

BIAKUSU

ON S'ACHEMINE

Vers Une Génération Sans VIH



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On the Field



Practices



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Role Model



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CAMEROONIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

PEPFAR



CENTERS FOR DISEASE
CONTROL AND PREVENTION





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HIV FREE II *BIA KU SU* MAGAZINE

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WELCOME

GOALS AND STRATEGIES OF HIV-FREE PROJECT

Project Goal: Reduce HIV-related maternal and child mortality by ensuring geographical reach of comprehensive PMTCT services within the national MCH and reproductive health system, as well as strengthening treatment and care services for HIV-infected children and adults in the Center and Littoral Regions of Cameroon.

Strategy 1
Increase Access to
Quality Services

Strategy 2:
Strengthen
HIV
Treatment

Strategy 3:
Community
Engagement

Strategy 4:
Health System
Strengthening

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 PRINCIPAL INVESTIGATOR

Following a snow ball principle, HivF Center Project is moving on and gathering steam with each passing day and month. To say the least, the start of FY17 was far from being a smooth one-not *'business as usual'* given the pressure to meet all program targets or risk contract termination.

For the records, it should be recalled that initially HivF Center project targeted to scale up PMTCT and paediatric care, but the pivot of the global objectives in 2013/2014 towards UNAIDS 90-90-90 vision necessitated a commensurate shift in the country HIV response agenda. As such, HivF Center project was revised to align with the national policy which now promotes “test and treat, PITC at all entry points, early testing, quick start of treatment and viral suppression. Following this switch, the project which at onset was purely to expand and improve PMTCT option B+ suddenly metamorphosed into a Care and Treatment (C&T) project and this-within a highly challenging structural, resource limited, inadequate policy and poor governance setting.

CBCHB's determination to roll out the full package of activities soon met with great challenges partly stemming from an ill-prepared policy and structural environment and translated in the team's inability to achieve the two key treatment indicators-*treatment new* and *treatment current* despite increased efforts. The huge pressure resulting from this *'apparent'* poor performance which augured an uncertain future for this PEPFAR funding continuing was a major stimulant for the several high level meetings held within and with CBCHB, CDC-Cameroon,



Ministry of Public Health teams, other partners and stakeholders for what has been convenient to describe as a *“save the funding”* effort.

Part of this effort to save the CDC/PEPFAR funding also consisted in improving outcome of field results. Hence, CBCHB launched an *'Acceleration Plan'* from May 1 to September 30 in order to turnaround the treatment indicators. Several strategies were thus adopted to meet targets, strengthen collaborations with the different stakeholders and accelerate progress towards the overall program goal.

Now, I will like to welcome you all to this maiden publication of *“bia ku su”*- an ewondo expression meaning *“we are moving on”*. *Bia ku su* is the new name given to the monthly e-newsletter. The publication highlights project activities and other related information. The new name comes with a new look and content designed to ease reading and understanding. Indeed, *we are moving* towards an HIV Free generation in the Center region.

Enjoy reading *bia ku su!*



ON THE FIELD

Home to Home HIV testing



Hospi. Mobile Team during a practical demonstration on HIV testing

Having an HIV-Free Generation by 2020 in line with UNAIDS vision is HIV Free Project's ultimate goal. In the center region, the project is putting smaller plates into large ones to ensure the attainment of this goal, which to many, still sound utopic. To achieve this, there is to increase HIV testing; especially testing in most at risk populations to ensure greater reach. 'Hospi Mobile' is a well experienced organization in home to home testing. The HIVF Project engaged the 'Hospi Mobile' team in the Littoral to increase HIV testing uptake/ case identification through home to home testing with huge success. In August, 2017 the project contracted the 'Hospi Mobile' team to equally carry out home to home HIV testing in the center region using the success-

ful experience in the Littoral. Since then, 'Hospi Mobile' team members have been going home to home to conduct systematic testing of HIV; targeting to reach at least 90% indexed persons knowing their HIV status. This strategy adds to the partner notification approach also being used to reach sexual contacts of all those that are HIV positive.



ON THE FIELD

Staff of PMTCT Sites Refreshed on Global Management of HIV



Practical session

With rising need to get more people tested and initiated on treatment, the HIV-Free team conducted a series of trainings onsite in 25 sites to upgrade the skills of staff on current global HIV management recommendations and on Counselling and clinical management of PLWH. The onsite trainings strengthened the capacities of staff at sites to provide global management of HIV for all. Some of the modules covered include: Epidemiology, general concepts of HIV, antiretroviral therapy, commodity management, psychosocial support, adherence, retention, program management and supervision techniques. Thanks to this onsite capacity strengthening efforts, quality of HIV management, documentation and reporting improved across the sites..

Improving TB/HIV Diagnosis and treatment

Due to the constant need for continuous management of TB/HIV co-infections, it is very imperative to ensure that service providers improve their knowledge and skills on the systematic and active documentation, follow up and reporting of persons living with HIV/TB. In a three-day- onsite training, the project strengthened the understanding and capacity of some 100 service providers on TB/HIV indicators, appropriate referral and on the documentation of clients on treatment. This helped improve testing/case identification, initiation and management of TB/HIV co infections at the nine different health districts (Mbalmayo, Ntui, Bafia, Obala, Efulan, Nkoldongo, Biyen Assi, Cite Verte and Djoungolo).



PRACTICES

HIV-FREE CENTER LAUNCHES ACCELERATION PLAN TO MEET PROJECT INDICATORS.

With initial focus on scaling up PMTCT and paediatric care during the first phase of the HIV-Free project, a shift of the global objectives was made. In line with this shift, HivF Center project was revised to align with the national policy of test and treat. However, meeting up two key indicators, ‘treatment new’ and ‘treatment current’ became a veritable Achilles’ heel. Given the pressure to meet up with these Important indicators, the project launched an ‘Acceleration Plan’ on May 1 with aim to specifically focus efforts to meet the treatment indicators before end of quarter four (Q4) by September ending.

During the acceleration, the project adopted a wide range of strategies to achieve the set target. The project increased collaboration with the different stakeholders to foster progress. With the ministry of public health, the project activated emergency operation centres in 25 sites at the Djoungolo health District. These sites officially addressed a letter to operate as treatment unit for global management for all. A series of workshops and meetings were then held to expedite the implementation of test and treat and PITC strategies adopted by MOPH.

Demand for testing and counselling services were created at DSD sites through community mobilisation and sensitisation. Testing points were also created at all entry points and even within the



*Dr. Tshimwanga Katayi Edouard
Manager Hivf Centre Region*

community targeting key populations. In all, testing at all sites intensified. Mixed teams consisting of laboratory technicians, counsellors, clinical mentors and linkage agents were deployed to sites to assist with counselling at all entry points, testing and initiation.

In same vein, the project ensured that sustained sites functioned as satellite sites providing services to clients in far off communities. Index testing (Partner Notification) was also introduced/ scaled up and intensified for the active search, testing, initiation and follow up of sexual contacts of HIV positive clients. And using a family mode, the project equally build on the PN strategy to reach other exposed family members to the index clients.



MY STORY

How I rose above them all!



How will I tell my family, friends and neighbors? How would they look at me knowing that I am HIV positive? Will I be rejected, stigmatized, considered dirty?"- are all the thoughts that gripped my mind.. I thought of fleeing to nowhere. I thought of suicide. To say the least, I literally died a hundred times!

I was quite ill last year and my relatives didn't know what to do because I had some strange symptoms. All thoughts were geared towards Lymphoma. Not for once did any one imagine that It could be HIV because I didn't actually fit "the profile". I was then rushed to the hospital where a series of diagnostic tests were proposed including HIV. Being happy that I was feeling better after receiving treatment, my countenance suddenly changed. It turned out that there was a problem with one of my tests. I was told that my HIV test came out positive. My world suddenly came crumbling before my own very eyes. Another test made matters even worse- it turned out that my viral load was quite high sign that I had contracted and been living with HIV for quite a while without knowing. I was immediately enrolled in to

treatment. Then gradually through my counseling sessions at CSC Ngouso, I was brought to understand that HIV doesn't alter my life expectancy and that with treatment I would be healthy. I resolved to stick to my drugs- though in secret.

I also succeeded to conquer all fears and decided to face my family with the sad happening. The disclosure came to them like a dead blow! Gradually, the expected began to happen. My siblings avoided all contacts with me and slowly but surely the information spread to the neighbors and then in the neighborhood. Stigma then stepped in and behold I was informally renamed "prostitute" or "witch" depending on the circles. I was devastated and decided to isolate myself from the world.

A feeling of sorrow and sadness immediately took over my whole being and my whole body trembled in fear each time I was among people. I feared especially to be pieced to the heart by a sharp insult. I resolved not to be held down or pushed to an early grave by the despising looks and tongues of my surrounding. Gradually, my family learned to accept me and treat me with compassion. I got engaged into so many activities. With time my life got better. My viral load is now undetectable. I am grateful that I haven't transmitted the virus to anyone. I wish to get married someday and have kids. I have succeeded to go down the rail with the virus for over a year now and I am quite determined to pursue my dreams.

I will like to advise everyone get tested. It is not a dead sentence. The worst thing is other people's ignorance, lack of knowledge and understanding and the stigma. If I could overcome all these, you surely will if you are HIV positive too.



ROLE MODEL

FAHD DAHIROU; an example of commitment

Clinical Mentor Ngousso Integrated Health Center



This month, we are enchanted to present to you a passionate and committed young man who has been working very hard to trace loss to follow up clients', counsel and bring them back to care. As a clinical mentor, Fahd Dahirou has proven himself an excellent counsellor. In a relatively short space of three months, Dahirou was able to trace and link back over 60 clients; most of whom Muslim to treatment

Driven by a childhood desire to impact lives positively and give hope to the hopeless, our 25

years old icon steadfastly made his way through secondary education at Lycee de Maroua and lycee Billingue de Yaoundé where he obtained his ordinary and advanced level certificates. While in high school he got engaged in extra-scholar activities as an intern in BEAC and CAMTEL for over two years in order to quench his quest to blend theory with practice. His years to touch lives through NGO work prompted him to further his education in sociology and anthropology in the university of Yaoundé I. As if having at the back of



ROLE MODEL

his mind that a good mastery of diverse languages is an essential factor to allure individuals towards a particular course, he later on pursued his education in English modern letters.

Hailing from the far North region, Fahd was uprightly raised by a single mom alongside his sibling and other relations. The craving to provide for his family got him involved in odd jobs upon graduation until CBCHS retained him as a clinical mentor for its HivF Center Region project.

For over 3 months, Fahd has played a very pivotal role in convincing clients to go for checkup as well as traced lost to follow up clients on C&T at the Ngousso health center. His great interpersonal skills, good team spirit, passion and, his proficiency in four different languages (French, English, Fulfulde and Hausa) are key elements of his success in this daunting task of clinical mentoring. He however revealed that his secret emanate from an insight in identifying clients from their appearances and speaking a language that they understand best. This technique has proven effective in the Ngousso neighbourhood which is largely dominated by the Muslims. Perpetuating the feelings of brotherhood in his Muslim clients, he actually lures them to C&T at the Ngousso health center.

“I’m very happy and fulfilled with the job I do because I have prevented so many HIV positive patients who were psychologically down from committing suicide by giving them hope and assurance that there is a way out”

Moved by the passion to assist the downtrodden, Dahirou sometimes spend sleepless night and works overtime to ensure that he links and retains all patients to treatment notably at the Ngousso neighbourhood.

Despite his busy schedule, this great lover of football and table Tennis never fails to accord some time to himself for sport and the great matches during the weekend while upholding his favourite team Barcelona in high esteem.

Looking up to the project assistant manager, Isa Ishmael, as a role model and source of inspiration, he aspires to work with diligence and committedly to serve humanity while he is still able.

“I’m just doing my own part in order to encourage others to do theirs for us to achieve a better tomorrow for all.

He believes in determination and hard work as a key to success. A message which he will like to pass across to the youths.



DISCOVERIES

Child birth at a tender age: A sign of fertility and worth in the Ewondo community



The ewondo community has certain unusual beliefs just like most parts/cultures in the Centre region. Their strong belief that any woman aged 25 who does not yet have a child is either barren or evil is quite eccentric. According to the ewondos, having a child before marriage is a great proof of her fertility, womanhood that attracts suitors. This custom further predisposes the young ewondo girls to risks of STIs including HIV as premarital sex and childbirth have now become legitimized. Additionally, poverty finds itself a favorable ground among the single motherhood cast in the ewondo community and perpetrates itself through an unending cycle.

SUR LE CHEMIN DU 90-90-90



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