

SHAP SHAP

Towards An HIV-Free Generation

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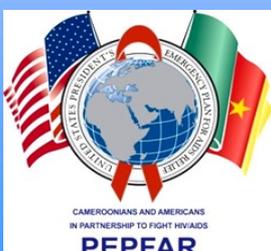
June 2017

CBCHB Gears up for a Good Start!



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HIV FREE II *SHAP SHAP* MAGAZINE

A monthly publication of the HIV Free 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
& 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 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

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 CBCHS 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 spillover from phase I, the content of the current *E-newsletter* has been profoundly adjusted to align



with the current project laydown and implementation strategies. At face view, the name will strike you. *Shap Shap* (a pidgin expression that means "fast"), translates our ambition to speed up with implementation and by extension to speed up towards the end line (target results). In terms of content, there is a major shift from a purely news gathering and sharing approach that characterized HivF Project I E-Newsletter. The present E-Newsletter uses strategy/result oriented reporting and is designed to have a lighter content that is informative and entertaining but that allows readers to go through *shap shap* 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 *shap shap* into the project implementation, the heart of local Cameroonian communities in a way that you will feel like you were there. Our column on Role Model will help the reader see and know some of the movers and shakers- those uncelebrated icons and heroes who often work behind the scenes to push the lines.

Take the appointment each month, shap shap for your E-newsletter.

Enjoy reading!



ON THE FIELD

MANAGEMENT UNVEILS HIV FREE II PROJECT PACKAGE TO STAFF



NWR Project Staff at Coordination Meeting for Introduction of the Project

The much anticipated phase two of the HIV Free (HIVF) project was disclosed to staff during a coordination meeting chaired by the Principal Investigator – Prof. Tih Pius Muffih on April 27, at the DHS Hall in Bamenda.

The PI highlighted that the HIVF II will not focus only on Pregnant Women and HIV Exposed Infants, but on Care and Treatment for all. Hence, the project will target all People Living with HIV (PLHIV) with the aim to identify those with the virus, placing them on treatment and ensuring they stay on it for viral load suppression. Prof. Tih encouraged all the staff to work harder together to ensure that the HIVF II project's targets are met for the country to keep swinging towards an HIV free

generation.

A better part of this meeting was used to school the project team on the different project strategies and targets. In a nutshell, HIVF II are aligned to the UNAIDS 90 90 90 agenda for 2020.



ON THE FIELD

HIV FREE II NW STAFF GET ORIENTATION ON PROJECT PACKAGE



Project staff in Session at Orientation Meeting

On May 26, 2017 HIVF II Project management held a workshop to further orient all project staff on the implementation of the new CDC/PEPFAR award. Management understands that the route to a successful project implementation passes through ensuring that all team/unit leaders have a good understanding of what is expected at each and every level of implementation.

A better part of this meeting was used to present and exchange on the key project activities to see how they would contribute to the attainment of the targets. Adjustments in the management structure with their strategic reasons were also presented. It should be noted that, the project management was

fundamentally adjusted to align with CDC/PEPFAR pivoting, to ensure that more staff are on the field and that only hardworking ones from HIVF I are retained. For new as well as already existing positions, clear and comprehensive job descriptions for each were presented and explained to ensure all staff function maximally. From this meeting going forward each staff began developing their action plans for submission to management.



PRACTICES

CBCHS ADOPTS NEW STRATEGIES FOR HIV FREE II PROJECT

Upon reception of the Notice of Award for HIVF II project, CBCHS has since then taken a series of measures to ensure a more successful project compared to HIVF I. Using the results from the CDC/PEPFAR successive assessments and the recommendations from the HIVF I External Evaluation and the pivoting requirements, CBCHB reviewed its staffing arrangement, project management structure and implementation strategies responsively to the gaps that were noticed.

Team Break Down

Management put in place three supervision areas labeled team A, B and C covering Bamenda, Banzo and Mbingo areas respectively with each team serving a number of health districts and facilities as follows; Team A-Bamenda (6 health districts with 30 health facilities), Team B- Banzo (4 health districts with 28 health facilities) and Team C-Mbingo (3 HDs with 29 HF). Each supervision team is made up of a team lead and an assistant, an M&E Officer, a finance clerk and about 3 to 4 team members. This adjustment seeks to increase the rapidity with which activities are implemented, a greater density of staff on the field especially at Direct Service Delivery (DSD) sites to ensure that sites receive the needed attention. For Technical Assistance (TA) sites, staff visit the sites, at least once each quarter to offer TA as needed and identified.

Reinforcing Communication and Coordination

To further increase the rapidity with which



Ms. Kuni Esther

HIV Free II Manager—North West Region

CBCHB teams respond to challenges on the ground, a What's App Group has been created for all staff. The teams have been using this strategy to address field related issues in a timely manner. So far, staff are able to exchange timely on challenges faced in treatment initiation, to follow up Polymerase Chain Reaction (PCR) result delivery and other field challenges they encounter and receive instant orientation from the global team. To further track progress towards targets, the project has instituted a weekly reporting schedule which has enabled early detection and timely response to field challenges.

Financial policy

In ensuring financial integrity and value for money, CBCHB revised its financial policy based on lessons learnt from Expenditure Analysis in HIVF I and is now being used to allocate, track and report



PRACTICES

all expenses in sustained, scale up and cluster sites as HIVF II unfolds. A fiscal agent has also been recruited and has been working to ensure that finance procedures are respected as required by the administrative procedure. Also, five (5) accountants have been recruited and posted to ensure financial compliance at all levels. Staffing was reviewed and some staff dropped such that only necessary positions were retained.



Mr. Munjoh Johnson

Business Official, HIV Free Project

Bringing other actors on board

The attainment of the 90-90-90 UNAIDS requires a strategy that brings on board all stakeholders. CBCHB intensified collaborating with the different

stakeholders and related US government agencies. This collaboration will include organizations like the National AIDS Control Committee (NACC), the Directorate of Family Health (DFH) and the Directorate of Disease Control (DDC).

Thus, the use of these strategies for the implementation of the aforementioned strategic objectives of HIV Free II will expedite the decrease in the rate of new HIV infection while sustaining the lifespan of infected persons. Hence, facilitating in the attainment of the 90-90-90 agenda by 2020,

as the adage goes, “failing to plan is planning to fail” does the CBCHS has meticulously planned each move it talks to ensure that it reaches all its expected results.



MY STORY

A WALK MEMORY LANE

“*Most mothers take pride in sharing their pregnancy experiences with their relatives and children when they eventually grow up; but when I look at my beautiful twins, I wonder if I will ever look at them head high.*”

Mercy articulated with a lot of pain and regrets on her face.

When I was diagnosed HIV positive some four years back, I felt my life crumbling before me. A tear of multiple feelings had run down my cheek. I was so frightened and devastated. As nature would have it, the pains I felt on that faithful day subsided; I went on with life, fell in love and got pregnant. I was extremely happy when I got the news, but it came with another worry, I had to be placed on drugs.

I started my ante natal clinic during my third month of pregnancy as recommended by the national protocol at Azire Health Center in Bamenda. During my one-on-one encounter with the nurse on seat that day, she was so opened that I confided in her that I was taking herbs to combat the HIV in my blood. This lady strongly advised me to let go of traditional drugs and embrace ART therapy. Despite the fact that she patiently highlighted the benefits of these drugs to me and that of my unborn baby, I didn't pay attention to what she was saying. She later on gave me a pack of drugs which I took home and promised to swallow as instructed. *I got frightened by the size of the pill; wondering how such a large pill will pass through my throat.* Deliberately, I ignored taking them. The thought of taking drugs on daily bases in a life time got me so terrified. I had continued with the herbs and only yielded to her advice and opted for treatment two weeks after giving birth to a set of twins, girls.

Her lips parted ways with a heartfelt smile. With an air of inner strength and a little melancholy, she paused awhile, held her hand bag tighter and adjusted her buttocks; trying so hard to keep her emotions intact.

“Unfortunately, one of my twins (first) was diagnosed HIV positive”. I was willing to break all ought in order to ensure that she stays healthy and strong through routine monthly check-ups, daily intake of medication and healthy feeding while giving her medication as prescribed. I couldn't compromise that for anything in the world.

Yet, I must confess that it is not easy. I am now obliged to treat them as if they are from two different planets. I have to be cautious and vigilant about mixing up their stuff for instance, I ensure that I separate and differentiate both tooth brushes in order to avoid any blood contact. As if that's not enough, I sometimes have to hide the first child to administer her drugs, since her sister sometimes cries she needs it as well. Sometimes when I look at all the stress I have to put myself and the innocent children through to ensure that they are healthy, I cry. I cry because my misconception had landed me in to a bigger trouble.

I've never experienced any side effect since I started taking the drugs contrary to my fright. Despite the odds, I am healthy and work to ensure that my children are healthy too. Sometimes I still can't stop from asking myself questions like;

What if I had adhere to treatment earlier? Wouldn't I have save my daughter from the stress of taking drugs all her life?

That's why I strongly advise all women especially pregnant women to adhere to treatment immediately when they're diagnosed HIV positive for the health of their babies depend on them.



ROLE MODEL

DR. TAYONG GLADYS COORDINATOR OF REGIONAL TECHNICAL GROUP FOR THE FIGHT AGAINST HIV/AIDS FOR NWR

This month, we are proud to present to you a wife, mother and an exemplary public servant - Dr. Tayong Gladys. The one lady whose humility and commitment to work speak volumes and should inspire many.

Dr. Tayong Gladys has been Northwest Regional Technical Group (NWR TG) Coordinator for the Fight against HIV from 2012 till date. Her role in the steady drop of HIV and AIDS in the region is unquestionable. Her passion and commitment to her job have made of her a respected fellow and a dependable partner to work with. This can be seen from the frontline role she takes going to the field to have firsthand information and facilities in training workshops to ensure there is a spillover of knowledge and skills across the different health actors to increase access and quality for HIV and AIDS services in the region. Her support working alongside the CBCHB team, has been outstanding and greatly helped in the accomplishments of HIVF I results.

To attain these objectives, Dr. Tayong Gladys ensures the work flow in the region by facilitating communication between all the actors working in the field of HIV. She does so by safeguarding that everybody has a mastery of what every other person is doing in order to avoid duplication and saturation of services in some areas at the detriment of others. She also has the herculean task of assuring that all actors work in synergy towards a common goal. To achieve this, she is sometimes obliged to work extra hours in order to fill in all existing gaps.

This resilient woman draws her inspiration from her childhood dream of becoming a medical practitioner and the burning desire to contribute in reliev-



Dr. Tayong Gladys

ing people from pain, and suffering. Helping people regain their health, happiness and peace is her push factor. She is also motivated by HIV positive clients who stick to their medication despite odds as well as from the falling prevalence rate of HIV in the region. To justify why HIV must be everyone's business, Dr. Tayong says *"We are all either infected or affected"*

Seating at this front seat, Dr. Tayong Gladys worked together with other actors to bring down the HIV prevalence rate in the region from 8.7% in 2004 to 4.3% in 2015.

Our doctor has a soft spot for youths whom she considers to be the leaders of tomorrow. Having noticed the high rate of exposure among female youths within the age range of 18 – 24, she has double efforts to ensure that this population is well sensitized. Being a mother Dr. Tayong *"Understands just how much pain it can be for the family and the nation to have a youth who is HIV infected"*.

The God fearing woman that she is, she prays to God always to take care of her family as she spent much of her time taking care of His. "God has always answered my prayers, with the availability of someone to always take care of my family in my absence. *As long as he empowers me, I will keep on doing what I do best"*. *****



DISCOVERIES

MEET THE ASSA COMMUNITY



Assa is a village in Ako health District. Like most other parts of Cameroon, Assa has distinct cultural practices, one of which is that new born babies are simply wrapped in loins and worn napkins (for those who can afford it) till a dressing ceremony is organized when the child is a month old.

This exposes the child to harsh climatic conditions thereby increasing the rate of child mortality.

SET FOR THE 90 90 90 AGENDA—VISION 2020



CBC HEALTH BOARD

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

Prof Tih, Project Principal Investigator

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