SHAP SHAP

Towards An HIV-Free Generation

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PMTCT Cohort Monitoring, Ensuring More HIV Free Babies

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Editorial

On the Field

HIV FREE II *SHAP SHAP* MAGAZINE

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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.

Strategy1: 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.

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Prof. Tih Pius Muffih

Project Principal Investigator

The HIV Free NW/SW II Project has reached Fiscal Year 19 (FY19); this has come as a proof to the fact that we have preserved the tradition of matching forward "On the road to the 90-90-90" Objectives. We must not lose track of the goal we are fighting to achieve, which is the desire to have an HIV-Free Northwest and Southwest Regions. Another point of note on this focus is to make HIV cease from being classified as one of public health challenges by 2030 when we must have achieved the 95-95-95 UNAIDS Vision.

Without losing sight of the present sociopolitical crisis in our regions, our funding partners still expect an optimum implementation of activities at site level. This is because, the UNAIDS 2020 Vision has not and will not change until it's been attained. Hence, there will be NO toleration of lukewarm attitude as far as work is concerned.

We have again activated an emergency Catch up Plan (CUP) for the attainment of Quarter 1 targets. Our attainment rate for the FY19 targets has been at the speed of a snail; while we were expected to have attained at least 16.3% for all indicators especially testing, treatment new and treatment current indicators. So far, HIV-Free Northwest attainment rate stood at 10% testing targets and 5% newly diagnosed positives respectively. Compared to the same period last Fiscal Year 18 (FY18), this is very poor. Hence, the steam of the CUP should not at any point and for any reason be slowed down.

The Senior Management Team unanimously agreed and ordered for you to do general testing; an activity which started effectively from December 19, 2018 and will be ending on March 31, 2019. The reason for this is for us to use the opportunity and fill in the gaps we have on our data plate at the moment.

Meanwhile, it will be very needless for us to be struggling to maintain the steam towards finding, and treating PLHIV when we cannot be able to keep them. For instance, our treatment current for both Northwest and Southwest dropped by close to 9000 (5000 in the NW and 4000 in the SW) in FY18. Hence, retention has now been dubbed "The Problem Child." Hence we have to do all we can to bring them back to care.

The approved and fully funded Internally Displaced Persons (IDP) Project; a subcomponent of the HIV Free NW/SW Project have effectively commenced. Activities to implement this project effectively started on January 1, 2019. Lead and Site Mentors should ensure to help where and whenever necessary so that we do our part in ensuring an HIV Free Cameroon.

Let me close here by wishing you a very happy and prosperous 2019 as we serve the Lord; ensuring Persons Living with HIV (PLHIV) have another chance to livelihood. Let us keep the Shap Shap spirit in attaining our targets.

Enjoy savoring this edition!

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Technical Director Addressing the NW Team on the Poor Results Submitted

Senior Management Team (SMT) Admonish NW Team for Delays in Attaining Quarter 1 Targets

At the twilight of Q1, HIV Free NW II Project limped in her attainment of FY19 Q1 targets; with just 10% testing targets and 5% positive targets. According to the M&E Supervisor – Mr. Keng Vitalis, these targets at the time ought to be at least 16.5% per indicator; if the Region must attain the Quarter 1 targets of 25% for each of the indicators by December 31. The report was presented to the SMT during a very short-lived working visit to the region on December 18, 2018. Following the failures presented in the statistics, the SMT warned against look-warmness in ensuring the optimum implementation of activities as the project year is phasing out.

During the working visit, the team was given an opportunity to share with the SMT some of their major challenges which contributed to the submission of poor results. Some of these included the fact that only few sites were working at optimum and the lack of test kits for one month in some sites due to transportation difficulties. The challenges were presented as fallout of the sociopolitical crisis in the region. To this effect, the SMT gave some recommendations for management to ensure its implementation in the region. They included the following:

- Launching of an emergency Catch up Plan (CUP) for Q1 and Q2 targets which started from December 19, 2018 to end on March 31, 2019.
- Suspension of annual leaves for all project staff until March 31, 2019.
- Weekly coordination meetings at all supervision areas and reports sent to the management; hence, during monthly review meetings, management needs to be told how challenges faced were solved and not being informed on the various challenges of the month.
- DAMA is a compulsory tool for work; hence, staff are expected to have access to and use DAMA.
- Distribution of general targets to all the staff to speed up the attainment rate.
- Activation of general testing (test everybody) by targeting markets, motto parks, churches and mosques.

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HIV Free NW II Team Activates an Emergency Catch up Plan (CUP) to Attain Quarter 1 and 2 Targets

At a time when the NW is expected to have a 16.5% attainment rate for testing targets and Positive New targets, the team submitted a report card of 10% testing targets and 5% positive new targets. Compared to the same time period in FY17, her performance was described as "extremely poor" by the Senior Management Team (SMT) of the HIV Free Projects. The remarks were received during an SMT visit to the North West on December 18, 2018 after touring the other PEPFAR Regions in Cameroon. Its reception could not have resulted into something less than the emergency meeting which followed the SMT visit.

This meeting was geared at strategizing on the implementation of CUP 2018/2019. This was fallout of the SMT visit which ended with 12 days ultimatum to attain the Testing and Positive New Targets. Some key points to note from the strategies developed are:

- The scaling up of the Health Education Approach to Index Testing.
- Creation of teams to carryout general Voluntary Counseling and Testing (VCT) in market places, motto parks, churches and mosques.
- Grouping and sharing of churches within Bamenda to staff for general sensitizations and testing during and after church services.
- Suspension of all other activities which are not directly related to the attainment of the limping targets.

The focus for this catch up plan is the city of Bamenda where many internally displaced have moved in over the last two months.

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Project Manager Breaking Down the Strategy for the Catch Up Plan for the Attainment of Targets

HIV Free NW II Networks with RTG West Region to Capture some of Her Internally Displaced Clients

One of the prevailing effects of the sociopolitical crisis in the Northwest Region has been a consistent increase in Rural-Urban Exodus as people including Persons Living with HIV (PLHIV) moved from the hard-hit areas to find safety in the West Region. Hence, the HIV Free NW II Project lost some of her clients on treatment, leading to a fall in treatment current. Given the need to ensure that they are retained in care, on December 12, 2018, the Assistant Project Manager – Mrs. Ijang Noela traveled to Bafoussam to network with the Regional Technical Group for HIV and AIDS so that the clients from the NW can receive treatment in the West Region and hence provide justification for the Tx Net New loss of the NW treatment current.

This was a follow up to a previous meeting within which the project management gave some registers to enable health facilities in the West Region capture clients receiving salvage in UPEC sites. Another point of focus was on the level of implementation of the activities and challenges being faced so solutions are provided. So far, some 33 treatment centers and PMTCT Sites are using the ART registers. Meanwhile, the NW team will only conduct remote supervision through the RTG of the West Region. These registers are capturing clients receiving ART salvage treatment services.

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APM North West at a Follow-up Networking Session with RTG West Region

M&E Officer Supervising Group Session at the Upgrading of Monitoring and Evaluation Tools

Monitoring and Evaluation (M&E) Team Update Staff on the New Reporting Indicators

The Center for Disease Control and Prevention (CDC) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) practice the tradition of upgrading the Monitoring and Evaluation reporting indicators used by her implementing partners across the world. Hence, the stakeholders are given an in-depth training for their M&E Officers at the organizational levels. Following a training of M&E Supervisors which recently took place in Douala, a two days training was organized for the M&E Officers working in the field at site level. The main aim of the training was to help upgrade the staff on the new main reporting indicators as recommended by the funding partners. It is the fifth change and each of them is always improved.

The training helped site level M&E officers to know what has changed in the main indicators so that they also know what and how to report. This training was both a refresher experience and a new experience for the old and new staff respectively.

High quality and reliable data is therefore expected from the staff as they do their daily, weekly and monthly reporting to their supervisors.

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HIV Free NW II Team Maintains WAD2018 Steam of "Know Your HIV Status" through General Testing

One of the consistent traditions that characterizes the December festive period is that of sexual promiscuity especially amongst the youthful population. Sexual intercourse has remained one of the major modes of transmission of HIV in the world. Based on this knowledge, the North West Regional Technical Group (RTG) for the fight against HIV and AIDS in partnership with the HIV Free NW II Project organized and conducted free HIV screening in health facilities, churches, mosques, market centers, and motor parks in different parts of the Northwest Region.

Hence, during the screening activities, the teams involved in the screening ensured to create awareness on the prevalence of HIV and AIDS. In total 14,049 persons turned-up for the voluntary testing with 91 testing HIV positive. All positive cases diagnosed were linked to care for initiation on ART.

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Senior Supervisor of Family Planning and PMTCT of HIV Facilitating Group Sessions at the PMTCT Cohort Monitoring Training

HIV Free NW II Trains Service Providers in Project Sites on PMTCT Cohort Monitoring

In the end, the Prevention of Mother to Child Transmission (PMTCT) of HIV can only be termed successful when at 18 to 24 months the final Rapid test of the HEI comes out Negative. Thus, to ensure the success of this strategy, there is a great need for continuous monitoring of both mother and child pair the period of ANC, Delivery and Post-natal stage. During three day training from the 24th to the 26th of January 2019, some selected PMTCT Service Providers were trained on the monitoring of HIV Positive Pregnant Women from their first day of Antenatal Clinics at the health facility.

This strategy was introduced as a Best Practice given that the strategy has been tested in other countries in and around Africa and has shown to improve care. Hence, the concept of Cohort Monitoring in PMTCT entails that all Pregnant Women or Breastfeeding Mothers and their HIV Exposed Infants (HEIs) are followed up on a monthly basis to ensure that they are taking their treatment in order to attain viral load suppression for the mother and a Final HIV Negative test at 18-24 months for the exposed infant. The PCR test is done during the first 6 weeks, Rapid test at 9 months and PCR if indicated and Rapid test at18 months.

The participants are expected to implement this strategy to the letter at their respective health facilities.

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Technical Adviser Admonish Staff for Neglecting "The Problem Child" – RETENTION

At the near dawn of the UNAIDS Vision 2020, the HIV Free NW/SW II Project has maintained a firm consistency in her pursuit of Persons Living with HIV (PLHIV) so as to ensure initiation to treatment upon the confirmation of their diagnoses. Unfortunately, it has been observed with the deepest regrets from statistics that retention of clients in treatment has been consistently falling at a speedy rate. For instance, in FY18, the North West Region has lost close to 5000 clients from treatment current. Though this deficiency to retain clients in care can be immediately and easily blamed on the sociopolitical crisis in the region, the other non-warring PEPFAR Regions are seriously limping in their ability to retain clients in cares well. Hence, the Technical Adviser – Dr. Pascal Nji Atanga – admonished the team on such a fall in the treatment current while stressing on the need to do an emergency Catch up Plan (CUP) to bring those clients back into care. This he said is because the CDC will not understand the reasons of the sociopolitical crisis, given that the other PEPFAR Regions are in the same condition with their treatment current.

Dr. Atanga was speaking during the Quarter 1 Review Coordination Meeting on January 30 and 31, 2019.

To buttress this clarion call from the TA, the Project Manager, - Dr. Nkome George stated that *"We have left the red zone, but there is still much to be done for us to reach safety"*. By this, the Manager called on all to do everything for the two catch up plans including that of "the problem child" to end by March 31, 2019. The clarion call was one of the key highlights of the last Quarterly coordination meeting which held from the 30th -31st January 2019.

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Senior Technical Advisor for HIV Care and Treatment Addressing the HIV Free NW Team on "The Problem Child"

Project Staff Braving the Odds of Insecurity to Attend Project Coordination Meeting in Bamenda

HIV-FREE Project Embarks on a Marathon Race to Increase Target in FY19

Keeping to the tradition of reflecting on the outcome of quarterly activities, a two-day coordination meeting was organized at the main hall of the CBCHB in Bamenda to brainstorm on the challenges faced in the field during Q1 of FY19 and identify possible solutions to improve yield in Q2 FY19. Organized on the 30th to the 31st of January 2018, the meeting was geared at deliberating on strategies to enhance HIV case identification, track loss to follow up/ defaulters, improve viral load testing, documentation and reporting.

The meeting provided a suitable milieu to assess the level of implementation of Q1FY19 work plan, survey barriers and facilitators of retention to care, evaluate PMTCT cohort monitoring concept and its subsequent implementation in the Region and use of tools as well as DAMA and DAMA finance.

Participants who braved the hostile environment and travelled from all the Supervision Areas of the region, were encouraged to intensify health education approach in all sites, strengthen PITC and mentorship, enhance community targeted testing for high risk population, male testing in garage, motor parks, prisons etc.

Participants were encouraged to increase the use of electronic appointments and reminder messaging system at sites, promote multi month ARV dispensation, mentorship and effective supervision at sites.

It is worth noting that project sites have been increased from 64 to 66 for the FY19 period.

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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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