

SHAP SHAP

Towards An HIV-Free Generation

Vol. 002, Issue 0012

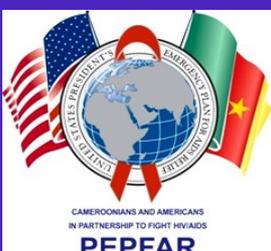
August 2018

Onsite Training: A Strategy to Improve on IT Services



In This Issue

On the Field





PRODUCTION TEAM

HIV FREE II *SHAP SHAP* MAGAZINE

A monthly publication of the HIV Free II Project Team.

Website

www.cbchealthservices.org

Email

hivfnwdoc.team@gmail.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Kuni Esther

Dr. Nkome George

Editor in Chief

Abanda Alphonse

Deputy Managing Editor

Fri Delphine

Associate Editors

Ngange Divine Nfor

Fotabong Nyachu Syntia

Photo Editor/Design

Ngange Divine Nfor



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:

- ◆ Increase the percentage of PLHIV who know their HIV status to 90% in both regions.
- ◆ Increase the percentage of HIV positive adults, pregnant women and children who access ART in health facilities and communities, from 86% to 90%.
- ◆ Increase by 10% the number of PLHIV retained in care and achieving VL suppression.
- ◆ Improve health systems performance and function through increase documentation, quality and utilization of health information, increase quality health services and increase human resource development.



EDITORIAL

Prof. Tih Pius Muffih

Project Principal Investigator

The CBC Health Board through the HIV Free NW/SW II Project has maintained a stable and unflinching consciousness towards the reality that there are still many Persons Living with HIV (PLHIV) out there who need to be located, tested, treated and retained in care.

It is rather unfortunate that until now, the fear of the unknown, given our security challenges still characterizes the atmosphere in most of our health facilities in the North West and South West Regions. Despite these impending security challenges, we should never lose sight of the fact that the Catch-Up-Plan (CUP2018) is far from over. This means that, we must carefully and continuously ensure that all our clients whether internally displaced or not remain on treatment.

Few months back, you were informed of the need to ensure all your records are straight in prelude to the fact that the project was expecting Centers for Disease Control (CDC) and prevention Cameroon to conduct a Site Information Monitoring System (SIMS) visits for the month of July in sites of their choice. The primordial reason for this visit was to supervise our strategies for the management of internally displaced persons to ensure their adherence and retention in care as well as our field challenges. The level of satisfaction exhibited by the CDC team shows that it is true that perfect preparation prevents poor performance (5Ps). I will like to personally congratulate all of you for the good work you have been doing and the collaboration you gave management during this very important CDC SIMS visit.



Meanwhile, due to some impending challenges faced by some mentors as regards finances in the field, and in keeping to the expectations from our funders; we have recruited the services of some finance clerks and finance officers. They will be in charge of all financial obligations on the field and will also be following all the site mentors to the field to do payments at sites as the needs arises. Hence, we call on all the site mentors to collaborate with them for smooth work in the field.

I urge you all to continuously brighten the corners where you are despite the challenges. Take rendez-vous with the Shap Shap team every month to follow updates and get information on all successes from the field.

Happy Reading!



ON THE FIELD

HIV Free NW SIMS Team Effectively Implements during Site SIMS Visit



SIMS Team Conducting an Onsite Training During Monthly Visits

At the middle of quarter two of Fiscal year 2 (FY2), a total of 22 out of the 64 existing sites in the North West Region have been covered with services. Within the months of July and August, 5 sites were visited. Prior to these visits, the team tracked corrective action reports for BBH, Bafut District Hospital (DH), Ndop DH and Nkwen Baptist Health Center (BHC). Meanwhile, CDC Cameroon carried out SIMS activities in Nkwen BHC and Regional Hospital Bamenda. Following the visits to the 22 sites, a total of 9 sites didn't perform well. Hence, focused follow up will be organized in those facilities in the months ahead.

The weakness in service delivery identified by the CBCHB SIMS team was limited number of

algorithms/policies at sites; hence a survey of the needed algorithms in the different health facilities is underway. It was also observed that, there was poor documentation of services carried out in the facilities as well as poor clinical monitoring of patients on ARVs following Ministry of Health standards.

HIV Free NW II Project Updates Index Testing Tools

Due to the constant need to ensure systematic scale up of HIV testing in the four regions of project implementation, it's very imperative to ensure that service providers update their skills on IT, this in a bid to ensure effective follow up and linkage of positive clients



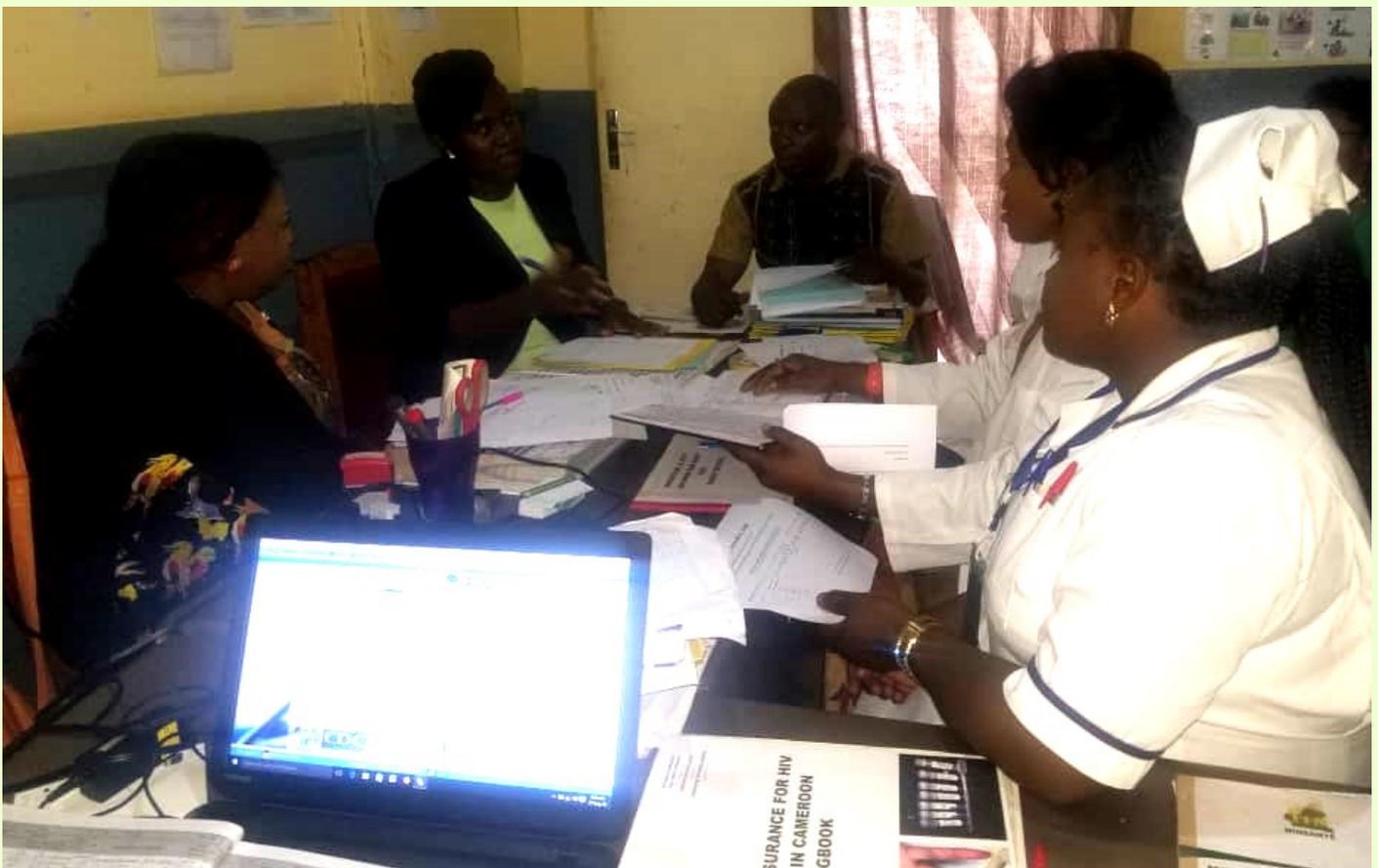
ON THE FIELD

on Care and Treatment (C&T). Thus, a on day evaluation meeting was organized on the 13th of August in Bamenda. The aim of the meeting was to review IT tools and challenges in the use of current tools as well as present feedbacks on IT activities in respective regions of project implementation. The meeting brought together about 21 project staff involved in I.T drawn from the Northwest, Littoral, Centre and Southwest Regions.

The meeting also provided a favorable milieu for project staff to express challenges faced on the field with the most recurrent ones being insufficient testing of sexual partners, multiple update of IT tools, client denial syndrome etc. Also, challenges in filling the reporting form by facility staff, relocation of Contact Persons (CPs) in faraway areas, frequent shortage of test kits, harmonization of the new/ old index cases concepts were advanced.

Some proposed solutions were provided to curb these challenges including: a need to have a computerized system of documentation to avoid double entry, quarterly refresher courses to be organized for all index testers; need to enhance the use of therapeutic communication techniques as well as reinforce checks for proper documentation. Furthermore, project staff encouraged to promote the use Health talks to encourage clients on ART to disclose their contacts persons. North withstanding, the M&E team was charged to formulate an explicit format with which IT data can be presented. It was agreed that tally sheets should be created and given to site focal points to ease data collection from the registers and analysis.

It's worth noting that, regular onsite training, mentoring as well as sensitization conducted in all sites have gone a long way to improve testing/case identification, follow-up and initiation into ART.



Review of Index Testing at Site Level by Management



ON THE FIELD

Community Based ARV Dispensation; A Strategy to Attain Vision 2020 and 2030 Respectively

Community Based ARV Dispensation is a national strategy that allows for greater community participation in the provision of Community-Based HIV Care Services. Its main objective is to improve the retention and adherence of Persons Living with HIV (PLHIV) on Anti-Retroviral Therapy (ART) from 60.4% in 2014 to 90% in 2020 and to 95% in 2030. This program operates with three models; two of which are practiced in the North West Region.



HIV Free NW Staff Strategize for the Attainment of Targets in Community Drug ARV Dispensation

The eligibility criteria for registering clients under Community Based Drug Dispensation states that the client must be an adult aged 20 and above; He must have been on treatment for at least 12 months; be clinically stable with undetectable viral load and/or $CD4 > 500 \text{ cell/mm}^3$; and with no visible signs of opportunistic infections amongst others.

In the NWR, this activity is coordinated by Mme. Abuseh Jaqueline. As concerns her work and activities, there are a number of areas which warrant much attention in the facilities;

- ◆ Encourage Health Facilities to develop a dispensation calendars for CBOs, carry out mass sensitization to encourage more clients to join the CBOs or Support Groups for drug refills. The health facilities should also be encouraged to create Community ART Groups (CAG) for clients living in distant communities.
- ◆ Proper documentation of clients referred to the community on the ART register. Proposed codes have been introduced to be used as follows; **RI** for clients oriented and referred for community dispensation (to CBOs or Support groups), **CI** for clients already receiving ARVs

at the community (CBO) and **SI** for those already receiving ART within Support Groups. This should be recorded under the right status column in the ART Register.

- ◆ Files of clients receiving community dispensation should be sorted and filed separately for easy access (especially for CBOs).
- ◆ Encourage health facilities to involve CBOs in their retention committee meetings. During one of these meetings, the CBOs should be encouraged to use the adapted stadiometer for the measurement of client's height. Also, the health facilities should be encouraged to carry out regular supervisory visits to CBOs.

HIV Free NW Register Successes Despite Challenges Meeting Targets

Working in the North West Region has not been business as usual for the team as in the past where things used to go on relatively hitch free. Challenges experienced within the project year have s greatly



ON THE FIELD



Review of Success Stories and Challenges at Technical Meeting

slowed down activities in most of the sites covered by the project. Some of these challenges include the political instability in the region which has sent some clients into the bushes for safety. Such clients sometimes visit the nearest facility to their hideouts for salvage ARV refill without information on ART code or their facility, thereby making it difficult to manage them.

Despite the dark moments, the team still sees some light at the end of the tunnel as there are still success stories being brought home on a weekly and monthly basis. For instance, the Regional Hospital laboratory now uses one QA Register for onsite testing and documentation and another QA Register for documenting cases that were tested for HIV in the community.

Monitoring of clients on ARVs including those receiving salvage ARVs is now fully implemented in all the health facilities. There has also been a

successful harmonization of the source document for reporting in some facilities like the Regional hospital. Meanwhile, BBH has effectively implemented most of the recommendations given during the SIMS visit.

The regional hospital has taken measures to ensure that all persons tested for HIV at the OPD do not go home without knowing their status. This has been done by creating an HIV testing point in the OPD. Henceforth, all clients received in OPD and needing an HIV test will receive the services right there at the OPD and hence get their results much earlier.

All these successes attest to the fact that, slowly but surely the team is moving towards attaining her targets despite all challenges met.

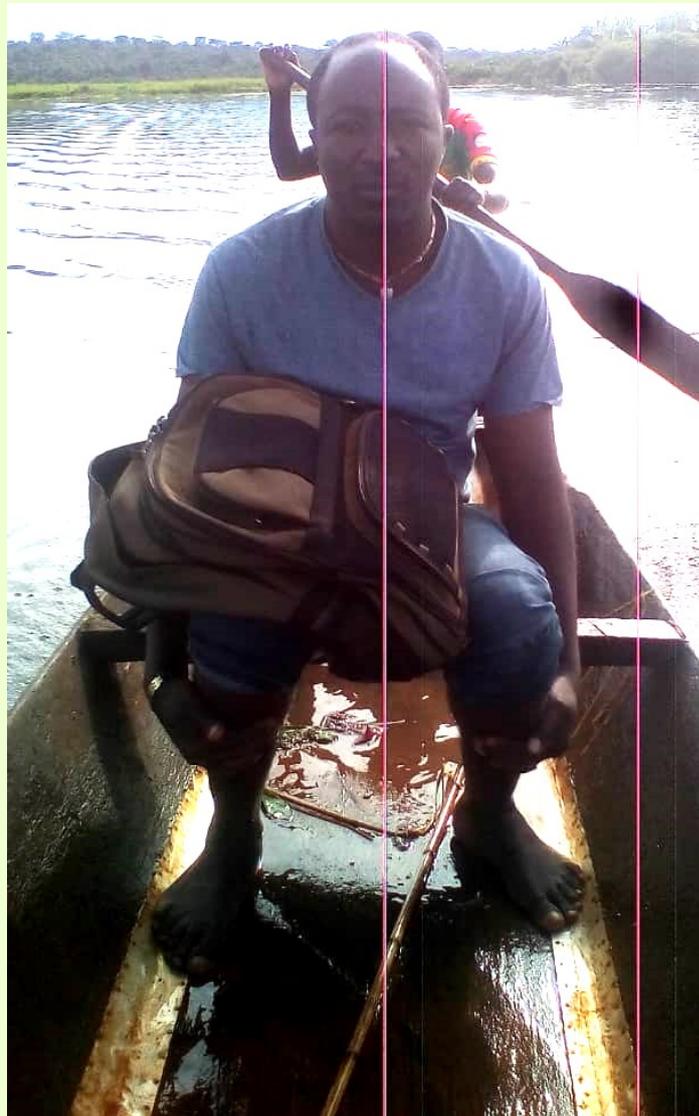


ON THE FIELD

Index Testing: A Robust Strategy to Attain UNAIDS Vision 2020

Index Testing has been officially declared as the main strategy for the implementation of testing services and attainment of targets in FY3. It is for this reason that the Ministry of Public Health (MOH) and CDC Cameroon developed the tools for implementing index testing. In communicating these new tools that are still under review to the staff, the technical advisor defined new and old Index Cases used in those tools for better understanding. He recommended the key insertions on the provisional tools that CBCHB had been using while waiting for tools from MOH. He also described the group health talk approach towards Index Testing as a best practice for emulation a strategy learnt from the Regional Hospital Bamenda.

Site mentors therefore have the obligation to continue mentoring their sites and provide onsite training/refresher sessions to new staff in order to replace those that have been transferred to other areas. They are also expected to reinforce testing of contact persons that were disclosed and not tested and IT results before submission. They also ensure that networking occurs between unrecognized strategies and project sites.



Bangolan Staff Uses a Wooden Boat to Administer Index Testing in a Remote Community

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

North West: (+237) 677 64 78 99

South West: (+237) 677 57 11 11

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: hivfnwdoc.team@gmail.com

Website: www.cbchealthservices.org