

SHAP SHAP

Towards An HIV-Free Generation

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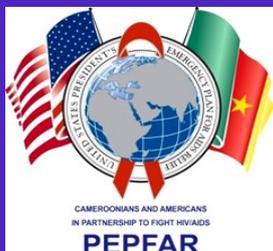
December 2017

LCI Increases Community Participation in Healthcare



In This Issue

- ◆ Editorial
- ◆ On the Field
- ◆ Practices
- ◆ My Story
- ◆ Role Model
- ◆ Discoveries





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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

LCI Rounds-up Supervision of Project Activities in Health Areas



LCI Supervision in Mforya Integrated Health Center

After 3 years of effective project implementation in some 5 Health Districts (Tubah, Bafut, Mbengwi, Benakuma and Ako) of the North West Region, the Local Capacity Initiative (LCI) project will soon be over. In view of the project close out, the LCI Staff went round the health districts supervising its project activities in some health areas. What was supervised included Out Reach, Maternity Waiting Homes (MWHs) and Income Generating Activities (IGAs).

During the supervision, the LCI Coordinator Mrs. Abuseh Jaqueline Mbounda identified and addressed some pertinent issues which needed

immediate attention. These were cases of some inconsistencies in outreach activities and issues relating to MWHs. For financial accountability in IGAs, the project Finance Officer advised the community members on how to do booking on in and out cash flow. While praising best practices, the supervision team frowned at the health facilities whose collaborations with the management committee members was questionable.

So far, the team has worked in some four health districts including Bafut, Mbengwi, Tubah and Benakuma. The rest of the health areas will be supervised subsequently.



ON THE FIELD

HIV-FREE NW and SW Project Receives Award of Excellence for Strides in the Fight Against HIV and AIDS Pandemic



in the domain of community development, entrepreneurship, information technology, social security, advocacy and nation building. The colourful ceremony provided a suitable forum for participants to share in collective accomplishment and design a roadmap towards the emergence of Cameroon come 2035.

Grant and Documentation Supervisor Receives Award for the Project

The CBC HIV-FREE NW and SW program have received an award of excellence from a Cameroon based media house, which recognized the project as the best health welfare program in Cameroon. This outstanding award was handed over to the representative of the HIV-FREE project, Mr. Abanda Alphonse during an award winning ceremony dubbed “community Based Initiative Development Media Award” organized by NDEFCAM RADIO on the 22nd of December 2017 in honour of their 7th anniversary.

Unanimously nominated and voted by populace of the Bamenda municipality through a live Radio call in Program, this well-deserved honour was presented to the CBCHS in appreciation for a remarkable effort towards the reduction of HIV and AIDS in the NW and SW Regions.

It was highly attended by great achievers whose individual work and collective actions have contributed enormously to boom the private sector

HIV Free II Launches an Aggressive Catch-up Strategy to Attain Q1 Targets

Given the pressure to meet up the treatment indicators (treatment new and treatment current) before the end of the Quarter one (Q1) for Fiscal Year two (FY2), it was imperative to re-strategize and conduct proper planning. After two months of project implementation, only 9% of the set targets of 25% were attained. In response to this challenge, the project organized an emergency planning meeting on the 14th of December 2017 to deliberate on measures to improve results. Thus, an aggressive catch-up strategy was launched in a bid to intensify efforts towards the attainment of targets by at least 17%. Hence family testing model, contact tracing, PITC and PMTCT strategies were reinforced in all sites and staff deployed at all entry points to fill in the huge gaps in HIV case identification, initiation on treatment and retention.



ON THE FIELD



Field Staff pay Keen Attention to the New Fast Track Strategies

Despite huge success recorded in the domain of HIV testing, initiation and retention remain a primary hurdle. This is partly due to the fact that HIV positive cases are not identified as targeted and some of the few identified are not initiated on

treatment due to Clients' refusal to be linked to treatment immediately diagnosed. On the other hand some project sites do not dispense ARVs and clients need to be linked to other facilities for treatment resulting to some missed opportunities along the way. The project team will work with the Regional Technical team to upgrade these facilities to dispense ARVs. A recommendation was made to initiate all HIV positive clients who need to travel to other regions and then transfer with a referral slip. The meeting ended with staff committing themselves to intensify efforts to ensure that all key indicators are met.

HIV Free NW II Orientate Staff on New Financial Procedure

The introduction of the Project Fiscal Year 2 targets came along with the introduction of new software for financial reporting known as DAMA Finance This new necessitated an orientation for all the project staff to track expenses to meet the standard for analysis in DAMA Finance. This orientation meeting in the NWR was chaired by the Principal Investigator – Prof. Tih Pius Muffih. With aim to enable participants understand how to match activity with the four budget heads namely: – First 90 (MTCT & HVCT which is testing); second 90 (HTXS & PTXS which is treatment) and third 90 which is 90% of people living with HIV on treatment should obtain viral load suppression.

Staff were also reminded on the need to make accurate requisition for their activities without



Cross Section of Finance Team at the Meeting

making it unnecessarily ambiguous. This, the Business Official – Mr. Monju Johnson stressed that staff will not be allowed to spend more than the advance requested. Management therefore called on everyone to work in a synergy for successes in financial procedures.



ON THE FIELD

WAD2017; a Call to “Accelerate the HIV Response”



Psychosocial Agents Match in Commemoration of WAD 2017

The CBC Health Services (CBCHS) in collaboration with the Regional Technical Group (RTG) for the fight against HIV/AIDS and the Regional Delegation of Public Health joined the rest of the world to commemorate the 2017 World AIDS Day. The celebration was done under the national theme, “The Right to Health” and the slogan; “Accelerate the HIV Response.” Under the auspices of the Governor of the North West Region – Mr. Adolfe Lele L’Afrique, the commemorative activities took place at the North West Regional Fund for Health Promotion (NWRFP). Speaking at the event, the governor expressed his regrets over the low service uptake by inhabitants of the NWR in HIV Response. This is due to the fact that, out of a total population of over 2 million inhabitants, only about 260,000 people know their HIV status which is about 12.5% of the total population of the region. Of the total number tested this 2017, about 45,000 the governor disclosed are positive; out of which only 34,000 have been initiated to treatment giving a 76% rate for uptake of treatment; leaving up to about 11000 positive persons without treatment

with 24%.

Activities to commemorate this day were marked by a general sensitization within the Bamenda town and all other divisions and subdivisions of the region. While at the RFHP, all the partner organizations in the fight against HIV/AIDS such as CBC Health Services, ACAFEM, COMINSUD, HEDECS, CAMNAFAW, and the Mezam Barbers and Hair Dressers Association mounted exhibition stands that explained the things they are involved in. According to the NWRDPH, an attainment of the UNAIDS 90-90-90 by 2020 and 95-95-95 by 2030 is possible with all hands on deck. Only then will HIV and AIDS cease to be a public health problem in Cameroon.

During the program, some outstanding psychosocial agents were awarded certificates of excellence alongside a cash price of 200,000 FCFA. The prizes were awarded to some 3 Pediatric and Adults HIV and AIDS Care Psychosocial Agents. The cash prices were 200,000; 100,000 and 50,000 for the first, second and third prizes respectively.



PRACTICES

Maternity Waiting Homes; a Breakthrough for PW in Distant and Inaccessible Communities in NWR



Akwaja IHC MWH in use by a Pregnant Woman awaiting delivery

Several rural communities in the North West Region of Cameroon suffered from various challenges to access healthcare. Some of such challenges include; poor road infrastructure and the unavailability of health facilities in some areas. Clients in such communities trek over very long distances before getting access to the closest health facility from their homes. This traumatic experience is worst for pregnant women who risked giving birth along the road. Cognizant of this risk and agony in accessing healthcare after several hours in severe labor, most pregnant women often resorted to Traditional Birth Attendants (TBA). Nonetheless, there have always been higher risks in home deliveries; though no less than roadside deliveries. Such risks include high exposure to HIV transmission from mother to child, infant/maternal mortality and other infectious diseases.

In view of this backdrop, the Local Capacity Initiative (LCI) project carefully laid down a strategic plan geared at curbing these home deliveries and the spread of the HIV pandemic. The LCI therefore sensitized and mobilized traditional rulers into owning ANC and PMTCT services

in their health facilities through trainings. This resulted in the drafting of laws prohibiting PW from giving birth at home. Mindful of the challenges PW in labour go through in accessing healthcare; a concerted effort of the LCI and Health Dialogue Structures saw the conception of Maternity Waiting Homes (MWH).

A MWH is a facility within a health unit where Pregnant Women living in distant and hard to reach areas can visit some few days prior to the anticipated date of delivery. The LCI organized briefing sessions with Chiefs of Centers and some DS members to communicate the importance of MWHs and how to create one.

DS from every community were charged with community assessment and sensitization on the importance of MWHs for their support and participation. While some constructed their MWH, others demarcated existing structures and maternities to create one. The implementation of this activity started in December 2016.

Statistically, 20 of the 57 health area DS in the 5 districts of project implementation, established MWHs in their health facilities. Comparing Quarter 1 of 2016 and 2017; of the 20 created homes, 14 were supervised with positive results. Meanwhile, of the 14 supervised, 12 showed remarkable improvement on the number of deliveries conducted in the facilities within the same period. From the supervision, it was discovered that a total of 61 PW have spent at least one night in the waiting homes. In Q1 of 2016, a total of 183 home deliveries were recorded while in Q1 2017, the number of home deliveries reduced to 109.

The above states clearly that, HD dropped 2017 drastically thanks to the LCI intervention strategies in these communities.



MY STORY

Healthcare has no Bounds for Authority/Royalty

“As a fon, I thought all about my job was being the custodian of the customs and traditions of my people. Never at any point did I or my traditional council think that we had a role to play in the healthcare welfare of our people...”

I am HRH Fon Mbamu Emmanuel – the Paramount Fon of Berabe Fondom. I am a second class Fon reigning over the largest Fondom in Ako Sub Division of the North West Region of Cameroon. My clan has at least 4000 inhabitants with about 7 fondoms. Despite the large surface area, there is only one health facility; situated in Upper Berabe. Being ignorant of my subjects’ health welfare is something my sub fons and I have suffered for decades of our reign and since the time of our ancestors - We received this neglect traditional heritage.

As years went by; our wives and children kept dying during and sometimes after child birth. Some children died before 2 years of existence without having the chance to enjoy adulthood. This for a very long time troubled us; yet all attempts at curbing these deaths consistently failed. This is because; we saw everything to be borne of witchcraft. Our actions left the fate of our wives and children to the fragile hands of the Traditional Birth Attendants (TBA) for the pregnant women. Hence, consistent increase in maternal-child mortality and increase rate of HIV transmission from mother to child.

I once received a letter from the LCI inviting me for a meeting of traditional authorities. I was first reluctant to go because I didn’t understand why they were inviting me but the experience was mind blowing - The training completely transformed my reasoning of modern healthcare. It was at this meeting that many in my likes learnt that HIV is one of the major causes of early infant deaths since they are never tested or treated. The LCI training made me to understand that, a fon like me is a part



HRH Fon Mbamu Emmanuel - Paramount Fon of Berabe

and parcel of a health system. I also learnt of certain prevailing diseases affecting PW and children if not prevented during pregnancy.

“After our training, I called an emergency traditional council meeting to share the knowledge I got and discuss the way forward for our community. At this meeting, new laws were enacted in view of ANC attendance. Defaulters of the law were to be fined, with specified sums and articles.”

Today, community health welfare is the first item on the agenda of our weekly traditional council meeting. Under this item, sub chiefs give reports pertaining to how much sensitizations and mobilizations they have made in call for conventional medicine service uptake. After consultations with my sub chiefs, we have made available a plot of land beside the Berabe IHC for the construction of a staff residential area for the health center staff. We have proposed a health center in Nzibie and have called on the government to come and do the land inspection. Here we have made available some three plots of land as the proposal sites for the government when they arrive.

“Thanks to the LCI team my people are healthier now.”



ROLE MODEL

Mr Ngemuh George Asong Management Committee Chairperson Tubah Health District

The love for one's community is that portrayed in a man's passionate devotion and commitment towards having his community become part and parcel of a common good. This is why we take delight in presenting Mr Gemuh George Asong; the man who has championed the advocacy for health system strengthening in Tubah Health District for about 30 years today. Mr Gemuh George Asong chairs the management committee of Kejom Kitingu Health Area and Tubah Health District.

Mr. Gemuh completed his primary education at GC Babanki II in 1981, He then continued to Government technical college Nkwen where he obtained BEPC and BACC certificates in building construction. His professional career started with SATAAR, from where he worked with Mbengwi BOME Water Supply. Despite his proficiency in building construction, the decaying health system of his community forced in him new dreams of a great future for his Kejom Kitinguh's then health post.

At the district level, he had several posts of responsibilities the most of which was the representative of Tubah HD at the North West Regional Fund for Health Promotion. His determination saw the creation of Kejom Ketinguh Integrated Health Center. The creation of the health center only

opened his eyes to the many challenges that the facility was facing. These were low uptake of ANC services by pregnant women, shortage of staff, weak dialogue structure, lack of basic utility like water and electricity. The daunting task became relieving with the introduction of the LCI project in 2014 as its core values are centered on ANC, Outreach and Health System Strengthening. Thus the outstanding successes of the Local Capacity Initiative (LCI) project in Tubah Health District in general are thanks to his dedication.



Mr. Gemuh George Asong acting his passion at LCI Training of Dialogue Structures

Mr. Gemuh has participated in several LCI trainings which capacitated him for community sensitization towards owning healthcare services at the health facility. He was the brain behind the several resource

mobilizations in the Tubah health district which gave a facelift to this health facilities hence better health care for his people. He has also ensured the smooth creation and functioning of LCI funded projects within the health center including outreach activities. In a bid to increase ANC/PMTCT uptake by community, he has made significant strides in stampeding home deliveries.

Mr. Gemuh is a husband, father of 9, and a grandfather. Hailing from kejom ketinguh, he is a great lover of football, drumming and dancing. He finds delight in eating corn fufu and vegetable which he terms his favorite meal. Despite his busy schedule, he never fails to spend quality time with his family.



DISCOVERIES

Fon of Assah Performs Rituals to Change Cultural and Traditional Health Practices



HIV Free Field Coordinator Sensitizing the Assah Traditional Council and their Fon on the dangers of Home deliveries

When norms of a community are detrimental to its own people, it takes a bold leader to change the tides of such a cultural practice that was instituted from time immemorial. This is a true picture of the Assa Community of Ako Health District in the North West Region of Cameroon. The Fon of Assa, has in a bit to take favorable healthcare decisions for his community, gone an extra mile to consult the gods/ancestors of the land in other to change some practices that govern its people. During a very formal and unusual ritual ceremony of libations and sacrificial offerings to the ancestors, Fon Meboh Williams Febakie of Assa together with the chief priest and other notables of the village offered a healthy goat to their ancestors, to permit them revert the customs which have been so unfriendly to pregnant women and their babies thereby increasing mother, child mortality. After the rites and clearance from the gods, the fon together with his traditional council mapped out all the laws which prohibits pregnant women from using Traditional Birth Attendants for delivery. This innovation has encourage more women in this community to use health facilities hence increase mother and child health care.



MY OPINION

Victorine Nguikwi

COC Abongshie Integrated Health Center

I have worked as Chief of Center of Abongshie IHC for the past 12 years; during this period I witnessed the election of several management committee members. These members unfortunately hardly understood the importance of what they were called to do. They considered the health center and health activities to be the duty of the government. Hence explained why they always asked to be paid for any work done at the health facility.



The coming of the Local Capacity Initiative (LCI) project in 2014 completely changed their perception of community participation in healthcare. The LCI succeeded in revitalizing and renewing Dialogue Structures in the whole region. Following the fresh elections into the management committee and zonal delegates; the LCI invited and trained its members on several occasions to enable them to understand the various roles and regulations as well as their responsibilities to the health system. Today they know exactly what is expected of them and we now have strong health systems with dedicated management committee members who are living no stone unturned to ensure that their community members have quality health care. I am very sure even if the project ends, the outreach activities will still continue. All thanks to the LCI project for their active work in causing community participation in healthcare.

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.

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