

# BIAKUSU

## ON S'ACHEMINE

# Vers Une Génération Sans SIDA

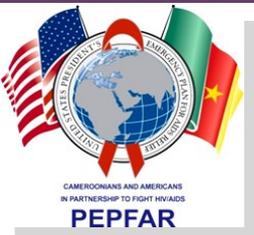


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### HIGHLIGHT OF MONTHLY ACTIVITIES





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# 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

**A**s FY19 gradually comes to an end, the Center Region Team is leaving no stone unturned to make the dream of “Operation ALL Green (OAG)” come true. Hence several strategies like “Operation 310.000 PLHIV on treatment by June 30th;” “bring back to care campaign” and “Situation Room” sprouted up from CNLS and HIV Free CER respectively to safeguard a smooth landing on September 30th, 2019 with the closing of FY19. Consequently, several activities related to; strategic planning, mentorship, and intensive follow-up of all program areas were carried out during this month with emphasis on retention.

Staff from the SMT were stationed in all DSD sites and some TA sites to place a keen eye on performance, better documentation and reporting all in a bid to attain project indicators. Several brainstorming sessions were held to address arising and persistent challenges witnessed in the various areas of case finding, linkage, treatment initiation, retention and viral load testing uptake and suppression.

Several strategies were put in place to find and maintain patients in care; like the Return to care Campaign to bring back 6000 clients to care who missed their appointment.

Amongst other key activities carried within the last month are; the Partners meeting held in Douala to prepare the effective start of the implementation of the ministerial decision laying off the Voucher initiative and introducing user fees for HIV services as of January 1st, 2020.

This edition also brings you information that will answer questions on the results achieved from the Return To care Campaign and the Voucher Initiative that spanned from November 2018 to May 2019. The edition equally explores the measures put in place to improve results and efforts to enhance documentation of services provided to clients in CBOs and in DAMA.

These and more activities within the project sphere you will find as you go through Bia Ku Su 14.

Happy Reading!



# HIGHLIGHTS

## Improving DAMA SCALE-UP for Effective documentation



The DAMA coordinator expatiating on data synchronization in DAMA

Following the adage that says “There’s no work done if there’s no statistic to back it up,” an emergency meeting was organized on May 11 2019, to seek ways to improve on data reporting in DAMA. Attended by over 96 project staff, these participants were refreshed on the standard procedure for accessing and reviewing reports in DAMA, data synchronization in DAMA, and DAMA online overview. Commodities and dispensation in DAMA were also elaborated to effectively keep track of patients who collect salvage refill of ART elsewhere.

The M&E lead used the forum to refresh his team’s knowledge on their roles and responsibilities in order to ascertain performance and output. Service providers were also updated with skills to calculate treatment net new and retention.

Participants were encouraged to effectively follow up patients in a bid to curb the rate of missed appointment at site. More so, it was recommended

that data should be reviewed daily by staff for prompt correction of poor trends. At the end of the meeting it was suggested that a focal point be put in high volume sites for retention and follow up of the missed appointment tracking exercise .



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## HIGHLIGHTS

### CBO Documentation and reporting systems reinforced



Reviewing documentation of community ARV dispensation at site

**W**ith responsiveness to the need to standardize and harmonize source documents used for community ARV dispensation across health facilities and CBOs of Center Region, a working session was organized with staff from Community Based Organizations (CBOs), Community Health Program (CHP) and Health Facilities on JUNE 7, 2019. The working session had as focus to Source Documents for Community ARV Dispensation.

Analyzing the first presentation by RTG's focal person for CBOs, CBOs performance was behind schedule as only 5641 PLWHIV had been referred to CBOs as at May 2019. So, during the working session, emphasis was placed on achieving CBO referral targets of 13,814 PLWHIV by the end of September 2019 and hence, could only be possible if 9000 persons were referred by June 2019 and 11800 by Sept 2019.

A community action plan was put in place with

strategies like; Home Visits, Linkage, identifying and training experts patients. With practical demonstration on how to use the stock cards, dispensation and TARV registers, the proposed and approved referral register for CBOs at the level of health facilities were all treated. The challenges like Structural weakness of CBOs, ignorance of the strategy by both CBO and health facility personnel were discussed and treated accordingly.

120 people participated constituting dispensers of all 31 CBOs in the Center region, coordinators of UPECs in all 32 DSD sites in Yaoundé and TA sites out of Yaoundé, Site and District Mentors of all DSD and TA sites in and out of Yaoundé, the regional coordinator of RTG and his delegation, the managers of HIV Free for Center Region 1 and 2, focal points for community ARV dispensation and HIV Free monitoring and evaluation officers.



## HIGHLIGHTS

### Partners meet to strategize on User Fees in Cameroon



Given the different socio-economic and cultural barriers related to the care of people living with HIV, the Minister of Public Health of Cameroon published on April 4th 2019, a ministerial decision prescribing complete elimination of all fee related to HIV services, effective January 2020. These services are expected to include all HIV related service fee, including; HIV testing for all, free access to prenatal consultations, HIV medical records, CD4 and viral load tests, ARVs, drugs for opportunistic infections, and the treatment of opportunistic infections for people with HIV.

The removal of direct payment for patients is a bold policy measure that has the potential to improve coverage, access and equity of services and thereby, accelerate progress towards the 90-90-90 goals of the HIV response. However, insufficient preparation can have unforeseen effects and compromise the positive effect expected from the policy decision. Consequently, there was need for an

inclusive working session to discuss all aspects and draw a clear and consensual roadmap for the process, informed with evidence-based inputs from all actors.

It was on this note that a working session was organized by UNAIDS, and MOH on June 6 and 7 in Douala with the overall purpose to prepare the effective start of the implementation of the ministerial decision laying down complete elimination of user fees for HIV services as of January 1st 2020.

The specific objectives of the workshop drawn from the above goal were to: Examine the contexts, experiences and opportunities associated with eliminating payment for HIV services within and out of Cameroon; Highlight the challenges and take early steps to facilitate the implementation of the Ministerial decision; Propose effective operational solutions for the implementation of the decision by 1 January 2020; and Develop a roadmap with technical support needs for the



## HIGHLIGHTS

### Partners meet to strategize on User Fees in Cameroon



#### *ARV dispensation in Health Facilities*

implementation of the decision on 1 January 2020.

Presentations were done by NACC on the National HIV context, progresses and Challenges, by CDC on Voucher Initiative and experiences to eliminate HIV user fees, another by ANRS on Resistance to ART and a presentation by MOH on Cameroon ongoing Universal Health Coverage (UHC) process. The last presentation clearly indicated the structure of the UHC strategies in Cameroon, the various components, the level of progress and expectations. It was disclosed that the first phase of UHC targets a general population of 22,985,369 people amongst whom are 11,030,655 children aged 0 to 15 years and 933,071 pregnant women. The first phase of the project will subsidize vaccination health care service for children from 0 to 5 years, pediatric care from 0 to 15 years and gynecology/obstetrics problems for pregnant women. Still, under the UHC major health programs relating to the general population such as HIV/AIDS, malaria, tuberculosis, cancer, dialysis, schistosomiasis, intestinal helminthiasis and community health projects will also be covered. It

is estimated that for the year 2019, FCFA 334, 765, 241, 460 will be disbursed to accomplish the first phase of the UHC. The money will be distributed as such: FCFA 143, 922, 146, 428 for pediatrics health care, FCFA 95, 328, 975,849 for gynecology / obstetrics needs, FCFA 61, 451, 147, 000 for HIV AIDS, Malaria, Tuberculosis, Cancer, Dialysis, Schistosomiasis, Intestinal Helminthiasis, FCFA 31,663,516,999 for vaccination and FCFA 2,389 455 192 for community health projects.

The two days working session ended with group work on 04 priority thematic areas - **Financing:** increase of state budget, long-term commitment, coordination of donors, cost estimation, method of payment of facilities, etc. **Health Care delivery:** availability of commodities and treatments; human resources, quality of care, etc. **Demand Creation:** other barriers than payment; communication, mobilization, stigmatization etc. and **Governance:** participation, control mechanisms, accountability, task force, monitoring and evaluation, etc.



## HIGHLIGHTS

### HIV-FREE Staff brace up to better manage Viral Load Samples



*Viral load focal point elaborates on the various platforms use for viral load testing*

A one-day meeting was organized on May 23rd at the CBCHS Resource Center Of Excellence Mvan, to brainstorm on strategies to manage viral load samples and results at sites. Various modules were covered including an overview of HIV, the testing algorithm for viral load, the various indicators of treatment failures, collection, preparation, conditioning and transportation of viral load samples among others. The different platforms used for viral load testing was elaborated including: ABBOTT, OPP-ERA, ALERE-CURE, Gene Xpert. The 37 participants present made use of this platform to refresh their knowledge on adherence counselling and effective follow up of patients in care. Facilitators also laid emphasis on effective documentation of viral load results in patient files and ART registers as

participants were encouraged to intensify multi months distribution of ARV.





## HIGHLIGHTS

### The 'Bring Back to Care (or Return to Care) Campaign' yields fruits



CDC Cameroon and HIV-Free team strengthens the tracking of LTFU clients in health facilities

Given the pressure to improve retention target, a “Bring Back to Care Campaign” was launched from the 11<sup>th</sup> to the 30<sup>th</sup> of June 2019. In a bid to attain this target, the project activated an emergency plan to track all defaulters and LTFU patients (3778) in 32 DSD sites. Hence, a ‘patient-tracking tool’ was provided in all scale up sites in Yaoundé to intensify tracking of all LTFU clients. Calls and home visits were intensified to bring back patients to care. Thanks to this commendable effort, the project brought back to care over 2346 patients, representing 62% of the initial loss.

As a result of the campaign, retention rate skyrocketed from -65% to 96% from the 11<sup>th</sup> to the 30<sup>th</sup> of June, 2019.

In this note, service providers were called upon to increase efforts to ensure that the remaining 1432

LTFU/defaulters are tracked and brought back to care.



Service providers tracking LTFU clients at site



## HIGHLIGHTS

### HIV FREE CER launches 310000 project for PLHIV



RTG Regional Coordinator urges service providers to engage in active search of LTFU patients

The need to ensure that more patients are brought to care and maintained on care is on the rise. Hence varied strategies have been put in place to make sure targets are attained. One of such strategies is the Project 310000 launched by the MOH with the support of the HIV FREE CER project. To improve on the success rate of this strategy, a meeting was organized by the RDPH/RTG for the fight against HIV on MAY 28, 2019 to devise strategies which will guarantee the efficacy of this strategy by ensuring that at least 310 000 PLHIV are on ARV treatment nationwide by June 30th 2019.

In attendance were pharmacists and UPEC coordinators of 26 high volume health facilities in the region, managers of HIV Free Project, the Center regional coordinator of RTG and the representative of the Regional Delegate for Public

health, making a total of 152 participants.

With close observation on the consistent decrease in active files in health facilities between 2016 to 2018, the following resolutions were taken in order to fix the problem: engage in active search for missed appointments (defaulters and LTFU) in order to meet the target by June 30 2019; Propose and implement differentiated models of care to clients; Ameliorate/improve on testing and linkage; Ensure proper tracking of VIP patients. It was also encouraged that the team needs to improve on strategies like LTFU campaign, referral to CBOs, placing more people on multi-month prescription and data validation. It equally was suggested for UPECs to think of the Possibility to offer 24 hours' service to reduce the rate of missed appointments.



## HIGHLIGHTS

### Operation all Green ; the new Modus Operandi



*The PI launches the OAG in a bid to keep all indicators green*

**O**n May 21st, 2019 the Principal Investigator launched the “Operation All Green (OAG), A strategy meant to intensify efforts to keep all indicators green hence attain epidemic control. To make this dream come true, the ‘Situation Room’ strategy was created. The Situation room is a convention of project management, site leads/mentors and statisticians to track the implementation of adopted strategies and achievement toward the project set targets from May to September 2019.

These meetings were organized three times a week to ensure that set goals are met. During these sessions, challenges are addressed, and results analyzed with strategies put in place to improve results. This situation room strategy is consolidating management’s efforts to identify challenges and mitigate them timely.

### HIV-Free project meets to review strategies to improve target

**W**ithin the framework of improving retention of positive patients on treatment, a review meeting was organized on the 1st of May 2019 at the CBCHS Resource Centre of Excellence, Mvan. The meeting was aimed at assessing targets for HTS, PMTCT and TB management, index testing follow-up, treatment new and treatment current targets in TA sites out of Mfoundi. Participants were cautioned not to focus efforts on same day initiation but on patience acceptance to guarantee adherence to treatment.

After x-raying each site monthly progress and challenges, it was noticed that many clients in the Ayos health district have 2 or more codes. The meeting ended with some recommendations made which included: format registers at sites, enforce security of patients’ files, enhance PMTCT cohort monitoring, create commodity ART groups, enhance patients flow among others..

# INDEX TESTING

## Strengthening service providers skills to enhance ICT services at sites

During Q2 of Financial year 19, the index testing team reinforced index testing in all supported sites in and out of Mfoundi districts. The team carried out mentoring and supervision, organized onsite refreshers and data verification meetings to improve the quality of ICT services offered to clients in DSD and TA sites in the Centre Region. In same light, the team carried out a series of onsite training in Olembe and Mont calvaire during which over 28 service providers were refreshed on effective counselling techniques, follow up and testing of index clients.

In the course of the month, the team encountered some challenges which necessitated on the point solution: low patient flow in most health facilities and resistance of sexual contacts to be tested.

The team experienced a total yield of 11% in DSD sites and 15% in TA sites as clearly seen below

**IT WEEKLY SUMMARY ( NEW&OLD IP's)**

D		IP-TYPE												DISCLO SED		
		PLWHIV on TX ≤ 12Months)						Contacts of OLD IP's(PLWHIV on TX ≥ 12Months)								
Notified	CP's Tested	Pos	Initiated	Yield	Initiation Rate	IPS	Notified	CP's Tested	Pos	Initiated	Yield	Initiation Rate	IPS	Notified		
354	193	25	23	13%	92%	657	328	306	155	13	10	8%	77%	1142	689	660
83	47	8	7	17%	88%	141	99	94	48	6	4	13%	67%	223	174	177
437	240	33	30	14%	91%	798	427	400	203	19	14	9%	74%	1365	863	837

# KEY POPULATIONS

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## Strengthening KP activities at site

The KP team followed the pathway clearly spelled out in the month of May by conducting site visit to evaluate/support testing of KP at entry points and retention in care process, assess referral and linkage challenges by DICS/CBOs. The team also followed up missed appointments, tracked defaulters and LTFU in all KP sites: service providers were encouraged to consistently add demographic information to aid home visit of defaulters and lost clients. The issues of auto transfers reinforced by “depanage” services was also assessed in order to curb unhealthy competition among partners at sites and poor update of patient files during ghost ART refills.

In the course of implementing field activities, the team observed that DICs and CBOs affiliated to treatment sites were not reporting ICT services. In response, the KP team organized working sessions

with case managers and distributed ICT report forms at sites.



# MALE AS PARTNERS

## Men As Partners make stride

As the fight to curb the rate of men dying of AIDS continues, the HIV-Free CE project intensified mentorship and supervision in the month of May, with focus on increasing HIV case finding among men and young adults and improve retention by increasing ARV dispensation during extended clinic hours. The project also intensified community testing in 11 identified communities in DSD sites targeting Bikers, Mechanics, Barbers, hairdressers, bars etc. See table below

### MS activities for May 2019

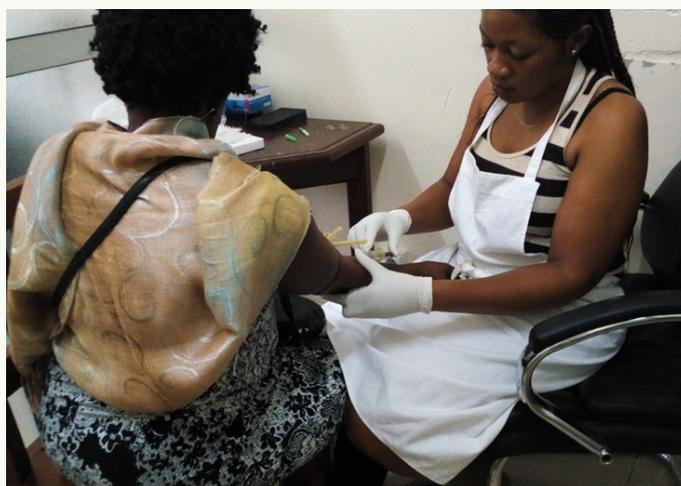
ACTIVITY	# CALLED	# WHO CALLED	#HITS	#NEGATIVE	# +VE	% +VE	#-INITIATED	KNOWN CASE	ON MONTH	MULTI-MONTH
MAP	688	233	233	232	1	0.4	1	0	0	0
EXTENDED HOURS		537	537	511	26	4.8	21	0	408	271
MALE FRIENDLY CLINIC		40	33	31	2	6.1	2	0	29	51
VENUE BASE TESTING		168	168	150	18	10.7	7	0	0	0
<b>TOTAL</b>	<b>688</b>	<b>978</b>	<b>971</b>	<b>924</b>	<b>47</b>	<b>4.8</b>	<b>31</b>	<b>0</b>	<b>437</b>	<b>322</b>

# VIRAL LOAD

## Ensuring effective follow up of viral load samples and result

Amidst routine activities of viral load testing, monitoring and evaluation, the viral load team worked with all DSD/TA sites to ensure effective distribution of viral load testing and sample collection materials to health facilities. To ensure that all samples sent to reference laboratories are tracked correctly and results released following the national protocol, the team worked with staff of the reference laboratories to fill in some identified gaps in the process. Altogether, 1,984 samples were sent to the reference laboratories and 4969 results were returned to the Health facilities.

Effective documentation of all received viral load results into the viral load excel sheet, ART registers, patient files and DAMA was carried out in the health facilities: A total of 6296 results were entered in the viral load spreadsheet with 5252 suppressed, giving a suppression rate of 83, 41%. Over 16,443 and 15,714 eligible clients with



unsuppressed viral load were sorted out in quarter 1 and 2 of FY19 respectively. These clients were followed up for adherence counselling.

# DATA QUALITY ASSESSMENT

## Data quality assessment supervision

**P**roject team supported the MOH to conduct routine DQA to evaluate and monitor data reported in PEPFAR supported sites in the month of April and May. The team had as objective to compare IT data reported by health facilities in monthly reporting forms with those in the registers and that reported in DAMA. During the supervision, the team encountered challenges such as Lack of Standard Operating Procedures (SOP) on filling Index Testing registers at sites, Insufficient understanding of Index testing register indicators and no internal data quality audit (DQA) before reporting.

To solve this problem, the team made recommendations which they added to the findings made during the supervision and handed them to the site leads and IT focal points for necessary adjustments.

DQA ON INDEX TESTING DATA FOR APRIL 2019									
Site Name	Total								
	< 100% : Underreported			100% : CORRECT			> 100% : Overreported		
INDICATORS	# Accepted IT Service	# Contacts Elicited	# Known POS	# New POS	# New Negatives	ART PICK UP Register	1-6 May 2019 ART Pick-Up	# Children with father as IP	COMMENTS
REPORTED	1367	2697	112	160	1238	4984	52		#N/A
DAMA	818	1646	4	148	1133	4327			
RECOUNTED	1316	2651	124	165	1202	1763			
REPORTED CONCORDANCE	104%	102%	90%	97%	103%	87%			
DAMA CONCORDANCE	62%	62%	3%	90%	94%	35%	3		

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# VOUCHER INITIATIVE

## Voucher Initiative rounds up at sites

**F**ollowing the Ministerial decree of April 4, 2019 to eliminate all fees related to HIV at facilities, the Voucher Initiative (VI) rounded up at sites. The Months of April and May for the VI team were based on analyzing and reporting achievements of the VI in the Center Region. In collaboration with M&E teams, the finance team and the M&E supervisors, had a series of working sessions to verify and validate VI data documented so far. In a snapshot, the report highlighted key outcome per service offered in comparison with the initial targets and equally underlines lessons learned. With all efforts and strategies put in place, the team was able to touch the lives of different people at different levels. The

following major outcomes were achieved in the Center and Littoral Regions:

- HIV Testing: 46,683 Testing vouchers were offered to eligible clients, helping them to know their HIV Status and for those diagnose HIV positive, to benefit early initiation to ART treatment.
- Viral Load: 61,182 persons accessed VL compared to less than 20.000 before the initiative.
- ANC: 5,510 needy pregnant women were subsidized and booked for ANC 1 and were tested for HIV. Pregnant women tested positive were put on treatment.
- Tuberculosis Sputum analysis: 2.962 had

# VOUCHER INITIATIVE

## Voucher Initiative rounds up at sites



access to laboratory TB screening with AFB and those confirmed where referred for TB treatment.

- Advanced Diseases: 626 cases of advanced HIV opportunistic diseases were supported.
- Consultation: 54,208 consultations vouchers were offered that enable indigent patient on ART to show-up at their drug refills and clinical appointments.

Considering the reorientation provided during the internal closing meeting of the VI, a new plan was designed, focusing on the follow up of user fees situation at site. By January 2020, the new plan put in place by the government, seeks to put in place an HIV Free User Fees Tracking System (UFTS) covering all project sites generating user fees situation routinely; Generate and share with all parties' monthly reports on HIV user fees compliance in all project sites and advocate at sites and at MOH levels (MOH, RDPH and RTG)

to ensure corrective measures are taken to guarantee compliance with existing regulations and dispositions. However Viral Load testing is still offered free of charge with the support of the HIV Free project and consultation of indigents clients.

# FOCUS ON NTUI HEALTH DISTRICT

## HIV FREE TEAM II LEAVES NO STONE UNTURNED FOR BETTER RESULTS IN TA SITES



Ntui Health Center

**N**tui is the divisional head quarter of “Mbam et Kim” in the Center Region of Cameroon. With a surface area of over 430 km<sup>2</sup>, Ntui is host to over 28,000 inhabitants. The fertile lands of these plateaus attracted migrants from different parts of the country and beyond, making it a booming city with several businesses and agricultural activities. Like any other community, the people of Ntui are exposed to health challenges like malaria, cholera, Non-Communicable diseases and HIV/AIDS amongst others. To guarantee the wellbeing of these inhabitants, over 10 health facilities are planted in the District with the District Hospital as reference hospital in the locality.

With the advent of the HIV-Free project in 2018, the team offered quarterly technical assistance in the delivery of HIV related Care & Treatment services in Ntui health District via supervisions.. Notwithstanding this move, implementation of project activities were suboptimal with persistence of challenges such as: insufficient HIV case identification, ART initiation, high defaulter/Lost To Follow Up rates and insufficient TB/HIV integration. 12 months retention in care was around 70% only in DH Ntui. With the reorganization of the HIV Free Centre Project into Teams I & II,

several strategies have been put in place to harness and consolidate efforts already implemented by the project. A Permanent staff was placed at the Ntui District hospital to offer direct support to the team in place in the implementation of project activities that include; HIV Testing services, ART initiation of clients who test HIV positive, follow up of clients on ART, proper use of standard data collecting and reporting tools, and use of data generated to improve quality of services rendered. This strategy yielded fruits almost immediately as ART Registers were formatted properly, DAMA introduced active search of defaulters and LTFU has become everyone’s concern while clients who test TB positive are followed up for HIV testing and ART initiation. This “volte-face” can be confirmed by looking at the performance of retention for DH Ntui which moved from 21% in Q2 of FY19 to 81% in Q3 of FY19.



To further improve performance at this site, a team from HIV Free Centre Team II led by the Manager, Dr Kum Walters visited District Hospital Ntui in the month of June 2019 to monitor the implementation of project activities and provide technical support for improvement. some staff .

After a courtesy visit to the Director of the Hospital, the team visited the different entry points of the Hospital which included; ANC, In Patient,

# FOCUS ON NTUI HEALTH DISTRICT

## HIV FREE TEAM II LEAVES NO STONE UNTURNED FOR BETTER RESULTS IN TA SITES



Out Patient, Laboratory, Minor Surgery, CDT and the ART (UPEC) units. The team propped in questions to better understand the step by step approach of patient flow at each entry point. While the staff elaborated on their work, the team listened keenly and each time supportively came in to clarify doubts or explain what should be done at each step. The visit to each entry point ended with consultation of registers to ensure that the service providers walked their talks. After a thorough supervision with the use of a guide developed for the purpose, the following recommendations were made to guide improvement in service delivery so that Ntui can attain 90 90 90 treatment targets by 2020.



Ensure Multi Month ART dispensation, Reduce turnaround time for HIV testing by separating the

HIV Tests from battery of other tests while respecting the national algorithm, follow national protocol on the administration of Nevirapine to HIV Exposed Infants (HEI), properly fill all Patients' Medical records (adult files and HEI files),. Systematically test all patients diagnosed with TB for HIV.

The visit ended with an out-brief with the Director of the hospital who expressed his satisfaction for such visits which are a learning opportunity for them. He appreciated the support of CBCHB via the HIV Free Project and pledged to work with the District Clinical Mentor to implement all the recommendations made.

### Visit at Notre Dame Bikop

A visit of same nature was done on June 28, 2019 at Notre dame Bikop . This site with an active file of over 800 clients had serious documentation issues before a team was fully stationed there. The site used national registers as secondary data sources instead of primary data entry tools. As a result, miscounting, failure to enter data and double counting were common errors made in reporting.

With a permanent team at site and the introduction of DAMA and a Quality Improvement Officer, necessary adjustments are being made to ensure proper client follow up and service delivery/ documentation. The team noticed a need for mentorship on the use of various tools and planned.

Overall, it was a fruitful visit to these sites which enable the Management of Team II to come in contact with some of the hurdles than can hinder the smooth implementation of project activities and strategize to address them.

# SUR LE CHEMIN DU 90-90-90



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