

# SHAP SHAP

## Towards An HIV-Free Generation

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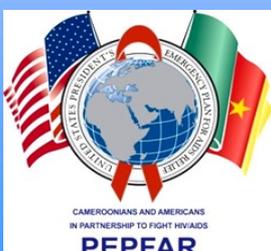
July 2017

### JAKIRI on the Move for Achievement of Targets!



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# PRODUCTION TEAM

## HIV FREE II *SHAP SHAP* MAGAZINE

A monthly publication of the HIV Free II Project Team.

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# 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  
& 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 the attainment of the following specific objectives:

1. Increase HIV case identification to identify 90% of those living with HIV, linkage to care and treatment, and 90% ART coverage of HIV infected adults, pregnant women, and children in health facilities and communities.
2. Improve adherence support, retention in care and viral load uptake to achieve 90% VL suppression for HIV infected adults, pregnant women and children.
3. Improve M&E systems and promote the use of strategic information for program improvement.
4. Strengthen the health system to support delivery of high quality and sustainable HIV related services within facilities and communities.



# EDITORIAL

**PROF. TIH PIUS MUFFIH**

**PROJECT PRINCIPAL INVESTIGATOR**

**C**BCHS's successful implementation of HIV - Free Project phase I (from 2011-2017) was somewhat a premonition for another opportunity for CBCHS and partners to implement HIV-Free Project II which indeed is a logical flow from efforts to increase and improve access and quality of PMTCT of HIV and AIDS (phase I focus) to improving HIV Care and Treatment (phase II focus).

Yet, the transition was not as easy as every onlooker would have imagined. The Notice of Award opened the doorway for yet a series of CDC requested revisions to be made on the initial project proposal which CBCHS and partners had submitted months earlier. By the end of this revision, project activities, geographical coverage and budget were fundamentally revised to align with COP 2017/2018, PEPFAR pivoting and strategic requirements. Finally, HivF Project II came and implementation began on April 1, 2017. By signing the contract papers CBCHB indirectly committed to deliver the expected results within the five year project period. Since April 1st, the CBCHS team has been on the move; holding meetings at all levels, setting up management structure for the new Cooperative Agreement, refining strategies and allocating resources as necessary- all this to ensure a smooth take off, effective implementation and the attainment of key project targets.

On its part, the project communications team also organized itself to provide adequate support in terms of "information" to the foot soldiers (field staff) on the ground. Although the idea of a monthly project newsletter to update staff, partners and stakeholders on implementation may seem a spillover from phase I, the content of the current E-Newsletter has been profoundly adjusted to align with the current project laydown and implementation strategies. At face view, the name will strike you. Shap Shap (a pidgin expression that means



"fast"), translates our ambition to speed up with implementation and by extension to speed up towards the end line (target results). In terms of content, there is a major shift from a purely news gathering and sharing approach that characterized HivF Project I E-Newsletter. The present E-Newsletter uses strategy/result oriented reporting and is designed to have a lighter content that is informative and entertaining but that allows readers to go through shap shap grabbing the essentials of the project implementation and progress towards targets as the months unfold. On the field, Practices, My story, Role Model and Discovery are columns that will take you shap shap into the project implementation, the heart of local Cameroonian communities in a way that you will feel like you were there. Our column on Role Model will help the reader see and know some of the movers and shakers those uncelebrated icons and heroes who often work behind the scenes to push the lines.

Take the appointment each month, shap shap for your E-newsletter.

Enjoy reading!

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## ON THE FIELD

### An Independent Evaluation Report of the LCI to Be Released Soon



*PI – Prof. Tih Pius Muffih Giving a Critique of the Statistics Presented*

The Local Capacity Initiative (LCI) which was introduced by the CBC Health Services as a component under HIV Free Project began in 2013 with aim to strengthen communities for greater ownership and support of health activities. This approach was conceived based on the premise that health service uptake can increase only when all community stakeholders join hands with the usually few healthcare providers in their health units to increase/intensify sensitization, education, promotion of existing services, improve service delivery including delivery of services to community members far off the facility area. The LCI was then developed and implemented at 10 Health Districts (5 in the SW and 5 NW) which had the recorded disturbingly low uptake of ANC/PMTCT services by the close of FY1 of HivF Project I.

After 3 years of successful implementation, CBCHB contracted an independent evaluator to evaluate the LCI subcomponent based on its key objectives. The evaluation will inform on the effectiveness of the LCI activities, successes and challenges. The evaluator used a mix of strategies during his field visits to gather useful information which are now being analyzed. A meeting to review the evaluator's first draft report which held on June 30 in Bamenda enabled key project staff to have an idea of the huge successes the project has made so far pending a final evaluation report.

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# ON THE FIELD

## Staff of Newly Created HIV Management Units Sharpen Their Knowledge and Skills for Better Service Delivery

Following the creation of new C&T units as a means to further increase access to HIV treatment and adherence, there was need to ensure that the staff of the newly created units have the capacity to fully function as such. To ensure this, HivF sponsored a 3 day training workshop organized by the regional delegation which brought



*Management Unit Staff at Refresher Session*

together key staff of the new units. The team of facilitators for this training was led by the North West Regional Delegate for Public Health with training topics targeting global HIV and AIDS Management. Participants were also drilled on how to fill PMTCT, ARV and Cotrimoxazol dispensation registers.

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## Technical Team Brainstorms on Ways to Improve HIV Treatment Adherence and Retention

With a growing need to improve adherence and retention rate of positive clients to HIV C&T at various sites, CBCHB adopted an Acceleration/Aggressive Plan which ends on September 30, 2017. By this plan, the project adopted robust strategies to ensure all key indicators are met, but especially the persistent variance between new HIV positives,

treatment new and current- a kind of Achilles' heal. As part of the Accelerated/Aggressive Plan, technical team was constituted made up of activity/



*M&E Officer Mr. Keng Vitalis presenting Statistics from Weekly Reports*

unit supervisors to regularly review and develop strategies to ensure better performance on the ground. Following a technical team meeting in May during which a number of strategies were adopted for use, the team met again on July 10 to review progress, the effectiveness of the strategies and propose solutions for the new challenges as reported by staff onsite. Although some improvement was recorded within the period, the target of initiation/ treatment new and treatment current remain a big challenge. As usual, the meeting ended with key recommendations and way forwards. Among these was the recommendation to initiate all clients who come in from other regions to seek medical attention in the referral facilities in the NW. Also, a supervision to all newly created C&T sites was planned to assess the level of implementation of the Test and Treat protocol.

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# PRACTICES

## Task Teams; A Strategy for Better Results at C&T Sites



*Jakiri Taskforce Team in Session*

Poor coordination and follow up have often been highlighted to be major HIV and AIDS Management challenges at most health facilities and usually leading to poor performance down the HIV and AIDS global management cascade. By policy, therapeutic committees exist at each unit to guide/ orientate and decide on HIV and AIDS management issues. This has led to improved management decisions.

To ensure similar coordination, guidance and decision at newly created C&T centers within the project span, the CBCHB instituted HIV and AIDS Task Teams. Made up of trained medical personnel such as medical doctors, nurses, lab technicians, statisticians, counselors, and trained community workers, the teams meet weekly or monthly (depending on the health facility) to review data of

the different entry points, ensure outreach testing data is reported, ensure that all HIV positive cases identified at entry points have been initiated on treatment, ensure test and treat policy is implemented in the facility and to review challenges related to services especially HIV services including quality issues and discuss strategies for improvement.

The overarching goal of these Task teams is to maintain close follow up to optimize use of resources in order to reach the 90-90-90 UNAIDS vision 2020.

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## MY STORY

### STANDING AS A FAMILY IN THE MIDST OF STORMS

“The urge to hold my family tighter; for them to see me, touch me, look into my eyes and see that I’m still exactly the same person was so strong that fateful day I tested HIV positive. It was like a mirage, a mélange of fear and hope crowded my mind. At this point of utter hope-

the Bansa Baptist Hospital (BBH) for antenatal check-up. My HIV test result came out positive. Then, the usual statements of how HIV is no longer a fatality and how I could move on with my life normally if I stayed on treatment followed. Then, the fear of having my child also live with HIV enveloped me and I told myself this child doesn’t deserve anything like that. That is when, reluctantly though, I accepted to take the treatment



lessness, CBCHB brought hope to my door step at a time I thought I my situation was edging me of life”

Martilda Kilha recounted with a glimpse of optimism as she held one of her twins tighter to her chest and continued recounting her story:

“The journey all began 2 years ago, when I went to

- which I was told, its for life!”

Then came the challenge of disclosing and convincing my husband to go in for his own test as I was advised. I could not even come out with a plan before a BBH team (Contact Tracers) knocked home. The discussion with my husband lasted a few minutes, a test was conducted and he too was notified of his HIV positive status.



## MY STORY

*“During the first year of our diagnosis, I wasn’t so much worried about my life; I was more worried about my children. Happily, though, they all tested negative.”*

Mathilda’s face brightened up as she mentioned her

5 adorable kids. The husband lowered his head and gave one of his twins a passionate kiss. She paused a while, gave a mild smile to her husband and children. With a quick glance at



her mud house, she turned back to us with a compassionate and plain look willing to proceed with her narration.

*“My husband is a source of strength and inspiration. We’ve never stopped holding each other’s hand through this stormy ride. He can’t take his drugs without making sure that I’ve taking mine.”*

My husband and I were referred to the Jakiri health center where I got enrolled into a support group there. I think being a member of this group has been one of the best things I did because the women I met were very friendly. I realized I had nothing to moan about and most importantly that I wasn’t alone. Getting to meet people with similar conditions and experiences acted as a source of

comfort. I got to learn how to manage my home, stay healthy and confident among others. I was able to share my experience and receive advice and encouragement without prejudice from others.

*“I will like to encourage everyone including mar-*

*ried men not to hesitate to go check their status. My husband and I are thriving today because the health workers supported us*

*throughout the therapeutic process. I won’t like anyone to travel through this road. True, I have learned to look after myself and family, and overcome HIV against all odds. You can do same if you are HIV positive; all hope is not gone.”*

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# ROLE MODEL

## Mr. Kosho Humphrey Tin Ngoo Nurse/Midwife St. Clare Health Foundation

**M**r. Kosho Humphrey Tin Ngoo is a Nurse/midwife, who dared events in 2009 with the creation of a remarkable foundation dubbed the St Clare Foundation. This foundation aims at helping underprivileged citizens access affordable and quality health care. In this light the founder has strife in helping HIV clients know their status and adhere to treatment.

Mr. Kosho Humphrey hails from Jakiri. Born in rural poverty, and raised by a single mother, his humble background didn't impede him from pursuing his dream. Though Mr. Kosho is celebrated in his community today, he took time to work his way up the ladder of success. He started his career as a nurse aider at St John, Ngouti-Kumba where he sat for and obtained his G.C.E Advanced Level. He later moved to Shishong where he served in different capacities for 14 years. His hard work earned him a scholarship to be trained as a midwife nurse in Bamenda. Upon return to Shishong, he played a pivotal role towards the initiation of the Shisong treatment center where he nursed the desire to cater for these patients. In his quest to help the vulnerable, he worked with Saint John of God Hospital Batibo, Ntasen, and Kuran Health Center. Not satisfied with his inability to create the desired impact, he resigned from Shishong. It was during these reflective moments that he conceived the idea of creating a foundation in Jakiri.

Being one of the movers and shakers in the fight against HIV in Jakiri, Mr Kosho is often praised for overcoming adversity to become a benefactor to others. Working hand in gloves with the CBCHS, he leaves no stone unturned in testing, tracing and linking HIV positive patients to care and treatment.



He believes his highest point of accomplishment is when a patient is initiated on treatment, steadfast in taking drugs and keeping to appointment. This explains why his foundations has been marked as one of the facilities that best identify, follow-up, manage and document files of its HIV related clients.

This hardworking gentleman believes that not everyone was born to be a hero but a hero can come from anywhere. It does not depend from where we come from but where we want to go and our driving force.

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# DISCOVERIES

## Traditional Medicines: An Impediment to Health Care Uptake



**T**he use of traditional medicine in Africa and Cameroon in particular is as old as the continent itself. While efforts are being made to improve on the quality of conventional medicines, some charlatans still manage to smuggle themselves in the health services delivery chain offering assorted unconventional and sometimes dangerous solutions including for ailments that are already easily treatable with conventional medicine. These include even treatment for HIV and Hepatitis to name just these few. Many are those who are carried away by their sweet-tongued campaigns on the streets and through the different media channels and lives are often lost in the process.

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# SET FOR THE 90 90 90 AGENDA—VISION 2020



## **CBC HEALTH BOARD**

“We are improving on services but only you can improve on your health”

Prof Tih, Project Principal Investigator

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