LIHWANGI

Towards An HIV-Free Generation

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The Race is on in Kumba Health District!

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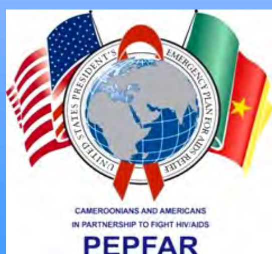

PRODUCTION TEAM

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Website

www.cbchealthservices.org

Email

hivfswdocteam@gmail.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editors

Mboh Khan Eveline

Dr. Atembeh B. Bernard

Editor in Chief

Abanda Alphonse

Deputy Managing Editor

Namondo Ewane Ekonde

Associate Editors

Banlack Ernest

Fri Delphine

Ngange Divine Nfor

Photo Editor/Design

Ngange Divine Nfor

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.

Strategy1: HIV Case identification & linkages

Strategy 2: HIV 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.

Support MOH in Test and treat policy and community dispensation of ARVS.

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 identify 90% of those living with HIV, linkage to care and treatment, and 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.

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EDITORIAL

Prof. Tih Pius Muffih

Principal Investigator

CBCHS's successful implementation of HIV- Free Project phase I (from 2011-2017) was somewhat a premonition for another opportunity for CBCHS and partners to implement HIV-Free Project II which indeed is a logical flow from efforts to increase and improve access and quality of PMTCT of HIV and AIDS (phase I focus) to improving HIV Care and Treatment (phase II focus).

Yet, the transition was not as easy as every onlooker would have imagined. The Notice of Award opened the doorway for yet a series of CDC requested revisions to be made on the initial project proposal which CBCHS and partners had submitted months earlier. By the end of this revision, project activities, geographical coverage and budget were fundamentally revised to align with COP 2017/2018, PEPFAR pivoting and strategic requirements. Finally, HivF Project II came and implementation began on April 1, 2017. By signing the contract papers CBCHB indirectly committed to deliver the expected results within the five year project period. Since April 1st , the CBCHS team has been on the move; holding meetings at all levels, setting up management structure for the new Cooperative Agreement, refining strategies and allocating resources as necessary- all this to ensure a smooth take off, effective implementation and the attainment of key project targets.

On its part, the project communications team also organized itself to provide adequate support in terms of "information" to the foot soldiers (field staff) on the ground. Although the idea of a monthly project newsletter to update staff, partners and stakeholders on implementation may seem a spill over from phase 1, the content of the current eNewsletter designed for the SWR has been profoundly adjusted to align with the current project laydown and implementation strategies. At face view, the name will strike you. LIHWANGI (meaning "race" in Mopkwe- Bakweri), translates our ambition to speed up implementation in a tireless manner until the finish line (target results). In terms of content, there is a major shift from a purely news gathering and sharing approach that characterized HivF Project 1 eNewsletter. The present E-Newsletter uses strategy/result oriented reporting and is designed to have a lighter content that is informative and entertaining at same time which allows readers to go through in a "Lihwangi" manner grabbing the essentials of the project implementation and progress towards targets as the months unfold. *On the field, Practices, My story, Role Model* and *Discovery* are columns that will take you "lihwangilike" into daily project happenings, the heart of local Cameroonian communities in a way that you will feel like you were there. Our column on *Role Model* helps readers to discover some faces behind the names and to know some of those movers and shakers; those uncelebrated icons and heroes who often work behind the scenes to push the lines.

Take the appointment each month, for *lihwangi* and be a part of the race towards an HIV Free Generation in the Southwest Region.

Enjoy reading!

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ON THE FIELD

NEIDRL Begins Adult Viral Load Test to Determine Suppression

Participant Practicing How to Collect DBS for Viral Load Test

A communiqué from the SW Regional Delegate for Public Health on June 1, 2017 came to enforce government policy on free Viral Load (VL) testing for children and the subsidy on adult testing making it possible for adults to be access VL testing at 5,000 FCFA. This laudable move from government is partly a fallout from the tactful advocacy the project carried out under the ACT initiative in HivF I. As a pilot, the ACT Initiative collaborated with the National Early Infant Diagnoses Reference Laboratory (NEIDRL) to initiate VL testing in children from four sites in 2016 and also trained 40 service providers of some 18 C&T centres in the SW on how to collect plasma and DBS samples for viral load test. The decision by government to make VL testing for children free and to significantly subsidize VL for adults will increase access and uptake. Already in August 11, 2017; barely two months after the NEIDRL received and analysed some 1,120 adult VL samples. Similar increase is expected of VL for children. Thus this government policy comes in place when there is a trained team ready to work to meet the 3rd 90 of UNAIDS vision 2020.

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LCI “Unearths” Council Sanitary Inspectors Practice of Yesteryears

Following a forum organized on Local Health Financing (LHF) for councils in 2016 under HivF I; poor hygiene and sanitation practices was indexed as one of the

ON THE FIELD

Committee on the Development of Training Manual for Hygiene and Sanitary Inspectors

major cause of multiple and complex diseases that are now common in the communities. The mayors at the forum unanimously resolved to go back to the successful strategy of "Sanitation Inspectors" who in those colonial and post-colonial days visited communities and compounds to sensitize and educate the people on good H&S practices. As the name goes, the Sanitary Inspectors also visited communities, compounds and homes to check the state of H&S and to levy fines on defaulters. This led to high standards of body, community and home H&S and thus limited the spread of diseases.

Since this resolution was made, the HivF SW II project under its Local Capacity Initiative subcomponent has been collaborating with the SWRDPH and the SWRFHP to develop a comprehensive training manual in preparation for an eminent training of a new breed of Sanitary Inspectors for the five local councils covered by the LCI project.

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HIVF II SW Adopts New Strategies to Receive Sample and Send Results

Following the end of the HIVF 1 project, various challenges have been faced with the transportation of samples from sites far away especially those not being supported by the project. This has increased turnaround time of results which was already considerably reduced and thus increased the time of treatment intervention for HIV positive babies. The project has been compelled by the growing number of DBS samples piling up in the various facilities due to absence of transportation means to adopt some temporary measures. These include transportation of the samples to and fro the lab by the various team leads and the periodic use of private bikers for far off facilities such as Fontem, Tombel and Mamfe.

Orientation was given the HCWs onsite to ensure the proper collection, packaging and storage of the samples prior to transportation. Meanwhile, the project continues to explore ways for better sustainability of the sample transport system.

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PRACTICES

Contact Tracing; Corner Stone Strategy for Meeting UNAIDS 1st 90

Contact Tracing/Partner Notification is a disease intervention strategy that aims at breaking the chain of HIV transmission in a community. This strategy is based on the assumption that HIV infected persons might have other sero-ignorant sexual contacts. In which case, such contacts are highly exposed to the risk of HIV infection. This strategy has proven very effective in breaking the chain of infectious diseases in developed countries. In Cameroon, CT/PN was introduced by the CBCHB in 2007 to limit the spread of HIV.

CBCHS EFC Supervisor Drilling Participants on Principles of Contact Tracing

CT/PN consists in having a confidential interview with anyone that test HIV positive "Index Case" to obtain information about his/her sexual contacts. The Health Advisor and "Index Case" then agree on who should notify the sexual partner. In case it is done by the Health Advisor, they do so in respect to the code of confidentiality; without disclosing the source of information. Since inception and despite the huge successes the strategy recorded getting new HIV positive cases, CT/PN continued to be "stigmatized" with most people basing their arguments on the potential social harms.

However, things are beginning to change for the better since the adoption of UNAIDS 90-90-90 ambitious targets by the government. It is becoming increasingly clear that the country's attainment of these targets will require admitting that no option is taken off the strategy table. And one such option is CT/PN which continues to be a high yield strategy because of its targeted nature (1st 90) enabling many more persons to know their status and be initiated on treatment (2nd 90).

It was from this backdrop that the activities of contact tracing was intensified in the South West Region of Cameroon which started with the training of some 15 service providers from 10 Option B+ pilot sites in the Kumba Health District in December 2016. Since the start-up of HIV Free II, CT/PN scaled up by training some 22 service providers (midwives, psychosocial workers and linkage agents) as Contact Tracers. This was to enable them better track HIV exposed clients and link to care all those who test HIV positive.

Since its introduction as a key strategy under HIV Free II Project, implemented in a total of 23 selected high volume sites in the SWR, some 57 new HIV positive cases have been known from a total of 311 index cases; of which 56 have been initiated on treatment. It is worth noting that 325 persons were disclosed with 189 been contacted and notified of their exposure to HIV; 150 of which accepted HIV testing.

It is therefore laudable to affirm that contact tracing is an indispensable strategy if Cameroon and the HIV Free II project in particular wants to attend the UNAIDS vision 2020 at the right time.

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MY STORY

HIV Status and the Fear of Stigmatization

"...because of my status I have had to turn down many suitors who have come to seek my hand in marriage. I really desire to get married but I'm afraid of sharing my status with someone." Solange verbalised her dilemma with tearful eyes.

Solange is a 36-year-old single mother and hair dresser in the cosmopolitan town of Kumba in the SWR who learned of her HIV status some four years back during her first ANC at 28 weeks. The news of my positive status sent shivering waves down my spine for I least expected to have such a result. Everything changed from that moment. I could only hear echoes of my obituary and imagine people at my own funeral. Notwithstanding, I managed to pull myself together at last for fear of losing my baby or my own life. I returned to the hospital (CMA Kumba Town) after a few days to seek more advice on how to deal with my new condition.

The first news that cast a ray of hope on my dark thoughts was that despite my condition, I could still have an uninfected baby. This was great encouragement for me and I was set to do all that was in my power to do so as to have a baby free of this disease. The second good news I also had from the counsellor was that of my own health which should also be good, if I was consistent in taking my medication. With these, I did not hesitate to take and stick to my medication since I knew the life of my baby and my wellbeing depended on it.

My efforts paid off because successive tests on my boy ended up negative and my health has now greatly improved. During my pregnancy I was extremely pale and diminished. I thought then that it is just the pregnancy that was disturbing me, but if you compare the 'me' today and the 'me' then you will see the huge difference. I still want to have other children, but my partner does not know about my status. I am afraid that telling him might make me loose him. I do everything to protect him from being infected and during sexual intercourse I always use a condom.

I encourage everyone out there to take an HIV test to know their status. When you know your status early, you can take all necessary dispositions to control the virus and also to protect your loved ones. Medications are available free of charge and they work well in restoring or maintaining the health of the positive ones so there is no need to be afraid anymore.

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ROLE MODEL

Dr. Mbamulu Nkemontoh Achu

DMO Kumba Health District

This month, we take pleasure presenting an exemplary husband and father whose commitment to service often cause him long working hours in the office and in the communities. Dr. Mbamulu Nkemontoh Achu, is the District Medical Officer (DMO) for Kumba Health District began his health physician career way back in 1993.

Dr. Mbamulu's alma matters are Council School Upper Costain and CCAST Bambili in the North West Region. He got into the prestigious medical school—CUSS Yaoundé where he graduated in 1991 as a medical Doctor and then did specialization courses in Public Health in Germany. To date, Dr. Mbamulu has served as DMO in four HDs of the SWR since his first DMO appointment in 1993. These include Mbonge, Konye, Mamfe and Kumba Health Districts.

Our role model got married as a student doctor and is a proud father of five children and a grandchild. His exemplary lifestyle is visible in the oldest of his children's most recent achievement as a medical doctor. He sounds very proud a man to say his dream lives on in his children. At the age of 55, he desires to see many more young Cameroonians become like him; hence he finds real satisfaction in grooming more than just his children to see them achieve their dreams. This is one of his main hobbies which are attached to his farming hobby. His spare time is spent with family and in the farm.

As a public health physician at the helm of health affairs in the district, Dr. Mbamulu is very result focus. Since the inception of the HIV Free Project in Kumba Health District, he was and is still the DMO of the HD who doesn't delight in falsified data. That is why he is result focus and investigates the veracity of all reports brought to his table before passing it on the regional administration. He is more involved into facilitative and supportive supervision of his field workers, tracking the prevalence of all diseases.

The childhood desire to save lives of many through the provision of healthcare services remains his dream as he matches on towards normal retirement age. Were it for him, Dr. Mbamulu will love to serve many more years after 60 but "no"; the government service standard reiterates that at 60, a worker retires; even if not tired. He therefore finds so much joy and fulfillment in saving lives. Apart from his desire to save lives, he is highly motivated to diligent service when the HIV prevalence curve is sloping downwards in his HD. He is also motivated by family love; and God his strength of all times.

With his service and dedication to attaining an HIV Free Kumba Health District, Dr. Mbamulu Nkemontoh Achu is the kind of man every service provider will love to emulate in healthcare.

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DISCOVERIES

Lake Barombi & the Prevalence of Urogenital Schistosomiasis

Cross Section of Lake Barombi

Lake Barombi is one of the clusters of lakes connected to the active volcanic Fako Mountain. It is the main source of potable water for over 400,000 inhabitants of Kumba town and is also a main source of economic survival for the Barombi and Bafaw people. It should also be noted that the lake is not just such a save haven.

The lake also harbours deadly parasites responsible for Urogenital Schistosomiasis. The parasite penetrates the human skin; migrates into the blood vessels, lungs and vesicular (bladder) blood systems. The victim then develops fever, chills, swollen lymph nodes, swollen liver and spleen; itching and rashes (swimmer's itch); abdominal pain and diarrhoea (which may be bloody); and frequent urination, painful urination, and blood in the urine; from parasites, worms and intestinal infections respectively.

Although the people attach such health conditions to the mystical powers of the lake, truth in science hold it that the lake is a huge basin host to the urogenital schistosomiasis causing parasite. So, try to hold yourself back for a while to ask a few questions first before jumping into any body of water for a cool swim simply because it looks beautiful. You may just be swimming yourself to death!

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ON THE ROAD TO 90-90-90

CBC HEALTH BOARD

"We are improving on services but only you can improve on your health"

Prof Tih, Project Principal Investigator.

Phone: (+237) 677 80 76 69 (NW/CE)

(+237) 677 52 66 37 (SW/LIT)

(+237) 677 57 11 11 (SW)

(+237) 677 76 47 81

E-mail: hivfswdocteam@gmail.com