

SHAP SHAP

Towards An HIV-Free Generation

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Empowering Service Providers For Better Output in FY19



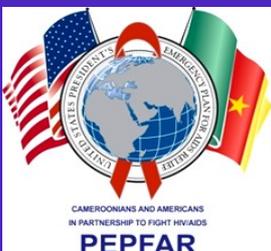
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PRODUCTION TEAM

Special Edition

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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

Strategy 2:
HIV
Treatment

Strategy 3:
Adherence,
and Retention

Strategy 4:
Data Management
and Quality

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:

- ◆ 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 implementation of FY18 activities of the HIV Free NW/SW II Project was not at all rosy yet, the CBC Health Board successfully closed project year despite all the adversaries that worked against the project during the year. Though we started the project year on a good footing, towards the end of Quarter 1 activities, we relented towards the attainment of our targets. Hence, by December 12, 2017, we were still at a general yield of 7%. In response, we introduced an emergency Catch-Up Plan (CUP). Its implementation started effectively on December 13, 2017 and finally ran all through the project year.

In this new project year, our targets have tremendously increased, and our sites in the NW have increased from 64 to 66. I'm aware of the fact that the sociopolitical crisis in our region has not changed. Hence, we will work as we did for the emergency CUP. This calls for double efforts from every one of us. Wherever you are, whatever you are doing, always ask yourself if you're on the road to the 90-90-90 Agenda of Vision 2020 by UNAIDS.

As part of our strategy to ensure the adherence and retention of all our clients, every field staff is obliged to ensure the possession and use the Continuous Care Card (CCC). This year, the project orientation has been changed from a target based to a program based project. Hence, expenditure analyses has become expenditure reporting. As the central accountant must have told you, the finance procedure of the project will be implemented accurately. Any failures to respect the procedures will attract great sanctions.

As a way of combating sociopolitical crisis in the region, we went back to the drawing board to



reorganize the region. Hence supervision areas have increased from 3 to 5. It is also worth noting that we recently submitted a Notice of Funding Opportunity (NOFO) to the CDC in respect of our interest to continue the implementation of the project during a five year term in the Littoral and Center Regions of Cameroon.

I heartily appreciate all the staff especially you; for the courage you exhibited in FY18 despite all the odds that we faced. We achieved all our targets because of you. That is why I use this opportunity to say thank you through Shap Shap Newsletter. Always know that the project celebrates you at all times. Keep the *Shap Shap* spirit in all your healthcare deliveries as we move towards the 90s.

Happy Reading...!



ON THE FIELD

Service providers equipped to contact trace TB patients



Dr Kingue reiterates on the importance of quality documentation

Bearing in mind that Tuberculosis (TB) is the main opportunistic disease that kills People Living with HIV (PLHIV), the HIV Free management team in Country Operational Plan (COP18) decided to scale-up case finding of TB among contacts of patients on treatment for TB services. Hence, following the recommendations made during the meeting to harmonize the National Tuberculosis Registers held on November 2, the first onsite training was organized to this effect. On November 9, over 70 service providers drawn within the Bamenda cluster met at the Bamenda Regional Hospital Hall to; learn how to trace new TB contacts, understand strategies to be used for the search as well as improve on the quality of documentation.

During this meeting the facilitators elaborated on; how to work with an index person to get more exposed persons and the different drug regimens for TB. Services providers were encouraged to carry systematic TB screening on all contacts who are HIV positive while ensuring that every client who is presumptive for TB and has an unknown HIV

status must be tested for HIV. The regional Coordinator for TB in the North West Region (NWR) - Dr. Leo Njock Ayuk also insisted on the fact that in the case where microscopy and GeneXpert have to be done, only one sample should be collected from the client. Part of the same sample will be used for the microscopic test and part sent to the referral hospital for further screening.

Holding the TB registers in his hands, the Director of the regional Hospital and Host of the Training – Dr. Kingue Thompson, while giving a word of greeting to the participants, encouraged all staff to improve on the documentation of their activities. “*This is the final signature to attest to what you must have learned today*” he proceeded to say while appreciating all staff for braving the odds to attend the meeting which will go a long way to improve on the quality of healthcare provided to the citizens in Bamenda and its environs.

The meeting ended with some recommendations among which were the immediate commencement of TB case finding in the various health facilities where service providers have been trained.



ON THE FIELD

New Project Finance Clerks Capacitated to improve Financial Management at Various Health Facilities



Strengthening site finance clerks skills on usage of the QA register

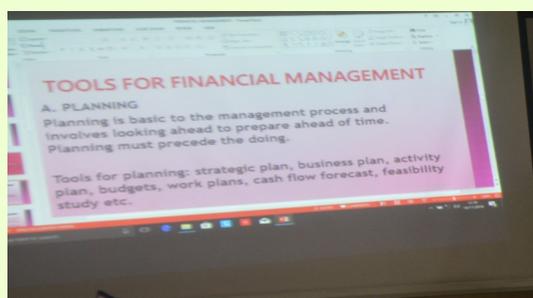
Following the need to meet the new financial procedure and expectations of Fiscal Year (FY) 19, it is imperative to ensure an effective coverage and financial management of all 6 budget codes of the project. Hence, over 9 site finance clerks were hired and despatched to the various supervision areas including Bamenda 1&2, Ndop, Mbingo and Bansa. This was with the aim to foster the implementation of the new budgetary system in all sites or health facilities.

Prior to this posting, three-day training was organised from the 14th through the 16th of November 2018 in the CBC Health Services (CBCHS) hall in Bamenda. The aim of this training was to capacitate the newly employed site finance clerks with skills to efficiently carry out financial transactions at site.

During the training, various modules were handled including: an overview of financial management, monitoring and evaluation tools, internal control, reward for out put, budget monitoring and control,

accounting records and expenditure reporting. The training also provided a favourable milieu to keep participants abreast with the guiding principles of staff working with the HIV FREE project/policy documents/Administrative and Financial procedures, etc. At the end of the training, a clear and comprehensive job description was given to each of them accompanied by explanation to ensure all staff understand the job they are expected to do.

A practical session on financial procedure/management was carried out. Participants were expected to make use of knowledge gained to improve financial management in their various sites.





ON THE FIELD

Improving data entry and verification in Data Manager (DAMA)



Data verification clerks assess patients' confidential agreement document

Due to the constant need to enhance quality in data management, it is primordial to improve service providers' knowledge and skills on data entry and verification. In a two-day training held from the 13th and 14th of November 2018, 8 newly employed data verification and DAMA clerks were capacitated on data entry and synchronization in to DAMA, data collection tools, reporting forms and data verification.

Having in mind that the road to a successful project implementation passes through ensuring that service providers have a good understanding of what is expected in the field, newly employed staff were given a detailed insight of their job description, an overview of the HIV-Free project and CBCHS policy. On this note, participants signed a confidentiality agreement to preserve and protect confidential patient/clients' information or data to the utmost of their abilities.

At the end of the training, it was expected that participants apply skills gained to better track data at all entry points using the DAMA software.





ON THE FIELD

HIV-Free NW II Project ensures effective start of FY19 at all sites



HIVf Project team crosschecking the index testing register at site

In order to ensure that the new project year has effectively kicked off in all sites, the Regional Project supervisory team embarked on a supervision visit to a number of sites within Bamenda including the Bamenda Regional Hospital, Azire Integrated Health Center (IHC), Mezam Polyclinic, St Mary Soledad, Nkwen Urban (PMI), St Francis of Assissi Hospital Ntasen, Nkwen rural, Atiakum IHC and Family foundation clinic Bamenda. The visit which was carried out from the 2nd to the 20th of November had as aim to certify that the customized index testing tools are effectively put into use and the health education approach of index testing is implemented in all sites.

During these visits, it was observed that while some facilities are effectively implementing the new changes recommended by MOH on the index testing tools, other sites are still lagging behind reason why the visits were timely.

However, all the index testing tools were examined, and recommendations made. Files were also examined to ensure that clients on ARVs have received index testing services.

Sites lacking in Index Testing human resources like Bamenda regional hospital, Azire IHC and Mezam polyclinic were immediately provided some experienced index testers to boost uptake of index testing services which is already being affected by the crisis.

In order to ensure that the health education approach is well implemented, sites were encouraged to provide a group talk. Sites with low patient turnout were expected to provide a one on one summarized health education to individual clients as this can help the clients to open up and freely provide information about their partners.



ON THE FIELD

Clinical Mentor Braves Field Challenges to Provide ARV Drugs to Clients

The Esu Community in Wum Health District is one of the communities in the district that has suffered snowball effects of the socio-political crisis affecting the North West Region as a whole. The fall outs of the crisis have prevented all the clients of this locality to have some alterations in their ability to access health care. This is because, one of the main bridges linking the village and the District Health Services in Wum was destroyed, hence, making it impossible for Anti-Retroviral (ARV) drugs to be

transported to the treatment centers of the locality.

In a bid to provide ARVs to the clients of the locality, HIV-Free NW II Clinical Staff took the risk to transport all the ARVs on bike to Esu. Though risky, it was a life saving venture for the people of Esu in the Wum Health Area.



Clinical Staff being pushed on a Bike through the River where the Bridge linking the area with other localities has been broken



MY STORY

The Positive Status That Saved Entire Family



Psychosocial Worker counseling Rachel on adherence

Mulang- a small locality in the outskirts of Bamenda town is where 33 year old Rachel (pseudo name) lives with her husband and four children, the last two being twins. Rachel's family story completely changed the day their first born, six year old Hasan (pseudo name) became sick and was taken to the Baptist health center in Nkwen to be consulted. In fact, for a week, Hasan had on and off fever and developed parotitis (mumps).

Despite the crowded nature of the facility, Rachel waited patiently for her turn to see the nurse. Hours later when she was finally received, the consulting nurse requested for an HIV test to be done for the boy among other investigative tests – consistent with the provider initiated testing approach in practice in the country. It took a mere 20 minutes or so for the nurse to make known to Rachel that her son was HIV positive. Rachel is devastated by this news but the providers were skilled enough to help her overcome it. On the same occasion, Rachel consented to do her own HIV test and she tested positive as well.

Although Rachel, was made to know the benefits of disclosing to her partner and for other members of her family to be tested as well, fear caused her to

hesitate – thus delaying these critical services. After two weeks, Rachel finally opened up. With support from care providers, HIV testing was at last extended to the other members of her family (her husband and the three other children) using index testing – an approach that seeks to enable the biological and or sexual contacts of anyone that tests HIV positive to know their own HIV status. The result of this testing, done right in their home helped to uncover the hidden HIV virus that lingered in Rachel's family. ***Rachel's husband and one of their twins tested positive to HIV while their second born son tested HIV negative – making it four persons out of the six living unknowingly with the HIV virus in Rachel's family.***

Today, four months after, all Rachel, her husband and two children have been on treatment and the benefits have been far reaching. Young Hasan has since then regained his health. The family members have put in place a plan to help each other take their medication consistently to further reduce the possibility of the virus crossing to other members of the family. The case of Rachel's family is just one among many others that are now being saved thanks to provider initiated testing and index testing now adopted in Cameroon.

On the Road to the 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