

# BIAKUSU

ON S'ACHEMINE

Vers Une Génération Sans VIH



Vol. 002, Issue 005

May 2018



On the Field



Practices



My Story



Role Model



My Opinion



PEPFAR



CENTERS FOR DISEASE CONTROL AND PREVENTION





# PRODUCTION TEAM

## HIV-FREE *BIA KU SU* MAGAZINE

A monthly publication of the HIV-Free Project Team.

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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**

When we look back to the Month of March, there is just one thing that jumps to the eye. Just as in the past year, there was serious uncertainty as to whether or not CBCHB was to continue leading the Implementation of PEPAFR funded activities in the Center and Littoral regions. The fever gripped the over 700 staff in both regions following an announcement that the project was permanently withdrawn from the CBCHB. And as the deadline of March 31<sup>st</sup> 2018 approached, the fear of losing jobs momentarily took hold of the staff in both regions while CBCHB management had to intensify and speed up the transition. Everything happened just so fast and as if in a dream because no one had seen this coming. It was paradoxical that this terrible decision was coming at a time when CBCHB had intensified work in both regions with CDC team support such that most key indicators began taking an upward trend.

Central level team under my leadership had at least to meet and plead CBCHB's case at various instances by demonstrating that CBCHB remained committed to its mandate under the Cooperative Agreement as seen by improving data. Successive and repeated meetings with CDC Cameroon, NACC leadership, Public Health Minister, US ambassador were held to present and defend the CBCHB case. In between these critical meetings we had to also hold meetings with our staff in Yaounde and Douala to encourage the team to keep the faith and to continue working hard till the last second. Prayer sessions were multiplied at various levels

Then, on March 23<sup>rd</sup>, 2018 barely a week to the D-day, CBCHB received another correspondence from Atlanta which reversed the earlier decision to transition all project activities to a new



implementer. Thus, CBCHB was maintained as leading implementer of the CDC/PEPFAR funded HIV-Free Project in both regions until the end of the funding cycle. The news fell like a bombshell and received with euphoria across the entire CBCHB institutions. Staff in Yaounde and Douala shed tears of joy as the news came to them during a meeting billed to issue them letters of their official termination/re-assignments in some cases.

Ever since April when the dust finally settled, our teams on the ground have been even more committed than ever. Multiplying meetings, trainings and increasing access to services by the people. New strategies have been put in place while coaching has been intensified. Management has deployed and continues to deploy staff to close provider needs at every level. Staff have continued to put in their best at all levels knowing that the "trial period" is very far from being over as long as targets are not met. The fear of a possible project withdrawal continues to loom over the CBCHB like the Damocles' sword.

*Enjoy reading!*



# ON THE FIELD

## CENTER REGION TEAM AIMS FOR BETTER RESULTS



Project staff kisses CE administration thank you

Center region team did have time to savor the good news of the reinstatement of the project. Management understood that pursuant of the project remained very much contingent on the attainment of all indicator targets. As a result, avoiding the repeat of the ugly feelings of the past weeks required that the team puts in place strategies to further step up and sustain progress towards project targets.

During a staff coordination meeting that came on the heels of the reinstatement, the Principal Investigator -Prof. Tih cautioned the team that the wind was far from being over. He called on the team to double efforts and ensure there is improvement in project indicators so as to further demonstrate that they deserved to be given the project. The team used the meeting to develop an

aggressive work plan and came up with more strategizes to boost the treatment indicators. The M&E team was also encouraged to ensure data quality by effectively using the DAMA software.

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## ON THE FIELD

### Impacting CBOs with knowledge to overcome field challenges



CBOs during deliberation session on strategies to improve com ARV dispensation

To improve ARV uptake in the communities, a four days training was held at Hopital Central (HCY) from the 10<sup>th</sup> to the 13<sup>th</sup> of April 2018. HCY has 6 Community Based Organisation reporting and linking patients to the Facility. Consequently HCY has the responsibility to follow up the activities of these organisations and ensure they effectively use and fill data tools and are effectively doing quality reporting, effective drug dispensation, and properly carrying out psychosocial activities.

Given the results, impact and challenges the CBOs are facing in ARV community dispensation; the training addressed all challenges the CBPs are facing within four main modules. The training focused four main modules HIV management, psychosocial activities, supply chain and stock outs, and data management gaps on how to handle Viral Load and Psychosocial activities were addressed during this training. This activity is on-going in three other facilities, CHUY, Hopital Jamot and HD Cite Verte.

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# ON THE FIELD

## Team orientates key stakeholders on new country HIV orientations



CBCHS paediatric supervisor facilitating during regional informative meeting

Given the new orientations and operationalization plans put in place by the HIV-Free CE project in Financial Year 4 (April 1- Sept 30<sup>th</sup>, 2018), there was a need to brief stakeholders on the new orientations. An informative meeting was organised on April 18<sup>th</sup> 2018 to present and discuss the comparatively high yield using Index HIV testing, contact

tracing and family model testing.

During this meeting, it was disclosed that in 2017, the number of positive cases increased from 5172 to 7967 in 14 health districts. Providers were then called upon to ensure that all new cases are identified, placed on treatment and effectively followed up.

## Strategies designed to achieve Q3FY18 targets

With close of FY18Q2, management met with District Mentors, M&E, senior clinical mentors, site leads and office staff on April 23, 2018 to re-strategize for FY18Q3 in order to meet targets for this Quarter.



The meeting laid emphasis on improving ANC and TX-CURR indicators. We need to target on index testing so it can contribute to 30% of TX-NEW. The target

Review of new project targets by management and staff

for index testing for center region stands at 4136 so emphasis was also laid on effectively carrying out Index testing to avoid over testing.

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## ON THE FIELD

### Project hires additional psychosocial workers to improve linkage and retention

A staff need assessment conducted in 22 priority health facilities revealed an acute shortage of staff especially staff to provide linkage and retention services. To bridge this gap, the HIV-Free CE project hired an additional 110 psychosocial workers and assigned to the health facilities to work as linkage or retention agents.



Cross section of psychosocial workers during training

Two training sessions were organized on April 3 -7 and 17- 21 to train them on their roles and responsibilities. The training covered topics like HIV, HIV management, TB-HIV Co-infection, HIV and Nutrition, Reproductive Health, counseling, the national algorithm for testing and

the UNAIDS 90-90-90 2020 agenda. The new recruits took up duty immediately in their various facilities.

### SERVICE PROVIDERS TRAINED ON EFFECTIVE PMTCT COHORT MONITORING.

In a bid to completely eradicate HIV in Cameroon by 2030, the prevention of mother to child transmission (PMTCT) is not left out. With its current rate of transmission which stands at; 20% during pregnancy, delivery at 40% and breastfeeding stand at 40% monitoring the pregnant woman in order to break the chain of HIV transmission is ultimate. It was on this note that HIV-Free Centre Region organized “the first ever classic PMTCT Cohort Monitoring” training on January 24, 2018.



Participants during training on PMTCT Cohort Monitoring

The training had as objective to bridge gaps and loop holes experienced in PMTCT Cohort monitoring experienced by cohort monitors in the facilities. The aim of ensuring participants become specialized PMTCT Cohort monitors at their various health facilities, is to ensure that Mother to

Child Transmission of HIV is reduced and should stand at less than 2% for children 6-8 weeks. 5% reduce should be recorded in children 18-24 month and cut down mortality rate by 10 % and ensure the mother is alive for a better follow up of children.

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# ON THE FIELD

## CBCHS COMMEMORATES THE INTERNATIONAL DAY OF THE STREET CHILD.



Testing of children for HIV in the Fouda neighbourhood

street life, many have continued to stay in the streets. Street children are often subjected to deplorable living conditions and are exposed to all sorts of diseases and infections. As such, they constitute the category of vulnerable persons and by extension a group of most exposed or most at risk population when it comes to HIV and other infectious diseases. It is from this stand point that HIV-Free CE project joined the International Children’s Welfare Foundation (ICWF) to carry out a two day commemorative program on the occasion of the International Day of Street Child. During these days (April 11 and 12, 2018), CBCHB and ICWF organized football matches, arts and crafts exhibition for street children in Yaoundé. CBCHB used the occasion to do health education and to conduct free voluntary HIV counseling and testing. In total, 200 children were tested for HIV with no positive case identified.

According to government statistics, over 435 children live in the street of Yaoundé and Douala. The reasons for the kids ending up in the streets are multiple and complex. And despites efforts by the state and other independent actors to help the children quit

### Improving male testing

Within the frame work of improving male testing, the project launched a campaign in various health districts to reach out to men in those communities. The targeted population included bikers and taxi parks as well as popular roundabouts. In the Biyem-assi health district, over 511 men were tested for HIV using the HIV screening tool during a five days long campaign with five (5) positive cases identified and linked to treatment.

With similar strategy, the men as partner clinic was adopted in Q2 to increase the turnout of men with their pregnant partners during ANC. During Q2 of FY18, over 6259 men were screened for HIV with over 240 positive cases identified and referred to scale up sites for HIV confirmatory test and linkage to C&T in five Health Districts (Djougolo, Nkoldongo, Cite Verte, Biyem Assi, and Efoulan).

Summary table of Male as Partner uptake

SITE	DISTRICT	TESTED	POSITIVE	INITIATED
EBHY(March)	Biyem assi	62	1	1
HD Biyem assi (March)	Biyem assi	32	1	1
CSC Mvolye (Jan – March)	Efoulan	53	0	0
TOTAL		147	2	2



# ON THE FIELD

## Bridging the Gaps between over testing and positive yields

Of the HIV- Free project targets, the “positive target” has continued to be a challenge for CBCHB to attain. In previous project years, CBCHB multiplied testing in all settings, yet the HIV positives continued to stagger. Since the start of FY3, CBCHB began refocusing testing to ensure the gap between the testing and the rate of positives is narrowed. This means carrying out testing only in communities or groups of people most likely to harbour the virus. The test and treat which became a standard of care in the country in 2016 also aimed at ensuring a large testing base to increase the chance of finding more positives.

To ensure that testing is well focused in the target health districts in Yaoundé, CBCHB organized a 5 day onsite training each for all 22DSD Site in the centre region to refresh HCW’s knowledge on the operationalization of the test and treat strategy, index texting among others. Participants at this training included linkage and retention agents,



Participants grasping Knowledge on PN during training

laboratory technician, head nurses and nurses, and medical doctors. Participants were encouraged to refocus testing using contact tracing and family model strategies to increase testing yield (from the current 25% to at least 35%) and to improve treatment new and treatment current in all sites.

## CBCHB makes efforts to improve quality of pediatric HIV treatment

Despite significant progress made so far in HIV treatment, ARV administration for children in diverse age groups continue to be a challenge for most service providers. This has greatly affected the coverage and quality of pediatric treatment.

On April 10, 2018, CBCHB organized a training of 25participants with aim to improve ARV administration in children. During this training, service providers were refreshed on administration of a new pediatric ARV formulation (Lopinavir/ritonavir pallets) to positive children in various age groups. Clarifications were made on the different regiments for children below 3 years, and to those above 3 years of age. Service providers also received skills to do effective documentation and reporting of pediatric treatment information.



Service providers practicing on ARV administration to Positive children



# PRACTICES

## Community ARV Dispensation: A strategy to Improve and Sustain Antiretroviral Therapy Adherence, Retention in HIV Care

The number of positive patients receiving ART has greatly increased over the years in the CE Region. However, this impressive growth, has led to overcrowding in health facilities, longer waiting time during visits, and reduced time for counseling and clinical care of newly enrolled patients. For instance, in the Yaoundé Central Hospital, over 8000 positive patients are currently on treatment. Despite the huge number of client base, the available infrastructure and personnel are not enough to handle this number. Consequently, patients have to follow long queues to get drugs, meanwhile staff barely have time to dispense medications talk less of following defaulters. This predicament increased the rates of defaulting, and lost to follow up while reducing the rate of treatment new as some clients, were discouraged by the waiting time to get their drugs, hence they stayed away from treatment.

Early 2017, the Ministry of Public Health (MOH) put in place a strategy to improve treatment adherence through the use of Community Based Organizations (CBOs). And so government began implementing a community based ARV drugs dispensation also in a bid to improve patient follow-up, decongest ART clinics, and accelerate access to ART for People Living with HIV (PLHIV) in the hard to reach communities of the CE Region. This approach will also increase ART uptake and treatment of positive cases, and improve retention on treatment while increasing community involvement in the national response to HIV and AIDS.

This strategy was partitioned into three main components to facilitate ARV drugs dispensation in the community including: community dispensation by community dispensation points, support groups and community ART groups. In this wise, the ministry of public health dispersed 10% of clients



CBOs during refreshers on Com ARV dispensation

in 6 health facilities to 18 community based organizations for proper follow up with the most prominent being AFASO, (Association Des Femme Active Est Solidaire), AFSU (Association Des Frère Est Soeur Unis), Circle Des Amis Solidaire, Positive Generation, ATFAS+, U

CBOs collect ARV drugs from health facilities and get them dispensed to patients who are clinically stable in the community. However, the CBOs refer patient to the health facilities for viral load testing and closer follow ups for those who develop a complication requiring medical interventions. They are also trained in therapeutic education and counseling to ensure that patients in various support groups receive appropriate psychosocial support.

In line with this strategy, the CBCHB provides technical assistance to these CBOs, carries out site visits, supervision, refreshers and evaluation in other to address challenges such as shortage of staff and equipment, proper documentation and reporting of data among others. This strategy has proven its worth shortly after implementation as ART dispensation rate in the community increased from 704 during Q4 FY2 to 1604 Q1 FY3 and stood at 2254 as at March 2018.



# PRACTICES

**Table indicating the distribution of clients in 18 Community Based Organisations**

SN	HEALTH FACILITY	# of Clients receiving ARVs	COMMUNITY BASE ORGANISATION
1	HD Efoulan	205	ATFAS +
2	HD BIYEM-ASSI	70	TRAUMA CENTER
3		39	HORIZON FEMME
4		128	CHIMISSION
5		55	NOLFOWOP
7	CHUY	272	AFASO
8	CITE VERTE		RECAP +
9		149	HORIZON FEMME
10	HCY	194	CEAM
11		20	EVICAM
12		140	AFSU
13		50	ANNOUR
14		219	AFASO
15		27	POSITIVE GENERATION
16		HGOPY	160
17	51		ESPOIR ET VIE
18	50		ALECO
19	HOPITAL JAMOT	425	UFSA
	19	2254	18

With this strategy in place, clients expressed their gratitude to such a strategy as it has made transportation and access to ARV easy. Availability of medication even after working hours has greatly

reduced patients' waiting time in the facilities. It is expected that this strategy will facilitate the attainment of the 2<sup>nd</sup> and 3<sup>rd</sup> 90s of UNAIDS Vision 2020 goal.



# MY STORY

## I SURVIVED THE TRAGEDY



I had the challenge of disclosing this status to my husband. I was a house wife who looked up to the husband. I couldn't imagine life without him. Just at the cross roads of my dilemma, the CBCHB came to my rescue with the perfect counselling I needed to pull through. I finally disclosed my status to my husband. He accepted my status whole heartedly while we eagerly waited for our unborn child.

*“The series of counseling given to me by psychosocial workers helped me to live a positive life during 3years of continuous treatment. Living on drugs haven't been quite easy, I often suffer from*

*cough and dizziness. It's actually been a tough combat, “I often had nightmares of my body transforming into a giant drug when I started treatment”. She laughed out loud. “but it is and issue of the past now.”*

“I'm fresh, more beautiful and younger thanks to my treatment.” She recounted.

I was grieving my beloved sister who died of AIDS, little did I know I was infected with HIV as well. For the first time in my life, the thought of death frightened me to my bone marrow. I silently whispered for a miracle. In the midst of this trauma and depression, the thought of my family gave me hope and a peace that I couldn't explain.

I was pregnant with my second child. As a young mother, I knew at heart the importance of attending ANC. It was during one of these sessions that I was tested HIV positive. Then I received the talk on adhering to treatment in order to prevent transmitting the virus to my unborn child. After receiving counselling, I decided to yield to the doctor's advice and immediately enrolled into treatment at HD Biyem-Assi.

My treatment has actually helped me a great deal. I was closely followed up during pregnancy and before delivery. I now have an undetectable viral load. This however, gave me the courage needed to confront the fear of dead. My husband and children were tested negative. With an undetectable viral load, we decided to have another baby.

I'm healthy and living a happy life in the midst of a family I cherish so much. Many actually suffer from worst illnesses but I just take my treatment and live a normal life. I will like to encourage everyone to know their HIV status and adhere to treatment if tested positive. \*\*\*\*\*



## ROLE MODEL

### **Dr Albert Bakor: Technical director of the HIV-Free project**

**D**etermination backed by faith and hard work knows no word like impossibility; this is a phrase that characterizes our Icon of the month, Dr. Albert Bakor, the Technical Director of the HIV-Free Projects. Over two years, he has provided technical guidance and leadership in two regions and now four regions of project implementation in Cameroon. He fronted the momentum to develop new and innovative strategies to scale up HIV and AIDS care and treatment response including the strategy dedicated for men, ART and PMTCT cohort monitoring, scaling up index testing among others. He has also been instrumental in the development of Pediatric Training Centers of excellence (PTC) in the North West, South West, Center and Littoral Regions of Cameroon.

He commenced his primary education in Secret Heart Fiango Kumba and obtained a first school leaving certificate at ST Anthony Primary School, Mamfe. He proceeded to acquire an ordinary and advanced level certificates with outstanding performance in science at GHS Mamfe before proceeding to the University of Maiduguri in Nigeria, where he earned a Bachelor of Medicine, Bachelor of Surgery (MBBS) degree. He worked with the University of Maiduguri Teaching Hospital for a few years then returned to Cameroon where he worked with HELP Medical Foundation and the District Hospital Fontem. He later pursued a graduate program in Obstetrics and Gynecology, Tel-Aviv University Israel. His quest for knowledge, pushed him to enroll for a Master course in Public Health from the Universite Libre De Bruxelles, Belgium and later to Barcelona school of Management, University of Spain where he obtained a MSc. in Health Economics and Pharmaco-Economic. He has also completed several Graduate training programs with the University of Washington including Clinical



Management of HIV/AIDS, STI and infectious disease, Leadership in Health and Project Management and an M&E training program with the University of Colorado.

Dr Bakor has over 17 years of international experience in design, implementation and management of public health programs, strategic leadership and business development in multiple countries in Africa. Prior to joining the CBC health Board, he was Country Director of EGPAF in Cameroon, the Country Director of Health Alliance International in Cote D'Ivoire and Country Director for the University of Washington International Training and Education Centre for Health (I-TECH) South Africa. He also served as Clinical HIV/AIDS Advisor for Health Alliance International in Mozambique and a Clinical instructor with the Department of Global Health, University of Washington. He successfully started up and established Health Alliance International as an organization in Cote D'Ivoire and EGPAF in



## ROLE MODEL

### **Dr Albert Bakor: Technical director of the HIV-Free project**

Cameroon. Dr. Bakor is an expert in HIV/AIDS, organizational development, program development and management.

Dr Bakor hails from Besonabang-Manyu Division in the SW Region of Cameroon. He was raised the last of 5 siblings after he lost his dad at a tender age. His guardian inculcated in him a sense of determination. He is married and has children.

He dislikes dishonesty, laziness and failures.

However, he obtains pleasure in reading, hanging with friends, traveling to discover new places and spending quality time with family. His favorite dish is fufu and eru, rice and beans which he termed “world cup” arousing a nostalgia of his secondary school days.

His watch word is *“have a dream, believe in it and work towards achieving it”*



## MY OPINION

**Dr Gladys AKAME: Coordinator of the UPEC at HD EFOULAN**



**T**he CBC Health Board HIV-Free Project has been actively involved in the fight against HIV in HD EFOULAN. Over two years, the project provided financial and technical assistance to improve the scale up of PITC and PMTCT and Pediatric HIV uptake in this facility. From October 2017, the project team deployed staff to the facility to carry out proper tracking of Loss-to-Follow-Up (LTFU), linkage and ensure proper documentation and reporting. They also organized regular refreshers, carried out renovation activities in the health center, provided a favorable milieu for child friendly activities. The team has also steadily followed up clients on ART to ensure adherence and testing at all entry points. As a result of this commitment, the facility has witnessed a remarkable improvement in testing, follow up and retention of clients on treatment. Treatment current and treatment new also witnessed a great increase from 1461 to over 2000 clients on ART. These results wouldn't have been possible without the technical and financial assistance provided by the CBC Health Board. I really appreciate the collaboration and partnership between us and pray we continue in the same light to attain the UNAIDS 90-90-90 objectives in Cameroon.

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# SUR LE CHEMIN DU 90-90-90



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