

# SHAP SHAP

## Towards An HIV-Free Generation

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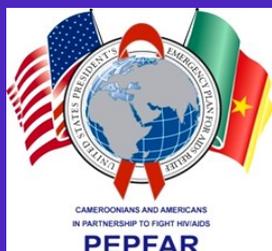
### Attaining Operation ALL Green



*In This Issue*

*Editorial*

*On the Field*



**HIV FREE II *SHAP SHAP* MAGAZINE**

A monthly publication of the HIV Free II Project Team.

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## 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.

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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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## SMT Applauds NW Team for Great Strides on the Road to Operation ALL Green (OAG)

The Senior Management Team (SMT) of the project has hailed the North West team for attaining **GREEN** in her retention of clients on treatment at DAMA Sites. Addressing the staff during the weekly Situation Room meeting of September 21, 2019, the Program Management Advisor – Ms. Kuni Esther stated that the NW has shown that she can do it and very well. This marked improvement in treatment retention comes barely one month after the M&E Team reported that the retention rate of the region stood at **-1862%**. It was the same figures that pushed project management to institute the daily reporting strategy amongst many for the defaulted clients and lost to follow up to be brought back to care.

Today, the North West Region prides herself with an improvement in retention from **-1862%** to **166%** in barely one month, attaining **GREEN** at DAMA Sites. Calling each team member for a standing ovation, the project manager- Dr. Nkome George “doffed his hat” to appreciate the resilience of each staff member for putting in their best for the attainment of such results. To sandwich the praises, the M & E Supervisor – Mr. Nshom Emmanuel commended the team’s spirit and project ownership, said “... *success has many fathers*”; hence, all the more reasons why he had to address the staff in person.

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## Using Fast Track Strategies to Achieve Great Results in Areas Hard Hit by Sociopolitical Crisis

**D**esperate times require desperate measures, is the catchy phrase that has now become the modus-operandum of the NWR HIV Free team members daily routine. Several strategies were introduced to improve and complete retention of clients on treatment and to also ensure that those lost to follow up and defaulters are traced and returned to care on time. Some of these strategies included the use of home visits in areas where possible, the use of phone calls, text messaging, VIP services, Family model, and daily monitoring of statistics.

Ndu District Hospital ART tracking team for instance introduced and has successfully used letters to achieve the highly needed results where the originally instituted strategies for following up clients on treatment failed. According to one of the team members, Mrs. Fanfon, after receiving the August and September tracking list, the team immediately knew that the use of phone calls was

not going to succeed. Hence, the team wrote letters to all churches in the area and some social groups where available. The content of the letter was reminding all clients with rendezvous for September and October to come pick their ARVs in the months of August and September respectively. Meanwhile, the letters also called on all the clients who failed to come for refills or defaulted treatment in June and July to come take their treatment as there were drugs available for everyone.

This and other strategies have greatly improved the clients' uptake of treatment vis-à-vis the treatment current and retention rate of the health facility. For instance, following this strategy, at least 467 clients came to the facility for their ARVs during the first week of implementation. Given the successful nature of the strategy, the project management took all necessary steps to ensure the replication of this strategy in other areas with low treatment uptake due to the advent of the crisis.

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*Site Mentor Kum Roland Braving Odds to do Home Visits*



*Project Technical Director Drilling Stakeholders through the Assessment Tools*

## **Senior Management Team (SMT) Trains Stakeholders on Baseline Assessment of New PEPFAR Supported Sites**

Following the development of a site assessment tool for evaluating the level of the 32 sites of project implementation in COP19, the Project SMT organized a training of stakeholders for the conducting of baseline assessment of New PEPFAR Supported Sites. The raison d'être of this training was to drill stakeholders on the main assessment tool put in place by the funding partners.

To further galvanize the team, the PI, Prof. Tih Pius Muffih who personally chaired the meeting, notified participants that the report on the Differentiated Models of Care which was adopted to reach clients on the field by HIVF NW greatly impressed the CDC.

He further joined his voice to that of the RTG Coordinator for HIV and AIDS for the NWR, – Dr. Tayong Gladys to encourage and call on the participants to ensure that they take the most of this opportunity to learn and give a true picture of the sites during their assessments. The sites eligible for this assessment are the 32 sites of project implementation and the assessment was expected to end on September 13, and data sent to the SMT latest September 18, 2019. A down to earth breaking of the tools was done by Dr. Albert Bakor – Project Technical Director.

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## Senior Technical Advisor for HIV C&T Conduct a Site Level Supervision for the Evaluation of Action Plan Implementation

The STA for HIV C&T – Dr. Pascal Nji Atanga conducted a site level supervision to evaluate the degree of implementation of the action plan which was developed during a Joint Strategic Meeting which took place earlier in June 2019. The June meeting which brought together delegations from the HIV Free NW and SW teams as well as delegations from the NW and SW Regional Technical Groups for HIV and AIDS

ended with a series of recommendations. Hence, the STA’s visit was to ensure the strict implementation of the 21-point recommendations at the project sites.

After visiting a good number of sites in the North West Region, the STA commended the staff for a job well done while calling on them to close the identified gaps for better results.

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*STA Crosschecking Recommendations of the Joint Strategic Meeting in line with Statistics*



**P**roviding health care in rural communities in Cameroon is a daunting task. This process becomes more complex in a war torn area like Bambui, North West Region of Cameroon. With the emergence of the crisis in the North West and South West Regions of Cameroon, the HIV-Free staff has braved challenging situations, devised different coping mechanisms and strategies to meet the needs of the people they are called to serve.

On March 28, 2019, Evelyn, one of the HIV-Free North West Index-Testers received a call from a Contact, who had resisted to be tested for HIV but finally made up his mind to get tested. The job of an index tester entails; following-up the list of sexual contacts and/or injecting drug partners willingly given to them by a client who tested HIV positive for eventual HIV testing. On this fateful day, the index contact gave details of his location and invited Evelyn to help him know his status.

*“I was so excited to have succeeded to break the chain of HIV at this end; I knew well that whatever the outcome, my client will now make informed decisions. This drive was the motivation that pushed me to take the bull by the horns.”*

“We left for Bambui – Tubah Sub Division –

where he directed that we will find him. We were still in transit, heading to the rendezvous point when we heard a thunderous male voice ordering our bike, **“FREEZE”**. The automatic stop of the bike almost landed us to the ground. They asked us to present our ID Cards. We quietly followed this heavily-armed unknown man to where we were ordered to throw our National ID Cards to the ground under duress.”

“After thorough examination, the guys searched our bags. To corroborate our story, they asked us to call the client we came to test for HIV to come over. Without a clue of our company, he came carrying his farming machete which made his interrogation so intense. I tried to recall the strategies given to us by management to tackle such situations and I guess it worked as we succeeded to not only ensure that our index contact knew his HIV status, but also, 6 of the armed men also volunteered to know their HIV status. As difficult as the experience was, I was glad to have helped 7 persons know their HIV status, which is the starting point of breaking the chain of HIV”

Like Evelyn, over a hundred service providers in the North West Region, risk their lives on a daily basis to offer health care at the door steps of its community members.

# 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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