

SHAP SHAP

Towards An HIV-Free Generation

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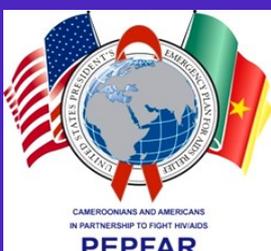
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Scale-up of HIV positive cases through Index Testing



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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 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

The CBC Health Board through the implementation of HIVF NW/SW II Project remains steadfast towards finding, treating and keeping all Persons Living with HIV (PLHIV) in Cameroon. This steadfastness, has been threatened by several external forces in relation to the present insecurity in the two PEPFAR Regions. Since the start of project year 2 on April 1, 2018, our teams in various sites have been effectively implementing activities and sending reports of work done on a daily basis.

Uncertainties looming the working atmosphere in our two PEPFAR Regions have pushed management into devising new ways of attaining the project targets and at the same time, keeping our staff safe. Meanwhile, I will love to reiterate the fact that, the Catch Up Plan (CUP2018) has not ended; therefore, every staff should ensure to put in all the best for us to get our numbers right.

Following the new HIV Testing Algorithm, we are expected to do a full implementation of the test and treat procedure put in place by the government to help us easily attain our targets in time. As new testing algorithms are introduced, so should we always be focused to learn and fully implement the new strategies to achieve such objectives and get them right at implementation. In the year 2017, a total of about 360,000 persons were tested for HIV with only about 9000 of them diagnosed positive. Out of the number positive, only about 6000 were put on treatment and are currently undergoing follow-up in health facilities. This left over 3000 HIV positive clients, declared as Loss-to-Follow-Up (LTFU).

After careful consideration, the new strategy for the implementation of targeted testing is INDEX TESTING. This strategy is a combination of



Contact Tracing and the Family Model Testing.

Given our security challenges, I urge you all to stay out of harms' way while concentrating on your duties. Remember, the project relies solely on your selflessness, for us to see all persons living with HIV on treatment; hence meeting the 90-90-90 agenda of UNAIDS Vision 2020.

I will love to sincerely appreciate the huge efforts you all have been putting into making sure that we attain our targets for this project year. Just to note that I have kept a consistent tracking of your daily reports and I must confess, you all have been doing remarkably well. That is why today, the M&E Team can be able to give us the actual number of persons living with HIV in each of the regions. Keep the *Shap Shap* spirit alive and in motion as we all struggle to ensure quality health services delivery to all in need while remaining steadfast to expressing our Christian love for one another.

We are on the road to the 90-90-90!!!

Enjoy Reading...!



ON THE FIELD

HIVF NW II Staff Charged with Using Fast-track Strategies for the Attainment of Targets



Project Principal Investigator facilitating during coordination meeting

As HIV-Free project staff work in their different corners in ensuring that project goals are met, its management team always deems it necessary to bring all project staff together to strategize as a team. Such forums are venues for project staff to explain their work, successes and challenges, while management on its part keeps staff abreast with latest updates within the project. Hence a coordination meeting was organized in June to this effect.

This meeting brought together four powerful arms of the HIV Free Project's Central Administration, headed by the Principal Investigator – Prof. Tih Pius Muffih. During each presentation, the central management team gave quick reviews of the slides while proposing solutions which the team took with seriousness for effective implementation.

Finance was another vital topic of interest. Accord-

ing to project financial policies, by the end of FY2 Quarter 3 implementation, total targets attained are and should be equal to total expenditure. Conversely, the finance report showed an imbalance report or analysis between the targets achieved and the total expenditure. Hence staff were called upon to improve on the way they managed finances by marching activities to the right budget heads.

Project staff left the meeting refreshed, and more determined to leave no stone unturned to meet project targets.



ON THE FIELD

HIV Free NW II Project Trains Stakeholders on Proper Community ARV Dispensation



Participants during deliberation session on strategies to improve Com ARV dispensation

Barely one year after the introduction of Community ARV Dispensation strategy by the Ministry of Public Health (MOH), there has been some positive feedback as regards adherence amongst People Living with HIV (PLHIV). Despite the gradual progress, there have been some hitches as far as collaboration between the health facilities, Community Based Organizations and Support Groups are concerned.

Hence a two-day training brought together over 150 participants separated into four different groups in different sessions from the 29th of May to the 1st of June 2018. During the workshop, the participants had the opportunity to explain their various ARV dispensation procedures in their facil-

ities through a group work of three groups. They also raised the various challenges encountered in the course of delivering their services in the communities.

As a way forward, health facilities were encouraged to categorize patients to enable identification of stable clients so that they can be informed on the different models of community dispensation to enhance orientation of patients either to community Based Organizations, community ART groups or support groups.

Meanwhile, the CBOs were also encouraged on improving documentation for quality and quantity as well as enhance their collaboration with their health facilities.



ON THE FIELD

HIV-Free Project capacitate new site Finance clerks to improve financial management



Finance Clerks receiving lectures on an overview of the HIV-free project

Within the frame work of improving financial management in various sites, the HIV-Free project hired and posted six finance clerks to various coordination areas to facilitate tracking and payment of reward for output and other payments onsite.

A one week training was organized from the 2nd to the 6th of July, to capacitate new site finance clerks with skills on financial management. Some of the modules covered during the training included: an

overview of financial management, administrative and financial procedure, internal control, reward for output, guiding principles of staff working with HIV patients, overview of HIV-free project, monitoring and evaluation, expenditure analysis and policy documents.

At the end of the training, participants were advised to do their best in providing optimal services in a bid to improve the quality of financial management in their various coordination areas.



PRACTICES

Index Testing: A Robust Strategy to Find, Test, Treat and Keep All Persons Living with HIV in the NWR



With just a prick, you can save your life by knowing your HIV status

By the year 2015, the HIV Free Project still experienced some slow pace at attaining targets as required by the funding partners and most of it within the required time frame. Several strategies put in place to ensure the attainment of these targets though successful to an extent, still didn't meet the desired goals of ensuring that 90% of those who are HIV positive know their status. Hence, there was a need for a paradigm shift from Voluntary Testing and Counselling (VCT) which tested large numbers with little yields to targeted testing of exposed persons. Inspired from a CBCHB program called Partner Notification/Contact Tracing - which sought all the sexual contacts of positive clients for testing and follow-up, a new concept called index testing was born.

In the year 2015, the concept of Contact Tracing was introduced within the framework of the HIV Free Project to be implemented parallel to the Family Model. Family Model is a strategy of

testing the biological family members of the HIV positive clients. This strategy made several strides in the project at the time. For instance, at the end of the year, 2193 contact persons were tested with 399 persons diagnosed HIV positive and all of them placed on treatment. Meanwhile, in 2016, a total of 5306 contact persons were tested and 1578 persons were diagnosed HIV positive with 1423 of them effectively put on treatment and being followed up.

Following the use of the two strategies (Family Testing Model and Contact Tracing) to achieve the same results, there was a growing need to ensure that all the two strategies are harmonized with one name since they both sought to achieve the same goal. Hence, the concept of Index Testing came up. Index testing is a process where by a client is requested to voluntarily give his/her sexual contacts and biological family members (including husband and children) given their exposure to HIV. The practice of Index Testing by service providers



PRACTICES

is based on their oath of confidentiality signed after receiving training on the Index Testing practice and strategies.

Statistically, the project has since January 2018 recorded resounding success towards the attainment of the 90-90-90 Agenda of the UNAIDS' Vision 2020. This is seen in the fact that, the strategy is geared at meeting the first two 90s but in the end, it ends up meeting the third 90. For instance, in May 2018 alone, a total of 2097 Index Persons were interviewed for the disclosure of their sexual contacts. These Index Persons disclosed 4118 sexual contacts and biological family members; and of these contacts, 2447 persons were notified of their exposure to HIV and 1847 of them were all tested for HIV. Out of those tested for HIV, 118 persons were diagnosed HIV positive and 82 of them successfully initiated on treatment. Meanwhile, amongst the 1847 persons tested for

HIV, some 482 known positive already on treatment were discovered. Hence, this strategy is really succeeding in breaking the chain of HIV transmission in the North West Region. To explain the importance of this strategy, Doctor Nkome George, the HIV FREE II North West Project Manager says *“it won't be an overstatement if I say this is our Joker for now. We are more intentional in our search for HIV positive clients now than ever before... As long as there will be a new index contact, the search chain will continue”*.

Despite persisting challenges especially in the area of verbal threats amongst others, the main goal of the project in using this strategy is that by the end of the year 2018, all clients on treatment should have been index tested and all positives placed on treatment.



ROLE MODEL

Mr Peter Yengsi

Regional Coordinator for Index Testing

A melange of hard work, passion, commitment, and the fear of God is the main ingredients that embody our role model for the month. We take delight to present to you, Mr. Peter Yungsi, the North West Regional Coordinator for Index Testing. Being an iconic representative of Index Testing in the NWR, he has made significant strides to scale up new HIV positive clients through the index testing strategy. While fronting this strategy in the NWR, he leaves no stone unturned to ensure that all contacts of index cases are notified and followed up.

Mr Yungsi attended primary and secondary education in Misaje, Donga Mantung Division where he obtained an O-Level certificate with remarkable performance. He proceeded to Nkambe for high school studies. Upon obtaining an advanced level certificate, he found his niche as an auxiliary Lab Staff.

This icon began his professional career in Banso Baptist Hospital (BBH). In 2005, he was transferred to Lassin Baptist Health Center before moving to Ndu Baptist Health Center. It was in the laboratory that he saw the need of ensuring that everyone knows his or her status. His curiosity was what propelled him to research more about contact tracing, which prompted administration to train him as a contact tracer. Though he started practicing as a contact tracer in Ndu, he was later transferred to the Nkwen Baptist Health Center where he served for 4 years before being appointed the NWR HIV-Free Project Focal Person for Index Testing. For the last thirteen years of his professional journey, he has successfully traced, follow up and linked close to a thousand clients who have been placed on treatment.

Mr Yungsi is a product of a Misaje parents (a small



town in Donga Mantung division). Born the last of four children he made self-reliance and hard work a watch word after losing both parents at a teenage.

This proud husband and father is passionate about drama (theatre Art), a hobby which he usually employs in his career to sway many in the community for HIV testing. He also obtains delight in watching football with his favourite team being F.C Barcelona. Nevertheless, worshipping and praising God with classic gospel music is a delight to his soul.

Being a hardworking and results oriented individual, he dislike laziness and idealness in all its forms. He however obtains his spark in North-western palate like achu, fufu corn and vegetable.

Over the years, he has made determination and a sense of purpose a driving force: a virtue which he will like to encourage everyone to emulate in a bid to brighten the corner where ever they may be.

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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