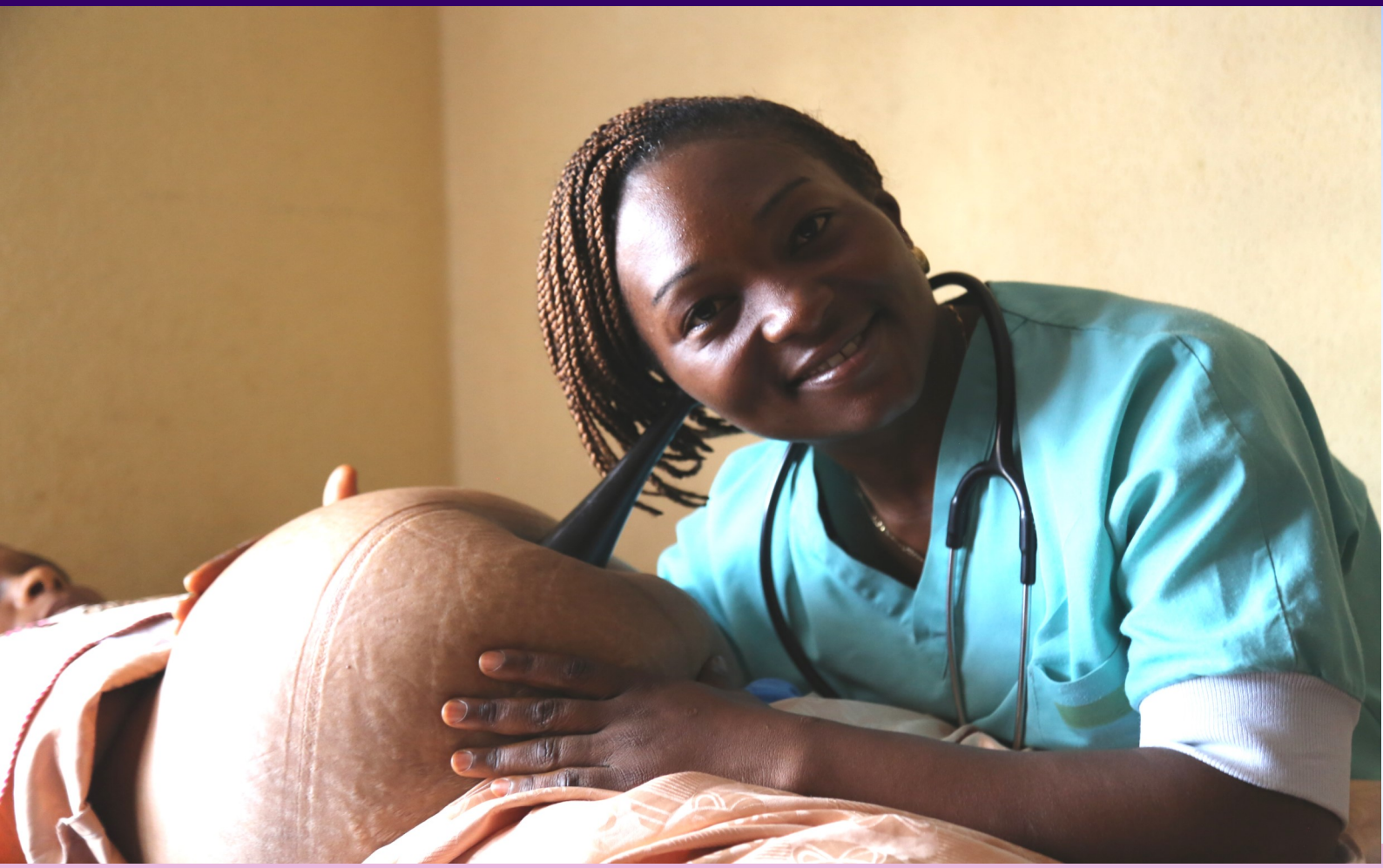
SHAP SHAP

Towards An HIV-Free Generation

Vol. 002, Issue 003 August 2017

BAFUT Health District Brazes Towards the 90 90 90!



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CAMEROONIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

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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.

- 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:

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

CBCHS'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

LCI Advocacy Technical Working Group (ATWG) Sets the Agenda for Project Phase II

Advocacy Planning Meeting in Session

The Award of HIV-Free II also allowed the extension of the Local Capacity Initiative (LCI); a subcomponent of the HivF Project. On July 24, the Advocacy Technical Working Group (ATWG) set up under HivF I met to set the advocacy agenda under the new award. This was also a moment for the team to assess the performance of the ATWG as well as the level of preparation of the National Consultative meeting on Dialogue Structure Strengthening with the Ministry of Public Health (MoPH). It should be recalled that the ATWG was set up to lead all advocacy efforts under the LCI which consist essentially of working with the different stakeholders and decision-makers for the revitalization of health dialogue structures in 5 Health Districts of the Northwest region (Benakuma, Mbengwi, Bafut, Tubah and Ako).

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Increasing Uptake of Critical Health Services: What Religious Leaders can do!

The Local Capacity Initiative (LCI) has continued to strengthen the capacities of community volunteers, leaders and various health stakeholders for a better involvement, support and effective engagement in health activities. Increased participation and support from the different trained individuals and local structures led to greater health ownership resulting in increased uptake in most health areas.

One such community leaders that can play a significant role in the effort to improve health outcomes in communities are the religious leaders (Rev. Pastors, Fathers, Sisters, lay preachers, evangelists and Imams etc.) who are known to have great influence on their followers. In HivF II,

ON THE FIELD

RL Promise to Replicate Training in their Congregations at Interactive Session

reports of some religious leaders preaching their followers into stopping to take antiretroviral/ medications or even to seek care/treatment in a health facility when ill were common. This affected uptake of essential HIV services such as ANC, testing, treatment initiation and adherence.

It was thus urgent to address this! In August, LCI brought together some 100 religious leaders of denominations within the five target LCI HDs for a training on the key role religious leaders can play to improve health outcomes in the community. After their training, the leaders were charged to intensify sensitization and education on health in their churches/mosques and in their various weekly group activities and during visitation in the homes of their followers. The LCI has now been supporting these leaders financially to effectively play this role.

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Traditional Leaders challenged to be at the forefront of the Fight against HIV and AIDS in their Communities

It is common belief that traditional leaders are just there to promote, protect and sustain traditions and customs- since they are custodians of the peoples' traditions and customs by ancestral succession right. In this respect, the constitutional powers coffered to them as auxiliaries of administration is not fully exercised partly because the traditional leaders do not fully understand the spans of responsibilities as an arm of the country's executive.

This was the rationale behind the training given to 70 traditional leaders drawn from the five LCI HDs that held in August, 2017. The training sought to

ON THE FIELD

Traditional Leaders Listen Keenly to Lessons Taught

remind/train the leaders on their role as auxiliaries of administration which requires that they be at the forefront of development for the wellbeing of their subjects. This also means TLs would need to provide leadership through their highly respected office to promote uptake of services especially those affecting mother and child health, most at risk populations including persons with disabilities, young people and adolescents.

Among the several resolutions arrived at after this training, the traditional leaders resolved to continue implementing local laws to punish those of their subjects that fail to attend ANC or to deliver in the health facility.

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Team Works out New Explore Ways to Improve Treatment Retention

Since the country adopted UNAIDS 90-90-90 vision in response to HIV, reflections have been ongoing at different spheres to ensure come 2020 Cameroon's performance is satisfactory. Cameroon's MOPH has adopted various policies to increase HIV testing, early treatment initiation and adherence for consequent viral suppression. Yet, the challenge dealing with local realities, especially in a context of limited resources for greater outcomes remain. However, so far meeting UNAIDS goal No. 2 has not been an easy task.

HivF teams have continued to hold meetings to explore ways to improve initiation and adherence in a context marked by cultural and traditional norms, poverty, structural challenges, stigma and discrimination. Another meeting to assess some earlier strategies and adopt new ones held on July 29 during which the team stressed further on the need for field staff to intensify active patient tracking for ART defaulters using reminder calls, CHWs, appointment logbooks and home visits.

NW Manager Elucidates the Stakes of Project Targets to Staff

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PRACTICES

Bafut Health District Uses Customized Solutions to Increase HIV Treatment Uptake and Adherence

Mrs. Ngum Victorine
Care and Treatment Coordinator Bafut HD

The Bafut HD is vast and highly enclave in the most part. This makes movement to and from health facilities quite challenging for most patients. For instance patients in communities such as Mambo, Mbakong, Mundum I and Mundum II would spend about Fcfa 12,000 in motorbike transportation to and from the nearest treatment center located in, some 10 Kilometers away. This has made access to HIV treatment prohibitive for many and thus resulting in high rates of treatment default and Loss To Follow Up (LTFU). The consequence has even been more devastating when it comes to treatment for children as only a few would access the service due to transportation/movement challenges and or the high cost of the fares.

The HivF team recently adopted a series of service delivery approaches in a bit to salvage the situation. In the first place, the team worked with the Chief of health Centers (CoCs) to create satellite drug dispensation centers in Mundum 2, Mbakong and Mbung health centers to close the long distance gaps and reduce the high cost involved in movement. Clients now visit these peripheral drug dispensation centers for their refills and some basic care packages provided by the CoCs such that only critical cases are referred to the C&T center for follow up. Also, in a bit to facilitate the payment of Viral Load testing, the treatment center has made it possible for clients that do not have enough money to pay their VL testing bill of Fcfa 2,500 in installments of up to 12 (i.e about Fcfa 200 per installment). Further, the C&T center decided to merge the drug dispensation days for children with that of the adults to prevent parents having to move several times to the center for refills. Mothers now come along with their children for their own refills and that of their children to be done at a single visit.

These measures have now improved treatment uptake and adherence including in pediatric C&T. For instance pediatric treatment new increased in the month to 85 (from 59). There is hope that subsequent months will continue to see further improvements in the key indicators of treatment new, treatment current and overall treatment adherence in the district as a result of these measures.

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MY STORY

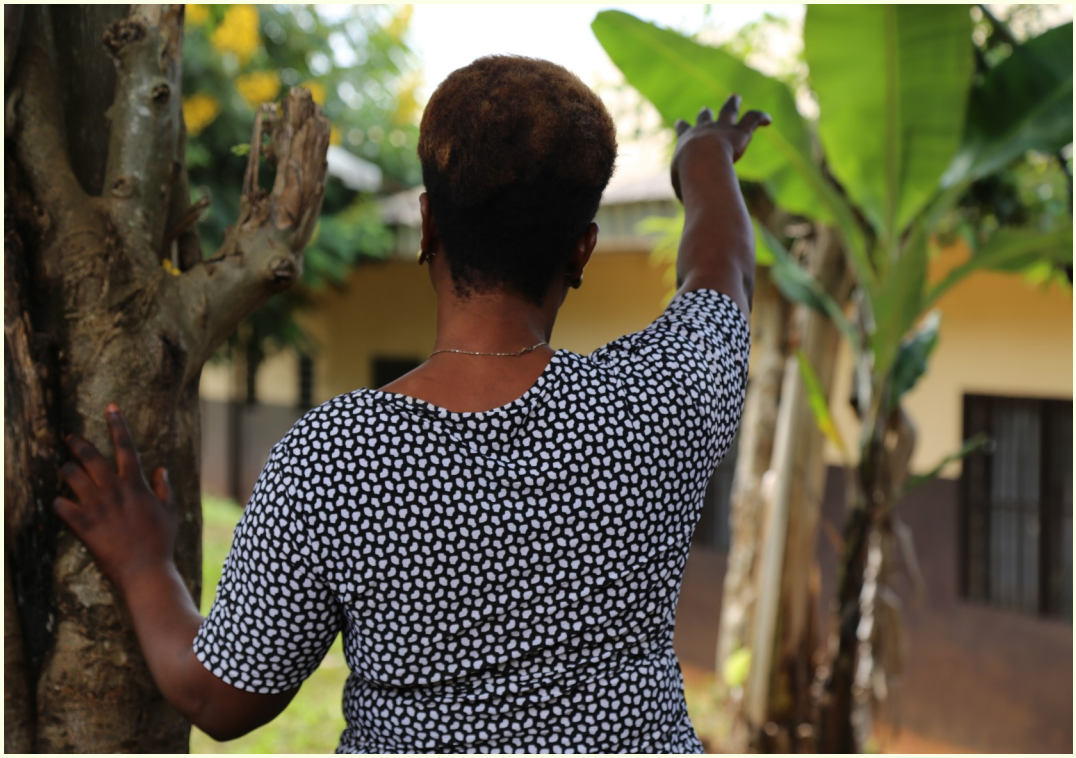
A Melancholic Joy

Like every other infected people around the world, I knew about my positive HIV status in 2013. I was pregnant then, and while I was still struggling to digest the news and set my records straight, I delivered a premature baby and plunged in to a great depression which further affected my health seriously.

Battling between life and death, my baby and I were immediately transferred to the Bamenda Regional Hospital for intensive care where we spent over 7 months given that the virus in my blood was at a very advanced stage.

During this same period, I was trying hard and in vain to convince my husband to also go for his checkup. He didn't believe in the existence of the virus until he became ill and was diagnosed HIV positive. Being remorseful and frightened wasn't part of his agenda given that he didn't have as much understanding of HIV like I did. Nevertheless, he accepted treatment and adhered to it to give me hope and courage.

This is how I was touched by my husband's sudden adaptation to the situation to also hold firm on any hope I still had left so as to stay a life, at least for the sake of our baby. It's been 14 years now since I embarked on this roller-coaster journey, it hasn't been an easy ride I must confess, but I am clinging onto it now not just for my child again—but for my own good.



"We refused to let HIV determine the course of our life"

My husband and I moved on and God blessed us with 4 children who are all fortunately free of the virus. The life of an HIV positive person could be very rugged all depending on how much room we give it to stir us around.

"Denial is the worst thing to do. Denial kills faster than the virus itself."

So accept and take action; take your treatment, stick to it and remain positive always is the advice I can give to everyone other.

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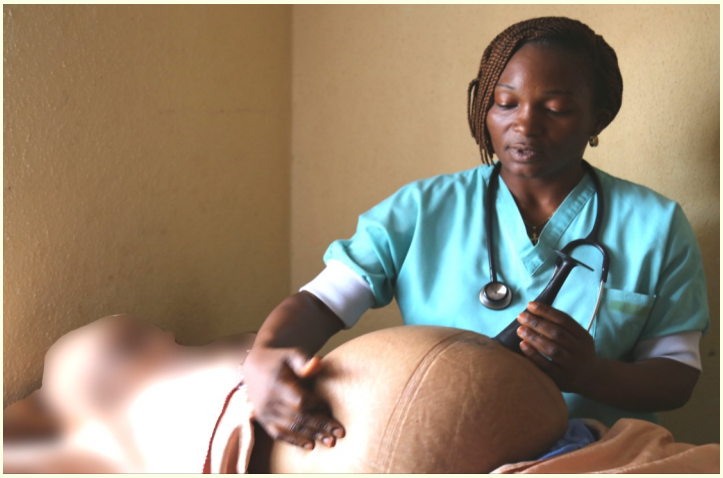
ROLE MODEL

Ngu Veralyn

Head of Maternity and Pediatric Ward
Bafut District Hospital

This month, we take delight in presenting to you a dynamic woman who considers her job of a State Registered Nurse (SRN) and Practicing Midwife as not just a passion but a call. Mrs. Ngu Veralyn is the current Head of the Maternity Ward at the Bafut District Hospital.



Mrs. Ngu is a 37 year old mother of one and native of Mendankwe. She started her educational career at renowned Government Primary School Up-Station Bamenda; then continued to Government Bilingual High School Mendankwe. In the course of finding her call in life, she spent three years studying Modern Letters at the University of Buea before studying nursing at the St. Louise Institute of Biomedical Sciences (SIBS) Bamenda from where she graduated as a SRN in 2006.

This dynamic lady began her professional career as a volunteer nurse at the Akum Integrated Health Center. She later worked at Merrick Health for Africa in Fontem before passing the admission into the public service where she was posted to work in the Northern part of Cameroon. It's been 5 years now since she was transferred to Bafut DH.

The success of Option B+ and increase ANC uptake in Bafut DH is owed to Mrs. Ngu whose activities have contributed a lot to the fight against HIV in Bafut HD. Though she is the head of the maternity, she considers everyone's role to be of utmost importance in the achievements recorded in their ward. *"We either succeed or fail as a team. It is not a one man show"* she reiterates.

She organizes regular coordination meetings with those under her where she corrects some persistent mistakes during work. She as well ensures proper recording of statistics and work done in the register hence all her records are set straight before supervision day.

Meanwhile, she is a dynamic leader who happily learns from those more experienced than her through seminars and work-shops. She also works with the view of the replication of all the new trending strategies of getting positive clients on treatment and organizes capacity building opportunities.

The thought of people in need of medical assistance is and has been the main driving force of this industrious mother as she knows she needs to press on her efforts in helping others. If she is still waxing strong despite the work load and the challenges on the field, it is because of the satisfaction derived when positive pregnant women come for ANC and are successfully linked and initiated on treatment. *"I celebrate the birth of each child in this facility but I am even all over the moon whenever I see an exposed infant's PCR results come back negative."*

To all pregnant women whom she fondly call her friends, Mrs. Ngu Veralyn advises them to go to ANC early with their partners so that they can in tend be able to understand how to deal with their situations especially if diagnosed HIV positive. Health facilities and all the staff working there are there to help us, let's make use of their services in ensuring the health of our families.

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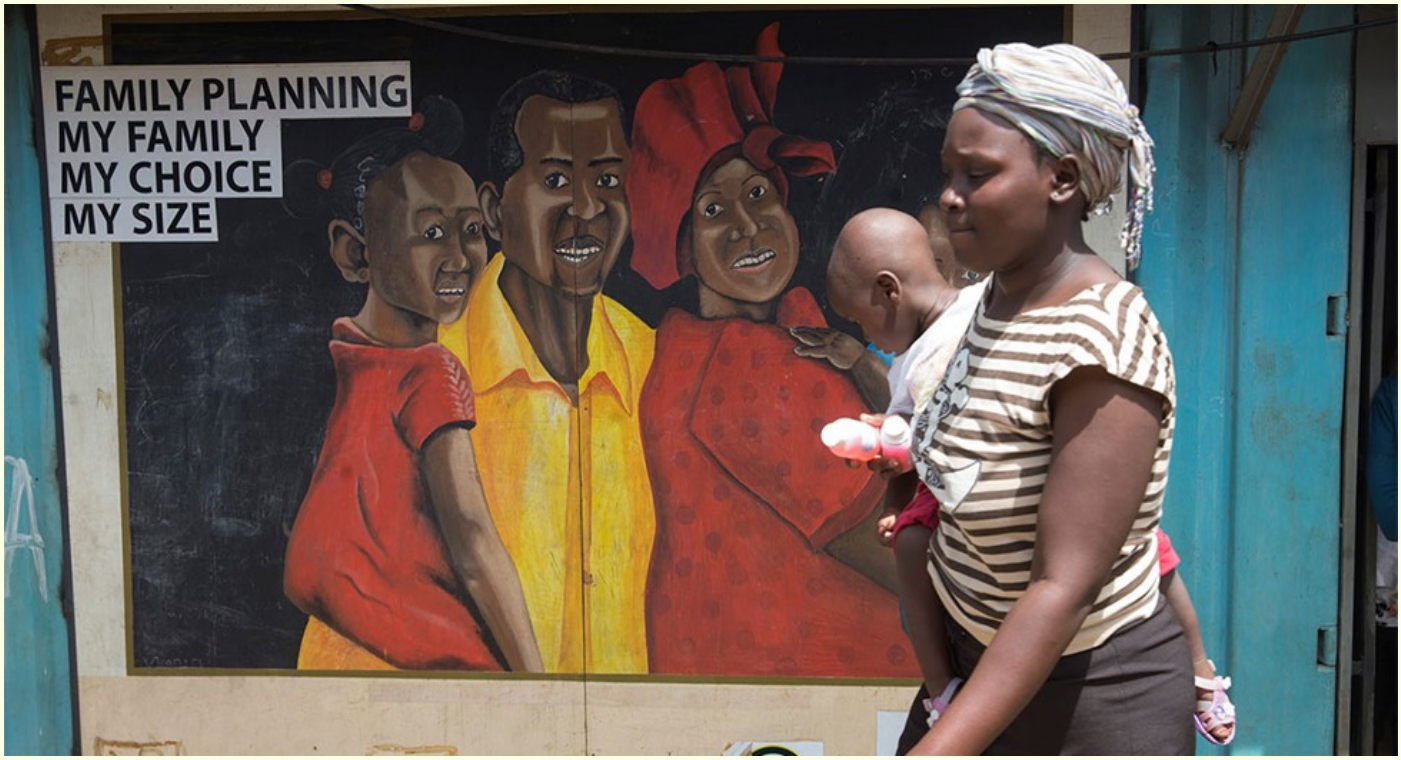
DISCOVERIES

Superstitious Beliefs; a Strong Impediment to Effective Family Planning



Cultural Beliefs Impede Family Planning in Bafut Health District

While family planning is seen as a strategy to help couples and women in particular to practice birth control yet, many in the communities believe family planning have the sole intention to reduce childbearing. Bafut is one of such communities where family planning was seen as a taboo from inception, and is still encountering resistance. This has led to an increase rate of teenage pregnancy, high rates of abortion and a lot of unplanned births. Thus it has gone a long way to further increase the high rate of dependency, poverty and suffering among the poor. This negative perception about FP services further fuels the spread of HIV and other STIs among the population.

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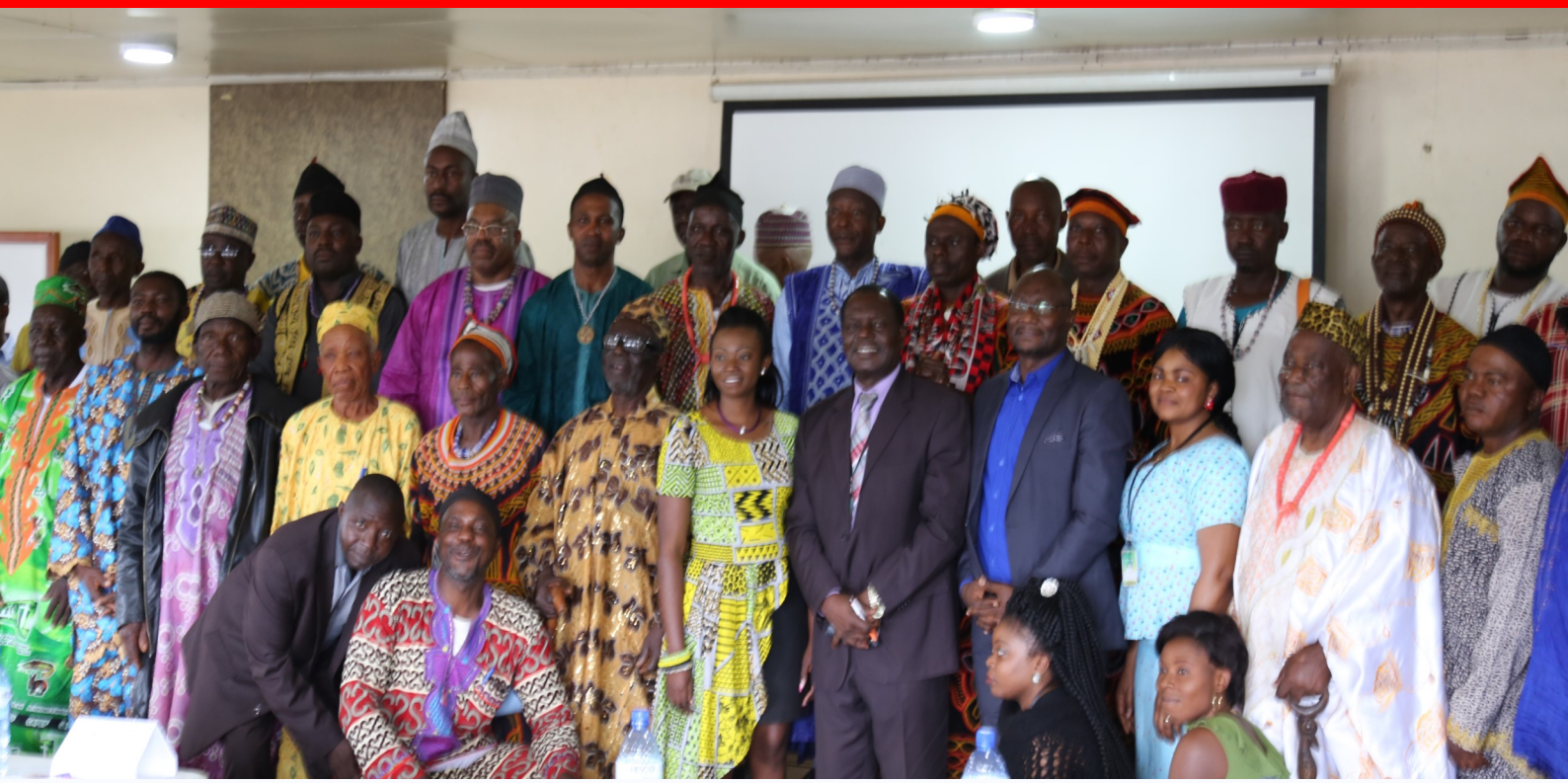
ON THE ROAD TO 90-90-90



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

Prof Tih, Project Principal Investigator

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