

SHAP SHAP

Towards An HIV-Free Generation

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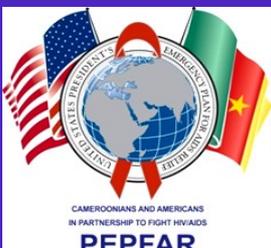
Peer Education by Adolescent Champions can Change the Game



Editorial

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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.

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.

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!



Project Manager Demonstrating the Clinical Stages of TB in Adolescents living with HIV

Training of Adolescents Living with HIV (ALHIV) to Champion HIV Testing, and Adherence through Peer Education

According to the Coordinator of the North West Regional Technical Group for HIV and AIDS (RTG) Dr. Tayong Gladys, AIDS related deaths at the world level have reduced for all age groups except for the adolescent age group. In Cameroon, the viral load suppression rate for all clients who have done their viral load test stands at 80%; which is lower than the anticipated UNAIDS 90% in 2020 by 10%. Unfortunately most of the population with poor viral load suppression is adolescents. Hence it was important to involve adolescents in matters affecting them for a sustainable behavior change. This was the *raison d'être* of a three day training with adolescents organized by the HIV Free NW II Project in partnership with the RTG HIV/AIDS North West.

The goal of the training was to capacitate the adolescents dubbed Adolescent Champions with knowledge and skills so that they are able to transform the minds of their peers living with

HIV in the communities. They were drilled on varied topics including; Basic Knowledge on HIV and AIDS, Basics on Anti-Retroviral Therapy in children and adolescents, HIV and Mental Health etc. The Adolescent Champions were made to understand that client care and mental state is very important for the client to be successful with ART.

The training was an eye opener for them to know the various ways they can approach their peers when talking about HIV and AIDS. The RTG Coordinator reiterated on the fact that their training is for them to ameliorate services and activities in their various sites. Notwithstanding, the Adolescent Champions will be constantly supervised by the HIV Free NW Team.

DAMA Dispensation: a Major Milestone against The Problem Child

The successful development and introduction of DAMA for the Dispensation of ARVs in facilities is one of the major milestones in the various intervention strategies developed to end the “problem child” called retention. To ensure successful and sustainable implementation at site levels, the project on March 23, 2019 trained some DAMA Clerks and ARV Dispensers of DAMA sites in the region.

The goal of this training was to capacitate the dispensers (most especially) with knowledge and skills on how to enter dispensation data from the ART register into DAMA. It was also a refresher for the DAMA Clerks who were already abreast with the software. Some benefits of DAMA Dispensation include easy accountability, easy reporting and timely and easy real time stock management.

Prior to the practical session of the training, the ARV Dispensers were handed their working tool – laptop computers – to facilitate the session. The practical session gave the staff a step by step tour of how to access and enter data into the DAMA Dispensation platform. While the dispensers went through their normal routines at the dispensation point, the DAMA Clerks gave them technical assistance. The participants were further cautioned by the M&E Supervisor to be very diligent at work as it is through them that certain figures in the statistics will be ascertained. Meanwhile, a team of 5 were assigned to conduct onsite and offsite training and orientation for the staff who could not make it to the training as well as to help those who were at the training to do the right things.



M&E Supervisor Handing Laptop Computer to DAMA Dispensation Staff of Regional Hospital Bamenda



Assistant Site Mentor Explaining some of the Recurrent Hurdles faced in Ndot Supervision Area

Project Management Meet with Ndot Supervision Area Staff to Address some Discrepancies

Ndot Supervision Area is one of the supervision areas highly affected by the ongoing sociopolitical crisis in the region. Hence, certain expectations as regards implementation of activities or strategies were affected negatively. Given these increasing challenges, management called a supervision area coordination meeting to address some of the challenges so as to ensure the smooth implementation of activities in the field.

Staff were reminded of the fact that their job in the field is to ensure and give technical assistance to the facilities. They were further reminded of the need to list some facilities which are inaccessible so that some focal persons are appointed from the facilities so that they act as the project liaison agents there to send statistics. Finance clerks were also instructed not to make any payments unless evidences of work done had been ascertained. They were further encouraged to send their reports of activities on time while

also ensuring to enlist the various challenges impeding work in their various areas of work.

Focal Persons Meet to Review New Viral Load Monitoring and Follow-Up Tool and Strategies on Improving Retention under Implementation

In line with the new follow-up tool for Viral Load (VL) results introduced in collaboration with the North West Regional Technical Group (RTG) for HIV and AIDS, a meeting of Focal persons and Lead Mentors was convened by project management on March 14, 2019 to review the new VL follow-up tool for routine and repeat viral load testing during unsuppressed VL results so as to aid in proper implementation at site level. During this meeting, the Project Manager – Dr. Nkome George – cautioned all focal persons on the various obvious complaints that clients could give as barriers to their ability to adhere to treatment; thereby providing various interventions to be initiated by service providers to ensure adherence

so as to avoid the excuses from coming up. Some of the interventions suggested included education, counseling at individual and group levels, peer support, Community ART Groups (CAGs). They were further called upon to spur clients into feeling responsible enough to always come to the treatment center.

On March 19, 2019 a follow-up Focal Points meeting was convened by management this time to tackle the slow implementation of strategies to bring a lasting solution to “*the problem child*”. This session was chaired by the Senior Technical Adviser (STA) for Care and Treatment – Dr. Pascal Nji Atanga. During the meeting, the STA reminded participants of the ministerial decision updated in 2017, part of which states that clients are expected

to do a VL test within their first 6 months of treatment after initiation, and then at 12 months. Hence, newly initiated clients on treatment get to do 2 VL tests within their first year of treatment; and only once a year subsequently if virally suppressed and stable.

Meanwhile, it was explained that since clients are lost after initiation to treatment, the problem child should be handled through proper counselling and comprehensive explanation of the differentiated ART model of care. Focal persons and Lead mentors were also reminded of the importance of reporting all their activities especially as regards strategies to improve retention.

Staff Brave Sociopolitical Crisis to Ensure Proper Service Delivery in Project Sites

The advent of the sociopolitical crisis has come with enormous consequences on the safety and livelihood of the population; most especially health services providers. This is due to high prohibition of movement, road blocks and broken bridges linking major towns and villages, including health facilities. Service Providers going to these villages for supervision have always resorted to trekking, or using motorbikes where available. Yet, braving the odds to provide health services in high risk and hard-hit areas has not been a dauntless task. For instance, on March 28, 2019, a team of Index Testers were delayed from index testing a client who was identified for Index Testing Services by the Separatist Fighters. Hence, index testing service providers spent several hours talking with the separatist in a bid to ascertain the validity of their mission. Meanwhile, clinical mentors, finance and data verification clerks have crossed broken bridges in Acha-Tugi, trekked to Bafut and other towns to deliver health services.



Site Mentor and Data Verification Clerk Crossing a Broken Bridge en Route to Acha Tugi for Site Mentorship

Strategizing to Improve Viral Load Suppression Rate amongst Children Living with HIV (CLHIV)

Following the results of a survey conducted on CLHIV at Nkwen Baptist Health Center (NBHC), it was observed that so many children had unsuppressed viral load. As of March 2019 a total of 134 children had unsuppressed viral loads; out of the 108 who repeated their viral load tests three months later, only 10 (9.3%) were suppressed; 98 (90.7%) of them were still virally unsuppressed. A meeting with parents and caregivers for all children with unsuppressed viral loads was organized at NBHC to strategize ways to address this challenge.

This meeting served as a brainstorming platform for; parents/caregivers, CLHIV, facility staff to

come up with strategies that will enable resolve this problem. Some of the proposed and adopted strategies included; the use of caregivers to ensure that the children actually take their drugs and swallow it; calling the caregivers to give reminders on the need to adhere to treatment. Staff were also encouraged to do home visits when need be. At Nkwen Baptist Health Center, a couple of partners including the Catholic Relief Services (CRS) have been called to help with these children whose viral load results are unsuppressed. The ultimate goal of this meeting was to leave no stone unturned to ensure that these children witness viral load suppression within the next three months.

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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