

SHAP SHAP

Towards An HIV-Free Generation

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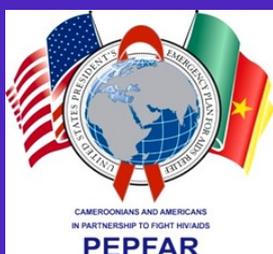
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Strict Financial Management Procedures for Greater Accountability of Funds



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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

CBCHB Again Commended for her Great Strides in the Fight Against HIV and AIDS Cameroon



Abanda Alphonse Receiving Award for the CBCHB

Following her unwavering commitment to the fight against HIV and AIDS since 1990, CBCHB has been severally rewarded by various press organs and institutions, both nationally and internationally. On January 27, 2018, CBCHB received yet another award of Excellence from a prestigious Civil Society Organization named *The African Dream Network*. This is a reminder that despite the odds, the public which is always watchful recognizes that the organization is doing its best to attain its objectives especially those in the fight against HIV and AIDS. The Award from the African Dream Award was decided by a panel of respectable judges following the result of a public survey which the organization

conducted by the close of 2017.

While receiving the Award on behalf of the CBCHB, the HIV Free Documentation Supervisor who also doubles as the Grants Department Supervisor for the CBCHB, dedicated the award to the over 4000 staff of the organization who sometimes have to put their lives on the line to save others. He said CBCHB's work in the area of HIV which began way back in 1990 is never done for the purpose of winning awards but rather to fulfill her mission which is that of providing quality healthcare to all those in need as an expression of Christ's love.



ON THE FIELD

NWRFHP Celebrates 30 Years of Promoting Sustainable Quality Health Care



Cutting of the Anniversary Cake by NW Governor's Representative

The North West Regional Funds for Health Promotion (NWRFHP), a strategic partner of the CBC Health Board, celebrated 30 years of providing sustainable quality health care to over 217 communities in the region. The anniversary event that took place on January 26, 2018 under the distinguished patronage of H.E the governor of the NW region was a highly attended and colorful ceremony to the dimension of 30 years of steady growth as was revealed in presentations, songs and drama. It should be recalled that the NWRFHP was created exactly 31 years ago to address the perennial problem of access to drugs in health facilities in the NWR. It is thus the first dialogue structure to be put in place in the country known then as regional drug store, then later Special Fund and today Regional Fund For Health Promotion. This has not just been a fanciful modification in the appellation of this structure. Changes in

name came with new responsibilities for the Fund thus the structure evolved from a simple drug warehouse and distribution point, at the start, to become today a regional dialogue structure and a Public Interest Group. The success of the NWRFHP in those early days inspired the creation of similar structures in the Littoral and Southwest regions. Today, all 10 regions of the country now have regional dialogue structures calqued on the model of the NWRFHP.

The story of the NWRFHP is in many respects similar to the great success story of the CBCHB which had similar humble beginnings in the colonial 1930s (in the small village of Mbem) and which is today a major healthcare provider in the country, second only to the government. Also worth nothing is that, CBCHB's Director, Prof. Tih Pius is board chair of the NWRFHP. In the past 3



ON THE FIELD

years, CBCHB and NWRFHP have worked closely more than ever before for the implementation of the Local Capacity Initiative (LCI) in the North West Region.

However, despite huge success recorded in the domain of healthcare poor roads network and accessibility to some hard to reach communities remains a major challenge in the NWR. Yet, the NWRFHP remains dedicated to ensure that health services be more affordable and accessible to everyone who needs it.

Project Staff Coordinate to Sought Solutions for Better Results

Four months into the implementation of phase II, HIV Free NW II is yet to meet some key indicators on the target list. On February 6, 2018, management used the routine regional coordination meeting to further discuss

ways to improve treatment initiation at all entry points in the facility for all HIV in line with the national test and treat policy. The meeting was also geared at identifying all the gaps in testing and linkage; review cumulative FY18 results and design an aggressive work plan to implement the strategies and meet targets.

During the meeting, Contact Tracing was identified as a high yield (12% as was reported) strategy to be intensified for the search and initiation of positives.

Meanwhile, proper clients tracking and documentation was discussed as a measure to increase Q2 yield. Management encouraged the staff for their determination and commitment to actively search and find, treat and keep all positive clients in the cohort.



Cross Section of Staff at Coordination Meeting



PRACTICES

Financial Accountability: the Backbone of a Successful Project Implementation

In the over six decades of existence, CBCHB has continued to improve its processes to meet acceptable world standards. At CBCHB, it is believed that properly managing and accounting for all funds to last penny remains the backbone of our aspiration to grow a strong organization. This spirit has guided CBCHB financial management decisions under the CDC/PEPFAR funding that began in 2011.

From a “simple” accounting system using the Loan Performa software, CBCHB has worked with CDC to improve its financial management system over the project years. It all began with the now famous Expenditure Analysis (EA) which led to the creation of new positions of EA Focal Point for better implementation. The EA came with the exigencies of staff “unpacking” all expenses to charge the right budget codes. In line with this evolution, CBCHB developed and began the piloted of a Data Manager, Finance (DAMA-Finance) software to automatically generate reports per budget codes thus eliminating the cumbersome manual processes involved in the past. Under HIVF II and for the purposes of better accounting for the funds, CBCHB began doing/reporting expenses per CDC targets. This gives more visibility to how much funds are being used to achieve each indicator. Matching funds to targets is a remarkable progress in project financial management procedures. Aside these, CBCHB Finance team has continued to perfect existing procedures to ensure that there is a right balance between project implementation speed and



*Mrs. Amah Ophelia—Central Accountant
HIV Free Project*

acceptable accountability.

In addition to processes, CBCHB has continuously strengthened the capacity of its finance staff to improve performance at all levels. Internal training packages are conducted to refresh the skills of the finance clerks. The accountant, internal auditor, Business Official and Managers attended some international finance management training programs in Dubai and in the US to further sharpen their skills in this area.

As such, CBCHB has continued to demonstrate its commitment to develop internal capacity to manage and report on multibillion dollar projects satisfactorily.



MY STORY

The Job of a Finance Clerk is Not Just Rosy.

“*Working with money was my childhood passion.*” Bih Victorine, articulates with her usual broad smile while swinging her comfortable office seat. She is a CBCHB trained Finance Clerk with six years experience working in this position with HIV-Free NW project.



Mrs. Tamfu Victorine

Finance Clerk—HIV Free Project

Managing petit cash for the HIV- Free project has been a ruler-coaster ride for me. Generally, what I do is receiving cash from the accountant, paying out receipts, cashing out disbursement vouchers, giving out advances, reconciling and reimbursing cash to staff to enable them carry out their activities effectively. I also work with the finance clerks of the coordination areas by crosschecking their receipts after giving them petit cash to ensure that what has been reported as expenditures is actually correct. Thereafter, I summarize their work and send to the accountant for final reimbursement.

Having a good memory is very important for this activity. The challenge involved with trying to stick to the policy is that you may easily be misunderstood by colleagues. For instance, if a

driver brings a request of 200,000Fcfa, and on the day he intends to embark on his trip he increases the amount to 400,000Fcfa and I insist on paying out only what was originally requested for, this maybe badly perceived. However, this has made staff to be more thoughtful when budgeting. I encourage them to make leverages so as to cover unforeseen.

As simple as it may seem, this job is not always an easy ride. I sometimes have sleepless nights. For example, when an urgent purchase order is made abruptly and I have less than 24 hours to disburse the money and there is no money readily available. In such situations, I am obliged to helplessly watch the frustrated staff complaining. To remedy such situations, our team developed a financial system in such a way that abrupt request could be handled. The team started by organizing monthly meetings in which we assemble requests for activities that are to be carried out a week ahead of time. We draw out work plans to deliberate on how much is needed to carry out a specific activity, and share our activities in such a way that a particular clerk handles unbudgeted activity for a week and another the subsequent week. This has greatly reduced the number of frustrated faces I see daily.

“To sum it all, I can say that my work has been a mélange of joy, tension, challenges and fulfillment. My highest point of satisfaction is that end of the day when I see that my account is balanced, money is properly controlled and wisely spent. Working on this project has been and still is an amazing opportunity grow in my career. I am thankful to God.”



ROLE MODEL

Monju Johnson Vishi

Business Official - HIV Free Projects



Being a great achiever is not necessarily something that is studied in school but rather a good combination of school knowledge and field experience. Monju Johnson Vishi, Business Official for the HIV Free Project since 2011 is an epitome of this right mix of a great academic career and long years of field experience “talking” the language of money.

Johnson hails from Kejom Ketinguh, a proud father of 8 children and grandfather of one. Being born into a polygamous family of 21 siblings, the right to basic necessities was as scarce as gold. It is perhaps from this large family experience, where the secret to success depended very much on how much the children watched over each other, that he owes his spirit of giving and simplicity which stand out in his character.

His alma matter is Longla Comprehensive College – Bamenda where he obtained the London Chamber of Commerce at the Royal Society of Arts. Thereafter, he was admitted to do OHADA Accounting at Government Technical High School (GTHS) Bamendankwe from where he graduated after 2 years with knowledge in both Cameroon and British Accounting Systems. Johnson is holder

of a Diploma, BSc. and MBA in Accounting.

His professional career has been as rich as his educational journey. He made his debut as accountant with the then renowned North West Cooperative Credit Union where he served for 18 years. Before his departure from NWCCUL, Johnson had risen to the position of Chief of Administration and Personnel. He is well traveled and remembers vividly his baptism in river Jordan, Israel– same river where Christ was baptized according to bible accounts.

In 2004, he joined the CBC Health Services team as an Accountant and served in this capacity for several projects including; AWARE (USAIDS) project 2004-2008; Elizabeth Glazier Pediatric AIDS Foundation (EGPAF) 2008-2011, and then the HIV Free (CDC/PEPFAR) Project from 2011 till date as Business Official.

As an accountant for special projects, he has done enormous contributions to the effective success and implementation of those projects by being a good steward. Fondly called BO, Johnson measures the weight of the responsibility. Talking about his “BOship”, he cautions other financial officers:

“.....becoming a BO of a major program like HIV Free is not mainly based on academic qualifications but also on the level of trust that is placed on someone when they are given smaller projects to manage”.

So far, Johnson has demonstrated great understanding of US government funding systems and continued to safely sail the HIV-Free project ship through the very tough financial exigencies.

Reading, dancing, sharing with friends and visitations are his hobbies.



DISCOVERIES

Making Hair Dressing Saloons Safe from HIV: Hair Dressers Champion the Campaign Bamenda



President of Barbers and Hairdressers Association presenting their Actions to Governor of North West

Until date, HIV prevention still remains a priority activity in Cameroon requiring the involvement of all to bar the way to the virus. Despite all the efforts communicated by everyone, major means of HIV transmissions have not changed so far.

WHO stipulates that about HIV is spread through unprotected sexual contact with an infected person. Other moods of transmission including sharing unsterilized sharp objects with infected persons; transfusion of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

The Mezam Hairdressers Association is now fully engaged in the struggle by ensuring saloons cease to be major areas where the virus can be gotten. Their education to co-hair dressers and barbers include topics such as correct sterilization of all sharp objects used in Barbings Studios and Saloon Workshops. For instance, most barbing studios in Bamenda without sterilization machines use crude means of ensuring the sterility of their equipment before and after use. Such has been the use of fire lighters or matches, spirits; meanwhile, some use sterilization machines for the same purpose. Most barbers use fire to burn up and dry up all the hair in the shaving blade while making sure that their cleaning materials are being used for cleaning up the chins and hair just once.

On the Road to 90-90-90



CBC HEALTH BOARD

“HIV is no longer a dead sentence. Get tested and get treated”

Prof. Tih Pius Muffih, Project Principal Investigator.

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