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# Community HIV/AIDS Investments for Longer and healthier Lives (CHILL)

# QUARTERLY REPORT FY24

**(January to March 2024)**

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# Abbreviations and Acronyms

| | |
|---|---|
| AGYW | Adolescent Girls and Young Women |
| AOR | Agreement Officer Representative |
| ART | AntiRetroViral Treatment |
| ASAD | Association d'Assistance Au Développement |
| CAMFAIDS | Cameroonian Foundation for AIDS |
| CBO | Community-Based Organization |
| CFSW | Clients of Female Sex Workers |
| cFSW | Children of Female Sex Workers |
| CHILL | Community HIV/AIDS Investments for Longer and healthier Lives |
| CHP | Care and Health Program |
| CM | Case Manager |
| CMWA | Cameroon Medical Women Association |
| DIC | Drop-in Center |
| DHIS | District Health Information System |
| EAC | Enhanced Adherence Counseling |
| EMMR | Environmental Mitigation and Monitoring Report |
| FSW | Female Sex Worker |
| FY | Fiscal Year |
| GBV | Gender-Based Violence |
| GHSS | Global Health System Solutions |
| GIC Santé | Groupe Initiatives Cameroun Santé |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| HRGP | Human Rights Grant Program |
| HTS | HIV Testing Services |
| IAS | International AIDS Society |
| ICT | Index Case Testing |
| IPV | Intimate Partner Violence |
| KP | Key Population |
| LIVES | Listen, Inquire, Validate, Enhance safety and Support |
| LTFU | Lost to Follow-Up |
| MOH | Ministry of Public Health |
| MSM | Men who have Sex with Men |
| NACC | National AIDS Control Committee |
| OVC | Orphans and Vulnerable Children |
| PEPFAR | US President's Emergency Plan for AIDS Relief |
| PFU | PlateForme Unity |
| PL | Peer Leader |
| PLHIV | People Living with HIV |
| PMP | Performance Monitoring Plan |
| PrEP | Pre - Exposure Prophylaxis |

| | |
|---|---|
| PSEA | Prevention of Sexual Abuse and Exploitation |
| PWID | People Who Inject Drugs |
| RTG | Regional Technical Group for the fight against AIDS |
| SBC | Social and Behavioural Change |
| SI | Strategic Information |
| SIMS | Site Improvement through Monitoring Systems |
| SNS | Social Network Strategy |
| SOP | Standard Operating Procedures |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TG | Transgender |
| USAID | United States Agency for International Development |
| USG | United States Government |
| U=U | Undetectable=Untransmissible |
| UPEC | Unité de Prise En Charge |
| VCT | Voluntary Counseling and Testing |
| VL | Viral Load |

# Introduction

The Community HIV/AIDS Investments for Longer and healthier Lives (CHILL*)* activity funded by the U.S. Agency for International Development (USAID) under the Cost Extension of the Cooperative Agreement No. 72062422CA00005 begins on 09/01/2022 and ends on 08/31/2027. The program is implemented by Care and Health Program (CHP) in collaboration with local community-based organizations (CBOs). This report is the Q2FY24 technical report which describes progress towards achieving annual benchmarks, completed activities, and ongoing activities, challenges and issues impeding progress. As part of this report, we also include a breakdown of the financial expenditures for the above period of reporting.

In line with the National Strategic Plan (2021-2023), the US President's Emergency Plan for AIDS Relief (PEPFAR) and international best practices in HIV prevention, treatment and care, CHILL supports a large-scale comprehensive program for HIV/AIDS. With a strong community-based approach to the epidemic, the program provides prevention, treatment, care and support for 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). In collaboration with other PEPFAR-supported partners and Cameroon's government, CHILL offers services and links to referral services for children of female sex workers (cFSW) and children living in/around hotspots for key populations, as well as adolescent girls and young women (AGYW) affected by HIV.
In addition to continuously serving the target populations cited above and other routine program activities, a few remarkable activities were carried out in the program in Q2.

1. **Community ART Initiation Pilot Phase**: The summary of achievements shows:
    - Identification of three CBOs and their lead health facilities by city: ALCONDOM-UPEC of Bonassama; HUMANITY FIRST (CTA Jamot and CTA Hôpital militaire of Yaoundé); HORIZONS FEMMES (UPEC Cité Verte and UPEC Biyem Assi);
    - Training of all staff involved in its implementation at community and health facility level.
    - Two-week training in the treatment centers of the lead health facilities.
    - Provision of tools and ARV.
    - Setting up a functional coordination and monitoring platform.

    The pilot phase effectively began in mid-February with ALCONDOM, followed by Horizons femmes and Humanity First in March and weekly field supervisions are done to ensure proper service delivery and documentation by the CBO staff. By the end of Q2, 29 community ART initiations had been done [ALCONDOMS-17 (FSW-16, CFSW-1), HFC-4 MSM and Horizons Femmes Yaounde-8 FSW).

2. **Training on Environmental Compliance and Environmentally Sound Design & Management in Project Implementation**: Two staff were involved in a one-week training on environmental compliance in Ghana which will come a long way to improve the program's environmental mitigation and monitoring activities during its implementation. The EMMP for the CHILL activity was modified and again submitted to USAID for approval.

3. **Training on PrEP:** The staff of Horizons Femmes Bafoussam, Colibri, CMWA and Affirmative Action Bamenda were trained on PrEP implementation in the program. The program plans to train all other sites, including Ngaoundere and Kribi in anticipation of the possible extension of the PrEP service delivery to those sites.

# Section 1: Summary of activities and achievements

Overall, most of the indicators were close to or above benchmark. Achievements in Q2 were twice as high as those in Q1 for KP_PREV, PP_PREV and HTS_TST. The program doubled its efforts in implementing field activities to reach as many project participants as possible. Through the identification of 20 new hotspots in addition to the 1,660 hotspots mapped in previous periods, many more clients were reached this quarter in comparison to Q1; with the majority of the new hotspots identified in the Center (16) region. Also, activities such as referral to the DICs, recreational activities, online outreach, community outreach through door-to-door activities played a crucial role in the program reaching 25,751 KPs this quarter. Just under two-thirds (60%) of the persons reached in the priority populations group were CFSW, most of whom were reached through outreach activities around hotspots, along the travel corridors of long-distance drivers and contact testing after ICT service delivery to FSW. AGYWs were mainly reached through outreach activities in and around hotspots and in university/higher education settings.

The nationwide stock tension and near stock out of HIV testing kits greatly limited the achievement of the HTS_TST indicator. This was particularly worse in the last month of Q2 (March), during which the program used solely HIV self-test kits for HIV testing, which is reflected in the high achievement of the HTS_SELF this quarter. The few available HIV Kits (Determine →) were used for confirmatory testing of persons with reactive HIV self-tests. The program continues to follow-up with the GFPR and has also submitted demands to other partners such as UNICEF, RTGs, health districts and health facilities for a supply of test kits.

Despite the low HIV testing achievements, more project participants were identified to be living with HIV (568) this quarter in comparison to Q1 (445). The mapping of hotspots and strategies such as SNS, VCT and mobile testing contributed to this, but ultimately, ICT (221) was the strategy which contributed to most of the case finding this quarter.

***Table 1:Quarterly Performance against annual targets: All populations***

| Indicators | Targets | Total Q1FY24 | Total Q2FY24 | Total Achievement FY24 | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| KP_PREV | 81 995 | 13 897 | 25 751 | 39 648 | 48% |
| PP_PREV | 15 415 | 3 668 | 7358 | 11 026 | 72% |
| PrEP_NEW | 4 064 | 790 | 1 172 | 1 962 | 48% |
| PrEP_CT | 2 736 | 1 991 | 2 250 | 2 250 | 82% |
| HTS_TST | 48 455 | 6 228 | 10 040 | 16 268 | 34% |
| HTS_SELF | 17879 | 2 376 | 10 482 | 12 858 | 72% |
| HTS_TST_POS | 2 510 | 445 | 568 | 1 013 | 40% |
| TX_NEW_VERIFY | 2 385 | 430 | 543 | 973 | 41% |

In our key populations, most of the indicators are close to or above benchmark for the reporting period, exceptfor case finding which is at 35%. The multiplication of field activities and recreational activities at the DICs led to a significantly improved KP_PREV achievement. This is particularly significant among the FSW target population who reached the highest number of KPs this quarter (15,914), of which 24% (3,828) were receiving prevention services from the program for the very first time (First in CHILL). Increased hotspot mapping and the recreational activities held at the DICs and in the community during the week of the International Women's Day played a key role in this achievement.

More clients were referred and consequently initiated on PrEP this quarter through demand creation strategies such as increased sensitization on the field and the use of PrEP champions to

provide testimonials and facilitate PrEP educative talk in the community and at the DICs. Despite this, many clients who were not willing to reach the DICs and could not be initiated on PrEP as the national strategy does not permit this. However, continuous follow-up and other HIV prevention service delivery is offered to these clients to ensure they stay HIV negative and convince them to reach the DICs for PrEP initiation.

Through the supportive follow-up (phone calls, text messages, home visits) of peer leaders in collaboration with the CBO nurses and doctors as well as the integration of QuickRes in the program to provide reminder messages to clients for PrEP refills, over 58% (458) of clients initiated on PrEP in Q1 returned for their PrEP refill in addition to those initiated in the previous fiscal year as seen in the PrEP_CT indicator. One of the main challenges faced remains the spontaneous displacement of clients to towns with no sister CBOs, leading to some clients becoming lost-to-follow-up since they cannot get refills.

***Table 2: Quarterly Performance against annual targets: Key populations***

| Indicators | Targets | **Total Q1FY24** | **Total Q2FY24** | **Total Achievement FY24** | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| KP_PREV | **81 995** | **13 897** | **25 751** | **39 648** | **48%** |
| PrEP_NEW | **4 064** | **790** | **1 172** | **1 962** | **48%** |
| PrEP_CT | **2 736** | **1 991** | **2 250** | **2 250** | **82%** |
| HTS_TST | **26 385** | **4 817** | **7 401** | **12 218** | **46%** |
| HTS_SELF | **16 891** | **2 059** | **9 123** | **11 157** | **66%** |
| HTS_TST_POS | **2 342** | **348** | **460** | **808** | **35%** |
| TX_NEW | **2 226** | **334** | **440** | **774** | **35%** |

## HIV Testing

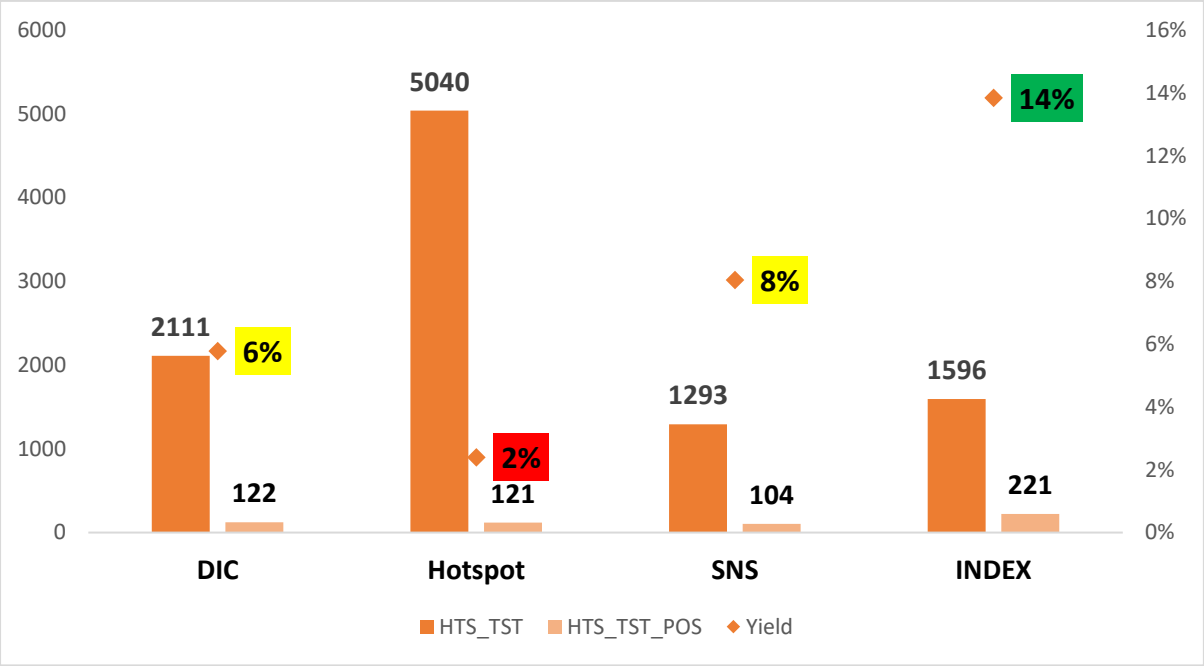


***Figure 1: HIV Testing and positive yield by type of HTS strategy at all sites Q2FY24***

Despite the stock tensions of HIV test kits during the quarter, the program tested 10,040 project participants through the four strategies in Figure 1 above. With the high volume of activities done in the community this quarter, most clients were tested in and around hotspots, even though the positive yield in this strategy was significantly low. The low yield is due to the underutilization of risk assessment tools and the tendency of CBO field staff to offer HIV testing services to KPs who solicit the service even if they may not be at significant risk of HIV. To enhance performance, CHILL will conduct personalized follow-up sessions with peer leaders and case managers to improve yield through risk assessment during voluntary counseling and testing (VCT) and mobile testing activities at the hotspots and DICs. ICT remains the stand out strategy in terms of case finding (221) and positivity rate (14%). Partner CBOs are continuously encouraged to offer ICT to newly diagnosed PLHIV as well as those with high VL results.

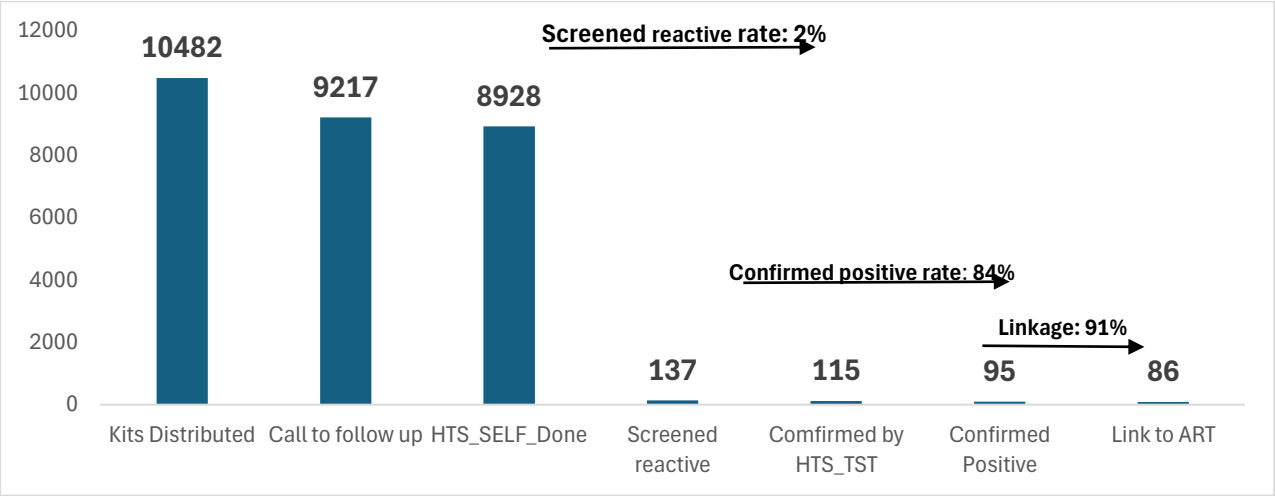


***Figure 2: HIVST Cascade Q2FY24***

In Q2 FY24, CHILL continued to provide supportive supervision as well as training new and old staff on the distribution of HIV self-testing kits, the use of self-testing kits and the follow-up of persons who receive these kits. CHILL distributed 10,482 HIVST kits. Of those, 8,928 clients reported effective use and 137 were reactive of whom 95 was confirmed through our CBO partners. Some clients did not receive confirmatory tests because they did not respect their appointments while others decided to do the confirmatory tests at a nearby health facility. Those who missed their appointments are continuously being followed up and encouraged to receive other services in the program in a bid to get them to do their confirmatory tests.

### Data verification exercise

In Q2, 99.2% of treatment linkage data, that is, 542 codes out of 546, were validated during the quarterly handshake data validation done at health facilities. This verification was done with the RTGs, the health districts, the staff of the treatment centers and the clinical partners in each region. Four codes declared by the CBOs YDF(2), CMWA(1), Affirmative Actions(1) were known positives already on ART and have been removed from the program's active file.

### Viral Load

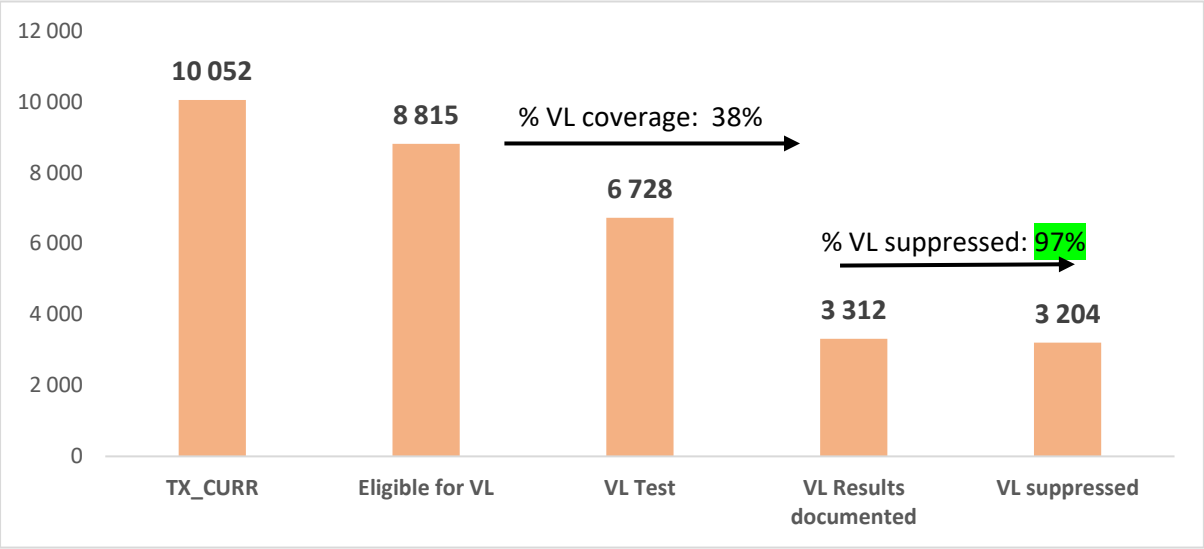


***Figure 3: Overall VL cascade for all population Q2 FY24***

From an active file of 10,052 clients, 76% of those eligible for viral load testing have had their samples collected. Strategies such as home visits, telephone appointment reminders and focus group activities enabled CBOs to collect samples at drop-in centers. Some of the samples from eligible clients had their samples collected in healthcare facilities and documented in CBO data sources. The memo from the Minister of Public Health limits the receipt of viral load samples to specific targets, such as new clients, due to the unavailability of reagents to analyze samples that have persisted since the beginning of the fiscal year. This has had an impact on the availability of viral load results, for which the program has a documentation rate of just 49%. Of the viral load results documented, 108 were high. Case managers immediately took charge of these people, offering them EAC alongside psychosocial workers in the health facility, ICT and some have already had their samples recollected and await the results.

# Overall cascade results for key populations

### FSW: Performance against annual targets

Apart from PrEP_NEW, PrEP_ CT and HTS_SELF benchmarks which were surpassed in Q2 (53%, 120% and 74% respectively), FSW CBO partners faced challenges meeting all other targets. However, in comparison with Q1, there was an improvement on all indicators. This was the result of better coverage of hotspots in the program's intervention zones (651 vs 359), EPOA micro-testing, PrEP educational talks and index-testing.
The low performance of HIV testing can be explained by the unavailability of HIV test kits in the program. The program however continued to provide testing using HIV self-test kits. The FSW CBOs continued working with PLHIV clients to mobilize peers and employed mixed teams (peer leaders and case managers) to carry out prevention and testing activities in the community. CHILL will continue providing supportive supervisions to CBO teams to improve the quality of strategies implemented for the next quarter. To improve case finding, the program will continue with hotspot mapping, particularly along the peripheries of the intervention zones.

***Table 3: Performance against annual targets: Female sex workers (FSW)***

| Indicators | **Targets** | **QI FY24** | **Q2 FY24** | **Achievement FY24** | **% of FY24 Achievement vs Annual Target** |
|---|---|---|---|---|---|
| **KP_PREV** | **51 799** | **8130** | **15 914** | **24 044** | 46% |
| **PrEP_NEW** | **2 340** | **555** | **684** | **1 239** | 53% |
| **PrEP_CT** | **1 168** | **1261** | **1 402** | **1 402** | 120% |
| **HTS_TST** | **17 332** | **2472** | **4 092** | **6 564** | 38% |
| **HTS_SELF** | **9 146** | **1218** | **5 587** | **6 805** | 74% |
| **HTS_TST_POS** | **1 554** | **184** | **233** | **417** | 27% |
| **TX_NEW** | **1 476** | **179** | **219** | **398** | 27% |

Q2 performance alone represents 31% of the annual target for key prevention interventions. Among those reached, 73% were referred for HIV testing, 10% were known positive cases while 17% of clients declined testing even though eligible. PLs made sure to provide these clients with HIV self-test kits for a more convenient HIV testing experience. The program will reinforce clients' knowledge of the benefits of screening by re-training partner staff in motivational counseling to improve HIV

testing uptake; which was barely 49% this quarter. Hotspots remain the primary contact point (81%) for prevention service delivery, followed by the DIC (9%).

***Table 4: Mobilization by testing service and by entry points (FSW)***

| Indicator | Targets | Q2 Results | Annual performance % |
|---|---|---|---|
| KP_PREV | 51 799 | 15 914 | **31%** |

| | | First in CHILL | First in FY24 | Follow up visit | KP_PREV | % KP_PREV |
|---|---|---|---|---|---|---|
| **Total** | | 3 828 | 12 086 | 5 912 | **15 914** | **100%** |
| **By Testing Services** | Known HIV positive | 1 | 1550 | 864 | 1 551 | 10% |
| | Tested/Referred | 2760 | 7964 | 1409 | 10 724 | 67% |
| | Newly Tested* | 146 | 756 | 3 510 | 902 | 6% |
| | Declined | 921 | 1816 | 129 | 2 737 | 17% |
| **By entry point** | Hotspot level | 2642 | 10245 | 4404 | 12 887 | 81% |
| | DIC level | 403 | 960 | 1404 | 1 363 | 9% |
| | SNS | 306 | 321 | 36 | 627 | 4% |
| | Grins / Chill-ins | 299 | 343 | 49 | 642 | 4% |
| | Online | 178 | 217 | 19 | 395 | 2% |

**Newly tested = clients with HIV valid (within last 3 months) test results from outside the program*

During this quarter, the team continued to strengthen CBO partners' capacity in the implementation of PrEP through in-service training and coaching during supervisions. At the end Q2, CHILL organized refresher training for CMWA Bamenda and Horizons Femmes Bafoussam. Our FSW CBO partners delivered prevention messages to 14,608 clients.

Among those tested for HIV, 94% (3519/3716) were HIV negative and eligible for PrEP. Of those tested negative, 684 were initiated on PrEP representing 29% (684/2340) of the annual target. To achieve this, CBOs organized PrEP talks and sensitized clients at the DICs and community.

The low PrEP uptake (19%) is because 70% of HIV testing among FSWs is done in and around hot spots and thus most HIV negative clients are usually reluctant to reach the DIC for PrEP initiations as recommended by the national guidelines. Furthermore, some of the clients do not consider themselves at risk of HIV despite motivational counseling and some clients despite testing negative for HIV presented with signs/symptoms of suspected acute HIV infection and as such their PrEP start were delayed.

Phone calls, home visits combined with educational talks by PrEP champions were the strategies employed to help clients to respect their refill appointments. This combination of actions enabled 1,402 clients to respect their appointments, of whom 334 were FSWs restarting PrEP.

During Q3 CHILL will continue capacity building of CBOs, improving the documentation on the PrEP cascade and advocating for the geographical expansion of PrEP services to Kribi and Ngaoundéré.

*Table 5: PrEP indicators achievement Q2 FY24, FSW*

| FSW | Number of clients sensitized | Number of clients mobilized | PrEP_TST | PrEP_TST_NEG | PrEP_TST_POS | PrEP_NEW | PrEP_1MONTH | PrEP_RETURN_OTHER | PrEP_RESTART | PrEP_SERO |
|---|---|---|---|---|---|---|---|---|---|---|
| **Horizons Femmes Yaoundé** | 2390 | 347 | 347 | 328 | 19 | 109 | 56 | 74 | 5 | 0 |
| **Horizons Femmes Douala** | 1960 | 276 | 276 | 258 | 18 | 111 | 47 | 81 | 1 | 0 |
| **Horizons Femmes Bafoussam** | 504 | 219 | 219 | 211 | 8 | 69 | 56 | 236 | 0 | 0 |
| **Alcondoms Douala** | 1617 | 575 | 575 | 554 | 21 | 102 | 34 | 116 | 57 | 0 |
| **ASAD** | 1316 | 483 | 464 | 434 | 30 | 63 | 53 | 208 | 1 | 0 |
| **ACAFEM** | 3814 | 676 | 676 | 630 | 46 | 101 | 52 | 123 | 78 | 0 |
| **CMWA** | 1407 | 358 | 358 | 334 | 24 | 67 | 46 | 369 | 1 | 0 |
| **YDF** | 1600 | 941 | 801 | 770 | 31 | 62 | 94 | 189 | 0 | 0 |
| **Total FSW** | **14608** | **3875** | **3716** | **3519** | **197** | **684** | **438** | **1396** | **143** | **0** |

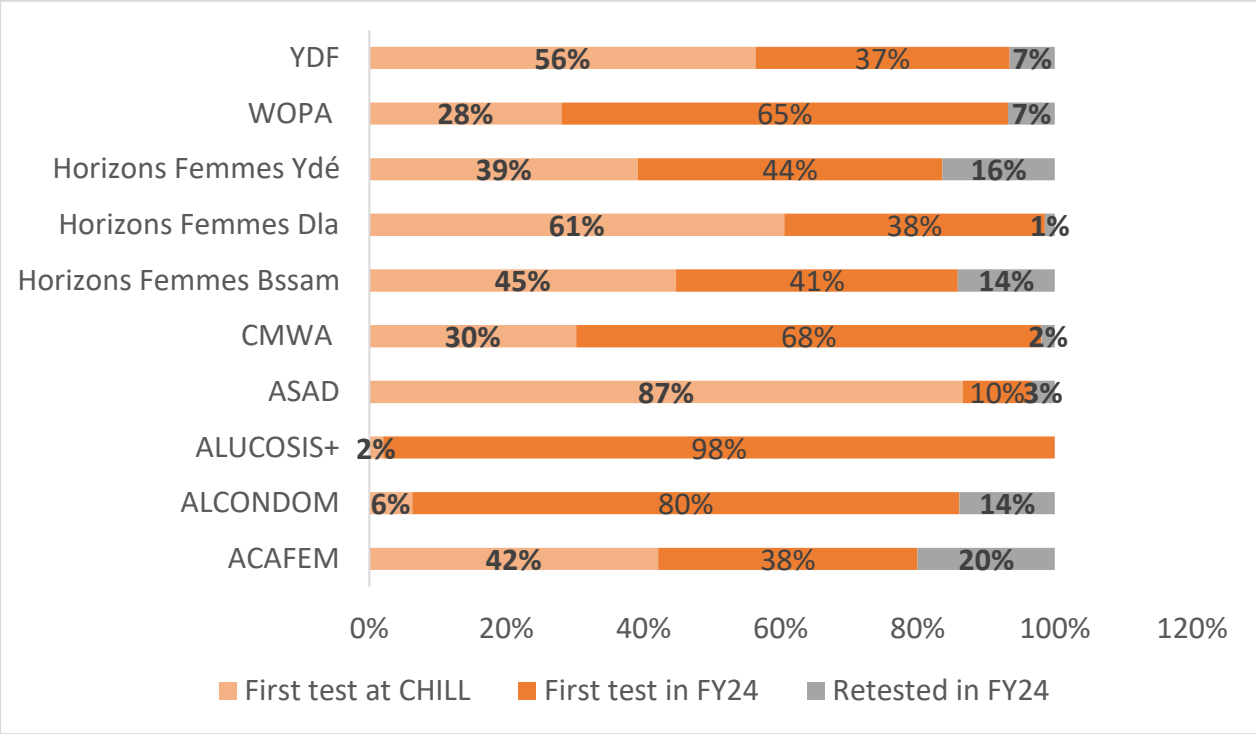


***Figure 4: Testing by retest status among FSW Q2 FY24***

Forty two percent of the FSW screened by our partners were first-time CHILL clients, and this was particularly marked in CBOs such as ASAD (87%), Horizons Femmes Douala (61%), and YDF (56%) as they explored new hot spots during the quarter. On the other hand, Alucosis+ (98%), Alcondoms (80%), CMWA (68%),WOPA (65%) tested higher proportions of clients who had been tested during FY23.

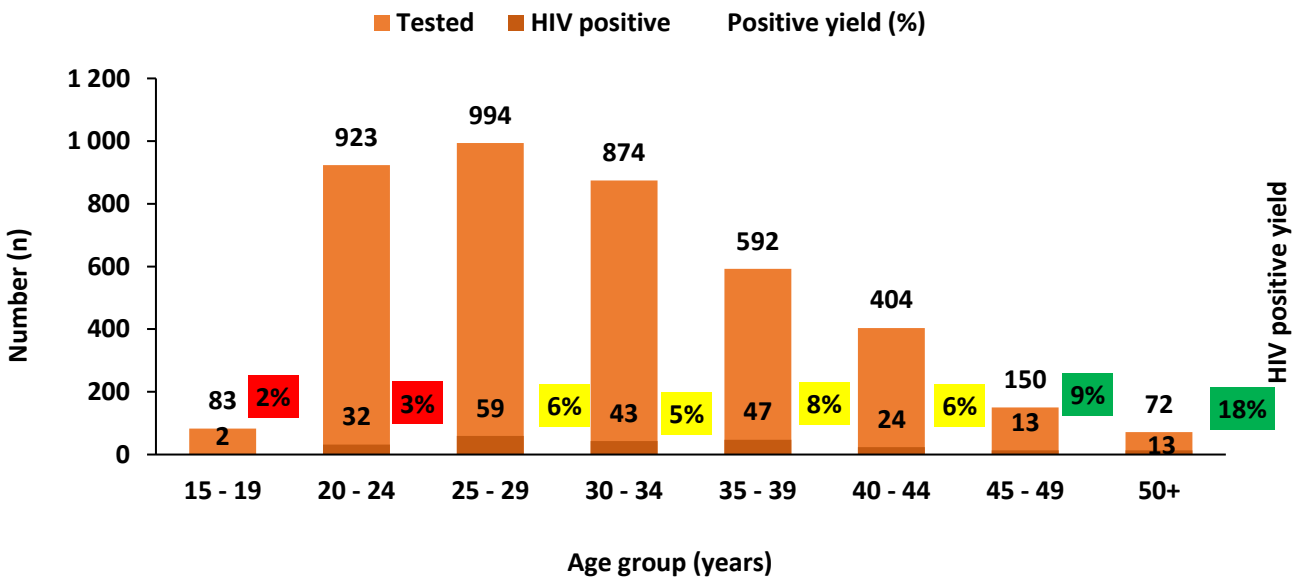


***Figure 5: HTS_POS and HIV positive yield by age group***

The highest number of cases were identified in the 30-44 years age group. This highlights the need to identify and test more clients in this age group as a case finding strategy.

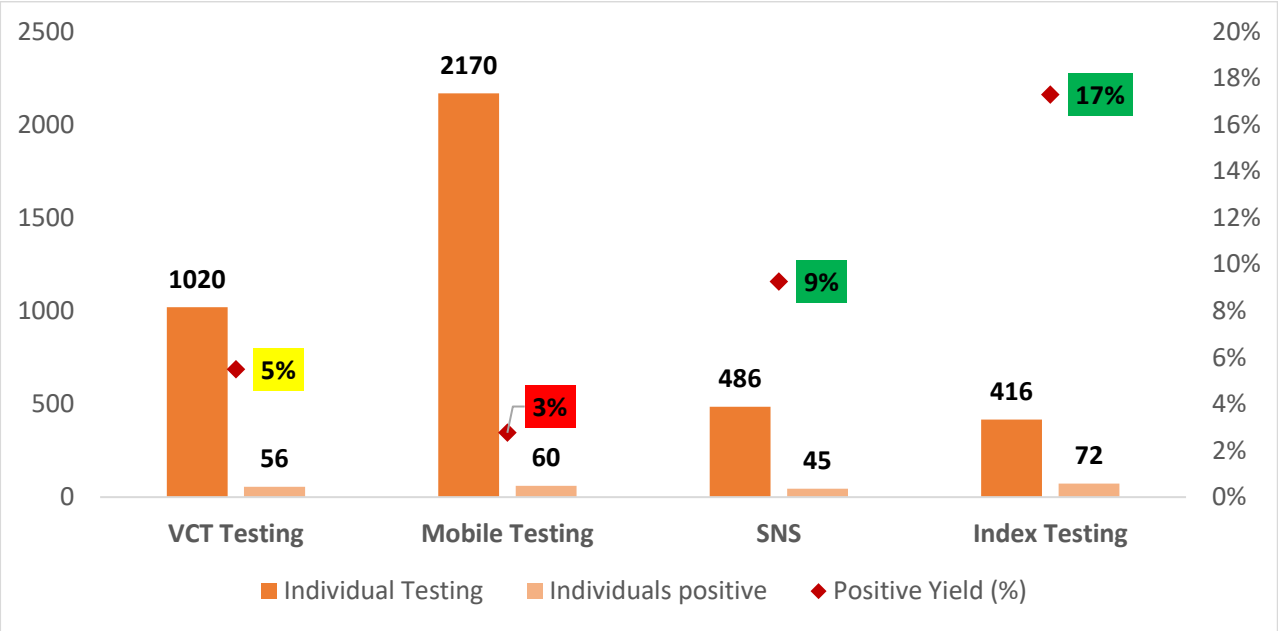


***Figure 6: FSW HIV testing and positive yield by type of testing***

Most FSWs were tested in outreach/mobile testing though the yield from this testing strategy was low (3%). This is explained by the fact that during outreach activities, FSW solicit HIV testing at times despite being at lower risk because they see their peers being tested or they would like reassurance about their HIV status. CHILL continues to work closely with its partner CBOs to ensure that risk assessment is improved and respected in this population group, and to prioritize HIVST for clients at lower risk levels. Index testing generated the highest yield (17%) with case identification of 31% of all entry points. This program continues to encourage the implementation of ICT and SNS which are the most productive case finding strategies.

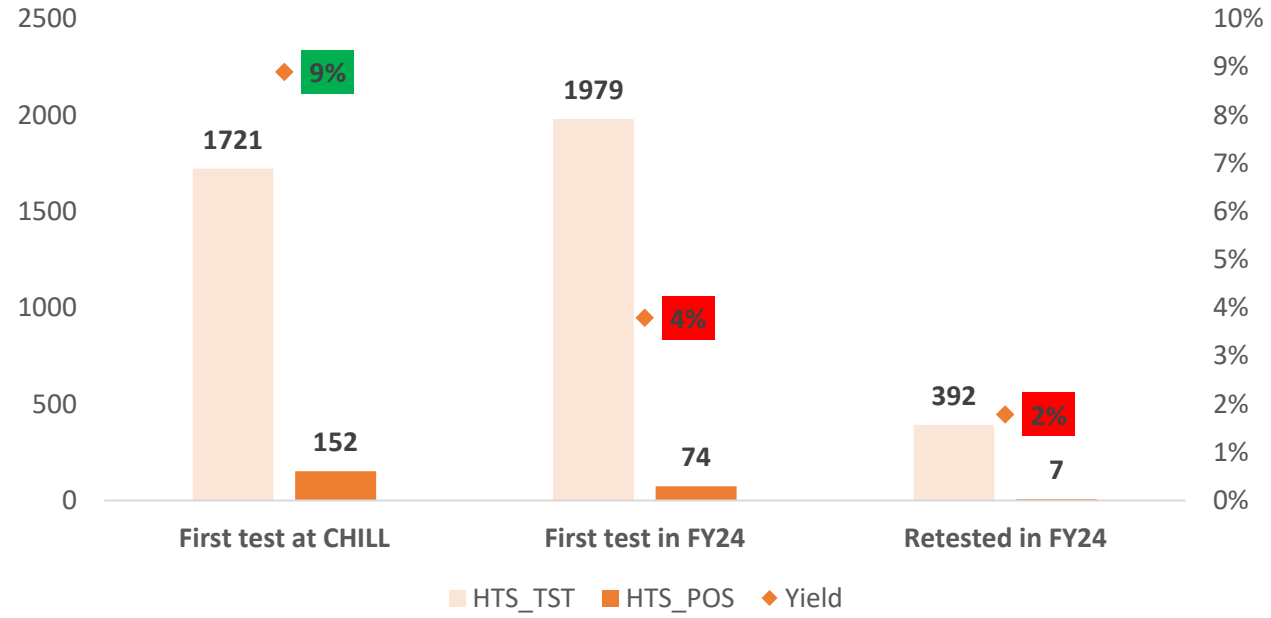


***Figure 7: Testing and positive yield by retest status – FSW***

Among the 1,721 FSW tested for the first time in CHILL, 152 were diagnosed HIV positive giving a yield of 9%. This highlights the importance of constantly mapping new hotspots to identify clients who have never received HIV prevention services from the program.

Past strategies continued to be used for testing services offered to clients during Q2. These strategies included working with queen mothers, street-based pharmaceutical vendors, distribution of HIVST, identifying and mapping of new hotspots, ICT and SNS. Through these, CHILL tested 4,092 FSWs for HIV and identified 233 FSWs living with HIV, giving a 6% positivity rate. WOPA had the best positivity rate (14%) among CBOs. Poor yield (4%) in other CBOs (Alcondoms, Horizons Femmes Bafoussam and YDF) is due to difficulties in offering index services (contributions to testing ranging from 7%-9%) and poor risk assessment of FSWs tested. Refresher training, supervisions on ICT service delivery and use of the risk assessment tool will be done to improve positivity rate among the less performing CBOs.

In addition to a yield below expectations, the program also failed to achieve the expected 95% linkage to treatment. This low linkage is due to the performance of partners such as ACAFEM, YDF, Alucosis+, Wopa and Horizons Femmes Douala, whose clients include cases of suspected tuberculosis (2), two clients the program can no longer trace, and denials (10) who require more counseling to accept their status. These clients are closely being followed up to get them linked to treatment this quarter.

***Table 6: Performance by FSW-Partner CBOS***

| FSW by CBO | FY24 Q2 | | | Positive yield | Linkage to Treatment |
|---|---|---|---|---|---|
| | HTS_TST | HTS_TST_POS | TX_NEW | | |
| **ACAFEM** | **674** | **45** | **40** | 7% | **89%** |
| **ALCONDOMS** | **575** | **21** | **21** | 4% | **100%** |
| **ALUCOSIS+** | **249** | **21** | **19** | 8% | **90%** |
| **ASAD** | **461** | **29** | **29** | 6% | **100%** |
| **CMWA** | **358** | **24** | **23** | 7% | **96%** |
| **Horizons Femmes Bssam** | **219** | **8** | **8** | 4% | **100%** |
| **Horizons Femmes Dla** | **276** | **18** | **16** | 7% | **89%** |
| **Horizons Femmes Ydé** | **347** | **19** | **18** | 5% | **95%** |
| **WOPA** | **132** | **18** | **17** | 14% | **94%** |
| **YDF** | **800** | **30** | **28** | 4% | **93%** |
| **FSW overall** | **4 092** | **233** | **219** | 6% | **94%** |

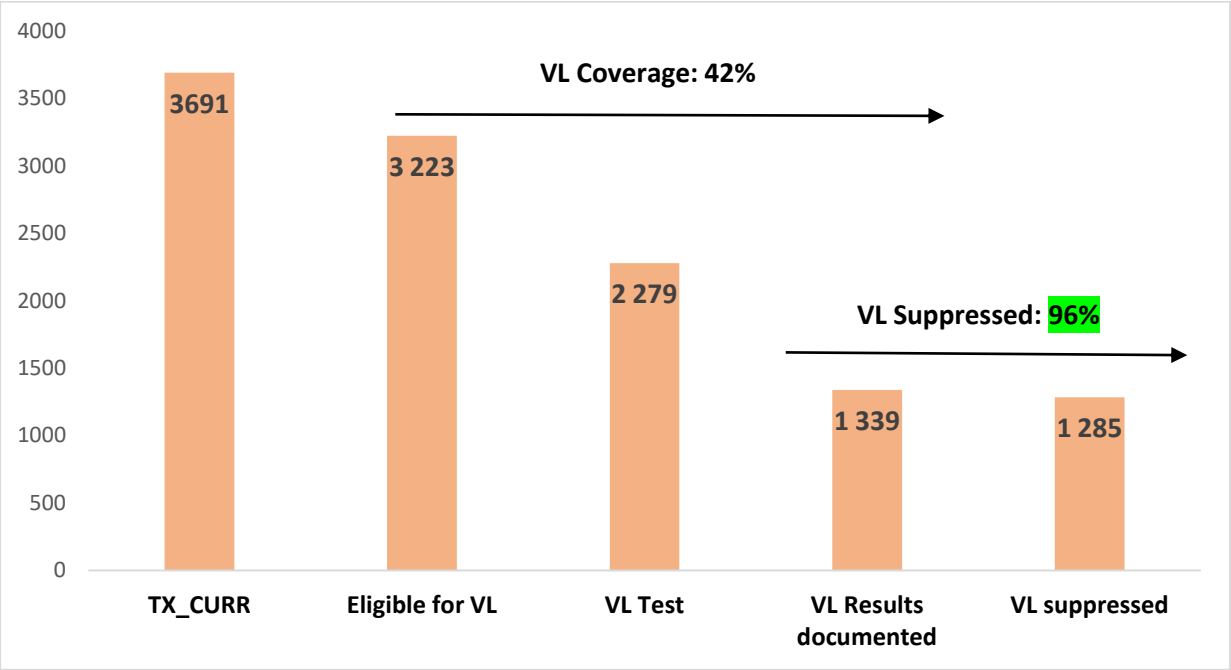


***Figure 8: Viral load (VL) cascade among FSWs***

Within the program, 3,691 FSWs were eligible for VL testing, of which 71% had their samples collected. VL reagent stock tensions continue to significantly impact VL sample collection since these samples when collected tend to stay unanalysed (backlogged) for up to 6 months after collection. The program continues to actively monitor clients through phone calls, appointment reminders, and therapeutic education, ensuring their retention in treatment. Among available VL results, 95% of clients achieved suppression, while clients with high VLs have been enrolled in EAC and are being closely supported by CBO case managers in collaboration with psychosocial workers at the health facility.

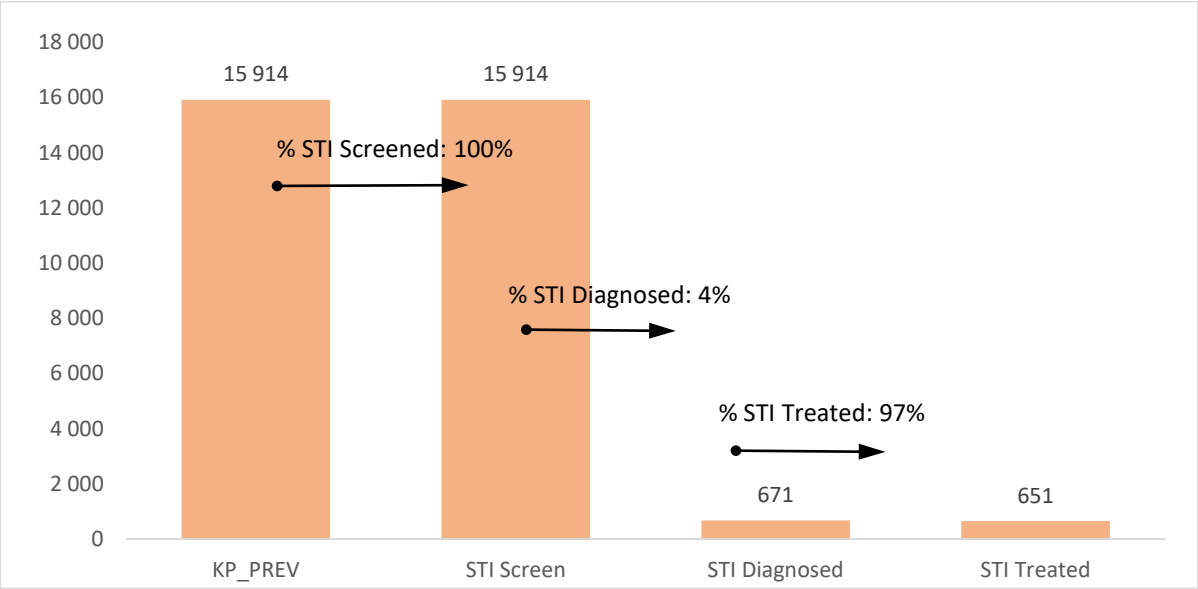


***Figure 9: Sexually transmitted infections (STIs) among FSW***

During Q2FY24, 671 FSW were diagnosed with sexually transmitted infections (STIs). The program successfully treated 97% (651) of diagnosed cases. However, as with previous reporting periods, the

program continues to face stockout of STI treatment kits and clients' financial constraints to procure these drugs which greatly impacts effective treatment of all clients.

This quarter, FSW CBOs globally recorded 2386 cases GBV, with 30% of all these cases reported by ALCONDOMS. About 79% of the sexual GBV cases were reported by CMWA, accounting for 131 out of the 166 cases reported among FSWs. Approximately 57% (96) of these sexual violence cases were addressed. The high level of insecurity secondary to the sociopolitical instability in the Northwest region continues to significantly impact the occurrence of sexual violence in the region. However, other partner CBOs are underreporting sexual violence cases because clients do not report these situations to them as a result of fear of recurrence by the authors.

***Table 7: Reported violence and follow-up among FSW***

| FSW CBO | Types of violence | | | | Type of services received after sexual violence | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sexual | Physical | Economic | Emotional | HIV Testing | PEP | STI Services | Emergency Contraception | Other Counseling |
| ACAFEM | 6 | 31 | 116 | 74 | 3 | 0 | 3 | 0 | 3 |
| Alcondoms Douala | 5 | 139 | 124 | 453 | 5 | 0 | 5 | 0 | 5 |
| ALUCOSIS+ | 5 | 37 | 37 | 56 | 5 | 0 | 5 | 0 | 5 |
| ASAD | 0 | 4 | 6 | 74 | 0 | 0 | 0 | 0 | 0 |
| CMWA | 131 | 119 | 122 | 133 | 71 | 0 | 71 | 0 | 71 |
| Horizons Femmes Bssam | 0 | 18 | 11 | 21 | 0 | 0 | 0 | 0 | 0 |
| Horizons Femmes Dla | 1 | 9 | 21 | 21 | 1 | 1 | 1 | 0 | 1 |
| Horizons Femmes Yde | 3 | 24 | 42 | 73 | 3 | 1 | 3 | 0 | 3 |
| WOPA | 1 | 12 | 2 | 40 | 0 | 0 | 0 | 0 | 0 |
| YDF | 14 | 48 | 132 | 221 | 8 | 0 | 8 | 2 | 8 |
| ALL FSW | 166 | 441 | 613 | 1166 | 96 | 2 | 96 | 2 | 96 |

## MSM: Performance against annual targets

MSM CBO partners surpassed the benchmark for all indicators but for PrEP_NEW. The increase in activities in Q2 such as recreational activities at hotspots and DICs such as movie and talent nights played a crucial role in the partner CBOs reaching 3,248 more clients in Q2 than in Q1. Majority (78%) of those reached for prevention service delivery were found eligible for HIV testing. However, just 41% of these persons were tested due to stock outs of HIV testing kits. The program ensured that clients received HIV self test kits during the periods of stock tension/stock out.
Despite the low testing uptake, the implementation of high yielding activities such as index case testing and SNS contributed to close to 60% of case finding this quarter. All clients who tested negative for HIV were sensitized and referred for PrEP. Despite the increase in PrEP initiations this quarter, performances remain below benchmark. A major barrier to PrEP uptake by most MSM clients is the risk of GBV by their sexual partners and the presentation of the PrEP medication. The program is working to create SBC tools to reduce stigma and ease the daily pill intake.

***Table 8: Quarterly performance against annual targets: MSM***

| Indicators | Targets | QI FY24 | Q2 FY24 | Total FY24 | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| KP_PREV | **26576** | **5488** | **8 736** | **14 224** | 54% |
| PrEP_NEW | **1744** | **235** | **488** | **723** | 41% |
| PrEP_CT | **1232** | **730** | **848** | **848** | 69% |
| HTS_TST | **8042** | **2215** | **2 833** | **5 048** | 63% |
| HTS_SELF | **7745** | **807** | **3 225** | **4 032** | 52% |
| HTS_TST_POS | **704** | **158** | **200** | **358** | 51% |
| TX_NEW | **669** | **151** | **195** | **346** | 52% |

The significant increase in the implementation of program activities this quarter particularly in the third month of the quarter played a crucial role in providing prevention services to 8,736 MSM. CBO partners provided HIV prevention services to KPs in 194 hotspots during the quarter, which accounted for approximately 50% of the KP_PREV achievements this quarter. SNS also played a significant role in the reach of close to a quarter of the clients who received HIV prevention services this quarter.

*Table 9: Mobilization by testing service and by entry points*

| Indicator | Targets | Q2 Results | Annual performance % |
|---|---|---|---|
| KP_PREV | 26 576 | 8 736 | **33%** |

| | | First in CHILL | First in FY24 | Follow up visit | KP_PREV | % KP_PREV |
|---|---|---|---|---|---|---|
| **Total** | | 1 029 | 7 707 | 3 463 | **8 736** | **100%** |
| **By Testing Services** | Known HIV positive | 5 | 1507 | 1157 | 1 512 | 17% |
| | Tested/Referred | 688 | 3733 | 545 | 4 421 | 51% |
| | Newly Tested | 37 | 343 | 1 470 | 380 | 4% |
| | Declined | 299 | 2124 | 291 | 2 423 | 28% |
| **By entry point** | Hotspot level | 325 | 3954 | 1518 | 4 279 | 49% |
| | DIC level | 190 | 1360 | 1424 | 1 550 | 18% |
| | SNS | 372 | 1579 | 296 | 1 951 | 22% |
| | Grins / Chill-ins | 117 | 639 | 209 | 756 | 9% |
| | Online | 25 | 175 | 16 | 200 | 2% |

A total of 488 MSM were initiated on PrEP this quarter with partner CBOs like CAMFAIDS initiating up to 42% of the persons eligible for PrEP. However, PrEP uptake remains a major challenge in the MSM population with just 21% (488/2,240) of persons eligible for PrEP accepting PrEP initiation. This is despite the one-week training on PrEP of Colibri and Affirmative Bamenda PrEP, the organization of PrEP educative talks done at the DICs and in the community facilitated by PrEP champions, the integration of individualized counseling and bundling of other services in the DIC. The program will be organizing focus group discussions with project participants to identify barriers to PrEP uptake and address them accordingly while all other sites will receive a full training on PrEP.
Through phone calls, home visits, peer support, 216 clients restarted PrEP of which almost half (104) of these were from Humanity First Cameroun. Sessions of experience sharing have been planned in Q3 between HFC+ and other less performing partner CBOs such as 2HRC.

| MSM | Number of clients sensitized | Number of clients mobilized | PrEP_TST | PrEP_TST_NEG | PrEP_TST_POS | PrEP_NEW | PrEP_1MONTH | PrEP_RETURN_OTHER | PrEP_RESTART | PrEP_SERO |
|---|---|---|---|---|---|---|---|---|---|---|
| **Humanity First Cameroun** | 1885 | 450 | 450 | 414 | 36 | 123 | 80 | 338 | 104 | 0 |
| **Alternatives Douala** | 1282 | 431 | 431 | 400 | 31 | 74 | 14 | 12 | 6 | 0 |
| **Alcondoms Douala** | 755 | 391 | 391 | 372 | 19 | 46 | 10 | 70 | 38 | 0 |
| **Affirmative Bamenda** | 330 | 123 | 123 | 110 | 13 | 25 | 12 | 36 | 1 | 0 |
| **CAMFAIDS** | 1122 | 421 | 421 | 391 | 30 | 165 | 78 | 398 | 0 | 0 |
| **Colibris** | 574 | 197 | 197 | 190 | 7 | 12 | 12 | 237 | 67 | 0 |
| **2HRC** | 790 | 512 | 392 | 363 | 29 | 43 | 39 | 148 | 0 | 0 |
| **Total MSM** | **6738** | **2525** | **2405** | **2240** | **165** | **488** | **245** | **1239** | **216** | **0** |

***Table 10: PrEP indicators achievement Q2 FY24, MSM***

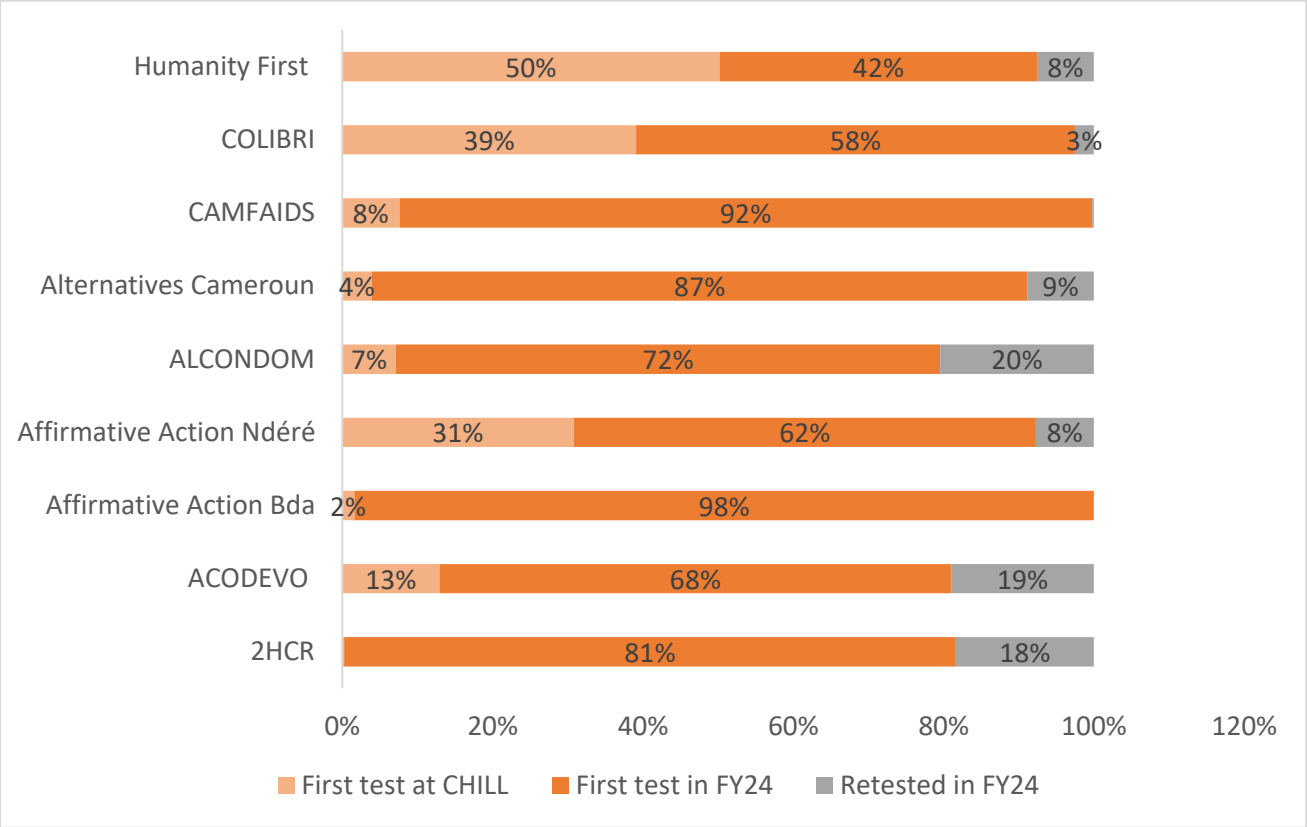


***Figure 10: Testing by retest status among MSM.***

Majority (73%) of the MSMs tested this quarter had received prevention services from the program before, and of the 494 persons who were tested for the first time in the program yielded, 73 tested positive (positive yield=15%). This confirms the need to continuously map new hotspots, to identify KPs who have never been served by the program as they are at significantly higher risk of HIV than persons who have been served by the program. This is particularly the case with HFC+ for whom 50% (226) of the their HIV testing were MSMs who were receiving HIV testing services for the first time in the program, from which 26 positives were identified.

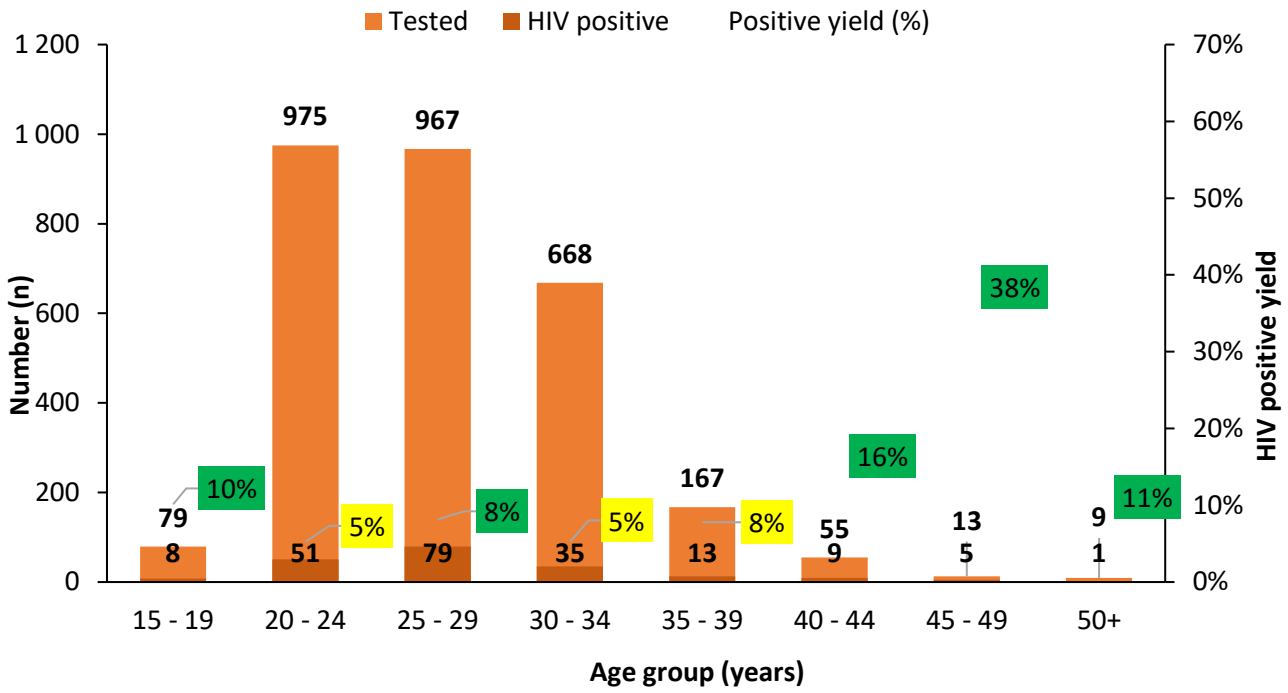


***Figure 11: HTS_POS and HIV positive yield by age group among MSM***

An analysis of testing and case finding according to age group reveals the greatest number of MSM tested were in the 20–29-year age range. While this age range also provided the greatest absolute number of positive cases, the highest case finding yield was obtained from MSM aged 45-49 (38%) and 40-44 (16%). CBO partners will be recommended to lay more emphasis on testing MSMs in this age group in subsequent quarters to improve case finding.

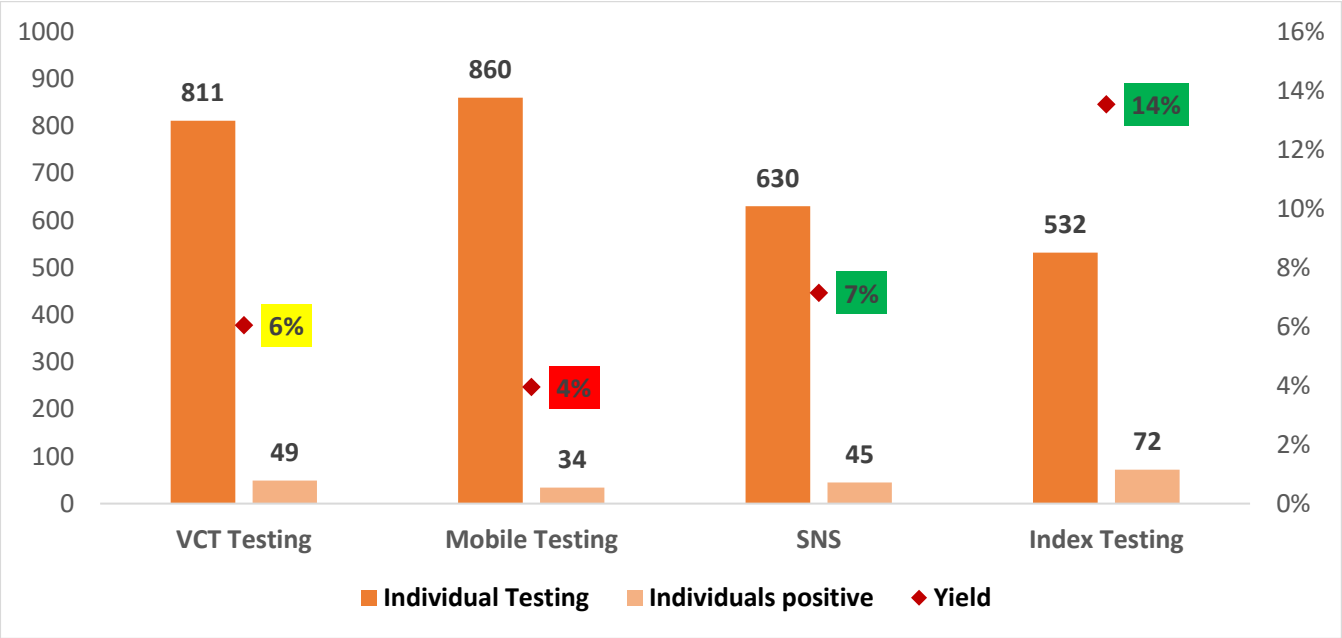


***Figure 12: HIV testing and positive yield by type of HTS strategy***

In Q2, ICT was the highest yielding strategy for case finding in terms of absolute figures and positivity rates despite the strategy producing the lowest number of MSM tested. The program plans to carry out a supervision of the ICT service delivery at all sites to identify gaps and improve the capacity of partner CBO case managers in offering this service and thus, increase testing through ICT and subsequently case finding. Due to the significantly higher number of clients soliciting HIV testing

during activities in the hotspots, mobile testing produced the lowest case finding and positivity rate this quarter. In order to improve the positive yield in this strategy, the program will provide HIV self test kits to clients who are at significantly lower risk or do not have a risk event within the last 3 months.

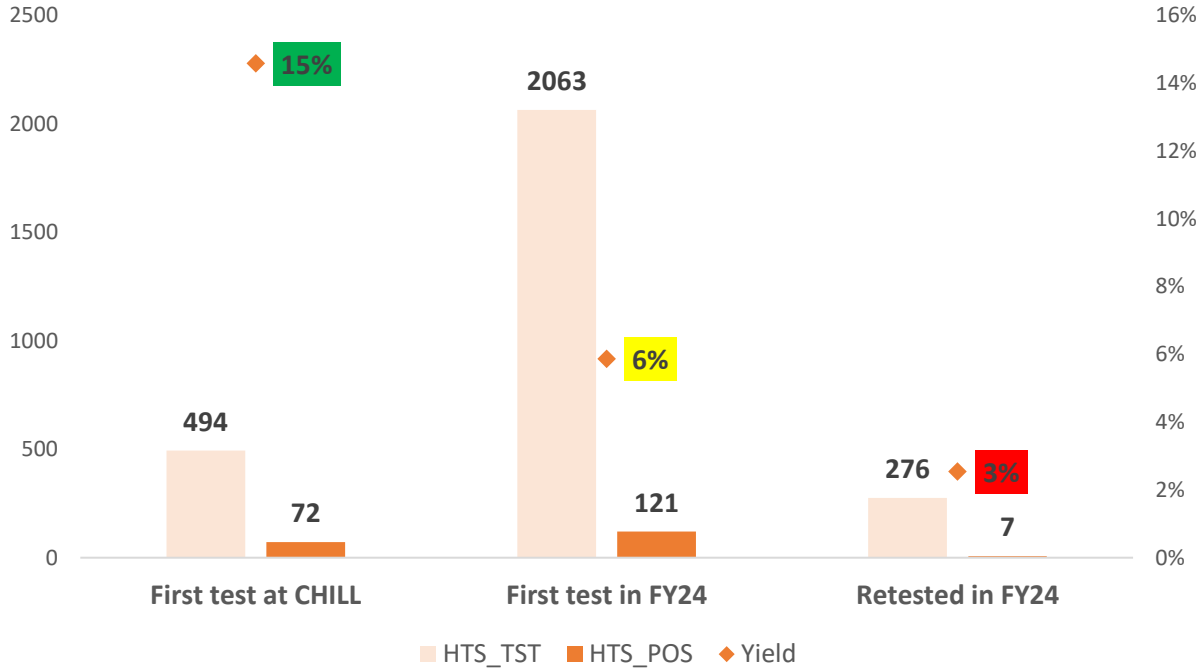


***Figure 13: Testing and positive yield by retest status – MSM***

The program tested fewer newly reached MSM compared with MSM reached for the first time this fiscal year (494 vs. 2,063). However, MSM tested for the first time by the program contributed to 36% of PLHIV identified and had the highest positivity rate. This highlights the importance of regularly identifying new hotspots in which persons who have never received HIV prevention services from the program may be found. The program will encourage partner CBOs to carry out comprehensive hotspot mapping in the peripheral areas of their assigned health districts.

The program linked to treatment 98% of identified MSM PLHIV. Those who have not yet been linked to ART remain in denial and are continuously being followed up by the case managers in a bid to get them linked to treatment. 2HRC on the other hand, were able to link a missed initiation from the previous quarter. Work sessions have been scheduled in Q3 with ALCONDOMS and Colibri to boost their positivity rate, particularly with the encouragement of strategies like ICT and SNS.

***Table 11: Cascade Performance by MSM-CBO partner***

| MSM by CBO | FY24 Q2 | | | Positive yield | Linkage to Treatment |
|---|---|---|---|---|---|
| | HTS_TST | HTS_TST_POS | TX_NEW | | |
| **2HCR** | **392** | **29** | **30** | **7%** | **103%** |
| **ACODEVO** | **116** | **10** | **10** | **9%** | **100%** |
| **Affirmative Action Bda** | **123** | **13** | **11** | **11%** | **85%** |
| **Affirmative Action Ndéré** | **312** | **25** | **25** | **8%** | **100%** |
| **ALCONDOMS** | **391** | **19** | **19** | **5%** | **100%** |
| **Alternatives Cameroun** | **431** | **31** | **29** | **7%** | **94%** |
| **CAMFAIDS** | **421** | **30** | **29** | **7%** | **97%** |
| **COLIBRI** | **197** | **7** | **7** | **4%** | **100%** |
| **Humanity First** | **450** | **36** | **35** | **8%** | **97%** |
| **MSM overall** | **2833** | **200** | **195** | **7%** | **98%** |

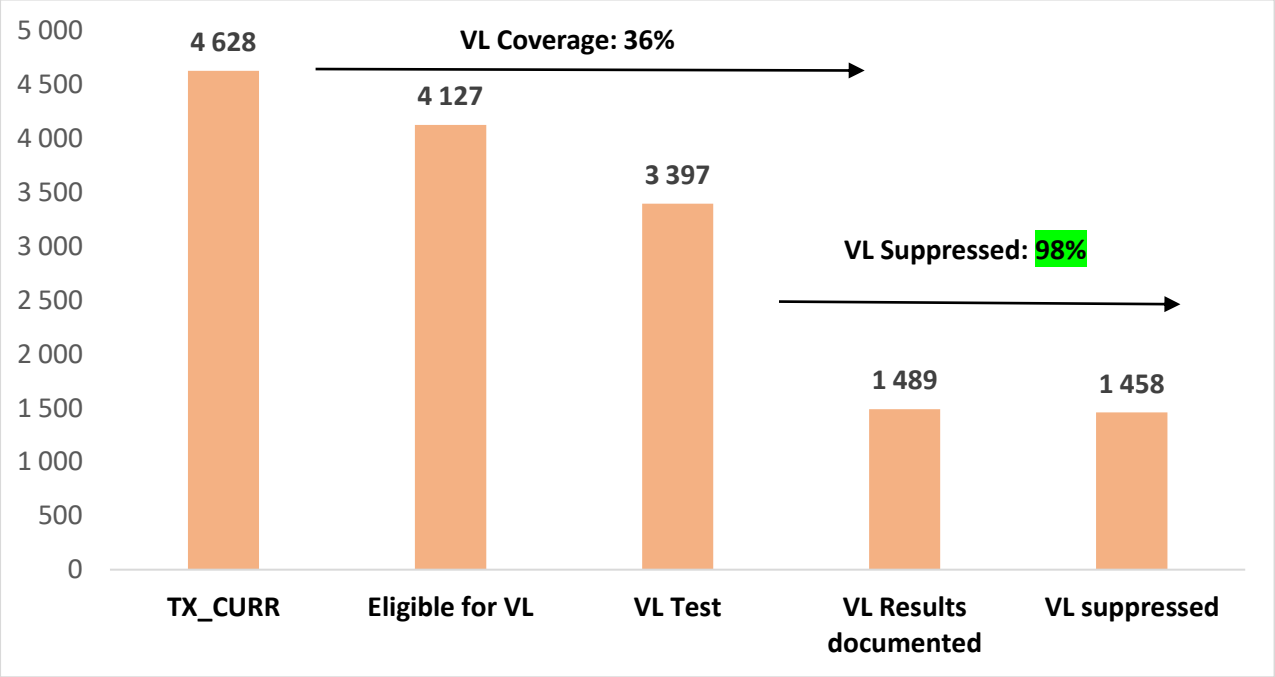


***Figure 14: Viral load cascade-MSM***

A total of 4127 MSM were eligible for VL testing during the period, and the program collected the samples of 82.3% (3,397). Of these samples sent for analysis, the program recorded a 44% return rate. This low rate is due to national reagent stock tensions. The program is working with health facilities and accredited laboratories to develop strategies to ensure that all samples analyzed by reference laboratories have results available and these results communicated to the clients and CBO case managers while these case managers continue to make weekly visits to health facilities to check the availability of VL results. VL suppression rate was 98%, and continuous, close follow-up and adherence support are offered to the 31 MSM with high VL results.

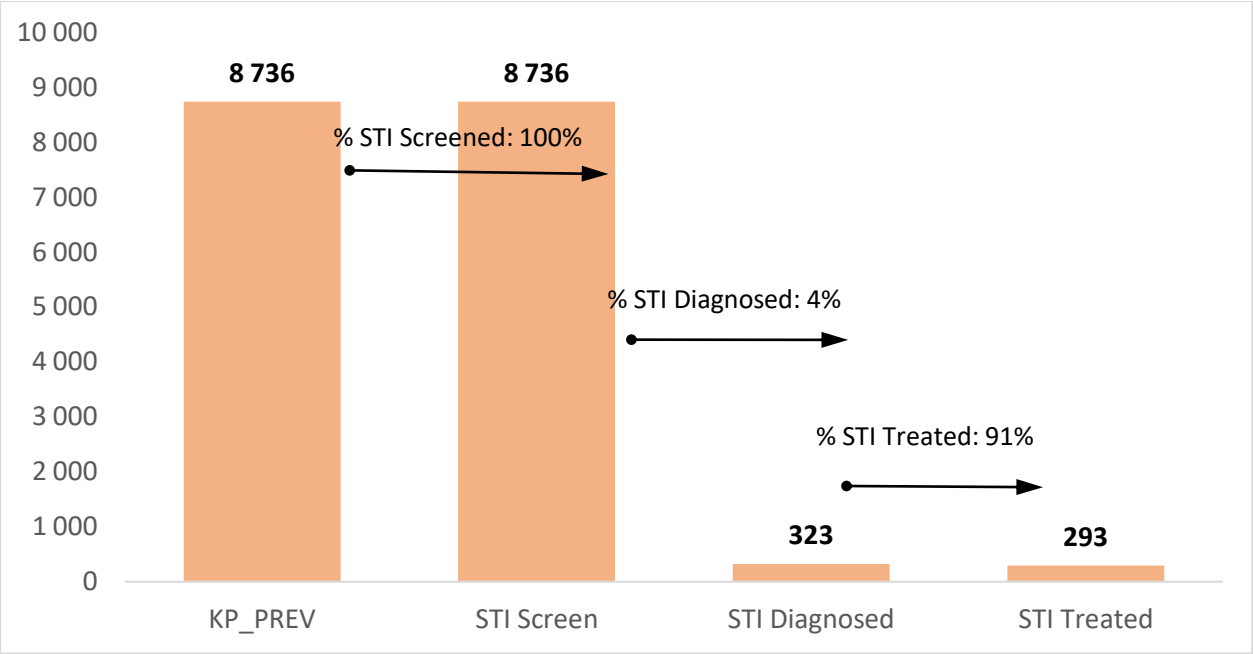


***Figure 15: Sexually transmitted infections-MSM (STI)***

The program screened all 8,736 MSM for STIs and 323 (4%) were diagnosed with an STI. However, among those diagnosed just 91 received full treatment. The main challenge remains the lack of funds by clients to purchase the medications prescribed to them by the medical doctor upon diagnosis.

MSM partner CBOs recorded a total of 1,039 cases of GBV. ALCONDOMS (275) and 2HRC (198) recorded the highest number of cases accounting for approximately 46% of all cases. Emotional violence (65%) were the most recorded cases. Affirmative Action Bamenda (9) reported 69% of sexual violence cases. This is primarily due to sexual partners' refusal to use condoms, given the control they exert over them, and some of these cases involve sexual assaults recorded by certain employers. All nine 13 survivors of sexual violence received post sexual violence care.

***Table 12: Gender-based violence among MSM***

| MSM CBO | Types of violence | | | | Type of services received after sexual violence | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sexual | Physical | Economic | Emotional | HIV Testing | PEP | STI Services | Emergency Contraception | Other Counseling |
| Alcondoms Douala | 0 | 57 | 68 | 150 | 0 | 0 | 0 | 0 | 0 |
| 2HRC | 1 | 46 | 41 | 110 | 1 | 0 | 1 | 0 | 1 |
| ACODEVO Kribi | 3 | 17 | 4 | 56 | 3 | 0 | 3 | 0 | 3 |
| Affirmative Action Bda | 9 | 11 | 9 | 35 | 9 | 0 | 9 | 0 | 9 |
| Affirmative Action Ndéré | 0 | 4 | 17 | 76 | 0 | 0 | 0 | 0 | 0 |
| ALTERNATIVES Cameroun | 0 | 22 | 30 | 102 | 0 | 0 | 0 | 0 | 0 |
| Colibri | 0 | 3 | 1 | 88 | 0 | 0 | 0 | 0 | 0 |
| CAMFAIDS | 0 | 3 | 12 | 19 | 0 | 0 | 0 | 0 | 0 |
| Humanity First Plus Cmr | 0 | 3 | 2 | 40 | 0 | 0 | 0 | 0 | 0 |
| ALL MSM | 13 | 166 | 184 | 676 | 13 | 0 | 13 | 0 | 13 |

## People Who Inject Drugs (PWID): Performance against annual targets

Partner CBOs increased the mapping of PWID hotspots to identify new PWIDs as well as work with the gatekeepers to ease access to these hotspots. While this led to an increase in all indicators compared to Q1, the HTS_TST_POS indicator is still far behind.

***Table 13: Quarterly performance against annual targets: Person who inject drugs (PWID)***

| Indicators | Targets | **Q1 FY24** | **Q2 FY24** | **Total FY24** | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| KP_PREV | 1996 | 204 | 625 | **829** | 42% |
| HTS_TST | 619 | 93 | 287 | **380** | 61% |
| HTS_SELF | 0 | 32 | 173 | **205** | NA |
| HTS_TST_POS | 52 | 2 | 14 | **16** | 31% |
| TX_NEW | 50 | 1 | 13 | **14** | 28% |

The 625 PWIDs reached this quarter accounted for 31% of annual achievements. Most (60%) of the PWIDs receiving prevention services had been reached in the previous fiscal year. However, a significant proportion (40%) of the clients reached this quarter were receiving prevention services for the very first time in the program.

Most PWID clients were reached at 23 hotspots during the quarter. The main challenge with reaching PWIDs remains the identification and access to the hotspots which constantly change due to the regular arrests of PWIDs.

The program continues to work with CARE with technical assistance from FHI360 to improve the package of services provided to PWIDs while supporting advocacy towards the MOH and other stakeholders for the improvement of services offered to this population.

***Table 14: Mobilization by testing service and by entry points (PWID)***

| **Indicator** | **Targets** | **Q2 Results** | **Annual performance %** |
|---|---|---|---|
| KP_PREV | 1 996 | 625 | **31%** |

| | | **First in CHILL** | **First in FY24** | **Follow up visit** | **KP_PREV** | **% KP_PREV** |
|---|---|---|---|---|---|---|
| **Total** | | 251 | 374 | 86 | **625** | **100%** |
| **By Testing Services** | Known HIV positive | 1 | 13 | 4 | 14 | 2% |
| | Tested/Referred | 206 | 250 | 33 | 456 | 73% |
| | Newly Tested | 3 | 26 | 32 | 29 | 5% |
| | Declined | 41 | 85 | 17 | 126 | 20% |
| **By entry point** | Hotspot level | 193 | 271 | 80 | 464 | 74% |
| | DIC level | 38 | 6 | 6 | 44 | 7% |
| | SNS | 17 | 89 | 0 | 106 | 17% |
| | Grins / Chill-ins | 3 | 6 | 0 | 9 | 1% |
| | Online | 0 | 2 | 0 | 2 | 0% |

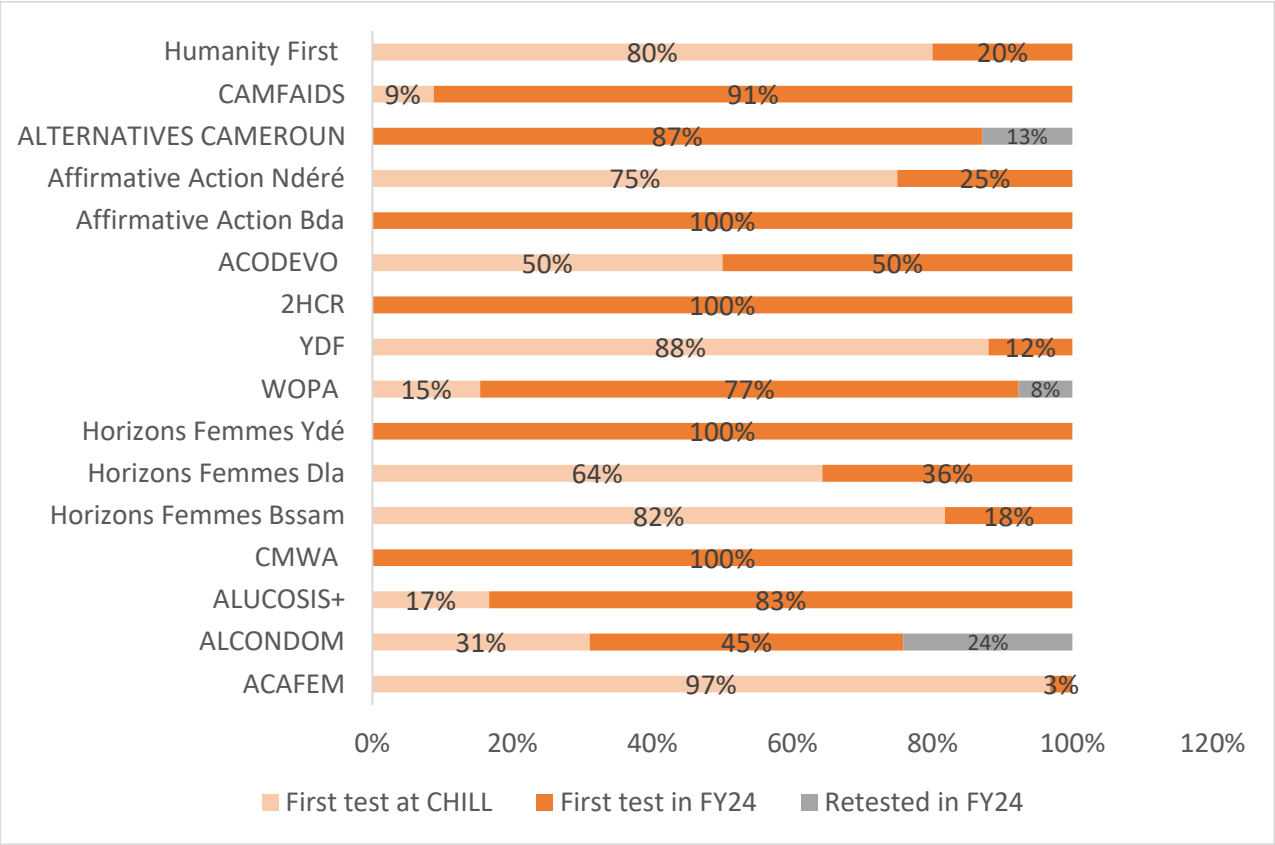


***Figure 16: Testing by retest status among PWID.***

Despite majority (60%) of the PWIDs tested this quarter being persons who had received HIV prevention services in FY23, some CBOs such as ACAFEM (30), YDF (22), HFC+ (12), Horizons Femmes Bafoussam (9), Horizons Femmes Douala (9) and Affirmative Action Ngaoundere (3) tested more clients who were receiving HIV prevention services for the first time in the program.

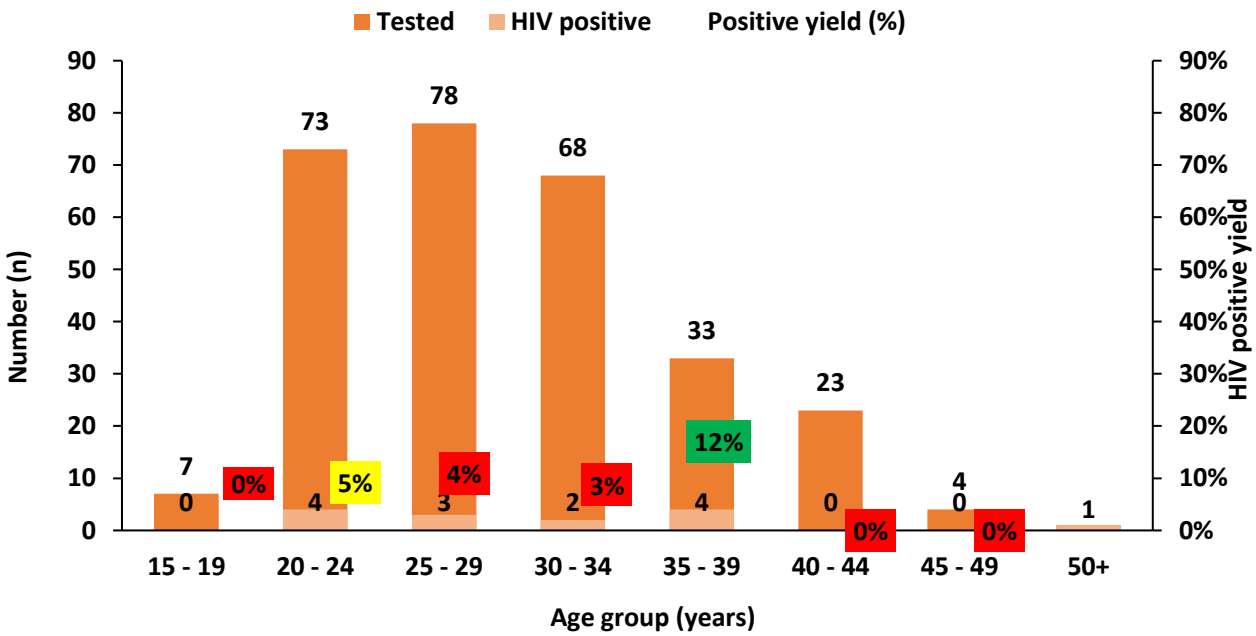


***Figure 17: HTS_POS and HIV positive yield by age group among PWID***

Most of the PWIDs tested this quarter were between the ages 20-34. However, the age range of 35-39 accounted for the best case-finding yield of 12%. This shows the higher level of risk taking in needle sharing among PWIDs of this age group. The program will continue to sensitize PWIDs in this age group on risk reduction strategies while ensuring to test many more PWIDs of the same age group to improve case finding.

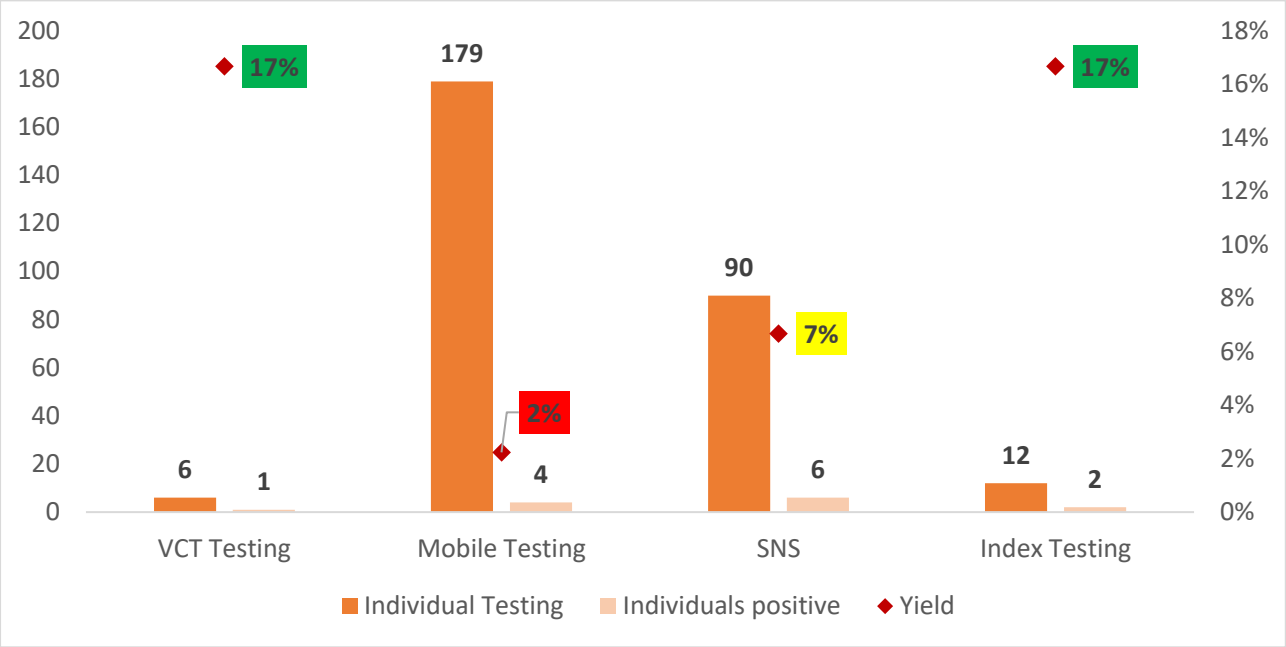


***Figure 18: PWID HIV testing and positive yield by type of HTS strategy***

In terms of quality, the most productive case finding strategies were VCT and ICT, with a yield of 17% each. SNS however, had a yield of 7% and through this strategy the program identified the highest number of PWID living with HIV (6). Partner CBOs are being encouraged to offer ICT services to clients in their active file to boost case finding while continuous mapping of new hotspots is done as well as the encouragement of clients to reach the DICs for VCT.

Eight CBOs were able to identify at least one PWID living with HIV this quarter; with a standout performance from CAMFAIDS who identified 4 PWID PLHIV. The program will identify gaps in implementation of activities by the underperforming CBOs to ensure an improvement in performances this quarter.

***Table 15: Performance by partner CBO – PWID***

| PWID by CBO | FY24 Q2 | | | Positive yield | Linkage to Treatment |
|---|---|---|---|---|---|
| | HTS_TST | HTS_TST_POS | TX_NEW | | |
| ACAFEM | 31 | 1 | 1 | 3% | 100% |
| ALCONDOM | 29 | 0 | 0 | 0% | NA |
| ALUCOSIS+ | 6 | 1 | 1 | 17% | 100% |
| ASAD | 0 | 0 | 0 | NA | NA |
| CMWA | 6 | 1 | 1 | 17% | 100% |
| Horizons Femmes Bssam | 11 | 0 | 0 | 0% | NA |
| Horizons Femmes Dla | 14 | 1 | 0 | 7% | 0% |
| Horizons Femmes Ydé | 11 | 0 | 0 | 0% | NA |
| WOPA | 13 | 0 | 0 | 0% | NA |
| YDF | 25 | 1 | 1 | 4% | 100% |
| 2HCR | 6 | 0 | 0 | 0% | NA |
| ACODEVO | 4 | 1 | 1 | 25% | 100% |
| Affirmative Action Bda | 24 | 2 | 2 | 13% | 100% |
| Affirmative Action Ndéré | 4 | 0 | 0 | 0% | NA |
| ALTERNATIVES CAMEROUN | 31 | 1 | 1 | 3% | 100% |
| CAMFAIDS | 57 | 4 | 4 | 7% | 100% |
| COLIBRI | 0 | 0 | 0 | NA | NA |
| Humanity First | 15 | 1 | 1 | 7% | 100% |
| PWID overall | 287 | 14 | 13 | 5% | 93% |

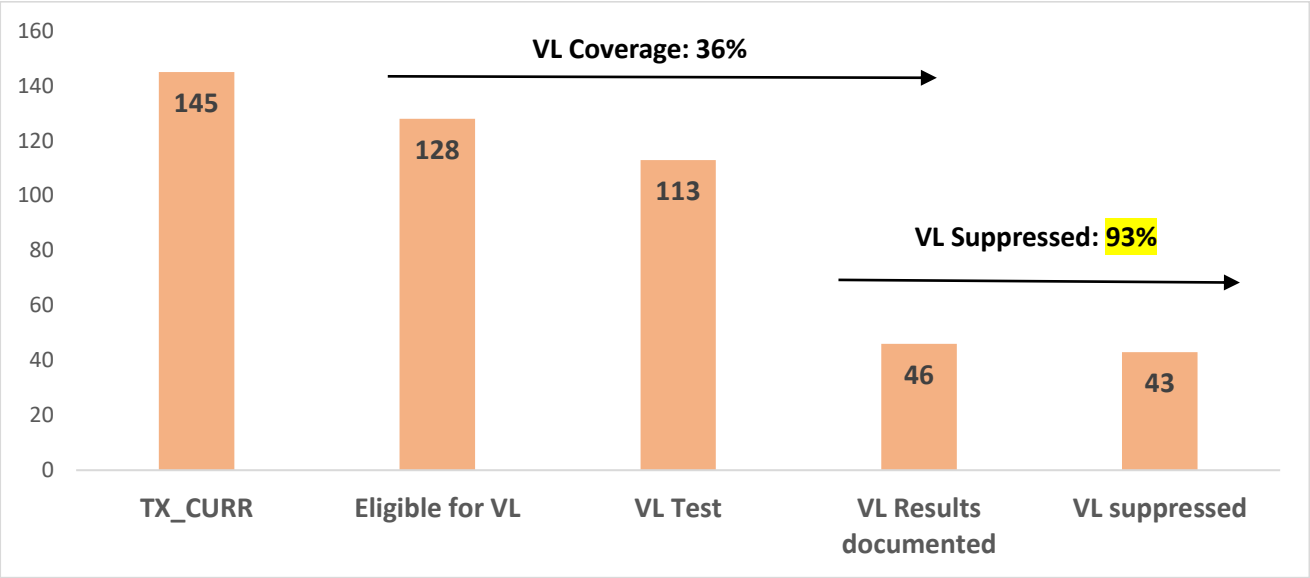


***Figure 19: Viral load cascade – PWID***

In the program, 88% of eligible individuals for VL testing have had their samples collected. However, only 41% (46/113) received results due to reagent shortages in the country. The program is working closely with the clinical partners to ensure CBO partners are informed once VL test results are available.

The three clients (WOPA-1, 2HRC-2) with high viral load results are currently undergoing EAC at the health facility in collaboration with CBO case managers and their VL samples will be recollected once the EAC is completed.

This quarter, 36 cases of GBV were reported among PWIDs. Economic violence was the most prevalent, accounting for over 50% of the cases reported. This is due to family rejection and eviction from homes by landlords. CMWA recorded the highest number of physical violence cases, with 5 out of 8 cases identified, representing a rate of 62%. These were cases of physical altercations following disputes between PWID peers over the sharing of drugs as well as abuse by law enforcement officers in hotspots. All PWID survivors of sexual violence received HIV testing but due to the older nature of the cases, no emergency contraception was indicated.

***Table 16: Gender-based violence among PWID***

| PWID by CBO | Types of violence | | | | Type of services received after sexual violence. | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sexual | Physical | Economic | Emotional | HIV Testing | PEP | STI Services | Emergency Contraception | Other Counseling |
| ACAFEM | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 0 |
| Alcondoms | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| ALUCOSIS+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ASAD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CMWA | 2 | 5 | 1 | 7 | 2 | 0 | 2 | 0 | 2 |
| Horizons Femmes Bssam | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Horizons Femmes Dla | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Horizons Femmes Ydé | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WOPA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| YDF | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| 2HRC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ACODEVO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Affirmative Action Bda | 1 | 3 | 0 | 3 | 1 | 0 | 1 | 0 | 1 |
| Affirmative Action Ndéré | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ALTERNATIVES CAMEROUN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMFAIDS | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Humanity First | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **ALL PWID** | **3** | **8** | **6** | **19** | **3** | **0** | **2** | **0** | **2** |

## Transgender (TG): Performance against annual targets

All indicators but for KP_PREV had surpassed benchmark expectations by the end of Q2. The KP_PREV achievement in Q2 was six times that of Q1 and this increase was similar for all other indicators. With the increase of field activities this quarter, more clients were served and subsequently tested with a testing uptake of 92% and a respectable yield of 7%.

***Table 17: Quarterly performance against annual targets***

| Indicators | Targets | QI FY24 | Q2 FY24 | Achievement QI FY24 | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| KP_PREV | **1291** | 75 | 476 | **551** | **43%** |
| HTS_TST | **392** | 37 | 189 | **226** | **58%** |
| HTS_SELF | **90** | 2 | 138 | **140** | **156%** |
| HTS_TST_POS | **32** | 4 | 13 | **17** | **53%** |
| TX_NEW | **31** | 3 | 13 | **16** | **52%** |

The 476 TGs reached this quarter accounted for 37% of annual achievements with four out of every five clients reached for the first time in the fiscal year. Most clients were reached at LGBTQI specific hotspots, particularly in the bigger towns like Yaounde and Douala with CBOs like ALTERNATIVES, CAMFAIDS and ALCONDOMS reaching 150, 139 and 76 respectively, which account for 77% of the entire KP_PREV in this population group this quarter.

***Table 18: Mobilization by testing service and by entry points***

| Indicator | Targets | Q2 Results | Annual performance % |
|---|---|---|---|
| KP_PREV | 1 291 | 476 | **37%** |

| | | First in CHILL | First in FY23 | Follow up visit | KP_PREV | % KP_PREV |
|---|---|---|---|---|---|---|
| **Total** | | 96 | 380 | 29 | **476** | **100%** |
| **By Testing Services** | Known HIV positive | 0 | 20 | 1 | 20 | 4% |
| | Tested/Referred | 82 | 258 | 10 | 340 | 71% |
| | Newly Tested | 2 | 16 | 8 | 18 | 4% |
| | Declined | 12 | 86 | 10 | 98 | 21% |
| **By entry point** | Hotspot level | 40 | 246 | 26 | 286 | 60% |
| | DIC level | 34 | 73 | 3 | 107 | 22% |
| | SNS | 18 | 43 | 0 | 61 | 13% |
| | Grins / Chill-ins | 4 | 18 | 0 | 22 | 5% |
| | Online | 0 | 0 | 0 | 0 | 0% |

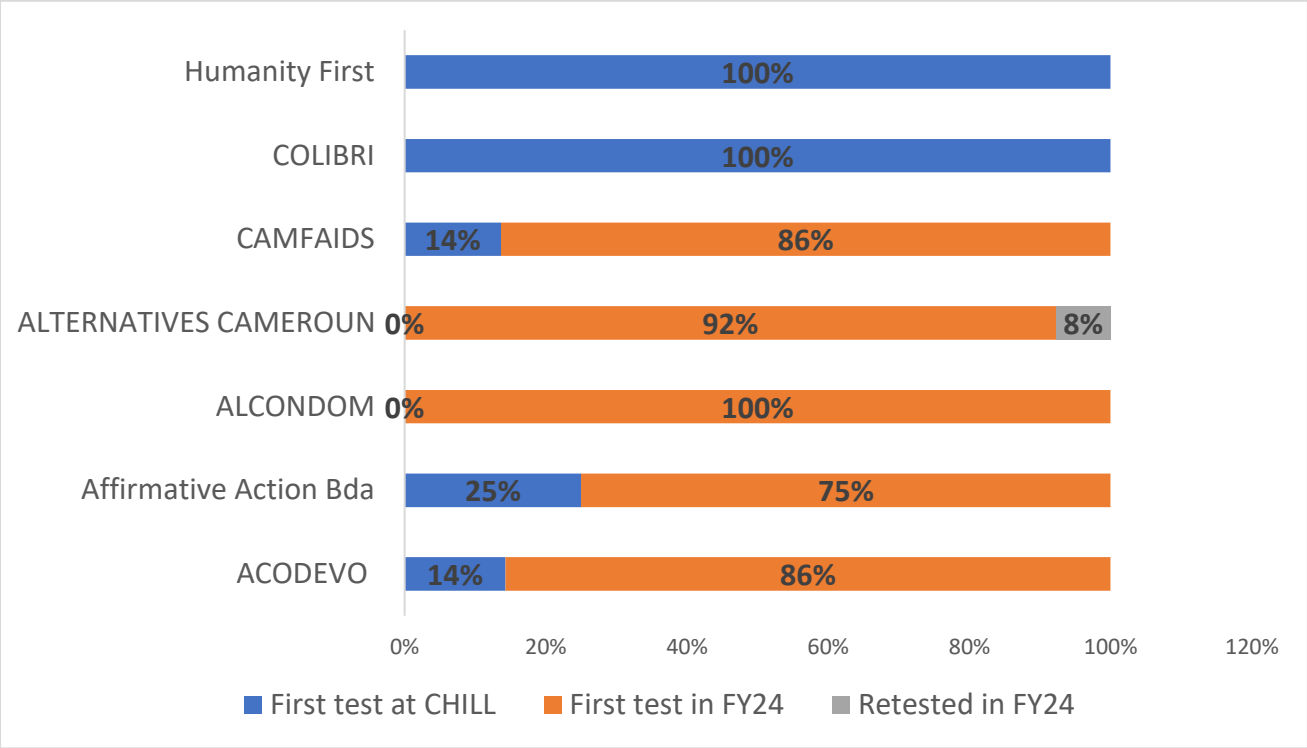


***Figure 20: Testing by retest status***

Most of the clients tested during this quarter were reached for the first time in the fiscal year. However, all clients reached by HFC+ (7) and Colibri (20) were all receiving an HIV test for the first time in the program.

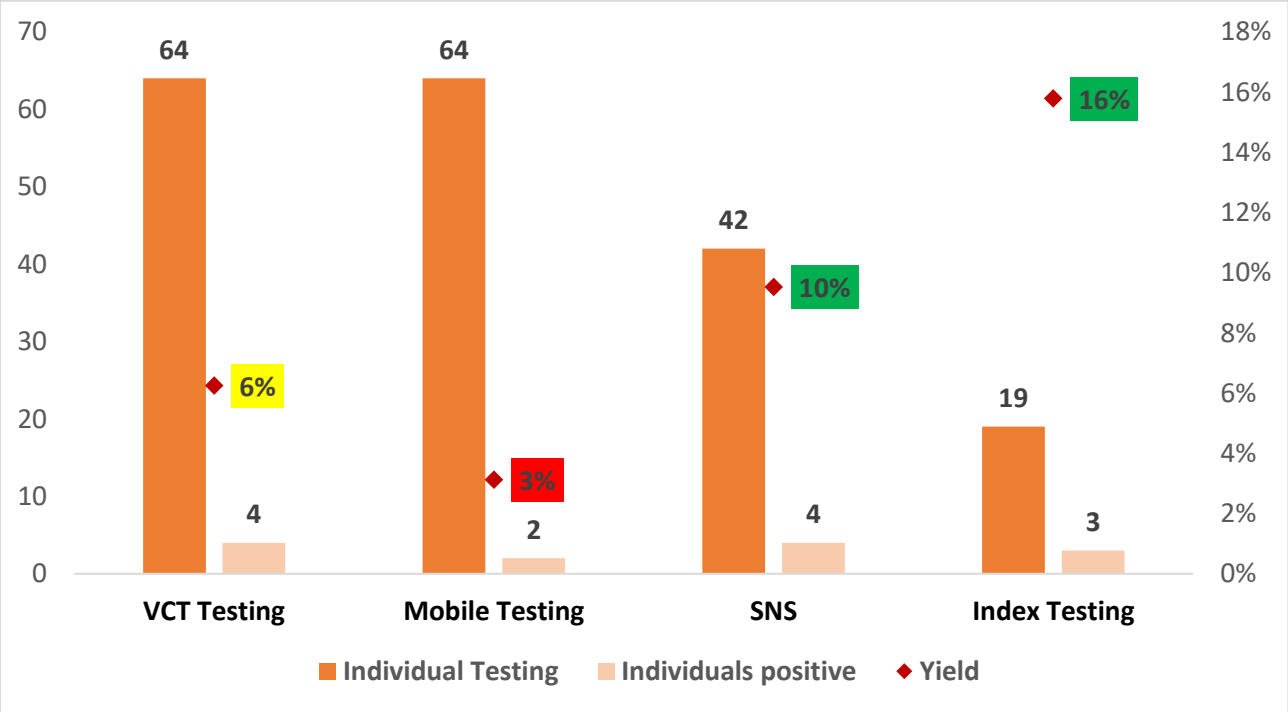


***Figure 21: Transgender HIV testing and positive yield by type of testing strategy***

While ICT and SNS produced the highest case finding yields of 16% and 10% respectively, all four strategies contributed almost similarly in case finding in terms of absolute figures. The testing numbers in VCT signify a high number of TGs visit the DICs after being sensitized at the hotspots and referred for testing.

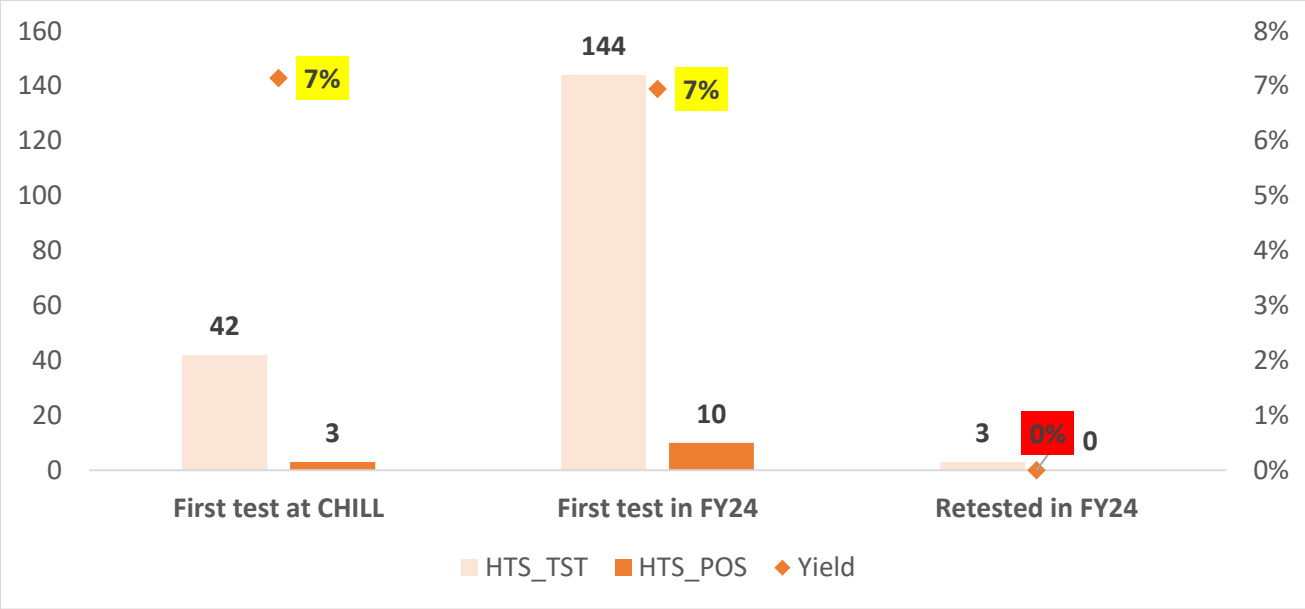


***Figure 22: Testing and positive yield by retest status***

Majority of the TG clients tested this quarter had received HIV prevention services previously in the program. However, most (10) of the TGs living with HIV identified during this period were from TGs first tested in the fiscal year, which is as a result of the increase in activities and catch-up on activities not carried out during the last quarter.

Four partner CBOs were able to identify previously undiagnosed TGs living with HIV. CAMFAIDS stands out as the CBO which identified the most cases secondary to the implementation of many activities in TG specific hotspots in Yaounde. In addition, each of these CBOs maintained a respectable HIV positivity rate of at least 7%. However, Affirmative Action Bamenda stands out with a positive yield of 75%. The program will work on experience sharing opportunities for the more successful CBOs to

***Table 19: Cascade Performance by Partner CBOS***

| TG by CBO | FY24 Q2 | | | Positive yield | Linkage to Treatment |
|---|---|---|---|---|---|
| | HTS_TST | HTS_TST_POS | TX_NEW | | |
| **2HCR** | **0** | **0** | **0** | **NA** | NA |
| **ACODEVO** | **14** | **1** | **1** | **7%** | 100% |
| **Affirmative Action Bda** | **4** | **3** | **3** | **75%** | 100% |
| **Affirmative Action Ndéré** | **0** | **0** | **0** | **NA** | NA |
| **ALCONDOM** | **17** | **0** | **0** | **0%** | NA |
| **ALTERNATIVES CAMEROUN** | **39** | **3** | **3** | **8%** | 100% |
| **CAMFAIDS** | **88** | **6** | **6** | **7%** | 100% |
| **COLIBRI** | **20** | **0** | **0** | **0%** | NA |
| **Humanity First** | **7** | **0** | **0** | **0%** | NA |
| **Tg overall** | **189** | **13** | **13** | **7%** | 100% |

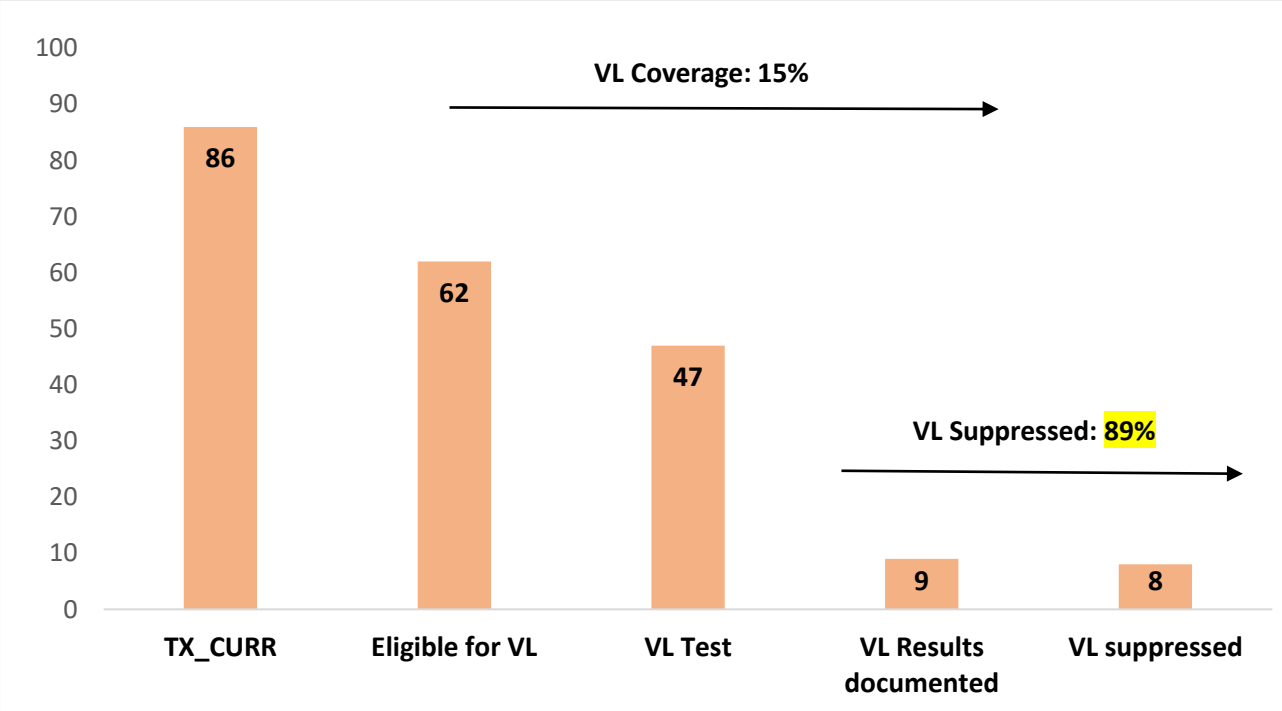


***Figure 23: Viral load cascade – Transgender***

A total of 62 TGs were eligible for VL testing and 76% of them had their VL samples collected, of which just 19% (9) received their results. This quarter, more VL samples were collected, but no new test results have been obtained thus far. The client with the high viral load has undergone EAC and has had their VL sample recollected for analysis.

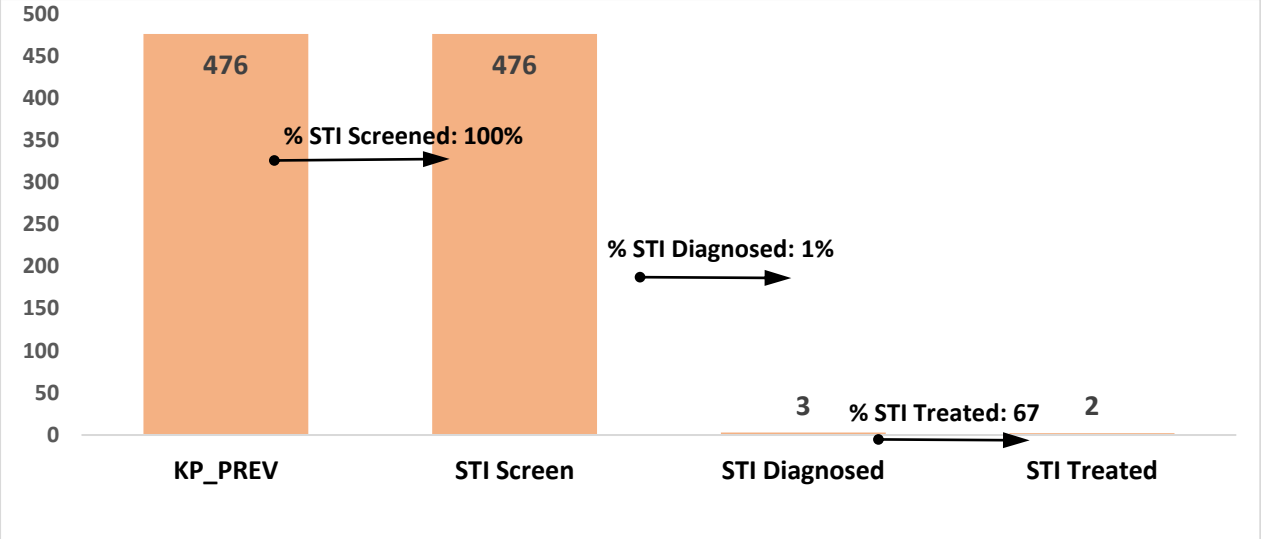


***Figure 24: Sexually transmitted infections (STIs)_Transgender***

The program screened all 476 TG reached for STIs, three (1%) were diagnosed with STIs and were provided prescriptions for treatment for which follow-up was done by the CBO nurses to ensure these clients effectively took the prescribed medication.

In Q2FY24, 82 GBV incidents were reported among TGs. ALTERNATIVES Cameroun recorded almost half (39) of the cases. All 5 cases of sexual violence recorded were addressed. However, majority (78%) of the incidents recorded among this target group are cases of emotional violence. Clients continue to report insults from members of the general population. The program is working on carrying out more regular sensitization in these neighborhoods to reduce the stigma level and improve the environment for these clients.

***Table 20: Gender-based violence among TG***

| TG by CBO | Types of violence | | | | Type of services received after sexual violence | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sexual | Physical | Economic | Emotional | HIV Testing | PEP | STI Services | Emergency Contraception | Other Counseling |
| Alcondoms Douala | 0 | 0 | 0 | 24 | 0 | 0 | 0 | 0 | 0 |
| 2HRC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ACODEVO Kribi | 2 | 2 | 3 | 3 | 2 | 0 | 2 | 0 | 2 |
| Affirmative Action Bda | 3 | 3 | 1 | 2 | 3 | 0 | 3 | 0 | 3 |
| Affirmative Action Ndéré | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ALTERNATIVES Cameroun | 0 | 4 | 0 | 35 | 0 | 0 | 0 | 0 | 0 |
| COLIBRI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMFAIDS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Humanity First Plus Cmr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **ALL TG** | **5** | **9** | **4** | **64** | **5** | **0** | **5** | **0** | **5** |

# Overall cascade results for priority populations

### CFSW: performance against annual targets

Except for HTS_TST, program indicators for the CFSW population exceeded benchmarks and even annual targets. A total of 4,350 clients of FSW received a prevention message on HIV and other STI. These prevention services were offered in and around hotspots as well as the travel corridors of long distance truck drivers (particularly in the East and Adamawa regions) and through ICT. Through these strategies, 1,959 CFSW were tested for HIV, 68 tested positive and index testing accounted for 59% (40).

***Table 21: Clients of FSW cascade results***

| Indicators | Targets | QI FY24 | Q2 FY24 | Total FY24 | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| PP_PREV (CFSW) | 7278 | 1786 | 4 350 | 6 136 | 84% |
| HTS_TST | 22070 | 892 | 1 959 | 2 851 | 13% |
| HTS_SELF | 988 | 257 | 1009 | 1 266 | 128% |
| HTS_TST_POS | 42 | 51 | 68 | 119 | 283% |
| TX_NEW | 40 | 50 | 65 | 115 | 288% |

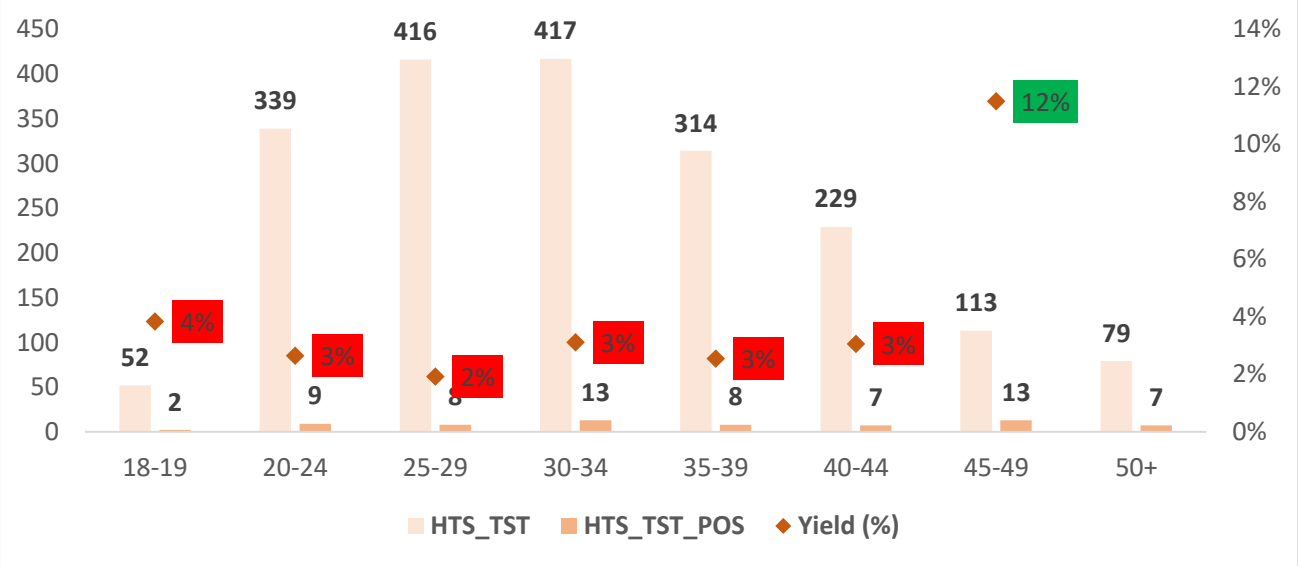


***Figure 25: CFSW HTS_POS and HIV positive yield by age group***

An evaluation of testing and case finding according to age group reveals the greatest number of CFSW tested were in the 25–34-year age range. The highest case finding yield (12%) was obtained from CFSW aged to 45-49. More efforts will be focused on increasing partner notification and subsequent testing of clients in this age group.

## Adolescent Girls and Young Women (AGYW): performance against annual targets

With the multiplication of field activities and reaching more AGYW in and around hotspots as well as at university settings, a total of 560 of the 3,008 AGYW reached through sensitization and prevention messages were tested this quarter.

***Table 22: AGYW cascade results***

| Indicators | Targets | QI FY24 | Q2 FY24 | Total FY24 | % of FY24 Achievement vs Annual Target |
|---|---|---|---|---|---|
| PP_PREV (AGYW) | 8 137 | 1 875 | 3 008 | 4 883 | 60% |
| HTS_TST | 0 | 391 | 560 | 951 | NA |
| HTS_SELF | 0 | 58 | 350 | 408 | NA |
| HTS_TST_POS | 0 | 4 | 8 | 12 | NA |
| TX_NEW | 0 | 4 | 7 | 11 | NA |

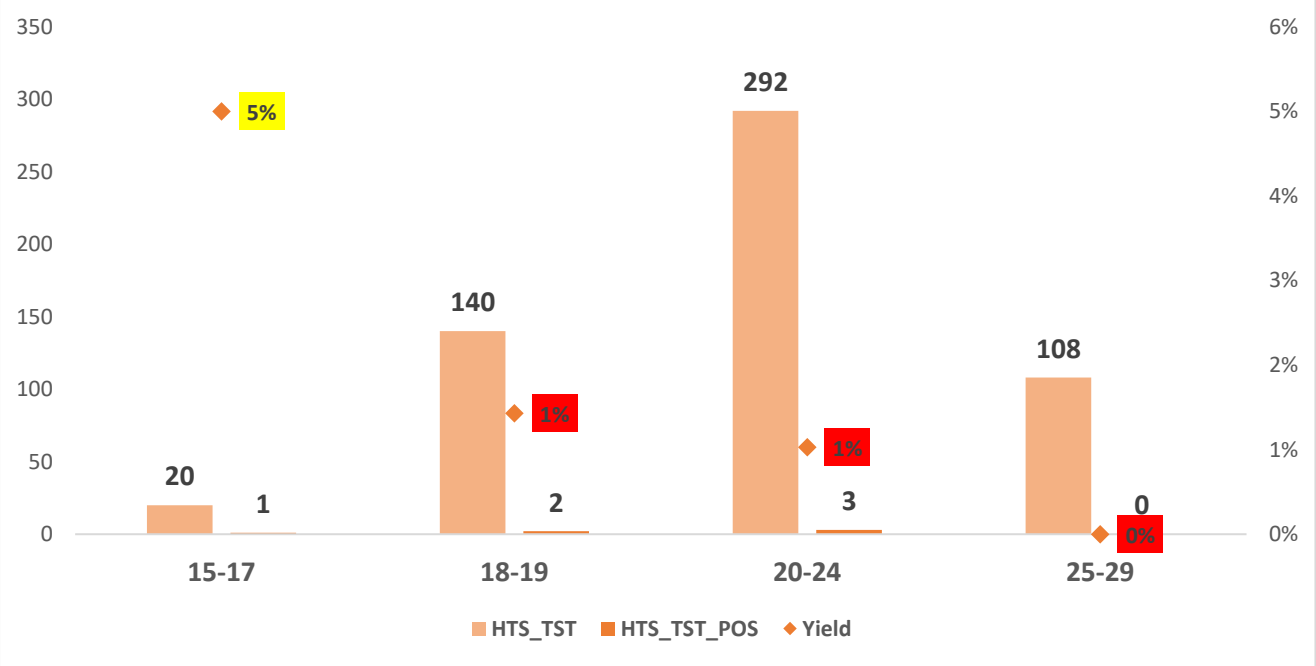


***Figure 26: AGYW HTS_POS and HIV positive yield by age group***

Majority of the AGYW tested were young women aged 20-24 years with 3 of them diagnosed as living with HIV.

This quarter, a total of 470 incidents of GBV were reported among AGYW, majority of which were reported by CMWA. The socio-economic instability continues to pose a risk for key and priority populations in the North West region. From the 61 AGYW who experienced sexual violence, only 42 received HIV testing because the others were reporting old cases and had since been tested for HIV, and some were taking PrEP.

***Table 23: Gender-based violence among AGYW***

| AGYW CBO | Types of violence | | | | Type of services received after sexual violence | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sexual | Physical | Economic | Emotional | HIV Testing | PEP | STI Services | Emergency Contraception | Co |
| **Renata** | 5 | 5 | 4 | 46 | 5 | 0 | 5 | 5 | |
| **Alcondoms Douala** | 5 | 40 | 66 | 83 | 5 | 0 | 0 | 0 | |
| **ALUCOSIS+** | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | |
| **ASAD** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| **CMWA** | 50 | 46 | 41 | 106 | 31 | 4 | 11 | 0 | |
| **Horizons Femmes Bssam** | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | |
| **Horizons Femmes Dla** | 1 | 9 | 21 | 23 | 1 | 1 | 1 | 0 | |
| **WOPA** | 0 | 4 | 1 | 14 | 0 | 0 | 0 | 0 | |
| **ALL AGYW** | **61** | **104** | **134** | **276** | **42** | **5** | **17** | **5** | |

## Children of sex workers (cFSW)

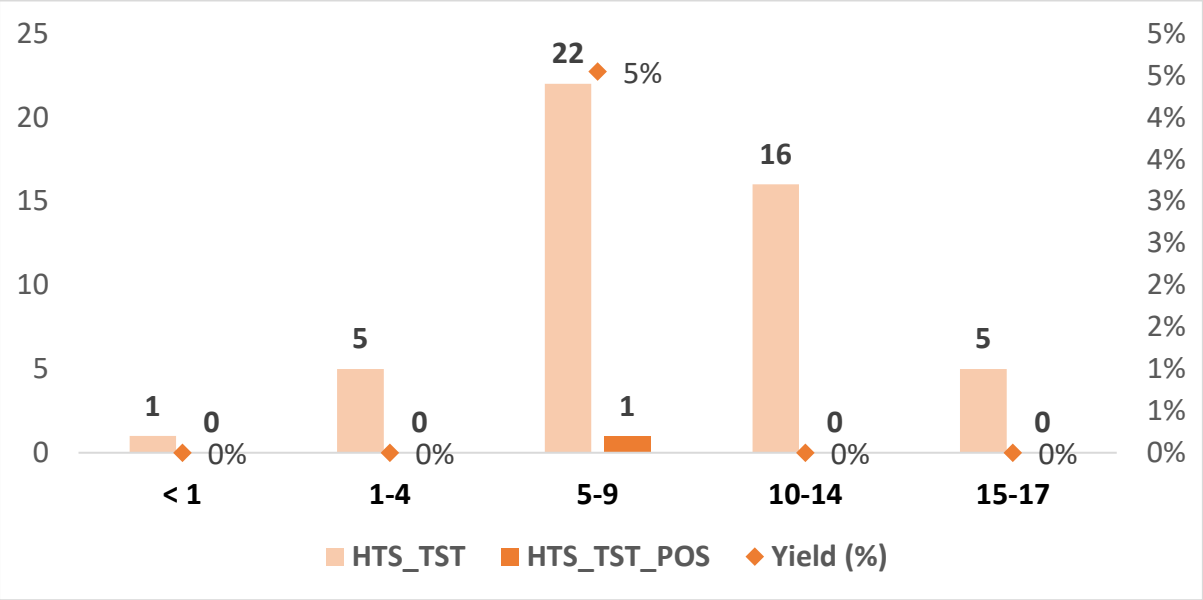


***Figure 27: HTS_POS and HIV positive yield by age group- cFSW***

Through ICT, the program tested 42 cFSW, identifying one living with HIV in the 5-9 age group. The most prominent age group. This child was referred to the CoSMO project for continuity service delivery including ART initiation. The CM lead supports CosMO in the follow-up of this cFSW.

# Section 3: Other Program Highlights

## Online reach and recruitment

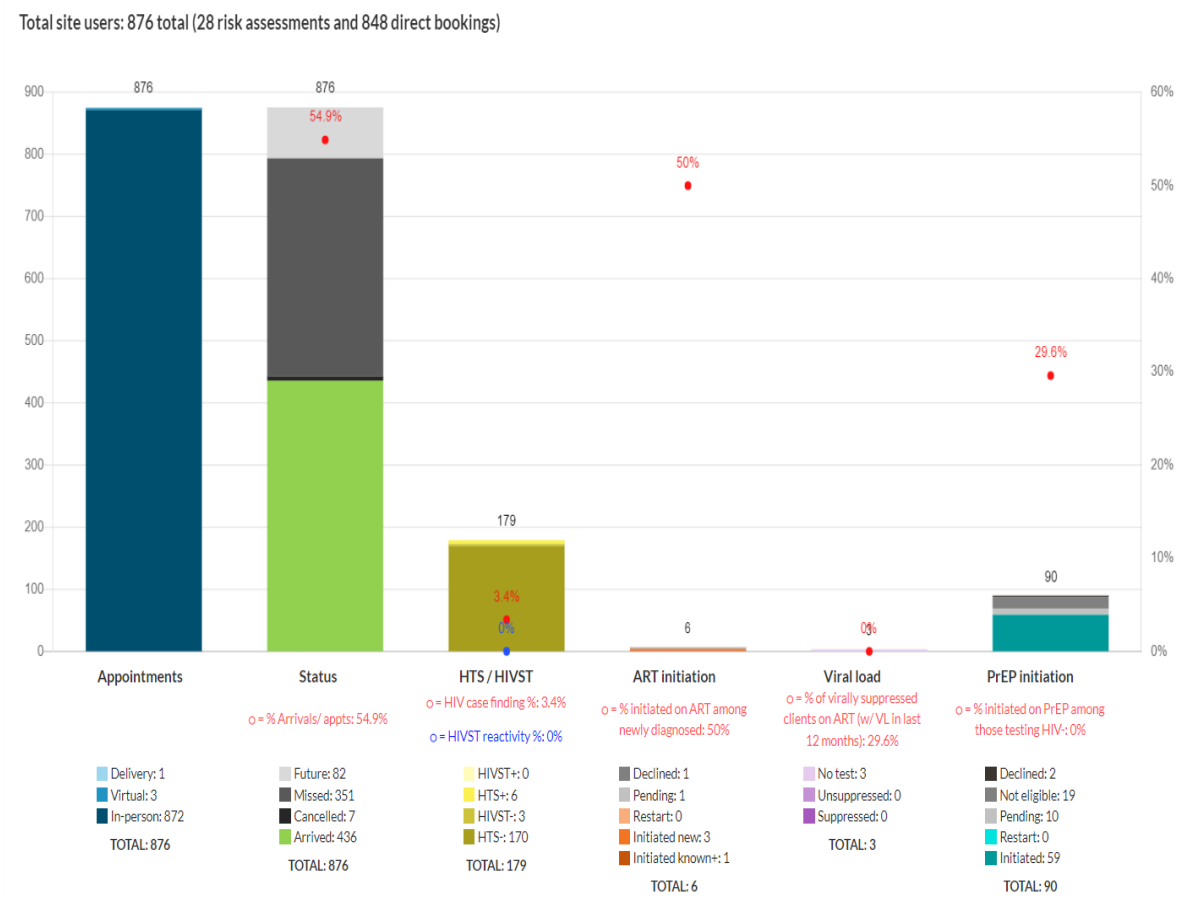


***Figure 30: Cascade on Use of QuickRes (Q2FY24)***

During this quarter, the team supervised the use of the QUICKRESS by partner CBOs. By the end of the quarter, 876 appointments had been booked by our clients through QuickRes. About half (436/876) of appointments were respected, including 41% (179/436) for HIV/STI screening and 21% for PrEP initiation. The application will continue to be promoted through the various Facebook pages of the program and its partners to increase its use and increase visits to the DIC. On site coaching of the online peer leaders and other staff in each DIC will be done in Q3 to improve QuickRes use.
In addition to promoting the QuickRes application, the project's services continued to be offered through the various existing social networks. This enabled 147 additional people to be tested using HIV test kits, 120 through self-testing and 14 clients to be initiated on PrEP. Overall, the online strategy contributed to 4% of the program's case finding this quarter with standout performances from CBOs like HFC+ (HTS_POS=4 and PrEP_NEW=7), ALCONDOMS ( HTS_POS=2 and PrEP_NEW=16), Horizons Femmes Douala (HTS_POS=2 and PrEP_NEW=21) and Horizons Femmes Bafoussam (HTS_POS=1 and PrEP_NEW=17).

**Routine Data Quality Assessments (RDQA)**

The RDQA was held in the 19 DICs of the CHILL project during the period from 13 February to 10 March 2024. The objective of this evaluation was to carry out a routine data quality assessment in view of improving the quality level of the data collected by the field staff in the 19 drop-in centers that make up the CHILL project, for the period from October to December of fiscal year 2024. The main objectives of this evaluation were to:

- Assess the capacity of community-based organizations' strategic information systems to collect, manage and report quality data for the CHILL project and program indicators.
- To assess the level of consistency, integrity, reliability, and accuracy of data collected and transmitted by Community-Based Organizations (CBOs) for Q1FY24.
- Describe data quality challenges and recommend actions to improve the quality of aggregated data reporting in the future.
- Describe the systematic problems related to the definition of indicators and the recording of data.
- Develop an action plan including all the problems encountered, recommendations and improvement actions clearly stating who is responsible (CBO level and CHP level), deadlines, and a post-RDQA follow-up plan.

**Site Improvement through Monitoring Systems (SIMS) Visits**

During the quarter, five CBOs received a SIMS assessment from USAID and the table below presents the results obtained. CHP is currently working closely with all CBOs to address the gaps identified during this SIMS assessment.

| Site | Green | Yellow | Red | **Total # CEEs** | **Date** |
|---|---|---|---|---|---|
| YDF | 37 (79%) | 06 (13%) | 04 (09%) | 47 | 21/02/2024 |
| ACAFEM | 43 (78%) | 07 (13%) | 05 (09%) | 55 | 22/02/2024 |
| Horizons Femmes Yaoundé | 32 (67%) | 08 (17%) | 08 (16%) | 48 | 22/02/2024 |
| ALCOMDOMS | 53 (90%) | 05 (08%) | 01 (02%) | 59 | 25/03/2024 |
| Horizons Femmes Douala | 47 (85%) | 06 (11%) | 02 (04%) | 55 | 26/03/2024 |

## Enabling Environment for Key Populations

During Q2 FY 24, CHILL led activities including legal clinics, educational talks, meetings, workshops on different themes which involved a variation of participants including: project participants, local leaders, CBO staff, members of sister organizations, journalists, and partners through CBOs.

FSW CBOs organized a workshop each on the theme “Invest in women: Accelerate progress' ' on the International Women’s Day (8th March 2024). During this commemoration week, CBOs carried out various training and recreational activities at the DICs to empower project participants.

Under HRGP 2, the *Plateforme Unity (PFU)* led the expansion of *Rail KP* in Ngaoundéré, during which eight stakeholders were enrolled in the *Rail KP* group to improve GBV response in the

Adamawa region. The PFU also trained FSW and PWID organizations on documentation of GBV incidents based on newly developed data collection tools at the national level and on GBV evidence collection and on mediation and conciliation techniques. The PFU also organized a training workshop on monitoring and reporting of human rights issues in the field of health in general and HIV specifically.

At the level of CHP, social enterprise readiness assessments were done at 12 CHILL CBOs, security and safety assessments were carried out at 17/19 DICs, and CHP also organized a workshop on "Gender Equality and Empowerment".

With respect to the shelters, a total number of 45 residents were still in the eight shelters at the end of Q2. These residents participated in educational talks, legal clinics and received medical, legal, psychological support when needed.

# Section 4: Summary of program challenges and solutions

| Indicator/ Challenges | | Resilient strategies and solutions | Next steps |
|---|---|---|---|
| **HTS_TST** | Stock out of RTKs | Collaboration with Global Fund IP, NACC, RTGs and health districts to ensure regular supply of RTKs. | - Participation in national supply chain management meetings and share RTK needs for next 6 months with Global Fund IP.<br><br>-Use of HIV self-test kits for HIV testing in the program and Determine for confirmatory testing. |
| **HTS_TST_POS** | - Inconsistent risk assessment among FSW and AGYW<br><br>- Suboptimal use of ICT | - Improve the use of the risk assessment tool<br><br>- Increase ICT service delivery to improve case finding | - Refresher training every 3 months FSW/AGYW CBOs on the use of the risk assessment tool.<br><br>- Train new CMs in CBOs on ICT service delivery. Ensure systematic ICT service delivery to all new positives and persons with high VL results. |
| **VL_RESULTS** | - Halt of VL sample collection following decree by MOH to prioritize pregnant women and children<br><br>- Long turnaround time for VL results due to stock tension of reagents | - Frequent information sharing with clinical partners<br><br>- Continuous communication with RTG to be informed of availability of reagents | - Monthly triangulation of VL cascade information with clinical partner<br><br>- Continuous counseling of PLHIV to continue ART while waiting for test results |

# ANNEXES

## Annex 1: Quarter 2 FY24 Financial report

| ITEM | Initial budget CHILL $ | Initial budget HRGP $ | Initial budget CHILL CFA | Initial budget HRGP CFA | Expenses Q2 CHILL FY 24 in CFA | | | Expenses Q2 HRGP FY 24 in CFA | | | Cumulative expenses Q2 CHILL CFA | Cumulative expenses Q2 HRGP CFA | Balance CHILL CFA | Balance HRGP CFA | BURN RATE CHILL | BURN RATE HRGP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Months | | | | | Janvier 24 | Février 24 | Mars 24 | Janvier 24 | Février 24 | Mars 24 | Oct-Mars 2024 | Oct-Mars 2024 | Oct-Mars 2024 | Oct-Mars 2024 | | |
| DIRECT LABOR | 991,161 | 154,490 | 592,714,278 | 92,385,000 | 48,428,361 | 47,877,005 | 47,877,005 | 2,010,602 | 2,010,602 | 2,010,602 | 286,911,749 | 12,063,612 | 305,802,529 | 80,321,388 | 48% | 13% |
| FRINGE BENEFITS | 247,790 | 38,622 | 148,178,420 | 23,096,250 | 3,307,459 | 30,876,739 | 3,261,659 | 153,595 | 153,595 | 153,595 | 47,225,393 | 921,570 | 100,953,027 | 22,174,680 | 32% | 4% |
| CONSULTANTS | 60,341 | 30,853 | 36,083,918 | 18,450,000 | 2,110,000 | 2,110,000 | 2,160,000 | | | | 13,123,950 | - | 22,959,968 | 18,450,000 | 36% | 0% |
| ALLOWANCES | | | | | | | | | | | - | - | 0 | - | | |
| TRAVEL | 174,272 | 46,355 | 104,214,656 | 27,720,000 | 9,609,500 | 12,745,530 | 14,486,640 | | | | 52,327,581 | - | 51,887,075 | 27,720,000 | 50% | 0% |
| EQUIPMENT | 75,000 | | 44,850,000 | | | | | | | | - | - | 44,850,000 | - | 0% | |
| PROGRAM ACTIVITIES | 73,321 | 124,415 | 43,845,958 | 74,400,170 | 5,289,619 | 1,286,000 | 3,132,137 | | 2,578,000 | 3,683,000 | 16,682,556 | 52,611,626 | 27,163,402 | 21,788,544 | 38% | 71% |
| SUBCONTRACTS | 2,620,298 | 350,000 | 1,566,938,204 | 209,300,000 | 91,952,570 | 206,202,250 | 101,344,327 | 5,190,916 | 14,980,671 | 18,803,509 | 662,507,829 | 38,975,096 | 904,430,375 | 170,324,904 | 42% | |
| OTHER DIRECT COSTS | 306,995 | 38,737 | 183,583,010 | 23,164,726 | 7,799,457 | 20,909,184 | 7,951,517 | | | | 72,478,816 | - | 111,104,194 | 23,164,726 | 39% | 0% |
| | | | - | | | | | | | | - | - | 0 | - | | |
| ***TOTAL DIRECT COSTS*** | ***4,549,178*** | ***783,472*** | 2,720,408,444 | 468,516,146 | **168,496,966** | **322,006,708** | **180,213,285** | 7,355,113 | 19,722,868 | 24,650,706 | 1,151,257,874 | 115,914,164 | **1,569,150,570** | **352,601,982** | **42%** | **25%** |
| | | | - | | | | | | | | | | 0 | - | | |
| INDIRECT COSTS | 178,822 | 36,528 | 106,935,556 | 21,843,744 | **7,324,440** | **11,250,446** | **7,557,046** | 216,420 | 474,220 | 584,720 | 51,689,006 | 5,379,034 | **55,246,550** | **16,464,710** | **48%** | **25%** |
| | | | - | | | | | | | | | | | | | |
| ***TOTAL ESTIMATED COST*** | ***4,728,000*** | ***820,000*** | 2,827,344,000 | 490,359,890 | **175,821,406** | **333,257,154** | **187,770,331** | 7,571,533 | 20,197,088 | 25,235,426 | 1,202,946,880 | 121,293,198 | **1,624,397,120** | **369,066,692** | **43%** | **25%** |