

BIA KU SU

ON S'ACHEMINE

Vers Une Génération Sans VIH



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On the Field



Practices



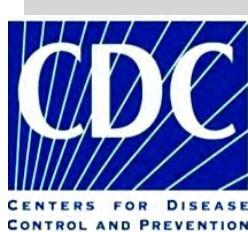
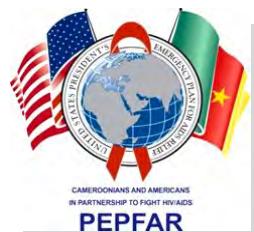
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WELCOME



PROJECT OBJECTIVES

Objective 1; Increase the proportion of PLHIV with known HIV status in the Center Region from 237,035 to 346,781 by March 31,2018.

Objective 2: Increase the proportion of PLHIV who access ART from 70% to 85.9% in the Center Region by March 31,2018.

Objective 3: Achieve 90% of all PLHIV on ART having viral load suppression from 80% (70% in children and 80% in adults) by March 31, 2018.

Objective 4: Health System Strengthening and Governance.



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

HIV-FREE CE Maps out New Strategies to increase uptake in FY18

During FY17, the HIV-Free CE Region team intensified efforts to get more people tested and initiated on treatment although meeting up the two key indicators: treatment new and treatment current became an epic battle. However, the project team's commitment and determination to achieve excellent results amidst all odds led to the expansion of CDC/PEPFAR funds in the Centre region thus a consequent extension of the HIV-Free project into the cluster (a number of districts) and sustains sites in FY18.

It was imperative that the consortium come together to map out strategies and brainstorm on new technical guideline and action plan to leapfrog service uptake in FY18.

With technical assistant provided by the CDC/PEPFAR team, a staff meeting was organized to deliberate on programmatic challenges which were encountered in FY 17 and strategic solutions were adopted to counteract these hurdles in a bid to facilitate the attainment of key targets. Attended by 47 participants drawn from the CBCHS, EGPAF, CHP, the Regional Delegation of Public Health and facility heads in the Djoungolo Health District, the meeting created a forum for participants to review

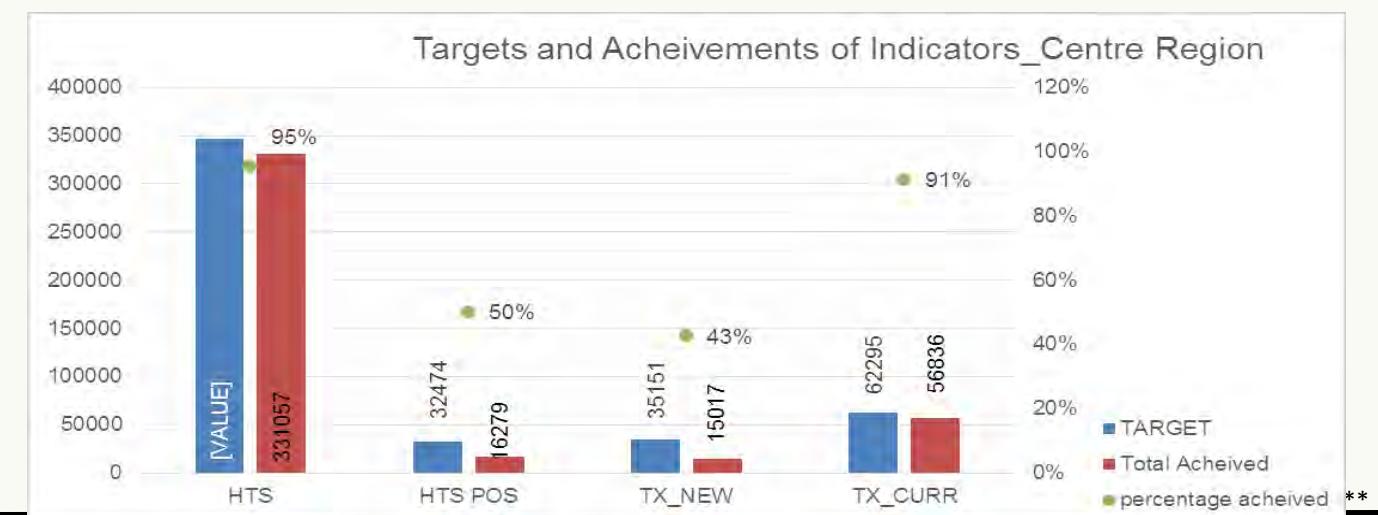
current achievement, analyze operational plan and strategies to attain the UNAIDS 90-90-90 agenda come 2020.

To ensure extensive coverage and functioning of newly upgraded sites, the project organized a top management meeting to deliberate on strategies to redeploy site level staff to cluster sites and recruit more staff to enhance testing, linkage, retention and documentation.

In similar light, the project also organized an Emergency Operation Center (EOC) meeting to brainstorm on measures to intensify family testing and contact tracing. HIV testing and viral load testing was subsidized in DSD site, a model was put in place to facilitate drugs dispensation and PMTCT sites were converted to UPEC.

At the end of the meetings, the team resolved to re-enforce the capacity of psychosocial workers, motivate APS to produce better yields, encourage service providers to boost the process of viral load testing in a bid to achieve set goals.

In summary, the graph below, portrays the results achieved in the Centre region, through all four quarters with the four main indicators; HTS, HTS POS, TX NEW and TX CURR.





ON THE FIELD

Expansion of the HIV-Free project creates more employment

Given the pressure to meet up set indicators before the end of the fourth quarter (Q4), an acceleration plan was launched. During this period, the project setup a wide range of strategies to meet up set targets. These remarkable efforts, lead to the expansion of CDC/PEPFAR funds in the Centre Region thus a consequent extension of the HIV-Free project to more clusters and sustained sites in FY18.

It is in the framework of the expansion in scope of the project that the HIV-Free CER project recruited and assigned 50 PSW to fill in the huge gaps in community sensitization and mobilization. In this vain, a series of trainings on site was necessary to equip newly employed PSW with practical skills to carry out their work with diligent so as to strengthen the quality of care offered to PLWHV.



Newly employed staff during practical demonstration on HIV testing

Creating better Key Population health access in the CE Region



HIV-FREE assistant manager facilitating during training

Following an initial assessment that revealed huge gaps in care provided to key population in the Centre Region, there was a growing need to improve service delivery in a bid to increase the number of KPs on treatment. In line with this, the project facilitated the training of 100 health care providers to ensure greater service uptake and quality service delivery in the domain of HIV counseling & testing in all sites for key population.

So far, services offered to KPs has witnessed a remarkable improvement in the context of retention and adherence into ART. Also, a risk assessment was conducted in order to fill in the gaps in community mobilization and sensitization. This enabled KPs to be identified and linked to C&T



ON THE FIELD

DAMA SOFTWARE sees innovation



Statisticians taking down notes during training

To ensure optimal collection, management and reporting of PMTCT as well as care and treatment data for adequate documentation of desired results in FY18, the project organized a training session to upgrade the skills of health statisticians on recent development on DAMA software. Attended by 39 participants, a series of presentation were made all of which pointing to the need of the technical staff to have an overview of the DAMA Software: Review of Journal, Reporting and Data Validation on DAMA, Data Entry in PMTCT, ANC, Maternity and Laboratory Registers among others.

This training was also a moment to develop the team action plan for FY18 . Some pertinent suggestions were made to incorporate the DAMA software to collect and report data on missed appointments and LFTU on daily bases. A column for clients with known status was included in the labour and delivery register. In order to enhance better output in high volume sites, Laptops were being supplied to newly employed DAMA staff. The DAMA software was also incorporated in all health facilities to expedite reporting of data targeting new project indicators.

Technical staff refreshed on TB/HIV data collection for optimal output

Achieving proper collection of TB/HIV data in the Centre Region is a huge challenge, stemming sometimes from poor understanding of required indicators and mastery of reporting tools by service providers. In response to this, the project remained committed in organizing refresher meetings quarterly in order to constantly update technical staff skills on effective data collection, documentation, follow up and reporting of persons living with TB to enhance testing, initiation and management of TB/HIV co-infections in the Center region.

In this wise, a meeting was held in the Month of October to refresh staff knowledge on proper referral, verify data reported from various health facilities for corrective purposes, strengthen staff capacity on TB/HIV indicators, carry out practical session on data collection and evaluate the documentation of clients on treatment.

Hence, the training was timely in that it helped service providers to better assess their lapses in line with testing, counselling and initiation in order to improve output in FY18.



Technical staff taking down TB/HIV data collected per site



ON THE FIELD

HIV-Free CER capacitate New Life Club Members with skills for self sustenance



NLC members during training on the production of body lotion

To improve linkage and consequent adherence of HIV positive women on ART in the Center region , the project launched the New Life Club (NLC) to capacitate women with necessary knowledge and skills to enhance sustenance, personal growth and development via support groups and women's meetings among others.

To ensure proper functioning, the NLC general coordinator organized onsite trainings in Bethesda, MvogAda, EPC Djoungolo and Jamot to assess collective progress made in the group, Promote group dynamics, improve the knowledge of NLC members on business strategies and management

techniques.

In a four days onsite workshops, NLC members were upgraded with skills to adopt a healthy relationship, practice safe sex/ abstinence (effective use of condom), prevent HIV/AIDS opportunistic infections , embrace self-reliance and development.

During these workshops, a total of 36 members were trained to produce body lotion and design beads. At the end of the training, participants were provided with raw materials to practice at home. They were also encouraged to startup small businesses to enhance sustenance.



ON THE FIELD

Mentors and M&E staff briefed on SIMS



Facilitator elaborating on the various modules of SIMS tools

A major objective of SIMS activities consist in identifying weakness in implementation and providing support to field staff to improve on quality of services delivery so as to increase HIV case identification, linkage and retention in ART C&T services. In this wise, the project team carried out routine supervision in the Djoungolo health district where they conducted a one day refresher training involving clinical mentors, District mentor and M&E staff to improve their knowledge on SIMS (Site Improvement and Monitoring System) recommendations. During this training, modules like the levels of SIMS tools including above site SIMS tool , Site level SIMS tool and Community level SIMS tool, implementation of SIMS CAP with the SPs and preparation of sites for SIMS were treated to enhance quality of

program monitoring and coordination for better performance and care at all levels during FY18. This was also a moment for the team to assess the performance of the technical staff and the level of preparation of sites for SIMS, compilation of findings and channelling of recommendations to the SIMS Focal point.

Following the daunting task of collecting data due to poor documentation in most health facilities, the team also drilled participants on the process of documentation to enhance effective reporting of data in all health facilities.



ON THE FIELD

HIV-Free CE Region Undertakes to Reorganize some ART Sites to Improve on Service Delivery.

The HIV-Free CE region project has adopted diverse strategies to enhance HIV testing, linkage and retention in ART C&T services for consequent viral load suppression though the challenges dealing with realities on the field, especially in a context of lack of infrastructure, inadequate equipment, patients waiting space and limited staff, affected the day to day ability to address the project needs.

This situation was reflected in 7 sites including:



The project staff made provisions for offices and equipment to provide a comfortable work space for technical staff , PSW etc This has greatly boasted outputs in this site





ON THE FIELD

HIV-Free CE Region Undertakes to Reorganize some ART Sites to Improve on Service Delivery.

In same vain, Clinique Bethesda was reorganized, provided with a modern toilet and improved patient waiting area. More so, the delegate of public health's office was rearranged.





ON THE FIELD

HIV-Free CE Region Undertakes to Reorganize some ART Sites to Improve on Service Delivery.

The delivery room, waiting space , and the director's office were rearranged, making provision for shelves and basic hospital equipment in a bid to create a more friendly milieu for patients





PRACTICES

Contact tracing: A strategy to increase HIV positive patients on treatment



Despite a significant scale up of HIV testing and treatment services in the CER, the majority of HIV-infected individuals remain unaware of their infection and the rate of disclosure is quite low. Fear of rejection or abandonment, especially by a male partner is commonly cited as a main reason hindering most discordant couples from disclosing their status to their partners rendering the containment of the virus a real challenge. Maximizing HIV partner notification opportunities for index patients and their sexual partners through contact tracing was seen as a necessary strategy to provide early diagnoses and treatment for infected individuals with aims of breaking the chains of transmission and promote prevention.

The contact tracing strategy was introduced and intensified in 2016 for an active search, testing and linkage of sexual contacts of HIV positive clients to C&T. To enhance a rapid identification, locating, follow up and management of contact persons, the project trained public health authorities and health care providers on techniques

for effective contact tracing in all sites.

A team consisting of linkage agents, clinical mentors, psychosocial workers, drugs dispensers were deployed at all testing points to intensify HIV testing, identify all newly HIV infections and ensure that all positive cases identified are being initiated on treatment and contacts of all positive cases followed up. The project also engaged contact tracers from Bamenda and Bafoussam to improve HIV case identification through contact tracing.

This strategy has recorded tremendous success in the CE region. A review conducted from the start of the strategy in 2016 indicated that over 8010 of notified partners were tested for HIV in the Djoungolo health district during FY16. About 1828 tested positive and 1686 positive cases were initiated on treatment with a record of intensive follow up. This strategy has proven to be a tool that can enable more people know their status and be placed on treatment timely thereby easing the attainments of set goals

Summary of Contact Tracing In the Djoungolo Health District

INDICATORS	Results
Number of Index persons	6327
Number of Contact Persons	9572
Number of contact persons notified	9205
Number of persons tested	8010
Number tested positive	1828



MY STORY

Apres la pluie, le beau temps



Oh, ce jour fidèle! Combien de douleur pourrais-je ressentir? Des larmes de joie emplissent mes yeux chaque fois que je me souviens du 15 Mars 2016. En ce jour, je sortais habituellement pour une campagne gratuite de dépistage du VIH dans mon quartier. Je ne savais pas que ma vie allait changer.

J'ai fait mon dépistage du VIH, mais mes résultats ne me seraient pas donnés. Après un bon temps d'attente, on m'a référé à un établissement où j'ai été confirmé séropositive. Quelle bombe c'était pour moi ; j'ai pleuré, je suis morte cent fois et plus.

Je ne pouvais pas me résoudre à tout accepter, d'où commencerai-je et comment ferais-je cela? J'ai deux enfants à élever, est-ce que je mourrai? Qu'en est-il de ma famille? J'ai pensé à la stigmatisation et à la douleur que j'allais affronter dans un avenir proche et j'ai vraiment craqué.

Grâce à mes séances de conseil, j'ai pu voir la

lumière au bout du tunnel. Mon conseiller m'a appris à voir les choses du bon côté. Je suis venu à comprendre que tout cela s'est passé pour le mieux, pour me donner une nouvelle vie, où je n'ai pas à me soucier de moi, mais de tous ceux qui m'entourent.

Prendre mes médicaments était la partie la plus difficile de mon histoire. J'avais toutes sortes d'allergies comme des maux d'estomac, des étourdissements, des éruptions cutanées et des maux de tête constants. Cependant, mon conseiller m'a aidé à traverser et graduellement mon système s'est habitué à tout cela.

J'ai réussi à surmonter la peur et la stigmatisation parce que, aussi souvent que je venais prendre mon traitement, j'ai découvert que beaucoup d'autres étaient malades et avaient le virus aussi. Ma sœur et ma confiance étaient ma force pour surmonter mes peurs. Elle m'a toujours rappelé le fait que les gens souffrent et meurent d'autres maladies sans même avoir de médicaments à prendre pour les garder en vie. Avec ceci j'ai trouvé mon chanceux et moralement stimulé pour faire face à la vie devant moi. Cependant, je ne peux pas remercier Dieu assez pour mes enfants. Ils sont une source d'inspiration pour moi aussi. Ils savent que je suis malade et je prends des médicaments tous les soirs et me rappelle même de le faire. Tout ce que je peux faire pour eux maintenant est de préparer leur esprit jusqu'à ce qu'ils soient des adultes.



ROLE MODEL

Mrs. ALEMANJI BALEMBA JULIET

FOCAL POINT PERSON FOR CONTACT TRACING IN THE CE REGION



We are delighted to present to you a hardworking, resilient and inspiring lady whom through her unflinching practice of contact tracing, has committedly coordinated an active search, testing and linkage of sexual partners of HIV index patients. Being the focal point person for Contact tracing in the CE region, she is best known for identifying, locating and convincing sexual partners of HIV positive clients to test for HIV to identify new HIV infections as early as possible.

Mrs. Alemanji hail from Oroko (A community in Meme division- south west region). she was born in the south west region, grew up the first of four children. Her crave to achieve her dreams prompted her to steadily walk through the ladder of education, obtaining an ordinary and advanced level certificates in ARTS at CCAS Kumba. In same spirit, Her niche in promoting human welfare and social reforms, saving lives, relieving suffering and protecting human dignity impelled her to

study in the university of Yaoundé II, SOA, where she obtained a bachelor degree in English private law with distinction. She later on obtained an HND (Higher National Diploma) in Human resource management.

Through hard work and determination, our icon paved her way through the professional world. She started her career with the Samaritan insurance company. She later on worked with NOMIS where she served as the personal assistant to the director, then Cotton sport. She has served the HIV-Free CER project in diverse capacities. Occupying the position of an ACT coordinator, support group coordinator. She presently work as a focal point person for contact tracing, playing a pivotal role to improve HIV case identification in the Centre region through partner notification. "the challenges of the acceleration period were evident and I felt extra measures had to be taken to ensure that everyone is tested and all HIV positive clients are given proper care".

Juliet is passionate about women empowerment. She is very fun, free spirited, outspoken, emotional, and outgoing. She likes spending time with friends and family, shopping and dancing. However, her delight lays open a deep passion for cooking, serving humanity and catering for children. This great beauty with brains obtain joy in the company of the love of her life which she exchanged vows of holy matrimony with in the month of December 2017. Drawing inspiration from the Nigerian writer, Chimamanda Ngozi Adichie, this resilient lady advocates for the need for all women to be self-empowered and purpose oriented.



DISCOVERIES



Suite aux efforts mondiaux pour augmenter l'accès au traitement antirétroviral en Afrique subsaharienne, la couverture antirétrovirale des Camerounais infectés par le VIH est passée de 0% en 2003 à 22% en 2014. Cependant, le succès des programmes actuels de traitement du VIH dépend non seulement de l'ART, mais aussi sur la rétention dans les soins et la bonne observance du traitement. Ceci est nécessaire pour obtenir une suppression virale, prévenir l'échec virologique et réduire la transmission virale et les décès liés au VIH.

Cependant, certaines personnes, environ 3 sur 10, abandonnent leur traitement en raison de ces grands effets secondaires. C'est sur cette note que la direction fait tout ce qui est possible pour que les personnes suivent leur traitement, peu importe les effets sur le site qu'elles peuvent avoir sur elles .

SUR LE CHEMIN DU 90-90-90



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