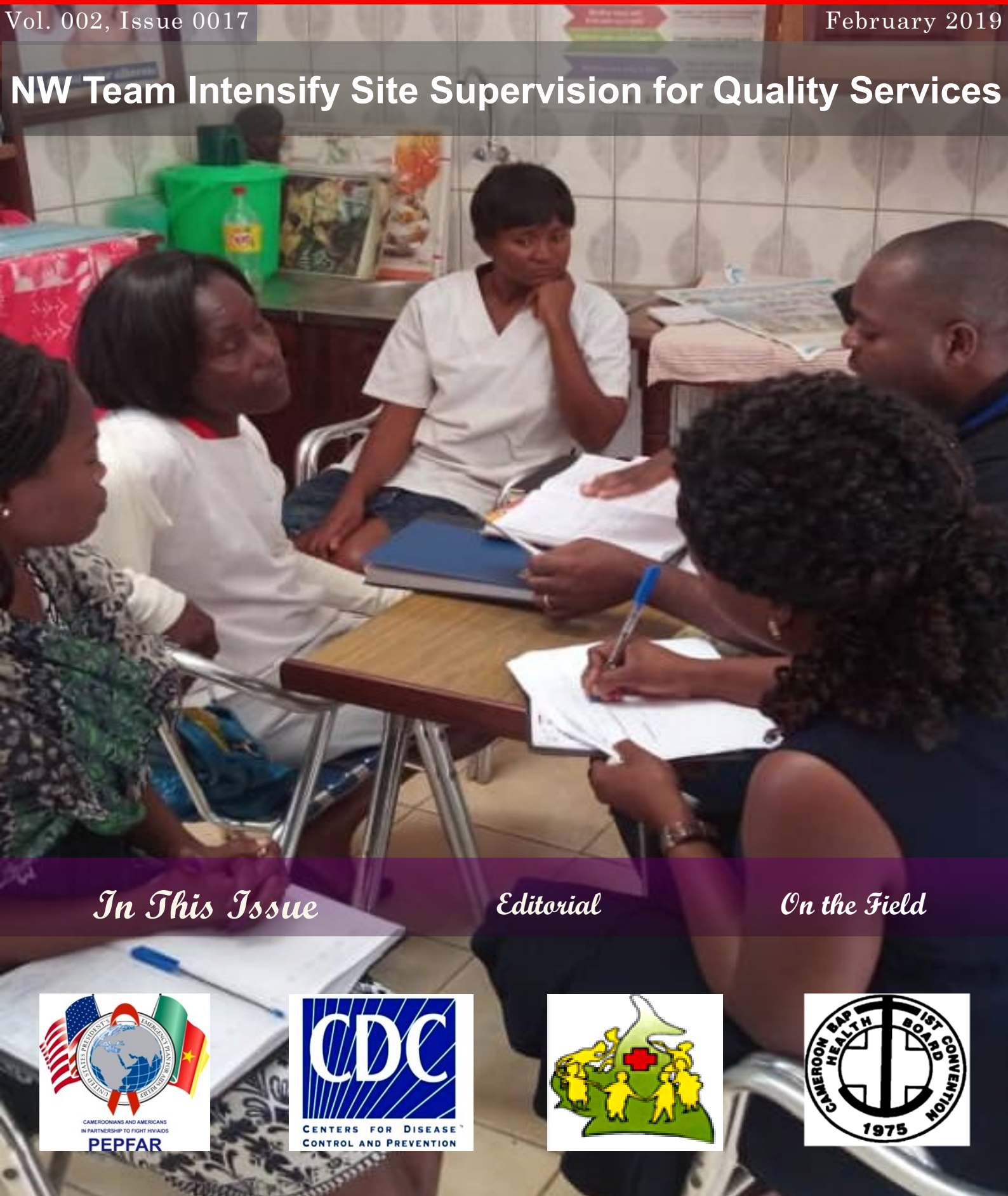
SHAP SHAP

Towards An HIV-Free Generation

Vol. 002, Issue 0017 February 2019

NW Team Intensify Site Supervision for Quality Services



In This Issue *Editorial* *On the Field*

CAMEROONIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

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CENTERS FOR DISEASE CONTROL AND PREVENTION

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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 Editor/Design

Ngange Divine Nfor

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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Verification of Labouratory Data on VCT by Care and Treatment Physician

Ascertaining Reported Data through Supportive Supervision

Nkwen Baptist Health Center for the month of January was observed to have achieved very high Voluntary Counseling and Testing (VCT) uptake as well as a high yield for HIV positive cases. Hence, the HIV Free Care and Treatment Physician – Dr. Eugene Chiabi – carried out a fact finding working visit at NBHC in February. In the course of this exercise, working sessions were held with the DAMA clerks, chaplaincy staff (principal VCT entry point), lab and the treatment centre Coordinator.

The comparison and verification tools for VCT data of January 2019 included DAMA, VCT Register at the chaplaincy, and the Quality Assurance (QA) Register. According to the tools used, the chaplaincy reported 118 clients as VCT, Screener Nurses on Afternoon Shift reported 20, while the Laboratory reported 138 (which is the total VCT of the facility); meanwhile, DAMA reported just 127. Hence, DAMA underreported the overall VCT by 11 clients. Of the 138 VCT clients, 13 were reported as HIV positive; one of whom is a known case. Hence the actual yield for VCT in the month of January 2019 was 8.7% instead of the 10.2% reported by DAMA.

Major lapses discovered in the course of the working visit included inadequate communication, lack of feedback and the fact that the laboratory staff do not cross-check data entered by the DAMA Clerk. Hence, consistent communication, cross checking of data and proper feedback between VCT entry points was highly recommended.

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Continuous Supportive Supervision: A Gateway for a Hitch Free Implementation of Activities at Project Sites

Two months after the distribution of appointment diaries, observations at site level show that the Linkage and Relay Agents (LRAs) did not maximize the use of the diaries. Hence, on February 26, 2019, a follow-up supervision meeting was carried out at the Bamenda Regional Hospital. During the meeting, the importance of appointment diaries was highlighted and a demonstration on how to use them to track clients was made. The practical demonstration was more helpful for the new LRAs who were going to be making use of the diaries for the first time. At the end of the meeting the LRAs took the commitment to immediately initiate and sustain the use of the appointment diaries.

Another facility that was received the Project Supervisory Team was Nkwen Baptist Health Center. The situation of retention and the cascade of viral load follow-up for adults and children was another point of focus during the post-supervision briefing meeting. The meeting involved the Point of Care (POC) lab staff, Treatment Center Coordinator, the Site Physician, Pediatric Nurse, LRAs, the site mentor and the HIV FREE NW Project Care and Treatment Physician. It was observed that various differentiated models of care such as VIP, family model etc. are offered but not documented. Meanwhile, the follow up of viral load test results has been very poor. Hence, the LRAs were tasked to report on the various differentiated models of care being offered. The cascade was reviewed and the importance of sorting VL results into suppressed and unsuppressed was stressed.

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Care and Treatment Physicians Stressing the Importance of Appointment Diaries to LRAs

Verification of VCT Data with the DAMA Clerks

Stampeding Poor Retention through DAMA Dispensation

Quarter 1 of FY19 recorded poor retention of clients on treatment as one of the major setbacks to maintaining a stable treatment current within the North West Region. As a follow -up to this, poor record, several meetings were held in February 2019 with key stakeholders in 2 health facilities with the highest Treatment Current in the Bamenda 1 Supervision Area; that is Bamenda Regional Hospital and Nkwen Baptist Health Center. These meetings x-rayed various lapses in the tracking of clients on Anti-Retroviral Therapy (ART) and strategies were developed to improve the tracking of defaulters and clients Lost-to Follow-Up (LTFU). Prominent amongst strategies adopted for the improvement of tracking within the high volume sites was the introduction of DAMA Dispensation.

With DAMA dispensation, the tracking of clients who have been displaced can be easily done on daily basis and information on their new health facilities is documented and reported; hence, preventing the health facility from reporting any of such clients as defaulters or LTFU. Following the success of the stakeholders meeting on February 1, ART Dispensation was incorporated into the DAMA software on February 2, 2019 in the Regional Hospital Bamenda.

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SIMS Ensures Quality of Services Delivery in Project Sites through Consistent Supervision

The Site Improvement Monitoring System (SIMS) team is leaving no stone unturned to ensure that all health facilities excel in the way they dispense Health related services through continuous routine supervision at site level. The visits gave the team an opportunity to know and grade the sites as per their strengths and challenges/barriers to effective service delivery. Paramount amongst the strengths highlighted includes the availability of national algorithms, files and registers; facility staff maintaining a high level of confidentiality of clients' information; availability of commodities etc. Various challenges

faced at the site levels were also highlighted to the team, thereby giving the team another point of focus as they were able to propose solutions to all the challenges which could be handled at their levels. Meanwhile, at the end of each SIMS visit, several recommendations were made so as to help upgrade the quality of services delivered at various project sites. For instance, it was recommended that the Index Testing Focal Person and IT staff should follow up and insert client information sheet inside client files; site staff should use ART code and serial numbers in clients' information sheet to ease sorting of files. Below is a sample of the SIMS assessment at Nkwen Baptist Health Center.

Site Improvement through Monitoring System (SIMS) Assessment

SN	Facility Name	Health District	Visit*	Date	Initial SIMS Results			
---Nkwen Baptist Health Center					RED	YELLOW	LIGHT GREEN	DARK GREEN
1	NBHC	BAMENDA	IP Initial	15/02/2018	17%	15%	16%	52%
2	NBHC	BAMENDA	IP FFU	21/02/2019	20.42 %	34.69%	10.20%	34.69%

PMTCT Cohort Monitoring Records Her First Milestone in Implementation

Barely two months into implementation, the Prevention of Mother to Child Transmission (PMTCT) Cohort Monitoring strategy under implementation, has registered her first stride in stampeding HIV transmission amongst Pregnant Women and Breastfeeding Mothers. So far, 9 sites have been supervised with the use of supervision checklist in collaboration with the district focal persons. During this supervision exercise, some gaps were seen and corrections made. A total of 111 Pregnant and Breastfeeding Women with 41 HIV Exposed Infants (HEI) have been enrolled in PMTCT CM in the month of January 2019. According to the focal point, the implementation is encouraging as staff are willing and ready to work and are also showing interest in male involvement and participation in PMTCT; drugs are available; and CM registers are properly filled.

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M&E Supervisor Checking the Documentation of PMTCT CM Statistics

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