

LIHWANGI

Towards An HIV-Free Generation

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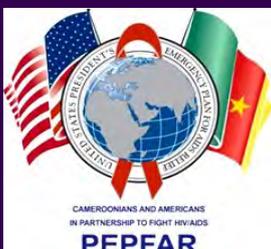
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M&E Team Delves into New Spheres with DAMA



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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
& 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.

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.



EDITORIAL

Prof. Tih Pius Muffih

Project Principal Investigator



were held in search of the magic solution strategy that could help turn the tides around; staff carefully deployed to the field, evaluation and re-evaluation sessions multiplied to ensure that only the best (cost effective with highest yield) approaches were used.

Although the Acceleration period came to an official end on September 30, our teams have continued their “*Lihwangi*” (race) with same steam and passion; aiming to improve performance towards targets each day to meet FY1

cumulative target.

I want to specially appreciate all of you for your resilience, hard work and sense of innovation demonstrated during this period. Thank God for His abundant grace. I encourage you all to keep working with a “*Lihwangi*” attitude so that we may all rejoice in the result at the end.

Happy reading! *****

CBCHB successfully started HIV-Free Project II despite the uncertainties and extensive revision of the initial application as was reported in the Q1 editions of *Lihwangi* e-newsletters. Since April 1, 2017 our teams have been at work to ensure the attainment of targets.

The context of work was particularly charged and to a limit, tensed due to the specter of possible project cancellation in case CBCHB performances in the Littoral and Center regions were decimal; that is, below CDC expectation.

Consequently, it did not take long for the rush fever that had already gripped the Littoral and Center regions to spread and become a somewhat generalized epidemic in all four CDC/PEPFAR regions under CBCHB. The Acceleration period led to the same effort medics have when a client is brought into an intensive Care Block Here, it is usually a matter of the right balance between speed, efficiency and effectiveness. Similarly, project meetings



ON THE FIELD

Q3 Coordination Meeting Sets Strategies to Reach Out to Displaced Persons



Photo: Namondo Ewane

Cross Section of Staff Follows Resolutions During Coordination Meeting

Coordination meeting is a forum for reflection on project activities, sizing achievements and developing new strategies to achieve target. The HIVF SW Project Q3 coordination meeting that took place on July 14, 2018 set clear strategies in reaching out to displaced population to retain clients in care. Holding at the ACP Conference Hall, the meeting brought together field and regional level staff. The performance of the project in Q3 were presented in data by the M&E department. The presentation by the M&E team was very crucial as it was a pointer for the staff to know where the SW region is and to chart the way forward. Salient points were discussed on how to improve on various to the different indicators.

The Care and Treatment Advisor elaborately talked on the strategies developed by HIVF SW Management team on how to reach out to displaced persons to better the outcome in treatment current.

The management staff and site mentors are to ensure that staff of the health facilities give assistance to clients who are displaced by the current socio-political crisis in the SW and NW regions of Cameroon. For instance, any person on ARVs should be attended to in any Care and treatment site, promote multi months dispensation to client who come for refills, ensure availability of ARVs at the health facility and encourage temporal transfers for clients who have been in an area for at least 3 months. The use of community health workers to dispense ARVs, the use of the mass media and clients telling peers of the possibility of getting their drugs nearby, and the issuing of a continuous care card for clients on treatment are some of the strategies discussed to move quarter 4 to a positive trend by September 30 and most especially reach out to the displaced population. It is worth that noting some of the strategies like attending to clients and refilling their ARVs in any facility are strategies which are to intensify in the field in Q4. *****



ON THE FIELD

DAMA Handles Issues in Stock Management



DAMA Administrator Explains the Stock Management Innovation into DAMA

Since March 2017 when Data Manager (DAMA) commenced in the South West Region, there have been different innovative updates to the software. The most recent innovation in the software is ART dispensation. Given this recent innovation, there was an overwhelming need for the team to update the DAMA clerks on following the trend in technological data management. These major changes is piloted in two sites; Baptist Hospital Mutengene and Regional Hospital Buea.

With DAMA, the daily dispensation register has been designed in such a way that as entry is done at the dispensation, information entered in the register automatically updates the ART register.

Stocks are better managed electronically; it clears drug batches according to expiry date, checks Out of Stock (OS), over stock and under stock. The different registers in DAMA were reviewed by the DAMA Technical Team and updates were made on the ANC, LAB and ART registers. Taking place on June 25, 2018 at the ACP Conference Hall in Mutengene, the meeting had in attendance DAMA Clerks and dispensers from the two sites now piloting ART dispensation in the DAMA. It is worth noting that a practical exercise was done the following day onsite to substantiate the feasibility of the activity. *****



PRACTICES

DAMA Software: A Robust Means of Ensuring Validity in Data Collection and Reporting by the HIVF South West II

Until March 2017, dealing with large volumes of data through manual data collection and handling/archiving has been a great challenge due to the introduction of some errors in reporting. Earlier, some high-volume health facilities supported by the PEPFAR funded HIV-Free Project in Cameroon had challenges in reporting data in time and with high level of accuracy. This could be attributed to human and/or reporting errors following manual data collection and reporting. For these sites, reports could only be obtained at the beginning of the next month and could not be available on demand before the reporting period. In the past, cases of impromptu data demand, the M&E officers had to go to the field. With such challenges, the dawn of an electronic software Data Manager (DAMA) was the best option to ensure accurate, reliable and timely data for project management.

Data Manager is an electronic data management tool developed by the CBCHB and used in the four PEPFAR Regions. It is a bilingual (English & French) facility-based data management tool that replicates facilities' registers (ANC, L&D, MIP, Lab HIV and C&T) and reporting tools (MOH & PEPFAR). The aims of the electronic data software are to standardize data sources for reporting; reinforce primary data collection; improve on the quality of data; auto generate report; enhance Monitoring and Evaluation and eliminate 100% manual count during reporting and generation of reports. DAMA has been programmed in such a way that it fits perfectly with Data for Accountability, Transparency and Impact Monitoring (DATIM) indicators, entry points and age disaggregation. DATIM is an online HIV reporting database for the PEPFAR project.

The introduction of DAMA software by the HIVF Projects was well appreciated by the Ministry of Public Health Regional teams. Backed by unflinching support from MOH, the HIVF Project was tasked to pilot the tool in all the implementing regions. This was in view of the fact that DAMA will make available, accurate data analysis for implementation and decision making at the facility, district, regional and central levels. In March 2017, DAMA went operational in the SW Region after an intensive training. There are currently five DAMA sites in the Southwest Region that are entering data into the DAMA software including Baptist Hospital Mutengene, Regional Hospital Limbe, Regional Hospital Buea, Presbyterian General Hospital Kumba, and District Hospital Kumba.

The Data Manager tracks data on testing and counselling, TB, Treatment and Early Infant Diagnosis. Recently, a daily ART dispensation has been created in the DAMA; where sites can effectively manage their stock and automatically update the ART register as a client is received at the dispensation desk.

For over one year into DAMA in the Southwest Region, there has been enormous improvement in data collection and reporting. DAMA has significantly improved the quality and timeliness of reports. Due to its effectiveness as witnessed in the five sites, there are plans to scale up DAMA to a total of fifteen sites in the SW region. Have been developed by a team of CBCHB programmers, prompt modifications can be done to the tool as required to suite current reporting demands by MOH or PEPFAR. *****



MY STORY

Treatment Adherence Restored My Health



“The greatest shock of my life was when I was diagnosed HIV positive but I didn’t allow that to ruin my future.” Miranda recounted her stories with a lingering smile at the corner of her lips.

38-year-old Miranda is a mother of one and a secretary by profession, living in Buea. Miranda’s story of HIV positive diagnosis and the events which preceded shortly after is rather that of so much excruciating pains and trauma.

I was diagnosed HIV positive in March 2008 while I was still in South Africa. Frequent fever and unrealized bedwetting pushed me into going for consultation at a hospital in Pretoria. Given that all tests conducted on me came back negative, I opted for an HIV test which came as a surprise to me. I was well schooled on the dynamics of an HIV positive or negative results at a one on one counseling offered to me by the doctor. I was sure to accept my fate but the result handed over to me still shattered my heart like some serious unprepared earthquake.

I became a single tree in the middle of the desert while living with my brother as I felt all alone.

Meanwhile, I was exposed to the good policy of the South African Government as regards persons living with HIV, I was registered in the system to receive a monthly allowance of 130,000XAF; yet all I wanted was home. I returned to Cameroon with some drugs which the doctor prescribed for me to stay healthy.

Since I returned to Cameroon and continuously followed doctors’ orders and recommendations I regained my health faster than I even thought I could. Thanks to the treatment I received at the time and the ARV Therapy I started some years back, I have never again been hospitalized since I stepped my feet in Cameroon. My CD4 is continuously improving and is over 1150 at the moment; I will soon go in for my

viral load to see what level it is too. One of my cousins who came to Cameroon recently shed drums of tears at the sight of me; and then confessed that he never believed I will make it or be alive until this moment.

My family knows about my status and have also been supportive. I have really overcome stigma. That is why if someone says now that I have HIV, I really won’t mind. I have the desire to get married someday. In the past, I thought someone who is positive cannot get marry and even have children but with the different lessons and stories from friends I am much more hopeful now than ever. I intend to join a Support Group so that I can learn more.

*I wish to advice those living with HIV to feed well and take their drugs well. Get the courage, follow your appointments, do your Viral load test. Still take your drugs whether they prayed for you and told you that you don't have HIV again. I have been in this 'academy' for ten years and I know what I am talking about. ******



ROLE MODEL

Jobil Ndumbe Johnson, Lab Technician/ Data Clerk

Enthusiastic and devoted are words that give a vivid description of a young man who fits the profile of our role model for this month. Mr. Jobil Ndumbe Johnson is a Laboratory Technician working with Mount Mary Hospital Buea.

Johnson is a graduate from the University of Buea with a Bachelor degree in Microbiology and Parasitology with a Diploma in Medical laboratory technology. Johnson plunged into volunteerism with Mount Mary Hospital Buea as a laboratory technician after his graduation and has been working in this capacity for the past two years. It is within this period that the hospital, an Option B+ Site was upgraded to a Care and Treatment Centre for HIV.

Following his innovative and adaptable skills as a laboratory technician, Johnson has contributed to the perfect and efficient diagnosis of various diseases at his health facility. Motivated by the 90-90-90 Agenda of the UNAIDS Vision 2020, Johnson engaged in a task from his lab mentor and came out with a book, which he code named: *'The Disciples Book'*. All clients tested HIV positive in the facility are registered in this book.

This has facilitated effective follow up of the health facility's clients who are not lost in the big register and has helped the management unit in updating registers. For instance, any positive client who's not on treatment can easily be traced from *"The Disciples Book"*. This is because there are times that the treatment center may due to work forget to place a positive client on treatment; thanks to the collaboration between the laboratory and the treatment center, things can easily be sorted out with the client's initiation to treatment and follow-up. The book is therefore checked on a daily basis. The client situation



Photo: Burynyuy Leonisa

is therefore verified, and the outcome documented for reporting. Mr. Jobil Ndumbe Johnson here serves as the reference point in case of any discrepancies in data management since he personally follows up the issues concerning the book. Given his passion for initiating positive clients into care, Johnson was recently recruited in the task force team of the health facility.

'Papa Disciples' as he's fondly called, is a 23 year old native of Musaka Village in the Buea municipality, the administrative town in Fako, Southwest Region of Cameroon. Having proven his ability as a team player, this lover of sports with a niche in football was temporarily hired as Data Clerk with HIV Free Southwest Project based at Mount Mary Hospital Buea. *****

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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