SHAP SHAP

Towards An HIV-Free Generation

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Reordering Strategies towards Attaining Operation ALL Green (OAG) at Crossroads

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Production Team

HIV FREE II *SHAP SHAP* MAGAZINE

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Website

www.cbchealthservices.org

Email

hivfnwdoc.team@gmail.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Kuni Esther

Dr. Nkome George

Editor in Chief

Abanda Alphonse

Deputy Managing Editor

Fri Delphine

Associate Editor/Design

Ngange Divine Nfor

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.

Strategy1: 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.

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Editorial

Prof. Tih Pius Muffih

Project Principal Investigator

The last few months have been some of the most challenging periods ever experienced by the HIV Free NW/SW II Project since its start on April 1, 2017. Our result was way below expectations which raised a lot of eyebrows vis-à-vis our project implementation. Despite these challenges, our stance "On the road to 90-90-90" has not and will not be moved. We must not lose track of the goal we are fighting to achieve, which is to eliminate HIV from the public health challenges classification table by 2030 as we for sure will attain UNAIDS Vision 95-95-95.

To ease the implementation of HIV services in Cameroon, CDC divided Cameroon into four zones; Zone 1 (North West, South West, and West Regions); Zone 2 (Littoral and South Regions); Zone 3 (Center and East Region); Zone 4 (Adamawa, North and Far North Regions). As you already know, the CBC Health Board remains the implementer for Zone 1 while EGPAF remains in Zone 2. The implementer for Zone 3 and Zone 4 is not yet decided though very contested. Our ability to be the implementing partners of zone 3 will depend on how much we have been able to attain our targets.

The Western Region – Zone 1 that spans in three different regions has a total of 79 sites which have been distributed among the three regions. This zone also has an estimated 180,000 Persons Living with HIV (PLHIV) who are not yet on treatment; the CBC Health Board will be expected to place all of them on treatment within a period of two years – duration of the project. Within this period, we are going to be involved in active Technical Assistance (TA); but the services rendered at the sites will be Direct Services Delivery (DSD). This means that the staff will not only be present at the sites but will actively be involved in all activities under implementation at the site levels. Hence, all staff will be expected to dedicate 100% of their time to the work in the facilities. To ensure effective work and the attainment of targets set for the project, the funders have also laid down some modalities as to those who will be working on the field. This is through the classification of all facilities into what is known as the TIER. All the Tiers have also been subdivided from 1 to 4 and staff who will be employed will have targets to each be responsible for, depending on the treatment current of those health facilities.

The work we do within this period is going to determine the fate of our services in the Center and East Regions. It is for this reason that I launched ***"Operation ALL Green (OAG)"*** for ALL our 6 indicators. This strategy is meant to end on September 30, 2019. To effectively track this strategy, we are going to have weekly review meetings known as ***"Situation Room".*** We are expected to reach epidemic control with the zone 1 project in 2 years; and I'm confident we will achieve this.

Take the rendezvous with me to impatiently wait for more updates on the Shap Shap Newsletter every month.

Enjoy reading …!

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Using Situation Room as a Catalyst for the Attainment of Operation ALL Green (OAG)

To secure project funding by September 30, 2019, the Project Principal Investigator launched a campaign to ensure that ***ALL*** project indicators are in ***GREEN*** or attained. Dubbed ***"Operation ALL Green (OAG)"***, all our 6 indicators are expected to be in green by the set timeline; this means all the indicators should be at least 90%. With this reality, a consistent and accurate follow up of activities implemented on the field is paramount. Hence, the Senior Management Team and Program Managers intentionally created a forum dubbed ***Situation Room;*** this is a forum where all activities and data from the field are analyzed and reviewed on weekly bases. The frequency of this forum is once – on Saturdays – on weekly bases for the North West Region. The Situation Room also creates opportunities for the staff to table all their challenges as are being faced in the field on daily bases.

Since its conception, the Situation Room has been very instrumental to the project in the attainment of targets. For instance, it has raised the awareness of the mentors as concerns their site data vis-à-vis site targets. The collaboration between the project staff; the mentors, data clerks (DAMA and data verification clerks) and site staff has also improved. It has created a more streamlined system of work with less 'extravagance' as concerns putting in resources.

Situation Room has helped in streamlining the direct roles of site mentors; leading to the gradual and complete stop of supervisions to a more practical way of mentorship as they now actively teach by doing what has to be done with the facility staff. This has made each staff more involved and more conscious of the efforts needed to achieve results on a daily basis, including the challenges and how to solve them.

Cross Section of Lead Mentors, Site Mentors and Focal Persons at the Weekly Situation Room

In the past, there used to be some discrepancies in the presentation of data, thereby making things difficult for management to know where the problem is actually originating. The question at the time used to be whether discrepancy is at the level of DAMA or the DAMA Clerks' way of inputting the data into DAMA. Through the situation Room, it is possible now to easily identify where the issue is, since everybody is more conscious of the stakes of the project and are collaborating.

Attaining green is still daunting for some of the indicators, though there is progress in the direction. The team is tirelessly working in the field to ensure that all the defaulted clients have treatment outcome.

The Situation Room concept does not only help program staff monitor their clients meticulously, but it helps staff to work in a synergy and receive timely ideas to intervene promptly when needed.

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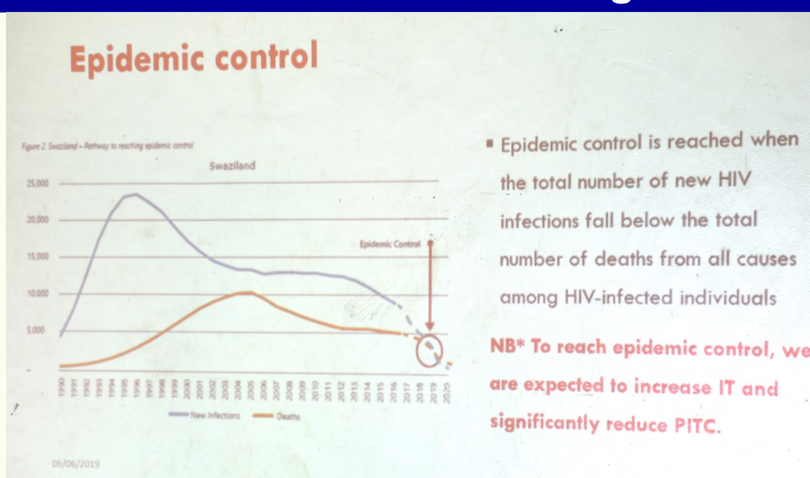
RTG NW/SW Meet Project Management for the Review of Progress and Development of New Strategies for Effective Attainment of Targets

After two progressive years of project implementation, there have been some discrepancies in the communication of activities implemented on the field between the project and the Ministry of Public Health (MOPH). For this reason, the project management convened a meeting with the Regional Technical Groups (RTGs) of the North West and South West Regions in June 2019. The meeting was geared at harmonizing activities implemented on the field by the project and the MOPH so as to effectively attain targeted objectives on both sides. It was also aimed at reviewing and developing new fast-track strategies that will help the project management to attain her objectives and targets.



The meeting created a forum for the presentation of progress in attaining targets by the project M&E Supervisors of both regions. The data presented were well analyzed by all participants and some better ways of presenting data as well as days lost were proposed and adopted for on-ward implementation by the team in subsequent presentations. At the end of the meeting, various resolutions were made for the onward implementation on the field so as to get accurate results. The participants for this meeting included the Project Principal Investigator, the coordinator and delegates from the NW and SW Regional Technical Groups for HIV and AIDS, the Senior Technical Advisor of Care and Treatment for HIVF NW/SW, the Monitoring and Evaluation (M&E) Supervisor of the CBCHB as well as the Project Management of NW/SW and M&E Supervisors.

The Project Principal Investigator – Prof. Tih Pius Muffih used the platform to call on the project management of NW and SW to collaborate with each other so as to attain the Operation ALL Green (OAG) which needs lots of work on the field.

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Project Manager and Delegates from the RTG, Glued to the Presentation of Progress Report for Review by the M&E

Resolutions of the Joint Strategic Project Progress Review Meeting

Observation	Resolutions	Site Responsibility	Follow up at Region
Management and reporting of salvage Treatment			
Salvage should be seen from two perspectives as follows: 1. Clients who receive ARVs in the facility coming from other facilities for any reasons. These clients should be reported in the facility salvage register and in the ARV dispensation register. 2. Clients of the facility who fail to turn up for their appointments and are found to have received ARVs in other facilities when contacted.	**R1)** In the facility all salvage ARV dispensed should enter into the salvage register with enough details such as client's name, ID card No, ART Code, enrollment facility, telephone number etc. This should be followed by enough identification information in the dispensation register like the client's ART code or the client's initials for proper identification of the client salvaged.	The facility pharmacy attendants, or the dispensers should ensure implementation	RTG M&E officer and assistant The Time Frame is 30th June, 2019
	R2) If in a facility clients are confirmed to have received salvage from other facilities at the end of the month, these should be reported in the ART register with an **"S"** in red ink, and also indicate the number of months served in case of multi-month dispensation. ***These clients are not counted in the active file at the time of reporting.***	The statisticians and the APS should ensure implementation	
	R3) In the monthly report, salvage served by the facility is reported under indicator 19, and for confirmed salvage out of the facility/region this should be documented as a foot note under indicator 21. ***Such salvage should not be included in the active file***	The statisticians should ensure implementation	

	R4) Clients receiving salvage can be served up to three months with proper education on the importance of being integrated into the facility cohort until when it is feasible for them to return to their facility of origin. By the end of the 3rd month, the client should be transferred into the facility. The client site of origin is then informed to transfer out the client officially by producing a transfer out certificate that is put in the clients file and a copy sent to the receiving facility physically or through a WhatsApp image. This goes same for clients receiving salvage out of the region. Such clients once located should be transferred out officially and their transfer out certificate issued and sent to the receiving site to officially integrate them into their cohort until when it becomes feasible for the clients to return. If there are more than two clients coming from a site, their transfer certificates should be grouped and sent together.	The Coordinators, APS and statisticians should ensure implementation.	
	R5) In no occasion should a client use the CCC within the same health area or town to receive salvage especially where there is no emergency, crisis or insecurity. Staff are called upon to be vigilant and should judge the situation carefully. If the decision to serve such a client is taken, the client's information should be entered into the salvage and dispensation registers and his/her facility communicated appropriately.	The Coordinators and the pharmacy attendants or dispensers should ensure implementation	
Harmonization of data collection and reporting deadlines			
1. On the field it was observed that some facilities stop serving clients by the 27th of the month and clients who came later were transferred to the next month. 2. In some facilities it was observed that retention committees/Task team meetings were held after the 5th of the month when reporting has already taken place so any corrections observed during the meetings cannot be effected on these reports.	**R6)** Facilities are henceforth called upon to give ARV refill appointments up to 25th of the month.	Centre coordinators and statisticians should ensure implementation	RTG M&E officer and assistant. This must go effective before 30th June, 2019
	R7) All sites will continue to serve clients (ART refills for late comers and new initiations) up to the last day of the month while also ensuring the proper collection of data for reporting.	Centre coordinators and statisticians should ensure implementation	
	R8) Facilities should organize themselves and hold their retention committee/task team meetings before the 5th of the month to give room for any corrections and amendments prior to the production and submission of their final report by the 5th of the month.	Centre coordinators and statisticians should ensure implementation	
	R9) Facility data should be carefully triangulated between the APSs, statisticians and DAMA clerks prior to the production of the final report to avoid any data inconsistencies from a given facility.	Centre coordinators and statisticians should ensure implementation	

Management of VIPs/ privately served clients			
This is a client whose treatment is picked up by a staff or an APS, there are two categories; a. Patients who privately request such services from the facility staffs. b. An elderly or sick/ bed ridden client. 1. MOH knows clients and not VIPs. This means that every client receiving ARVs must meet ***ALL*** the conditions including; owning a medical file, doing all the routine clinical and lab tests follow up, have a monthly update of the client's file even in case of multi-month dispensation. 2. Also observed was the poor quality of care provided to these clients.	**R10)** For the center to be fully aware of all clients receiving treatment as VIPs/privately served clients, the coordinator and the major will henceforth keep a list of how many clients each APS/staff is serving as VIPs or privately.	Centre coordinators or majors should ensure implementation. This must go effective on or before 31st July, 2019	RTG M&E officer and assistant This must go effective on or before 31st July, 2019
	R11) Once served, all VIPs/privately served clients' information must go into all the necessary site documentations (patient's file, ARVs dispensation and ART registers) and reported accordingly.	Centre coordinators or majors should ensure implementation	
	R12) The monitoring of VIPs/privately served clients is the responsibility of the staff/APS concern and should strictly follow the routine monitoring of all clients enrolled in care as per national guidelines (Clinical visits at least every 6months and Viral load testing at 6, 12 months and then yearly). These guidelines should be clearly explained to such a client prior to accepting to take up such responsibility.	Centre coordinators or majors should ensure implementation	
	R13) Our HIV/AIDS care and treatment partner the CBCHS HIV Free Project is ready and available to support APS to serve sick/ bed ridden and the elderly clients who need home visits duly declared to the treatment center coordinator or major.	Centre coordinators or majors should ensure implementation	
Client follow up and tracking of defaulters and Lost to follow up (LTFU) by APS			
1. It was observed that some facilities do not have their clients shared out in cohorts and assigned to particular APS for follow up. 2. Also in almost all the facilities the APS did not have a standard format with which to actively manage their cohorts and report during the retention committee/task team meetings.	**R14)** Every client follow up at each facility must be assigned to a particular APS.	Centre coordinators or majors should ensure implementation	APS Regional Focal Point at RTG This must go effective on or before 30th June, 2019
	R15) A provisionary client tracking tool for defaulters and LTFU and a tool for monthly active cohort management for APS reporting during the retention committee/task team meetings has been adopted for use in the NW and SW regions. Each APS will have a copy of this working document on which all the tracking information of their defaulters and LTFU will be documented.	Centre coordinators and APSs should ensure implementation	
	R16) All tracking information documented by the APS in their logbooks and tracking log should be updated into DAMA in facilities where the DAMA software is installed as this information will be available and viewed online at all levels.	APSs and DAMA clerks should ensure implementation	
	R17) Our HIV/AIDS care and treatment partner (CBCHS) will henceforth on the basis of the tracking log be able to provide APS with airtime accordingly. The tracking log will be evaluated after the first month of use to calculate an amount of credit for each APS. All support to the APS onsite by the partner will be reported to RTG.	Centre coordinators and CBCHS site mentor to ensure implementation	

DAMA Coordinator Drilling the RTG Delegates on DAMA Online

Viral load testing versus CD4 testing still common practice			
Despite the fact that the national guidelines prescribe viral load (VL) testing as the standard of care for patients' monitoring except in situations where VL testing is not available some sites continue to do both VL and CD4 tests for the same client despite the cost implication	**R18)** A reminder letter will be sent out to all HIV care and treatment facilities by the regional delegate reiterating that the standard of care for biological monitoring of client on ART is VL and not CD4 unless where VL is not available. All treatment centres should continue to educate their clients on the importance of viral load monitoring of their ART treatment.	Centre coordinators or majors should ensure implementation	RTG coordinator
	R19) PBF facilities should note that they are compensated for newly enrolled clients who get their 1st VL collected at 6months at a cost of 6,500frs and the 2nd VL collected and suppressed at 12months at 10,500frs ONLY.	Centre coordinators or majors should ensure implementation	
Multi-month Dispensation low up take by some sites			
It has been observed that some sites continue to serve clients only one month treatment despite of their stability or the crisis context	**R20)** Ensure availability of adequate stocks of ARVs both at regional and site level, so that sites do not run out of drugs.	Centre coordinators or majors should ensure implementation	RTG Coordinator through the regional drug fund.
	R21) Sites should use VL results to estimate their stable clients and also take into account clients in crisis conditions as a proxy for site multi-month dispensation.	Centre coordinators or majors should ensure implementation	
APS job description within the treatment center context			
It has been observed that in some facilities the APS are the ones doing all the clinical work in addition to the client follow up as such, the client tracking which is their main activity is left lagging behind.	Hospital administration should be sensitized on the importance of assigning permanent staff to work at the treatment centre like a doctor. and nurses as the centre also generate a lot of income through PBF.	Centre coordinators or majors should ensure implementation	RTG Regional Coordinator
	After each site visit, an advocacy feedback should be given to the hospital administration to incorporate the APS into the hospital issues and also motivating them for the work done.	Centre coordinators or majors should ensure implementation	********

HIV Free NW Management meets with the West RTG for the Review of Salvage Data in the West Region

On June 21, the Assistant Project Manager – Mrs. Ijang Noela paid a working visit to the RTG West Region to follow up the capturing of salvage data for internally displaced clients from the North West and South West Regions of Cameroon who are receiving salvage treatment in the region. Meanwhile, the Monitoring and Evaluation (M&E) Officer in charge of capturing the salvage data was recently changed; hence another reason for the management to orientate him so that he is able to work effectively and efficiently.

The working session which lasted a day ended with some success as most of the discrepancies associated with salvage data received were clarified. Meanwhile, some of the sites were contacted remotely through phone calls and they shared information on how they capture salvages. After discussing with 5 of the salvage sites, it was realized that despite the information which was shared during their data validation meeting in January, the practice were not followed up and implemented on the field as supposed. Following these findings, the field staff were called upon to implement the tools and strategies as was shared to them on the field as they implement activities.

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RTG, APM and M&E Officer During the Working Session

Cross Section of the Adolescents during the Training at the Bamenda Regional Hospital

NOWEAY+ Trains Members for Education of Peers at Facility Level for the Building of a Positive Community

Six months after the training of Adolescents Living with HIV (ALHIV) for the championing of HIV test and adherence services in health facilities, the adolescents are beginning to produce results to justify their training. Trained by HIV Free NW II Project in partnership with the RTG HIV/AIDS North West, these youths saw a need to create the North West Association of Positive Youths (NOWEAY+) whose activities have been nationally recognized and accredited by the Ministry of Public Health (MOPH). As a follow up to the previous training which was limited to a selected few, trained as trainers; NOWEAY+ organized a training to capacitate some of her members on the basics of HIV and AIDS and its related challenges. The goal of the training was to enable the participants to educate their peers towards living a positive life as well as building a positive community. The training took place on the 27th of June 2019.

Following this training, the participants are expected to carry out the creation and running of new Support Groups in the various health facilities where it doesn't exist and to strengthen the facilities with old ones. They are also expected to promote for the increase of adherence and retention rates amongst adolescents and young adults on ART and many more. The training brought together some 21 participants (one of which is HIV negative) from 8 accessible health facilities in the region.

"We are at Cross Roads"; Project Technical Director Reminds Staff at Regional Coordination Meeting

Based on the new orientations of the HIV Free Projects, the cooperative agreement which started in October 2013 ends on September 30, 2019. Hence the coordination meeting that held on July 20th, sought to keep project staff abreast with the current realities, and orientate them on how the future will look like. According to the M&E Supervisor, the project has attained only 19% of the general targets with an overall yield of only 1.6% which is even below the national prevalence rate. It is against this backdrop, that the Q3 Regional Coordination Meeting of July 20 was convened.

Following the Technical Director – Dr. Albert Bakor's analysis, if the index testers of the region concentrate to ensuring the offering of services to all the 2,695 HIV positive clients who were diagnosed since Q1 till Q4, then all the Index Testing targets will be attained. Also, from Q1 to Q3, there about 508 clients who have not been linked to treatment; this number will greatly impact the project treatment current targets if they have all been linked to treatment or have outcome.

Meanwhile, the staff left the coordination meeting with the main strategy which is to increase the retention rate through a high treatment current. The strategy came as an instruction for the staff to ensure that all the clients coming for their monthly refills are given treatment which will last at least two months; because the security challenges may not permit the clients return for their refills. The only exceptions to this strategy are those with unsuppressed viral load since they have to go through serious monitoring for effective adherence. *"To remain in business, we must do business differently"* the Technical Director stressed.

Project Staff Following Up on the Stakes of the Project in Respect to the Crossroads as Presented by TD

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

North West: (+237) 677 64 78 99

South West: (+237) 677 57 11 11

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: hivfnwdoc.team@gmail.com

Website: www.cbchealthservices.org