

SHAP SHAP

Towards An HIV-Free Generation

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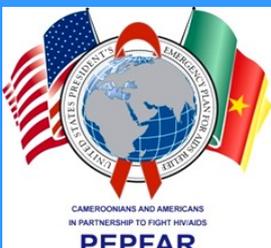
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Ndop on the Move Towards Achievement of Target



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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 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

CBCHB successfully started HIV-Free Project II despite the uncertainties and extensive revision of the initial application as was reported in the Q1 editions of *Shap Shap* e-newsletters. Since April 1, 2017, our teams have been at work to ensure the attainment of targets.

The context of work was particularly charged and to a limit, tensed due to the specter of possible project cancellation in case CBCHB performances in the Littoral and Center regions were decimal-below CDC expectation.

Consequently, it did not take long for the “rush fever” that had already gripped the Littoral and Center regions to spread and become a somewhat generalized epidemic in all four CDC/PEPFAR regions under CBCHB. The “Acceleration period” led to the same effort medics have when a client is brought into an “intensive Care Block”. Here, it is usually a matter of the right balance between speed, efficiency and effectiveness. Similarly, project meetings were held in search of the “magic” solution strategy that could help turn the tides around; staff carefully deployed to the field, evaluation and re-evaluation sessions multiplied to ensure that only the best (cost effective with highest yield) approaches were used.

Although the “Acceleration period” came to an official end on September 30, our teams have continued to work “*Shap Shap*” (with same steam and passion) aiming to improve performance



towards targets each day to meet FY1’s cumulative target.

I want to specially appreciate all of you for your resilience, hard work and sense of innovation during this period. Thank God for His abundant grace especially in preserving our health and that of our families. I encourage you all to keep working *Shap Shap* so that we can all rejoice in the result at the end.

Happy reading!



ON THE FIELD

HivF NW Project Collaborates with NW Regional Technical Group for the Fight Against HIV to Pilot a Community ARV Dispensation Approach



RTG Coordinator Facilitating During Training

Following a ministerial decision to upgrade some former option B+ Sites in the North West Region to Treatment Centers, the North West Regional Technical Group for the fight against HIV in collaboration with HivF project organized training sessions to ensure greater service uptake and quality service delivery in those sites. The national strategy to increase ARV uptake target using Community Based Organizations (CBOs) as Community Dispensation Centers (CDC) of ARVs to those on ART.

Having identified that such an approach will have many shortcomings including limited knowledge and capacity of CBO staff to properly manage and dispense ARVs to clients, NW RTG requested and

obtained permission from MOPH to pilot an alternative approach consisting in using experienced healthcare providers from health facilities to dispense the drugs at the newly created centers. So far, a total of 100 providers have been trained and charged to intensify ARV dispensation to clients on ART to ensure adherence and retention to treatment. The result of this pilot approach in the North West will be documented and its efficacy assessed comparatively to the approach of using independent lowly qualified CBOs in ARV dispensation to further inform decision.



ON THE FIELD

HivF Project Continue Implementing LCI Activities in Same 5 Health Districts in the North West



LCI Coordinator Presenting New Project Orientation

The Local Capacity Initiative (LCI) project - a subcomponent of the HivF project seeks to uplift barriers hindering the uptake of ANC/PMTCT services following an evaluation in 2012 that showed weak community participation and support in health as a contributing factor to poor health indicators. Since 2013, LCI is implemented with great success in 10 Health Districts (5 NW and 5 SWR) which had the poorest outcomes, comparatively. An external project evaluation revealed significant progress in the areas of community participation, support and improved health indicators in these HDs attributable to the LCI effort.

Following the renewal of LCI funding, the NW team kicked off new phase of activities with

start-up meetings held in the 5 HDs with the different stakeholders including health dialogue structures during which the different teams highlighted their achievements in the areas of health services uptake, level of growth of Income Generating Activities, outcomes of community mobilizations, outcomes from outreach activities etc. These meetings were also moments to develop teams' action plans for the next project phase. Project team used the opportunity to present the new project orientation/focus and revised tools targeting new performance indicators that have been retained for the new project phase.



ON THE FIELD

Strengthening the Capacity of Support Group Leaders of PW and Breastfeeding Mothers to Improve Group Management and Retention



CBCHS C&T Coordinator Stressing the Essence of Support Group Management and Retention

To ensure treatment adherence by HIV positive pregnant women and lactating women, the project started an innovative approach of support groups of pregnant and breastfeeding women holding at the health facilities. The management of these groups is the responsibility of a group member selected by their peers and an identified supervisor who is a staff of the facility. To ensure proper functioning, the project organized training sessions to improve the knowledge and skills of these group leaders on support group management and management of small businesses.

In a two-day-training workshop support group leaders within the Kumbo and Bamenda supervision areas were taught techniques of recruiting new members, group dynamics,

leadership and group management techniques. Practical sessions were held on the production of Omo and soap and starting and managing a small business venture.



PRACTICES

Newly created C&T center: A strategy to improve HIV positive people on treatment

Prior to the creation of the C&T centre at the Bali Kumbat integrated health centre, the management of clients on ART was a huge challenge given that the lone treatment unit was located at the Ndop district hospital-several kilometers away. Access to ARV treatment was almost an outcome of luck due to the extra cost (2500Fcf) which clients had to incur in transportation to and from the district hospital for refills. During these challenging days, over an estimated 100 clients reportedly defaulted treatment aside an equally disturbing number Loss-To-Follow Up (LTFU). Creating a treatment center at the Balikumbat IHC was a highly welcomed move to close the widening gap between those due ART and those who were actually accessing it. To ensure that this newly created treatment center functions optimally and effectively, the project identified and trained four staff of the center: a psychosocial counsellor, a nurse, a data collector and an administrator who doubles as a doctor on quality HIV testing, treatment and follow up services at all entry points. Also, the project attached trained Peer educators'/ contact tracers to the center to track all HIV positive cases in the community and link them to treatment including all HIV positive patients diagnosed before the treatment center was created. To further ensure quality global management, the project set up a "Task Force" and a "Retention committee" at the center. Specifically, these teams work to ensure that all positive cases identified

are initiated on treatment, that effective follow up of clients is done as well as proper reporting and documentation of HIV activities. These teams meet on monthly bases to review HIV activities, deliberate on challenges and propose practical solutions to better manage PLHIV.

The project further supported the new center with minor equipment and furniture. A cupboard was provided at the C&T ward for the storage of ARV drugs, registers and files. The project equally offered the center a BP apparatus and a wind scale to check patient's blood pressure and weight.

Following this creation and upgrade of the new treatment center, the center was able to initiate over 157 LTFU clients in its three early months. The case of Balikumbat IHC is clear proof that uptake and adherence to treatment will greatly improve when the service is brought to the door steps of the need.



Supervisory team crosschecking ART register



MY STORY

Looking Back into my Yesterday

When I look back at my life, I can't help but cry. I cry because I allowed fear and self-stigma to get hold of me. All that I ever wanted in life was simply to live, love and achieve that dream of becoming a teacher someday.

"The news of my positive HIV status came as a big blow to me. And took away that usual joyful spirit that inhabit a woman when she knows she is pregnant".

The joy of pregnancy turned into the fear of the unknown - a real nightmare, so painful!

Fear prevented me from heeding all counseling and treatment. After all I knew that it was my end and I could not escape it.

As death was not soon coming, I resorted to complete withdrawal from society. I quit friends, family and social gatherings and became my own best companion waiting for death to strike.

It was exactly two months after, while I quietly waiting for my end in the house that a team from the Bansa Baptist Hospital (BBH) visited me. Apparently, they were out to check clients on their registers who had not come for their refills for a while. During the visit I was again counselled on the need to stick to my treatment and to give up all worries and fears. *Among other things, they instantly tested all my children and behold, they were all negative! I can say this is what moved me to want to take my treatment serious. I thought, if I took it serious I may prevent my unborn baby from*

being infected.

My enrolment into the Mother to Mother Support Group marked a new beginning in my life. This is when I came to terms with the reality about HIV. I became encouraged by the fact that after all, I was not the only one in this situation.

"This is when I truly accepted my status and decided to be a voice against HIV/AIDS in my community".



In just a week of my membership in the group, I grew steadily in confidence - ready to tell who cares to hear about my status without blinking.

After 5 years of living with HIV, I'm proud to say I fought and survived. My viral load is now undetectable. I am strong and living a

blessed life. I might have fallen a few times, but I've learned to always get back up. My dreams of being a teacher reminds me always of the path I still have ahead of me - that mountain of life I must climb and for which I must endeavor to stay healthy and positive. I know I will get there someday. Not even HIV can stop me because I am determined! I know many people are presently filled with that kind of feeling I had when I first learnt about my HIV status. May the story of how I survived self-stigma inspire them to focus on the future and not be held back by their past. Just pick the broken pieces of your past and make a meaningful future for yourself.



ROLE MODEL

Mrs. Ngwa Juliet

State Registered Nurse

It's with great delight that we present to you a lady, our role model - a true example of excellence in nursing practice. Mrs. Ngwa Juliet is a State Registered Nurse who has risen above the usual expectations of gains known to this profession and places human life first.

Hailing from Santa in the Northwest region, this resilient lady made her way through secondary education in government high school Santa where she obtained her ordinary and advanced level certificates in Science. Upon graduation, she found her niche in nursing and this prompted her to get enrolment into St Louis Higher Institute of Nursing where she obtained a higher diploma in nursing. Both her extensive clinical experience and her academic background - Bachelor degree in XX make her a very skilled provider. She began her nursing career in 2008 as a certified nurse in the St Mary Catholic Hospital, Fontem before being posted to PMI Nkwen where she served at the labour ward for over two years now.

She presently doubles as Counsellor and Nurse at the newly created C&T Center in PMI. In her over 9 years of nursing practice, our icon combines a rich melange of field experience in various areas of patients care, clinical education and spiritual care. Juliet's most important quality as a nurse is her ability to patiently listen to patients which in most cases enables proper diagnosis and adequate prescriptions.



To ensure that all patients tested positive are initiated on treatment, she sometimes go an extra mile to work during odd hours, week-ends and even on holidays.. Her hard work and commitment to saving lives is leading to great treatment uptake in the newly created treatment center with about 335 clients currently reported to be receiving treatment there.

In her free time, Mrs Ngwe likes reading, watching movies and news but most of her off work time is spent with family with her two kids and husband.



DISCOVERIES

Consumption of “AFOFO” During Delivery: A Great Danger to Mother and Baby



The Ngie community in Mbengwi Health District is noted for the consumption of a locally made hard drink commonly known as “Afofo”, “Poor man whisky” or “Odontol”. This locally distilled whisky from palm wine is widely consumed in other parts of the country. “Afofo” drinkers give credit to the drink for its low cost and ability to make them “high” at the twinkle of the eye. In Ngie community, it is believed that “afofo” eases delivery and so it is common to see pregnant women drinking disturbing quantities of the substance prior and during labour. It is locally explained that “afofo” stimulates the delivery tract to quickly expand leading to forceful ousting of the baby. Also, it is considered as an antidote for long and intense labour which usually comes with delivery.

However, the side effects of drinking “afofo” by pregnant women cannot be underestimated. A high number of pregnant women known to have consumed the harsh drink are reported to have experienced perennial tear and urinary tract infection. Worst still, when consumed heavily during pregnancy, the baby gets exposed to brain damage leading to Epilepsy, learning difficulties, Psychiatric problem and even physical disabilities. This is definitely true given the alarming rate of epilepsy in the Ngie community .

On the Road to 90-90-90



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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