoo.co