

LIHWANGI

Towards An HIV-Free Generation

Vol. 002, Issue 008

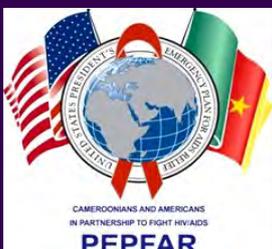
Aug, 2018

Treatment Centre Task Teams Engaged Towards the 90s



In This Issue

- ◆ Editorial
- ◆ On the Field
- ◆ Practices
- ◆ My Story
- ◆ Role Model





PRODUCTION TEAM

HIV FREE SW II LIHWANGI NEWSLETTER

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

Website

www.cbchealthservices.org

Email

hivswdocteam@gmail.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Mboh Eveline Khan

Dr. Atembeh Bedifeh Bernard

Editor in Chief

Abanda Alphonse

Deputy Managing Editor

Namondo Ewane Ekonde

Associate Editors

Fri Delphine

Banlack Ernest

Ngange Divine

Photo Editor/Design

Namondo Ewane Ekonde



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 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



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 were held in search of the magic solution strategy



ON THE FIELD

Briefing on Customized Index Testing Tools to Enhance the Attainment of Targets



Photo: Banlack Ernest

Care and Treatment Advisor taking participants through a case scenario to illustrate the updating of IT tools

After a careful implementation of the Index Testing (IT) Strategy of the HIV Free Projects in the South West Region during Quarters 1 and 2 of FY18, it has been observed that the index persons do not actually give their real contacts to service providers or focal points willingly. Hence, the implementers were being given the wrong contacts which in the end, leads to loss of sexual contacts and sometimes biological children of many index persons. There were also none or very limited assistance rendered towards reaching the contacts of most index persons for HIV testing. Against this backdrop, there was the need to incorporate health education with key messages of love to cause index persons to voluntarily give contact information of their contacts. This was the primordial reason for the convening of a technical meeting by management on August 24, at the ACP Conference Room. The regular technical meeting brought together IT Focal Points, Team

Leads, supervisors and the management team for the review of targets achieved and way forward.

During the meeting, all participants were given an in-depth presentation on the changes made and a case scenario was used to explain the new documentation modalities for the IT Tools. They were updated on changes made on the IT Tools during an IT Tools Evaluation meeting in Bamenda on August 13, 2018. Participants were also drilled through the purpose, and the SOP of the Continuous Care Cards. Meanwhile, site mentors were charged through their team leads to follow up the distribution of the cards in their respective sites.

At the end of the meeting, IT Focal Points were expected to do onsite training for all the psychosocial counsellors and team members respectively.



ON THE FIELD

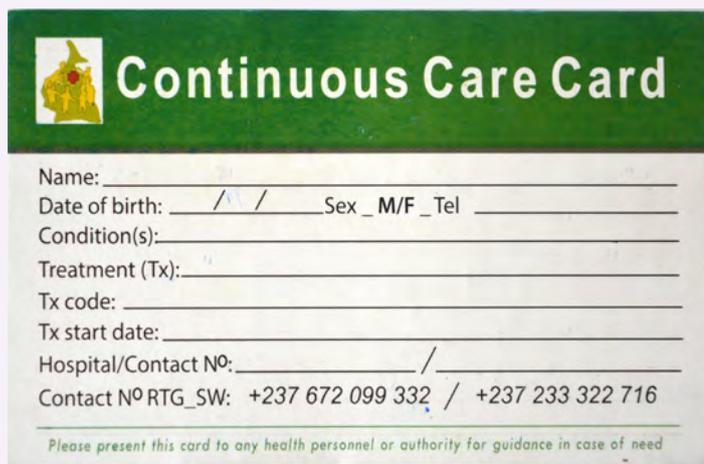
SW Team Presents Scorecard of Site Readiness Assessment of Viral Load Test

Attaining the 3rd 90 of Vision 2020 is inherent on the suppressed/undetectable viral load in Persons Living with HIV in the South West Region. The plans to scale up viral load testing nationally and in the SW Region in particular led to the assessment of health facilities on their readiness to carry out viral load test.

Hence, some 10 health facilities in the SWR were assessed using the Viral Load Scale-up Clinical Facility Readiness Assessment Tool V2.0 which was developed by the Center for Disease Control and Prevention (CDC). These 10 sites were selected based on their treatment current and accessibility with respect to security. The scorecard had six sections but only three sections were applicable in the SW which are; the clinical care, laboratory and monitoring and evaluation.

The result of this assessment was presented on August 16, 2018 at a meeting in Yaounde which brought together; the four PEPFAR regions, GHSS, and CHAI. Summarily, all 10 facilities scored 2 indicating Moderate Readiness for viral load testing, following the four score levels. Some findings from assessment were that there is limited staffing for follow up of clients especially with unsuppressed viral load. The laboratories too did not have Algorithm, and SOPs to carry out the test, storage system and transportation for facilities that did not have bikers for health was not made clear. Meanwhile, in M&E there was no unsuppressed viral load register in any facility even though few facilities indicated the viral load results. Recommendations were made which the auditors and facilities will use to improve on the facilities' ability to carry out the test.

Continuous Care Cards Goes Operational in the South West Region



Front View of Continuous Care Cards (CCC)

With the current socio-political unrest in the Anglophone speaking regions of Cameroon many people some of whom are Persons Living with HIV have been displaced from their communities. Hence, they neither have access to the health facility that provided

them with the care and treatment nor do they have their medical information for continuation of care.

The Project designed strategies to reach out to these persons, including Continuous Care Cards (CCC) for patients with chronic conditions. The use of this card is to identify any client with a chronic care condition and the type of treatment they are receiving so that in case of need or any emergency, they can easily be identified and given immediate assistance.

The CCC have been dispatched to all HIVF SW 49 health facilities (that is both Option B+ and Care and Treatment Sites). Hence, most clients who come for refill are now in possession of the card with the facility stamp affix for authenticity. This further guarantee continuity of care regardless of the community in which they find themselves.



PRACTICES

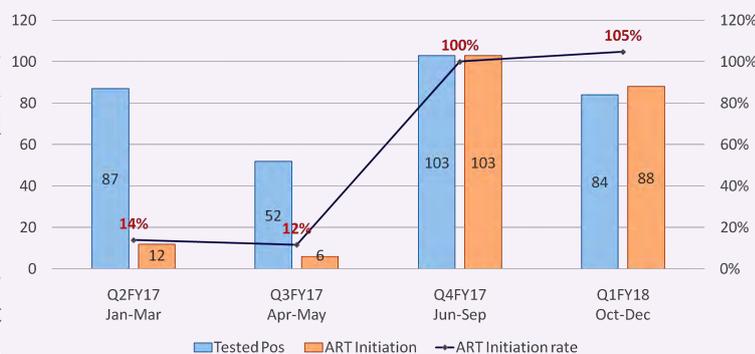
Task Teams Created to Follow Up Linkage and Retention: The Case of Kumba Baptist Health Centre

Prior to the Test and Treat Approach of those tested positive, pre-therapeutic committee of the care and treatment centres evaluated a client’s CD4 count and validated whether or not the clients should be placed on treatment. This committee was limited to staff of the treatment centre. The introduction of the test and treat strategy to link and retain all positive clients in treatment resulted in the initiation of the Provider Initiated Testing and Counselling (PITC) at all entry points in the health facilities. To fully reinforce PITC at all entry points, Task Teams/Retention Committees were created in all 13 HIV management sites following their training earlier in June 2017. Task Teams were created following its successful implementation in some five ACT sites in HIV Free SW/NW Project Phase 1. This team had one major responsibility; ensuring that all clients tested HIV positive at each entry point is linked to and retained in care. The members of the task team as per the national guidelines on test and treat includes; all medical and paramedical staff working in the Care and Treatment Centre and heads of entry points.

In implementing the Option B+ strategy since 2013, Kumba Baptist Health Centre (KBHC) had a backlog of clients both males and children who were not managed. The challenge here was the linkage between the clients’ health facilities to the district hospital. Statistics showed that, about 80% of clients finally didn’t get linked to treatment. Hence, prior to being upgraded to a treatment centre, many tested positive (males and children) who were diagnosed in the health facilities ended up leaving the health facility without being initiated to treatment. It was against this backdrop that KBHC became one of the 13 former Option B+ Sites upgraded to Care and Treatment Centers in the South West Region July 2017.

After the training of Service Providers on Management of HIV by the HIV Free Team, a task team in KBHC was instituted by the RTG and HIVF II SW Project Management. The team constitutes staff from 18 different entry points of the health facilities and meets monthly; get reports from the different entry points and the psychosocial agents. The meeting is also attended by a clinical mentor of the HIVF II Project for technical assistance. During each meeting, the team critic the reports; verify validity of the data and share challenges and discuss on how to improve on them. They compare the number of patients seen to the number tested and of those positive, how many are on treatment. Their prime interest is first the effectiveness of PITC at each entry point.

Trend of ART Initiation Rate at Kumba Baptist HC



Ever since its creation in July 2017, KBHC Care and Treatment Centre has experienced an increase in ART uptake. As shown in the table above, the situation really improved after the creation of a treatment centre and the institution of a task team. The experience is great as the task team serves as a monitoring organ for staff who are lagging behind.

To ensure better management of clients, it is recommended that outreach activities be carried to communities; where clients are tested, initiated into care and to do refill for clients already on treatment. This will solve issues of defaulting and Loss-to Follow-Up often caused by long distances and limited finances *****



MY STORY

My Adherence to Treatment Made Me Healthy

“I took the advice of the service providers and I am strong and healthy today”
29-year-old Franca flashes back.

Franca knew of her HIV status like most people after a prolonged ill health in 2016. “I was going about my routine activities without thinking there was something wrong with me though I had persistent fever. In a short while, my health really depreciated so much that I was ashamed of moving in public. With the fever and evident weight loss I had no option than to rush to the hospital. Given how pale I looked, I had to cover my head like a Moslem woman that fateful day I went to the hospital with my mother.

I was admitted in the hospital and different various tests were conducted on me. When the counsellor disclosed that I am HIV Positive, I felt very bad. It really troubled me for a period of time. I didn't have courage; I had lost hope. Death was the easy solution.

The service providers stood by Franca during these moments. They provided continuous counselling and education coupled with the medication, Franca started feeling better.

That was when it dawned on her that her health was in her hand, it was either she kills herself by giving up or heeds to the advice of her service providers. It took time for her to make this decision, but once she did, she really meant it. Franca had to choose to live, to embrace her new self and give it the best she could to stay healthy.



Photo: Ngange Divine

When I started taking the drugs I usually felt dizzy after one hour. Apart from that, I didn't have any problem. In fact, there is much more improvement in my health since I started taking the drugs”

Haven experienced being sick without drugs and her current state of adherence to treatment, Franca has been an encouragement to most of the clients in the facilities and even to sisters and friends who are also HIV positive. Apart from taking her drugs at the right time and dose, she has devoted herself to proper dieting; eating a balanced diet and with craving on vegetables and fruits.

I wish to advise others out there that when you are tested HIV positive that is not the end of your life. Take courage and continuously take your drugs.



ROLE MODEL

Mrs Ngwanyi Caroline, Head Nurse, Care and Treatment Centre



Photo: Enone Scholastica

A friendly and comforting mother for all gives a vivid description of the woman that fits our role model for the month of August. Mrs Ngwanyi Caroline is the nurse in charge or head nurse of Care and Treatment Centre, CMA Kumba Town.

The 49 year has provided holistic nursing for 29 years and 13 years as PMTCT Coordinator. She is a true epitome of compassion in her relationship with her clients at the treatment centre.

Ma Carol as she is fondly called decided to pursue her passion in nurse at the Bamenda Training School for Health Personnel after obtaining an Ordinary Level Certificate. As a Brevete Nurse, she worked in Nkambe as the pioneer nurse in Preventive Medicine Infirmary (PMI).

She has been offering nursing care to people in different communities and now working in CMA Kumba Town which is her sixth station.

Her years of experience in the public service has given her the opportunity of experiencing different approaches/strategies in the Prevention of Mother to Child Transmission (PMTCT) of HIV. She played a key role in the implementation of Option A and pioneered Option B+ and test and treat in different health facilities. As a leader, she is dedicated to strictly follow up pregnant women and exposed infants at IWC to ensure that they reduce the number of children infected. With HIV. She makes sure task team meetings in her facilities holds, data is collected from the different entry points and most especially ensures that resolutions from the meetings are followed up.

Her drive is to see her clients responding well, being active, healthy again, going about their normal duties.

Married and mother of three kids, Ma Caro dedicates her time at home to family who have full understanding with the demands of her job. She is a fervent Christian which has inspire her a great deal in her work place.

She acknowledges God of being her guide and helping her in counselling and touching the lives of her clients.

For other service providers (esp. younger colleagues) take your job as a ministry, this will make you more dedicated and you will find pleasure in serving others”.

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.

Our Contacts

HIV Free Cameroon: (+237) 677 76 47 81

South West: (+237) 677 57 11 11

North West: (+237) 677 64 78 99

Center: (+237) 679 40 58 49

Littoral: (+237) 675 41 41 75

Others:

◆ (+237) 677 80 76 69 (NW/CE)

◆ (+237) 677 52 66 37 (SW/LIT)

◆ (+237) 677 00 23 95 (Com CA)

E-mail: hivfswdocteam@gmail.com