

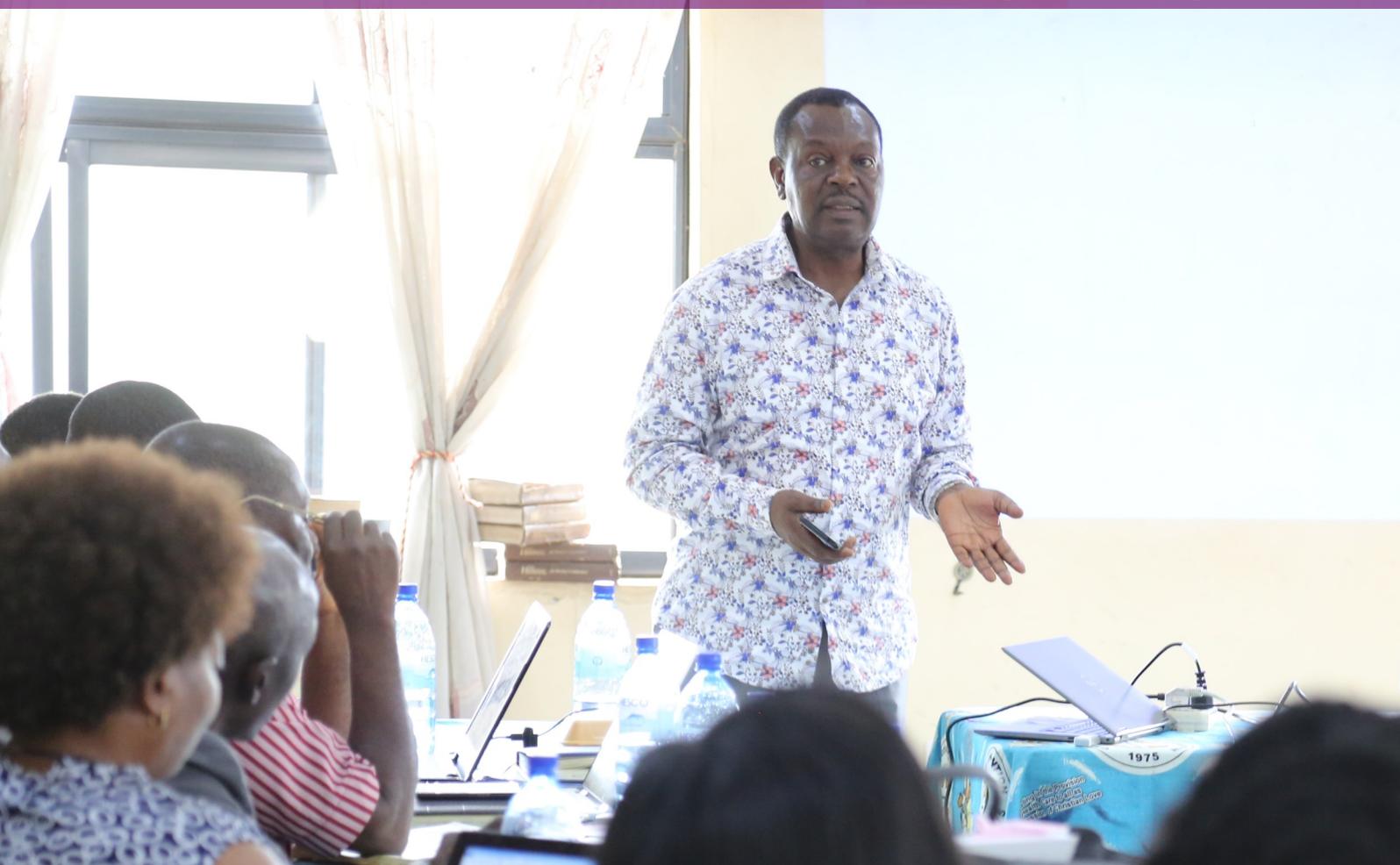
SHAP SHAP

Towards An HIV-Free Generation

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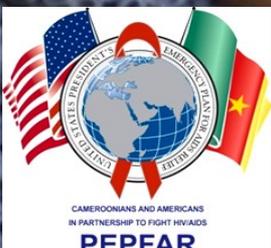
Using Aggressive Measures to attain Operation ALL Green (OAG)



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HIV FREE II *SHAP SHAP* MAGAZINE

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Website

www.cbhealthservices.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.

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 last three months have been one of the most challenging periods ever experienced by the HIV Free NW/SW II Project since its start on April 1, 2017. Our result was way below expectation which raised a lot of eyebrows vis-à-vis our project implementation. Despite these challenges, our stance “On the road to 90-90-90” has not and will not be moved. We must not lose track of the goal we are fighting to achieve, which is to eliminate HIV from the public health challenges classification table by 2030 as we for sure will attain UNAIDS Vision 95-95-95.

“The Problem Child” – Retention – was our major setback during the International AIDS Conference in Johannesburg South Africa. Our retention rate as was x-rayed on the presentation stood at 32% (RED); very far below expectations from the CDC because it implied that we are not on a good footing for epidemic control if we keep losing clients from treatment. We were then asked to account for the thousands of clients we have lost to follow up and those who defaulted treatment. Though accounting for the lost clients was not going to be any easy, we had a limited duration of barely two weeks to attain green on the classification table. It is for this reason that we activated the *“Aggressive Follow-up”* as the major strategy to ensuring our ability to find and bring back to treatment with the ART Register being our major source of information. The fallouts of the Problem Child were NOT going to affect only the CBC Health Board alone, but other organizations benefitting funds from CDC/PEPFAR. To attain our goals, we spent the Easter Season at our places of work and achieved our targets with an 86% (GREEN).

As you already know, the next six months are going to be more demanding than you have already experienced. One of the fallouts of the Problem Child on us was the division of the 10 regions of



Cameroon into zones including Zone 1 (North West, South West, and West Regions); Zone 2 (Littoral and South Regions); Zone 3 (Center and East Region); Zone 4 (Adamawa, North and Far North Regions). CBCHB remains the implementer for Zone 1 while EGPAF remains in Littoral and will be taking South Region. The implementer for Zone 3 is not yet decided while Zone 4 is going to be by some American Non-Governmental Organization. The work we do within this period is going to determine the fate of our services in the Center and East Regions. It is for this reason that I launched *“Operation ALL Green (OAG)”* for ALL our 6 indicators. This strategy is meant to end on September 30, 2019. To effectively track this strategy, we are going to have weekly review meetings known as *“Situation Room”*. We are expected to reach epidemic control with the zone 1 project in 2 years; and I’m confident we will achieve this.

Let me end by wishing you a very fruitful Easter Season as you take the rendezvous with me to impatiently wait for more updates on the Shap Shap Newsletter every month.

Enjoy reading ...!

Aggressive Follow-up of Defaulters and Loss to Follow Up (LTFU): a Major Breakthrough to Ending “the Problem Child”



*Dr. Nkome E. George
Project Manager*

Introduction

One of the main cardinal points of success is the possibility of a certain activity to be sustainable over time. At the near dawn of the UNAIDS Vision 2020, the HIV Free NW II Project’s activities towards the realization of an HIV Free Cameroon should stand at an optimum in various indicators including: testing targets, newly diagnosed, Treatment New, and Treatment Current, Treatment Adherence and Retention as well as getting a zero figure for other indicators as concerns the rates of defaulters and Loss to Follow-Up (LTFU). Despite all her efforts to maintain the track ‘*on the road to the 90-90-90*’, certain impending challenges have rather forced the project to an imbalance in her scale.

The Problem Child

Strategies under implementation for the attainment of targets include Community ARV Dispensations, Multi-month ARV Dispensation, Salvage ART, Data Manager (for tracking of clients on treatment), Continuous Care Cards (CCC), Support Groups, the use of Linkage and Retention Agents (LRAs) and Community ART Groups etc. Converse to expectations of exponential growth in

treatment current, the treatment current remained on a downward slope on the retention curve. More clients were categorized as defaulters or Lost-to-Follow-Up (LTFU) than the number linked to treatment on monthly, quarterly, and yearly bases. For instance, during Fiscal Year (FY) 18, the HIV Free NW Project Manager – Dr. Nkome George recounts that the HIV Free North West lost close to 4000 clients from treatment current but only linked close to 1000 in same fiscal year. Hence, the Project Technical Director – Dr. Albert Bakor – defined retention as “*the Problem Child*”; as it wasn’t improving, despite the several strategies under implementation so as to ensure that clients are retained in care.

Possible Causes of the Problem Child

To fully understand “*The Problem Child*”, there are salient issues which together have worked tirelessly in bringing retention to be what it is known and now referred to today. Some of such tenets include the following;

- ◆ The devastating effects of what has been dubbed the Anglophone Crisis, which has caused several waves of displacement and natural causes like deaths cannot also be undermined as one of the reasons for the many defaulters and Lost to Follow-Up (LTFU) by clients.
- ◆ Religiosity by some of the clients, following some supposed prophetic declarations from their Religious Leaders.
- ◆ Salvage ART Dispensation in some sites due to the impending Sociopolitical Crisis.

The Concept of Aggressive Follow-Up

In late March and beginning April 2018, the HIV Free Projects and Cameroon’s Ministry of Public Health was represented at the International AIDS Conference in Johannesburg – South Africa. During the meeting, Cameroon was given a maximum of 2 (two) weeks for finding and bringing back to care all the defaulters and LTFU.

Hence, all hands were on deck to ensure a successful aggressive follow-up in all the four PEPFAR implementing regions including CDC Cameroon. The application of this strategy was as follows:

- ◆ Use of Log Book to track clients who have defaulted treatment for a period of 89 days and LTFU.
- ◆ Reminders for drug refills and counseling through phone calls.
- ◆ Home visits of clients.
- ◆ Mailing of ARVs through Express Agencies.

Results of the Aggressive Follow-up

The positive fallouts of this strategy have been

enormous as the Psychosocial Agents now fully have a full grasp of what it means to track/follow up a client. Collaboration and cooperation between the DAMA Clerks, the Psychosocial Agents/Linkage and Retention Agents and the facility staff is now lucid. Statistically, the Aggressive Follow-Up of defaulters and LTFU has greatly improved the treatment current of the region to a somewhat stable position. For instance, out of 3266 LTFU and Defaulters, some 941 returned to treatment while many others promised to come for their treatment; meanwhile, for Quarter 2, a total of 2433 were tracked and 229 returned to care after the tracking. Below is a table showing the cumulative results attained for the region after the Aggressive Follow Up.

SUMMARY OF TRACKING OUTCOME– NWR

PATIENT OUTCOME		Q1		Q2		TOTAL	
		Number	%	Number	%	Number	%
1	Died	123	4%	94	4%	217	4%
2	Traced but unable to locate	1252	38%	1101	45%	2353	41%
3	Did not attempt to trace	2	0.1%	13	1%	15	0.3%
4	On ART: No missed appointment, not properly documented	63	2%	62	3%	125	2%
5	On ART: Officially Transferred out	457	14%	323	13%	780	14%
6	On ART: Silent transferred	125	4%	107	4%	232	4%
7	On ART: Received ARV from another facility	151	5%	273	11%	424	7%
8	On ART: Still has ARV from previous visits	8	0%	21	1%	29	1%
9	On ART: Received ARV from an informal source	3	0.1%	9	0.4%	12	0.2%
10	Returned to Care after tracking	941	29%	229	9%	1170	21%
11	Promised to return	77	2%	106	4%	183	3%
12	Stopped ART	30	1%	37	2%	67	1%
13	Other	34	1%	58	2%	92	2%
14	TOTAL	3266	100%	2433	100%	5699	100%



Project Staff on the Field Tracking all Defaulters and LTFU in Kumbo Supervision Area

Major Challenges Encountered

During the implementation of this strategy, the teams on the field experienced lots of challenges which greatly impeded the activity though didn't stop it from continuing. Some of the challenges include the following:

- ◆ Poor network connectivity
- ◆ Change of contacts and locations by the clients.
- ◆ Sociopolitical crisis and its effects.
- ◆ Lack of focus by the Psychosocial Agents on their original job descriptions which are to act as the Linkage and Retention Agents.

Conclusion

Ending “*The Problem Child*” is paramount to meeting the second and third 90s of the UNAIDS Vision 2020; and attaining epidemic control in the Region. Based on the already attained objectives and targets of the Aggressive Follow Up, it is possible to attain Epidemic Control by the dawn of 2020.

Project Team for BRH does Proper Planning to Attain Targets for the Aggressive Tracking of Defaulters and LTFU

Being a government facility, penetrating the Bamenda Regional Hospital (BRH) to work with staff could be very challenging; especially in the case of having the full support and engagement of the staff towards an activity. That is why the Care and Treatment Physician – Dr. Eugene Chiabi and Senior Technical Advisor – Dr. Pascal Nji Atanga on April 10, 2019 met with the hospital administration so as to ensure a smooth take off of the exercise. During the meeting, the Director was briefed on the stakes and need for the mobilization of some staff of the facility in order to achieve targets. Following this meeting, the BRH Director – Dr. Kinge Thompson organized a meeting with 12 APS, DAMA Clerks, Project Site Mentors,



Cross Section of one of the Teams on the Field During the Aggressive Tracking Exercise

Project Care and Treatment Physician and Senior Technical Advisor of Care and Treatment and some senior staff of the treatment center.

During this meeting, the stakes of the retention were well articulated and the patient tracking tool introduced. The director enjoined all the staff to work resolutely as a team in order to achieve the targets amidst the high stakes. Prior to the start of the exercise, the DAMA clerks were given a definition of the losses that needed to be line listed and they printed a list of these clients which was shared with the various APS and with the support of the project team the line listing and patient tracking through phone calls started. Meanwhile, due to the many changes made on the tracking tools, another planning meeting

took place at the DHS Hall where it was resolved that after using the hard copies of the previously entered tracking tools, the entries with their final outcomes should be transferred to the hard copies brought from Yaoundé. At the end of the exercise, all 296 line listed clients for Q1 and 325 for Q2 were tracked with outcomes.

On April 24, 2019, a feedback meeting which brought together all the stakeholders of the tracking exercise at the facility was held to discuss the outcome of the tracking exercise. At the end of the meeting, it was resolved that the statisticians use the tracking information to update the ART Register and give feedback on the outcome of the updates.



Project Staff in Charge of Ndop Supervision Area on the Inputting Data on the Field

Aggressive Follow Up of Defaulters and Loss to Follow Up (LTFU) Registers a Huge Success

The aggressive tracking exercise for Ndop Supervision Area did not promise an easy ride for all team members. With a total of 7 health facilities including Ndop District Hospital, CMA Babessi, CMA Bambalang, St. Monica, Finkwi Baptist Health Center, Bamali IHC and St. John the Baptist Hospital. These sites were

shortlisted following their high treatment current and number of defaulters and LTFU.

The team burnt midnight candles to track and update the files of some 429 LTFU clients in these 7 facilities. Statistically, the exercise ended with a great success as seen in the table below.

Loss to Follow Up and Defaulters	Successes Recorded
Number of those who Restarted Treatment	108
Number Officially Transferred to other facilities	51
Number of clients who died	14
Number unable to locate	164
Number discovered to have been on treatment elsewhere	65
Number of silent transfers	12
Number Promised Returning and Returned	12
Voluntarily stopped Treatment	3
Total	429 *****



Cross Section of Lead Mentors, Site Mentors and Focal Point Persons during the Meeting on Updated Services in DAMA

DAMA Updates Its Services for Quality Data

Aiming for the best, the HIV-Free NW Project organized a one day meeting to keep staff abreast with the changes updated in the data system to improve on performance and the quality of data collected. Slated on May 14th at the DHS Hall, Dama staff, Site Mentors, NWR Management and some Senior Management Team staff learned and brainstormed about the implications of the new changes to be implemented. Among the updates were the new appellations of some staff such as Data Verification Clerks which from now hence will be referred to as Quality Improvement staff, meanwhile Data verification clerks and DAMA Clerks will simply be called Data Clerks.

The team also introduced its new M&E organigram which will ease data flow across the different strata of program implementation.

Management also used the platform to introduce staff to Dama Online, which will go a long way to facilitate remote access to the Local DAMA for the team. The DAMA Manager, Mr. Ndosack Goerge walked them through the online data platform and ensured all team member had access to the Online DAMA platform, which will facilitate the supervision of their activities on a daily basis as they can track every intervention at their respective sites and make quick interventions when needed.

The meeting ended with PI commenting all for their relentless efforts as he called on them to keep up.



Project Principal Investigator Giving a Detail on the Stakes during his Address to the Staff Body

NW Staff Enjoined to Operationalize Targets at Site Level so as to Attain “Operation ALL Green (OAG)” by September 30

Quarter 2 of Fiscal Year (FY) 19 ended with some improvement in the attainment of project targets, yet not within the expected range. The launch of OAG by the Principal Investigator (PI) called for more efforts to be invested at all site levels for the attainment of targets. For instance, more focus should be invested in the 21 DAMA sites as these sites have a negative 21%. This was one of the major points of discussions at the North West Regional Coordination Meeting on May 15, 2019. The Senior Technical Adviser for Care and Treatment stressed on the need to continue with the active search of defaulters and LTFU so that the team doesn't fail in their obligations towards certain indicators.

Meanwhile, to effectively track OAG and ensure

that the CBC Health Board goes into records as the first organization to attain epidemic control, a sub strategy dubbed *“Situation Room”* has been developed by Project Management. The Situation Room is a convention of project management, lead mentors and statisticians that holds three times a week (Mondays, Wednesdays and Friday at 5pm and 1pm respectively) to track the implementation of the project targets from May to September 2019.

The PI also encouraged the staff saying; *“Don't blame the darkness, light the candle”*. At the end of the meeting, staff separated with the determination to achieve Operation ALL Green (OAG).

HIV Free trains DAMA and Data Verification Clerks for Data Collection on the Assessment of Test and Treat

The Test and Treat Strategy as adopted by the Ministry of Public Health has undergone three years of implementation by the CBC Health Board. Following these years of effective implementation, the HIV Free Project management thought it wise to assess the uptake and effectiveness of the Test and Treat Strategy on the clients so as to give feedback on the implementation to the MOPH. To effectively do this assessment accurately, there was a need to bring project statisticians on board for the data collection. Hence, it was for this reason that the Monitoring and Evaluation Team brought together some DAMA Clerks and Data Verification Clerks to train them on

the assessment tools.

The main source of information for this exercise will include; ART Registers, Testing Registers, DAMA, Dispensation Registers and Individual Client files. This evaluation will run for a period of two weeks, during which the clerks are expected to source out information from files of clients who were initiated to treatment within the months of January, February and March 2017, 2018 and 2019. At the end of the training, the Program Management Adviser (PMA) – Ms. Kuni Esther – called on the clerks to ensure that they help the project to tell the story with very accurate data/results.





UPEC Coordinator of Nkwen(L) handing over clients to WACameroon

Ensuring Clients' Adherence and Retention through Community Based ARV Dispensation in CBOs

One of the major ways of ensuring the attainment of the second and third 90 of the UNAIDS Vision 2020 is through the attainment of all treatment indicators including adherence and retention as well as continuous follow up through viral load test to ensure patient viral suppression. One of the main strategies under implementation by the HIV Free Projects is the Community Based ARV Dispensations (CBARVD) which is done in Community Based Organizations (CBOs) and Support Groups. In line with this, three health facilities including Nkwen Baptist Health Center, Mbingo Baptist Hospital

and Ndu District Hospital carried out community dispensation within six Support Groups with a total of 280 clients. To ensure the clients' adherence, 61 of the clients of some two support groups under NBHC (26 from Mendankwe and 35 from Sabga) were transferred to a CBO – WACameroon. It is worth highlighting that the clients all signed transfer consent forms and most importantly are clinically stable and have suppressed viral loads. This has led to an increase in the uptake of clients by CBOs thereby increasing the number of clients registered in CBOs from 861 in the month of March to 956 in the month of April.

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