

SHAP SHAP

Towards An HIV-Free Generation

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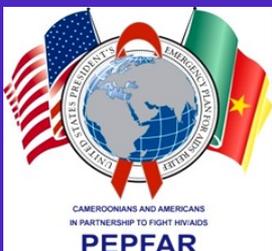
April 2018

EID Enhancing Maternal and Child Health in the NWR



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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:

Increase the percentage of PLHIV who know their HIV status to 90% in both regions

Increase the percentage of HIV positive adults, pregnant women and children who access ART in health facilities and communities, from 86% to 90%

Increase by 10% the number of PLHIV retained in care and achieving VL suppression

Improve health systems performance and function through increase documentation, quality and utilization of health information, increase quality health services and increase human resource development.



EDITORIAL

Prof. Tih Pius Muffih

Project Principal Investigator

The CBC Health Board has succeeded in the implementation of HIVF NW/SW Project as was effectively reported in the *Shap Shap* editions of Project Year 1. This resounding success was recorded amidst high insecurity in the two PEPFAR Regions. Since the start of project year 2, our teams in various sites have been effectively working and sending reports of work done to the management on a daily basis.

Due to the uncertainties that loomed the working atmosphere, we did not meet up with our Q1 Targets as planned by December 13. This then forced management to look into the reasons accounting for this snail pace implementation after the CDC site supervision team questioned the reasons for such a drop while demanding for lasting solutions.

After serious deliberations, we decided to institute an emergency catch up strategy dubbed CUP 2017 which was to run from December 16 to December 31, 2017. This acceleration period encroached into Q2 of the project as it is being used as the strategy to stabilize overall project targets. Consequently, the acceleration period was extended until this March 2018. During a review of the CUP results in January, CDC complimented our work in the field and recommended that such a robust strategy should continue since the end reveals factual results.

Worthy highlighting is the fact that, you all will be expected to work with such selflessness, giving in your all for us to see all persons living with HIV on treatment; hence meeting the 90-90-90 agenda of UNAIDS Vision 2020.

I will love to sincerely appreciate the huge efforts you all have been putting into making sure that we attain our targets for this project year. Just to note



that I have kept a consistent tracking of your daily reports and I must confess that you all have been doing remarkably well. That is why today, the M&E Team can be able to give us the actual number of persons living with HIV in each of the regions. Keep the *Shap Shap* spirit alive and in motion as we all struggle to ensure quality health service delivery to all in need while remaining steadfast to expressing our Christian love for one another.

Enjoy Reading...!



ON THE FIELD

HIVF Technical Director, ensures quality HIV services through site visit



HIV-Free technical director expatiating on key strategies at St Francis Ntasen health center

For consistent quality service delivery in the field, the Project Technical Director – Dr. Albert Bakor paid a technical visit to the team in the North West Region. The goal of the visit was to evaluate and improve HIV case identification, ARV uptake, Retention to Care and consequently viral load suppression in 5 sites. Facilities visited were Ndop District Hospital, Bamunka Urban, Aziri IHC, St. Francis Catholic Health Centre, Ntasen, and Regional Hospital Bamenda.

During these site visits, the Technical Director stressed on the need for service providers to intensify index testing, ensure quality of service delivery, decentralize HIV testing from the laboratory to all entry points. This is to ensure that all clients put on treatment are actually HIV

positive. Cohorts should be actively monitored in order to build rapport with clients in a bid to gain their confidence and trust. He also reiterated on the fact that retesting for old clients must be documented to ensure that the initiation rate is not skewed since they are old clients.

Service providers were also encouraged to conduct a systematic test and treat approach for all clients given that patients on treatment have a lower transmission rate of 7-9% as compared to 16-20% for those not on treatment. All facilities visited agreed to systematically implement the Index testing model which includes contact tracing and family testing.



PRACTICES

EID: Ensuring an HIV Free Generation

One of the pinnacles of success in the Prevention of Mother to Child Transmission (PMTCT) of HIV is owed to the timely transportation of commodities and samples from health facilities to the testing sites (EID Reference Laboratory). For an effective site implementation of PMTCT, there is a constant need of HIV test kits, ARVs and DBS Collection materials for Early Infant Diagnosis (EID). To complete the chain, these samples have to be transported promptly for testing and the results sent back to the clients.

Despite the indispensable needs of such commodities, there was no definite transportation system for these commodities and samples due to contract termination of Bikers for Health with the close of HIVF NW/SW Phase 1. This therefore slowed down service delivery, as clients visited the facilities without having their samples collected for testing at the reference laboratories. Sometimes, the DBS samples were collected and kept in the facilities for months without being transported to the reference laboratory. Hence, this made the turnaround time for EID to go even beyond 2 months in some cases.

To bridge the gap, the HIVF Project re-activated the use of bikers for the 64 Technical Assistance (TA) sites with just a few of the bikers in Wum, Bafut, and Batibo on contract. It is worth noting that these are the same bikers who were trained by the project during phase 1 of project implementation.

These bikers transport all DBS Samples from the facilities to the EID Focal Point Office in Bamenda where all the samples brought in are registered before being taken to the reference laboratory for testing. As soon as the results are ready, they also ensure their collection from the laboratory and



Bikers for health transporting supplies

registration at the EID office before taking them to the facility.

According to Mr. Gideon Bayena a Biker for Health, the main challenge they have is when some PMTCT staff are being transferred from a facility. New staff he states take time before understanding the procedure for PCR sample collection and testing. Hence, certain samples usually spend so much time in the facility without being transported as the staff never knows who to contact for the test to be done.

Consequently, the EID sub component of the HIVF Project has ensured the transportation of DBS Samples and results from the sites to the reference laboratory and back respectively. This strategy became operational since the start of HIV Free NW/SW II Project and is still being implemented till date. Through the EID team, an HIV Free Generation is possible in the North West Region of Cameroon.



MY STORY

Over coming stumbling blocks despite my Status



I was the happiest woman on earth. I was pregnant of my first child and so excited to attend my first ANC. During ANC, a series of tests were carried out on me but one of them came out positive. I was told I was HIV positive'. Esther adjusted her shoulders as if she was reliving those crucial moments of her life.

'I rehearsed severally how I will break the news to my husband but I wasn't able. It took me days to disclose my status to him. To my greatest amazement, his reaction was rather supportive, though I could feel the pain in his voice'.

Esther struggled so hard not to weep. A cloud of grief embedded her: she sobered awhile, gained sudden momentum then continued with her narration.

'I was in constant fear. The thought of this got me scared to get initiated on treatment at the Health Center for fear of meeting people who might know me and make me the topic of discussion. However,

I later on resolved to enrol into care for fear of transmitting the virus to my unborn child. Sadly enough, I had a miscarriage'.

She paused a while, caressed her hands and then lifted up her head

'My husband was also tested and his result came out negative. Over the years, he has been my pillar of support. I've made my ARV drugs a part of me: I can't miss a day without taking them. Luckily, my son was born negative. Indeed my bundle of joy. His six weeks and 28 months PCR results attest that he is HIV negative'.

A sudden joy took over her countenance and she wipes her tear once more; this time a tear of joy and hope. 'I will like to be a nurse someday. I'm living a blessed life and I thank God each day for giving me a wonderful family. I will like to advise everyone to know their HIV status and adhere to treatment if tested positive.



ROLE MODEL

Mr. Ngum Ngong John: A source of Inspiration

Early Infant Diagnosis (EID) Focal Point, HIV Free North West Project



Baptist Hospital (BBH), Mbingo Baptist Hospital (MBH), Nkwen Baptist Health Center (NBHC) and Etoug-Ebe Baptist Hospital (EBH). He has been made Compound Nurse (Head Nurse) and head of the laboratory department for at least 20 years. Pa Ngum was one of the 10 pioneer staff of the AIDS Control and Prevention (ACP) Program of the CBCHB. At the time, he worked as the Regional ACP Coordinator for the NW and West Regions. His work with the ACP entailed testing and administering treatment to children born of HIV positive mothers in the region. Hence he has been fighting towards an HIV Free Generation in Cameroon. Based on his background and experience, he was made the pioneer EID supervisor of the HIV Free Project in the

NWR.

For the past 42 years, the venerable man has remained steadfast and dauntless in ensuring perfect smiles on the faces of children within the North West and beyond.

Though he had dreaded the medical field as a youth, Pa Ngum finally desired the available as his passion for the medical profession was ignited in the theater when he witnessed a child successfully go through a surgical procedure. Today he can finally testify; *“whenever I look at the children’s results from the laboratory, I am very happy.”*

Mr. Ngum John is a husband and father of 6 children. He loves singing, listening to current events, and has a passion for children. Facing retirement, he hopes to have a very quiet and serene home to be with family and grandchildren. Given this lifelong experience, he should be venerated.

Committedly strict and consistently punctual in performing daunting tasks are the words that best describe our icon for this season. Mr. Ngum John is the Supervisor and flag bearer of Early Infant Diagnosis (EID) in the North West Region of Cameroon.

Pa Ngum as fondly called hails from Oku in Bui Division of the NWR. His educational career started at CBC Primary School Kumbo from where he continued to Chaffee Memorial College Banzo. Due to age limitations, he failed to gain entrance into the police force which was his dreamed profession. Given the availing circumstances, he joined the medical profession to study Nursing Auxiliary at the Baptist Training School for Health Personnel in Banzo. From 1981 till early 1990, Pa Ngum attained different levels of education as he climbed the ladder of success in his profession from one job to another. The trainings he attended include Nursing Aid, Laboratory Aid and Medical Laboratory. Since 1976, he has worked in Banzo



MY OPINION

Johnson:

HIV Positive Patient, C&T unit , Nkwen Baptist Health Center



I'm a regular client of the C&T unit of the Nkwen Baptist Health Center. I'm quite pleased with the services offered at the health center. The Clinical staff is very polite and always ready to attend to patients on time coupled with free drugs and services offered at the health center. The environment is also welcoming and clean. This motivates me to always visit the health center for my ARV drugs.

In recent years, my life has witnessed a remarkable transformation: I eat rightly, exercise regularly, I'm goal oriented and living a healthy and fulfilled life. All these were made possible as a result of relentless encouragement and counselling I received from psychosocial workers at the health facility. I must say, they helped transform what I considered a stumbling block into a stepping stone. I pray they continue in same spirit.

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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