# The Story of HIV in Njinikom The Journey of Project Hope

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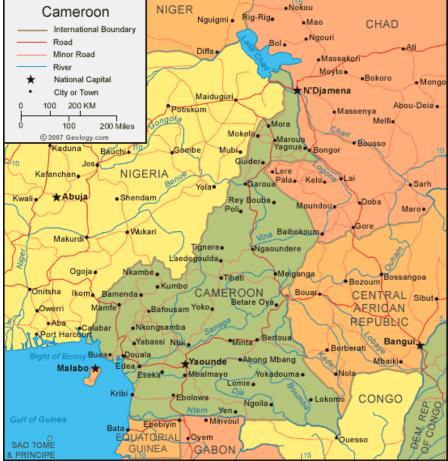
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#### Introduction

- Population in Cameroon 22 million
  - HIV Prevalence
    - 2003 5.3%
    - 2011 4.6%
    - 2012 4.5%
    - 2013 4.3%
- Njinikom located in North West Region
- Population in Njinikom about 20 K
  - HIV Prevalence about 5%
- St. Martin de Porres Catholic General Hospital





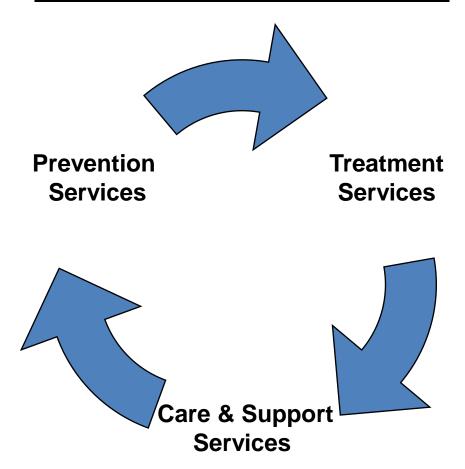
### **HIV/AIDS** Treatment Center Goals

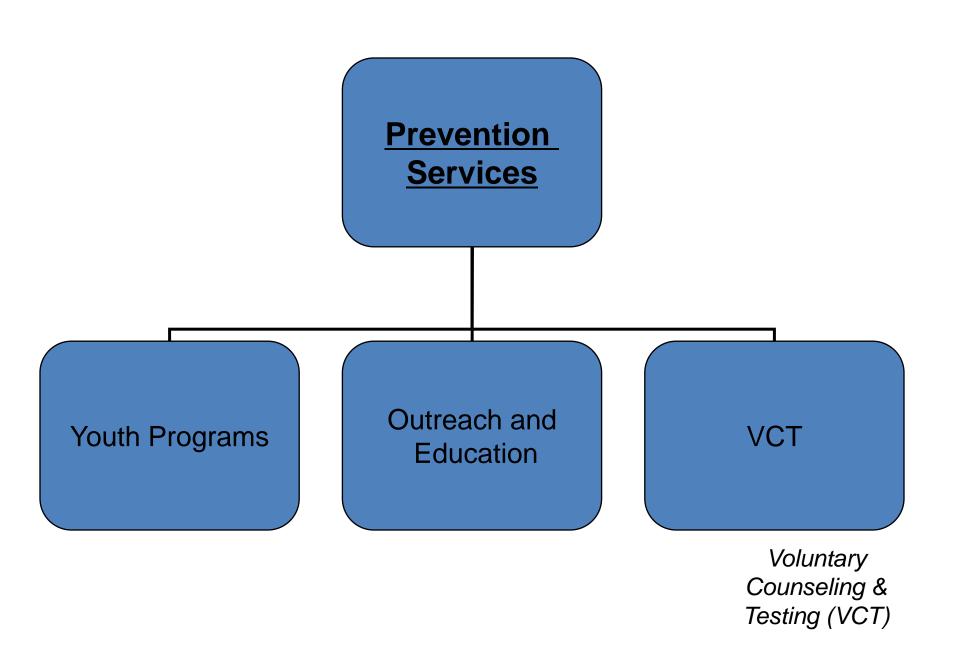
- To reduce the prevalence and the impact of HIV and AIDS in children, youths, and adults
- Strengthening the capacities of communities to address and cope with the impact of the HIV/AIDS epidemic
- To promote health and reduce morbidity and mortality related to HIV/AIDS

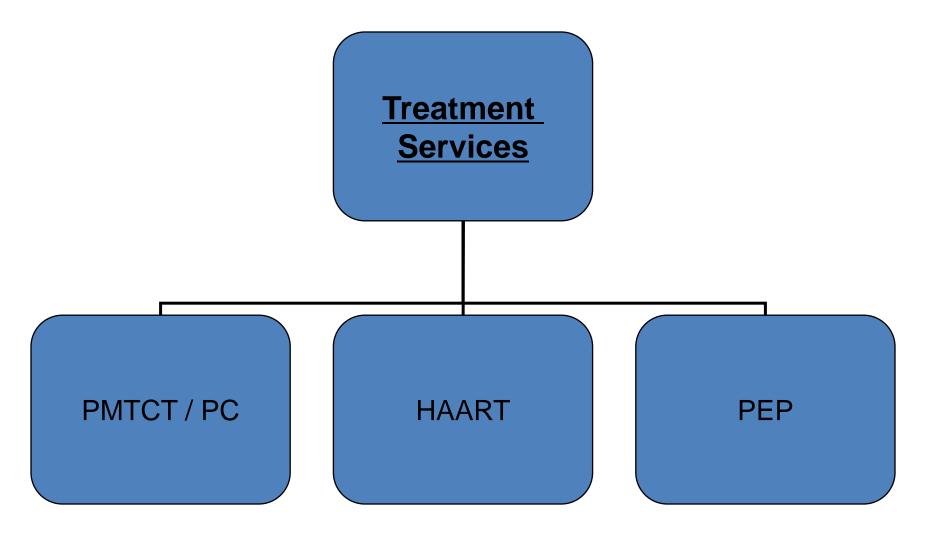
#### **Intervention Populations**

- Mothers seeking pre-natal care and joint services with hospital
- Children infected or affected by HIV
- People Living With HIV/AIDS (PLWHA)
- Orphans and Vulnerable Children (OVC)
- Caregivers to PLWHA and OVCs
- Traditional Healers, Hairdressers, Taxi Drivers, Barbers, Youths, etc...
- Community Based Organizations (CBOs)

# HIV Basic Services in a Continuum of Care





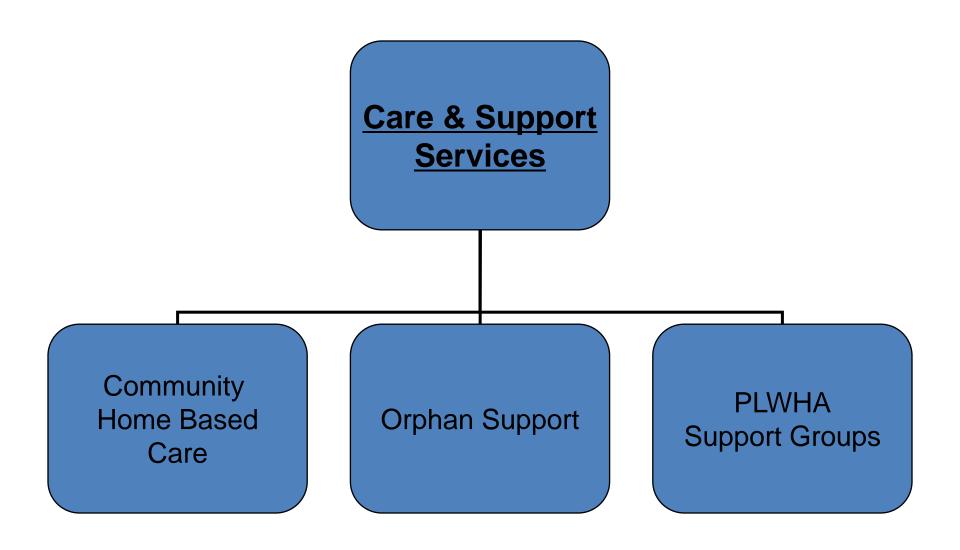


Prevention of Mother To Child Transmission (PMTCT)

Pediatric Care (PC)

Highly Active Antiretroviral Therapy (HAART)

Post Exposure Prophylaxis (PEP)



People Living with HIV/AIDS (PLWHA)

#### **Planned Results.**

- 1. To improve knowledge on HIV and AIDS, STIs and adolescent reproductive Health.
- 2. To identify and re-orientate the skills of Youth and promote activities that encourage Youth participation in disease prevention.
- 3. To build the capacity of the community as a whole and traditional practitioners in particular to adopt less risky practices.

- 4. To improve access of women to quality information on HIV and quality health care in general.
- 5. To assist communities to develop and run structures that take care of orphans and vulnerable children.
- 6. To provide services to reduce Mother-To-Child Transmission of HIV and care for their exposed/infected babies.

- 7. To increase access to ART and treatment of opportunistic infections to our clients at zero or minimal cost.
- 8. To further reduce the prevalence of HIV in Cameroon from 4.3 (2013) to the bearest minimum.

#### Achievements.

#### **Primary Prevention: Youth Activities**

1. A total of 500 Peer Educators have been trained both in and out of school youth and are actively involved in sensitization in schools and back in the communities.

- 2. 45 Health clubs have been created and members trained on life skills, Risk and vulnerability mapping, communication for behavioral change, HIV and AIDS, STIs.
- 3. A marked reduction in HIV prevalence among youth age 15-24 years from 10.9% in 2004 to 6.8 in 2012.
- 4. 1 Youth Markets and 1 Youth motor park awareness corner have been created and are functional in Njinikom.

- 5. A Youth friendly centre and a Children's' Friendly club have been created and are currently functional.
- 6. Youth are actively involved in sensitizing their peers during special events. More than 30,000 Youth have been reached with messages on prevention.
- 7. Community mobilization and sensitization in HIV prevention is ongoing with active community participation.

8. Participatory training seminars especially on risky practices have been effected to over 240 traditional practitioners in Njinikom, Bum Belo and Fundong subdivisions, most recent chaired by the Divisional officer for Njinikom..

# **HIV Free Holidays**

**Cross section of youth during games** 

**District Officer chairs the final games** 





# Training of Youth

Presentation of group work in Plenary by youth.

Drawing up Risk maps of Kichu - Belo





# Youth Motor Park Awareness Creation Corner

**Inner view** 

**Outer view** 





# Community Mobilization and Screening.

Women's Day 2013

Muloin village





# In-School Health Clubs Sensitizing during Special Events





# Trained In-School Health Clubs Sensitizing during Special Events





#### **Treatment Unit.**

#### **HAART:**

- 1. Over 2000 HIV tests are done yearly
- 2. Over 2233 client have benefited from ART (1536F, 697M, 132 children).
- 3. 1300 files are currently active.

#### PMTCT and Pediatric Care

- 1. Health education talks are given every ANC and each pregnant woman is counseled for HIV testing which is now integrated into routine activities of the clinic. 99.9% accept to take the test and the optout approach is used.
- 2. Screening for HIV and prophylaxis or treatment to those tested positive is provided free of charge
- 3. 160 service providers (Nurses, Midwives, lab technicians and counselors) have received training and are actively implementing PMTCT interventions within the entire District in 16 sites.

- 4. Over 210 community stakeholders (D.O, Mayor, Religious authorities, Traditional rulers, leaders of CBOs, teachers, etc...) have been trained and are actively involved in communication for PMTCT and Pediatric care (we use both community and Hospital approach).
- 5. 80 children on ARV are benefitting Pediatric care and counseling. Caregivers are trained on provision of appropriate care and support to the children.
- 6. 100% pregnant women at our hospital ANC go for HIV screening.

- 7. Through the early infant diagnosis (EID) program, there have been active tracing and follow up of babies born to HIV positive mothers.
- 8. 340 tested. (306 Negative, 34 Positive).
- 9. The treatment center has created and sponsored 5 support groups involving PLWHA

# Therapeutic Committee Meeting





#### **Treatment Unit Staff**

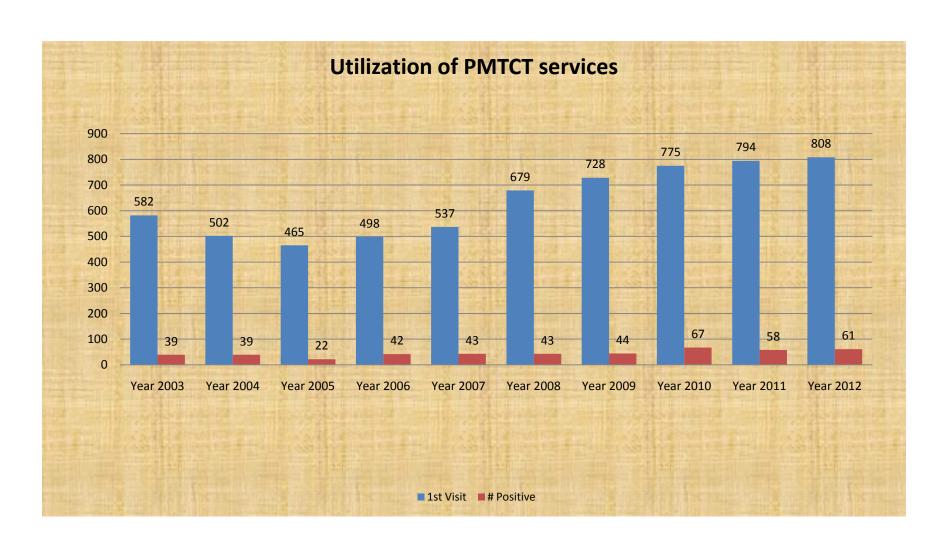


## Dispensing ARVs at Treatment Unit





### **Uptake of PMTCT Services**





Training of service providers in PMTCT.



Cross section of community stakeholders after a workshop in communication for PMTCT/PC



Children infected with HIV received nutritional support

#### Children's Club

Children play with toys while waiting for their ARVs

Unicef / Andorra delegation visits children club.





#### Care and Support.

- 1. Over 70 Community Based Groups (CBO) have been trained and are working with OVCs.
- 2. A total of 100 PLWHA and caregivers to OVCs have benefitted from an Income Generating Activity since 2007.
- 3. Over 6000 home visits have been effected to 820 HIV infected clients. Activities of home visits include tracing of clients lost to follow up, adherence monitoring, nutritional and hygienic assessment and psychosocial and spiritual support.

#### Judicial Assistance to OVCs





# **Vocational Training**





### **Home Visits**

Supply ARV at home.

**Donations** 





## **Home Visits**







Building the capacity of OVC caregivers in an effort towards self sustainability.

A pilot project sponsored by Heifer project, Plan Cameroon and Project Hope

#### **Orphans receiving Educational Support**

#### **Orphans receiving Judicial Support**





## Challenges.

- Behavioral change is an observable and gradual process.
- Addressing the multitude of needs concerning the increasing number of orphans and PLWHA in our community (lack of adequate funds).
- Working towards project sustainability and continuity
- Stigma still exist and it's a barrier to testing especially in the remote communities.

- Difficult terrain (inaccessibility to client which calls for a mountain bike and a four wheel drive vehicle for a team work).
- Low participation of men in PMTCT program.
- Rupture of reagents (CD4, FBC, FBS, Liver function)
- Ever increasing clients on ARV demands for more data collecting and processing material needed (computers, printer, scanner) for the treatment unit.

## Way Forward.

- Continuous intensification of a combination of intervention in the fight against HIV transmission.
- Continuous sensitization of the communities on issues related to HIV and AIDS.
- Refresher workshops should be organised for service providers in areas of HIV infection prevention, treatment, care and support.

- Continue to protect orphans and vulnerable children in our communities.
- Intensify youth programs geared towards HIV prevention in order to bring about behavioural change and continue to reduce the rate of new infections among young people.
- Continue to seek for other sources of additional funds to meet up with the increasing needs of the population we serve.

- We look forward to learning from other institutions, their experiences and efforts in HIV and AIDS, as well as attend international seminars, workshops or meetings in the field of HIV and AIDS so as to build up our capacity and improve on our services to our communities.
- Above all, to Share the best practices recorded by the Project with other communities especially in line with our new strategic Plan 2010 – 2015.

### PROJECT HOPE

#### **COMMUNITY SERVICES FIGHTING HIV/AIDS**





**Community oriented** 



Care and support Prevention

Faith based



Integrated and comprehensive services

Empowering and strengthening the capacity of communities to address and cope with the impact of HIV/AIDS

Thank You for your Kind attention.