

SHAP SHAP

Towards An HIV-Free Generation

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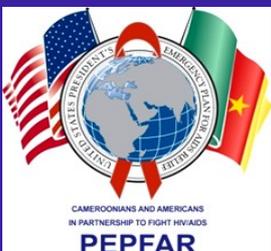
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CDC Team Applauds High Quality of HIV Services



In This Issue

On the Field





PRODUCTION TEAM

HIV FREE II *SHAP SHAP* MAGAZINE

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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 considerations, 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

CDC Cameroon Visits HIV-FREE Team in the North West Region



CDC Team Assessing HIV Services

As FY2 of the HIV-FREE 11 gradually drives to an end, the CDC Cameroon team braved all the odds to meet the HIV-FREE team in the North West Region. The raison d'être of this august visit was to assess the level at which HIV services were implemented in some selected health facilities. Top on the agenda too was to understand how displaced clients are managed in the current crisis affecting the North West and South West Regions. The visit which extended from the 10th to the 12th of July took the team to two health facilities including: Nkwen Baptist Health Center and the Regional Hospital Bamenda.

The CDC team accompanied by some Project Team members, carried out comprehensive SIMS visits in the two health facilities. During this visit, they meticulously evaluated the performance of the facilities in a number of domains including commodity management, care and treatment adult, care and treatment for HIV infected children, PMTCT/ ANC, HIV Exposed infants, laboratory, test and start services among others. In line with this, the

Nkwen Baptist Health Center and the Regional hospital Bamenda both passed the SIMS visit as per the scoring system.

At the end of the site visit, the CDC team expressed great satisfaction with the high quality of services observed in both facilities. Several recommendations were made to enhance the quality of HIV services in all sites. Some of which included: ensuring proper documentation of services, conduct TB screening for all clients and INH administered accordingly for new clients, ensure timely request of commodities and transmission to the fund, carry out systematic Index testing services for all clients, capture all clients receiving ART salvage dispensation in a register, ensure availability of SOP's for DQA in sites and conduct nutritional assessment for all clients and documented appropriately at each visit (weight, height, MUAC and BMI).

To crown it all, the CDC team challenged all service providers to improve on all aspects which needed remediation in order to have "ALL GREEN" during the next SIMS visit.



ON THE FIELD

CDC Cameroon Appraise HIV-Free Effort in Managing Displaced Clients on ART in the Two Regions



Dr Weber Rachel Facilitating during Assessment Meeting

Following a two-day site visit at the Nkwen Baptist Health Centre and the Regional Hospital Bamenda, the CDC Cameroon Team held a one-day meeting with over 50 project staff drawn from the NW and SW Regions. The high moments of this meeting was the tête-a-tête session with project staff.

Organized on the 12th of July, the meeting provided a forum for project staff to share their experience, successes, challenges and strategies used to close the gaps in their various health facilities. However, a point of focus was the management of displaced persons in the two regions. A series of strategies were enumerated to enable these groups of persons,

access ART and HIV services where they are. Some of the strategies included; networking with churches, integrating ART dispensation in outreach campaigns (vaccination and malaria) and encourage multi month dispensation for stable clients.

The CDC Cameroon Team did not hide its general satisfaction as they called on everyone to continuously brighten the light in their little corners while ensuring that displaced clients are not left out.



ON THE FIELD

HIVF II NW Uses Fast-track Strategies to Improve PMTCT/ANC Services in the Region



HIVF NW II Manager Elucidating on Strategies to Improve PMTCT Uptake

In order to improve the uptake of PMTCT/ANC services in the region, the project team worked with Project facilities to figure out means of improving ANC uptake in their facilities drafted fast-track strategies in the month of June to scale up ANC in various sites. These strategies included: Network with clandestine facilities, gynecologist clinics and traditional birth attendants to capture pregnant women who attend ANC. Religious leaders were also capacitated to support PMTCT services in their various congregations through awareness creation and formation of action teams to follow up Pregnant Women (PW) in the community, carry out sensitization activities among others

In line with this, lead mentors were assigned to lobby with facility heads in their various supervision areas concerning the use of CHWs to improve the uptake of services in the community.



ON THE FIELD

HIVF Staff Brace up to Meet FY2 Target



HIVF Project Technical Director Applauds the Team for Commendable Services Offered at HF

Considering feedback and recommendations made by the CDC Cameroon team during site visit at the Nkwen Baptist Hospital and the Regional Hospital Bamenda, a coordination meeting was organized on the 13th of July in Bamenda. The meeting brought together about 84 participants to evaluate and consider actions that can be taken to improve HIV services in all sites.

After a thorough review of the project progress and loopholes, a series of recommendations were made with major highlight on proper documentation, effective collaboration of Treatment centers and option B+ sites, timely request for HIV commodities and transmission. Also TB infection control policy was recommended to be drawn up and placed in all health facilities, ensure that all

facilities possess an adapted stadiometer, index testing services should be systematic for all clients including pediatric HIV.

The meeting also provided an opportunity for management to introduce the newly employed staff including: Assistant clinical site mentors, data verification clerks and site finance clerks

A series of challenges were presented including: displacement of over 3000 patients on ART, limited supply of test kits in a number of facilities, slow pace of INH prophylaxis implementation due to lack of reporting tools in some facilities, untimely submission of time sheets among others. Suitable solutions were presented to fill in these gaps in a bid to meet set targets before FY2 fades out.



ON THE FIELD

HIV-Free Project Ensure Quality IT Services in All Sites



Field Supervision at Ndu HD

During the month of July, the project team carried out SIMS visits in some health facilities in the Ndu and Kumbo East health districts. During the visits, the team carefully assessed the level of implementation of activities onsite especially Index testing services in the various health facilities visited. This included: systematic evaluation of clients files, effective notification and follow-up of contact persons (CP), and mentoring activities. This was in a bid to improve the quality of IT services in various health districts.

Though they registered several successes, the team also faced a series of challenges which included shortage of test kits, poor documentation of IT activities and follow-up of Contact Persons (CPs). In the Ndu District Hospital, it was noted that lots of clients interviewed were done with little or no

follow up. As a result, the team sorted out over 500 CPs pending in the month of May and June to subsequently follow-up in the days ahead.

It's worth noting that, IT services have witnessed remarkable improvement in all 64 scale up sites.

At the end of the supervision visit, site staff were expected to sort out all names of CPs pending notification and ensure effective follow up and testing for HIV.



ON THE FIELD

Assistant Clinical Site Mentors employ to enhance HIV services at Site

Following the need to ensure quality HIV services in all sites, the HIVF NW II project recruited seven assistant clinical site mentors to monitor and improve on HIV service delivery, support documentation and review patient records as well as strengthen the implementation of the national policies and Algorithms in supported facilities among others

A one-day training was organized on the 6th of July

in this light to keep newly recruited staff abreast with the overview of HIV and AIDS, test and treat strategy, reward for output (RFO), overview of the HIV-Free project, INH prophylaxis etc.

It is expected that the new recruits will assist site mentors to improve HIV services in supported sites so as to attain the USAIDS 90-90-90 agenda by 2020.

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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