



CONTINUUM OF PREVENTION, CARE AND TREATMENT OF
HIV/AIDS WITH MOST AT-RISK POPULATIONS IN CAMEROON
(CHAMP)

QUARTER THREE (Q3) REPORT FY22

(April 1, 2022 – June 30, 2022)

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Abbreviations and Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AOR	Agreement Officer Representative
ART	AntiRetroViral Treatment
ASAD	Association d'Assistance Au Développement
CAMFAIDS	Cameroonian Foundation for AIDS
CAMNAFAW	Cameroon National Association for Family Welfare
CBCHS	Cameroon Baptist Convention Health Services
CBO	Community-Based Organization
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
cFSW	Children of Female Sex Workers
CHAMP	Continuum of Prevention, Care and Treatment of HIV/AIDS with Most at-risk Populations
CHP	Care and Health Program
CMC	Chargé de la Mobilisation Communautaire/ CMO= Community Mobilizing Officers
CMWA	Cameroon Medical Women Association
COP	Country Operating Plan (PEPFAR)
CoPCT	Continuum of Prevention, Care and Treatment
DIC	Drop-in Center
DLMEP	Direction de la Lutte contre la Maladie, Epidémies, and Pandémies
DROS	Direction de la Recherche Opérationnelle de la Santé (MoPH)
EAC	Enhanced Adherence Counseling
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
FSW	Female Sex Workers
GBV	Gender-Based Violence
GIC Santé	Groupe Initiatives Communes pour la santé (community-based health center)
GHSS	Global Health System Solutions
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HRGP	Human Rights Grant Program
ICAP	International Center for AIDS Care and Treatment Programs
ICT	Index Case Testing
IPV	Intimate Partner Violence
CGHPI	Georgetown University Center for Global Health Practice and Impact
IBBS	Integrated Behavior and Biological Survey
JHU	Johns Hopkins University
KP	Key Population
LTFU	Lost to Follow-Up
M&E	Monitoring and Evaluation
MI/C	Motivational Interviewing/Counseling
MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men

NACC	National AIDS Control Committee
OGAC	Office of the US Global AIDS Coordinator
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PrEP	Pre - Exposure Prophylaxis
QA/QI	Quality Assurance / Quality Improvement
RTG	Regional Technical Group (regional representative of the HIV Technical Committee)
SNS	Social Network Strategy
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development

Introduction

The *Continuum of prevention, care, and treatment of HIV/AIDS with Most-at-risk Populations in Cameroon* (CHAMP) project, funded by the U.S. Agency for International Development (USAID) under the Cost Extension of the Cooperative Agreement No. AID-624-A-14-00003, began in January 2020. The program is implemented under CARE International in Cameroon in collaboration with local community-based organizations (CBOs). This report is the Q3FY22 technical report that describes progress towards achieving annual benchmarks, completed activities and ongoing activities, challenges, and issues impeding progress. This report also covers the financial expenditures for the above reporting period.

Aligned with the National Strategic Plan (2018-2022), the US President’s Emergency Plan for AIDS Relief (PEPFAR), and international best practices in HIV prevention, treatment, and care, CHAMP supports a large-scale, comprehensive program for HIV/AIDS. The program builds a strong, community-based response to the epidemic with a focus on the prevention, treatment, care, and support needs of key populations: men who have sex with men (MSM), female sex workers (FSW) and their clients, People Who Inject Drugs (PWID), and Transgender people (TG). CHAMP also provides services and linkage to referral services for children of female sex workers (cFSW) and children living in/and around hotspots for key populations and adolescent girls and young women (AGYW) affected by HIV in collaboration with other PEPFAR-supported partners and the Government of Cameroon.

Following the transition plan of the CHAMP project from CARE to CHP, which began in April 2021, Q3FY22 was marked its final phase by transferring Yaounde and Bafoussam sites, giving CHP complete implementation and oversight of all CHAMP partnered CBO in all catchment sites.



Section 1: Summary of activities and achievements

In Q3FY22, there is a considerable increase in KP and PP_PREV, PrEP_NEW_VERIFY and HTS_SELF performance. This is mainly due to increased and improved mobilization activities and individualized monitoring at site level by CBO and CHAMP staff. However, case finding remains a challenge due to suboptimal use of the screening tool, partner notification services and hotspot saturation. Additionally, the program continues to face stock tension of HIV Rapid Test Kits (RTK). To mitigate these challenges, the program continued following up the remediation plan set in Q1, through its continuous review and tackling CBOs' daily challenges specifically those related to case findings. (Table 1 & 2).

Table 1: Performance against annual targets: All populations

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	83,537	14,190	16,323	22,345	52,858	63%
PP_PREV	14,214	3,317	3,932	6,850	14,099	99%
PrEP_NEW	3,664	646	1,033	1,141	2,820	77%
HTS_TST	63,388	7,504	8,957	8,821	25,282	40%
HTS_SELF	13,431	777	471	5521	6,769	50%
HTS_TST_POS	5,071	878	904	843	2,625	52%
TX_NEW_VERIFY	4,817	824	840	798	2,462	51%

Table 2: Performance against annual targets: Key populations

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	83,537	14,190	16,323	22,345	52,858	63%
PrEP_NEW	3,664	646	1,033	1,141	2,820	77%
HTS_TST	51,860	6,128	7,277	7,414	20,819	40%
HTS_SELF	13,431	777	471	5521	6,769	50%
HTS_TST_POS	4,667	756	786	742	2,284	49%
TX_NEW_VERIFY	4,434	720	738	708	2,166	49%

Prevention and case finding

During this quarter, CHAMP continued using resilient strategies including ICT, SNS, chill-ins/grins, special friendly events, online mobilization, referral to the DIC to achieve prevention and case finding performances. These strategies led to an increase in KP_PREV performance by 37%, from 16,323 in Q2FY22 to 22,345 at the end of Q3FY22. The CHAMP team's continuous and close supervision and educative talks facilitated by PrEP champions, peer leaders, case managers and nurses permitted the program to increase PrEP enrollment from 1,033 in Q2FY22 to 1,141 in Q3FY22. Challenges remained on case findings which slightly declined by 6% (789 in Q2 compared to 742 in Q3) due to recurrent stock tension of HIV RTK in the program, which restricted CBOs in adhering and implementing planned activities. Moreover, the program put in place strategies to increase case finding including but not limited to increase (from 2 to 4 per month) of chill-ins activities around index contacts, organizing more happy index days in the DICs. Additionally, the program continues to monitor and advocate for more HIV RTK supplies from the national program. These will continue in the subsequent quarter.

Linkage, retention, and viral suppression

During the third quarter of FY22, the continuous collaboration established between the clinical partners, RTG and CHAMP through monthly coordination meetings created room for the discussion of the different challenges related to extra hour ART initiation (during night shifts, weekends and public holidays), ART dispensation and viral load sample collection and turnaround time. They also served as a platform to reinforce the quality of services offered to beneficiaries and routine data verification and validation at the level of health facilities. These activities ensured that CHAMP has maintained an overall linkage rate above 95% and a good referral and counter referral system.

CBOs continue linking most beneficiaries to PEPFAR-supported sites as requested in previous quarters. However, few clients prefer to be linked to ART in non-PEPFAR sites due to the closeness from their home or working place and familiarity to some health facility staff. CHAMP continues to encourage focus group discussions for these beneficiaries by concerned CBOs under the supervision of a CHAMP head office or regional staff. Furthermore, the CHAMP coordination team conducted several unannounced visits to these health facilities to confirm the linkage information reported by CBOs.

CHAMP continued implementing and strengthening result driven strategies to improve performance across the VL cascade. These strategies include but are not limited to continuous advocacy with clinical IPs to improve turnaround time in some cities and individualized monitoring of case managers to mobilize eligible clients for VL sample collection at DIC or health facilities to improve viral load suppression rate. They continued contacting beneficiaries to remind them of VL test appointments. Lab technicians at DICs continued sample collection and transported them to reference laboratories. CHAMP also enhanced U=U messaging from CM and PN by encouraging clients to maintain adherence and VL test schedules. CHAMP encouraged CBOs to collect results of beneficiaries who carried out their VL testing in the health facilities to ensure a complete documentation of VL results.

Commenté [1]: Are these all the reasons? Do we have an analysis of the various reasons in this report? If not we should consider adding that.

Data verification exercise

The CHAMP team continued to work hand-in-gloves with the RTGs and clinical IPs to continue routine handshake data verification to ensure that health facilities effectively identify and record all newly linked beneficiaries by CBOs. This involved the using of signed weekly data validation forms from CBOs (when available) or verifying directly from source linkage documents in the health facility notably the linkage registers where the entry points must be stipulated, ART register, quality assurance registers and the client files. For Q3FY22, of the 798 clients reported by CBOs as linked to treatment, the verification team did not validate two codes in two health facilities because both codes were declared to be known positive cases. The CHAMP team recommended that CBOs do in-depth post-test counseling to identify known positives, respect the weekly handshake validation and update data reported to CHAMP when appropriate.

Table 3: Summary of data verification per CBO for Q2FY22 data

CBO	TX_NEW to verify Q3FY22	TX_NEW _VERIFY Q3FY22	Validation Rate Q1FY22	Validation Rate Q2FY22	Validation Rate Q3FY22	Comment
CAMFAIDS	92	92	100%	100%	100%	
Horizons Femmes Yaoundé (including RENATA -10 and YDF -19)	48	48	100%	100%	100%	
Humanity First Cameroun Plus	158	158	100%	100%	100%	
CMWA Yaoundé	63	63	100%	100%	100%	
Alternatives Douala	42	42	100%	100%	100%	
Horizons Femmes Douala	35	35	100%	100%	100%	
Alcondoms Douala	91	90	100%	100%	99%	One code was not validated in Adluceum Bonabéri as it was identified as a known positive in many HFs and Hospitals
CMWA Bamenda	36	36	95%	100%	100%	
Affirmative Action Bamenda	21	21	91%	100%	100%	
Horizons Femmes Bafoussam	29	29	100%	100%	100%	
ASAD	82	81	100%	97%	99%	One code not validated. It was identified as a known positive in many HFs and Hospitals .
Affirmative Action Ngaoundere	51	51	100%	73%	100%	
ACODEVO	26	26	100%	100%	100%	
WOPA	26	26	100%	100%	100%	

Section 2: Activities

Overall cascade results for all populations

Prevention

As of Q3FY22, CHAMP reached 52,858 KPs representing 63% of the annual target (figure 1). This result is due to the collaboration with community leaders, non-traditional mobilizers, targeted mobilization on social media, exploration of new hotspots and the close individualized formative supervision of CBOs. Through this, newly recruited consultant CBOs (YDF and RENATA) improved their performance in KP_PREV by reaching over 80% (from 296 in Q2 to 1614 beneficiaries at the end of Q3FY22).

Commenté [2]: Says prevention but a clinical/HIV positive cascade is provided instead

Figure 1: Cumulative cascade analysis among all population

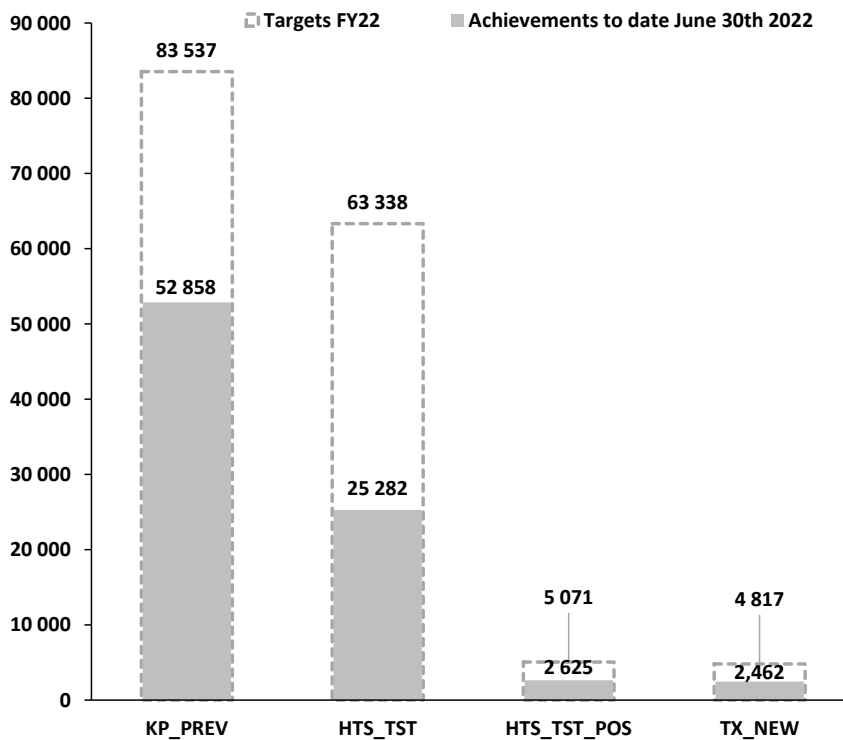


Table 4 : CHAMP visit type by indicator, KP type, and quarterly period

Indicators	Type of KP	Q1FY22						Q2FY22						Q3FY22					
		First time in CHAMP		First time in FY		Total	First time in CHAMP		First time in FY		Total	First time in CHAMP		First time in FY					
		n	%	n	%		n	%	n	%		n	%	n	%				
KP_PREV	FSW	9,117	3,631	40%	5,486	60%	10,538	5,156	49%	5,382	51%	14,346	7,510	52%	6,836	48%			
	MSM	4,635	1,879	41%	2,756	59%	5,116	2,406	47%	2,710	53%	7,053	3,373	48%	3,680	52%			
	PWID	327	249	76%	78	24%	446	315	71%	131	29%	536	400	75%	136	25%			
	TG	111	79	71%	32	29%	223	197	88%	26	12%	410	337	82%	73	18%			
	All KP	14,190	5,838	41%	8,352	59%	16,323	8,074	49%	8,249	51%	22,345	11,620	52%	10,725	48%			
HTS_TST	FSW	2,874	1,861	65%	1,013	35%	3,448	2,255	65%	1,193	35%	3,111	2,093	67%	1,018	33%			
	MSM	2,939	1,413	48%	1,526	52%	3,241	1,599	49%	1,642	51%	3,462	1,721	50%	1,741	50%			
	PWID	219	176	80%	43	20%	254	160	63%	94	37%	191	139	73%	52	27%			
	TG	96	71	74%	25	26%	77	72	94%	5	6%	72	69	96%	3	4%			
	All KP	6,128	3,521	57%	2,607	43%	7,020	4,086	58%	2,934	42%	6,836	4,022	59%	2,814	41%			
HTS_TST_PO S	FSW	303	255	84%	48	16%	332	307	92%	25	8%	275	240	87%	35	13%			
	MSM	421	254	60%	167	40%	419	286	68%	133	32%	432	286	66%	146	34%			
	PWID	18	15	83%	3	17%	11	9	82%	2	18%	11	6	55%	5	45%			
	TG	14	14	100%	0	0%	11	11	100%	0	0%	10	10	100%	0	0%			
	All KP	756	538	71%	218	29%	773	613	79%	160	21%	728	542	74%	186	26%			

Table 5: KP Mobilization by testing service and by entry points, Q3FY22

Indicator	Targets	Q3 Results	Annual performance %
KP_PREV	83,537	22,345	27%

		First in CHAMP	First in FY22	Follow up visit	KP_PREV	% KP_PREV
Total		11,620	10,725	7,203	22,345	100%
By Testing Services	Known HIV positive	10	475	2,616	485	2%
	Tested/Referred	6,089	5,824	1,066	11,913	53%
	Declined	5,521	4,426	3,521	9,947	45%
By entry point	Hotspot level	7,180	6,481	3,193	13,661	61%
	DIC level	1,299	1,361	3,348	2,660	12%
	SNS	664	386	93	1,050	5%
	Grins / Chill-ins	2,236	2,374	496	4,610	21%
	Online	241	123	71	364	2%

CHAMP Q3FY22 report

During Q3FY22, 52% of beneficiaries reached were first in CHAMP (Table 4.). 61% of beneficiaries were reached and offered prevention services at hotspots compared to 5% through SNS. CHAMP continues to work with the CBOs to improve the quality of the messages distributed to the beneficiaries during prevention activities to decrease the number of declined cases and use HIVST to catch up these clients in the program.

Figure 2: KP_PREV disaggregation by HTS modality

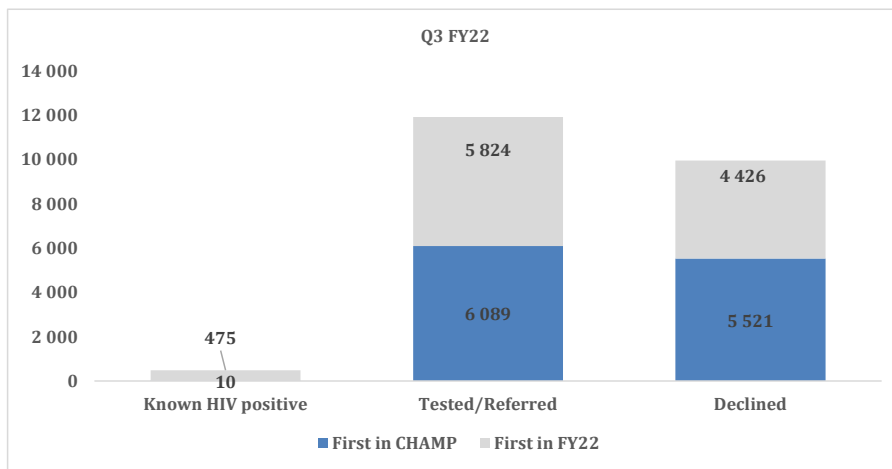
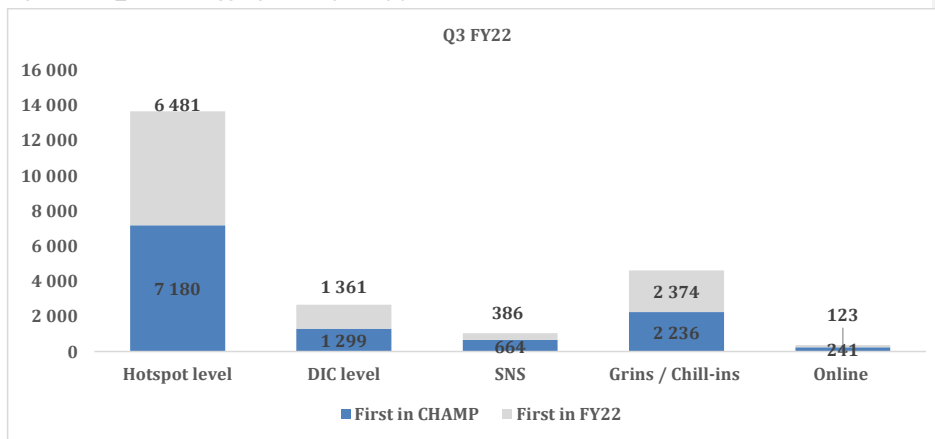


Figure 3: KP_PREV disaggregation by entry points

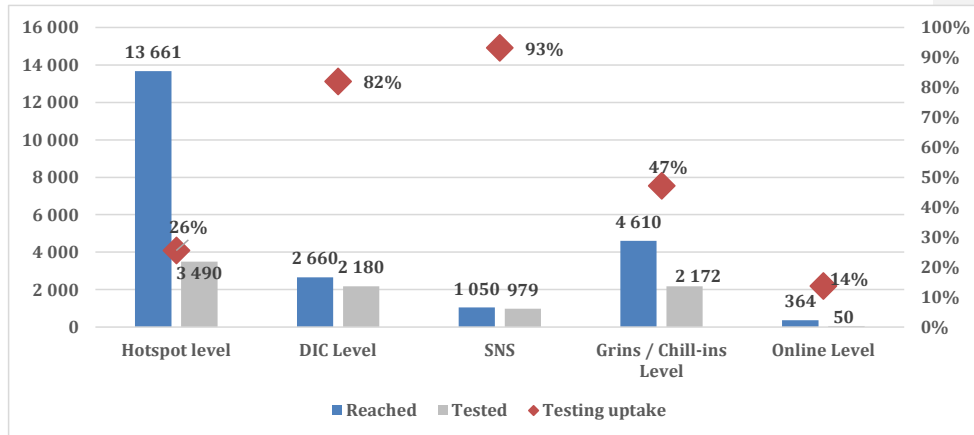


As seen in figure 4a, CBOs tested most clients at the hotspots. CHAMP encourages online mobilizers to optimally use the various online platforms to scale up all online implementation strategies. The high testing uptake at DIC may be due to better counseling offered by case managers and clinical staff during DIC visit. Also most clients visiting the DIC already may have a relatively high-risk perception as compared to clients reached through online and in hotspot. Additionally, SNS strategy has a high testing uptake as a peer has benefited testing and can easily convince his friend to accept HIV testing.

Commenté [3]: rephrase

The CHAMP team will increase SNS mobilization activities and train online mobilizers to enhance their counselling skills.

Figure 4a: Testing uptake disaggregated by entry points for KP, Q3FY22



PrEP

Through routine sensitization activities, the program reached 10,909 clients with PrEP messages and mobilized 5,483 clients to the DIC for further screening. Among those who successfully reached the DIC, 2,818 clients were screened eligible. The program continues to face issues by referring potential PrEP users to the DIC. In collaboration with NACC and CBOs, the program is exploring possible solutions to successfully increase referral to DIC and/or solutions such as field screening and initiation to maintain a satisfactory uptake rate. Among clients screened eligible at the DIC, 1,141 (41%) were initiated on PrEP compared to 1,033 during the previous period. This performance is due to increased PrEP enrolment and re-initiation activities. CBOs carried out key PrEP enrolment activities such as educative talk led by PrEP champions and clinical staff at DIC, online mobilization and HIV post-test counseling. The program surpassed the monthly PrEP initiation benchmark of 300 clients by reaching 489 in June 2022. Furthermore, an improved initiation rate among FSWs due to an increased familiarity of FSW-focused peer leaders and case managers with PrEP messages and increased recruitment of PrEP champions in FSW-focused CBOs significantly contributed to this achievement.

The program implemented retention activities to ensure high-risk beneficiaries stay on PrEP if they are at HIV risk acquisition. During this quarter, the program verified all PrEP client's files to ensure good documentation and follow-up activities by field staff. The program line listed all LTFU clients per peer leader and intensified the individualized follow-up to re-engage all LTFU whenever possible. The program reinitiated 88 clients on PrEP. About return care activities, the program identified one seroconversion among MSM who stopped PrEP several months ago at Alcondoms. CHAMP successfully linked this client to treatment. CHAMP continues exploring differentiated service delivery to improve PrEP retention. During this quarter, the program started offering HIVST in the community as a HIV screening test for PrEP users refill so that PrEP users do not need to reach the DIC for HIV screening and PrEP refill. The program still faces policy barriers such as age eligibility, DIC initiation, and geographical restriction.

Commenté [4]: This seems very low considering the number of KPs said to have been reached in KP_PREV

Commenté [5]: What are the main issues? What is causing the drop off?

Commenté [6]: PrEP file documentation is not consistent from site to site and minimum requirements for PrEP initiation like test results and prescription not available in many files. And where these are available they are usually not dated correctly. How is the team working to fix this?

Commenté [7]: What are the main reasons for low retention (where necessary)? Do we have data from the focus group discussions that can highlight reasons for drop offs?

Commenté [8]: Based on site visit findings, a number of sites are using none approved personnel to initiate PrEP. There should be a plan in place to fix this.

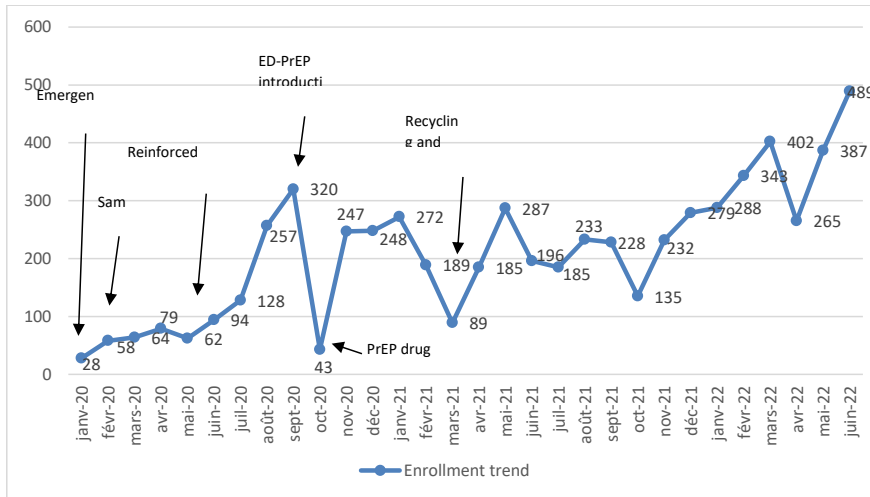
Table 6: PrEP indicators achievement, Q3FY22

CBO	PrEP_SENS	PrEP_MOB	PrEP_TST	PrEP_TST_NE G	PrEP_TST_PO S	PrEP eligible	PrEP_NEW	PrEP_1MONT H	PrEP_RETURN_OTHE R	PrEP_RESTAR T	PrEP_SERO	PrEP_CT
	Number sensitized	Number mobilized	Number HIV screened	Number screened HIV-	Number screened HIV+	Number eligible for PrEP	Number newly initiated to PrEP	Number of first month follow up visits	Number of third month follow up visits	Number of PrEP restarts	Number of HIV seroconversions under PrEP	Number of returned for PrEP excluding newly enrolled
Horizons Femmes Yaoundé	1,181	746	763	653	19	505	168	120	6	6	0	108
Horizons Femmes Douala	997	189	189	187	2	143	143	38	287	0	0	309
Horizons Femmes Bafoussam	595	165	184	165	7	157	46	48	390	0	0	438
Alcondoms Douala	1,557	316	316	316	0	53	42	10	14	2	0	16
ASAD	555	248	180	248	10	91	45	130	259	0	0	321
ACAFEM	710	372	357	372	0	161	130	65	62	9	0	111
CMWA	467	405	405	405	0	95	95	96	398	0	0	275
Total FSW	6,062	2,441	2,394	2,346	38	1,205	669	507	1,416	17	0	1,578
Humanity First Cameroun	1,640	1,289	1,382	1,235	147	818	158	130	196	64	0	279
Alternatives Douala	346	248	248	248	0	217	60	12	30	6	0	31
Alcondoms Douala	869	234	235	234	1	51	40	6	8	1	1	12
Affirmative Bamenda	316	330	339	330	9	59	27	14	23	0	0	15
CAMFAIDS	1,313	646	728	637	79	232	97	90	0	0	0	196
Horizons Femmes Bafoussam	126	99	110	99	3	98	61	49	81	0	0	130
ASAD	237	196	234	196	39	138	29	23	195	0	0	178
Total MSM	4,847	3,042	3,276	2,979	278	1,613	472	324	533	71	1	841
Total MSM + FSW	10,909	5,483	5,670	5,325	316	2,818	1,141	831	1,949	88	1	2,419

Commenté [9]: Overall, is PrEP retention/follow up visits better amongst MSM or FSWs?

Commenté [10]: Overall, is PrEP retention/follow up visits better amongst MSM or FSWs?

Figure 5: PrEP monthly enrolment trend



HIV TESTING

Despite the constant stock tension of HIV RTK in Q3FY22 , CBOs were able to test 8,822 beneficiaries for HIV where 843 tested positive for HIV resulting to a 10% yield. ICT was the most productive case finding strategy corresponding to 331 of the 843 positive cases. The program will continue working intensely with the CBOs on ways to improve the screening process and the yield specifically in the mobile testing strategy.

Compared to Q2FY22, CHAMP noticed a slight decrease specifically for FSW target population in testing (from 3,578 in Q2FY22 to 3,282 in Q3FY22), case finding (from 337 in Q2FY22 to 276 in Q3) and yield (from 10% in Q2 to 9% in Q3). Multiple management meetings were held during the quarter with specific underperforming CBOs to identify and resolve bottlenecks. CHAMP continues close supportive supervision of the FSW-focused CBOs to improve their performance throughout the HIV cascade.

Commenté [11]: Ensure that all figures reported under HTS and PrEP mirror DATIM reporting

Table 7: HIV testing and positive yield by CBO for all populations

CBO	FY22 Q3			Positive yield	% Linkage to Treatment	% linked to PEPFAR sites
	HTS_TST	HTS_TST_POS	TX_NEW_VERIFIED			
Horizons Femmes Ydé (including RENATA and YDF)	1,186	61	48	5%	79%	88%
ACAFEM	549	71	63	13%	89%	92%
Horizons Femmes Dja	388	35	35	9%	100%	91%
CMWA Bamenda	614	37	36	6%	97%	69%
Alcondoms Douala	765	91	90	12%	99%	97%
Humanity First Ydé	1,477	160	158	11%	99%	97%
CAMFAIDS	749	95	92	13%	97%	99%
WOPA Kribi	330	26	26	8%	100%	100%
Alternatives Douala	363	44	42	12%	95%	100%
Affirmative Action Bda	399	24	21	6%	88%	67%
Horizons Femmes Bssam	302	30	29	10%	97%	97%
ACODEVO Kribi	243	27	26	11%	96%	100%
ASAD	718	83	81	12%	96%	100%
Affirmative Action Ndéré	739	59	51	8%	86%	100%
TOTAL	8,822	843	798	10%	96%	96%

CHAMP maintained a linkage rate above 95% in most of CBOs. CHAMP continues to work through refresher activities on motivational counseling with CBO staff and continuous collaboration with the RTG and clinical partners on after-working hours initiation to improve the linkage rate of least-performing CBOs in subsequent quarters.

Figure 6: KP Cascade analysis achievements vs annual targets

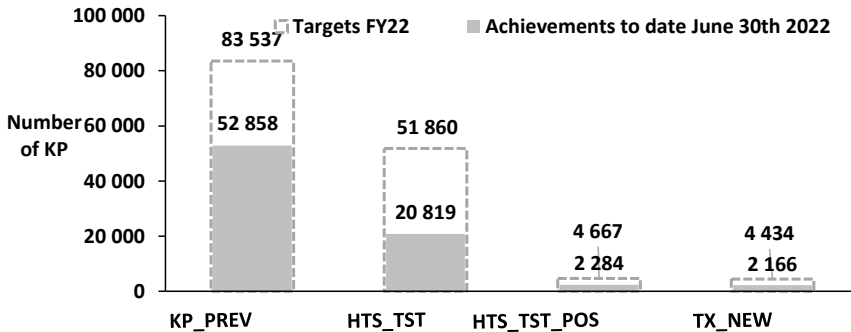
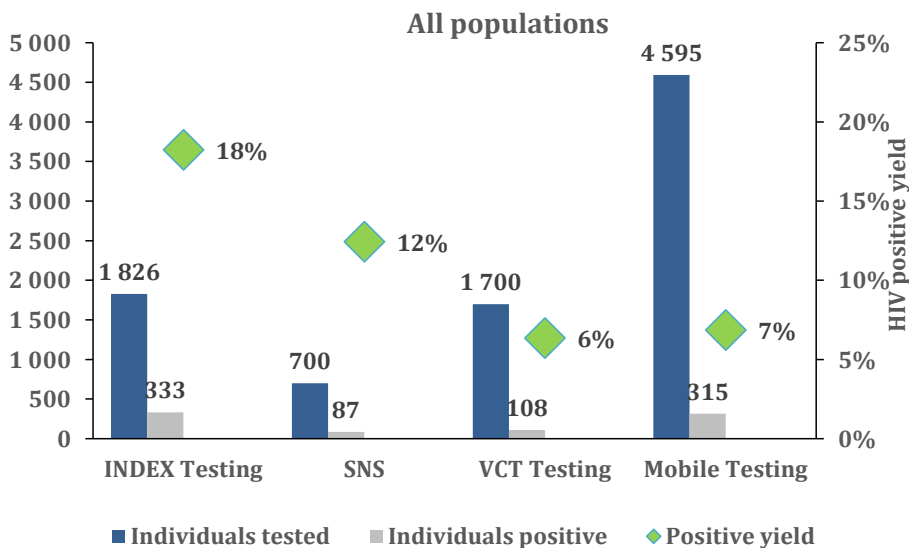


Figure 7: HIV testing and positive yield by type of HTS service at all sites



HIV SELF-TESTING

From June 2022, HIV self-testing kits were available, and the program distributed 5,709 HIVST kits to clients who could not reach the DICs for finger prick testing or declined conventional testing, mainly through ICT.

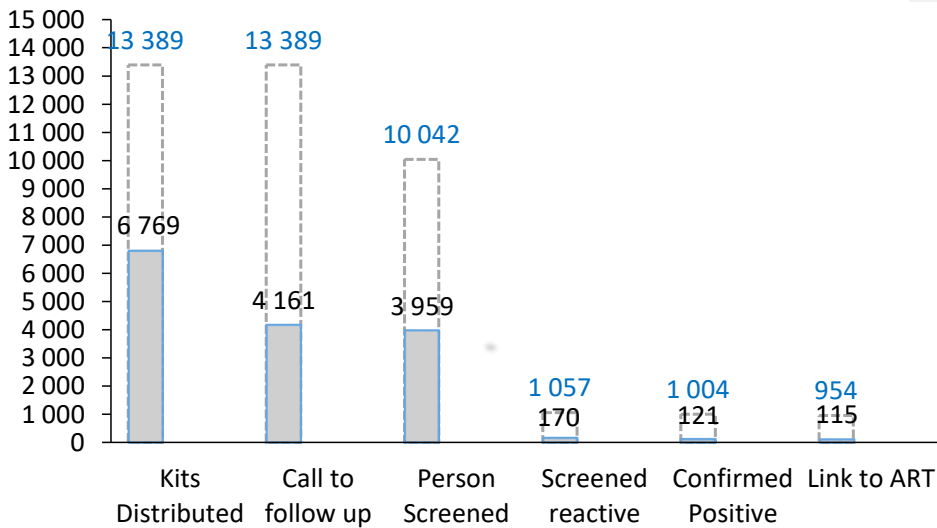
Among the beneficiaries who received self-testing kits, 72.9% (4,161) were followed up. A very high increase is observed from Q2 to Q3 as HIVST kits distribution increased from 471 in Q2 to 5,709 in Q3 giving a percentage increase of 1,112%. In addition, follow-up of clients increased from 349 clients in Q2 to 3,293 in Q3 giving a percentage increase of 843%. This increase in Q3 performance is due to the increased availability of HIVST kits while the project encountered a stock out in Q2.

At the end of Q3, the program improved and intensified distribution to reach clients of FSW, AGYW and PrEP users during refill visits. This explains the increase in reactive and confirmed cases. The program tracks all reactive cases to ensure they receive confirmatory tests and link to treatment.

Table 8a: Summary of HIVST indicators by partner CBO, Q3FY22

Distribution types		Direct distribution	Indirect Distribution	Total Distribution	Direct Follow-up	Indirect Follow up	Total Follow up
FSW	HFY	279	39	318	191	27	218
	HFD	533	111	644	711	115	826
	HFB	287	124	411	258	116	374
	ALC	255	34	289	203	24	227
	ACAFEM	377	118	495	114	28	142
	CMWA	24	129	153	24	129	153
	ASAD	260	87	347	44	1	45
	AA NDERE	72	77	149	72	77	149
MSM	WOPA	149	98	247	149	98	247
	ALC	439	17	456	381	17	398
	Alt DLA	327	19	346	327	19	346
	CAMFAIDS	504	125	629	197	37	234
	HFB	106	33	139	56	29	85
	ASAD	55	0	55	11	7	18
	AA NDERE	81	23	104	81	23	104
	HFC+	184	169	353	126	106	232
AA Bda	267	0	267	258	0	258	
ACODEVO	97	22	119	90	15	105	
TOTAL		4,296	1,225	5,521	3,293	868	4,161

Figure 8: Summary of HIVST cascade, Q1FY22 throughout Q3FY22



ONLINE REACH AND RECRUITMENT

In Q3FY22 and as shown in Table 9, online workers held 383 chats through the online platforms, enabling the program to reach a total of 116 beneficiaries. Of these 116 beneficiaries, CHAMP tested 56% (65) for HIV and 11 (16%) confirmed HIV-positives and linked to ART. Furthermore, 64% (35) of those who tested negative (54) were initiated on PrEP. Despite the insufficient number of tablets and staff in the CBOs for complete implementation of this strategy, the global performance is encouraging.

Table 9: Online performance, Q3FY22

CBOs	CHATS	KP_PREV	HTS_TST	HTS_POS	TX_NEW_VERIFY	PrEP
Alcondoms	69	2	2	0	0	12
Alternatives Dja	49	2	1	0	0	1
Horizons Femmes Dja	2	2	0	0	0	0
Horizons Femmes Yde	54	45	24	0	0	9
Affirmative Ngaoundere	5	5	0	0	0	0
Affirmative Bamenda	10	04	02	0	0	8
CAMFAIDS	152	20	20	5	5	12
Humanity First	42	36	16	6	3	7
Total	383	116	65	11	8	35

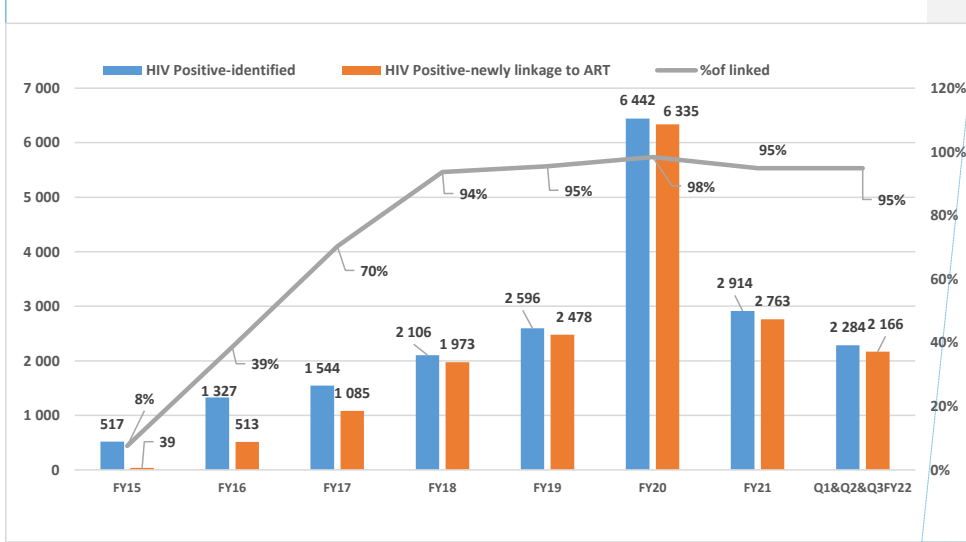
Linkage to treatment

During this period, the overall linkage rate was 95%. Through case managers' close follow-up, active participation in their weekly meetings and continuous refreshers on motivational counseling, CHAMP linked to ART 42 beneficiaries who tested positive for HIV in the last quarter. Horizons Femmes Yaoundé, ACAFEM, Affirmatives Actions Ngaoundere and Bamenda continued to face challenges to link clients to treatment during weekends and after work hours. Case managers continue the follow up with clients who are still taking time to come to terms with their results. CHAMP team discussed with clinical partners during consortium meetings to improve linkage to treatment in health facilities during the weekend.

Commenté [12]: Kindly standardize sub headings. It does not seem to flow from the Prevention and HTS sub headings

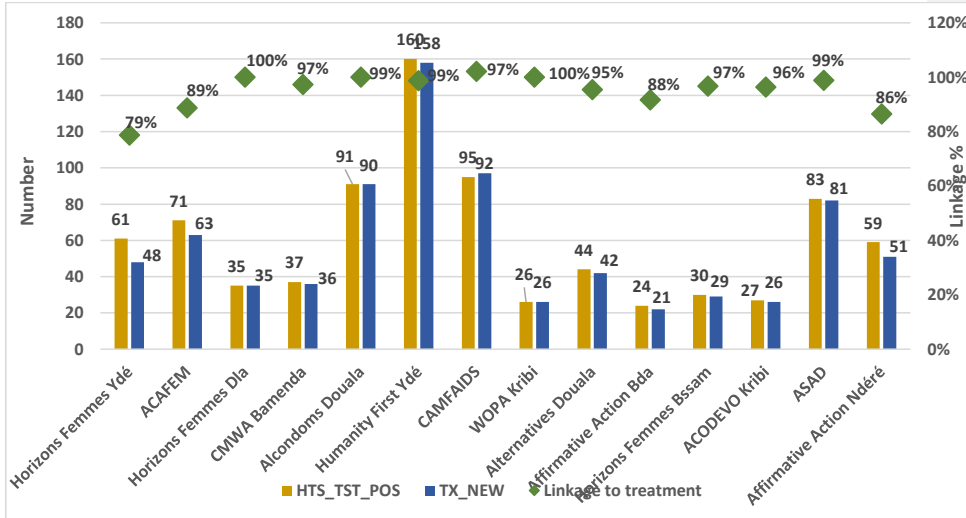
Commenté [13]: Provide analysis of linkage to PEPFAR and non-PEPFAR sites, and also an analysis of reasons why the few clients linked to non-PEPFAR sites chose these sites. Finally, discuss what the program did to achieve the huge increase in linkage at PEPFAR sites.

Figure 9: ART Linkage by year among KP



Commenté [14]: While we understand that FY20 is an outlier possibly due to the data manipulation issues we say that year, it was also the first year of expansion from 3 to 6 cities. Understanding that the true figures are probably closer to FY21 numbers, are we risking FY22 being below FY21 for case finding and number of those linked to treatment (even though we added a new city in FY21)? Does this stagnation or potential drop reflect a possible saturation?

Figure 10 : Linkage ART by CBO, Q3FY22

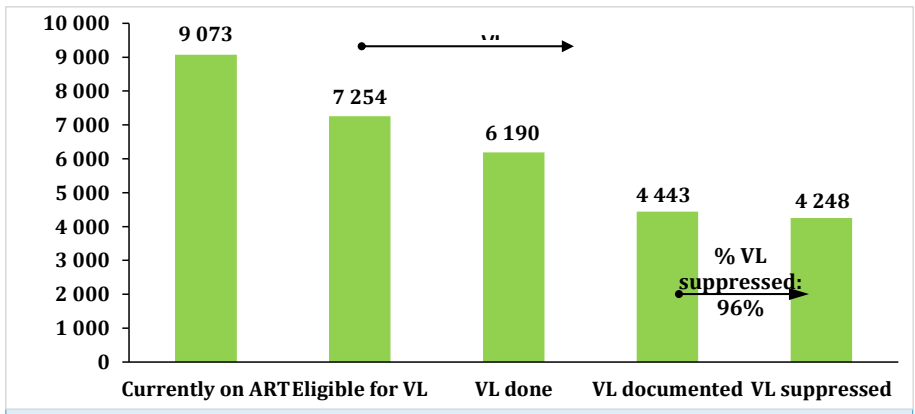


Viral Load

Commenté [15]: Same heading issue as above

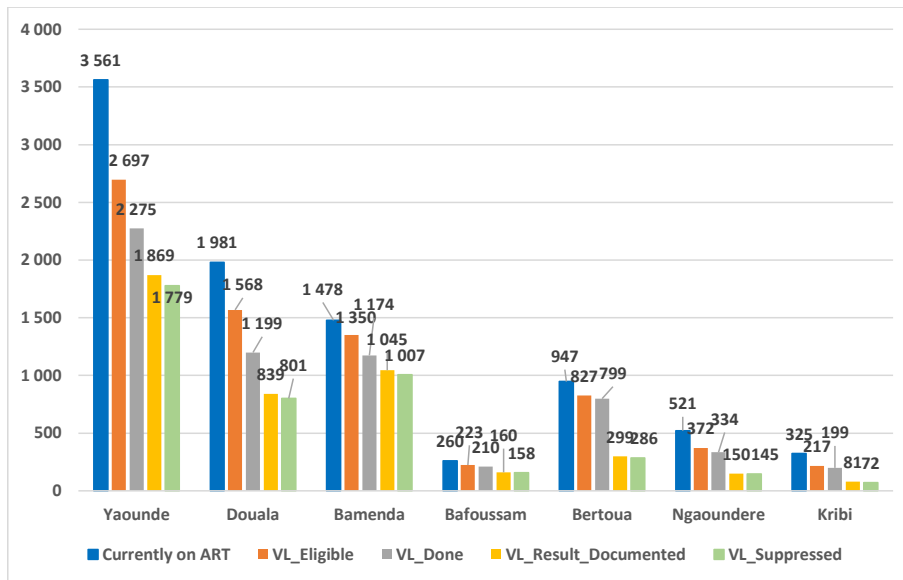
During this quarter, the CHAMP team used individualized follow-up of case managers for viral load mobilization and community VL sample collection. Additionally, case managers regularly check with beneficiaries and health facilities the availability of viral load results, CBOs used motor bikers in the VL circuit to facilitate the transportation of samples to reference laboratories or health facilities. The program collected 6,190 VL samples (85.3%) of all 7,254 eligible clients, and documented 4,433 results, of which 4,248 (96%) were suppressed. The turnaround time is still very long in some cities due to sample backlog and stock tension of VL reagents at reference laboratories. The focus in Q4FY22 will be close follow-up with the clinical partners to ensure that VL results of all sample collected beneficiaries are documented. For beneficiaries whose results are still pending for more than six months, the program has encouraged case managers to recall beneficiaries for sample collection. CHAMP will also continue to emphasize the U=U message, ensure clients with high viral load to be concisely followed-up and emphasize on therapeutic education to ensure viral suppression during subsequent VL testing.

Figure 11: Overall VL cascade for all population



Commenté [16]: We continue to see huge drop between VL done and documented. This does not represent the drop seen with gen pop. What is the true reason for this drop: access to client files? Tests not done? slow return of results from labs? please provide data on this and discuss areas most affected by the issues.

Figure 12: VL cascade by Site from for all population



Commenté [17]: Can we include a text narrative discussing this graph? I am particularly interested in a discussion that touches on issues around differences by city. We want to know if VL coverage is better in one zone and worst in another. What is being done differently if any and what we are planning to do in zones requiring catch up

Overall cascade results for key populations

FSW

Table 10: Performance against annual targets: Female sex workers (FSW)

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	59,024	9,117	10,538	14,346	34,001	58%
PrEP_NEW	1,971	291	620	669	1,580	80%
HTS_TST	32,430	2,874	3,578	3,283	9,735	30%
HTS_SELF	8,862	288	273	3,053	3,614	41%
HTS_TST_POS	2,913	303	337	276	916	31%
TX_NEW_VERIFY	2,767	285	313	249	847	31%

About FSW targeted population, CBOs were able to initiate 669 beneficiaries on PrEP, giving us an annual achievement of 80% as well as identifying 276 HIV positive beneficiaries of which 90.2% were initiated on ART. The close supervision of most activities implemented by CBOs allowed us to achieve this result.

Compared to Q2, Q3FY22 performances of FSW CBOs were better except testing, case finding and subsequently linkage to treatment (Table 10). However, CHAMP continues to work actively with ALCONDOM, ACAFEM and ASAD to improve the indicators which dropped during the quarter by

carrying-out refresher activities to improve motivational counseling and enhance all testing strategies. CHAMP also encourages CBOs to explore semi-urban districts to identify new hotspots.

Table 11: Mobilization by testing service and by entry points

Indicator	Targets	Q3 Results	Annual performance %
KP_PREV	59 024	14 346	24%

		First in CHAMP	First in FY22	Follow up visit	KP_PREV	% KP_Pf	
	Total	7 510	6 836	5 019	14 346	100%	Commenté [18]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4
By Testing Services	Known HIV positive	6	284	1 357	290	2%	Commenté [19]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4
	Tested/Referred	3 230	2 890	563	6 120	43%	
	Declined	4 274	3 662	3 099	7 936	55%	Commenté [20]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4
By entry point	Hotspot level	6 257	5 821	2 764	12 078	84%	Commenté [21]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4
	DIC level	885	787	2 196	1 672	12%	
	SNS	307	196	53	503	4%	
	Grins / Chill-ins	0	0	0	0	0%	Commenté [22]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4
	Online	61	32	3	93	1%	Commenté [23]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4

Most FSW tested were between 25 and 29 years of age while the highest yield (20%) was obtained in FSW above 50 years of age (figure 12).

Commenté [24]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4

Commenté [25]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4

Commenté [26]: While these are not reported in DATIM in Q3, ensure that numbers are reflective of final results to be used at end of Q4

Figure 13: HTS_POS and HIV positive yield by age group among FSW

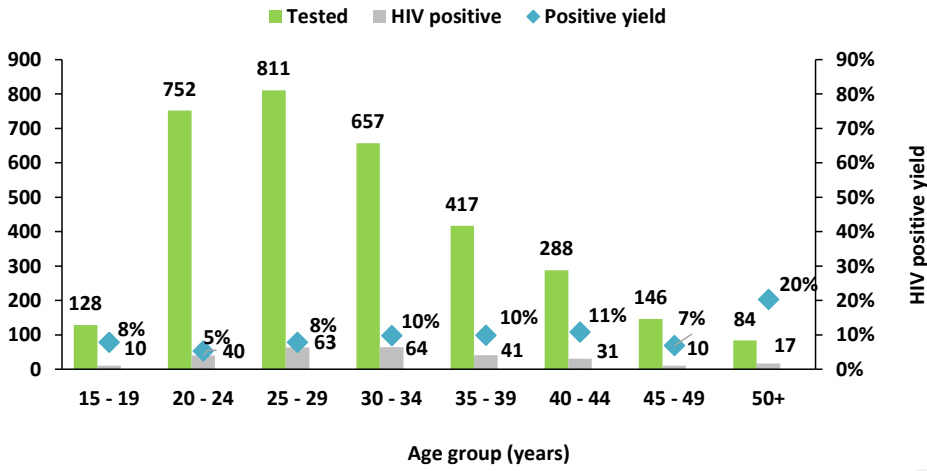
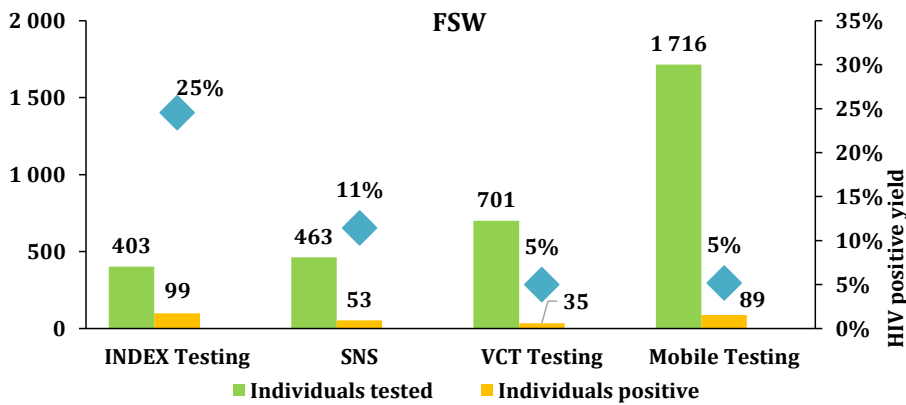


Figure 14: FSW individuals tested and positive yield by entry point



ICT remained the highest yield case finding strategy as it provided 99 (25% yield) HIV positives among FSW which is 30% of the global ICT data. The mobile testing strategy gave the second highest number of positives (89), despite its yield was only 5%. The program will continue to encourage high yield strategies such as ICT, SNS and ensure the use of the screening tool to improve testing yield in other strategies particularly.

Figure 15 : Trend for HIV positive yield - FSW

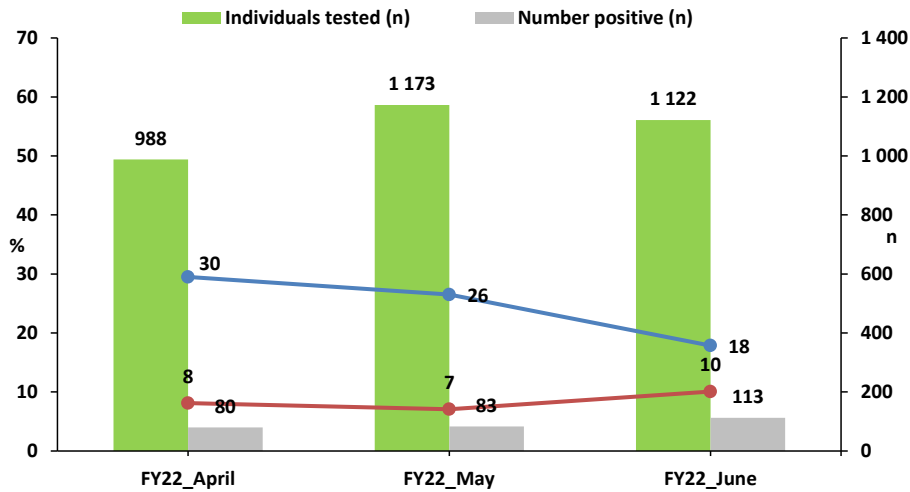
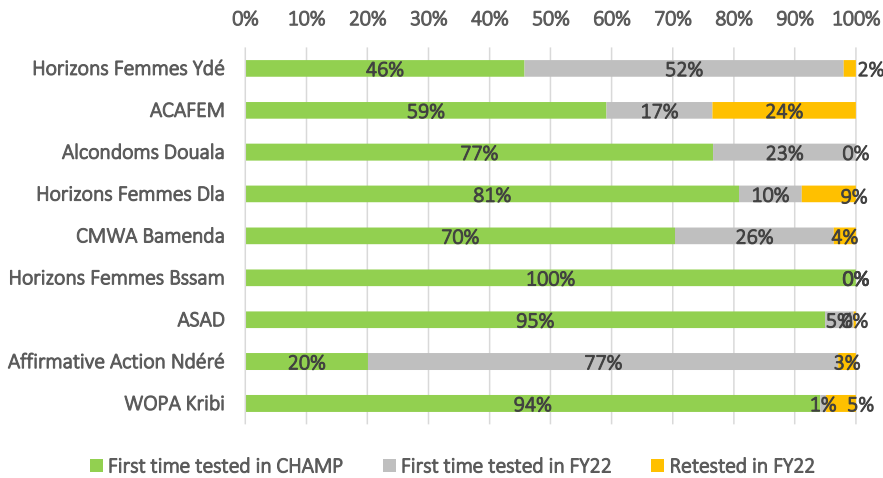


Figure 16: Testing by retest status among FSW



In Q3FY22, 64% of FSW tested were first in CHAMP while 31% were first in the fiscal year. This justifies why the first in CHAMP testing contributed to 87% of case finding and those first in FY22 contributed to just 13% of case finding. While we continue to emphasize preventive measures to those enrolled and retained in the project, it will be important to identify and test new FSWs in the program to increase case finding and maximize their access to the prevention services offered by the project.

Figure 17: Testing and positive yield by retest status – FSW

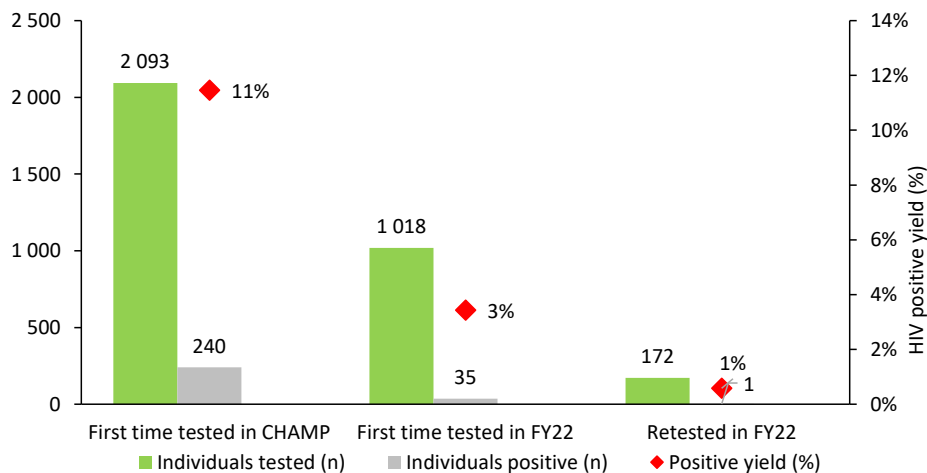


Table 12: Cascade Performance by FSW-CBO partners

FSW by CBO	FY22 Q3			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW_VERIFY		
Horizons Femmes Ydé including YDF and RENATA	853	39	27	5%	69%
ACAFEM	421	49	42	12%	86%
Horizons Femmes Dja	214	25	25	12%	100%
Alcondoms Douala	342	26	26	8%	100%
CMWA Bamenda	439	34	33	8%	97%
Horizons Femmes Bssam	184	19	17	10%	89%
ASAD	277	31	30	11%	97%
WOPA Kribi	205	20	20	10%	100%
Affirmative Action Ndéré	348	33	29	9%	88%
ALL FSW	3 283	276	249	8%	90%

In Q3FY22, despite the low yield of 8% obtained by the FSW-focused CBOs, ACAFEM and Horizons Femmes Douala had acceptable yields of 12% respectively. After a depth analysis, CHAMP prevention team will focus on reinforcing CBOs' comprehension and use of screening tools, partner notification services and improve the management of RTKs during stock tension.

The linkage rate varied from 69% to 100%, leading to an overall linkage rate of 92%. Horizons Femmes Yaounde recorded the lowest linkage (68%). However, CHAMP offered refresher training on motivational counseling and close follow-up of the unlinked beneficiaries. The CHAMP team encouraged YDF to work on its collaboration with health facilities in its health district in order to improve their linkage rate.

Figure 18: FSW CBO performance – testing, yield, and linkage

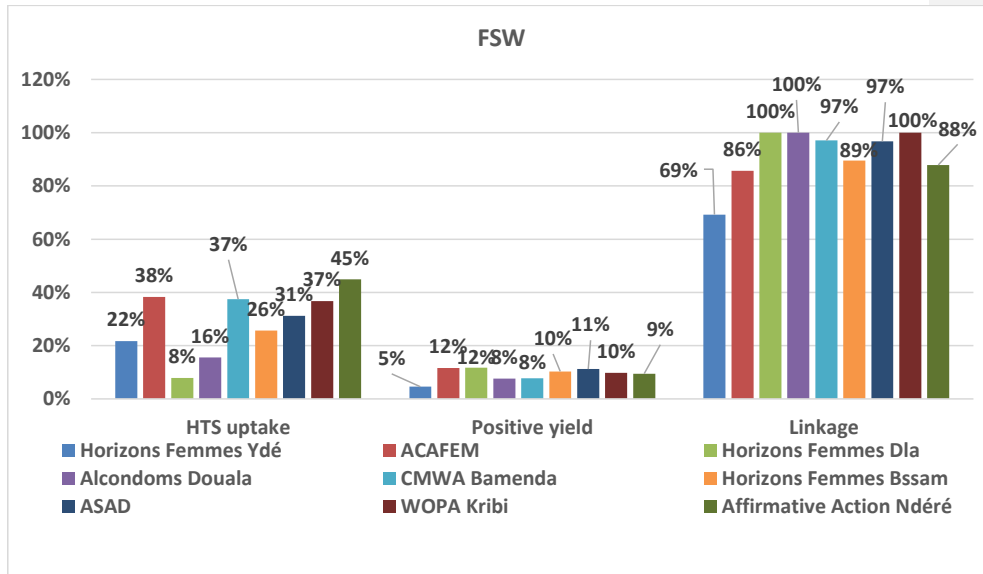
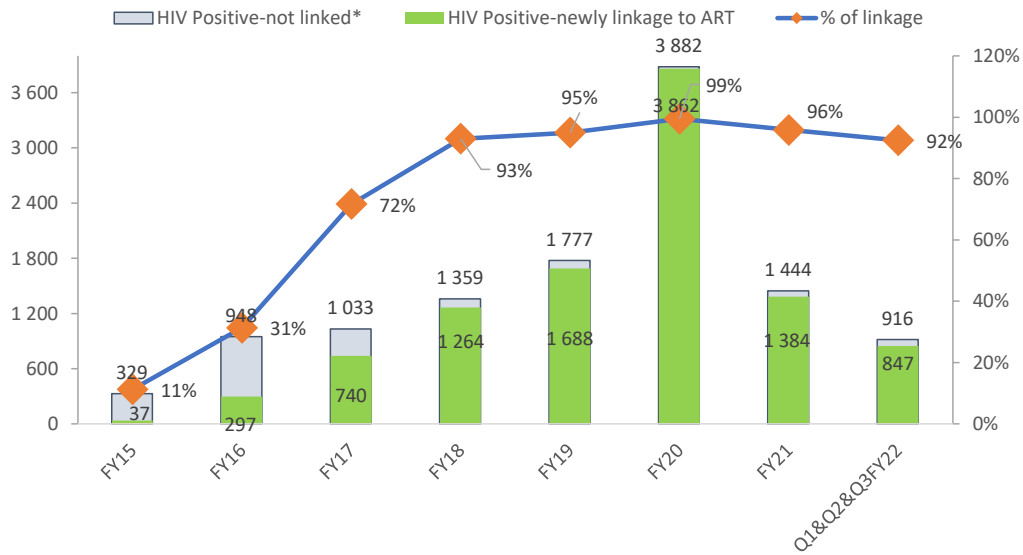


Figure 19: Linkage to ART by year and by quarter among FSW



* 'not linked' is the difference between the number of individuals diagnosed with HIV and the number of

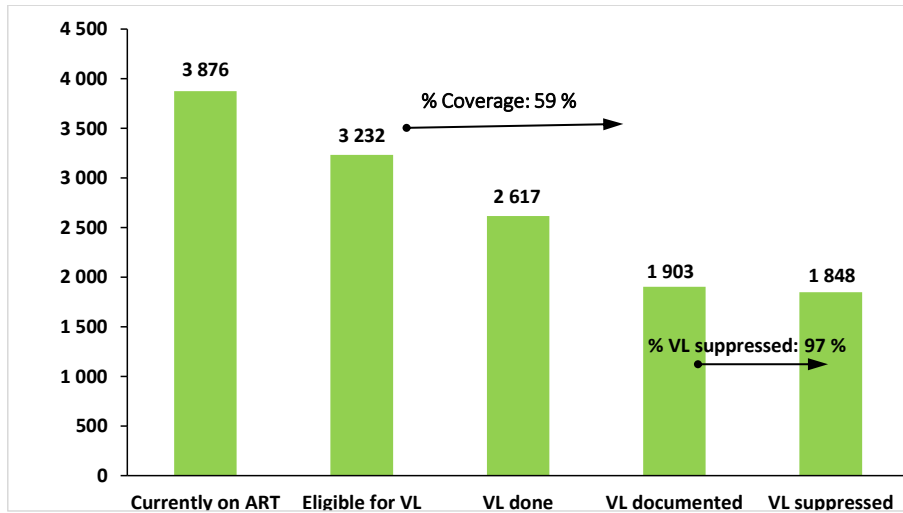
CHALLENGES – HTS_TST AND HTS_TST_POS - FSW

In Q3FY22, the main challenge with the FSW-focused CBOs was less performing CBOs failed to identify new hotspots. Other challenges included HIV RTK stock tension and the poor comprehension of the screening tool.

SOLUTIONS AND FOLLOW-ON ACTIONS – HTS_TST AND HTS_TST_POS – FSW

CHAMP recommended to less performing CBOs to identify new hotspots even at the outskirts of the districts and semi-urban sites. CHAMP will also continue working with CBOs to improve the comprehension of screening tools and RTK stock management. To improve linkage rate, CHAMP staff continue formative supervision with other case managers to enhance motivational counselling techniques.

Figure 20 : Viral load (VL) cascade among FSW



The program and health facilities jointly track eligible clients to ensure VL sample collection. FSW-focused CBOs collected 81% of samples of clients eligible for viral load testing. Ninety-seven percent (97%) of FSWs who received viral load results had suppressed viral loads which is above program standards. Case managers actively link clients with unsuppressed VL to health facilities for enhanced adherence counseling sessions and close follow-up through frequent calls and home visits.

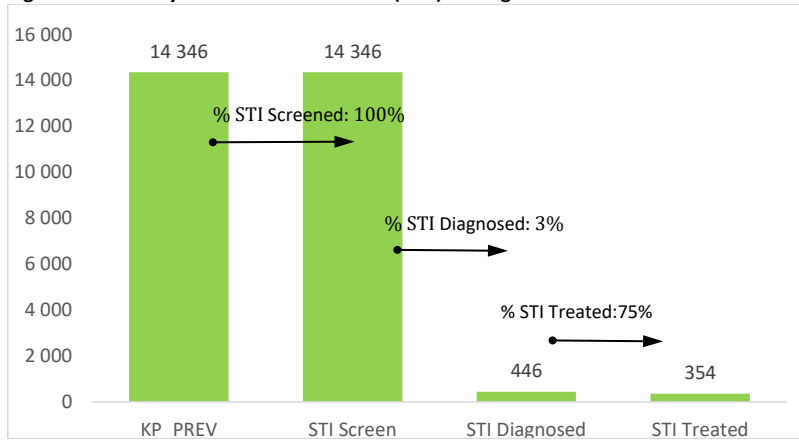
CHALLENGES

The major challenge was clients have not respected their sample collection appointments for various reasons. The most common was their displacement from their homes and preferring to have their samples collected at the time of ART refill. Also, some laboratories and hospitals face sample backlogs.

SOLUTIONS AND NEXT STEPS

The program has continuously followed up with unavailable beneficiaries and expects to collect the samples of these clients as soon as they return. In collaboration with Health facilities and clinical partners, the CHAMP team requires case managers to follow-up these clients for sample collection and results documentation. This facilitates frequent information sharing and updates between stakeholders.

Figure 21: Sexually transmitted infections (STIs) among FSW



Field staff automatically screened all FSWs for STIs. 3% (446) of screened FSW were diagnosed with STIs, out of which 79% (354) either received STI treatment kits at DICs or filled-up prescriptions from the medical doctor. Despite the constant stock out of STI kits, the CHAMP team continues to follow up with those who are unable to purchase the medications prescribed and ensures they all get their treatment.

Table 13: Reported violence and follow-up among FSW

CHAMP Q3FY22 report

FSW CBO	GBV_Report_Comm					Type of services received after sexual violence					
	Total	Types of violence				HIV Testing	PEP	STI Services	Emer. Contr.	other couns.	TOTAL service received
		Sexual	Physical	Economic	Emotional						
Horizons F Yde	444	2	143	159	140	2	0	2	0	2	6
CMWA Yde	126	4	15	34	73	4	0	4	0	4	12
Alcondoms	394	67	99	107	121	13	8	13	5	13	52
Horizons F Dla	506	37	52	166	251	12	0	3	0	12	27
CMWA Bda	952	200	148	180	424	113	3	95	3	95	309
Horizons F Bssam	78	4	15	23	36	0	0	0	2	2	4
Affirmative Ndéré	46	0	0	0	46	0	0	0	0	0	0
ASAD	68	2	1	14	51	0	0	0	0	0	0
WOPA Kribi	21	0	0	0	21	0	0	0	0	0	0
ALL FSW	2 635	316	473	683	1 163	144	11	117	10	128	410

Emer. Contr = Emergency contraceptive, Other couns. = Other counselling

In Q3FY22, a total of 2,635 FSW experienced GBV that CMWA Bamenda reported the highest number (925) of GBV cases compared to other CBOs, which may be linked to the sociopolitical unrest plaguing the region for over five years. Emotional violence is the highest form of violence, with 1,163 reported cases. Sexual violence is the least form with 316 cases. Out of these 316 sexual violence cases, a total of 144 were tested for HIV and 117 was treated for STIs. Only 11 victims of sexual violence took PEP and 10 used emergency contraception. The program continues to increase sensitization on the importance of early reporting to benefit from most of the essential post sexual violence services.

MSM

Table 14: Annual performance against annual targets: Men who have sex with men (MSM)

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	23,521	4,635	5,116	7,053	16,804	71%
PrEP_NEW	1,693	355	413	472	1,240	73%
HTS_TST	17,747	2,939	3,359	3,866	10,164	57%
HTS_SELF	4,376	442	189	2,382	3,013	69%
HTS_TST_POS	1,608	421	427	445	1,293	80%
TX_NEW_VERIFY	1,527	406	403	443	1,252	82%

Commenté [27]: While I understand that comparing to overall population numbers this population (MSM) have a significant number being targeted for PrEP, is there a reason why we are only reaching 73% of newly enrolled as opposed to FSWs' 80+%? Also interesting to note the 80% performance in case finding in this group compared to 31% amongst FSWs.

All performance increased across all indicators among MSM-focused CBOs in Q3 compared to Q2. A remarkable increase in terms of performance was observed on HIVST from 189 in Q2 to 2,282 in Q3 due to the availability of HIVST commodities in mid Q3 (Table 14).

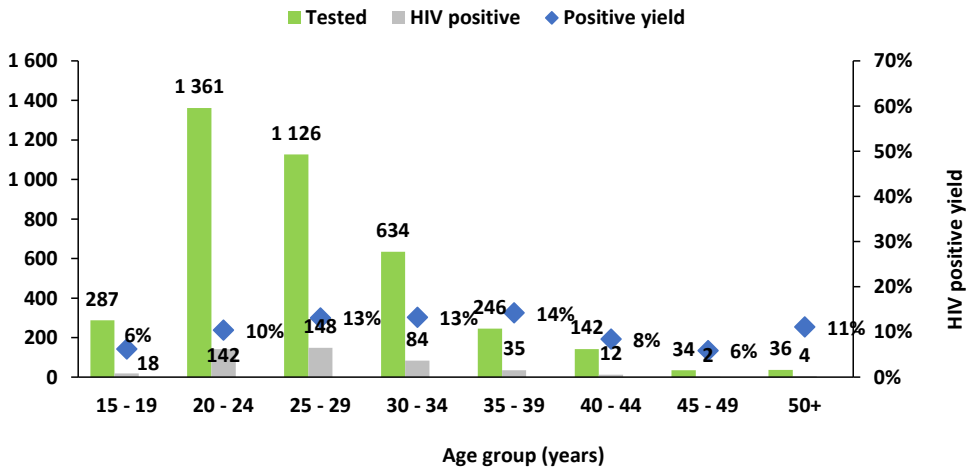
Table 15: Mobilization by testing service and by entry points

Indicator	Targets	Q3 Results	Annual performance %
KP_PREV	23 521	7 053	30%

		First in CHAMP	First in FY22	Follow up visit	KP_PREV	% KP_PREV
Total		3 373	3 680	2 178	7 053	100%
By Testing Services	Known HIV positive	4	191	1 255	195	3%
	Tested/Referred	2 460	2 760	501	5 220	74%
	Declined	909	729	422	1 638	23%
By entry point	Hotspot level	631	587	429	1 218	17%
	DIC level	399	571	1 148	970	14%
	SNS	329	190	39	519	7%
	Grins / Chill-ins	1 847	2 241	496	4 088	58%
	Online	167	91	67	258	4%

Globally, MSM-focused CBOs reached 30% of annual KP_PREV in Q3FY22. Most MSM were reached through chill-in (58%) while 48% were first in CHAMP (table 15). This is due to increased field activities as most MSM are attracted to recreational activities. The highest yield of 14% was obtained among MSM aged 35-39.

Figure 22: HTS_POS and HIV positive yield by age group among MSM



In Q3FY22, ICT contributed to 19% of positive yield and SNS at 15%. In terms of case finding, 193 cases were registered from mobile testing strategy by the MSM-focused CBOs despite a yield of just 10%. The program will continue to encourage high yield strategies such as ICT, SNS, ensure the use of the screening tool and enhance partner notification services to improve case finding. Furthermore, CHAMP will leverage the availability of HIVST kits to reach more sexual contact, especially those not reached through other partner notification services.

Figure 23: MSM individuals tested and positive yield by entry points

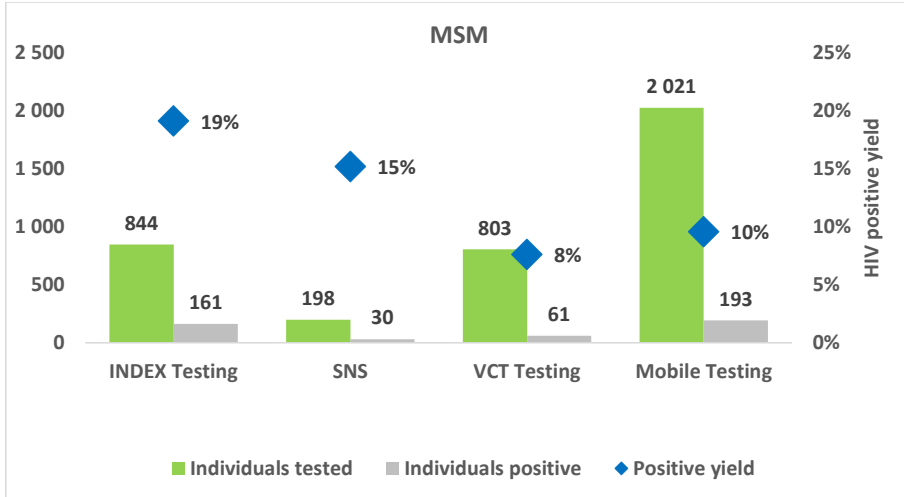


Figure 24: MSM - Trend for HIV positive yield by month

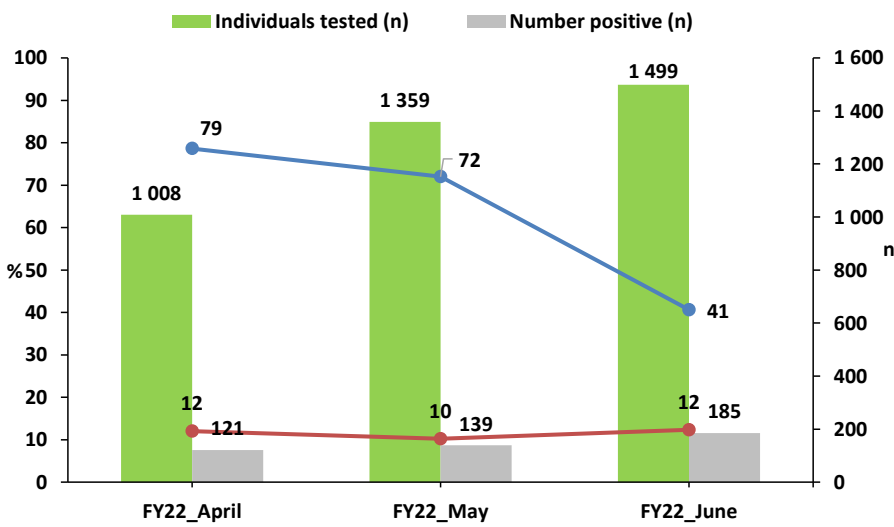
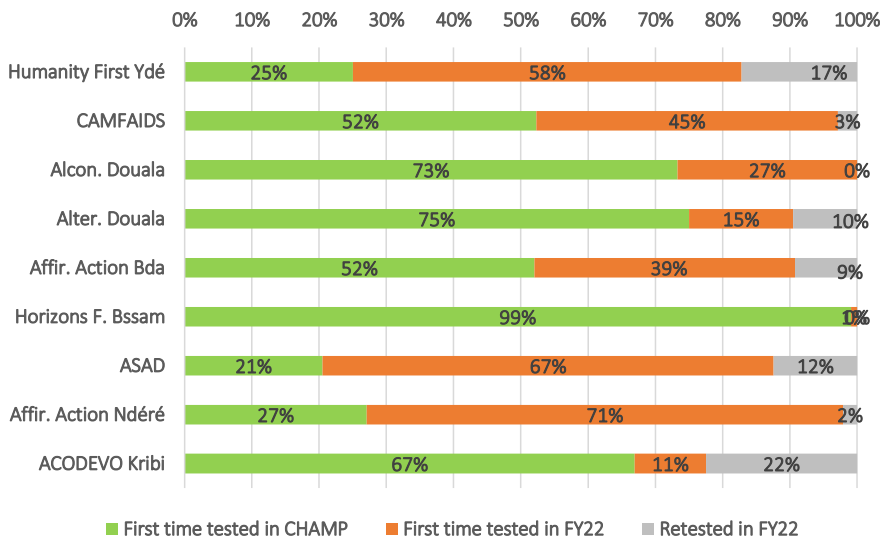
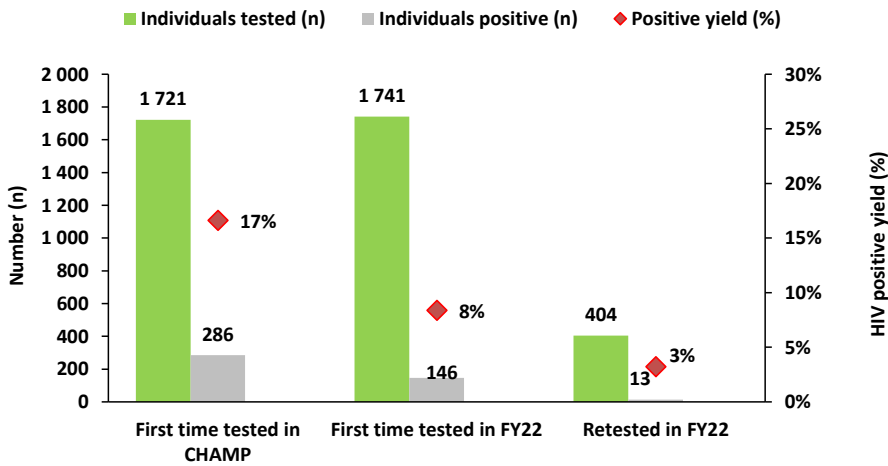


Figure 25: Testing by retest status among MSM



For testing, 45% (1,721) of MSM tested were first in CHAMP and 64% of case finding were new in CHAMP. So, it is important to continue the mobilization of new MSM who are less aware of prevention services offered by the program and more at risk of contracting HIV.

Figure 26: Testing and positive yield by retest status



In Q3FY22, despite suboptimal yield of 12% by MSM-focused CBOs, ALCONDOM Douala (20%) and ASAD (16%) had yields above the program standard. CHAMP team will continue to work on reinforcing CBOs to improve their comprehension and use of screening tool, enhance partner notification services and improve HIV RTK management during stock tension particularly in Affirmative Action Bamenda and Ngaoundere as they had the lowest yields of 5% and 8% respectively.

Table 16: Cascade Performance by MSM-CBO partner

MSM by CBO	FY22 Q3			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW_VERIFY		
Humanity First Ydé	1 382	147	149	11%	101%
CAMFAIDS	740	92	93	12%	101%
Alternatives Douala	284	36	34	13%	94%
Alcondoms Douala	292	58	58	20%	100%
Affirmative Action Bda	348	18	16	5%	89%
Horizons Femmes Bafoussam	110	11	12	10%	109%
ACODEVO Kribi	236	26	26	11%	100%
ASAD	234	38	38	16%	100%
Affirmative Action Ndéré	240	19	17	8%	89%
ALL MSM	3 866	445	443	12%	100%

Most CBOs registered above 95% linkage rates, except Affirmative Action Bamenda and Affirmative Action Ngaoundéré who had linkage rates of 89%. Missed initiations were mainly due to denial from clients and unavailability of health facilities for extra hours linkage immediately after identification. CBOs organized activities near areas where the positive clients were identified, phone calls and home visits are some strategies put in place to reach out to miss initiation.

Figure 27: MSM CBO performance – testing, yield, and linkage

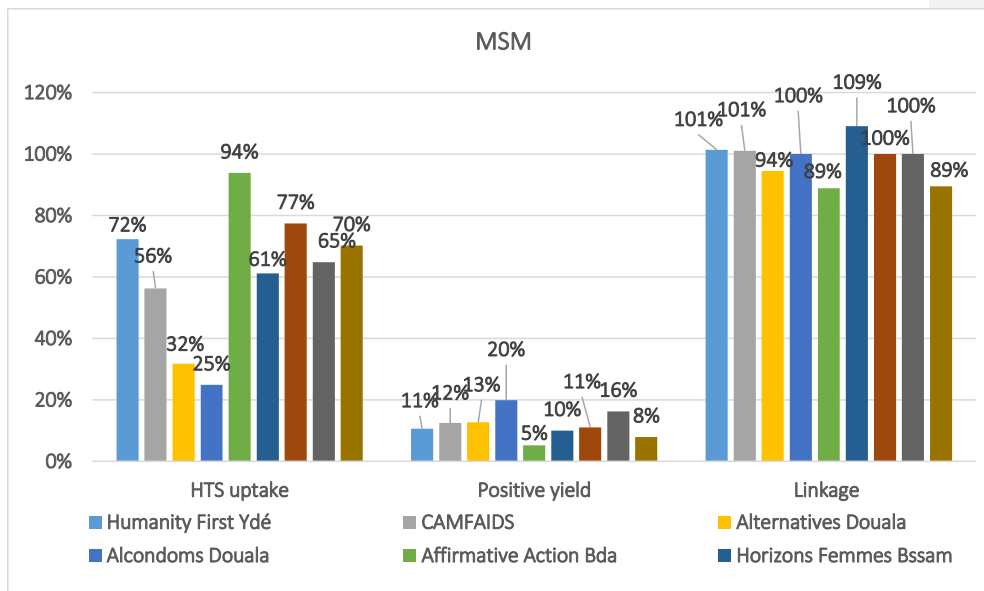
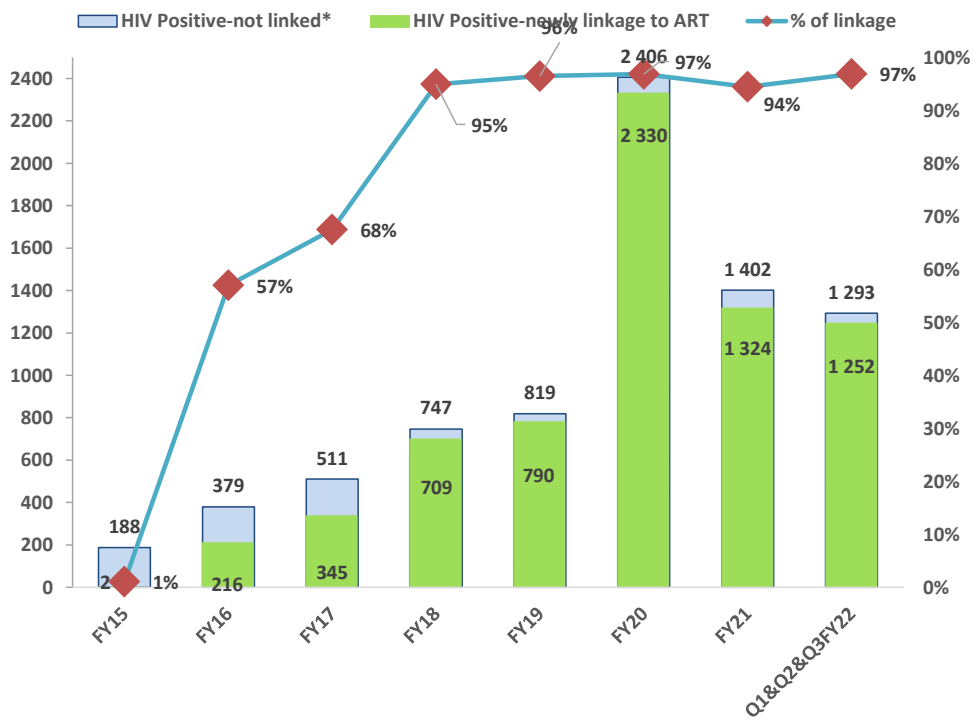


Figure 28 : Linkage to ART by year among MSM



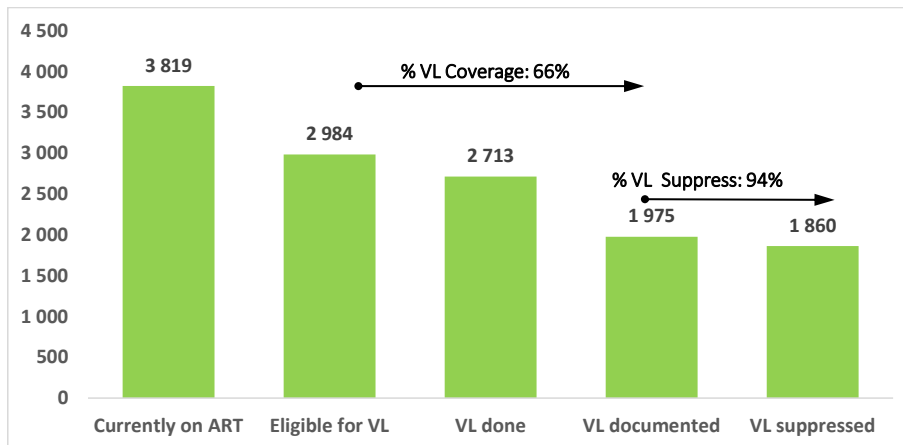
CHALLENGES – HTS_TST AND HTS_TST_POS – MSM

The main challenge of the MSM-focused CBOs was the low yield regarding the HTS_TST and HTS_TST_POS reported during the quarter.

SOLUTIONS AND FOLLOW-ON ACTIONS – HTS_TST AND HTS_TST_POS – MSM

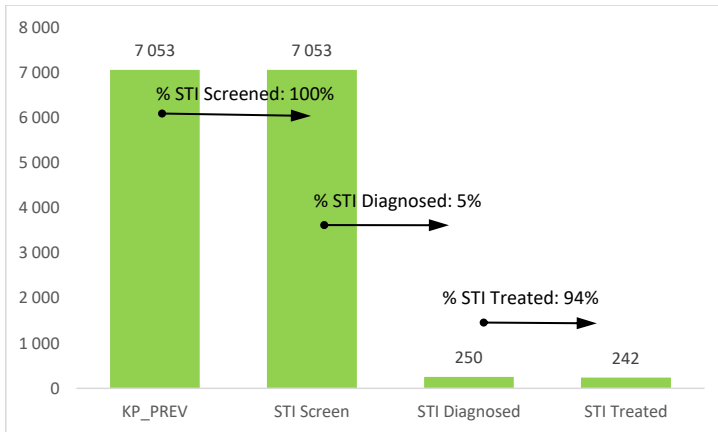
Continuous capacity building and appropriate application of the screening tool among all eligible beneficiaries during testing will be the most important action to be followed and implemented during the subsequent quarter

Figure 29 : Viral load (VL) MSM



Among MSM-focused CBOs, 91% of eligible clients for viral load had their samples collected. Despite the increased in number of VL samples collected, CHAMP continues to work in close collaboration with the clinical partners and health facilities to ensure VL results will be obtained on time.

Of the 1 975 VL results documented, 94% were suppressed. Health facilities and CBOs jointly accompanied high VL (HVL) clients with EAC, regular calls, home visits and support groups. Case managers offer ICT to high VL clients. Case managers discussed U=U with HVL clients to encourage adherence and achieve viral suppression.

Figure 30 : Sexually transmitted infections (STIs)

All clients reached were screened for STIs and 5% were diagnosed. Collaboration with CAMNAFAW is still ongoing to have STI kits available in sufficient amounts when need arises.

Table 17: Violence among MSM

MSM CBO	GBV_Report_Comm					Type of services received after sexual violence					
	Total	Types of violence				HIV Testing	PEP	STI Services	Emergency Contraception	Other Counseling	TOTAL service received
		Sexual	Physical	Economic	Emotional						
Humanity First Yde	0	0	0	0	0	0	0	0	0	0	0
CAMFAIDS	90	0	10	22	58	0	0	0	0	0	0
Alcondoms	219	22	60	58	79	7	6	7	0	6	26
Alternative s Dla	39	3	12	9	15	2	0	0	0	0	2
Affirmative Action Bda	490	84	104	148	154	2	0	1	0	2	5
Horizons F Bssam	20	1	0	0	19	0	0	0	0	1	1
Affirmative Ndere	46	0	0	0	46	0	0	0	0	0	0
ASAD	106	0	14	8	84	0	0	0	0	0	0
ACODEVO Kribi	28	0	7	0	21	0	0	0	0	0	0
ALL MSM	1 038	110	207	245	476	11	6	8	0	9	34

During this quarter, most of GBV were reported in Bamenda. Emotional violence is the most common type recorded among this population and survivors received HIV testing, PEP and STI treatment.

People Who Inject Drugs (PWID)

Table 18: Annual performance against annual targets: Person who inject drugs (PWID)

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	863	327	446	536	1,309	152%
HTS_TST	860	219	261	191	671	78%
HTS_SELF	153	10	0	86	96	63%
HTS_TST_POS	76	18	11	11	40	52%
TX_NEW_VERIFY	73	16	11	7	34	47%

The program has experienced an improvement on KP_PREV and HTS_SELF indicators even though the HTS_TST has decreased and case finding remained constant. By the way, CBOs still faced challenges by accessing to some PWID hotspots. To Mitigate this, the program continues strengthening collaboration with PWID gate keepers to gain access to their hotspots. Case managers continued motivational counselling techniques and follow-up calls with the 4 (11 HTS_TST_POS – 7 TX_NEW_VERIFY) beneficiaries for linkage to ART

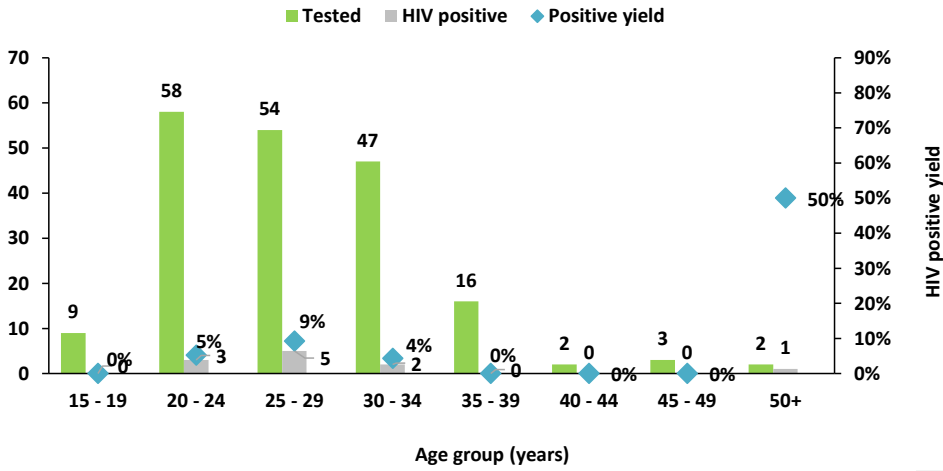
TABLE 19: Mobilization by testing service and by entry points

Indicator	Targets	Q3 Results	Annual performance %
KP_PREV	863	536	62%

		First in CHAMP	First in FY22	Follow up visit	KP_PREV	% KP_PREV
Total		400	136	1	536	100%
By Testing Services	Known HIV positive	0	0	1	0	0%
	Tested/Referred	253	123	0	376	70%
	Declined	147	13	0	160	30%
By entry point	Hotspot level	205	51	0	256	48%
	DIC level	4	1	0	5	1%
	SNS	6	0	0	6	1%
	Grins / Chill-ins	178	84	0	262	49%
	Online	7	0	1	7	1%

More than half of the PWID were reached via chill-ins/grins and in hotspots and under 20-24 age group. However, the highest yield was in the 50+ age group.

Figure 31: HTS_POS and HIV positive yield by age group among PWID



Social Network Strategy and VCT testing improved case finding and resulted to a yield of 20% this quarter. Mobile testing remained the main strategy as it reached most PWIDs.

Figure 32: HIV positive yield by month - PWID

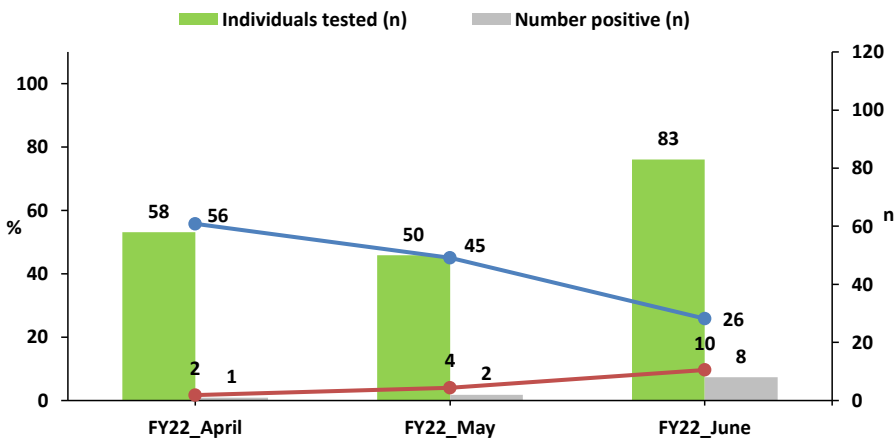


Figure 33: Testing by retest status among PWID

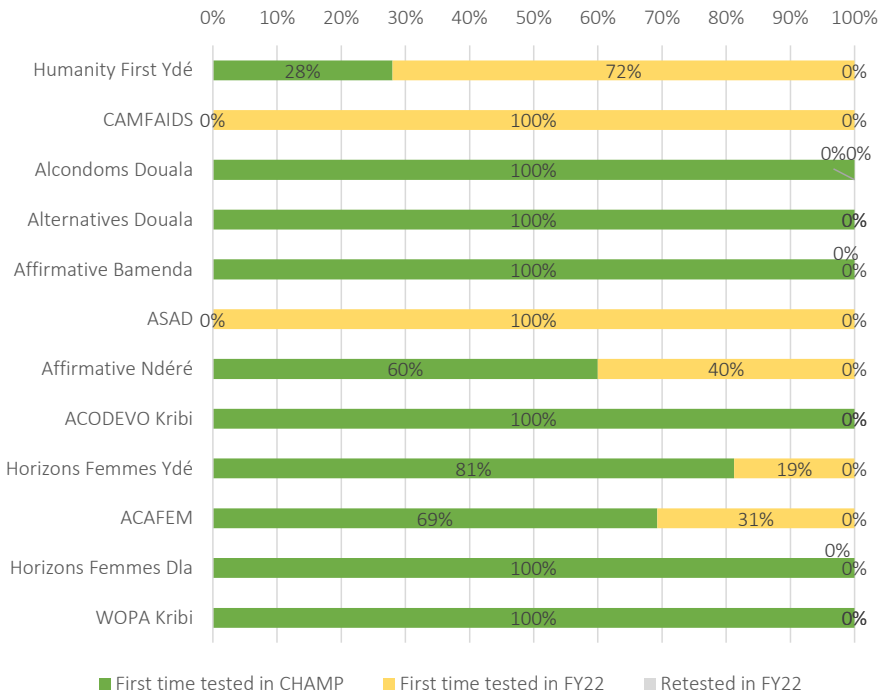
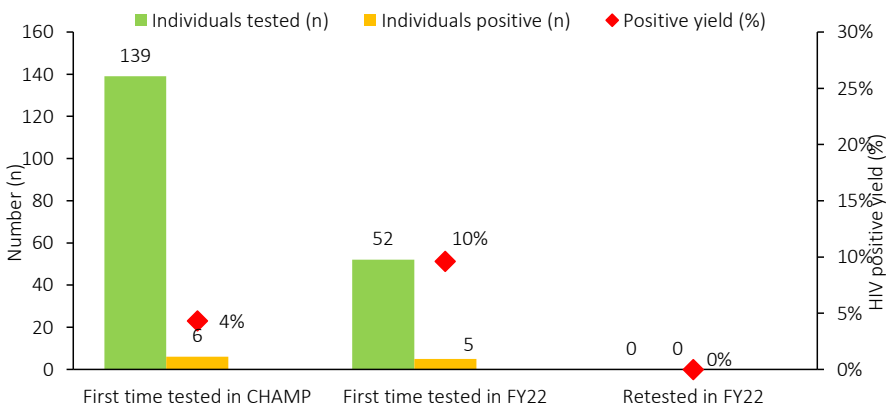


Figure 34: Testing and positive yield by retest status – PWID



A yield of 10% was recorded for those new in the fiscal year, 4% those tested new in CHAMP and 0% retested. (Fig. 34).

Table 20: Cascade Performance by CBO partner – PWID

PWID by CBO	FY22 Q3			Positive yield	Linkage to Treatment
	HTS_TS T	HTS_TST_PO S	TX_NEW_VERIF Y		
Horizons Femmes Ydé	16	1	1	6%	100%
ACAFEM	13	1	0	8%	0%
Humanity First Ydé	50	5	2	10%	40%
WOPA Kribi	3	0	0	0%	0%
CAMFAIDS	6	1	1	17%	100%
Horizons Femmes Dla	36	0	0	0%	0%
Alcondoms Douala	16	2	2	13%	100%
Alternatives Douala	17	1	1	6%	100%
ACODEVO Kribi	6	0	0	0%	0%
Affirmative Ndéré	5	0	0	0%	0%
CMWA Bamenda	0	0	0	0%	0%
Affirmative Bamenda	22	0	0	0%	0%
Horizons Femmes Bssam	0	0	0	0%	0%
ASAD	1	0	0	0%	0%
ALL PWID	191	11	7	6%	64%

Figure 35: CBO performance – testing, yield, and linkage – PWID

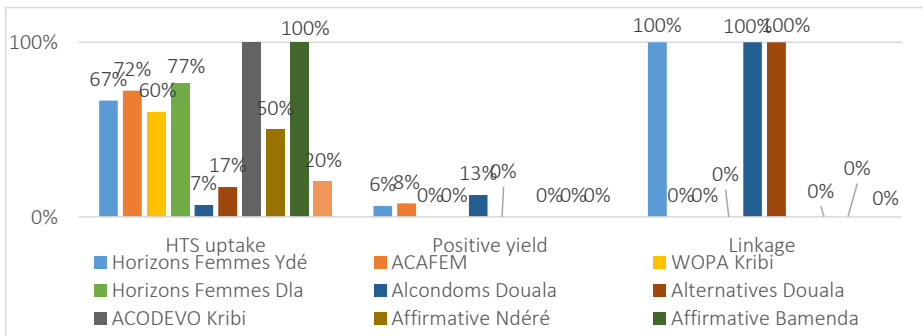
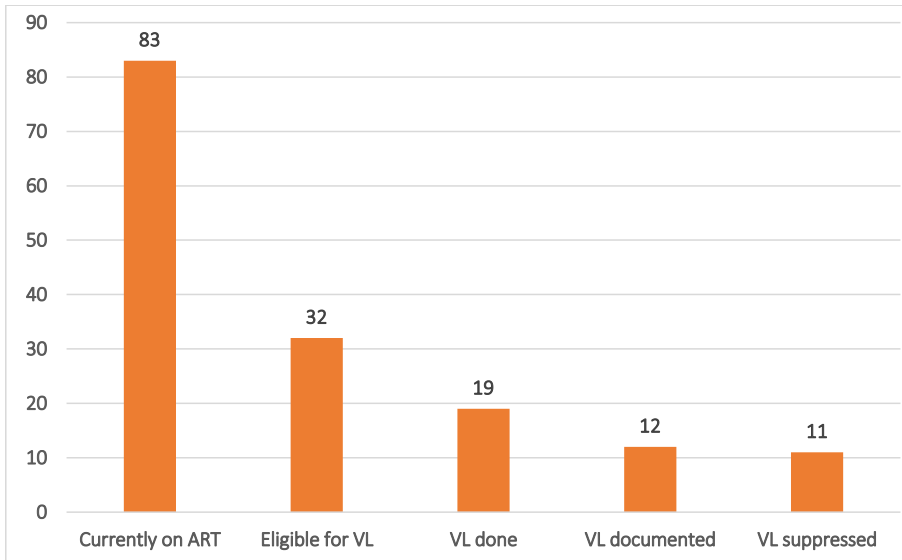


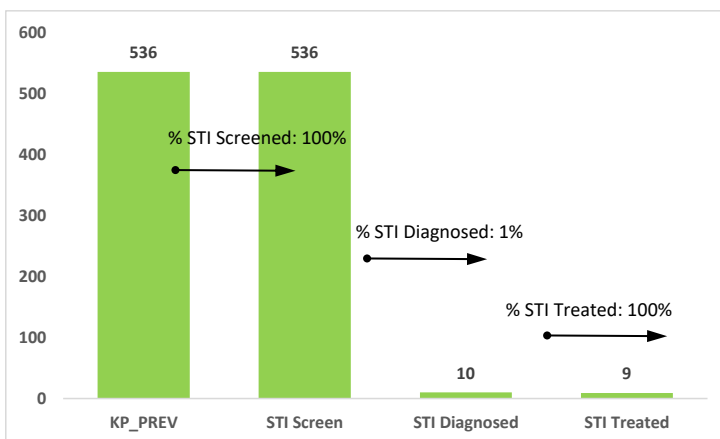
Figure 36: Viral load – PWID



Thirty-two PWIDs were eligible for viral load. Overall, the program collected 19 samples of the 32 eligible beneficiaries, documented 12 viral load results that 11 were suppressed with 92% as suppression rate. The poor adherence of the client due to the denial of their status explains the unsuppressed result. A case manager and health facility staff are offering EAC and close follow-up to the client.

In Q3FY22, with respect to STIs, the project sensitized 536 PWIDs, all of whom were screened, 10 were diagnosed and 09 have been linked to ART (Figure 37).

Figure 37: Sexually-transmitted infections (STIs) – PWID



Transgender (TG)

Table 21: Transgender people (TG)

Indicators	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
KP_PREV	129	111	223	410	744	577%
HTS_TST	823	96	79	74	249	30%
HTS_TST_POS	71	14	11	10	35	50%
TX_NEW_VERIFY	67	13	11	9	33	49%

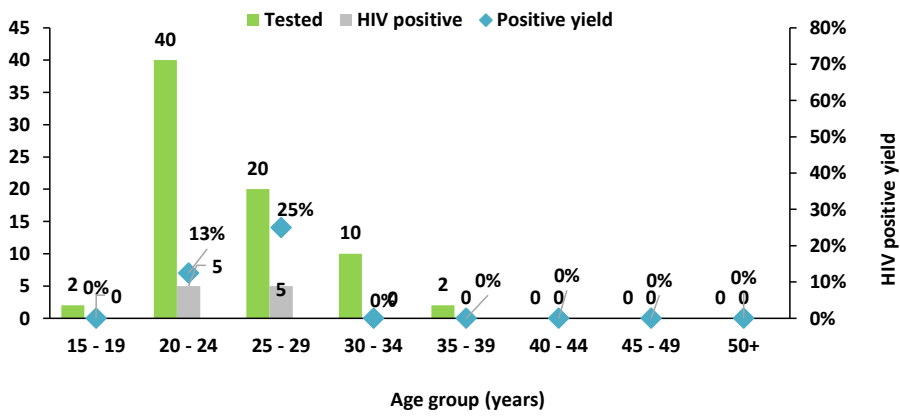
This quarter, KP_PREV has increased compared to the previous quarter (Q2 = 223 to Q3 = 410) while other indicators were slightly decreased (ref: table 21). CHAMP team will closely monitor and find solution to improve the service delivery package for TGs such as coupling testing activities with TG friendly recreational activities.

TABLE 22: Mobilization by testing service and by entry points

Indicator	Targets	Q3 Results	Annual performance %
KP_PREV	129	410	318%

		First in CHAMP	First in FY22	Follow up visit	KP_PREV	% KP_PREV
Total		337	73	5	410	100%
By Testing Services	Known HIV positive	0	0	3	0	0%
	Tested/Referred	146	51	2	197	48%
	Declined	191	22	0	213	52%
By entry point	Hotspot level	87	22	0	109	27%
	DIC level	11	2	4	13	3%
	SNS	22	0	1	22	5%
	Grins / Chill-ins	211	49	0	260	63%
	Online	6	0	0	6	1%

FIGURE 38: HTS_POS AND HIV POSITIVE YIELD BY AGE GROUP – TG



This quarter, we noticed a high positive yield (25%) in the 25 to 29 age group whereas the 20 to 24 age group is the most represented (40) in testing (figure 38). The most testing was done through mobile testing and provided the highest number of cases (figure 40).

Figure 39: TG tested and positive yield by entry points

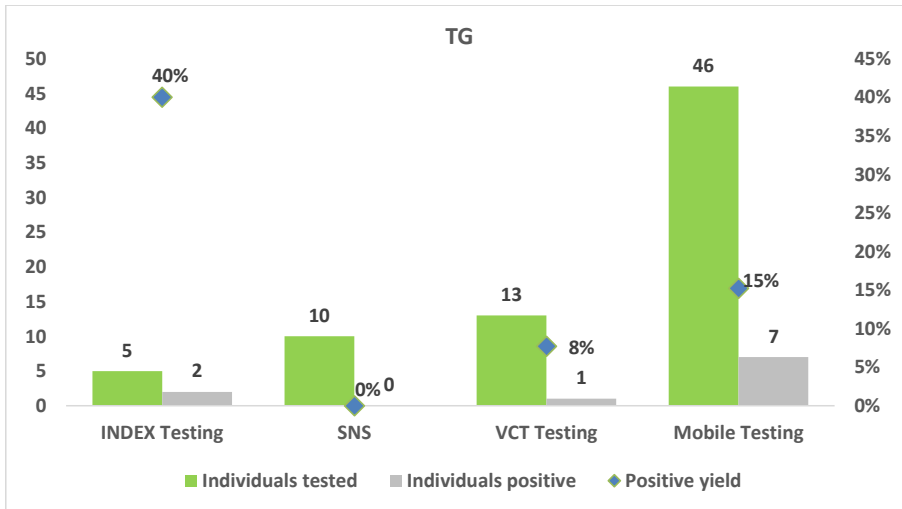


Figure 40: HIV positive yield by month - TG

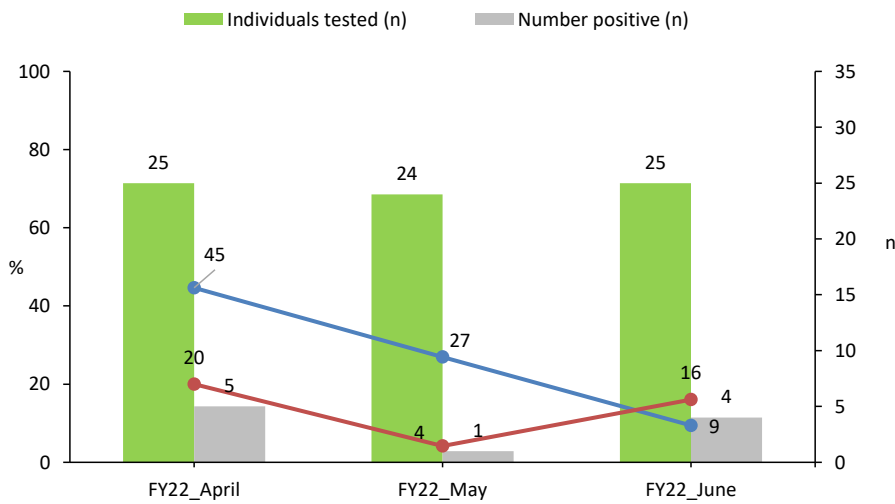


Figure 41: Testing by retest status among TG

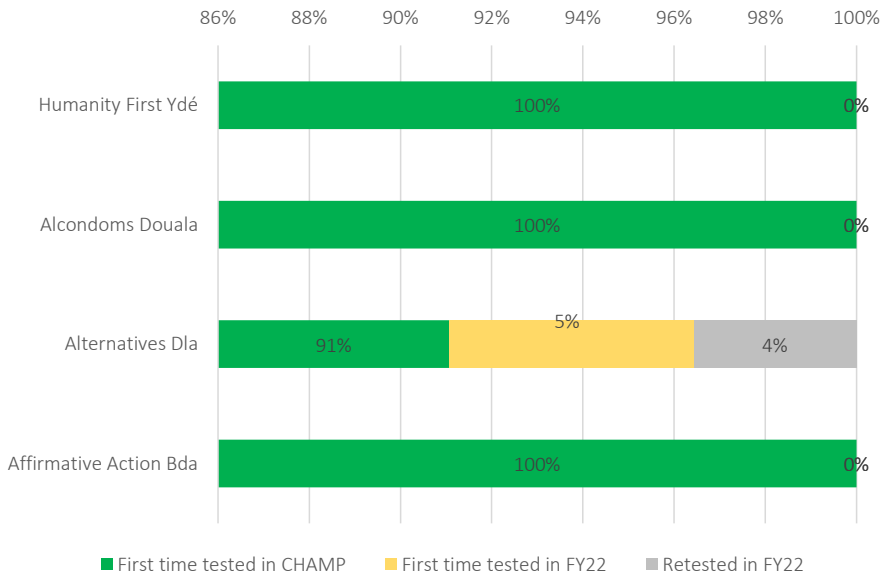
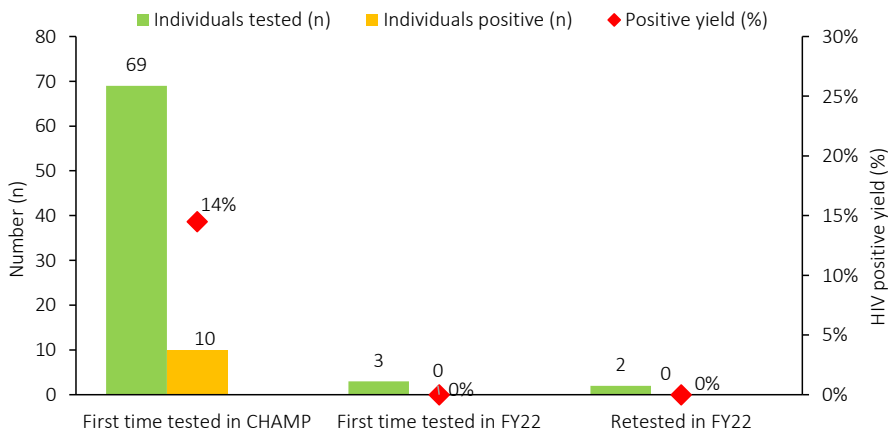


Figure 42: Testing and positive yield by retest status among TG



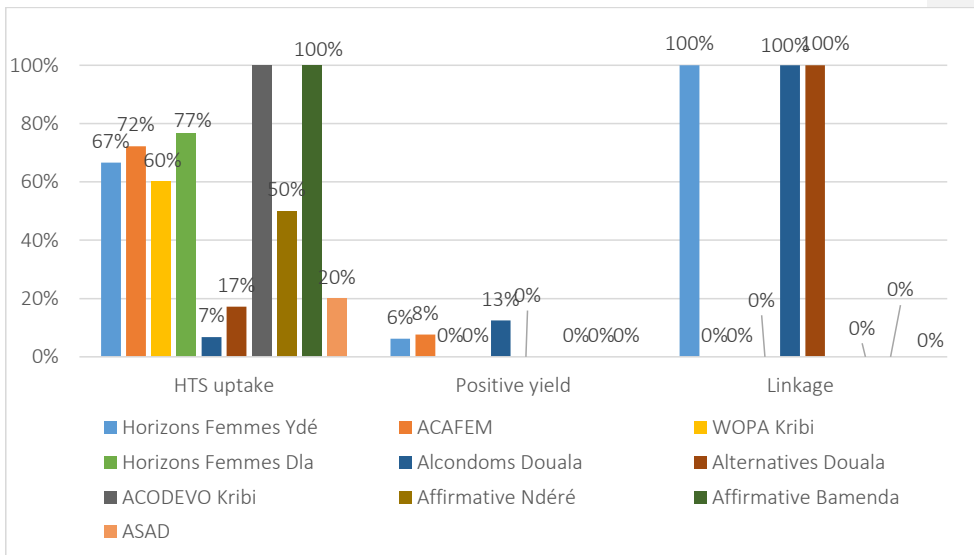
Despite the global low performance, Humanity First, Alternative Douala, CAMFAIDS and Affirmative Bamenda had obtained positive cases. CHAMP linked 09 of the 10 clients to treatment. Follow-up continues to link this miss initiation.

Table 23: Cascade Performance by CBO partners

CHAMP Q3FY22 report

TG by CBO	FY22 Q3			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW_VERIFY		
Humanity First Ydé	1	1	0	100%	0%
CAMFAIDS	1	1	1	100%	100%
Alternatives Dla	56	7	7	13%	100%
Alcondoms Douala	4	0	0	0%	0%
Affirmative Action Bda	12	1	1	8%	100%
Horizons Femmes Bssam	0	0	0	0%	0%
ASAD	0	0	0	0%	0%
ACODEVO Kribi	0	0	0	0%	0%
Affirmative Action Ndéré	0	0	0	0%	0%
ALL TG	74	10	9	14%	90%

Figure 43: CBO performance – testing, yield, and linkage, Q3FY22



Of the 34 TG eligible for viral load testing, 16 samples have been collected that 11 were suppressed.

Figure 44: Viral load - TG

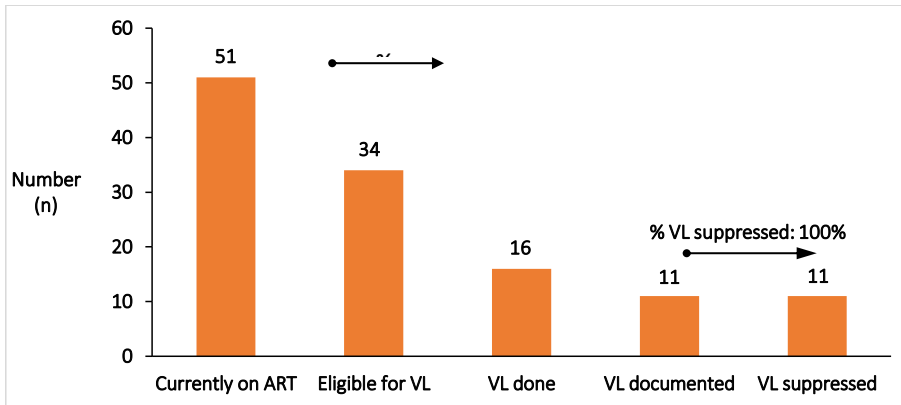
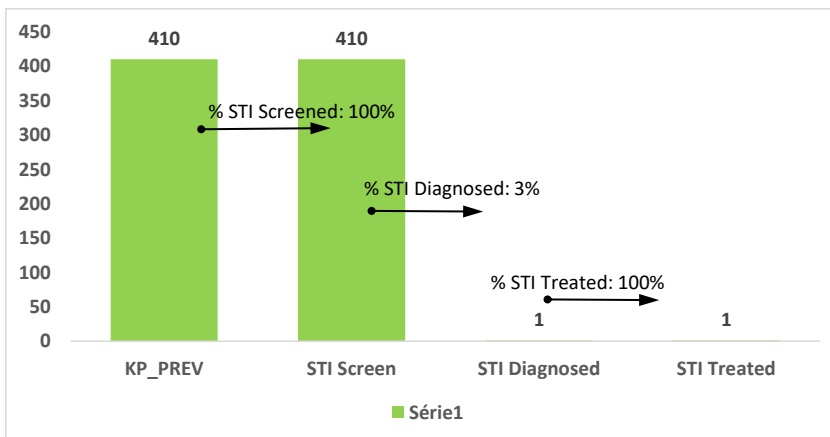


Figure 45: Sexually transmitted infections (STIs)



Overall cascade results for priority populations

CFSW

Table 24: Clients of FSW cascade results

Indicator	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
PP_PREV (CFSW)	7 562	2 345	2 387	3 079	7 811	103%
HTS_TST	NA	1 047	1 224	976	3 247	NA
HTS_TST_POS	NA	81	66	67	214	NA
TX_NEW_VERIFY	NA	72	61	64	197	NA

In Q3FY22, the program offered prevention services to 3,079 CFSW leading to 103% of annual achievement for the PP-PREV indicator. Indeed, CHAMP identified 67 HIV-positive CFSWs and linked 64 of them to ART, giving a linkage rate of 96%. The three beneficiaries not linked request more time to come to terms with their results. Case managers will continue to following-up these clients to initiate them on life-saving ART.

Adolescent Girls and Young Women (AGYW)

Table 25: Adolescent girls and young women cascade results

Indicator	Targets	Q1 Results	Q2 Results	Q3 Results	Total FY22	% of FY22 Achievement vs Annual Target
PP_PREV (AGYW)	6 652	972	1 545	3 771	6 288	95%
HTS_TST	NA	175	219	262	656	NA
HTS_TST_POS	NA	4	7	5	16	NA
TX_NEW_VERIFY	NA	3	6	5	14	NA

In Q3FY22, CBOs offered prevention services to 3,771 AGYW with five HIV-positive cases identified, giving the annual achievement of PP-PREV (AGYW) to 95%. The most performing CBOs are Horizons Femmes Douala (987) and Horizons Femmes Yaoundé (821). We continued encouraging all FSW-focused CBOs to reach more AGYW for subsequent quarters.

cFSW

The program offered ICT to 70 cFSW in Q3FY22. Among the 70 children of FSW, 57 were females and 8 males. Most of the children were between the ages of 5-9 (Fig 46).

Commenté [28]: And then? Any kids referred to KIDSS? What are we doing to reach these children/how are we working with index cases to reach and test their children? How many of these children live in hotspots and are vulnerable or at risk to future high risk behavior

Figure 46: Active children of female sex workers results disaggregated by sex and age

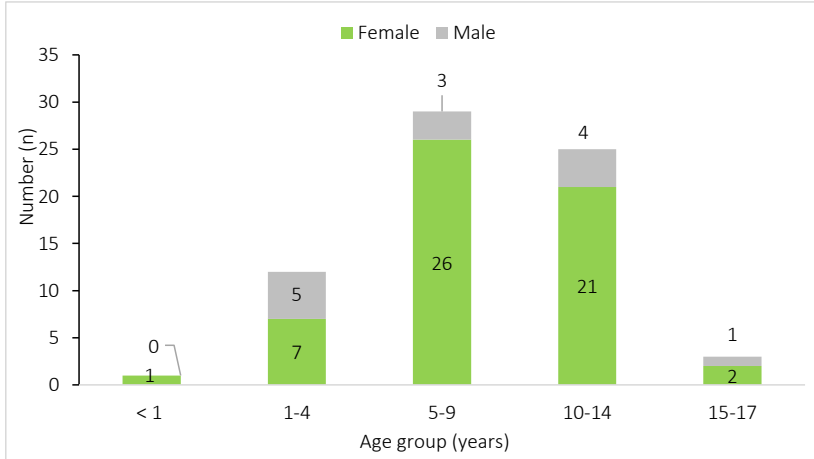
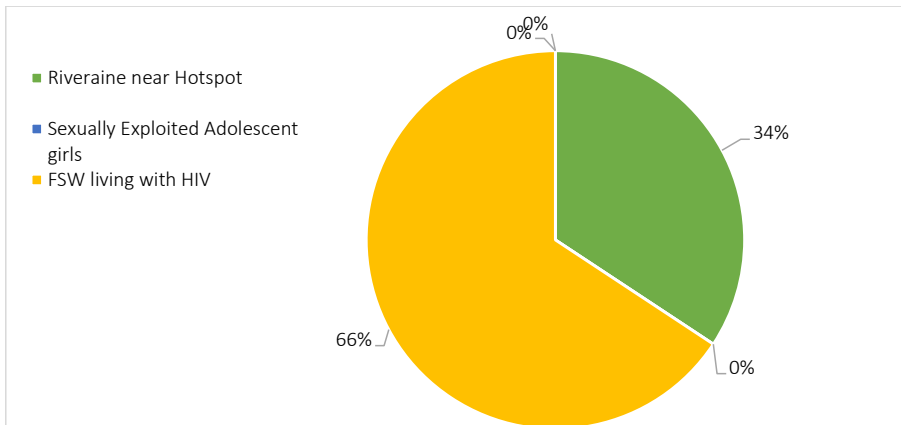


Figure 47: Children of FSW profile



Section 5: Summary of program challenges and solutions

Table 26 below summarizes key challenges the program faced in Q3FY22, resilience strategies used, and next steps.

Table 26: Summary of challenges

Indicators	Challenges	Resilient strategies and solutions	Next steps
Anglophone crisis	<ul style="list-style-type: none"> - Limited number of working days for CMWA and Affirmative Action as there is complete lock down every Monday. -Activities in Tubah health district were temporarily suspended due to the high rate of insecurity as most of the separatist's camps are located in and around this area. 	<ul style="list-style-type: none"> - CBOs should work on Saturday and Sunday to catch up with gap created by the Monday lock down and the unplanned ghost town - CBOs could work in the Tubah health districts by respecting strict security measures. 	<ul style="list-style-type: none"> - Work on Saturdays and Sundays to multiply changes of gaining work lost to ghost town - Work in Tubah health district only when there are no threats. - Intensify online mobilization to reach and refer clients to the DIC.
Prevention	<ul style="list-style-type: none"> - Poor mapping of new hotspots. - Poor mobilization of Hard-to-reach clients. -Instability and mobility of beneficiaries. - Difficult access to work in PWID hotspots. -Frequent turn-over of peer leaders -Low frequency visits to the DIC by beneficiaries - Regular HIV RTK stock tension 	<ul style="list-style-type: none"> - Explore new hotspots in peri-urban areas - Meet with beneficiaries to document their needs and improve quality of services -Targeted mobilization on social media by keeping in touch with those who especially declared publicly their sex orientation - Organize friendly days (once a week) towards AGYWs under the lead of AGYW peer lead. -Reward peer leaders who perform best -Diversify activities at the DIC without limiting only to HIV service provision. -Continuous strong advocacy with RTGs for supplying the program on RTK . 	<ul style="list-style-type: none"> - Sensitize Peer leaders to go alongside peri urban areas -Develop strong collaboration with beneficiaries to identify new hotspots - Make at least 2 visits per week to sensitize AGYWs in households near Hotspots and in recreational areas (stadia...) - Work with PWID mobilizers to reach more target -Participate in peer leaders debriefing to address their challenges on time

PrEP	<ul style="list-style-type: none"> - Beneficiaries required transport to come to DIC for PrEP follow-up - Constant mobility of beneficiaries - Huge gap between beneficiaries mobilized for PrEP and those who reach the DIC for further PrEP counseling - Non-compliance of PrEP appointments. 	<ul style="list-style-type: none"> -Jointly organize recreational activities when educative talks are planned like culinary demonstration, welfare activities -Continue editing and publishing online posters about PrEP and the use of PrEP Champions - Emphasis on motivational counseling on PrEP - Regular phone calls before their appointment dates. 	<ul style="list-style-type: none"> -Emphasize on educative talks with diversified activities -Refresher on motivational counseling for peer leaders and case managers to encourage beneficiaries to accept PrEP -Continue close follow-up and home visits to ensure retention on PrEP
HTST_TST_POS	<ul style="list-style-type: none"> - Refusal of eligible clients to know their HIV status. -Low use of social network strategy and other strategies -Non-compliance to appointments dates by beneficiaries 	<ul style="list-style-type: none"> - Reinforcing motivational counseling on the importance of knowing one's HIV status - Continuous capacity building on index testing and SNS -Infiltration in beneficiaries' groups with most-at-risk sexual practices - Implication of all staffs in case finding activities by mobilizing their network -Multiplication of activities, each actor plan at least one activity per week 	<ul style="list-style-type: none"> -Continue refresher training on ICT, SNS, motivational counseling -Ensure adequate documentation and follow-up of each case issued from ICT - Strengthen capacities of peer leads, case managers and receptionists on social network strategy, task planning and communication to upgrade level of ICT and SNS offer
TX_NEW_VERIFY	<ul style="list-style-type: none"> - Refusal of immediate initiation after knowledge of the positive status -Unavailability of health facilities to receive beneficiaries after - working hours -High turnover of case managers in some CBOs 	<ul style="list-style-type: none"> -Motivational counseling in addition with counselling standards -Refresher on testing, linkage and retention SOP -Collaboration with health facility psychosocial counselor to facilitate linkage, -Recommend CBOs to recruit immediately when staff vacancy occurred 	<ul style="list-style-type: none"> - Training of new recruits, refresher of old staff - Strengthen collaboration with health districts, clinical partner and RTG -Identify PEPFAR health facilities at districts level where activities are planned and collaborate with their psychosocial counselor for their immediate linkage

Commenté [29]: Not addressed.

Commenté [30]: Any testing challenges? That is challenges to follow up tests and or payment issues

Commenté [31]: What about making use of self testing kits?

Commenté [32]: review wording

			- Continue with follow-up of the unlinked clients through phone calls, home visits, activities in or near the locations where they were screened
Viral Load (TST, DOC, SUPPR)	<ul style="list-style-type: none"> -Unavailability of beneficiaries for the collection of viral loads. -Refusal of beneficiaries out of city to give information on their VLs done in health facility -Long delay experienced on the return of viral load results -Non-adherence of some beneficiaries 	<ul style="list-style-type: none"> -Systematic calls to beneficiaries eligible for Viral Load sample collection by case managers. -Continuous mobilization of beneficiaries to attend their ARV appointment according to the RTG instructions -Strengthen partnership with clinical partner for the delivery of Viral Load samples in health facilities -Jointly follow-up both health facility and CBO of beneficiaries with high viral load 	<ul style="list-style-type: none"> - Weekly monitoring of viral load eligibility among case managers -Ensure constant contact with clients through phone calls and home visits to remind them of their VL appointments. - Continuous follow-up with the different laboratories to hasten-up the release of viral load results

Commenté [33]: Do we have data for these issues?

Section 6: Site Improvement through Monitoring Systems (SIMS) Visits

In Q3, USAID conducted SIMS evaluation in Bafoussam and Yaoundé sites. The CHAMP team documented key findings from this exercise and brought up a remediation plan based on the various gaps observed. The following CBOs were assessed as followed:

SIMS results conducted on 21st April 2022, in Yaoundé and on 30th, June in Bafoussam.

CBO	Region	Date	Green	Yellow	Red
Horizons Femmes Yaoundé	Yaoundé	21/04/2022	38 (86%)	4(9%)	2(5%)
Humanity First Cameroun Plus	Yaoundé	21/04/2022	35 (92%)	1 (3%)	2(5%)
Horizons Femmes Bafoussam	Bafoussam	30/06/2022	41(89%)	02 (4%)	03(7%)

Positive sides observed were availability of most SOPs, qualified trained staff, and good quality of PrEP services delivery.

Some recommendations raised are:

- Update stakeholder documents involving other stakeholders such as health facilities, RTG, districts and other organizations who are also involved in the implementation of CBOs' activities
- Ensure regular external quality control of laboratory
- Offer syphilis tests to all beneficiaries in collaboration with Health districts and Health facilities
- CHAMP should improve completeness and correct filling of source documents
- Improve IPV screening during follow-up of beneficiaries who accept ICT
- Do regular data triangulation with an emphasis on data quality.
- Train newly recruited staff on SOP and standards.

During Q3 FY22, CHAMP implemented and monitored the SIMS remediation plan in Horizons Femmes Douala, ALTERNATIVES, ALCONDOMS, ACOEVO, and WOPA. The results are presented as follows:

Commenté [34]: Has the CHAMP team done any follow up SIMS?

Commenté [35]: Was a reassessment done?

- Summary table : Situation before and after the remediation plan

Organization	Region	Before Q3 SIMS follow up remediation plan			After Q3 SIMS follow up remediation plan		
		Green	Yellow	Red	Green	Yellow	Red
CBO	Region	Green	Yellow	Red	Green	Yellow	Red
Horizons Femmes Douala	Douala	36 (85%)	6(13%)	1(2%)	42 (98%)	1(2%)	00(0%)
Alcondoms	Douala	32 (71%)	7 (16%)	6 (13%)	37 (82%)	5 (11%)	3 (7%)
Alternatives	Douala	37 (86%)	5 (12%)	1 (2%)	39 (91%)	3 (7%)	1 (2%)
ACODEVO	Kribi	30 (84%)	3 (8%)	3 (8%)	33 (92%)	2 (5%)	1 (3%)
WOPA	Kribi	26 (67%)	8 (21%)	5 (13%)	34 (87%)	3 (8%)	2 (5%)
Horizons Femmes Yaoundé	Yaoundé	38 (86%)	4 (9%)	2(5%)	41 (93%)	2 (5%)	1 (2%)
Humanity First Cameroon	Yaoundé	35 (92%)	1 (3%)	2(5%)	35 (92%)	2 (5%)	1 (3%)
Horizons Femmes Bafoussam	Bafoussam	51 (96%)	02 (4%)	00 (0%)	51 (96%)	02 (4%)	00 (0%)
Colibri	Bafoussam	46 (98%)	01 (2%)	00 (0%)	46 (98%)	01(2%)	00 (0%)

The CHAMP team continues to follow-up the remediation plans from FY21 USAID SIMS evaluation at Affirmative Action Bamenda, Affirmative Action Ngaoundere, Alucosis+, ASAD, CMWA Bamenda, Colibri and 2HRC.

Section 7: Transition

After the successful transfer of Bafoussam and Yaoundé sites to CHP, the transition team has focused on the following activities:

Follow-up to recommendations

During the meetings held for the transition of Bafoussam and Yaoundé sites, the recommendations of action plans were proposed for this purpose and followed up from this current quarter (Q3FY22) : (i) Invites all actors in the bridge of transition process to come together and share knowledges on transition, (ii) Integrate the transition in the National Strategic plan, (iii) Create a transition cluster for all organizations and partners who are involved in the transition process and (v) build the capacity of civil society to be stronger and more self-reliant.

Archiving and developing documents

Regarding the transition, CARE archived all contractual documents signed between CHP and CARE including transfer staff and material resources, inventories, and administrative files of equipment. In addition, some briefs and SBCC tools are being developed to be used during the open house event

Supervision of NUPAS Plus re-evaluation of CHP

The NUPAS Plus reassessment showed that CHP made significant progress. However, ASAP made some recommendations based on the Special Award Conditions (SAC) and focused on managing and monitoring sub-offices, allocating salary costs using budgets about actual levels of effort, outstanding expenses, risk register and IT functionality. CARE continues to work with CHP and ASAP to address these concerns.

Development of the RACI matrix (responsible, consulted, and informed)

During March, CARE and CHP established a RACI matrix that clearly defines each party's roles and responsibilities based on the department's project deliverables. This ensures the proper execution of the project processes and successes. CARE monitored the implementation of this matrix with CHP.

Preparation of phase 2 and 3 evaluation

As part of the preparation for the evaluation, CARE carried-out the following activities:

- Develop protocol of the transition Phases 2 and 3 assessments including the SOW and questionnaires
- Launch the recruitment process of junior consultant for stakeholders' interview

TDY in Accra to support the Country Office by developing a new proposal including transition/localization process

During Q3, CHAMP Transition Technical advisor did a TDY at CARE Ghana to assist them in developing their localization strategy.

Section 8: Financial report

Pipeline Report for the Quarterly Performance Report

Reporting Period:	October 1, 2021 through June 30, 2022		
Reporting Country Office	Cameroon		
PIA Reference	AID-624-A-14-00003		
PIA Award Name	CHAMP		
PIA Dates:	17-avr-14	through	31-déc-22
Currency	USD		

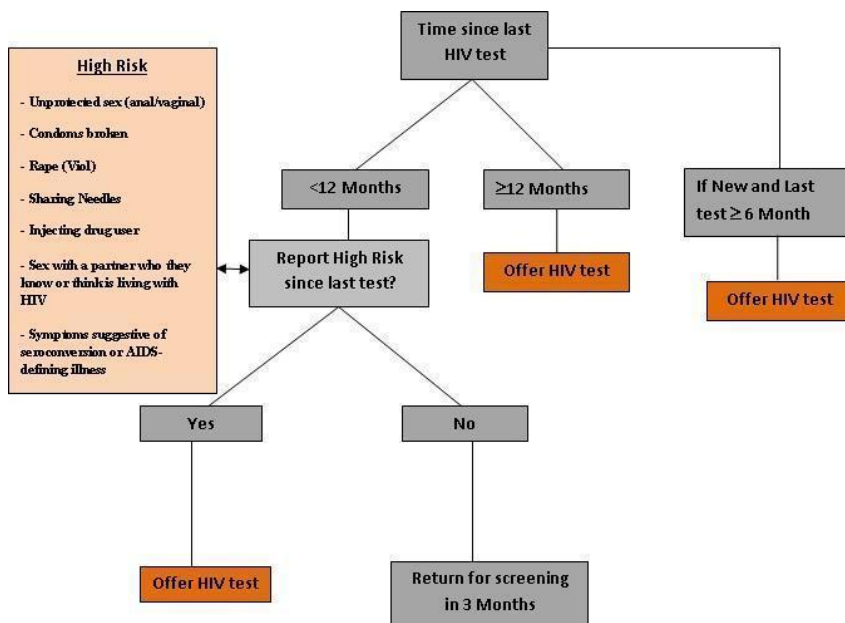
Activity ID	Activity ID Description	Budget	Reported Prior Period	Current Period Expenses				Cumulative	Budget Balance	Projections		TOTAL PROJECTED
			Expenses per SF425	Expenses				Expenses		EXPENSES		
			(Apr'14-Mar'22)	Apr'22-Jun'22	Apr'22-Jun'22	Apr'22-Jun'22	Apr'22-Jun'22	(Apr'14-Jun'22)		Jul'22-Sep'22	(Apr'14-Sept'22)	
A	B	PEPFAR	HRGP	COVID	FULL	D=B+C	E=A-D	F	G= D+F			
1	Salaries	\$7 149 426	\$6 378 780,80	\$164 204,04	\$10 475,63	\$5 257,74	\$179 937,41	\$6 558 718,21	\$590 707	\$119 670	\$6 678 388	
2	Allowances/benefits	\$2 805 383	\$2 716 217,61	\$77 087,79	\$1 404,39	\$555,01	\$79 047,19	\$2 795 264,80	\$10 118	\$20 128	\$2 815 392	
3	Travel	\$703 496	\$742 767,13	\$10 246,55	\$410,89	\$0,00	\$10 657,44	\$753 424,57	-\$49 928	\$10 172	\$763 596	
4	Equipment	\$394 078	\$351 368,66	\$0,00	\$0,00	\$0,00	\$0,00	\$351 368,66	\$42 710	\$0	\$351 369	
5	Supplies	\$942 564	\$939 082,35	\$1 755,61	\$0,00	\$0,00	\$1 755,61	\$940 837,96	\$1 726	\$2 435	\$943 273	
6	Contractual Services	\$497 018	\$435 948,25	\$24 926,94	\$0,00	\$0,00	\$24 926,94	\$460 875,19	\$36 142	\$38 403	\$499 278	
7	Other Direct Costs	\$3 488 556	\$3 187 721,03	\$88 173,93	\$0,00	\$0,00	\$88 173,93	\$3 275 894,96	\$212 661	\$52 206	\$3 328 101	
8	Subawards	\$15 653 933	\$14 531 259,34	\$687 675,74	-\$3 937,37	\$0,00	\$684 338,37	\$15 215 597,71	\$438 335,65	\$880 209,24	\$16 095 806,95	
TOTAL DIRECT COSTS		\$31 634 454	\$29 283 145,17	\$1 054 070,61	\$8 953,54	\$5 812,74	\$1 068 836,89	\$30 351 982,06	\$1 282 472	\$1 123 222	\$31 475 204	
INDIRECT COSTS - Final FY14 12.44%, FY15 11.66%, FY16 12.70%, FY17 12.07%, FY18 12.27%, FY19 11.08%, and Provisional FY20 &		\$3 833 232	\$3 387 332,35	\$116 791,02	\$992,05	\$644,05	\$118 427,13	\$3 505 759,47	\$327 472	\$124 453	\$3 630 212	
TOTAL COSTS		\$35 467 686	\$32 670 477,52	\$1 170 861,63	\$9 945,59	\$6 456,80	\$1 187 264,02	\$33 857 741,54	\$1 609 944	\$1 247 675	\$35 105 417	
											<i>\$362 269,38</i>	

NICRA Type	Fiscal Year	Period	Overhead	Single Audit	Total NICRA	SAGA PN:	US100
Final	FY14	July 2013- June 2014	7,91%	4,53%	12,44%	SAGA FC:	UNRTUS9991
Final	FY15	July 2014- June 2015	7,29%	4,37%	11,66%	Pamodzi Related Information	
Final	FY16	July 2015- June 2016	8,52%	4,17%	12,70%	Business Unit	USA01
Final	FY17	July 2016- June 2017	7,97%	4,10%	12,07%	Fund Code	US1AM
Final	FY18	July 2017- June 2018	7,81%	4,46%	12,27%	Project ID	USLMCM0002
Final	FY19	July 2018- June 2019	7,56%	3,52%	11,08%	Department ID	US0330
Provisional	FY20	July 2019- June 2020	7,56%	3,52%	11,08%		
Provisional	FY21	July 2020- June 2021	7,56%	3,52%	11,08%		
Provisional	FY22	July 2021- June 2022	7,56%	3,52%	11,08%		

CHAMP Q3FY22 report

ANNEXES

Annex 1: Risk assessment algorithm to increase HIV positive yield



Annex 2: CBO partner performance by quarter

"Eligible for HTS" est la somme de toutes les personnes touchées par la sensibilisation (pour **First visit in CHAMP + First visit in FY + Follow-up visit**) en tenant compte des modalités suivantes : **Newly tested and/or referred + Declined** (y soustraire les inéligibles pour HTS car testés il y a moins de 3 mois)

	CBO	KP newly reached1		KP eligible for HTS		HTS uptake2		Positive Yield		Treatment uptake3	
		n		n		n (%)		n (%)		n (%)	
		Q2	Q3	Q2	Q3	Q2	Q3	Q2	Q3	Q2	Q3
FSW	Horiz. F. Ydé	1,813	2,322	569	769	569(100%)	371(49%)	21(4%)	15(5%)	20(96%)	11(74%)
	RENATA	144	1,044	56	229	15(27%)	229(100%)	1(7%)	8(4%)	1(100%)	5(63%)
	YDF	152	570	69	251	67(98%)	252(101%)	5(8%)	16(7%)	4(80%)	12(75%)
	Horiz. F. Dla	2,010	2,821	786	997	436(56%)	214(22%)	27(7%)	25(12%)	25(93%)	25(100%)
	Alcond. Dla	1,242	2,305	807	1,557	366(46%)	342(22%)	51(14%)	26(8%)	48(95%)	26(100%)
	CMWA Ydé	797	1,122	523	659	523(100%)	421(64%)	66(13%)	49(12%)	61(93%)	42(86%)
	AA Ndéré	1,204	775	441	338	441(100%)	348(103%)	38(9%)	33(10%)	50(132%)	29(88%)
	Horiz. F. BAF	470	719	211	406	200(95%)	184(46%)	20(10%)	19(11%)	16(80%)	17(90%)
	ASAD Bertoua	980	908	338	252	338(100%)	277(110%)	50(15%)	31(12%)	51(102%)	30(97%)
	WOPA	569	562	228	195	228(100%)	205(106%)	26(12%)	20(10%)	24(93%)	20(100%)
	CMWA Bda	1,157	1,198	395	467	395(100%)	439(95%)	32(9%)	34(8%)	31(97%)	33(98%)
	FSW overall	10,538	14,346	4,423	6,120	3578(81%)	3282(54%)	337(10%)	276(9%)	331(99%)	250(91%)
MSM	Hum. F. Ydé	1,433	1,923	1,112	1,640	872(79%)	1382(85%)	111(13%)	147(11%)	106(96%)	149(102%)
	Altern. Dla	637	895	411	331	411(100%)	284(86%)	58(15%)	36(13%)	57(99%)	34(95%)
	Alcond. Dla	825	1,347	610	869	330(55%)	292(34%)	56(17%)	58(20%)	55(99%)	58(100%)
	AA Ndéré	561	346	416	235	416(100%)	240(103%)	45(11%)	19(8%)	49(109%)	17(90%)
	CAMFAIDS	594	1,315	594	1,315	594(100%)	740(57%)	79(14%)	92(13%)	76(97%)	93(102%)
	Horiz. F. BAF	174	184	77	126	77(100%)	110(88%)	7(10%)	11(10%)	6(86%)	12(110%)
	ASAD Bertoua	351	367	206	205	206(100%)	234(115%)	29(15%)	38(17%)	27(94%)	38(100%)
	ACODEVO	355	305	243	183	243(100%)	236(129%)	24(10%)	26(12%)	24(100%)	26(100%)
	AA Bda	213	371	210	316	210(100%)	348(111%)	18(9%)	18(6%)	17(95%)	16(89%)
	MSM overall	5143	7053	3879	5220	3359(87%)	3866(75%)	427(13%)	445(12%)	417(98%)	443(100%)
PWID	Horiz. F. Ydé	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	RENATA	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	YDF	6	16	6	16	6(100%)	16(100%)	0(0%)	1(7%)	0(0%)	1(100%)
	Hum. F. Ydé	42	65	42	60	37(89%)	50(84%)	2(6%)	5(10%)	2(100%)	2(40%)
	Horiz. F. Dla	13	47	13	36	13(100%)	36(100%)	0(0%)	0(0%)	0(0%)	0(0%)

	Alcond. Dla	183	235	75	157	25(34%)	16(11%)	1(4%)	2(13%)	1(100%)	2(100%)
	WOPA	11	5	2	3	2(100%)	3(100%)	0(0%)	0(0%)	0(0%)	0(0%)
	CAMFAIDS	93	6	93	6	93(100%)	6(100%)	2(3%)	1(17%)	2(100%)	1(100%)
	CMWA Ydé	10	18	5	13	5(100%)	13(100%)	0(0%)	1(8%)	0(0%)	0(0%)
	CMWA Bda	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	AA Bda	41	22	40	22	40(100%)	22(100%)	1(3%)	0(0%)	1(100%)	0(0%)
	AA Ndéré	23	10	14	5	14(100%)	5(100%)	1(8%)	0(0%)	1(100%)	0(0%)
	Horiz. F. BAF	5	2	5	0	5(100%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	ACODEVO	8	6	7	6	7(100%)	6(100%)	2(29%)	0(0%)	2(100%)	0(0%)
	ASAD Bertoua	9	5	5	1	5(100%)	0(0%)	1(20%)	0(0%)	1(100%)	0(0%)
	Altern Dla	23	99	9	51	9(100%)	17(34%)	1(12%)	1(6%)	1(100%)	1(100%)
	PWID overall	467	536	316	376	261(83%)	190(51%)	11(5%)	11(6%)	11(100%)	7(64%)
Tg	Hum. F. Ydé	3	1	3	1	2(67%)	1(100%)	0(0%)	1(100%)	0(0%)	0(0%)
	Altern. Dla	97	167	52	64	52(100%)	56(88%)	9(18%)	7(13%)	9(100%)	7(100%)
	Alcond. Dla	93	229	20	119	11(55%)	4(4%)	2(19%)	0(0%)	0(0%)	0(0%)
	AA Ndéré	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	CAMFAIDS	0	1	0	1	0(0%)	2(200%)	0(0%)	1(50%)	0(0%)	1(100%)
	Horiz. F. BAF	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	ASAD Bertoua	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	ACODEVO	0	0	0	0	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	AA Bda	30	12	14	12	14(100%)	12(100%)	0(0%)	1(9%)	0(0%)	1(100%)
	Tg overall	223	410	89	197	79(89%)	75(39%)	11(14%)	10(14%)	9(82%)	9(90%)

¹ Num. of KP beneficiaries newly reached in FY21; ² Num. of all KP tested / Num. of all KP eligible for HTS; ³ Num. of new clients linked to treatment / Num. of KP newly testing HIV positive. May be >100% due to clients who tested positive in prior quarters being linked. Cannot be calculated if number of new positives in current week is zero.

Annex 4: CHAMP Performance Monitoring Plan (PMP) Q2FY22

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Number of individuals who have been newly enrolled on (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period (PrEP_NEW)</p> <p>Definition: Number of people newly enrolled in oral PrEP (including WHO specified regimens “tenofovir-containing PrEP” which could be TDF alone, TDF/FTC, or TDF/3TC) during the reporting period, in accordance with the demonstration project guidance or the nationally approved protocol (or WHO/UNAIDS standards)</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2019	Total = 208 (71 Female; 137 Male)	FY19Activity Report	<p>Total = 3,664</p> <ul style="list-style-type: none"> ▪ Female : 1,693 ▪ Male: 1,971 	<p>Total = 646</p> <ul style="list-style-type: none"> ▪ Female:291 ▪ Male: 355 	<p>Total =1033</p> <ul style="list-style-type: none"> ▪ Female:620 ▪ Male: 413 	<p>Total =1,141</p> <ul style="list-style-type: none"> ▪ Female:669 ▪ Male: 472 	<ul style="list-style-type: none"> ▪ PrEP Initiation Register ▪ AR T Register ▪ Activity Report ▪ CommCare
<p>Number of individuals, excluding those newly enrolled, that return for follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period (PrEP_CT)</p> <p>Definition: Number of individuals, excluding those</p>	Routine data collection	Semi-Annual				<p>Total = 1543</p> <ul style="list-style-type: none"> ▪ FSW: 790 ▪ MSM: 753 	<p>Total =1411</p> <ul style="list-style-type: none"> ▪ FSW: 958 ▪ MSM: 453 	<p>Total = 2,419</p> <ul style="list-style-type: none"> ▪ FSW: 1,578 ▪ MSM: 841 	<ul style="list-style-type: none"> ▪ PrEP Register ▪ HTS Register and Form ▪ Activity Report ▪ CommCare 	

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>newly enrolled, that return for follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period (<i>PrEP_CT</i>)</p> <p>Unit: Individuals</p>										
<p>Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period (<i>PrEP_CURR</i>)</p> <p>Definition: Number of individuals that have received PrEP during the reporting period, in accordance with national guidelines or WHO standards, including both those individuals newly initiating on PrEP and those continuing to receive PrEP.</p> <p>Unit: Individuals</p>	Routine data collection	Semi-Annual	2020	Total = 353 (120 Female; 233 Male)	Q3FY20Activity Report	Total = 5,299	Total = 2,071	Total = 3005	Total = 4,043	<ul style="list-style-type: none"> ▪ PrEP Register ▪ HTS Register and Form ▪ Activity Report ▪ CommCare
<p>Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (<i>KP_PREV</i>)</p> <p>Definition: Number of unique individuals from an activity who are reached with prevention</p>	Routine data collection	Semi-Annual	2019	Total =38,457	FY19Activity Report	Total = 83,537	Total = 14,190	Total =16,323	Total =22,345	<ul style="list-style-type: none"> ▪ Client intake forms ▪ IEC Form ▪ Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>interventions designed for the intended key population</p> <p>Unit: Individuals</p>						<ul style="list-style-type: none"> TG:129 				
<p>Number of priority populations reached with standardized HIV prevention intervention(s) that are evidence-based (PP_PREV)</p> <p>Definition: Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake</p> <p>Unit: Individuals</p>	Routine data collection	Semi-Annual	2019	Total = 2,285	FY19 CHAMP Activity Report	<ul style="list-style-type: none"> Total = 14,214 CFSW: 7,562 AGYW: 6,652 	<ul style="list-style-type: none"> Total = 3,317 CFSW: 2345 AGYW: 972 	<ul style="list-style-type: none"> Total = 4,015 CFSW: 2,387 AGYW: 1,628 	<ul style="list-style-type: none"> Total = 6,850 CFSW: 3,079 AGYW: 3,771 	<ul style="list-style-type: none"> Client intake forms IEC Form Activity Report
<p>Percentage of KPs who were screened for STI in the reporting period (STI_SCREEN)</p> <p>Definition: The number of KPs who were screened for STIs as a proportion of KPs who received any prevention services in the reporting period at the DIC</p> <p>Numerator: Number of KPs who were screened for STI</p>	Routine data collection	Quarterly	2019	Total =73% (Numerator:28,046; Denominator: 38,457)	FY19Activity Report	<ul style="list-style-type: none"> Total = 80% of KP_PREV Numerator: 66,830 Denominator: 83,537 	<ul style="list-style-type: none"> Total = 100% of KP_PREV Numerator: 14,190 Denominator: 14,190 	<ul style="list-style-type: none"> Total = 100% of KP_PREV Numerator: 16,323 Denominator: 16,323 	<ul style="list-style-type: none"> Total = 100% of KP_PREV Numerator: 22,345 Denominator: 22,345 	<ul style="list-style-type: none"> Medical Support Register Activity Report

Commenté [36]: Are these cumulative?

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Denominator: Total number of KP provided with any prevention intervention at the DIC</p> <p>Unit: Individuals</p>										
<p>Percentage of KPs who were diagnosed with an STI in the reporting period (STI_DIAGNOSIS)</p> <p>Definition: The number of KPs who were diagnosed with an STI as a proportion of KPs who were screened for STIs in the reporting period</p> <p>Numerator: Number of KPs who were diagnosed with any STI in the reporting period based on national algorithm</p> <p>Denominator: Total number of KPs who were screened for STIs</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2019	Total = 8% of STI_SCREEN	IBBS, 2016	<p>Total = 4% of STI_SCREEN</p> <ul style="list-style-type: none"> Numerator: 2,674 Denominator: 66,830 	<p>Total = 4% of STI_SCREEN</p> <ul style="list-style-type: none"> Numerator: 520 Denominator: 14,190 	<p>Total = 3% of STI_SCREEN</p> <ul style="list-style-type: none"> Numerator: 568 Denominator: 16,323 	<p>Total = 3% OF STI_SCREEN</p> <ul style="list-style-type: none"> Numerator: 707 Denominator: 22,345 	<ul style="list-style-type: none"> Medical Support Register Activity Report
<p>Percentage of KPs who were treated for STI in the reporting period (STI_TREATMENT)</p> <p>Definition: The number of KPs who were treated for an STI as a proportion of KPs who were diagnosed with an STI in the reporting period</p>	Routine data collection	Quarterly	2019	Total = 71% (Numerator: 1,204; Denominator: 1,685)	FY19Activity Report	<p>Total = 92% of STI_DIAGNOSIS</p> <ul style="list-style-type: none"> Numerator: 2,461 	<p>Total = 81% of STI_DIAGNOSIS</p> <ul style="list-style-type: none"> Numerator: 423 Denominator: 520 	<p>Total = 85% of STI_DIAGNOSIS</p> <ul style="list-style-type: none"> Numerator: 481 	<p>Total = 86% of STI_DIAGNOSIS</p> <ul style="list-style-type: none"> Numerator: 606 	<ul style="list-style-type: none"> Medical Support Register Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Numerator: Number of KPs who were treated for STI in the reporting period</p> <p>Denominator: Total number of KPs who were diagnosed with any STI in the reporting period based on national algorithm</p> <p>Unit: Individuals</p>						Denominator: 2,674	Denominator: 567	Denominator: 707		
<p>Percentage of KP who experienced gender-based violence that were referred for support (GBV_REPORT_COMM)</p> <p>Definition: Percent of KPs who reported they have experienced gender-based violence that received referral for GBV services.</p> <p>Numerator: Number of KPs who received referral for gender-based violence services during the reporting period</p> <p>Denominator: Total number of KPs who report to program staff or outreach workers on standard screening questions while accessing health services, outside of clinical facilities, that they have experienced violence</p>	Routine data collection	Quarterly	2019	TOTAL:84% <ul style="list-style-type: none"> ▪ FSW: 81% (1,240/1,522) MSM:92% (372/403) 	Q3FY20Activity Report	Total = 84% <ul style="list-style-type: none"> ▪ FSW: 81% (47,810 / 59,024) ▪ MSM: 92% (21,640/ 23,521) 	Total = 33% <ul style="list-style-type: none"> ▪ FSW: 40% (3651/9117) ▪ MSM: 20% (906/ 4635) 	Total = 25% <ul style="list-style-type: none"> ▪ FSW: 27% (2,812/10,533) ▪ MSM: 21% (1,091/5,116) 	Total = 17% <ul style="list-style-type: none"> ▪ FSW: 18% (2,635/1,4346) ▪ MSM: 15% (1,038/7,053) 	<ul style="list-style-type: none"> ▪ GBV Register ▪ Counselling Register ▪ Referral form ▪ Activity Report ▪ Comm Care

Commenté [37]: This is troubling. Are we saying KPs are reporting being victims of violence but we are not referring for other services?

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
Unit: Individuals										
<p>Number of individual HIV self-test kits distributed (HTS_SELF)</p> <p>Definition: This indicator counts the number of HIV self-test kits distributed within CHAMP project</p> <p>Unit: HIV self-test kits</p>	Routine data collection	Quarterly	2018	<p>Total = 1,063</p> <ul style="list-style-type: none"> Female: 568 Male: 495 	HIVST Study Report	<p>Total = 13,396</p> <ul style="list-style-type: none"> FSW: 8,839 MSM: 4,393 PWID: 157 TG: 7 	<p>Total = 777</p> <ul style="list-style-type: none"> FSW: 326 MSM: 451 PWID: 0 TG: 0 	<p>Total = 471</p> <ul style="list-style-type: none"> FSW: 273 MSM: 189 PWID: 0 TG: 0 	<p>Total = 5,521</p> <ul style="list-style-type: none"> FSW: 3,053 MSM: 2,382 PWID: 86 TG: 0 	<ul style="list-style-type: none"> Client intake forms HIVST Register and Form or Logbook Activity Report CommCare
<p>Uptake of HIV testing services following HIV self-testing (HTS_SELF_CONFIRM)</p> <p>Definition: The number of people attending for HTS reporting self-test as a reason for test as a proportion of all HIVST distributed. This indicator will provide an indication of confirmatory testing through CHAMP services among those receiving a HIVST. Note that only those with a reactive HIVST are recommended to have a confirmatory HIV test.</p> <p>Numerator: Number of individuals citing follow up for HIVST as reason for HIV test.</p>	Routine data collection	Quarterly	NA	NA	NA	<p>Total = 8% of HTS_SELF</p> <ul style="list-style-type: none"> Numerator: 1,072 Denominator: 13,389 	<p>Total = 4% of HTS_SELF</p> <ul style="list-style-type: none"> Numerator: 30 Denominator: 777 	<p>Total = 3% of HTS_SELF</p> <ul style="list-style-type: none"> Numerator: 14 Denominator: 471 	<p>Total = 2% of HTS_SELF</p> <ul style="list-style-type: none"> Numerator: 95 Denominator: 5,521 	<ul style="list-style-type: none"> Client intake forms HTS Register and Form Activity Report CommCare

Commenté [38]: Review and rephrase

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
Denominator: Number of HIVST distributed with CHAMP project.										
<p>Number of individuals who received HIV Testing Services (HTS) and received their test results (HTS_TST)</p> <p>Definition: Number of individuals who received HIV Testing Services (HTS) and received their test results from any service delivery point of CHAMP program (DIC, Fixed clinic, mobile clinic). At a minimum, this means the person was tested for HIV and received their HIV test results.</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2019	<p>Total =19,850 (Index Service: 3,030; VCT Service: 7,818; Mobile Service: 9,002)</p> <p>Including 16,787 KP (10,694 FSW; 6,092 MSM)</p>	FY19Activity Report	<p>Total= 80,172</p> <ul style="list-style-type: none"> ▪ Index Service : 6,760 ▪ Mobile Service : 47,735 ▪ VCT Service : 25,677 <p>Including 51,860 KPs (32,430 FSW; 17,747 MSM 860 PWID and 823 TG)</p>	<p>Total= 7,504</p> <ul style="list-style-type: none"> ▪ Index Service: 1691 ▪ Mobile Service: 3612 ▪ VCT Service: 2021 ▪ SNS:180 <p>Including:6,128K Ps (2,874 FSW; 2,939 MSM 219 PWID and 96 TG)</p>	<p>Total= 8,957</p> <ul style="list-style-type: none"> ▪ Index Service:1,798 ▪ Mobile Service: 4,362 ▪ VCT Service:2,154 ▪ SNS: 643 <p>Including: 7,277KPs (3,578FSW; 3,359MSM 261PWID and 79TG)</p>	<p>Total= 8,821</p> <ul style="list-style-type: none"> ▪ Index Service:1826 ▪ Mobile Service: 4595 ▪ VCT Service: 1700 ▪ SNS: 700 <p>Including: 7,414KPs (3,283FSW; 3,866MSM 191PWID and 74TG)</p>	<ul style="list-style-type: none"> ▪ Client intake forms ▪ HTS Register and Form ▪ Activity Report ▪ CommCare
<p>Number of individuals who received HTS and tested HIV positive (HTS_TST_POS)</p> <p>Definition: Number of individuals who received HTS and received positive HIV results from any service delivery point of CHAMP</p>	Routine data collection	Quarterly	2019	<p>Total =2,955 (Index Service: 602; VCT Service: 1,699; Mobile Service: 654)</p>	FY19Activity Report	<p>Total KP= 6,480</p> <ul style="list-style-type: none"> ▪ FSW: 4,044 ▪ MSM: 2,232 	<p>Total= 878</p> <ul style="list-style-type: none"> ▪ Index Service: 403 ▪ Mobile Service: 307 ▪ VCT Service: 153 ▪ RNR:15 	<p>Total= 905</p> <ul style="list-style-type: none"> ▪ Index Service:401 ▪ Mobile Service: 257 ▪ VCT Service: 169 ▪ RNR:78 	<p>Total= 843</p> <ul style="list-style-type: none"> ▪ Index Service:333 ▪ Mobile Service:315 ▪ VCT Service: 108 ▪ SNS:87 	<ul style="list-style-type: none"> ▪ HTS Register and Form ▪ Activity Report ▪ CommCare

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>program (DIC, Fixed clinic, mobile clinic).</p> <p><u>Unit:</u> Individuals</p>				<p>Including 2,596 KP (1,717 FSW; 816 MSM)</p>		<ul style="list-style-type: none"> PWID: 106 TG: 98 	<p>Including:756KPs (303FSW; 421 MSM 18PWID and 14 TG)</p>	<p>Including:786KPs (337FSW; 427MSM 11PWID and 11TG)</p>	<p>Including:742KPs (276FSW; 445MSM 11PWID and 10TG)</p>	
<p>Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX)</p> <p><u>Definition:</u> Index testing, also referred to as partner testing/partner notification services, is an approach whereby the exposed contacts (i.e., sexual partners, biological children and anyone with whom a needle was shared) of an HIV-positive person (i.e., index client), are elicited and offered HIV testing services. In this context, index testing refers to any HIV testing of the contacts of an index client (i.e., a person known to be HIV positive). Only the following persons count as contacts: current or past sexual partner(s), biological children /parents (if index case is child) or anyone with whom a needle was shared</p> <p><u>Unit:</u> Individuals</p>	Routine data collection	Quarterly	2019	<p>Total= 3,093</p> <ul style="list-style-type: none"> Newly positive: 629 Female:152 Male: 477 Newly negative: 1,464 Female:568 Male:1,896 	FY19Activity Report	<p>Total =6,760</p> <ul style="list-style-type: none"> Newly positive: 1,352 Female : 905 Male: 447 Newly negative: 5,408 Female :3,569 Male:1,839 	<p>Total =1,694</p> <ul style="list-style-type: none"> Newly positive:403 Female: 159 Male: 244 Newly negative:1288 Female:395 Male:893 	<p>Total =1,798</p> <ul style="list-style-type: none"> Newly positive:401 Female: 171 Male: 230 Newly negative:1,397 Female:447 Male:950 	<p>Total =1826</p> <ul style="list-style-type: none"> Newly positive:333 Female: 125 Male: 208 Newly negative:1493 Female:384 Male:1109 	<ul style="list-style-type: none"> Client intake forms HTS Register and Form Index testing register and form Activity Report CommCare

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Number of adults and children newly enrolled on antiretroviral therapy (ART) (TX_NEW_VERIFY)</p> <p>Definition: The indicator measures the ongoing scale-up and uptake of ART programs.</p> <p>Numerator: Number of adults and children newly enrolled on antiretroviral therapy (ART)</p> <p>Denominator: N/A</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2019	<p>Total = 2,785</p> <p>Including KP: 1,935</p> <ul style="list-style-type: none"> ▪ FSW: 1,835 ▪ MSM: 792 	FY19Activity Report	<p>Total KP = 6,156</p> <ul style="list-style-type: none"> ▪ FSW: 3,842 ▪ MSM: 2,121 ▪ PWID: 101 ▪ TG: 94 	Total KP = 720	Total KP = 738	Total KP = 708	<ul style="list-style-type: none"> ▪ Referral Form ▪ ART Register ▪ Activity Report
<p>Average number of days to initiate antiretroviral therapy for a person tested HIV positive who received the test result (ART_AVG_TIME)</p> <p>Definition: This indicator counts the number of days elapsed between the positive HIV diagnosis and initiation of ART among individuals newly diagnosed with HIV who have been initiated on ART.</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2019	<p>Total = 3 days</p> <ul style="list-style-type: none"> ▪ FSW: 3 day ▪ MSM: 2 days 	FY19Activity Report	<p>Total KPs= 2 days</p> <ul style="list-style-type: none"> ▪ FSW: 1 days ▪ MSM: 2 days ▪ PWID: 2 days ▪ TG: 2 days 	Total KPs= 2 days	Total KPs= 2 days	Total KPs= 2days	<ul style="list-style-type: none"> ▪ HTS Register and Form ▪ ART Register ▪ Activity Report
	Routine data collection	Quarterly	2019	Total KP 5,509	FY19Activity Report	<p>Total KP =18,131</p> <ul style="list-style-type: none"> ▪ (10,34 FSW; 	Total KP =8,592			<ul style="list-style-type: none"> ▪ PN Form ▪ Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source	
			Baseline Year	Baseline Value	Data Source						
<p>Number of HIV KPs positive and PPs currently receiving care and support services outside of health facility (COMM_SUPP_RET)</p> <p>Definition: This indicator measures the uptake of community-based services supporting HIV-related outcomes. Relevant interventions include adherence counseling, psychosocial support, treatment literacy and nutritional education.</p> <p>Numerator: Number of HIV positive KPs and PP currently receiving care and support services outside of health facility</p> <p>Possible interventions: Retention support, ART adherence, counseling, psychosocial support and others service referrals</p> <p>Denominator: NA</p> <p>Unit: Individuals</p>				<ul style="list-style-type: none"> ▪ FSW: 3,667 ▪ MSM: 1,842 ▪ PWID: 29 		7,412 MSM, 185 PWID and 189 TG)	86PWID and 40TG)		<p>Total KP =9,244 (4,937FSW; 4,164MSM, 89PWID and 54 TG)</p>	<p>Total KP =8,673 (4,118FSW; 4,410MSM; 93PWID and 52TG)</p>	
<p>Percentage of HIV-positive KPs on ART treatment who were lost to follow-up or stopped treatment and who re-engaged into treatment during the reporting period (TX_LINK_RETURN)</p>	Routine data collection	Quarterly	2019	<p>Total = 56%</p> <ul style="list-style-type: none"> ▪ FSW: 56% (135/241) ▪ MSM: 84% (76/90) 	FY19Activity Report	Total KPs= 75%	<p>Total KPs= 22%</p> <ul style="list-style-type: none"> ▪ Numerator: 36 ▪ Denominator: 164 			<ul style="list-style-type: none"> ▪ PN Form ▪ Activity Report 	

Commenté [39]: What explains the drop between Q2 and Q3?

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Definition: This indicator concerns re-enrolling patients lost to follow up or with treatment interruptions. It measures the number of KPs re-engaged in treatment following stopping treatment or loss to follow up (more than 3 at least consecutive months without treatment). It is reported as a proportion of all KPs currently receiving antiretroviral therapy (ART) during the reporting period.</p> <p>Numerator: Number of HIV-positive KPs who were previously on treatment but were lost to follow up and are now re-engaged into treatment.</p> <p>Denominator: Number of HIV-positive KPs on ART treatment who were lost to follow-up or stopped treatment during the reporting period</p> <p>Unit: Individuals</p>							<p>Total KPs= 8%</p> <ul style="list-style-type: none"> Numerator: 24 Denominator : 284 	<p>Total KPs= 3%</p> <ul style="list-style-type: none"> Numerator: 5 Denominator :188 		
<p>Number of KPs currently receiving antiretroviral therapy (ART) (TX_CURR)</p> <p>Number of adults and children currently accessing ARVs through DDD pick-up points (PuP) or other DDD modalities</p>	Routine data collection	Semi-Annual	2019	<p>Total = 5,509</p> <ul style="list-style-type: none"> FSW: 3,667 MSM: 1,842 	FY19Activity Report	<p>Total KP =18,131 (10,345FSW ; 7,412MSM; 185 PWID and 189 TG)</p>	<p>Total KP =8,468 (4568FSW; 3796MSM; 64PWID and 40 TG)</p>	<p>Total KP =7,296 (3,766FSW; 3,407MSM; 78PWID and 45TG)</p>	<p>Total KP =9,073 (3,876FSW; 3,819MSM; 83PWID and 51TG)</p>	<ul style="list-style-type: none"> PN Form ART Register Cohort Monitoring Register / Excel file Activity Report

Commenté [40]: Not sure why this is higher than those followed in the community. For a beneficiary to be part of our file active shouldn't we be following and serving them in the community? Or are we saying of all beneficiaries we have ever found, only 9000 are currently on ART irrespective of their involvement with the project?

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p>Definition: Cumulative number of unique KPs who were currently receiving antiretroviral therapy at facilities supported by CHAMP at the end of the reporting period.</p> <p>Unit: Individuals</p>										
<p>Percentage of KPs with a viral load result documented in the medical record within the past 12 months with a suppressed viral load (<1000 copies/ml) (PEPFAR) (TX_PVLS)</p> <p>Definition: This indicator monitors the proportion of documented viral load tests from KP on ART with a suppressed result (<1,000 copies/ml). It facilitates the monitoring of individual and overall programmatic response to ART as measured by virologic suppression.</p> <p>Numerator: Number of KPs who had a viral load test in the past 12 months that was suppressed (<1000 copies/ml).</p> <p>Denominator: Total number of KPs with a documented viral load test in their medical record in the past 12 months</p>	Routine data collection	Annually	2019	<p>Total = 93% Numerator: 2,113; Denominator: 2,272</p>	FY19Activity Report	<p>Total KPs= 95% (Numerator : 14,301; Denominator: 15,053)</p>	<p>Total KPs= 95% (Numerator: 3,249; Denominator: 3,406)</p>	<p>Total KPs= 95% (Numerator: 3043; Denominator: 3213)</p>	<p>Total KPs= 96% (Numerator: 3730 ; Denominator: 3901)</p> <ul style="list-style-type: none"> ▪ Referral and Counter-Referral Form ▪ ART Register ▪ Activity Report 	

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<i>Unit:</i> Individuals										
<p>Number of individuals from KP who had access to professional training</p> <p><i>Definition:</i> This indicator measures the number of KPs that CHAMP program to facilitate access to professional training for KP</p> <p><i>Unit:</i> Individuals</p>	Activity report	Quarterly	NA	NA	NA	<p>Total=168</p> <ul style="list-style-type: none"> ▪ FSW: 116 ▪ MSM: 50 ▪ PWID: 2 	<p>Total=16</p> <ul style="list-style-type: none"> ▪ FSW: 0 ▪ MSM: 16 ▪ PWID: 0 	NA	NA	Activity report
<p>Number of village Savings and Loans Association groups (VSLA) that working</p> <p><i>Definition:</i> Number of village Savings and Loans Association groups (VSLA) that <i>Helped to</i> establish and working. At least one VSLA for each target group in each region open to members of KP/PP and their partners.</p> <p><i>Unit:</i> Group</p>	Activity report	Quarterly	NA	NA	NA	<p>Total=18</p> <ul style="list-style-type: none"> ▪ FSW: 9 ▪ MSM: 11 	<p>Total=18</p> <ul style="list-style-type: none"> ▪ FSW: 0 ▪ MSM: 8 	NA	NA	Activity report
<p>Percentage of KP started / improved an economic activity</p> <p><i>Definition:</i> This indicator measures the proportion of KPs registered in a VSLA and who have started/improved an economic activity</p>	Activity report	Quarterly	NA	NA	NA	<p>Total= 85%</p>	<p>Total= 75%</p>	NA	NA	Activity report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY22	Q1FY22	Q2FY22	Q3FY22	Data Source
			Baseline Year	Baseline Value	Data Source					
<p><u>Numerator:</u> Number of KP started / improved an economic activity.</p> <p><u>Denominator:</u> Number of KP of VSLA</p> <p><u>Unit:</u> Individuals</p>										
<p>Number of awareness raising activities and advocacy conducted towards key actors</p> <p>Definition: Number of awareness raising activities and advocacy conducted towards key actors during the project for the construction of a favorable environment</p> <p>Unit: awareness raising activity</p>	workshops reports	Quarterly	NA	NA	NA	T=7	T=7	NA	NA	Activity report
<p>Definition: Number of training by institutionalizing HRGP Shelters in CBO's</p> <p>Unit: Training</p>	Training report	Annually	NA	NA	NA	T=1	NA	NA	NA	Activity report
<p>Definition: Number of training workshops for the 09 Shelter-Managers in resource mobilization for each HRGP Shelter organized</p> <p>Unit: Training</p>	Training report	Annually	NA	NA	NA	T=1	NA	NA	NA	Activity report







CHAMP Q3FY22 report





CHAMP Q3FY22 report



CHAMP Q3FY22 report