

BIAKUSU

ON S'ACHEMINE

Vers Une Génération Sans SIDA



Lecturing Adolescents on HIV

Vol. 002, Issue 004

February 2018



On the Field



Practices



My Story



Role Model



My Opinion



CAMEROONIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION





PRODUCTION TEAM

HIV-FREE *BIA KU SU* MAGAZINE

A monthly publication of the HIV-Free Project Team.

Website

www.cbchealthservices.org

Email

hivdoc.team@yahoo.com

Executive Editor

Prof. Tih Pius Muffih

Managing Editor

Kuni Esther

Editor in Chief

Abanda Alphonse

Tshimwanga K. Edouard

Deputy Managing Editor

Fri Delphine

Ismaila Esa

Associate Editors

Akuchu Ngwe Williet

Fotabong Nyachu Syntia

Photo Editor/Design

Fotabong Nyachu Syntia



WELCOME



PROJECT OBJECTIVES

Objective 1: Increase the proportion of People Living with HIV (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.

Cameroon Baptist Convention Health Board’s (CBCCHB) 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 CBCCHB, 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, CBCCHB 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 Increases ARV Uptake via Community Based ARV Dispensation Centers



ARV SHELF at AFASO CBO

To completely stamp out the spread of HIV in Cameroon, we need all hands on deck. Hence the Cameroon Baptist Convention Health Board (CBC HB) in partnership with the National Aids Control Committee (NACC) and the Ministry of Public Health (MOH) put in place some strategies to: Scale up ARV uptake; Improve patient follow-up and retention; Increase community involvement in the national response to HIV and AIDS and Decongest ART Clinics and reinforce the implementation of the national strategy for Community based ARV Dispensation (CAD) in order to accelerate access to ART for PLHIV in the Centre (CE) Region in particular and in Cameroon in general.

These strategies were aimed at organizing community dispensation of ARV at Distribution Points commonly referred to as Community Base Organizations (CBOs), and Support Group sessions (SG). In this wise, the ministry of public health started by dispersing 10% of clients in 6 health facilities to 18 CBOs in 2017.



ON THE FIELD

HIV-FREE CE Launches a Catch up Plan to Improve Results in Q2FY18



HIV-Free CE region manager elaborating key strategies

The beginning of the project year (FY18) recorded several challenges and pressures. Targets were not met after two and half months in the first quarter.

Hence, a marathon race to meet targets dubbed CUP (Catch Up Plan) was put in place. Presided by the Project Investigator (PI), he reminded teams to leave no stone unturned to ensure they meet targets.

DBS AND VIRAL SAMPLE COLLECTION STEPED UP IN TA SITES

As a matter of urgency, a two days Dry Blood Spot (DBS) Viral Load training was organized from the 28th and 29th of March 2018 with 30 participants from 12 Health Facilities. The raison d’etre of this training was to ensure that HIV Service providers are fully equipped with skills necessary on how to collect Viral Load samples and PCR and exhaust the available 15000DBS kits which will expire on April 24, 2018.

In a bid to ensure that the test kits don’t go waste, this training was also used as a forum to

This reiteration came from the backdrop that Instead of 25% targets; Treatment New stood at 19%, ANC uptake at 16% and pediatric uptake was at 16% as well.

Hence the team had to seat up to close the gaps before the upcoming summit in South Africa which was very determinate for the team.

strategize and plan a DBS Viral Load Campaign and plans were made to supply large quantity of the DBS Kits to various sites for testing to be operational.



Practical on how to carry out testing using DBS



ON THE FIELD

Launching Adolescent Friendly Services to improve uptake of Adolescents



Entertainment phase during Adolescent Friendly Corner

In 2010, global statistics projected only a 5% decrease in HIV prevalence among adolescents; rendering the attainment of three UNAIDS 90s goal by 2020 a myth for Cameroon, particularly in the adolescents population. On this note, the training on Adolescent HIV Care and Treatment services was organized in the cluster districts in February 2018 with the objective to equip health care providers (with highest number of adolescents) with knowledge and skills to set up adolescent friendly services for health promotion and disease prevention in the adolescent age group in order to improve uptake and retention of Adolescents Living with HIV (ALHIV) in care and on treatment.

In this wise, about forty Health care providers were drawn from ten health facilities in Yaoundé and Douala. These included; Efoulan, Biyemassi, Cite Verte and Nkoldongo from Yaoundé and New Bell, Soboum and Mboppi from Littoral. Each site team consisted of a nurse, a doctor, a social worker, a psychosocial agent, the site team lead and a district clinical mentor. It is hoped that if this activity is implemented methodologi-

cally, it will help improve service uptake and retention and adherence of ALHIV on treatment.

As a result of these trainings, an adolescent friendly clinic (for every adolescent irrespective of their HIV status) and an adolescent club for ALHIV (10- 19) was established in 7 sites. To ensure success in these activities, the project team carried out routine supervisory visits, mentoring activities, assisted sites to work on action plans for adolescent services implementation, provided technical assistance and ensured that all children tested positive are linked to C&T.

Several sessions of adolescent clinics have been held in EBHY, CHUY, St Martin de Porres, CASS Nkoldongo, and HD Efoulan with over 380 adolescent in attendance. No positive case have been identified so far in the sessions. This strategy showed ineffective in the identification of ALHIV and has to be revised.



ON THE FIELD

Training staff to ensure mastery of the DAMA SOFTWARE and DATA BASE



DAMA Presentation to staff at HD EFOULAN

The compelling need to reinforce documentation within the 25 DSD sites and increase Data quality was the main objective for the onsite trainings on Documentation and DAMA presentation. HD Efoulan, was trained in February with participants drilled on the effective use of the DAMA software to ensure Data quality.

This would also go a long way to enhance monitoring, help sites to auto generate their reports as well as monitor their Patient's Viral Load depending on how well they document.

SITE STAFF REINFORCED ON TEST AND TREAT, PARTNER AND FAMILY BASED INDEX CASE TESTING



Revealing the positive impact of Index testing on DATA

With aim to effectively meet testing targets and yield positives as required, the last three months have been characterized by a series of onsite trainings in the 25 DSD sites empowering staff on Partner & Family Based index case testing

These trainings equipped over 200 participants with knowledge on the three 90s, entailing HIV Testing Algorithms, the ARV Therapy, communication strategies amongst others. Furthermore, HD Efoulan was trained on HIV Testing following the National Algorithm in Cameroon and Filling the Quality Assurance Register.

This training had as objective to ensure participants understand the generalities about HIV, to understand the national algorithm for testing and understand the procedures for HIV testing.

The sessions were also characterized by role plays on notification of contact person, pre and post-test counseling and a host of other. In the same line, discussion groups were organized and service providers discussed strategies on how to improve services to meet the needs of their clients.



ON THE FIELD

HIV FREE CE Train Service Providers to Implement Family Planning integration into ART clinics in selected two Sites



Participants during a training on family planning

An overview of the ministry of public health and NACC revealed that the HIV prevalence among pregnant women had decrease from 7.8% in 2012 to 5.7% in 2016. An overview of the National PMTCT program exposes that mother to child transmission of HIV reduced to 13% in 2003 and 11% in 2011 but on the contrary maternal mortality was on increase and rampant amongst WLHIV

So to break the HIV transmission chain of Mother to child, family planning cannot be under looked.

Family planning was recently integrated within the Centre region HIV FREE project as it recorded success in the Northwest and South West regions of Cameroon, reasons why an 11days training of service providers was organized from 20th Feb- 3rd March 2018 AT Toungou Hotel Younde.

Participants in this training were given knowledge on how to integrate and implement Family Planning in their health facilities, all in a bid to reduce HIV/AIDS prevalence amongst women and children.

Collaboration between CBCHS and CRS to brings more adolescents to HIV Care and Treatment

To improve linkage of HIV positive children to treatment and retention of HIV positive children and adolescents in care, Field Care Managers from CRS identify especially exposed children and refer to Health Facilities for HIV Screening. CBCHS pediatric linkage agents receive these children, tests them and ensure that the

In line with this, OVC (Orphans and vulnerable children) who are infected with HIV and enrolled on treatment in the OVC program are assisted financially and scholarships are given to eligible girls in their final year of college. Facilities benefiting from this collaboration include EBHY, HDE, CASS Nkoldongo, CHUY, St Martin de Porres



ON THE FIELD

Improving Documentation through Proper Use of the DAMA Software

Achieving proper documentation in the CE region has been a huge challenge due to poor documentation of national registers and mastery and usage of the DAMA software by site level staff. To address these challenges, the M&E team organised a two days training session at HD Efulan, Hopital centrale de Yaounde and during a 3 days training session at Monaster Jean XVI de Mvolye. During all the 3 sessions of training 60 statisticians and DAMA clerks were trained on documentation tools and DAMA and to reinforce documentation and improve data quality within the 34 DAMA sites (25 DSD and 9 TA sites). The training sought to strengthen site level staff skills on effective use of DAMA software to produce quality data, enhance monitoring, auto generate reports by sites as well as capture viral load data.

During this training, various strategies were adopted as fundamentals in enhancing effective documentation and reporting.

This included recruitment and deployment of support staff to facilitate service delivery at various sites; provide mentoring and facilitative supervision at site and district level; and assist health ser-



vices heads in supported health facilities and staff gain easy access to data. Notwithstanding, this training also had as objective to refresh participants' skills on the generalities of HIV, national algorithm for testing among others.

After end of course evaluation, facilities expressed their joy while reiterating that if the staff implement what they have learned, they will have more accurate and quality data in their respective facilities.

POINT OF CARE SERVICES AVAILABLE IN HEALTH FACILITIES

Before the arrival of POC in some district hospitals, this innovation has greatly reduced the work of bikers in districts such as Efulan, Biyem-assi, Djoungolo and a host of others that need DBS and Viral load samples collected to recommended laboratories for testing.

In the last quarter, for districts within and out of Yaoundé, for DBS 356 samples were collected and 339 results brought back while for viral load 223 samples were collected and 243. Due to the availability of this service, bikers in areas of low turnout will be deployed to high volume districts.



ON THE FIELD

Strengthening NLC members via trainings



NLC Members learning to bead on flip flops during training

The mission of CBCHS is to provide health care to all with genuine compassion, as a demonstration of Christian love to all. New Life Club (NLC) being a program initiated under CBCHS has the same mission as a guiding factor. The purpose of (NLC) Program is to identify, train and empower the health and wellbeing of commercial sex workers. They also help women by providing them with positive health behavioral tips in order to improve on their standard of living and in the live of those they interact with. It was therefore for this reason that the New Life Club organized another two days

Capacity Building Workshop with the NLC of the center Region. This was the second training after the first had being organized last year the 17th and 18th of August 2017. This training brought about NLC members from Nlongkak, Bethesda, Jamot, Etoa meki, EPC Djoungolo, Mvogada and Manguier on the 9th and 10 January 2018.



ON THE FIELD



DBS AND VIRAL LOAD ACTIVITIES STEPED UP IN TA SITES

The Cameroon Baptist Convention Health Services (CBCHS) has been assisting the Ministry of Public Health (MOH), particularly the National AIDS Control Committee (NACC) in the fight against HIV/AIDS since 2015 under the HIV Free Center Project Funded by PEPFAR through CDC Atlanta. In line with achieving the third 90% , the district mentors came out with a list of all eligible clients for viral load in all TA sites the last three months, a training for site staff was organized from the 28-29th of march so sample collection can begin. Worth mentioning is the fact that the TA sites trained during this period were those with at least 40 eligible so they can help solve the issue of some DBS kits at the verge of expiration.

BIKERS AND TAXI DRIVERS EMBATTLED TO CURB THE SPREAD OF THE HIV PANDEMIC

In line with meeting the 90 90 90 objective of the HIV free center region project, owing to the realization of more women being tested than men, there was need to implement a strategy that will target the male population and in this case, the bikers and the taxi drivers were targeted as they are considered priority population. This activity was carried out in various districts covered by the project with testing sites being bike and taxi parks as well as roundabouts where these taxi and bike riders can commonly be found. In the Biyemassi district for instance, 511 Male were tested during the five day long campaign with five (5) positives gotten. Those tested positive were placed on treatment immediately or transferred to other areas as the case may be.



PRACTICES

Male Partner Clinic: A Strategy to Improve Male Participation in MCH services and Uptake in HIV care, treatment and prevention Services

Uptake of Male partner for HIV screening during ANC in the context of PMTCT has been difficult to achieve in Cameroon in general and in the CE region in particular as men seldom attend antenatal appointments alongside their women. Although the national guideline call for male participation in ANC/PMTCT services, meeting this expectation has been daunting. Coupled with this, the turnout of men at health centers for HIV testing is quite minimal meanwhile most HIV positive women find it difficult to disclose their status to their partners rendering the containment of the virus a real challenge. In this wise, a strategy to implement a male friendly clinic where more men accompanying their partners to the clinic was adopted to enhance male participation in ANC/PMTCT and increase HIV and NCDs testing. By so doing, during a woman's first antenatal clinic, the male partner is encouraged to attend antenatal through an invitation letter.

This strategy which started under the appellation "Aware HIV and AIDS, Aware Reproductive Health" in 2011 has proven successful in the NW and SWR, given that most male report of prior HIV testing was associated with maternal ANC attendance. Thus, HIV-Free survivals in these regions were significantly greater among infants born to women with partner attendance than those without. In this wise, an extension of this strategy to the CE region during Q1FY18 witnessed a heavy turnout of men and partners for HIV and NCDs testing in Biyem Assi District Hospital and Etoug-ebeg Baptist Hospital.

For instance, in January over 75 men were screened for HIV and NCDs in two sites and about 8 were hypertensive. A team consisting of a



clinical mentors, linkage agents, M&E staff and counselors were deployed in every scale up site to assist in community based partner tracing, counseling and testing. In line with this strategy, some of the men acted as peers to encourage more men to accompany their partners to the clinic for free consultation and get more involved in male antenatal clinics. The team launched a campaign to promote male testing and engagement in ANC/PMTCT, improve child health outcome and survival in a family-centered manner. Within the frame work of improving male testing, this strategy was extended to other priority population (bikers, truck drivers and taxi men) in a bid to identify new positive cases and link to treatment.



MY STORY

Living a happy life despite my HIV status

I was pregnant with my first child in 2008. During pregnancy, I made ANC a priority. During one of my regular checkups, I was tested HIV positive.



At that moment my world stopped, I couldn't breathe, I was petrified for my life and that of my unborn child. I thought for sure my husband will divorce me .

I decided to carry out a CD4 count, unfortunately I had a lower count. After going through counseling, I decided to take the bull by its horns and save my unborn child. I stepped out of the counseling unit with a different look and approach to life, still feeling a little confused as to how I got infected.

Then came the thought of how to break the information to my husband .Scared, confused, pale and depressed, I decided to open up to him. I looked at my husband with an eye filled with tears "I am HIV positive" I said. Immediately, he held me closer to his chest while I cried my eyes out. An HIV test was also carried out on him, fortunately he tested negative. Indeed a relief.

I was initiated on treatment. at the health center. I decided to adhere in a bid to save my unborn child. I thought to my self if I wouldn't have become pregnant right when I did and found out I was HIV positive during ANC, I would've been dead by now. I must confess that my baby saved my life and I am so grateful for that.

My husband didn't divorce me as I feared, our relationship got stronger and stronger as days went by . He has indeed been a source of strength, he actually thought me how to out-grow the fear of dead.

we had our second child few years after I had my first. Fortunately, they all tested negative.

I have adhered to treatment for over 9 years and still determine not to give up. Although the battle has been fierce and scary and the side effects of my ARV drugs nauseating, I am grateful to be alive, strong and healthy. I have decided to pursue my dreams and live a happy life

I will like to call on everyone to know their HIV status. Because Knowing your HIV status on time can save you from the trauma of being an HIV Positive patient. Once you know your status, you are 50% off clearing your doubt. So it all start with you getting tested.



ROLE MODEL

Dr Tshimwanga Katayi Edouard: Manager HIV-Free Center Region

This month, we are enchanted to present to you a pacesetter in the domain of public health whose commendable effort towards the fight against HIV speaks loud in Cameroon. Doubling as the project Manager of HIV-Free CE region and the medical director of HIV-Free C&T program for the CBC Health Services, Dr Tshimwanga Katayi Edouard made significant stride to scale up PMTCT and pediatric HIV in four regions of Cameroon. In May 2017, he was among those who spearheaded the implementation of the acceleration plan in the HIV-Free CE region, after the activation of the emergency operation centers (EOC) in 25 sites of the Djoungolo Health District. This was an effort which was crucial in improving the three key treatment indicators – HTS-positive, treatment new and treatment current.

Dr Tshingwanga, a native of the central province of Kasai oriental in the Democratic Republic Congo (DRC), was born in Likasi, (a small town near Lubumbashi, the economic capital of the Democratic Republic of Congo). He is a father of three and a husband of a state registered nurse. Hailing from a polygamous family of 15, he was raised in an extended family whereby the African concept of communality and love was made the order of the day. Inculcating this spirit in the medical field, he created a love-filled milieu whereby quality health care was provided to all patients who tend to heal from physical and psychological ailment.

In pursuit of his childhood dream, he determinedly submerged in to the world of medical science, taking a progressive but determine walk through primary and secondary school in Likasi (his home town). At the age of 19, our icon successfully made his way into the medical field obtaining a certificate of medicine at the University of Lubumbashi in 2001. In 2013, he enrolled in an online teaching and learning platform with the Textila American University, obtaining a masters degree in public health. With an unending quest to maintain and improve the quality of HIV patients care, he took a couple of short courses on HIV and AIDS since 2004 notably with the MTCT-plus initiative of the Mailman School of Public



Health at Columbia University, a Netherlands based Foundation, the health (e) foundation, and the Ministry of Health.

Over ten years, Dr Katayi has successfully embarked on a steady mission of healing and being the voice of the necessity for good health. He worked as a volunteer physician in one of the biggest referral hospitals in Lubumbashi. Finally, he engaged in active services with the CBC Health Services in 2003 and started working as an HIV/AIDS physician in 2004 and was the coordinator of the HIV care and treatment Centre at Baptist Hospital Mutengene from 2007 to 2014. Between 2013 and 2016 He led the pilot and the scale up phases of option B+ in the NW and SW Regions while providing technical assistance in Littoral and Center Regions to the HIV-Free project. In 2017, he was appointed the project manager of the HIV-Free CE Region Project. This position necessitated his urgent expertise to initiate the test and treat strategy so as to align it with the new global and national objective known as the UNAIDS/WHO three nineties goal.

Dr E, as fondly called, is a great lover of swimming, basketball, body building and classic music. He likes fashion and has a special affection for cleanliness. He enjoys socializing and communing. To crown it all, he obtains delight in African dishes like Fufu Corn, Water Fufu and Eru, Achu among others.



MY OPINION

NJOUFOYOU Yolland :PMTCT Focal Person for Saint Martin de Porres



The scale up of PMTCT and PITC in Saint Martin de Porres was very challenging due to limited staff in the facility. However, over a year, the HIV-Free project committedly provided technical and financial assistance to scale up HIV and AIDS care and treatment in this facility. The project carried out continual supervision, refresher training, mentoring to reinforce the capacities and competences of our staff in the management of PLHIV. The project also supported pediatric C&T through child friendly corner activities. This resulted to an increase of 70 positive children on ART in 2017. In same wise, the HIV-Free project ensured that the ART, HIV testing, ACT, EID, and PMTCT aggregate and disaggregate data and retention data are properly collected, registers are properly filled and updated, provided the facility with referral booklets for proper follow up in linkages of positive cases to treatment. The team also combatted the problem of constant shortage of test kits by providing buffer stocks, initiated the contact tracing, family testing strategy which has proven to be a high yield strategies. With the increase number of Psychosocial workers at different entry points of the health center, Saint Martin de Porres witnessed an increase in HIV testing, improvement in linkage, viral load collection and testing.

SUR LE CHEMIN DU 90-90-90



CBC HEALTH BOARD

Prof Tih Pius Mufih, Principal Investigator

Phone: (+237) 679405849 (CE)

E-mail: hivfdoc.team@yahoo.co