

# LIHWANGI

## Towards An HIV-Free Generation

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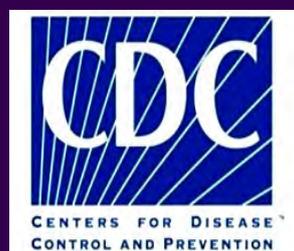
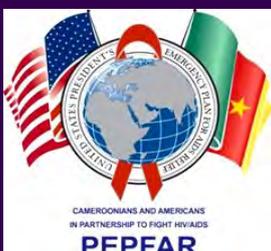
Jan-Feb, 2019

**SW PROJECT IMPLURES STRATEGIES TO COMBAT  
IMPENDING CHALLENGIES OF SOCIO POLITICAL CRISIS**



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## HIV FREE SW II LIHWANGI NEWSLETTER

A monthly publication of the HIV Free SW II Project Team.

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# WELCOME

## GOALS AND STRATEGIES OF HIV-FREE PROJECT

**Project Goal:** To reduce HIV-related morbidity and mortality for infected individuals through comprehensive, high-quality integrated and innovative HIV testing programs, optimized care and treatment program for adults, children, and pregnant women (Option B+), building on the successes of PEPFAR support in the HIV-Free Project in the NW and SW regions of Cameroon.

### Strategy 1:

HIV Case identification  
& linkage

### Strategy 2:

HIV Care &  
Treatment

### Strategy 3:

Adherence,  
and Retention

### Strategy 4:

Data Management  
and Quality  
Improvement

### Cross cutting approaches:

**Cross-cutting Implementation Approaches:** Coordination and joint supervision  
Promote Task shifting and onsite mentorship.

With initial focus on the Northwest and Southwest, these strategies and approaches will enable the attainment of the following specific objectives:

1. Increase HIV case identification to diagnose at least 90% of those living with HIV, link to care and treatment, and ensure 90% ART coverage of HIV infected adults, pregnant women, and children in health facilities and communities.
2. Improve adherence support, retention in care and viral load uptake to achieve 90% VL suppression for HIV infected adults, pregnant women and children.
3. Improve M&E systems and promote the use of strategic information for program improvement.
4. Strengthen the health system to support delivery of high quality and sustainable HIV related services within facilities and communities.



## EDITORIAL

**Prof. Tih Pius Muffih**

**Project Principal Investigator**



As part of our strategy to ensure the adherence and retention of all our clients, every field staff is obliged to ensure clients are in possession of and use the Continuous Care Card (CCC). This year, the project orientation has been changed from a target based to a program-based project. Likewise, expenditure analysis has become expenditure reporting. As the central accountant must have mentioned, the finance procedure of the project will be implemented accurately. Any failure to respect the procedures will attract great sanctions.

As a way of combating the effects of the socio-political crisis in the region, we went back to the drawing board to reorganize our activities in the region.

I heartily appreciate all the staff especially you; for the courage you exhibited in FY18 despite all the odds that we faced. We achieved all our targets because of you. That is why I use this opportunity to say thank you through Lihwangi E-Newsletter. Always know that the project celebrates you at all times. Keep the *Lihwangi (Race)* spirit in all your healthcare deliveries as we move towards achieving the 90s.

Happy Reading...!

**T**he implementation of FY18 activities of the HIV Free NW/SW II Project was not at all rosy; yet the CBC Health Board successfully closed the project year despite all the challenges that worked against the project during the year. Though we started the project year on a good footing, towards the end of Quarter 1, activities slowed down with a resulting effect on the attainment of our targets. Hence, by December 12, 2017, we were still at a general yield of 4.0. In response, we introduced an emergency Catch-Up Plan (CUP). Its implementation started effectively on December 13, 2017 and finally ran all through the project year.

In this new project year, our targets have tremendously increased, and our sites in the SW have increased from 49 to 51. I am aware of the fact that the socio-political crisis in our region has not changed. Hence, we will work as we did for the emergency CUP. This calls for double efforts from every one of us. Wherever you are, whatever you are doing, always ask yourself if you are on the road to the 90-90-90 Agenda of Vision 2020 by UNAIDS.



## ON THE FIELD

### Retention of Clients on Treatment; the Focus in Q2



*SW Manager Stresses focus in Q1 will be on retention of clients on care*

**S**taff of the HIV Free SW project culminate in a coordination meeting to review activities for the first quarter of FY19. Coordination meetings as such is a forum where project staff take stock of activities; where they have performed well and sustain and develop strategies to address the lapses. From M&E updates, retention of clients on treatment was the weakest point in attaining project targets. Some 3000 clients in the SW region are lost to follow up; having a toll on the treatment current. The initiation rate too was low with the newly diagnosed yet to be initiated on treatment.

The team members have the daunting task to account for these clients lost to follow up especially as there are modifications on the definition of treatment current. Team members were reminded that CDC is concerned with identifying persons living with HIV and retaining them on treatment. The

Project Manager reiterated that the main concern in the quarter two is to strengthen client retention which was dubbed the 'Problem Child'. He called on all hands on deck to reverse the tides.

The Project Manager however appreciated the staff for the results obtained at the end of quarter one. Since the targets were not met, he called on all the staff to double efforts and develop more innovative strategies especially in the context of the crisis.



## ON THE FIELD

### PMTCT Cohort Monitoring Commences with Capacity Building



*Dr. Tumasang facilitating on the importance of PMTCT Cohort Monitoring*

**P**MTCT Cohort Monitoring has kicked off in the Southwest Region with a two days capacity building workshop for services providers from 12 high volume sites selected for the pilot. Holding at the CBC Health Services Complex in Mutengene on January 30-31, 2019, the workshop brought participants who were service providers working in ANC, delivery room and psychosocial counsellors otherwise known in its French acronym as APS. According to the Manager, HIV Free Southwest Project, the objective of the training was to equip the services providers to adequately follow up the HIV positive mother and her infant. More specifically it was to help service providers improve on their understanding of PMTCT and the activities involved, as well as understand

the steps in the follow up of the mother infant pair until determination of the final outcome of the exposed infant. Participants were also expected to have a good understanding of the PMTCT Cohort Monitoring tools and a mastery of their use.

According to reports over 90% of new paediatric HIV infections occurs through Mother to Child Transmission (MTCT) of HIV and without specific interventions the cumulative risks of MTCT of HIV ranges from 25-45% if breastfeeding is up to 12months. To ensure an HIV Free generation, it's important to actively follow up HIV positive pregnant woman (PW) and their babies hence PMTCT Cohort Monitoring. This comes to ensure that the final outcome is a negative infant born of an HIV positive mother which is the



## ON THE FIELD

The main facilitator of the two days training was Dr. Florence Tumasang, Obstetrician/Gyneacologist, Public health physician and Senior supervisor for family planning and PMTCT Services. She noted that having started PMTCT Cohort Monitoring in Centre and Littoral regions in October 2017 and in January 2019 in the Southwest and Northwest regions respectively, it is hoped that the Ministry of Public

Health Cameroon will extend it to the other six regions of the country.

PMTCT Cohort monitoring strategy is important because it is a tool that will be used to measure the impact and monitor the outcome of the PMTCT. It should be noted that cohort monitoring will provide documentation which the country needs for WHO validation in the elimination of Mother to child transmission of HIV.



***Participants at in group practice on using the PMTCT Cohort Monitoring Mother and infant Registers***



# ON THE FIELD

## HIV Related Package Offered to Underserved Communities



*Multidisciplinary Team at high sea heading to Eyenge*

A multidisciplinary team from the HIVF SW offered a comprehensive HIV package to inhabitants of the riverine communities (Eyenge, Kokori, Ghanna Cope, Black bush, Oversight) in Limbe and (Biniboyo, Kange British and Kange French) Tiko Health Districts. The team (made up of focal points of Index testing, Community ART Dispensation, EID/Viral Load, and PMTCT Cohort Monitoring Support Group). This work was done in collaboration with service providers working in these areas.

Activities such as supporting health facilities for HIV testing, linkage of clients to treatment, retesting for HIV verification, Index testing, formation of Community ART groups, distribution of ARV, Viral load /PCR samples collection and Testing for PMTCT final outcome were the package offered. The approach was door to door and where the boats anchor for HIV targeted testing.

Activities	Jan/Feb
Supporting HIV Testing	1016
Newly Tested Positive	22
Retesting for verification	11
Index testing	17
Contacts tested	
Formation of Community ART Group	6
PCR Sample collection	3
Viral load sample collection	13
PMTCT Final Outcome	1

From the 1016 tested, a total of 22 were newly diagnosed positive. Of these 22 persons, 18 were linked to care and initiated on ART at District Hospital Tiko and Batoke Integrated Health Centre while others were pending follow up and initiation. The team braved the odds such as travelling on high sea, resistance, amongst other to provide technical assistance and care. \*\*\*\*\*



## ON THE FIELD

### First Regional Technical Working Group Holds



**RTG Coordinator Presenting on ....**

**A**s a major actor in offering technical assistance in HIV services in the SW region, HIVF SW project in collaboration with the Regional delegation of Public Health SW organised a one-day Regional Technical Working Group meeting in February 1, 2019. Being the 1<sup>st</sup> edition, the overall objective was to improve the performance of each stakeholder in the fight against HIV/AIDS in the SWR in view of attaining HIV epidemic control by 2030. The meeting holding at the Regional Delegation of Public Health SW brought together regional programme heads, Global Health Services Strengthening (GHSS), Performance Base Financing (PBF), South West Regional Fund for health promotion, Directors of some main high volume sites in the region and the team from CBCHB HIV-Free SW.

Presentations were made on the Q1 achievements in the SW and activities of other programme areas especially in context of the crisis. This build a learning and experience sharing forum for the stakeholders on progress made in the implementation of HIV activities and also to identify loop holes and gaps that need to be filled.

In a bid to correct some lapses in the field, the HIV Free SW Manager advocated for some modifications of practices. Amongst them was for Documentation of Testing by entry points in the Facility laboratory Register, ART Dispensation at the TB Units for better management, retesting for verification and other issues surrounding psychosocial workers (APS). \*\*\*\*\*



## PRACTICES

### HIV Free SW II Implore Fast Track Strategies to Combat Impending Challenges from Socio Political Crisis

**T**he advent of sociopolitical crisis in the South West Region has not been without ravaging consequences; some of which have been suffered by HIV positive clients of the HIV Free SW II Project. Houses have been erased to the ground, health information documents lost in the blasts, clients on the run in search of safety to less affected areas; some have been forced to seek refuge in bushes. Following these incontinences, supervision to 51 sites became a pretty difficult activity to undertake by many site mentors. Despite the devastating effects of the crisis, these HIV infected persons need care and treatment. It is worth noting that a good number of the clients make up part of the high number of Internally Displaced Persons

(IDP) in Cameroon. Unfortunately, most of such clients were not able to make it to the health facility for their refills as often as usual. Hence, there was a rapid increase in the number of defaulters from treatment and Loss-to Follow-Up (LTFU) from Q4 of fiscal year 2018.

In a bid to combat the prevailing challenges and at the same time attain set objectives, the HIV Free SW II Project devised new strategies of attaining to help her achieve targets from Q4 FY18. These fast strategies include the following:

- ◆ Multi-month Dispensation of Anti-Retroviral Drugs (ARVs) to be consumed within a period of 3 months with a maximum of six months; this is for the stable clients. Envisaging the gap



*Taking your drugs immediately when you are diagnosed HIV Positive has a lot of benefits*



## PRACTICES

that the multi month scripting will cause, the management created awareness to the South-west Fund for Health Promotion and advocated they surpass the usual drug request.

- ◆ Remote supervision through community or site service providers who are resident in the communities or sites for the generation of reports on daily bases.
- ◆ Dispensation of Salvage ARV Treatment to clients who are on transit and are ready for their next refills. While giving the clients some 3 months to make decision whether they want to transfer their treatment to the said facility. Data from implementation to Q1 of FY19 indicates that a total of 1,174 clients have received ART through salvage.
- ◆ The Continuous Care Card (CCC) is been distributed to clients who are internally displaced. These are cards issued to patients indicating where and when they started their treatment,

North West and South West Regions who are internally displaced in other regions. As at FY19 Q1 some 9, 612 Continuous Care Cards have been distributed.

- ◆ The creation of WhatsApp Groups to facilitate the coordination of activities; the reports are photographed and sent to the WhatsApp groups for inputs and follow up before the sending of hard copies. Feedback is also easily made and immediate with the existence of the group.

It is worth mentioning that these strategies are not being implemented void of challenges. An example is the fact that clients treated through salvage cannot be reported in Treatment Current.

The ripple down effects in the implementation of these strategies has been the fact that only about 20% of the clients, refill on monthly basis which is ideal; while 80% are on the multi-month scripting. Due to some inconsistencies in salvage, the HIV

Free SW II Project have advocated for the duration of salvage to be extended from its original 3 to 6 months for proper decision making by clients regarding transfers. As a result, registers and reporting forms were printed locally to facilitate the collection of data/statistics. Hence, thanks to the registers and reporting forms, it was realized that up to 80% of the salvage were Internally Displaced Clients. The project has equally contacted the RTGs of Littoral and West Regions to create salvage

registers to track clients coming from the regions in crisis.

With these strategies in place, the number of defaulters and LTFU has to be on the fall consistently.

\*\*\*\*\*



**Service Provider Explains to Client how to use CCC**

their medical history, their current regimen and the contact number of the staff in the C&T centre. This card permits the displaced to integrate into other treatment centres without problems. Advocacy meetings are ongoing for the card to be distributed to clients from the



# MY STORY

## Taking a New Lane

I learned of my HIV status when I was about 15years old. After a series of protracted illnesses the doctor requested that I take an HIV test. My mother hesitated; she couldn't fathom the possibility of me being HIV positive. I really didn't understand what was going on. I can recall my mum crying when the results came back that I was HIV positive. As a 15years old boy, I really did not understand the implications. I have had lessons on HIV in school but still could not figure out much.

The ART drugs irritated me. I started feeling dizzy and weak. My passion for football ended at this stage because I didn't have the strength to play anymore. The drugs affected my education; I had to devise a strategy that permitted to take my medication on time and study as well.

Some members of my family know about my status and have been very supportive. I lied to my younger sister whenever she asked me why I took medication every day. My girlfriend does not know about my status too. I usually use condom during sex to prevent her from contacting the virus.

A support group of PLHIV greatly helped me to live happily with the virus and build my immune system as well. I am optimistic about life and I believe that HIV cannot stop me from attaining

my goals. I hope to get married someday and have a beautiful family.

I wish to advice everyone reading this to clear their fears and take an HIV test. If you love life, take your drugs continuously if diagnosed positive. \*\*\*\*\*

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## ROLE MODEL

### Mr. Banlack Ernest Fonjinwe, APM, HIVF SW Project

Great qualities of a leader are those portrayed in one's personal commitment, passion and the investment of efforts towards ensuring the success of a particular goal. These and many more are words that suit the personality of our icon for this season, Mr. Banlack Ernest Fonjinwe, the Assistant Project Manager – HIV-Free SW II Project of the CBC Health Board.

Born in the native Nkot village in Nwa Subdivision, Donga Mantung Division of the North West Region of Cameroon, Mr. Banlack is a Prince on the 8<sup>th</sup> position in a family of 9. This probably explains the originality of his leadership qualities and ability to perform daunting tasks, ensuring the attainment of set goals and targets; an art which was well groomed in his school days.

The “APM” as fondly called made his first steps on the educational ladder at CBC Primary School Menda; through which he continued to then GHS Ati-ala. His background in sciences guided his steps to the University of Buea where in the year 2012, he obtained a Bachelor of Science (BSc.) in Microbiology; and immediately enrolled for professional studies in the same institution. In the year 2014, he obtained the Master of Science (MSc.) degree in Epidemiology and Control of Infectious Diseases.

Mr. Banlack's believe in the English adage – “Charity begins at home” explains his choice and reasons for taking the first choice of professional career with the CBC Health Board. Hence, his first job was grasped in July 2015 when he was called to man the position of Project Assistant in the HIV Free SW Project. Based on his ability to do the job well, in



April 2017 he took another step into his professional career when he accepted his appointment as Assistant Project Manager (APM) of the HIV Free SW II Project. In this capacity, he is in charge of the day to day management of the project; ensuring the effective implementation of the set strategies in the field.

His childhood dream of a health professional is not enough to count for his motivation, as on a daily basis, various comments from those around him, superiors and external bodies are his greatest push at all times on the job. He is an effective planner and executioner; hence all those around him must learn to plan and ensure to execute the plans. APM remains very dauntless even in times of inability to meet targets; since he knows he implored every thinkable strategy.

He advises his team to “... *always try to keep laziness aside and try to do what you're supposed to do so that all other things will just begin to fall into place.*” Meanwhile, the husband and father of one, delights in serving God, listening to music, and watching movies.

The APM is an administrator worth emulating by aspiring leaders. \*\*\*\*

# On the Road to 90-90-90



## CBC HEALTH BOARD

“HIV is just like any other disease; get tested and get treated”

Prof. Tih Pius Muffih, Project Principal Investigator.

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