Meet the Quad – Cameroon National Nursing and Midwifery

Leadership Team

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**ARC Project – Improve the quality of PMTCT, Option B+ and Pediatric HIV services through close supervision program at three high volume sites.**

**Timeline:** November 2016 – July 2017  
**Locations:** District Hospital of Biyem-Assi; District Hospital NDOP; CMA Limbe

**Project Summary:** Cameroon QUAD Team proposes to improve the quality of PMTCT, Option B+ and Pediatric HIV services at three high volume sites. For over five years, mother to child HIV transmission has remained a key cause of HIV infection for children. Survival rates for HIV positive children remain minimal. It is therefore important to address the lack of adequate HIV services for children. The intervention positions service providers to improve delivery of such services, by improving their technical knowledge, competence, and self-confidence. The project will focus on training/retraining in areas where nurse and midwifery knowledge needs strengthening, and providing close supervision of selected staff to initiate ART, improving HIV clinical processes for better patient follow-up, and improving coordination of PMTCT, Option B+ services during the project period.

**Activities:**
- Draft monitoring and evaluation tools with project team and advisors. This includes a common supervision tool that will be used by all 3 facilities. It also includes a common reporting template so that supervisors at all 3 sites can use a common tool.
- Develop training modules with expert panel.
• At each site, conduct 3-day training on ART initiation to enable an improvement in providers’ capacity to treat HIV patients.
• Organize nurse monitoring by internal and external supervisors every two months, to assess improvement in nurse self-confidence to initiate ART.
• Organize monthly indicator monitoring by internal supervisors, to improve provision of PMTCT and Option B+ services.
• Strengthen monthly internal coordination meetings, to include refresher trainings and integration of pediatric HIV services.
• Evaluate the self-confidence of trained providers.
• Present results to the District Office of MOH for long-term sustainability

Expected Outcomes
• 80% of providers have improved knowledge
• Service providers are able to initiate ARVs
• Different departments that provide HIV services are well coordinated
• A common monitoring template is available for use at all the sites
• The quality of services is improved
• Service providers are more competent