

SHAP SHAP

Towards An HIV-Free Generation

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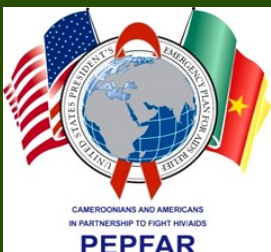
October 2017

HIV Free NW II Thrives in Paediatric HIV/AIDS C&T



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PRODUCTION TEAM

HIV FREE II *SHAP SHAP* MAGAZINE

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Website

www.cbchealthservices.org

Email

hivdoc.team@yahoo.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Kuni Esther

Dr. Njome George

Editor in Chief

Abanda Alphonse

Deputy Managing Editor

Fri Delphine

Associate Editors

Ngange Divine Nfor

Fotabong Nyachu Syntia

Photo Editor/Design

Ngange Divine Nfor



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

LCI Trains Council Agents and MCCP on Community Hygiene and Sanitation



Ako Team Paying Keen Attention to the Lessons been Taught

Poor hygiene and sanitation practices in various communities in the North West Region have become a call for concern. This has resulted from either the complete absence or dormant nature of the hygiene and sanitation agents of the communities. Hence, these communities have been recently characterized by rampant wastes disposals, absence of toilets in public places etc.

In view of this, the Local Capacity Initiative (LCI) project organized and trained community members from the councils and management committees to act as hygiene and sanitation inspectors. The training was geared at causing these agents to intentionally create an environment that is free of preventable diseases. The North West Regional Delegate of Public Health – Dr. Che Soh encouraged the participants to put into practice what they have been taught in their respective

communities. The four days training which started on September 26, ended on the 29th of September 2017.

During the training, participants were drilled on different modules including Basic Knowledge on H&S; Community, Home and Personal Cleanliness; Waste and Water Management; and the Roles and Responsibilities of Sanitary Inspectors etc. They were all selected from the five LCI districts of project implementation. On the final day, they were joint by their mayors and DMOs at the meeting. Their action plans were developed according to districts and scrutinized by all participants and facilitators. They are expected to have them implemented in their various communities as their mayors and DMOs immediately promised backing their activities administratively. Hence this will go a long way in strengthening the health systems of these communities.



ON THE FIELD

LCI Train Dialogue Structures on Using Metrics as a Tool to Measure Success

There has been a growing need for health system strengthening for better and quality health services delivery and uptake by service providers and the community. Dialogue structures which ought to enforce this need in recent times have lacked efficiency, exhibited poor planning of activities, and have been very weak in nature. In view of this, the advocacy arm of the LCI organized and trained some management committee members on using “Metrics” as a tool for measuring success. About 160 MC chair persons, their vice and secretaries from the five LCI districts were invited and trained at the auspices of NW Regional Delegation of Public. For better facilitation and understanding of lessons taught, the trainees were grouped into two due to the large number. The training took place from the 24 to the 25 and 26 to the 27 respectively at the NW Regional Fund for Health Promotion (RFHP).

The training was based on metrics as a management tool to evaluate activities and progress made.

Trainees were made to understand that, the metrics when properly used can be a tool for proper decision making and focused planning. The practical nature of the modules will cause the trainees to implement metrics in their routine activities. The training was successful thanks to the availability of a battery of expert facilitators. At the end of the meeting, the participants were called upon to stampede and render wrong the idea that information stored in books is safe because Cameroonians/Africans don't read. The regional delegation also called upon them to make this new assignment to be part of them by planting lessons taught into the health system. Effective implementation of lessons learned will revitalize the health system.



Tubah Health District Team at the Training



ON THE FIELD

HIV Free NW II FY 18 Targets Released at Coordination Meeting

One full year after the official launch of FY17 targets by HIV Free NW II management in October 2016, the project is ready to move into project year two targets. Judging from the figures released by the Monitoring and Evaluation Team, the project in this past year has made serious advancement into the 90-90-90 UNAIDS Agenda of Vision 2020. Staff were introduced to the new project parlance and the various strategies that have been put in place to achieve the project targets. One of which is the project's transition from Direct Service Delivery (DSD) and Technical Assistance (TA) to various facilities and communities of project implementation to just Technical Assistance (TA).

This transition from DSD/TA to just TA has brought about the drastic reduction in the number of sites from 87 to 64. Another strategy put in place is the activation of SIMS teams.



Summary of FY17 Results-NWR

Staff Respond to New Targets Released

| Type | SN | INDICATOR CODE | NWR - DSD+TA | | | | | | | | | | |
|--------|----|----------------|--------------|-------|-------|-------|-------|--------|------|------|------|------|--------|
| | | | TARGET | Q1 | Q2 | Q3 | Q4 | TOTAL | %Q1 | %Q2 | %Q3 | %Q4 | %TOTAL |
| 1st 90 | 1 | HTS | 164305 | 37909 | 42518 | 51177 | 51477 | 183081 | 23% | 26% | 31% | 31% | 111% |
| | 2 | HTS POS | 13551 | 1294 | 1858 | 1609 | 1521 | 6282 | 10% | 14% | 12% | 11% | 46% |
| | 3 | PMTCT_STAT NUM | 52980 | 6484 | 6153 | 6838 | 6425 | 25900 | 12% | 12% | 13% | 12% | 49% |
| | 4 | PMTCT_STAT DEN | 55744 | 6618 | 6213 | 6924 | 6441 | 26196 | 12% | 11% | 12% | 12% | 47% |
| | 5 | PMTCT_EID | 2907 | 437 | 590 | 445 | 474 | 1946 | 15% | 20% | 15% | 16% | 67% |
| | 6 | TB_STAT NUM | 958 | | 699 | | 602 | 1301 | | 73% | | 63% | 136% |
| | 7 | TB_STAT DEN | 1063 | | 699 | | 602 | 1301 | | 66% | | 57% | 122% |
| | 8 | PMTCT_FO | | | | | 1658 | 1658 | | | | | |
| 2rd 90 | 9 | TX_NEW | 14199 | 1348 | 1364 | 1324 | 1756 | 5792 | 9% | 10% | 9% | 12% | 41% |
| | 10 | TX_CURR | 30130 | 31688 | 31458 | 33187 | 34477 | 34477 | 105% | 104% | 110% | 114% | 114% |
| | 11 | PMTCT_ART | 2907 | 357 | 380 | 401 | 363 | 1501 | 12% | 13% | 14% | 12% | 52% |
| | 12 | TB_ART NUM | 868 | | 341 | | 323 | 664 | | 39% | | 37% | 76% |
| | 13 | TB_ART DEN | 868 | | 341 | | 323 | 664 | | 39% | | 37% | 76% |
| | 14 | TX_TB NUM | | | 208 | | 320 | 528 | | | | | |
| | 15 | TX_TB DEN | | | 18609 | | 32129 | 50738 | | | | | |
| 3th 90 | 16 | TX_RET NUM | 9223 | | | | 4143 | 4143 | | | | 45% | 45% |
| | 17 | TX_RET DEN | 13864 | | | | 5912 | 5912 | | | | 43% | 43% |
| | 18 | TX_PVLS NUM | 2715 | | | | 7073 | 7073 | | | | 261% | 261% |
| | 19 | TX_PVLS DEN | 3014 | | | | 9146 | 9146 | | | | 303% | 303% |



ON THE FIELD

FY18 Targets NWR

| SN | INDICATORS | TARGETS FY18 |
|----|-----------------|--------------|
| 1 | Number of sites | 64 |
| 2 | Type of site | TA |
| 3 | HTS | 207224 |
| 4 | HTS POS | 9232 |
| 5 | PMTCT_STAT NUM | 42367 |
| 6 | PMTCT_STAT DEN | 44594 |
| 7 | PMTCT_EID | 2542 |
| 8 | TB_STAT NUM | 1663 |
| 9 | TB_STAT DEN | 1663 |
| 10 | TX_NEW | 10683 |
| 11 | TX_CURR | 37162 |
| 12 | TX_RET NUM | 9603 |
| 13 | TX_RET DEN | 10669 |
| 14 | TX_PVLS NUM | 0 |
| 15 | TX_PVLS DEN | 0 |
| 16 | PMTCT_ART | 2541 |
| 17 | TB_ART NUM | 890 |
| 18 | TB_ART DEN | 890 |
| 19 | TX_TB NUM | 0 |
| 20 | TX_TB DEN | 0 |
| 21 | PMTCT_FO | 0 |

Talking to the PMA Ms. Kuni Esther, she said; *“Our targets were attained only for HIV Testing. This is because, the prevalence rate for identification of positive cases very high compared to reality; hence we did not meet targets for newly identified positive cases. The other indicators depended on the number of positives and so were also low. However, over 80% of those identified positive were placed on treatment.”*

The new financial year has come with its own challenges. Despite the fall in number of TA sites, the targets have rather been increased. Staff were at coordination meeting called to be diligent in their work; making sure all work done is being reported

correctly and void of falsification. The PMA – Ms. Kuni Esther encouraged the staff to ensure all data submitted in reports are double checked so that there are no errors.*****



HIV Free Finance Supervisor Orientating Staff on New Financial Procedure



PRACTICES

Family Model: A Strategy to Increase Treatment Uptake and meet the 90-90-90 Agenda

Until May 2016, there was no complete search for HIV positive persons in many parts of Cameroon including North West Region. Children living with HIV (CLHIV) were only diagnosed of the infection at consultation. Their contraction of the disease was mainly attributed to their cohabitation with infected persons. This could only happen, provided they at some point got sick and had to consult. Against this backdrop, service providers discovered that an aspect of “Find them, Treat them, and Keep them” motto was unconsciously been left out. Following this discovery, it was understood that some HIV positive children might have been infected due to their direct contact with positive persons in their households. Treatment centers have also received many positive children who have negative parents. With such developments, there was an urgent need for members of the same household with a positive client under follow-up or treatment at UPEC to be tested for HIV.

Following consultative talks with several stakeholders on reports from the field, the Paediatric HIV/AIDS Care and Treatment sub component introduced the Family Model. This is an aspect of follow-up that is done at the Ped C&T. By this model, all members of a household with a positive client on treatment are reached out and tested for HIV. These could be spouses, children and other household members. This strategy started since May 2016 and is still on going in all the TCs. For better implementation and improved statistics, all C&T centers sent delegations to a training organized by the HIV Free Project.

Upon training, many of the facilities organized sensitization campaigns for their clients. Through which all the clients understood the need to engage in the activity. In Ndop Health District for instance,



there were two major ways of implementing the strategy. Clients whose families could access the health facility on foot or otherwise were tested at the facility. For all their trips to the treatment center, their transportation was fully reimbursed. The second way of implementation was through home visits. Testing was done for all those hindered by family size and distance to the facility. These strategies encouraged more people to come for HIV test at the facility. The staff were also financially capacitated for the home visits.

The implementation of the family model in various treatment centers has recorded extensive success in finding, treating and retaining HIV positive persons in communities. Since May 2016 until October 2017, a total of 12,882 persons in different households of the NWR have been tested for HIV. Of those tested, 213 were diagnosed positive with 182 (85%) linked to care and treatment. In the past, Ndop HD used to record only about 1 positive case within a period of three months. Today, Ndop HD in particular has been able to test a total of 742 household members and has had 25 positive cases with all the 25 been linked to care and treatment.

Provided this strategy continues and the great results recorded in the other PEPFAR regions of Cameroon, the HIV Free project will be capable of attaining the Vision 2020 of the UNAIDS 90-90-90 Agenda. *****



MY STORY

Your Love Heals Faster than my Drugs

“My 7 years old fragile body was excruciating, unconscious and weak when I was being rushed to the hospital at the verge of dying. I could faintly hear my grandma’s voice echoing miles away; weeping and shouting ‘please wake-up, I need you my boy’. I tried extending a hand to her but my strength practically failed me. It was like an illusion.”

I was placed on intensive care for over a month whereby a series of tests were carried out on me. Unfortunately, one of the tests came out HIV positive. As innocent as I was, I didn’t understand what HIV was all about. Besides, I was feeling stronger and very happy to finally go home and play with friends. I couldn’t understand why grandma was so sad and in tears.

My life practically took a different turn. Being an orphan and living with HIV was quite challenging. My parents died of AIDS when I was just a baby. My grandma took over guardianship of me. On monthly bases, she will take me to the hospital for checkup and refill. I didn’t understand why I was obliged to take drugs on daily bases though I wasn’t sick. After 3 years of taking drugs continuously, I began discarding of it each time I went for refill. I was severely punished when grandma realized that I have stopped taking my drugs; it was depressing. I practically nursed pains and hatred towards her. I didn’t know that she was just ensuring that I stay healthy until when I was 16 years old. I was given a comprehensive lecture at the Child playing corner in the Ndop District Hospital on HIV/AIDS, essence of taking drugs and maintaining a good dietary.



“However, getting in terms with my status wasn’t shocking or saddening. This is because, I was convinced that if the virus was as deadly as many claimed, I would’ve been death; since I have been HIV positive throughout my life. I resolved to take my drugs and adhere to treatment while conducting research, attending seminars and talks on HIV in a bid to broaden my knowledge on the subject.”

I will forever remain grateful for the love and affection my grand mom bestowed on me. Growing up as the lone child wasn’t easy; but I decided to come in terms with my situation and become contented. I’m now 18 years old; abstinence till marriage is my watch word. I aspire to be a nurse some day and touch lives in a special way.

“My viral load is undetectable. I’m living a blessed life despite all adversities. I will like to advise everyone to adhere to treatment immediately they discover their HIV Status and stay optimistic despite all odds. There is always a light at the end of the tunnel.”



ROLE MODEL

Dr. Pascal Nji Atanga

Senior Technical Advisor for HIV C&T HIV Free Project

Dedicated and committed to service and the wellbeing of children living with HIV (CLHIV) describes the personality of our role model for this month. Dr. Pascal Nji Atanga is the Senior Technical Advisor for Care and Treatment—HIV Free Project of the CBC Health Services.

Dr. Pascal Nji Atanga is a middle aged husband and father of four who hails from Ntarinkoun in Mankon Bamenda. At a time when attending a catholic mission school ignited pride for many; he was opportune to school at Catholic Schools Alakuma and Wum respectively. His secondary education was at Government High School Wum and Mbengwi in 1988 and 1990 respectively. Despite all odds, he did Natural Sciences at the University of Yaoundé (1). In 1992, he got admission to study at CUSS Yaoundé. In 7 years he graduated as a Medical Doctor. 14 years after Master's Degree in Public Health, he acquired a PhD in International Health from the Ludwig-Maximillian University in Germany.

The dynamic public health expert started his professional experience in 1999 in Buea where he worked for 3 years. After acquiring an MSc in Public Health, he worked at the SW Regional Delegation of Public Health (SWRDPH). He served for 10 years in different capacities. Dr. Atanga has partnered with the CBCHS all through his professional career in Public Health. This heightened when he was made PMTCT Focal Point for SW in 2006. He was later made the Coordinator of SW Regional Technical Group (RTG) for the fight against HIV/AIDS. By 2014, he was fully integrated to work with the CBCHS as the Pediatric C&T Supervisor for the HIV Free project. This Ped. HIV C&T enthusiast has dedicated at



least 15 years of his professional career to meeting the health needs of People Living with HIV (PLHIV) especially women and children. Early in his career with the CBCHS, he pivoted an assessment of Ped HIV/AIDS C&T in the NWR and SWR. Following their findings, he advocated for the creation of a pediatric C&T sub component under the HIV Free project. With its creation, the project was eligible for external funding from Elizabeth Glazer Paediatric AIDS Foundation (EGPAF) and Clinton Health Access Foundation. Under Dr. Atanga the Psychosocial Counseling aspect of the subcomponent's treatment centers was created. EGPAF Zambia was then invited to train trainers. Thanks to Dr. Atanga, the Accelerated Children's HIV/AIDS Treatment (ACT) Initiative project was funded by PEPFAR. His dynamism saw the creation of Child Play Centers (Psychosocial Aspect). Through his coordination, the number of children on treatment in these regions increased in 2014 from 6% to 18% in 2016.

The burning desire to find, treat and retain all CLHIV has been his greatest motivation to sacrificial service. He feels elated when people are made to understand that CLHIV can live very successful lives with viral load suppression. He is able to plan every of his movement and work with family; hence he spends sometime with family.

His greatest hobby is to read diversely especially into economics and development literature.



DISCOVERIES

Fear of Death Impedes Pediatric HIV Care and Treatment in Ndop



The believe and fear of imminent death by parents and guardians of children living with HIV has acted as the greatest impediment to the appropriation of Pediatric HIV Care and Treatment in Ndop Health District. Hence, some children living with HIV in this part of the country has been unable to access healthcare due to their guardians' fears of their foster children suffering the same fate as their parents; most especially if they met their demise from AIDS while taking treatment. To make matters worse, some of such children take treatment but their situation remains the same or even depreciating in health as they collect drugs and don't consume them. In some cases, the drugs taken are thrown in the toilets given their guardians' perception of HIV treatment and HIV infection. Viral load suppression and a high CD4 count can only be realized by an early linkage to treatment and to a greater extent, the clients' level of adherence and retention in treatment; without which, the client will contract opportunistic infection and finally develop AIDS. This problem at the treatment center level has been solved by sensitization and education on the essence of adhering to treatment and consistent ART consumption.

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

South West: (+237) 677 57 11 11

North West: (+237) 677 64 78 99

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: hivfswdocteam@gmail.com

Website: www.cbchealthservices.org