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

**QUARTERLY REPORT FY24
(October 2023 to December 2023)**

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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	Emergency 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
VCT	Voluntary Counseling and Testing
VL	Viral Load

Introduction

The Community HIV/AIDS Investments for Longer and healthier Lives (CHILL) project 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 under Care and Health Program (CHP) in collaboration with local community-based organizations (CBOs). This report is the Q1FY23 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.

Section 1: Summary of activities and achievements

Overall, the achievements for all indicators range from 12% to 24% of the annual targets during the first quarter of FY24. PrEP_CT stood out with a notable achievement of 72% of the annual target in Q1 thanks to follow-up phone calls and robust adherence support systems. Despite the low performances in the quarter accounted for by a slow start to the fiscal year, there was a consistent increase in achievements from October to November, reflecting positive momentum and December showed a further improvement in most indicators compared to November, indicating sustained progress. This progress is expected to continue in the next quarter with closer support offered to partner CBOs by the CHILL regional coordination teams.

Over half (8,130) of the KPs who received HIV prevention services were FSW, followed by men who have sex with men (5,488). Majority (87%) of clients were reached this quarter for the first time in the fiscal year, owing to the intensive community follow-up of key populations who had previously received prevention services in the project and the minority (13%) were reached for the first time in the CHILL. FSW and MSM were tested at equal proportions, yielding the same proportions of positives.

Table 1: Quarterly Performance against annual targets: All populations

Indicators	Targets	October	November	December	Total Q1FY24	% of FY24 Achievement vs Annual Target
KP_PREV	81 995	3 306	4 645	5 946	13 897	17%
PP_PREV	15 415	562	1 020	2 065	3 668	24%
PrEP_NEW	4 064	141	310	339	790	19%
PrEP_CT	2 736	868	507	616	1 991	72%
HTS_TST	48 455	1 029	2 174	3 025	6 228	13%
HTS_SELF	17879	332	551	1493	2376	13%
HTS_TST_POS	2 510	133	134	178	445	18%
TX_NEW_VERIFY	2 385	132	134	164	430	14%

Table 2: Quarterly Performance against annual targets: Key populations

Indicators	Targets	October	November	December	Total Q1FY24	% of FY24 Achievement vs Annual Target
KP_PREV	81 995	3 306	4 645	5 946	13 897	17%
PrEP_NEW	4 064	141	310	339	790	19%
PrEP_CT	2 736	868	507	616	1 991	72%
HTS_TST	26 385	857	1 681	2 279	4 817	18%
HTS_SELF	16 891	280	473	1306	2059	12%
HTS_TST_POS	2 342	99	100	149	348	15%
TX_NEW	2 226	97	104	133	334	15%

Prevention and Case finding

During Q1, implementing partners (CBOs) prioritized reaching existing project participants through both traditional outreach and enhanced peer mobilization. Focus was placed on strategies to create demand for the services offered in the project. The bundling of services such as HIV/STI screening, family planning, cervical cancer screening, mental health and GBV support in FSW CBOs was done. The MSM CBOs focused more on carrying out recreational activities as well as engaging community leaders and using social media to reach project participants. CHILL reached 13,897 KPs through individual sessions, and support groups held in hot spots, “terres” for PWIDs, through “grins” or “chill-ins” for MSMs or at the CBO drop-in centers (DICs).

Similar prevention services, excluding PrEP, were also provided to 3,668 priority populations. Group discussions with AGYW around hotspots and university settings were done with a focus placed on sexual and reproductive health. Most clients of FSWs were reached through ICT. That notwithstanding, FSW CBOs carried out activities at truck parking sites (mainly in Ngaoundere, Yaoundé, Bertoua and Douala) of Long-Distance Truck Drivers (LDTD) to provide HIV prevention services.

CHILL further strengthened its HIV prevention and case-finding efforts by implementing targeted interventions in hotspots and venues frequented by key populations. Micro-testing initiatives in such locations led to a significant increase in testing, resulting in the identification of new HIV cases.

Additionally, a combined approach encompassing PrEP educational talks by "champions," peer-led sensitization activities in hot spots, and personalized follow-up by peers and nurses resulted in 790 PrEP initiations and 1965 KPs fulfilling their scheduled appointments for PrEP refills.

Linkage

The program successfully linked 97% (430) of the 445 individuals identified living with HIV. Of the 15 clients not yet linked to treatment over 65% were in denial. At the time of reporting some (3) of the missed initiations have been linked to ART. The CBO case managers continue to follow-up those not yet linked to ART and offer other prevention services to them as well as motivational counselling with a focus on U=U to get them linked to ART. With the advent of community ART initiation, the program hopes to significantly reduce the number of missed initiations in the coming quarters.

Data verification exercise

In quarter one of fiscal year 2024, 99% of linkage data was validated through the program's handshake data validation activity in each of the project's implementation areas. This verification was carried out with the RTG, the health districts, the health facility staff, and the clinical partner for each zone. Two codes reported by ASAD were not validated. These were clients who were already on treatment at a non-PEPFAR health facility.

These have been adjusted at the level of case finding indicators in the program.

Table 3: Handshake Data Validation

CBO	TX_NEW to verify	TX_NEW validated	% of coherence
ACAFEM	23	23	100%
ALCONDOMS	55	55	100%
ALUCOSIS+	29	29	100%
ASAD	39	37	95%
CMWA	37	37	100%
Horizons Femmes Bssam	20	20	100%
Colibri	6	6	100%
Horizons Femmes Dla	23	23	100%
Horizons Femmes Ydé	32	32	100%
RENATA	1	1	100%
WOPA	13	13	100%
YDF	14	14	100%
2HCR	12	12	100%
ACODEVO	12	12	100%
Affirmative Action Bda	10	10	100%
Affirmative Action Ndéré	17	17	100%
Alternatives Cameroun	28	28	100%
CAMFAIDS	9	9	100%
Humanity First	51	51	100%
Total	431	429	99%

Section 2: Activities

Overall cascade results for all populations

Prevention

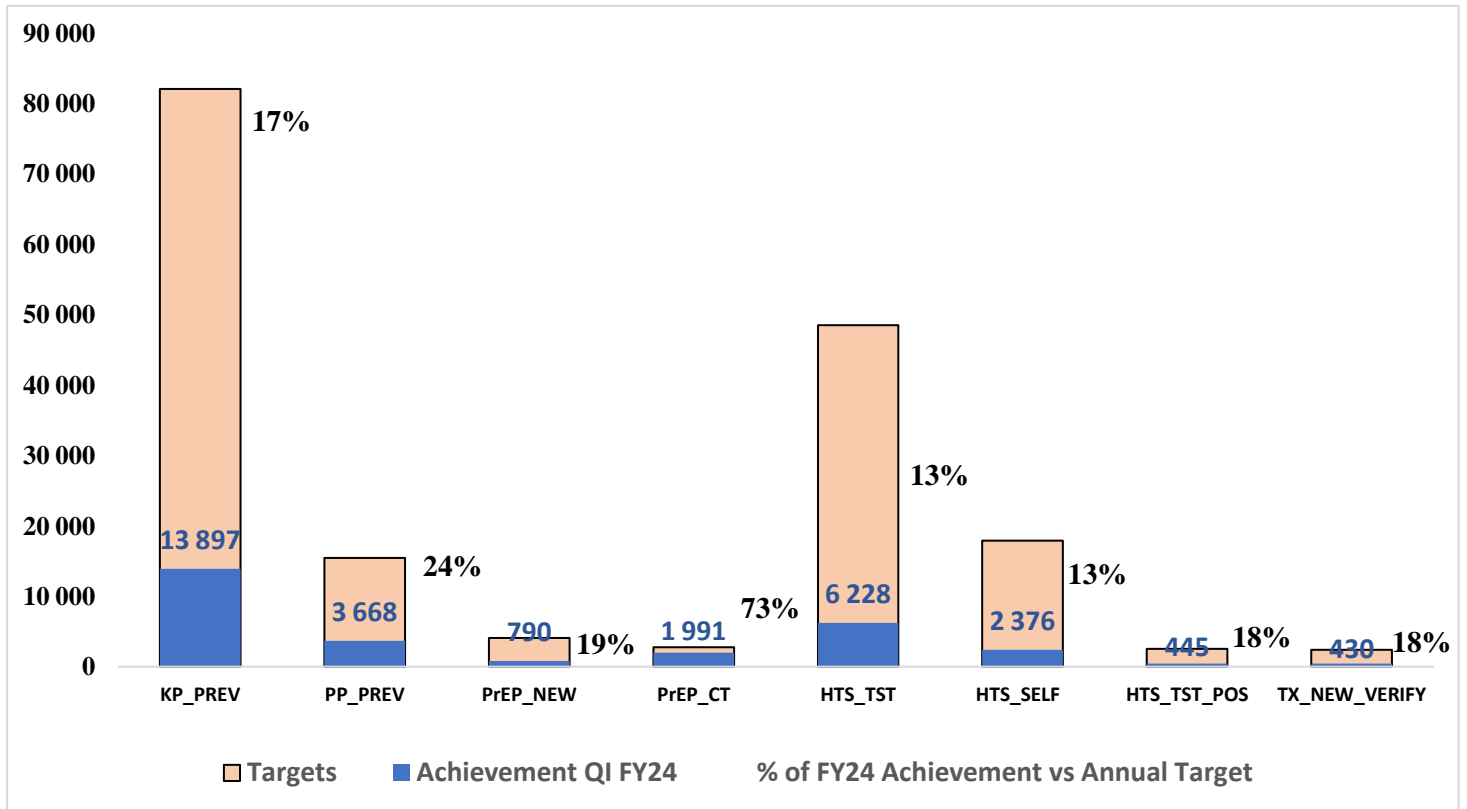


Figure 1: Overall cascade for all populations (Q1FY24)

Partner CBOS focused on active and passive referral of KPs to the DICs for prevention service provision. Moreover, onsite education in and around hotspots, door to door strategies, virtual mobilization and the engagement of community leaders were pivotal in reaching KPs. ICT, SNS and provider-initiated testing were also strategies employed to reach the priority populations.

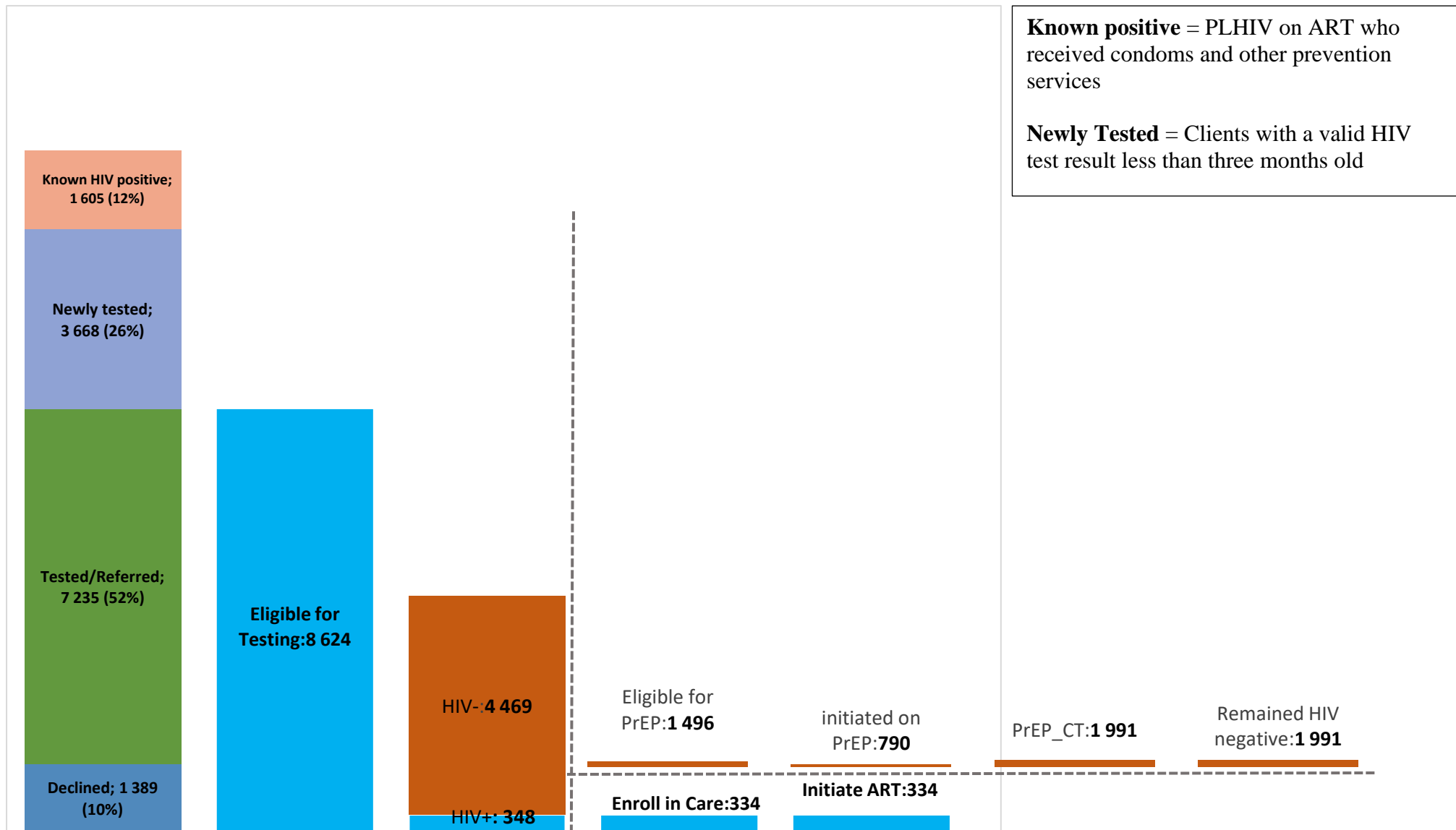


Figure 2: Overall cascade for key populations (Q1FY24)

Partner CBOS reached most clients (54%) in hotspots as compared to other entry points (DICs: 30%; grins/chill-in: 5%; and online mobilization: 3%). Of those individuals reached throughout the quarter, just over half were tested or referred for testing (Table 3). Only 1,389 of the 13,897 individuals (10%) declined testing. These KPs were provided with HIV self-test kits and followed up accordingly to ensure the use of these kits. Work sessions and intense supervision of CBOs will be done to ensure a minimum package of prevention activities to all KPs living with HIV. Weekly hotspot mapping and implementation of activities in the peripheries of the health districts will be carried out to reach KPs who have not received HIV prevention services before in the CHILL program.

Table 4: Mobilization by testing service and by entry points Q1 FY24

Indicator	Targets	Q1 Results	Annual performance %
KP_PREV	81 995	13 897	17%

		First in CHILL	First in FY24	Follow up visit	KP_PREV	0% KP_PREV
Total		1 826	12 071	2 792	13 897	100%
By Testing Services	Known HIV positive	0	1 605	622	1 605	12%
	Tested/Referred	1 469	5 766	362	7 235	52%
	Newly tested	118	3 550	1 731	3 668	26%
	Declined	239	1 150	77	1 389	10%
By entry point	Hotspot level	692	6 789	1 321	7 481	54%
	DIC level	433	3 770	1 328	4 203	30%
	SNS	381	660	112	1 041	7%
	Grins / Chill-ins	237	523	16	760	5%
	Online	83	329	15	412	3%

Pre-exposure prophylaxis (PrEP)

In Q1FY24, our partner CBOS delivered HIV and STI prevention messages to a total of 13,897 KPs, including 8,130 FSWs and 5,488 MSMs. Of these clients, 10,562 were educated on Pre-Exposure

Prophylaxis (PrEP) either through one-on-one discussions or grouped educative talks done at the DICs.

Out of the 10,562 beneficiaries educated on PrEP, 4,377 were contacted by case managers for HIV screening and sexual risk assessment. Among them, 91% (3975/4377) underwent HIV testing, and 93% (3691/3975) tested negative for HIV. Of the KPs who tested negative, 21% (790/3691) were initiated on PrEP, 29 of them taking up on-demand PrEP. This represents 19% of the annual target, with the majority (555/790) of those initiated being FSWs. Additionally, 151 KPs who were previously initiated on PrEP during the previous fiscal year were reinitiated.

Partners utilized educational talks with most of them being facilitated by PrEP champions, peer referrals, online mobilization, home visits, and telephone calls to achieve these outcomes. Moving forward, CHILL will focus on strengthening the capacities of partner CBOs using QuickRes to ease follow-up for refills and reminders. The program will continue to follow-up with the MOH and NACC for the extension of PrEP to Ngaoundere and Kribi following the completion of the evaluation of the PrEP pilot phase and validation of the evaluation report. It is worth noting that this report recommends as next steps, the need for the geographic extension of PrEP to the aforementioned towns among others.



Figure 3: Educative talk on PrEP by the nurse at DIC in Colibri-Bafoussam.

Table 5: PrEP indicators achievement Q1 FY24

	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	1361	231	231	213	18	96	14	44	0	0
Horizons Femmes Douala	465	236	236	220	16	83	43	68	1	0
Horizons Femmes Bafoussam	587	142	142	125	17	95	86	403	0	0
Alcondoms Douala	642	416	416	392	24	59	12	65	8	0
ASAD	736	259	252	229	23	29	30	259	8	0
ACAFEM	1283	237	237	219	18	60	11	112	35	0
CMWA	487	382	382	352	30	64	62	330	0	0
YDF	974	230	230	221	9	69	27	290	0	0
Total FSW	6535	2133	2126	1971	155	555	285	1571	52	0
Humanity First Cameroun	1120	466	466	420	46	58	32	587	0	0
Alternatives Douala	729	729	387	356	31	44	9	11	2	0
Alcondoms Douala	376	272	272	252	20	31	9	54	11	0
Affirmative Bamenda	207	133	133	125	8	25	12	34	0	0
CAMFAIDS	613	263	263	254	9	30	38	239	0	0
Colibris	383	136	136	130	6	16	11	111	86	0
2HRC	599	245	192	183	9	31	26	119	0	0
Total MSM	4027	2244	1849	1720	129	235	137	1155	99	0
Total MSM + FSW	10562	4377	3975	3691	284	790	422	2726	151	0

HIV Testing

In Q1FY24, CHILL partner CBOs continued implementing evidence-based strategies for HIV testing outreach. These included collaborating with queen mothers, street-based pharmaceutical vendors, as well as conducting index case testing (ICT) and social network strategy (SNS). To address the low referral rate by PL to Case Managers (CM) at DIC, some partners focused on strengthening PL-CM associations through organization of sensitization activities in and around hotspots which involved a CM to enhance HIV testing uptake for clients who were eligible for testing but couldn't reach the DICs. Weekly targets for each CBO staff member were monitored to ensure program effectiveness. These combined efforts resulted in testing 6,288 clients for HIV, achieving 13% of our annual testing target. Of these, 445 clients tested positive, with an 8% yield. Some partner CBOs, such as Horizons Femmes Douala, CAMFAIDS, Colibri, WOPA, 2HRC, YDF, and Alcondoms, had lower yields, possibly due to suboptimal use of risk assessment tools during community activities. Conversely, Humanity First + and Horizons Femmes Yaoundé achieved the highest yields at 10% and 11%, respectively.



CHILL will carry out refresher training in Q2FY24, particularly of the lesser performing CBOs to improve sensitization techniques on HIV testing, laying emphasis on U=U messaging. Moreover, there will be a reinforcement of recreative activities at the DICs to improve demand creation. Finally, Partner CBOs would be encouraged to integrate other services not already in their package of services (such as family planning, distribution of mosquito nets, mental health services) in the HIV testing bundle to render it more attractive and improve testing uptake. Finally, emphasis will be placed on providing services using the status neutral approach to ensure all clients with an either HIV positive or HIV negative test result receive tailored services in relation to their HIV test result.

Table 6: HIV testing and positive yield by CBO for all populations

CBO	FY24 Q1			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW		
ACAFEM	317	25	23	8%	92%
ALCONDOM	865	56	56	6%	100%
ALUCOSIS+	363	29	29	8%	100%
ASAD	444	38	37	9%	97%
CMWA	526	37	37	7%	100%
Horizons Femmes Bssam	234	20	20	9%	100%
Horizons Femmes Dla	425	23	23	5%	100%
Horizons Femmes Ydé	304	33	32	11%	97%
RENATA	165	1	1	1%	100%
WOPA	220	14	13	6%	93%
YDF	314	14	14	4%	100%
2HCR	208	13	12	6%	92%
ACODEVO	158	12	12	8%	100%
Affirmative Action Bda	142	10	10	7%	100%
Affirmative Action Ndéré	217	17	17	8%	100%
Alternatives Cameroun	418	36	28	9%	78%
CAMFAIDS	271	10	9	4%	90%
COLIBRI	136	6	6	4%	100%
Humanity First	501	51	51	10%	100%
Total	6 228	445	430	8%	97%

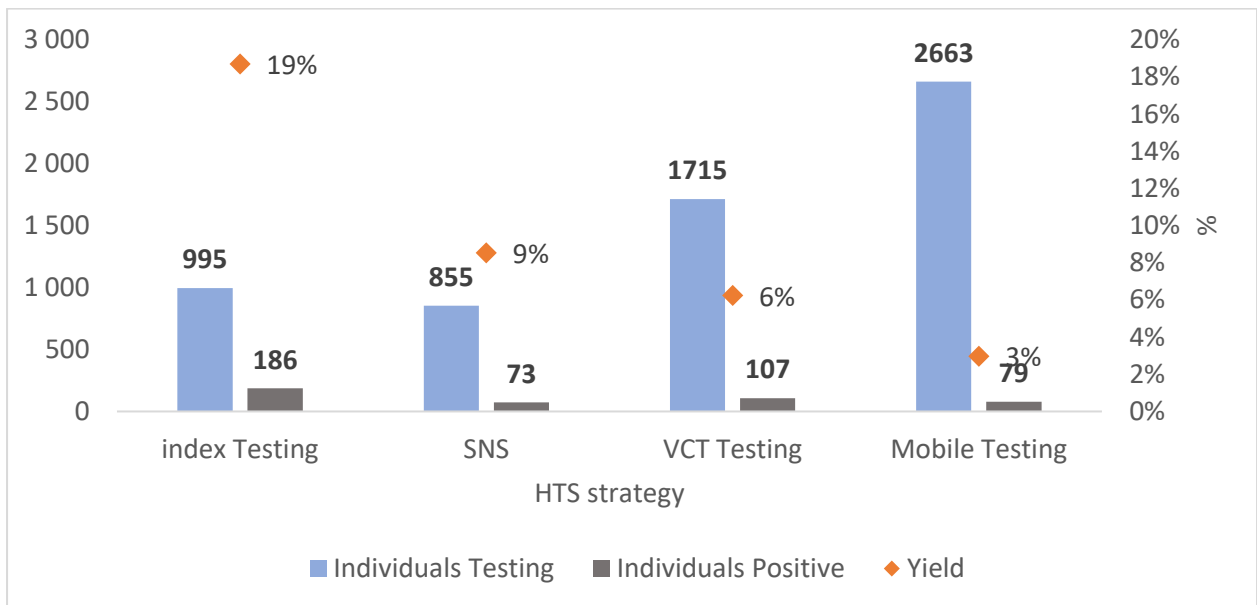
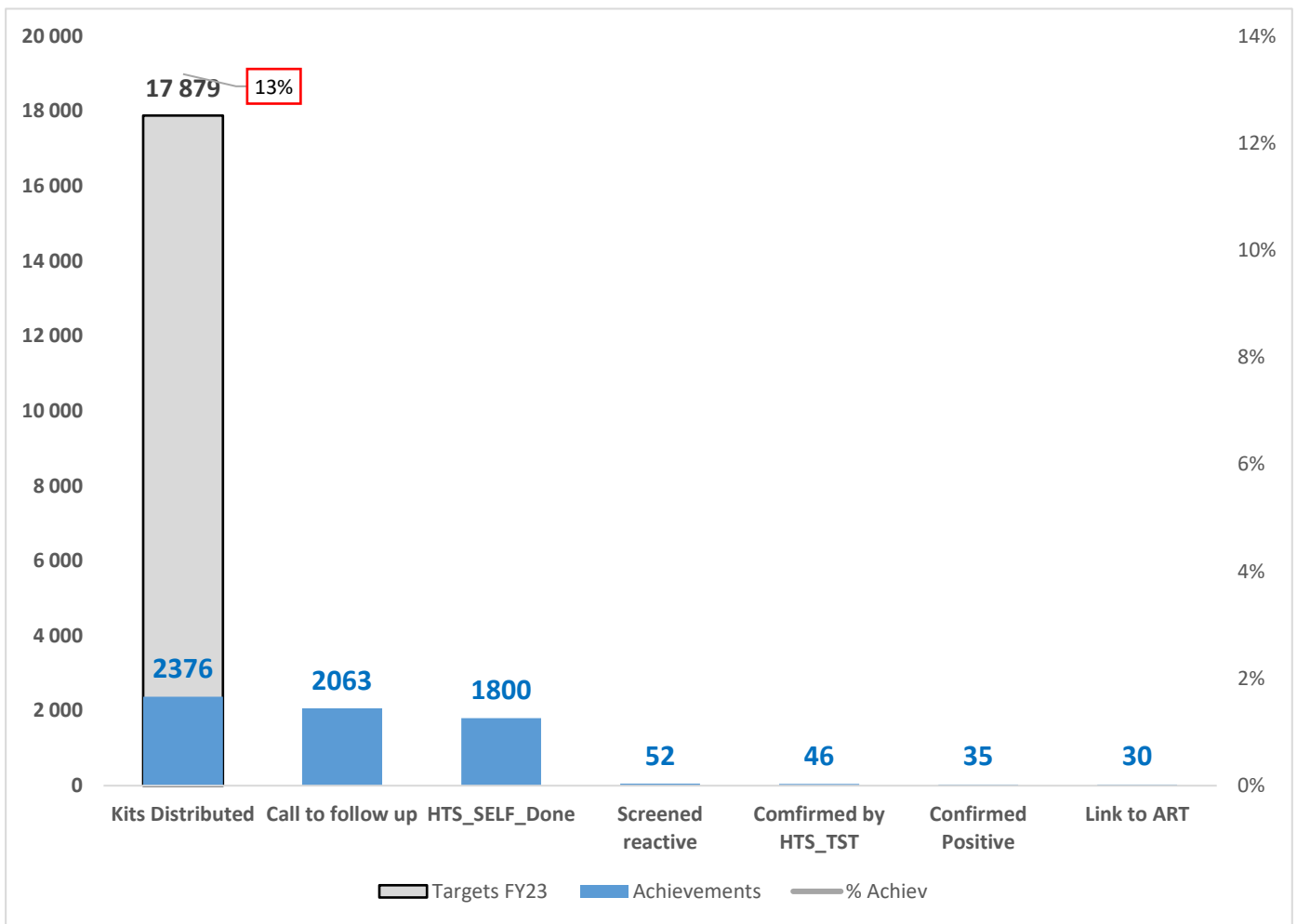


Figure 5: HIV testing and positive yield by type of HTS strategy at all sites Q1 FY24

Index case testing (ICT) yielded the highest rate at 19%, followed by social network strategy (SNS) at 9%, and the lowest yield of 3% was observed in mobile testing. The low yield in mobile testing can be attributed to the underutilization of risk assessment tools and the need to offer HIV testing services to KPs who solicit these services even if they may not be at high risk. 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. Capacity-building sessions will also be organized to improve the implementation of ICT by partner CBOS experiencing challenges with this strategy.

HIV self-testing



By the end of Q1FY24, the program had distributed 2,376 HIV self-test kits. Through phone calls and in-person follow-ups by peer leaders and case managers, 75% of the distributed kits were utilized. Out of the 1,800 kits used, 52 were reactive and were referred to the DIC or a nearby health facility of their choice for confirmation, resulting in 35 confirmed PLHIVs, indicating a higher contribution rate of HIV self-testing in case finding at 8%.

The distribution of 2,376 kits represents 13% of the annual indicators. To enhance the distribution of self-tests, a review of eligible individuals for self-testing will be conducted among all partners, particularly those with low performance. Additionally, there will be strengthened weekly monitoring of peers responsible for distribution. CHILL will also lay emphasis on distribution to persons who state difficulties reaching the DIC for HIV testing when referred by PLs, hard-to-reach KPs through SNS, sexual partners for partner notification and clients who decline conventional HIV testing.

Online reach and recruitment

During the quarter, all CBOs were trained on virtual hotspot mapping meanwhile the Yaoundé and Douala CBOs were trained on the use of the QuickRes application which would come a long way to ease client's booking of appointments for services at the DICs. Moreover, CHILL received regular support and technical assistance from FHI 360. In Q2FY24, the pilot phase on the use of QuickRes will begin and it is expected that this tool will increase visits to the DICs and improve reach to hard-to-reach KPs.



Figure 7: POOC training CAMFAIDS staff on Virtual hotspot mapping

The program also multiplied the number of posts and engagement with clients on its Facebook page with support from the partner CBOS. The posts were on themes such as Breast Cancer Screening, basic knowledge on HIV/AIDS, Myths about HIV/STIs and Community leadership on the fight against HIV. Each post received an average of at least 800 views and 100 interactions. Majority (52%) of the followers on the page are females with the highest age range of followers being 25-35 years.

During the quarter, the CBO online peer leader engaged in chats with KP clients through different social media platforms such as Facebook, Instagram, Telegram, WhatsApp, and Snapchat. The CBOs with the most chats are HFC+, ALETRNATIVES, Horizons Bafoussam and Horizons Femmes Douala. However, Affirmative Action Ngaoundere (90%) and CAMFAIDS (80%) were able to provide prevention services to majority of the clients they engaged in a chat with.

Through this virtual mobilization, the program was able to test 223 clients. ALCONDOMS accounted for the most PLHIV (three) diagnosed with a positive yield of 15%. Meanwhile Horizons Femmes Bafoussam (25) and Horizons Femmes Douala (13) contributed to over 50% of the total number of clients initiated on PrEP. Continuous support is offered by CHILL on a weekly basis through virtual meetings with CBO online peer leaders to discuss challenges they come across and propose solutions.

Table 7: Online performance Q1 FY24

Sites	CHATS	KP_PREV	HTS-TST	HTS-TST-POS	TX_NEW	PrEP_NEW	HTS_SELF
Alternatives	122	34	20	1	0	1	0
Alcondoms	42	22	20	03	03	07	10
Affirmatives Action Bamenda	72	28	18	00	00	05	02
CMWA	61	20	18	01	01	05	0
WOPA	22	13	2	0	0	0	2
ACODEVO	50	14	05	00	00	NA	01
HFD	109	26	17	0	0	13	10
ALUCOSIS+	33	13	1	1	1	0	0
Affirmatives Action Ngaoundéré	73	67	9	0	0	0	3
2HRC	38	6	4	0	0	1	1
ASAD	60	29	14	0	0	1	4
ACAFEM	59	7	2	0	0	0	0
CAMFAIDS	81	65	22	2	2	6	13
Horizons Femmes Bafoussam	120	60	36	1	1	25	15
COLIBRI	15	2	0	0	0	0	0
Horizons Femmes Yaoundé	45	28	14	1	1	5	0
Humanity First Cameroon +	178	48	17	2	2	3	0
YDF	63	10	2	9	1	1	1
RENATA	77	27	2	0	0	0	0
Total	1320	519	223	21	12	73	62

Viral Load

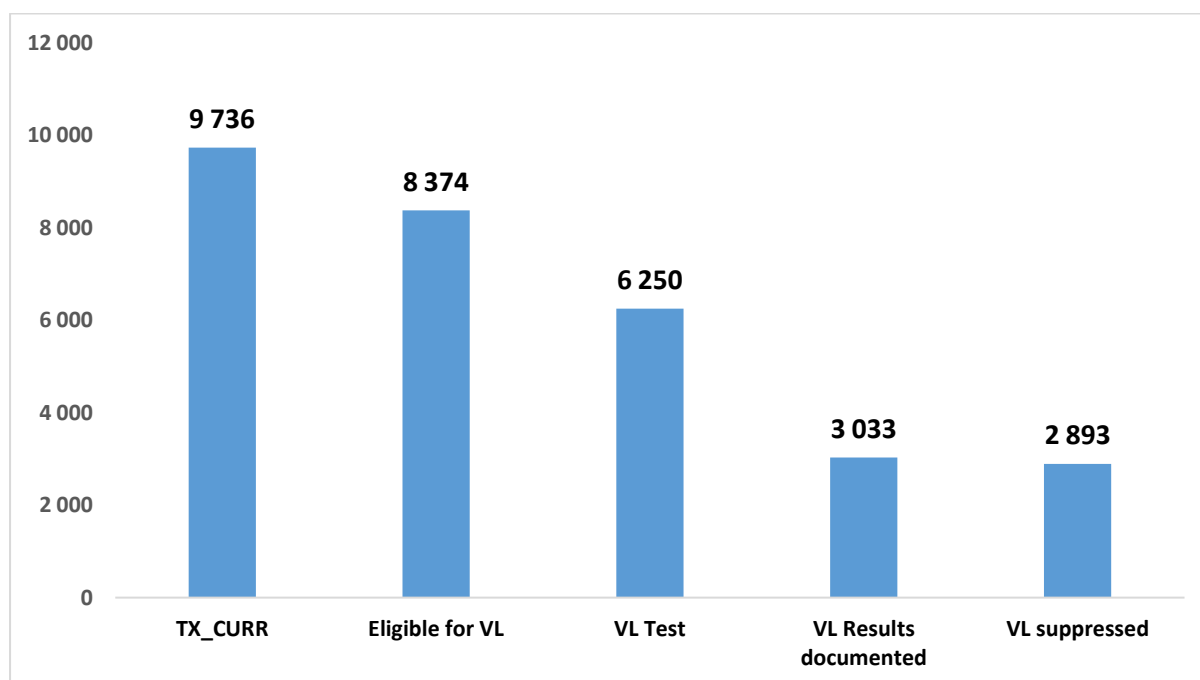


Figure 8: Overall VL cascade for all population Q1 FY24

The program successfully collected VL samples from 74% of eligible PLHIV through strategies like phone call reminders, home visits for missed appointments, and collaborations with health facilities and KP focal persons during ART refills. Challenges persist due to Ministry of Public Health's restrictions, limiting VL sample collection to pregnant women and children. However, only 49% of the persons whose samples were collected received results due to the national stock tension of VL analysis reagents. Regardless, the program achieved notable 95% VL suppression. Clients with high VL have been enrolled in enhanced adherence counselling (EAC) and the CBO case managers are working in collaboration with the health facilities to offer support to these clients to achieve viral suppression.

Overall cascade results for key populations

FSW: Performance against annual targets

FSW partner CBOs in Q1 had mixed results. They smashed goals for PrEP_CT, exceeding benchmarks. However, key indicators like KP_PREV, HTS_TST, and TX_NEW all fell short of benchmarks, with less than 25% of targets met.

On a positive note, PrEP_NEW was close to the benchmark and about 97% of the 184 PLHIV identified in Q1 were successfully linked to treatment.

Table 8: Performance against annual targets: Female sex workers (FSW)

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
KP_PREV	52 132	2 203	2 533	3 394	8 130	16%
PrEP_NEW	2 340	104	213	238	555	24%
PrEP_CT	1 168	529	358	374	1 261	108%
HTS_TST	17 332	506	858	1 108	2 472	14%
HTS_SELF	9 146	93	259	753	1 218	13%
HTS_TST_POS	1 554	56	52	65	184	12%
TX_NEW	1 476	63	55	61	179	12%

Q1 performance represents just 16% of the annual target for key prevention interventions (KP_PREV). Notably, the program achieved high reach among previously engaged FSWs (86%), indicating program continuity. However, an 8% decline rate for FSWs eligible for testing is noted. The CBO PLs made sure to provide these clients with HIV self-test kits for a more convenient HIV testing experience. While hotspots remain the primary contact point (77%), over a quarter of FSWs reached the DICs to access CHILL prevention services, highlighting the need to increase demand creation at the DICs.

Table 9: Mobilization by testing service and by entry points (FSW)

Indicator	Targets	Q1 Results	Annual performance %
KP_PREV	52 132	8 130	16%

		First in CHILL	First in FY24	Follow up visit	KP_PREV	% KP_PREV
Total		1 094	7 036	1 953	8 130	100%
By Testing Services	Known HIV positive	0	662	401	662	1%
	Tested/Referred	908	3173	259	4 081	59%
	Newly tested	57	2 706	1 247	2 763	32%
	Declined	129	495	46	624	8%
By entry point	Hotspot level	467	4566	1031	5 033	62%
	DIC level	241	2023	898	2 264	28%
	SNS	172	164	11	336	4%
	Grins / Chill-ins	160	140	5	300	0%
	Online	54	143	8	197	2%

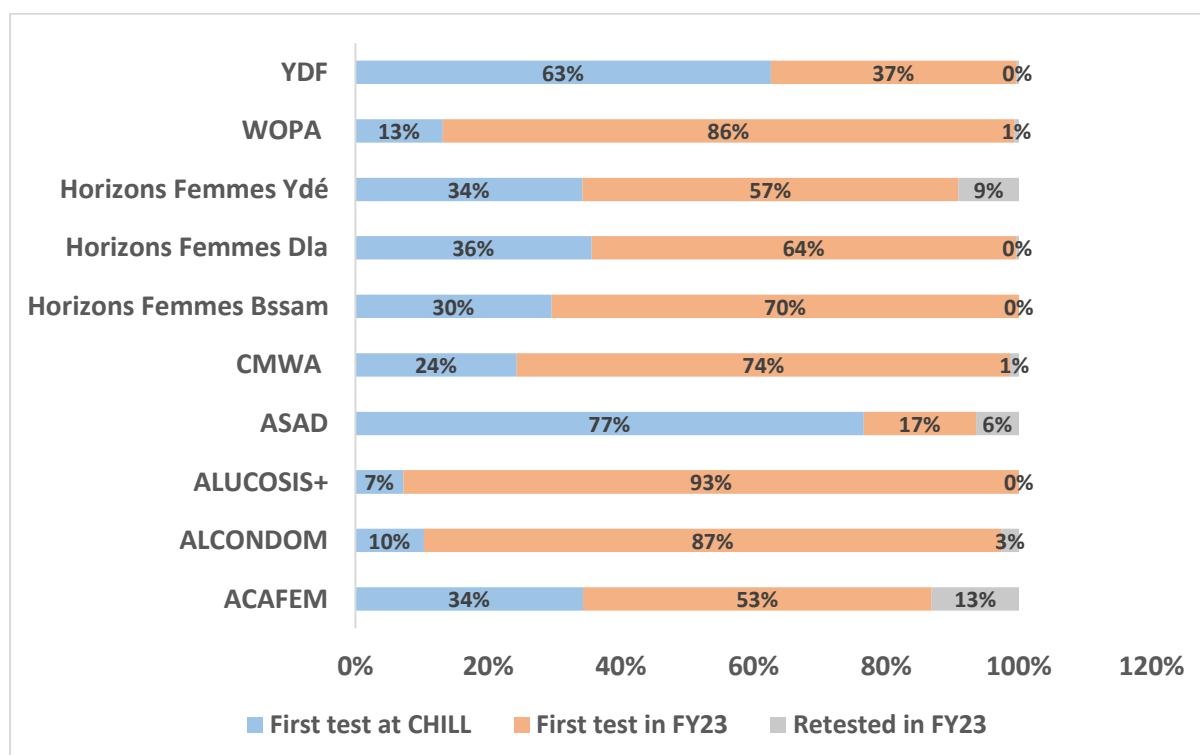


Figure 9: Testing by retest status among FSW Q1 FY24

Most FSWs served this quarter were KPs who had previously received CHILL prevention services. This is particularly prominent at WOPA, Horizons Femmes Bafoussam, CMWA, ALUCOSIS and ALCONDOM, for which over 70% of the FSWs they each tested were reported as being reached for the First time in the Fiscal Year. Through regular hotspot mapping and the organization of activities at the peripheries of their respective health districts, YDF (63%) and ASAD (77%) were able to test more newly identified FSWs who had never been served in the CHILL project.

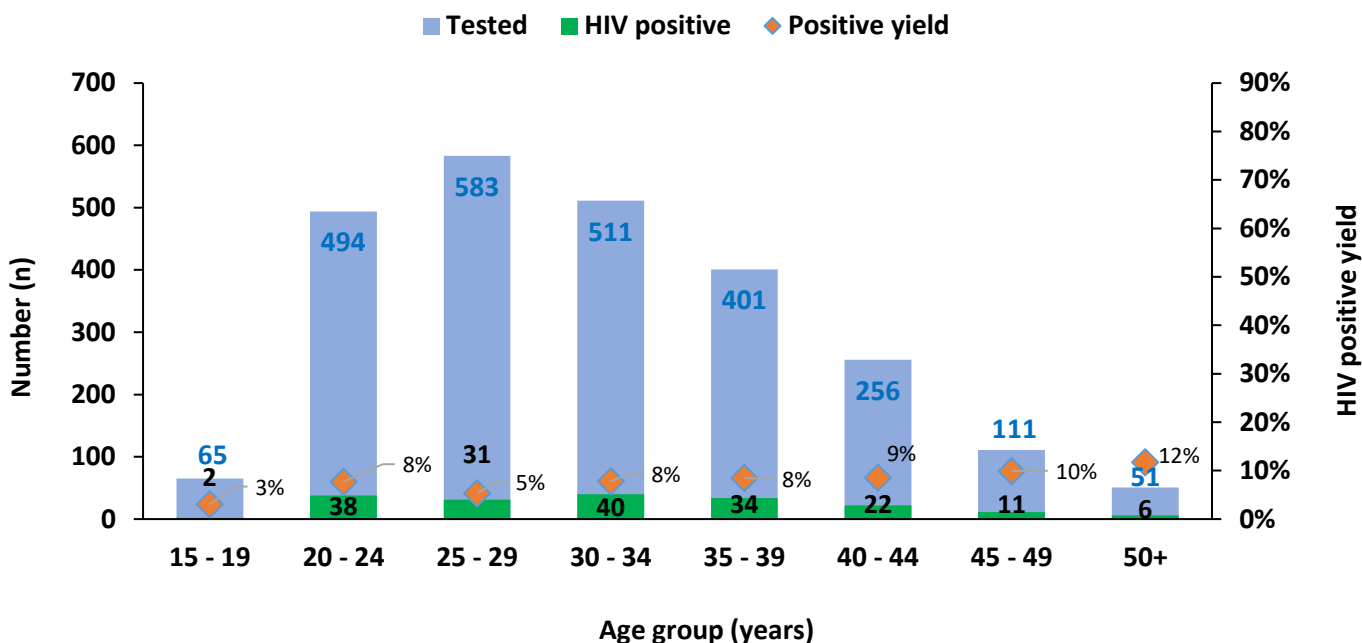


Figure 10: HTS_POS and HIV positive yield by age group

Majority of FSWs tested belonged to the 20-39 years age range. Similarly, most FSWs living with HIV were identified in this age group. However, more emphasis needs to be laid on testing more FSWs who are 50 years or older since testing in this age group produced the best positive yield (12%). Partner CBOS will be trained on the newly updated HIV risk assessment tool for FSWs to improve positive yields in the 15-19 and 25-29 age groups.

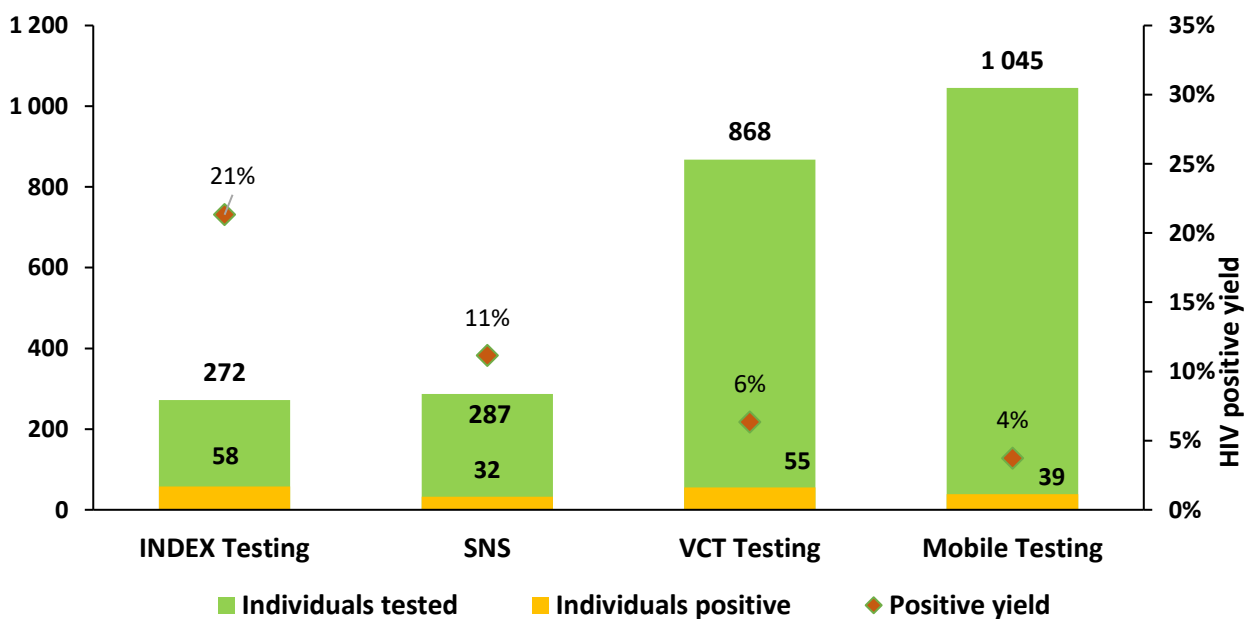


Figure 11: FSW HIV testing and positive yield by type of testing

Analysis of case finding strategies within the FSW population reveals that index-case testing (ICT) and social network strategies (SNS) significantly outperform other approaches. As depicted in Figure 8, ICT boasts a remarkable yield of 21%, followed by SNS at 11%. This underscores the potential of leveraging personal networks for efficient HIV case identification and highlights the need for ongoing investment in these strategies. ICT not only demonstrates the highest yield rate but also yielded the absolute highest number of identified HIV-positive FSWs.

Mobile testing, on the other hand, exhibited a lower yield, which can be attributed to two key factors:

Less targeted testing: Mobile units may encounter more individuals with a broader range of risk profiles compared to the more focused populations reached through ICT and SNS.

Suboptimal use of the HIV risk-assessment tool: Ensuring consistent and accurate application of this tool during mobile testing is crucial for identifying those FSWs eligible for HIV testing and consequently improve the yield.

CHILL has planned refresher trainings of CBO staff on the updated risk assessment tool. However, ongoing supportive supervision remains critical to solidify best practices and optimize the yield of mobile testing. This continued monitoring will ensure proper tool utilization, address any lingering knowledge gaps, and ultimately improve the effectiveness of this outreach strategy.

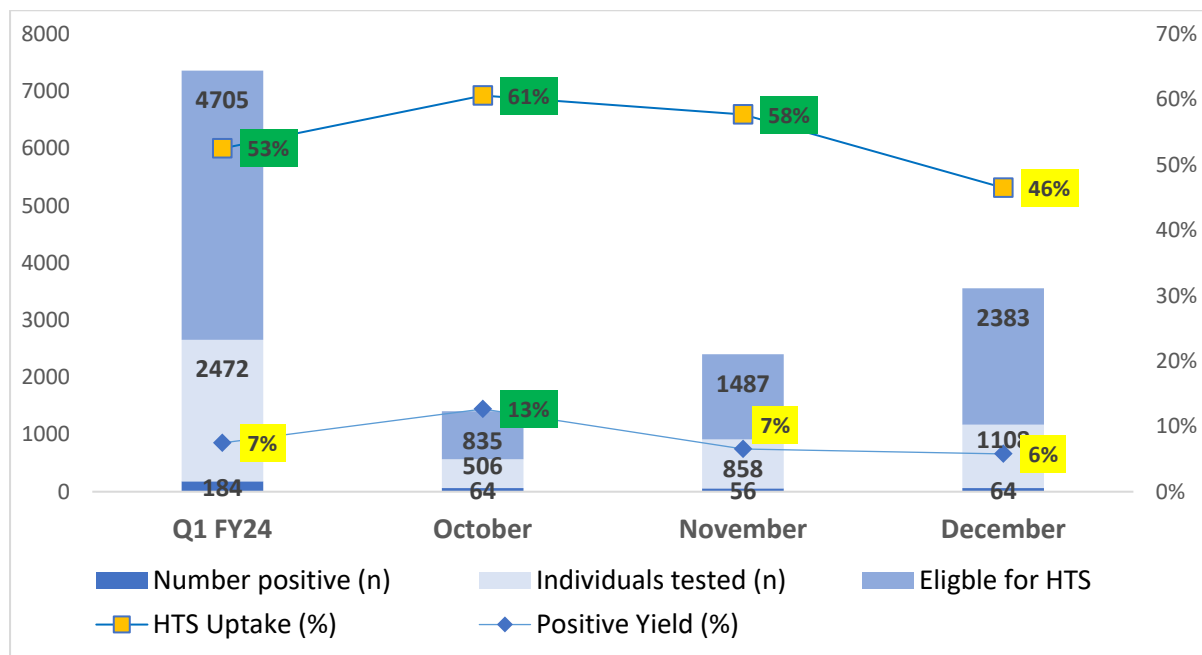


Figure 12: Trend for HIV positive yield – FSW

There was a consistent increase in the number of FSWs eligible for testing, and subsequently those tested over the course of the quarter. This, however, was followed by a similarly consistent drop in the HIV testing uptake and positive yield. Some of the reasons discussed above account for this. CHILL will continuously support partner CBOS to ensure proper use of the HIV risk assessment tool.

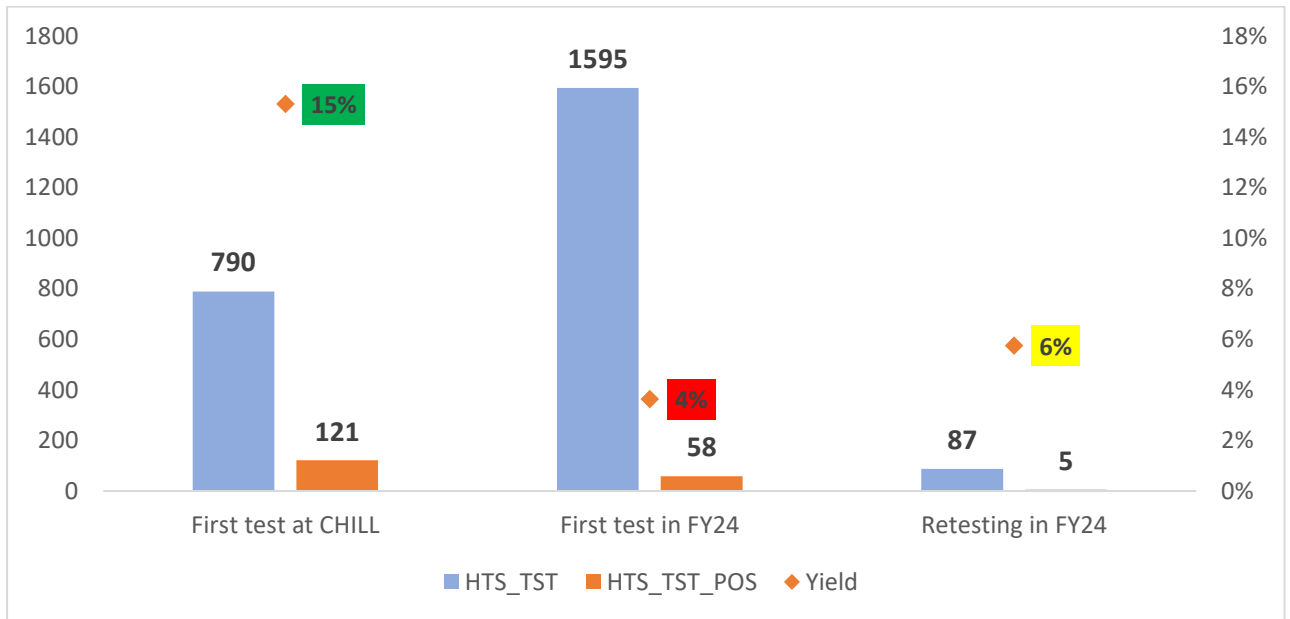


Figure 13: Testing and positive yield by retest status – FSW

First-in-fiscal-year testing in Q1 contributed to the overall low HIV positivity yield (4%), as these clients are typically at lower risk due to prior exposure to HIV prevention initiatives implemented by the program. This routine three-month testing for new and returning FSWs further contributes to lower yields, as a significant portion may not be at significantly high risk. Moreover, some FSWs solicit HIV testing despite not being at any significant risk.

On the other hand, FSWs who were tested for the first time in CHILL produced the highest absolute number of PLHIV (121) and an impressive yield of 15%. Horizons Femmes Yaoundé (16), Horizons Femmes Bafoussam (16), CMWA (18) and ASAD (22) contributed massively to this fit. This highlights the need for continuous hotspot mapping and extension of program activities to unexplored parts of their health districts, to serve KPs in these areas.

The program achieved an impressive 98% linkage to treatment for FSWs living with HIV, exceeding program standards. This accomplishment highlights the effectiveness of existing referral and support mechanisms across participating CBOs.

However, ACAFEM with an 89% linkage rate was due to two specific situations: one FSW in denial and the second awaiting confirmation of a tuberculosis diagnosis. However, the missed initiation from Horizons Femmes Yaoundé passed away before she could be linked to ART. The program will work with the clinical partners to reinforce co-morbidity management while ensuring improvements in motivational counselling to ensure the client in denial is eventually linked to care.

Table 10: Performance by FSW-Partner CBOs

FSW by CBO	FY24 Q1			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW		
Horiz. F. Ydé	231	18	17	8%	94%
YDF	230	9	9	4%	100%
Horiz. F. Dla	236	16	16	7%	100%
Alcond. Dla	416	23	22	6%	96%
ACAFEM	236	18	16	8%	89%
ALUCOSIS +	207	21	21	10%	100%
Horiz. F. BAF	142	17	17	12%	100%
ASAD Bertoua	248	23	23	9%	100%
WOPA	144	9	9	6%	100%
CMWA Bda	382	30	30	8%	100%

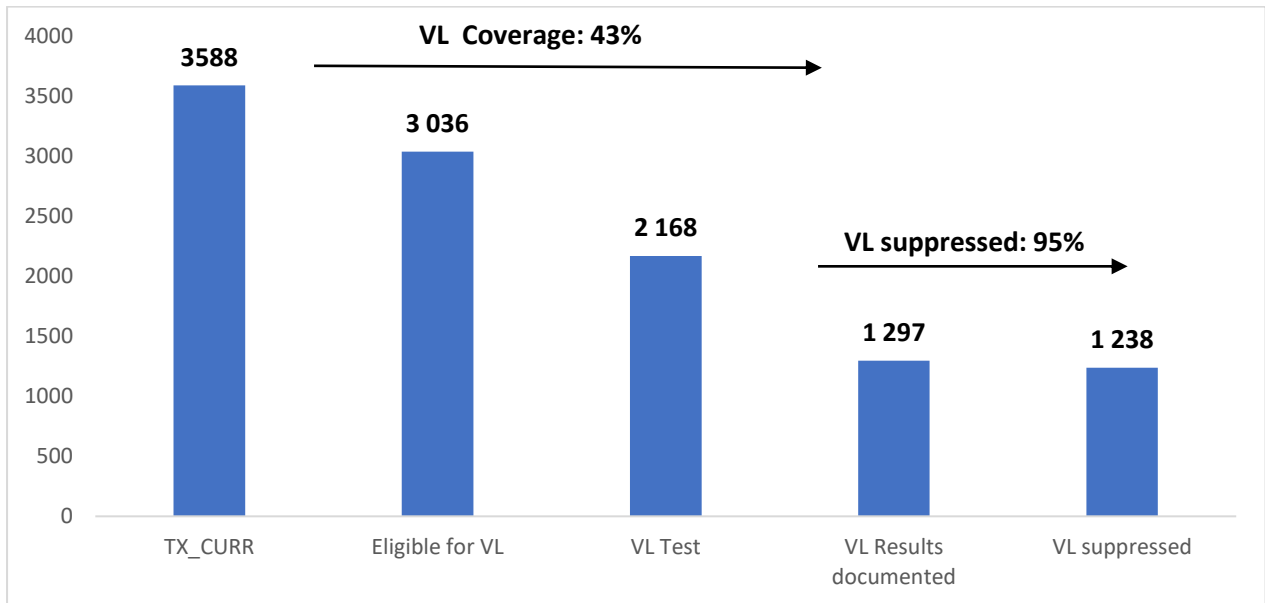


Figure 14: Viral load (VL) cascade among FSWs

Within the program, 3,036 FSWs were eligible for VL testing, of which 71% had their samples collected. This is primarily attributed to tensions surrounding the availability of viral load reagents, limiting sample collection. The program continues to actively monitor all through phone calls, appointment reminders, and therapeutic education, ensuring their retention in treatment. Among available VL results, an impressive 95% achieved suppression, while clients with high VLs have been enrolled in EAC and are being closely supported by CBO case managers.

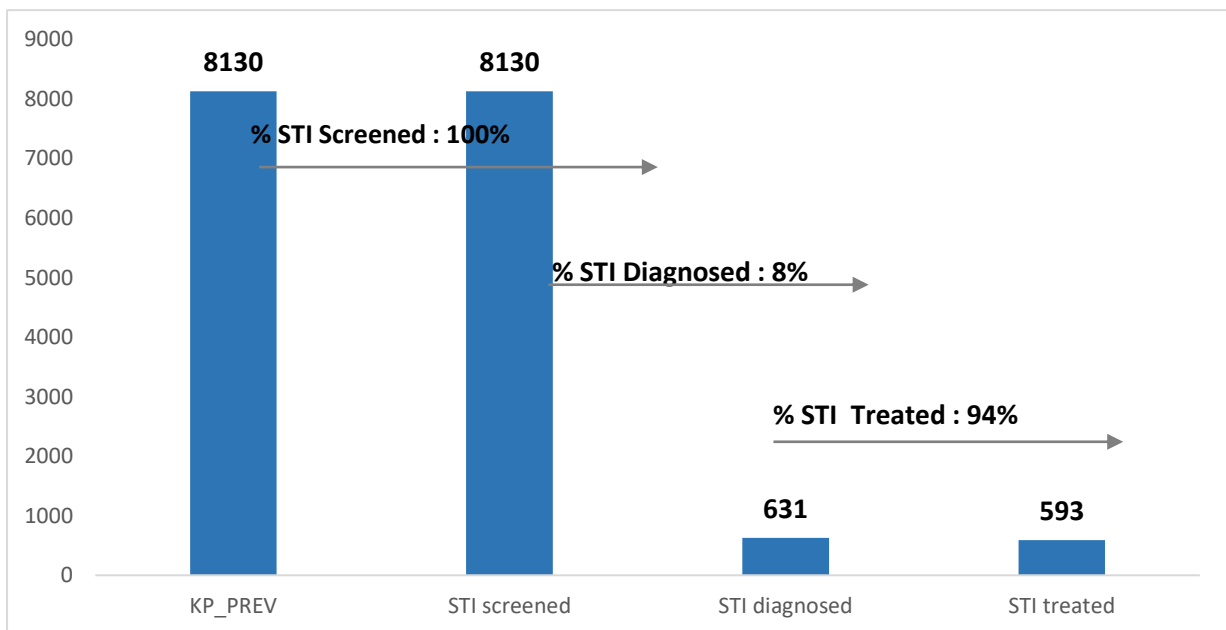


Figure 15: Sexually transmitted infections (STIs) among FSW

Up to 8% (631) of the 8,130 FSWs screened for STIs were diagnosed with sexually transmitted infections (STIs). The program successfully treated 94% (593) of diagnosed cases. However, two key challenges impacted comprehensive treatment initiation:

Stockout of STI treatment kits: While the program prioritizes ensuring medication availability, the long-term supply constraints affected prompt treatment initiation for some diagnosed individuals.

Client financial constraints: Some beneficiaries faced difficulties affording medications prescribed by doctors.

Moving forward, the program remains committed to ensuring equitable access to comprehensive STI diagnosis and treatment for all FSWs. By exploring cost-effective solutions, and empowering clients to be financially independent, the program will continue to optimize its response to STIs and contribute to improved sexual health outcomes among FSWs.

In Q1, all FSW CBOs recorded a total of 1,956 GBV cases. CMWA reported 29% of the overall cases and 94% of all sexual GBV incidents. Among the 137 sexual violence incidents reported by CMWA, only 31 (22%) were addressed. Due to insecurity, many survivors do not accept to reach the DIC or health facility to receive adequate response. CHILL is working with CBOs on including a mental health package of services in all sites to improve demand creation for post GBV services.

There has been a significant rise in economic GBV (25%) this quarter. CMWA still has most cases at this level. Details show that the perpetrators of this violence type were mostly the sexual partner or family members of the survivor. To address this, CBO GBV focal points have been educating clients on ways of rapidly identifying situations that may put them at risk of GBV, such that they are capable of rapidly escaping such situations.

Table 11: Reported violence and follow-up among FSW

FSW CBO	Types of violence				Type of services received after sexual violence				
					HIV Testing	PEP	STI Services	Emergency Contraception	Other Counseling
	Sexual	Physical	Economic	Emotional					
ACAFEM	2	14	40	43	1	0	1	0	1
Alcondoms Douala	0	37	106	121	0	0	0	0	0
ALUCOSIS+	0	0	113	359	0	0	0	0	50
ASAD	0	0	11	52	0	0	0	0	0
CMWA	137	131	117	189	31	6	16	0	16
Horizons Femmes Bssam	1	11	14	13	1	0	1	0	6
Horizons Femmes Dla	3	28	38	226	3	0	1	0	3
Horizons Femmes Yde	1	5	3	4	1	0	0	0	0
WOPA	0	0	0	0	0	0	0	0	0
YDF	2	6	41	88	2	0	2	0	2
ALL FSW	146	232	483	1 095	39	6	21	0	78

MSM: Performance against annual targets

MSM partner CBOS surpassed the benchmark target for HTS_TST and PrEP_CT in Q1, but performance in PrEP_NEW and HTS_SELF was significantly low. This low performance in PrEP_NEW can be attributed to difficulties observed in the last fiscal year, particularly the need by most clients to initiate PrEP at hotspots (away from the DIC), which is against policy.

Partner CBOs utilized social network strategy, index case testing, network mapping, and targeted micro-testing, but they did not consistently employ systematic risk assessment before testing, resulting in a low yield of just 7%. Collaboration with PLHIV clients to mobilize peers and the use of mixed teams (peer leaders and case managers) for prevention and testing activities in the community boosted HIV testing uptake.

Table 12: Quarterly performance against annual targets: MSM

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
KP_PREV	26 576	1 069	2 028	2 391	5 488	21%
PrEP_NEW	1 744	36	98	101	235	13%
PrEP_CT	1 048	339	149	242	730	67%
HTS_TST	8 042	335	783	1 097	2 215	28%
HTS_SELF	7 745	65	212	530	807	9%
HTS_TST_POS	704	35	43	80	158	22%
TX_NEW	669	34	44	73	151	23%

In Q1FY24, close to half of MSMs (41%) were reached at the Hotspot level, indicating a concentrated effort in areas with higher prevalence or susceptibility to HIV transmission. Among the individuals reached during this period, a majority, constituting 54%, underwent testing or were referred for HIV testing.

Out of the 5,488 MSMs provided HIV prevention services, a noteworthy 13% (720) individuals declined testing or referral for testing. CHILL will work with partner CBOs through debriefing meetings with PLs on a weekly basis to improve sensitization techniques necessary to improve HIV testing uptake.

It was observed that 17% of those reached were already known to be living with HIV, highlighting the importance of ongoing engagement and support for individuals already living with HIV.

Table 13: Mobilization by testing service and by entry points

Indicator	Targets	Q1 Results	Annual performance %
KP_PRE V	26 576	5 488	21%

		First in CHILL	First in FY23	Follow up visit	KP_PRE V	% KP_PRE V
Total		667	4 821	829	5 488	100%
By Testing Services	Known HIV positive	0	924	218	924	17%
	Tested/Referred	519	2442	101	2 961	54%
	Newly tested	55	828	480	883	16%
	Declined	93	627	30	720	13%
By entry point	Hotspot level	187	2058	281	2 245	41%
	DIC level	177	1712	429	1 889	34%
	SNS	198	484	101	682	12%
	Grins / Chill-ins	76	381	11	457	8%
	Online	29	186	7	215	4%

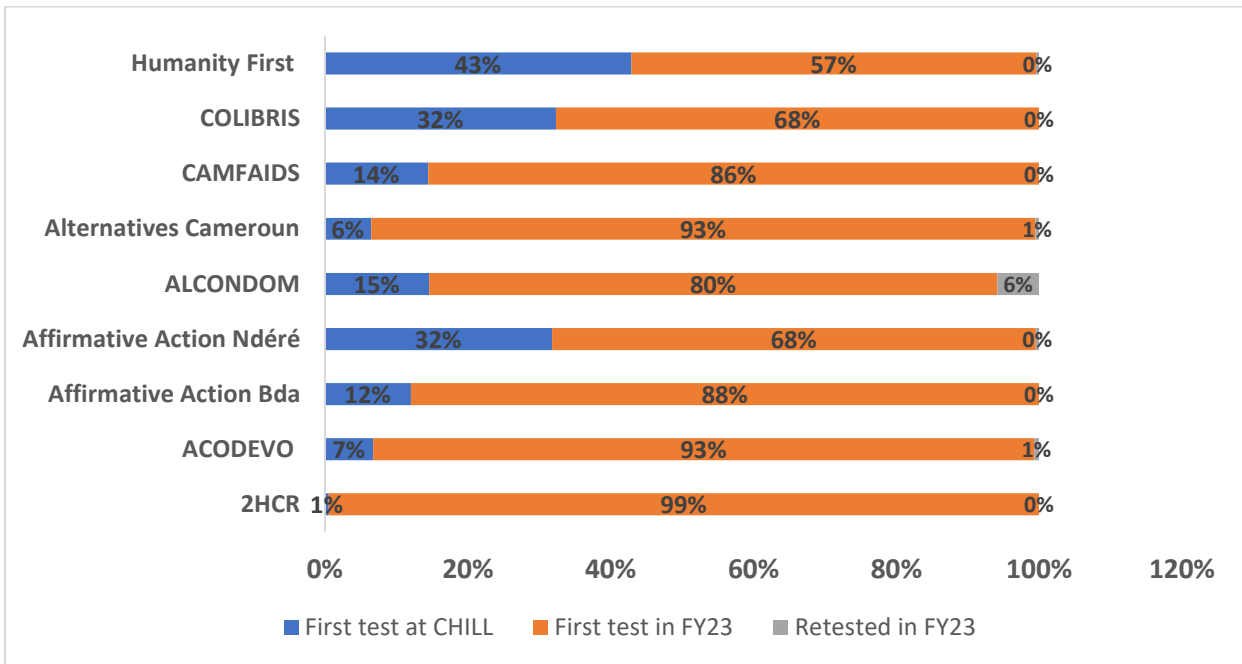


Figure 16: Testing by retest status among MSM.

The number of MSM reached and tested for the first time in the fiscal year were almost double the number of MSM reached for the first time in the fiscal year. Meanwhile, 1% of those tested were being retested in the quarter, all accounted for by ALCONDOMS. Close to half (47%) of the KPs tested by Humanity First + were persons receiving HIV prevention services for the first time in the CHILL project. This was secondary to continuous mapping done by this CBO. Other partner CBOs will be encouraged to carry out more hotspot mapping in the peripheries of their health districts to identify KPs not yet served.

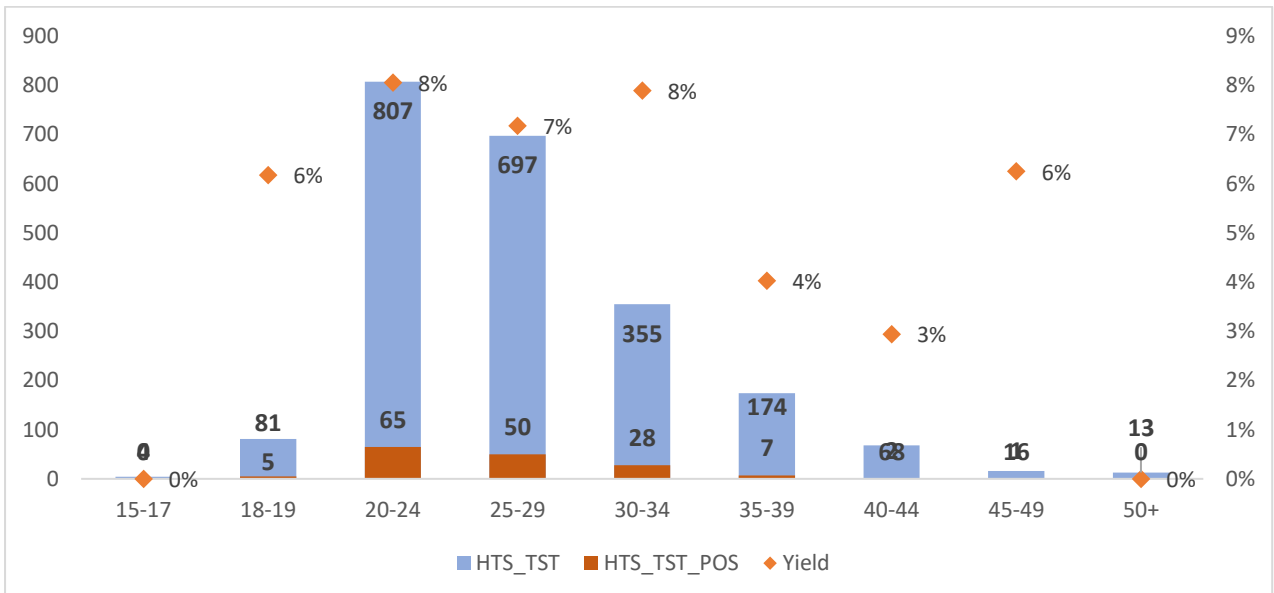


Figure 17: HTS_POS and HIV positive yield by age group among MSM

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 (8%) was obtained from MSM aged to 20-24 and 30-34.

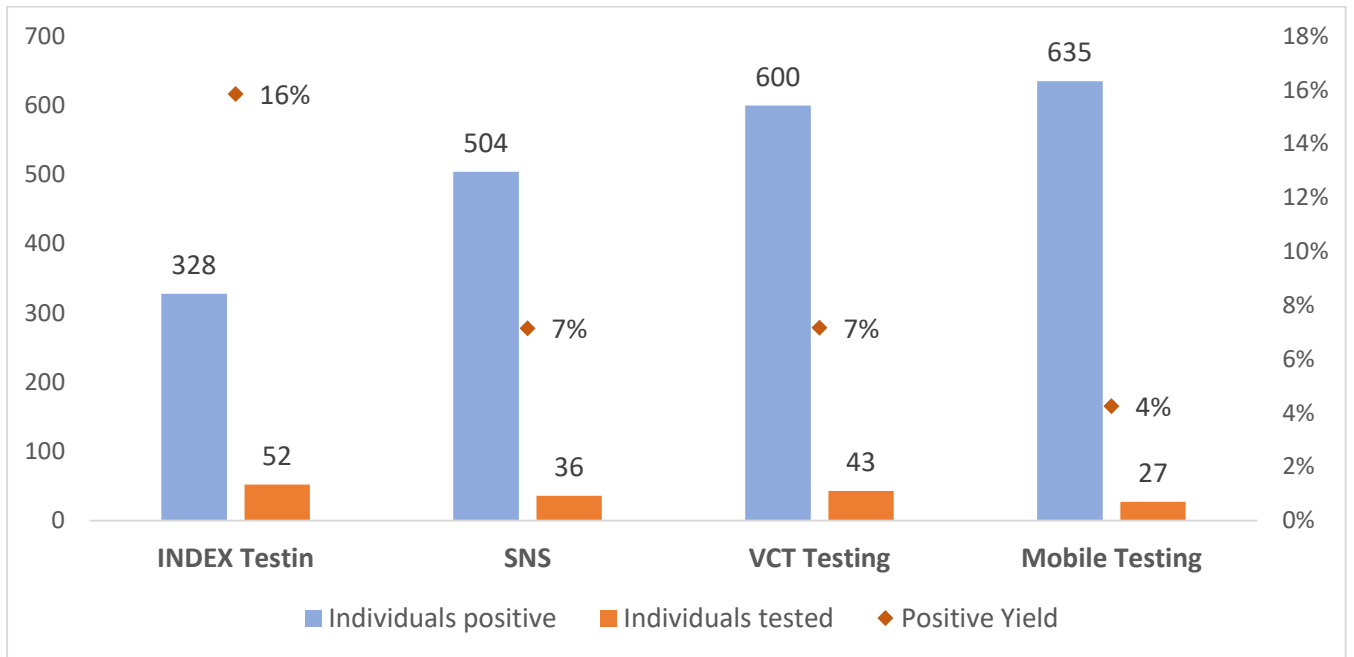


Figure 18: HIV testing and positive yield by type of HTS strategy

Among all MSM tested, 328 were tested via index testing and 52 were diagnosed HIV positive giving a high yield of 16%. This again shows the importance of this high case-finding strategy which CHILL will continue to encourage and assist partner CBOs to implement. Furthermore, the use of HIV self-testing further improves the index case testing strategy. ICT strategy is followed by SNS and VCT testing with 7% of yield respectively.

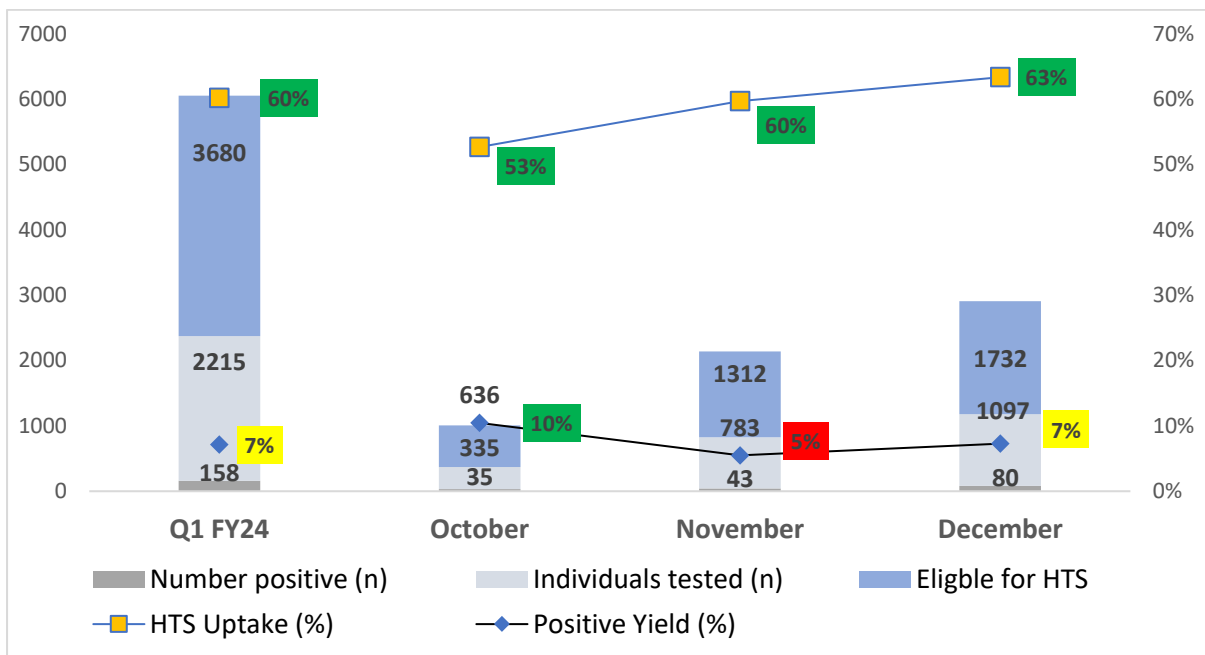


Figure 19: Trend for HIV positive yield by month

There was a progressive increase in the HIV testing uptake over the course of the quarter. However, majority of these clients were at lower risk, which explains the fluctuating HIV positivity rate. partner CBOs will be briefed on the updated risk assessment tool in Q2FY23 to improve this.

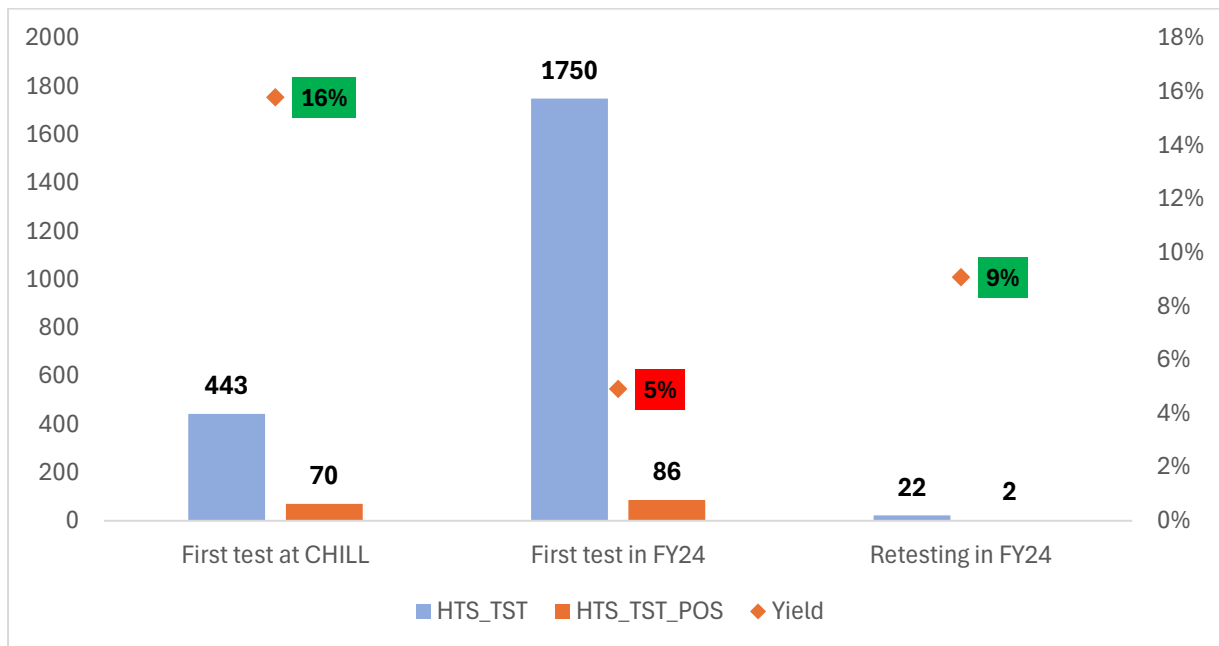


Figure 20: Testing and positive yield by retest status – MSM

The program tested fewer newly reached MSM compared with MSM reached for the first time this fiscal year (443 vs. 1,750). However, MSM contacted for the first time by the program contributed to 44% of PLHIV identified.

As expected, the highest case finding yield (16%) was obtained from the KPs who were “first time tested in CHILL” who had not benefited from the program’s prevention efforts before while a yield of 9% was obtained from those retested in FY24. This yield can be explained by the fact that the two cases identified were probably in the window period at the time of their first HIV test.

With the variations in case finding and yields, partner CBOs collectively achieved a 7% yield and 96% linkage rate. The lowest yields were recorded in CAMFAIDS (3%), Colibri (4%) 2HRC (5%). This was due to the low use of high case-finding strategies like index case testing and social network strategy by these CBOs. CHILL is working with these CBOs to increase the implementation of these strategies.

The lowest linkage rate was recorded in Alternatives (81%), CAMFAIDS and Colibri (89% respectively). These CBOs will be supported to improve motivational counseling techniques and in collaborating with the clinical IPs to get these clients linked to ART. So far, Colibri (1) and ALTERNATIVES (2) have managed to link some of these clients to care.

CHILL has already established a refresher training schedule which will include case-finding strategies to improve targeting and screening of the most-at-risk, motivational counseling techniques to improve on the linkage to care.

Table 14: Cascade Performance by MSM-CBO partner

MSM by CBO	FY24 Q1			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW		
Hum. F. Ydé	466	46	46	10%	100%
Altern. Dla	387	31	25	8%	81%
Alcond. Dla	274	20	21	7%	105%
AA Ndéré	217	17	17	8%	100%
CAMFAIDS	263	9	8	3%	89%
Colibri	136	6	6	4%	100%
2HRC	191	9	8	5%	89%
ACODEVO	148	12	12	8%	100%
AA Bda	133	8	8	6%	100%
MSM overall	2215	158	151	7%	96%

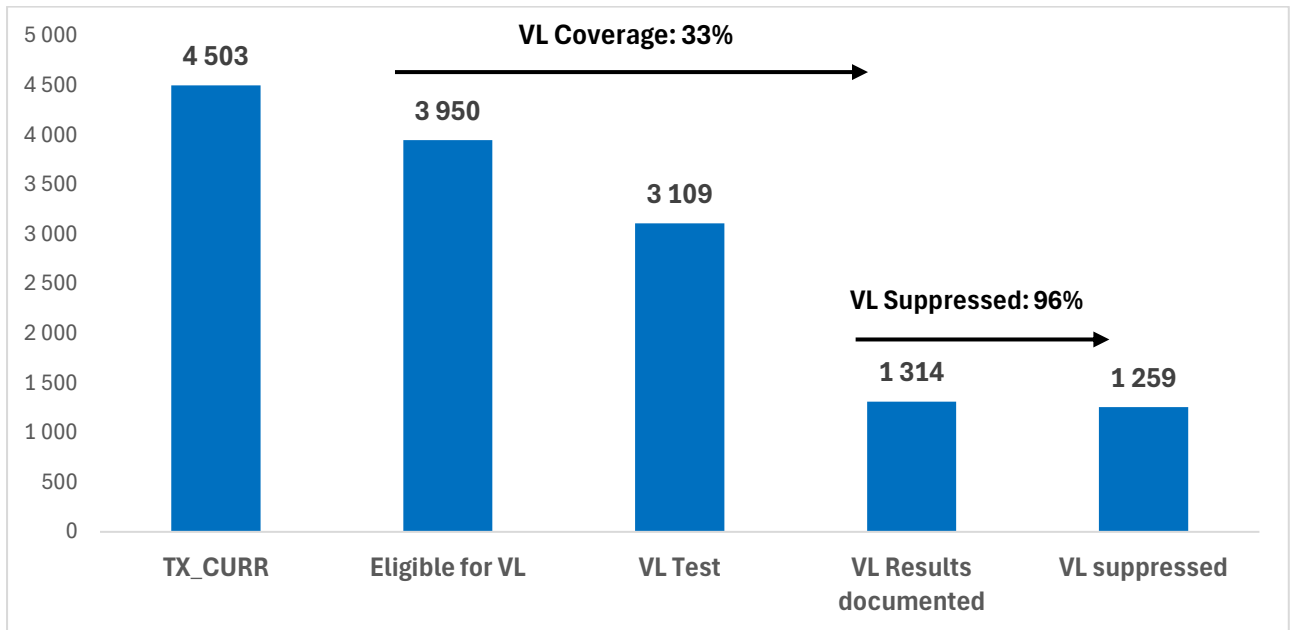


Figure 21: Viral load cascade-MSM

Of the 3950 MSM eligible for VL testing, the program collected 79% of their samples for testing. Many of the samples sent in are awaiting results given the national stock tension of reagents, which is why 42% (1314/3109) of the results are available so far. partner CBOs remain in constant communication with health facilities and approved laboratories on the possibility of making available more VL samples for analysis. Moreover, they visit the health facilities in which clients receive ART on a weekly basis to check on the availability of new VL test results of their clients they follow-up.

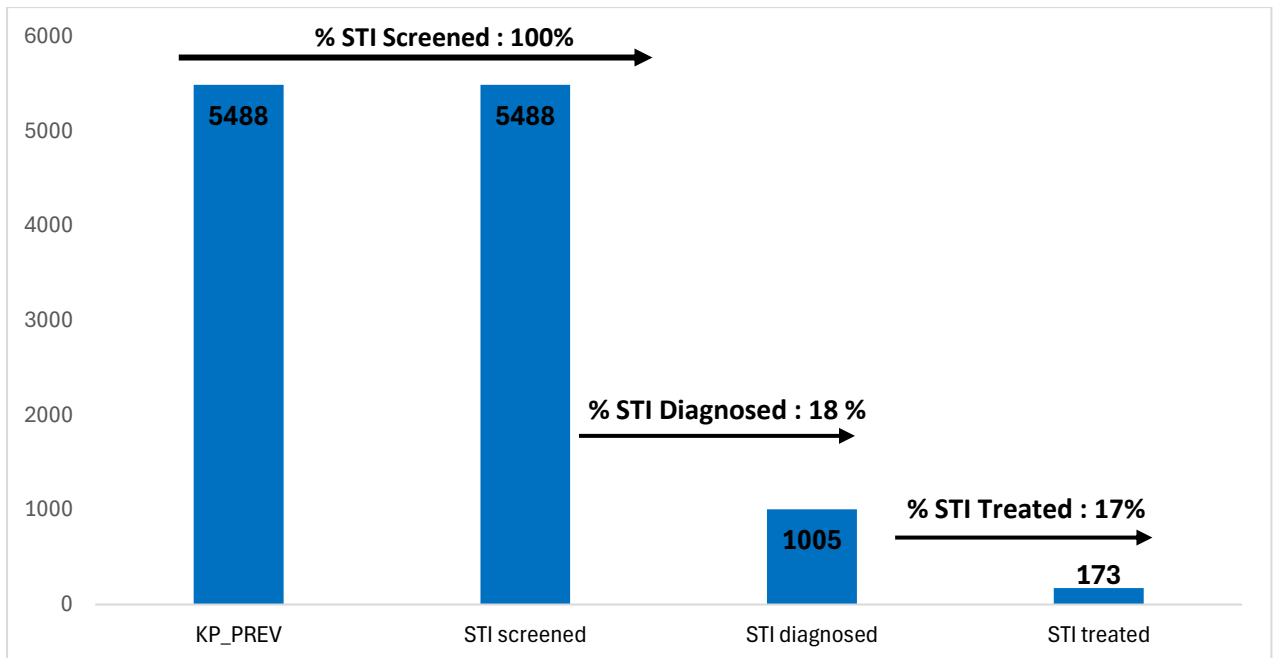


Figure 22: Sexually transmitted infections-MSM (STI)

The program screened 5 488 MSM for STIs and 1005 (18%) were diagnosed with an STI. However, among those diagnosed just 17% received prescriptions from the DICs' medical doctor and follow-up was done by the CBO nurse to ensure they completed treatment through phone calls and text messages. The rest of the KP clients did not receive treatment due to their lack of funds to purchase the prescribed medication and with the current stock out of STI treatment kits, this remains a significant challenge.

MSM CBOs reported 524 cases of GBV during Q1 FY 24. The most common form is emotional (65%) and then the economic form (18%). Similar to previous reporting periods, ALCONDOMS recorded the highest number of total cases. While 2HRC has the most physical form. Affirmative Action Bamenda recorded the highest number of sexual violence. The social unrest in the Northwest Region, continues to pose a significant risk to KPs in the region.

Table 15: 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	13	46	66	0	0	0	0
2HRC	0	25	18	70	0	0	0	0	0
ACODEVO Kribi	2	18	6	37	2	0	0	0	0
Affirmative Action Bda	2	3	2	12	1	0	0	0	0
Affirmative Action Ndéré	0	1	9	41	0	0	0	0	0
ALTERNATIVES Cameroun	0	5	7	27	0	0	0	0	0
Horizons Femmes Bssam	0	0	5	38	0	0	0	0	0
CAMFAIDS	0	0	1	6	0	0	0	0	0
Humanity First Plus Cmr	0	8	1	47	0	0	0	0	0
ALL MSM	4	73	95	344	3	0	0	0	0

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

Despite the boost in activities and performances in the third month of Q1, performances remained significantly below the benchmark, particularly with case finding. Partner CBOs have been encouraged to carry out more mapping of “terres” to identify new PWIDs as well as work with the gatekeepers to ease access to these “terres”.

Table 16: Quarterly performance against annual targets: Person who inject drugs (PWID)

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
KP_PREV	1996	29	54	121	204	10%
HTS_TST	619	16	25	52	93	15%
HTS_SELF	0	7	2	23	32	NA
HTS_TST_POS	52	0	0	2	2	4%
TX_NEW	50	0	0	1	1	2%

Just 10% of the annual target was achieved this quarter in KP_PREV. Specifically, ALCONDOM, used special events like “detox days” at approved centers helped to mobilize clients by ALCONDOM. Most (70%) of the PWIDs receiving prevention services had been reached in the previous fiscal year. A few clients (26) declined conventional HIV testing, and all received HIV self-test kits for which a rigorous follow-up was carried out to ensure these clients used these test kits. Most PWID clients were reached at “terres”, highlighting the need for more mapping of these “terres” to identify PWIDs who have never benefitted from HIV prevention services.

Table 17: Mobilization by testing service and by entry points (PWID)

Indicator	Targets	Q1 Results	Annual performance %
KP_PREV	1 996	204	10%

		First in CHILL	First in FY24	Follow up visit	KP_PREV	% KP_PREV
Total		61	143	7	204	100%
By Testing Services	Known HIV positive	0	9	2	9	4%
	Tested/Referred	38	113	2	151	74%
	Newly tested	6	12	2	18	9%
	Declined	17	9	1	26	13%
By entry point	Hotspot level	38	119	7	157	77%
	DIC level	13	15	0	28	14%
	SNS	9	8	0	17	8%
	Grins / Chill-ins	1	1	0	2	1%
	Online	0	0	0	0	0%

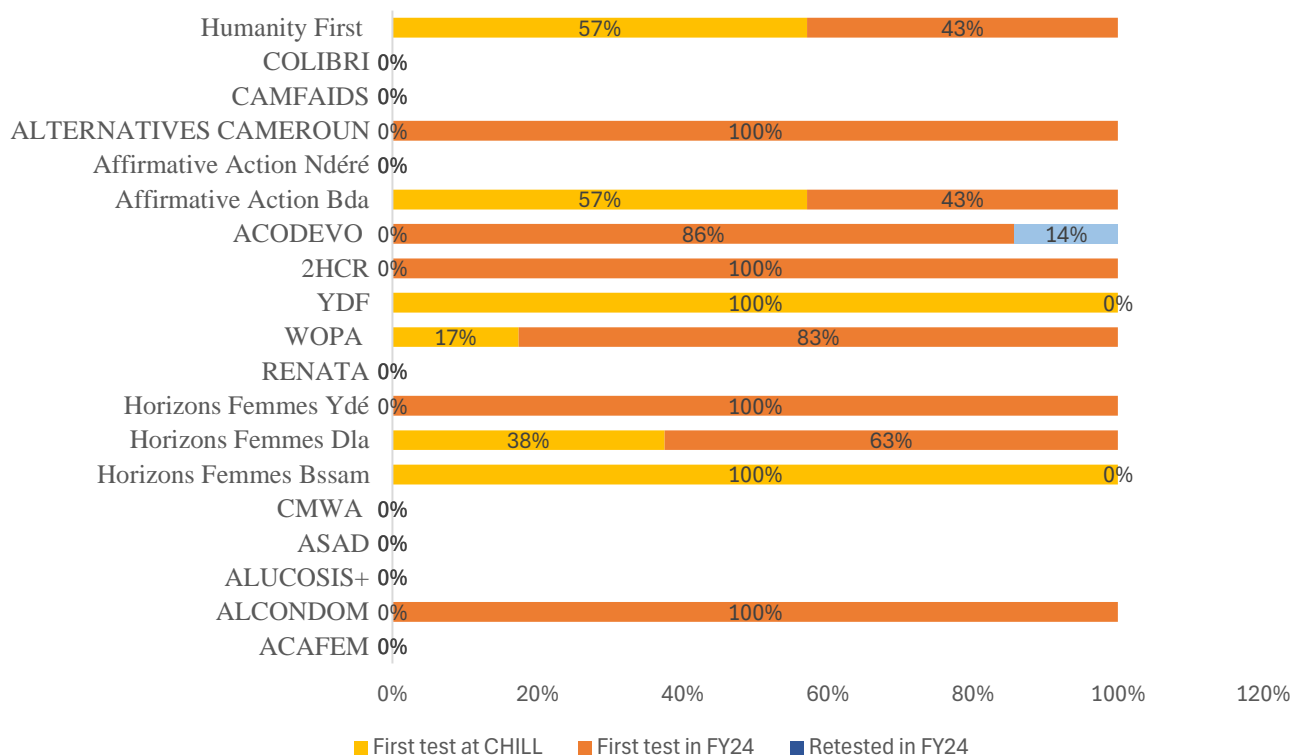


Figure 23: Testing by retest status among PWID.

Despite majority of the PWIDs tested this quarter being persons who had received HIV prevention services in FY23, some CBOs such as HFC+, Affirmative Action Bamenda, YDF and Horizons Femmes Bafoussam managed to test more clients who were receiving HIV prevention services for the first time in the project. ACODEVO retested one PWID client during the quarter.

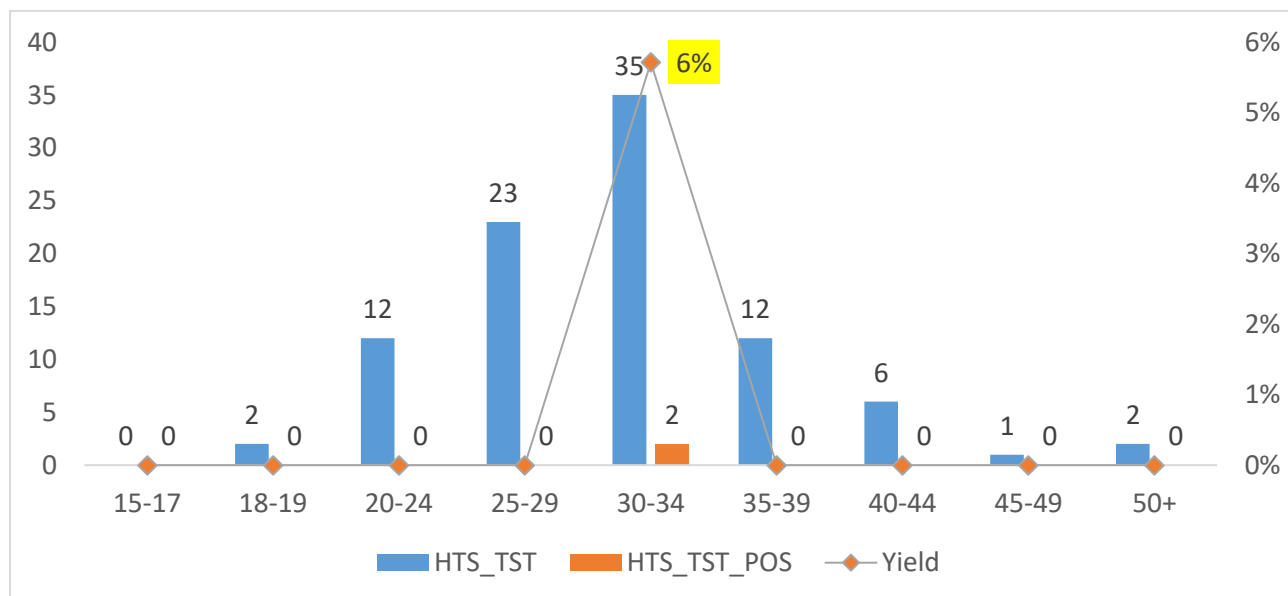


Figure 24: HTS_POS and HIV positive yield by age group among PWID

The age ranges of 25-39 accounted for the majority of PWIDs tested for HIV. However, just 2 PWIDs living with HIV were diagnosed from the 30-34 age range, with a positivity rate of 6%. Testing of persons in this age range will be scaled up to improve case finding.

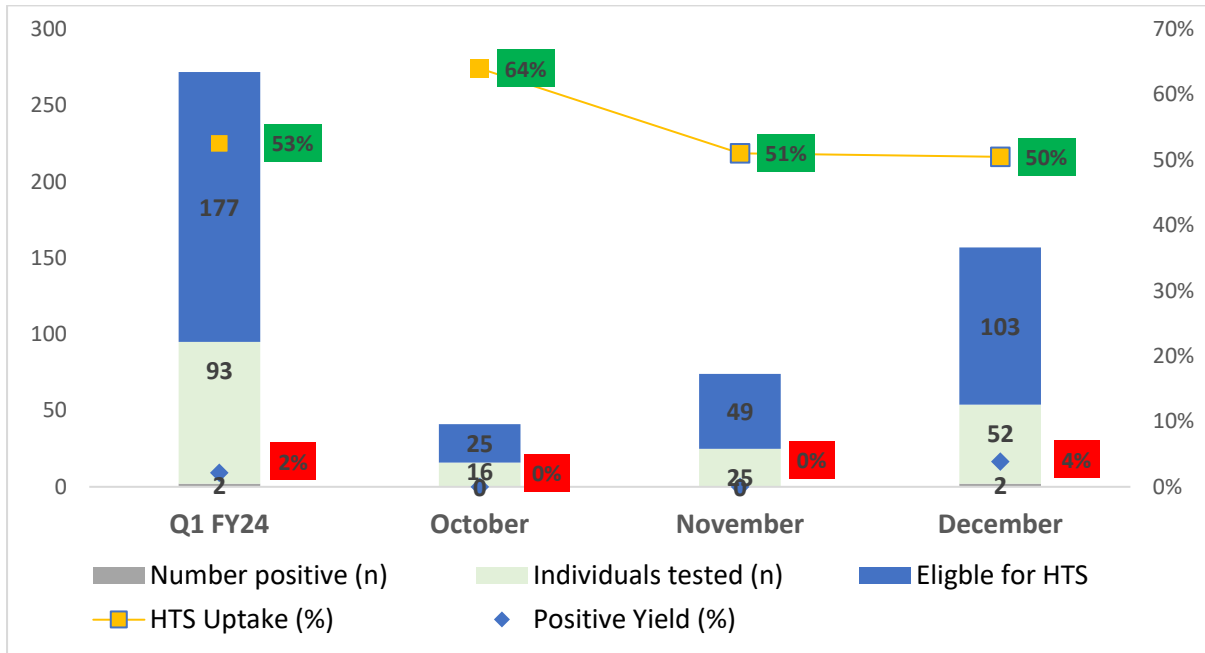


Figure 25: HIV positive yield by quarter - PWID

Just two PWIDs living with HIV were diagnosed in the program during this quarter, with an overall yield of 2%. Refresher trainings will be done with CBOs to improve screening and identification of PWIDs at high risk of HIV acquisition.

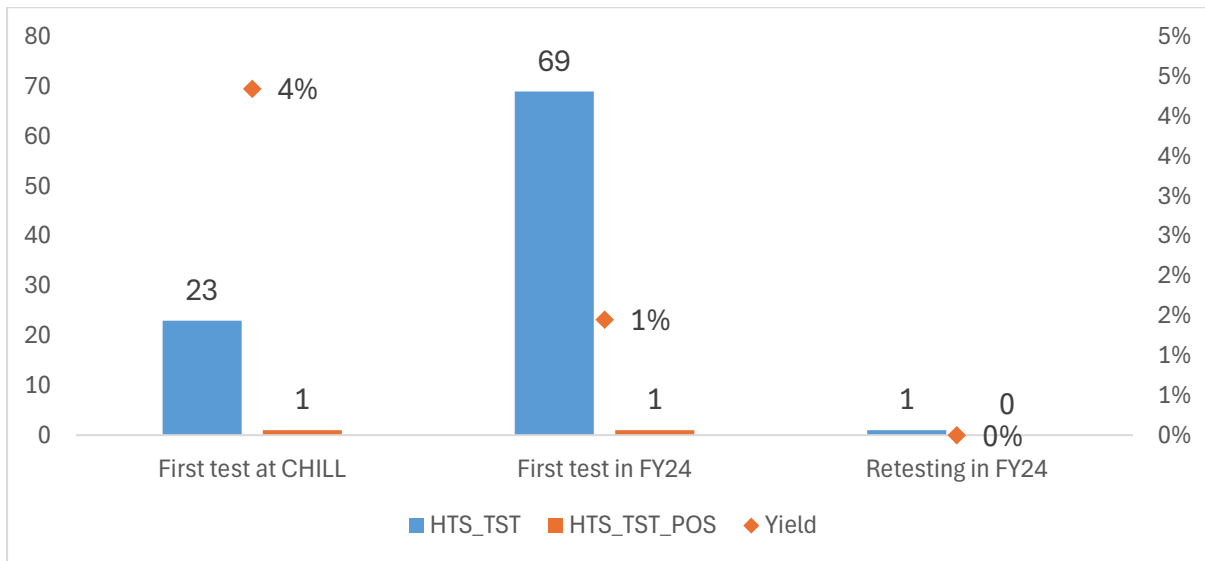


Figure 26: Testing and positive yield by retest status - PWID

Both HFC+ and ALTERNATIVES identified one PWID living with HIV each with yields of 14% and 20%. Refresher trainings are ongoing at the other CBOs to improve risk assessment and motivational counselling by the regional coordination teams.

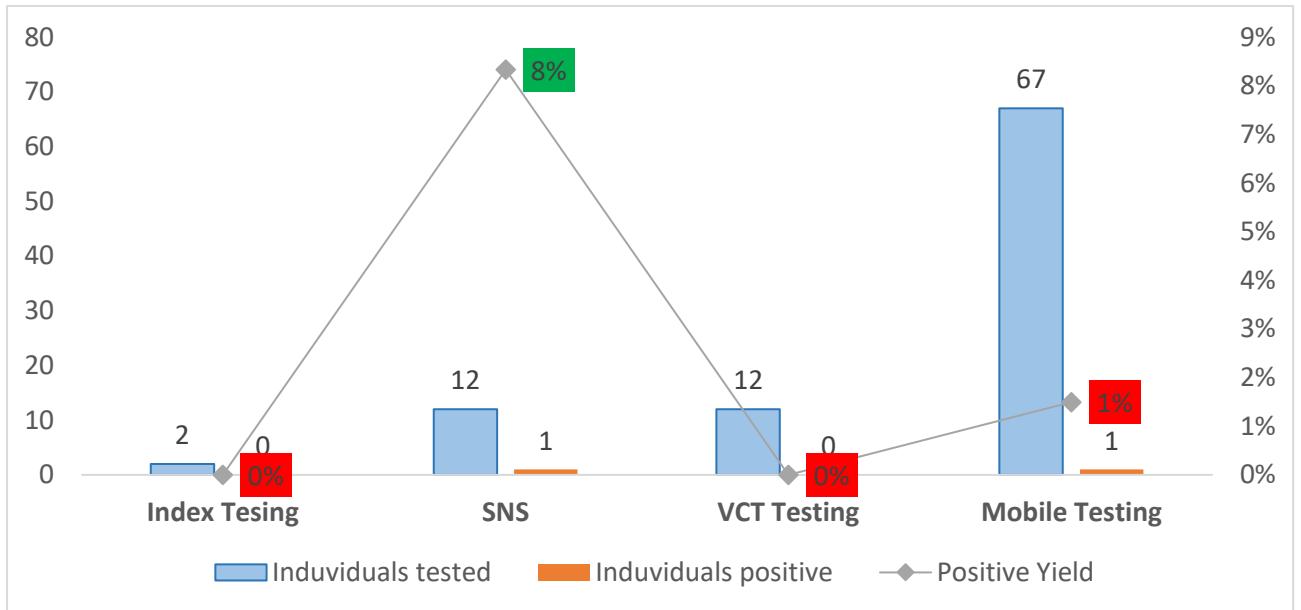


Figure 27: PWID HIV testing and positive yield by type of HTS strategy

In terms of quality, the most productive case finding strategy was SNS, with a yield of 8%. Partner CBOS are being encouraged to offer ICT services to clients in their active file to boost case finding while continuous mapping of new “terres” is done.

Just two CBOs (ALTERNATIVE and HFC+) were able to identify new PWIDs living with HIV. CHILL will closely work with each CBO's PWID focal point to address the challenges faced on the field and provide the necessary recommendations to improve case finding.

Table 18: Performance by partner CBO – PWID

PWID by CBO	FY24 Q1			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW		
ACAFEM	0	0	0	NA	NA
ALCONDOM	10	0	0	0%	NA
ALUCOSIS+	0	0	0	NA	NA
ASAD	0	0	0	NA	NA
CMWA	0	0	0	NA	NA
Horizons Femmes Bssam	4	0	0	0%	NA
Horizons Femmes Dla	16	0	0	0%	NA
Horizons Femmes Ydé	1	0	0	0%	NA
WOPA	23	0	0	0%	NA
YDF	1	0	0	0%	NA
2HCR	12	0	0	0%	NA
ACODEVO	7	0	0	0%	NA
Affirmative Action Bda	7	0	0	0%	NA
Affirmative Action Ndéré	0	0	0	NA	NA
ALTERNATIVES CAMEROUN	5	1	0	20%	0%
CAMFAIDS	0	0	0	NA	NA
COLIBRI	0	0	0	NA	NA
Humanity First	7	1	1	14%	100%

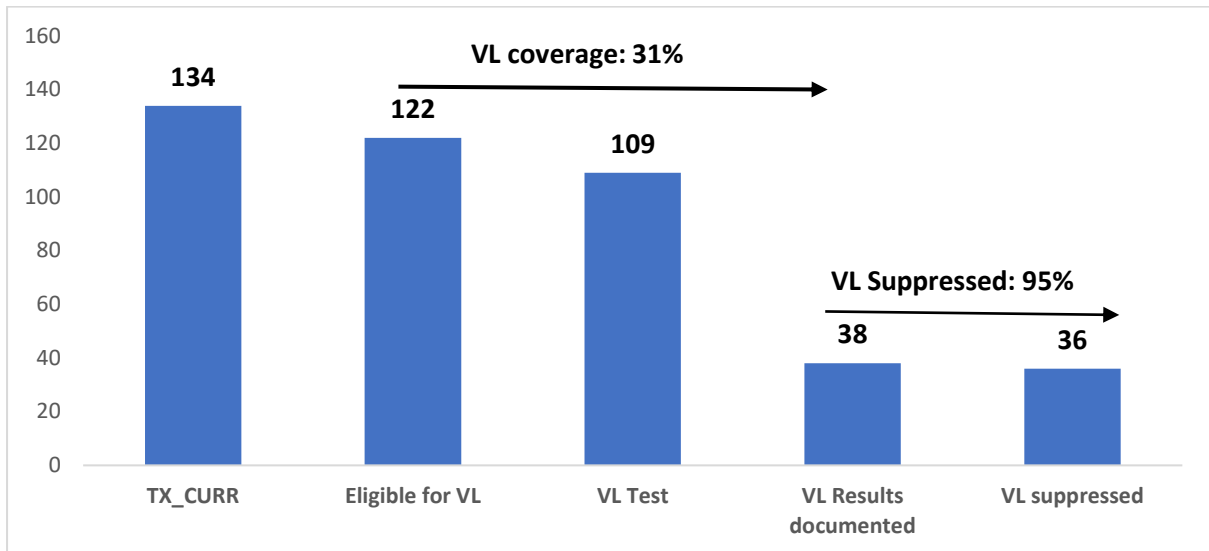


Figure 28: Viral load cascade – PWID

In the program, 89% of eligible individuals for VL testing have had their samples collected. However, only 35% (38/109) received results due to reagent shortages in the country. Despite this limitation, the VL suppression rate stood impressively at 95%, and two clients with high viral loads were enrolled in an enhanced adherence counseling program.

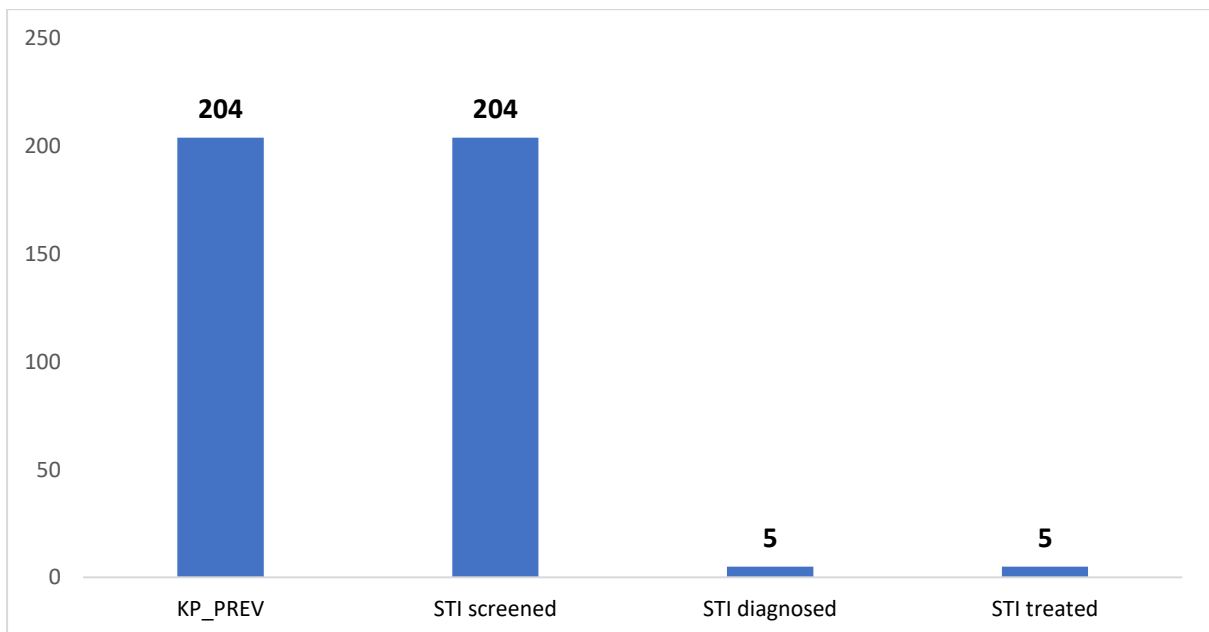


Figure 29: Sexually-transmitted infections (STIs) – PWID

All 204 PWIDs reached for prevention services were screened for STI and the 2% diagnosed received treatment through prescriptions and were followed up subsequently by the CBO nurse.

Affirmative Action Bamenda is the only CBO who identified and addressed GBV among PWID during Q1 FY24. Reaching PWID remains a challenge due to the difficulty with accessing their “terres”.

Table 19: 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	0	0	0	0	0	0
Alcondoms	0	0	0	0	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	0	0	0	0	0	0	0	0	0
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	0	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	0	1	0	2	0	0	0	0	0
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	0	0	0	0	0	0	0
Humanity First	0	0	0	0	0	0	0	0	0
ALL PWID	0	1	0	2	0	0	0	0	0

Transgender (TG): Performance against annual targets

The slow start to the fiscal year greatly affected performances among TGs. With the best performances achieved in December. Despite the underwhelming achievements, the HIV positivity rate in this target population is 11% highlighting the importance of proper risk assessment before HIV testing.

Table 20: Quarterly performance against annual targets

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
KP_PREV	1291	5	30	40	75	6%
HTS_TST	392	0	15	22	37	9%
HTS_SELF	90	2	0	0	2	2%
HTS_TST_POS	32	0	1	3	4	13%
TX_NEW	31	0	1	2	3	10%

Despite the few numbers of TGs reached for prevention services this quarter, over 94% were clients who had received services in the previous fiscal year. Partner CBOs are being spurred to offer HIV prevention services to all clients in their active file while also increasing mapping efforts to find more TGs. Up to a quarter (19) of the TGs reached for prevention services declined HIV testing. CHILL is currently carrying out refresher trainings of the partner CBOs on motivational counselling to increase HIV testing uptake.

Table 21: Mobilization by testing service and by entry points

Indicator	Targets	Q1 Results	Annual performance %
KP_PREV	1 291	75	6%

		First in CHILL	First in FY24	Follow up visit	KP_PREV	% KP_PREV
Total		4	71	3	75	100%
By Testing Services	Known HIV positive	0	10	1	10	13%
	Tested/Referred	4	38	0	42	56%
	Newly tested	0	4	2	4	5%
	Declined	0	19	0	19	25%
By entry point	Hotspot level	0	46	2	46	61%
	DIC level	2	20	1	22	29%
	SNS	2	4	0	6	8%
	Grins / Chill-ins	0	1	0	1	1%
	Online	0	0	0	0	0%

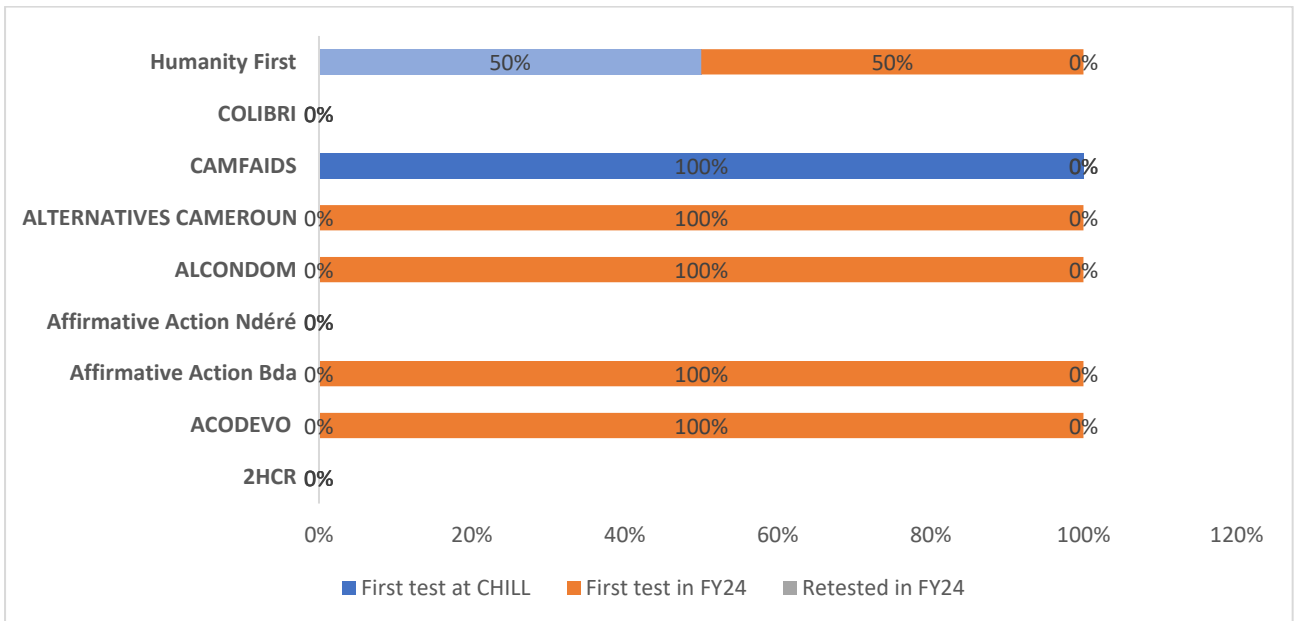


Figure 30: Testing by retest status

Most of the clients tested during this quarter were reached for the first time in the fiscal year. However, CAMFAIDS tested one client who received prevention services for the first time in the CHILL. No TG client was retested during the reporting period.

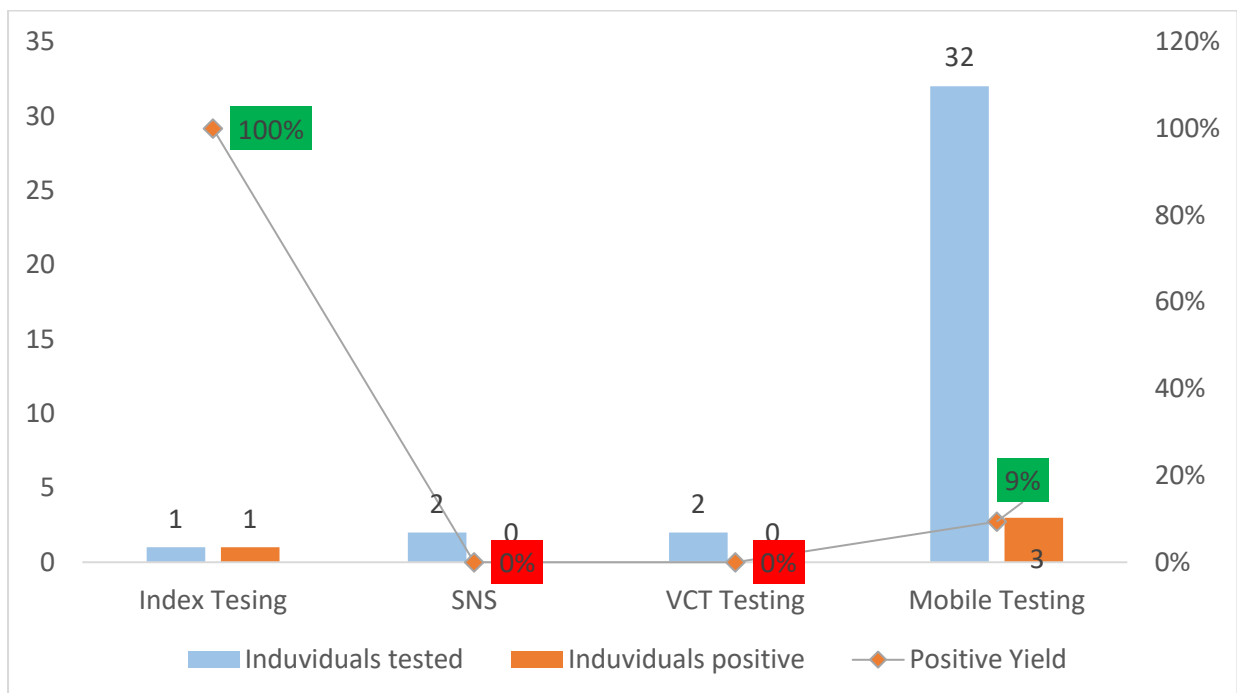


Figure 31: Transgender HIV testing and positive yield by type of testing strategy

While ICT produced the highest case finding yield (100%) mobile testing in which many more TG were tested identified the highest number of TGs living with HIV.

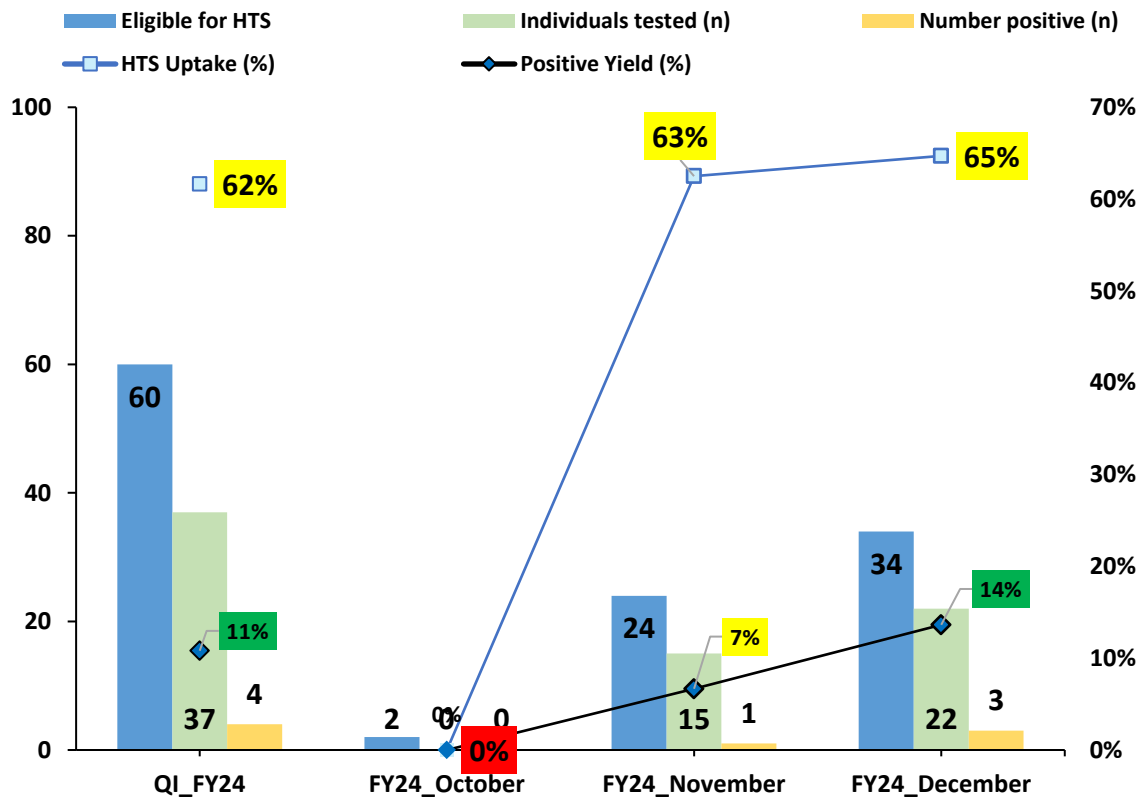


Figure 32 : Transgender HIV positive yield and uptake trend

There was a noticeable increase in the HIV testing uptake and positive yield as the quarter went along. With the highest case finding and positive yield obtained in December.

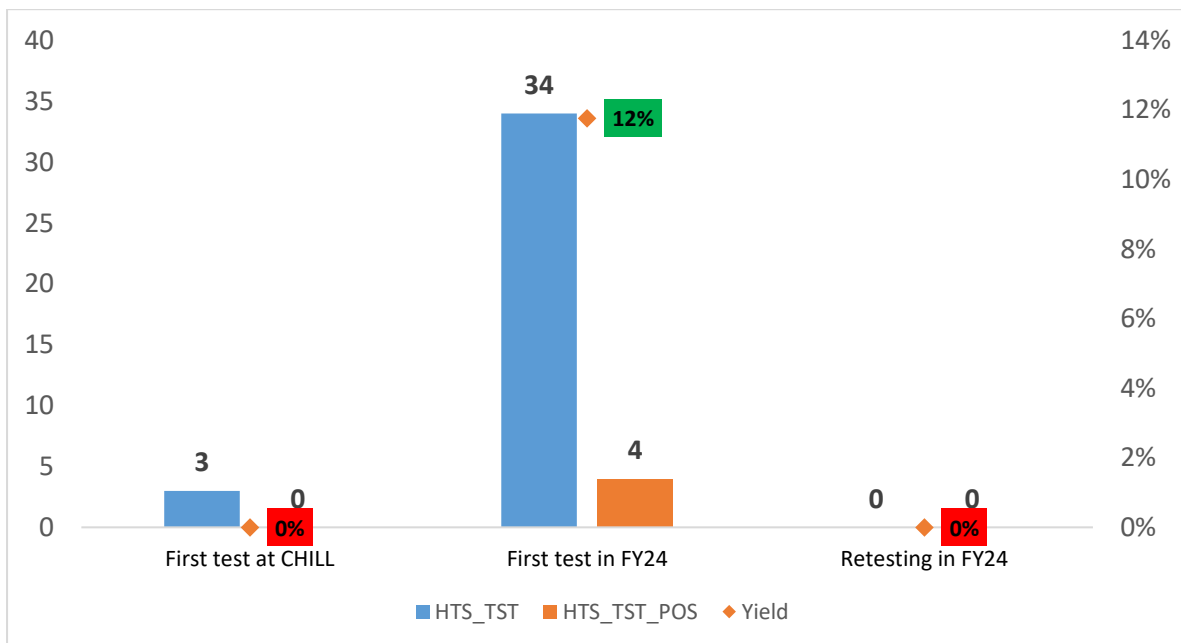


Figure 33: Testing and positive yield by retest status

Majority of the TG clients tested this quarter had received HIV prevention services last quarter and all the TGs living with HIV were identified in this group. With a positive yield of 12%.

Just ALTERNATIVES (3) and Affirmative Bamenda (1) contributed to case finding in the TG target population of which 1 client missed initiation on ART. However, during the time of this report write-

up, ALTERNATIVES has linked this client to ART following continuous motivational counselling by the case manager following this client up.

Table 22: Cascade Performance by Partner CBOS

TG by CBO	FY24 Q1			Positive yield	Linkage to Treatment
	HTS_TST	HTS_TST_POS	TX_NEW		
Hum. F. Ydé	2	0	0	0%	0%
Altern. Dla	25	3	2	12%	67%
Alcond. Dla	4	0	0	0%	0%
AA Ndéré	0	0	0	0%	0%
CAMFAIDS	2	0	0	0%	0%
Colibri	0	0	0	0%	0%
2HRC	0	0	0	0%	0%
ACODEVO	3	0	0	0%	0%
AA Bda	1	1	1	100%	100%
Tg overall	37	4	3	11%	75%

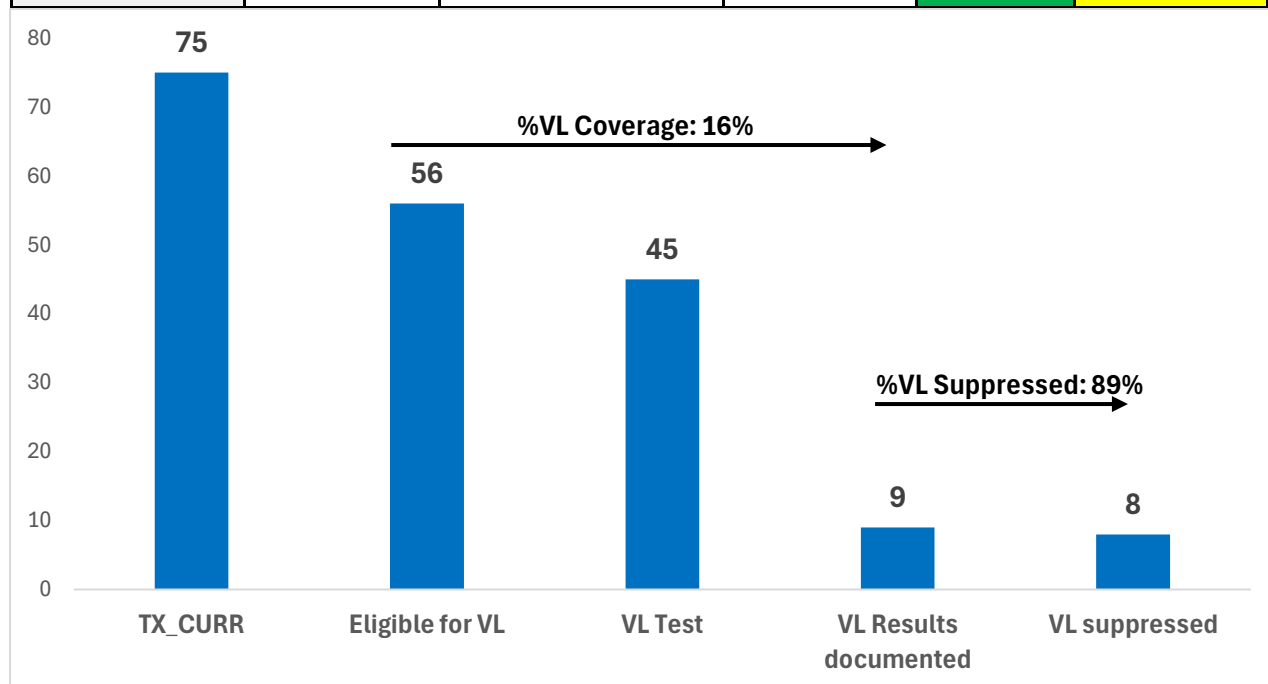


Figure 34: Viral load cascade – Transgender

A total of 56 TGs were eligible for VL testing and 80.3% of them had their VL samples collected, of which just 20% (9) received their results. The client with a high VL sample has already been enrolled in EAC and is awaiting their next VL sample analysis. Also, the program continues to follow up the TGs who have not had a VL sample collected to ensure that they are VL suppressed once tested.

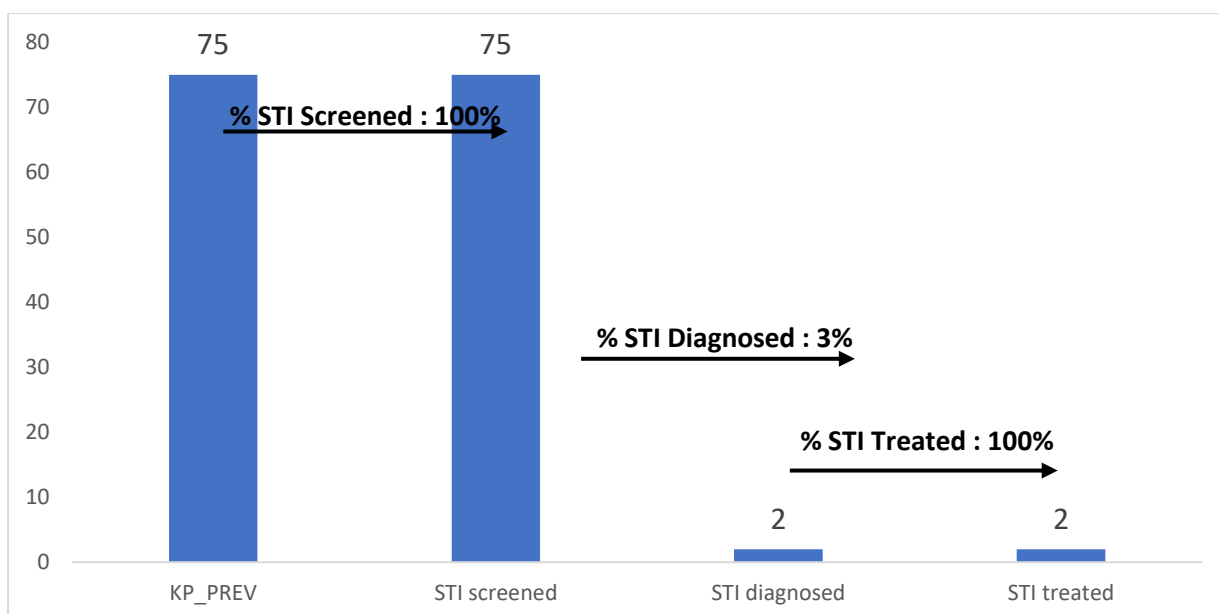


Figure 35: Sexually transmitted infections (STIs)_Transgender

The program screened all 75 TG reached for STIs, two (3%) were diagnosed with STIs were treated.

Just six cases of GBV were reported among TG. ALCONDOMS recorded the highest number. Although, emotional GBV was the most reported, a single case of sexual violence was also reported. The GBV focal points in each CBO have been encouraged to join the field staff more regularly for field activities to increase the identification of survivors of GBV and subsequent benefit of post GBV services.

Table 23: 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	3	0	0	0	0
2HRC	0	0	0	0	0	0	0	0	0
ACODEVO Kribi	0	0	0	0	0	0	0	0	0
Affirmative Action Bda	1	1	0	1	0	0	0	0	0
Affirmative Action Ndéré	0	0	0	0	0	0	0	0	0
ALTERNATIVES Cameroun	0	0	0	0	0	0	0	0	0
Horizons Femmes Bssam	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	1	1	0	4	0	0	0	0	0

Overall cascade results for priority populations

CFSW: performance against annual targets

Except for HTS_TST, program indicators for the CFSW population exceeded benchmarks and some even reached annual targets. The main strategy used to reach CFSW was index case testing.

Table 24: Clients of FSW cascade results

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
PP_PREV (CFSW)	7 278	383	537	902	1 786	25%
HTS_TST	22 070	108	309	435	892	4%
HTS_SELF	988	48	64	145	257	52%
HTS_TST_POS	42	16	24	11	51	110%
TX_NEW	40	15	24	10	50	100%

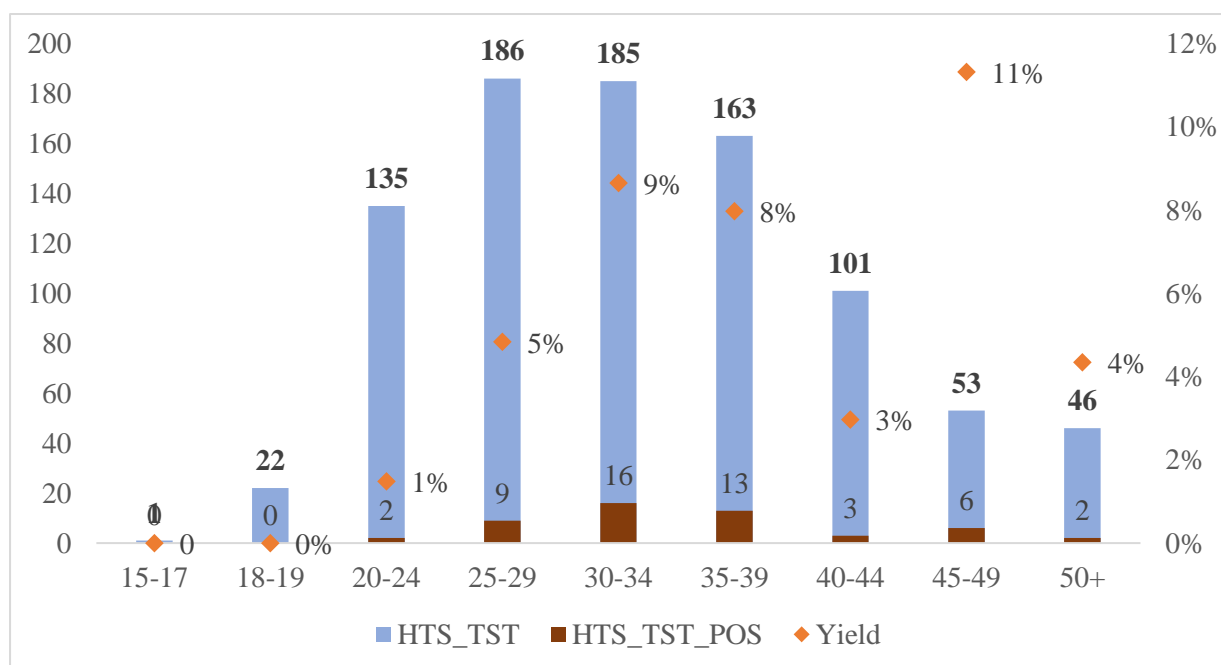


Figure 36: HTS_POS and HIV positive yield by age group

An evaluation of testing and case finding according to age group reveals the greatest number of CFSW tested were in the 25–29-year age range. The highest case finding yield (11%) 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

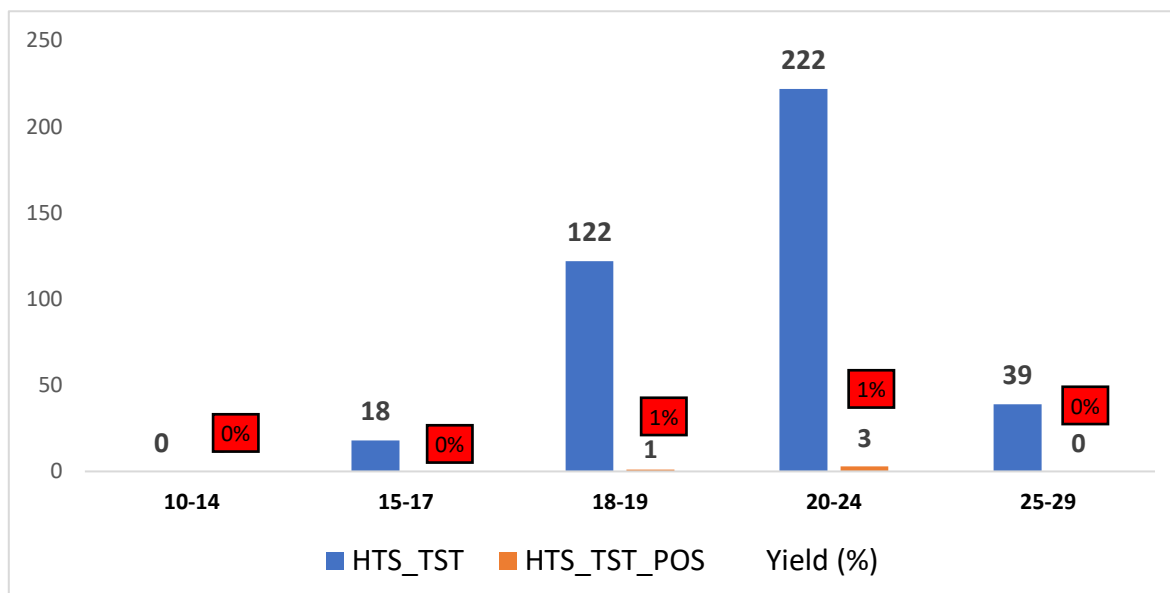


Of the 1875 AGYW reached through sensitization and prevention messages around hotspots and university settings, 391 were tested of which 4 were identified as PLHIV. All AGYW living with HIV were linked to ART.

Figure 37: Interpersonal Discussion of an AGYW by PLs at RENATA

Table 25: AGYW cascade results

Indicators	Targets	October	November	December	Achievement Q1 FY24	% of FY24 Achievement vs Annual Target
PP_PREV (AGYW)	8 137	175	483	1 160	1 875	23%
HTS_TST	0	15	114	262	391	NA
HTS_SELF	0	4	14	40	58	NA
HTS_TST_POS	0	1	2	1	4	NA
TX_NEW	0	1	2	1	4	NA



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

A total of 194 survivors were reported. Of which, 92% were of the emotional form, 51% physical form and 20% economic. Family members remain the main protagonists. The case of sexual GBV identified was harassment and appropriate services were offered to her.

Table 26: Gender-based violence among AGYW

CBOs	Types of violence				Type of services received after sexual violence				
	Sexual	Physical	Economic	Emotional	HIV Testing	PEP	STI Services	Emergency Contraception	Other Counseling
RENATA	0	9	2	31	0	0	0	0	0
CMWA	0	0	0	20	0	0	0	0	0
Horizons Femmes Baf.	0	0	1	1	0	0	0	0	0
ASAD	0	0	0	0	0	0	0	0	0
ALUCOSIS+	0	0	0	121	0	0	0	0	2
WOPA	0	1	0	0	0	0	0	0	0
Horizons Femmes Littoral	1	0	1	6	1		1	1	1
Total	1	10	4	179	1		1	1	1

Children of sex workers (cFSW)

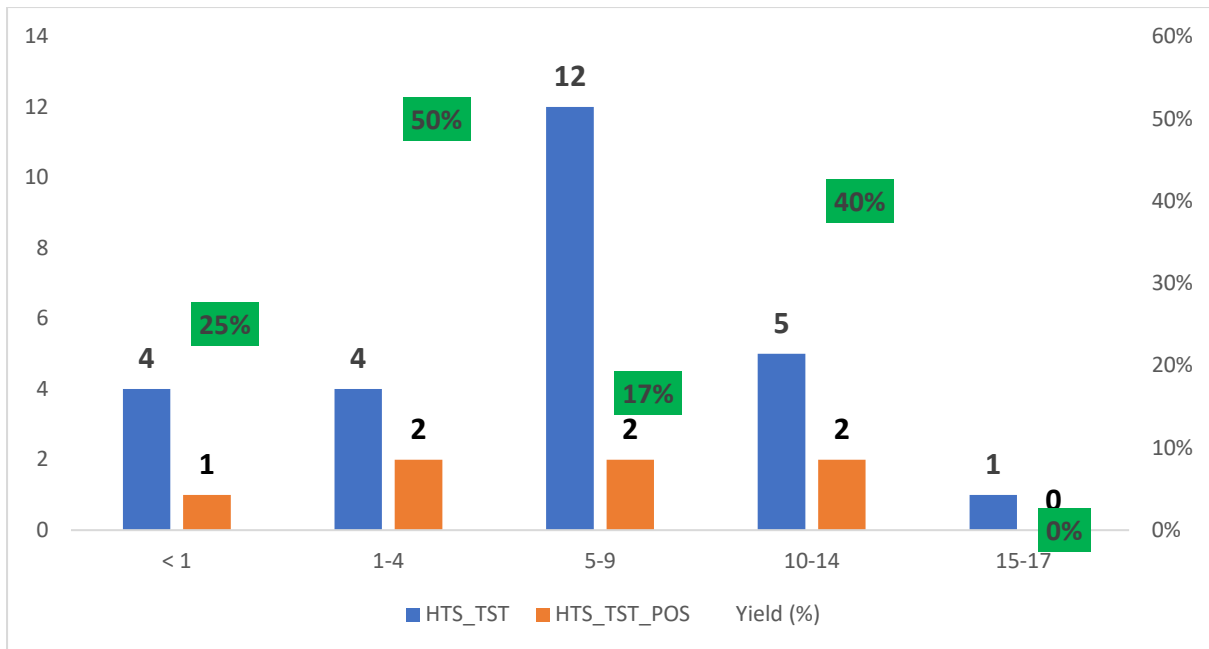


Figure 39: HTS_POS and HIV positive yield by age group- cFSW

During Q1, ICT led to the HIV testing of 26 cFSW. The most prominent age group reached were those from 5-9 years old. Seven cFSW were identified as living with HIV and they were all linked to ART through collaboration with the CoSMO project. Collaborative support is offered to these cFSW and their mothers by CHILL and CoSMO

Section 3: Quality Assurance and Quality Improvement (QA/QI)

Site Improvement through Monitoring Systems (SIMS) Visits

The table below presents the results of the SIMS assessments per CBO done by USAID in FY23.

Table 27: SIMS Assessments in FY23

Site	Green	Yellow	Red	Total # CEEs	Period
CHP Douala	7(98%)	1 (1%)	1 (1%)	9	02/2023
Humanity First Plus	35(92%)	1(3%)	2(5%)	38	04/2022
ACAFEM	35 (71%)	10 (20%)	4 (8%)	49	02/2023
CAMFAIDS	40 (82%)	7 (14%)	2 (4%)	49	02/2023
Horizons Femmes Yaoundé	42 (81%)	6 (12%)	4 (8%)	52	02/2023
Horizons Femmes Douala	38 (75%)	7 (14%)	6 (12%)	51	06/2023
ALTERNATIVES	36 (80%)	6 (13%)	3 (7%)	45	06/2023
ALCONDOMS	39 (81%)	5 (10%)	4 (9%)	48	06/2023
ACODEVO	32 (76%)	5 (12%)	6 (12%)	42	06/2023
WOPA	40 (81%)	6 (12%)	3 (6%)	49	06/2023
Horizons Femmes Bafoussam	27 (61%)	7 (16%)	10 (23%)	44	08/2023
Colibri Bafoussam	33 (79%)	3 (07%)	6 (14%)	42	08/2023
ASAD Bertoua	21 (55%)	7 (18%)	10 (26%)	38	08/2023

To address the gaps identified during the SIMS evaluations in the CBOs, CHP has supported these CBOs in the specific areas in which the shortcomings were identified. The table below presents in detail the points which needed to be addressed urgently and the improvement actions being implemented at each site.

Table 28: SIMS Assessments in FY23

Site	Red	Issue identified	Improvement action
CHP Douala	1	No advocacy plan related to an HIV response issue has been developed.	An advocacy plan is being finalized. However, some aspects of this advocacy plan are in the process of being implemented, such as the advocacy done for Community ART Initiation
Humanity First Plus	2	<ul style="list-style-type: none"> - Inadequate stakeholder engagement guidance - HTS proficiency testing results not received in last 12 months 	<ul style="list-style-type: none"> - The SOP on Stakeholder Engagement has been reviewed and updated. - A follow-up has been done at CBO level and after this follow-up, the results of the HTS proficiency testing are available according to the scheduled frequencies
ACAFEM	4	<ul style="list-style-type: none"> - Lack of clear documentation on the use of clients' feedback for program improvement and lack of evidence for the analysis of client complains and subsequent actions - Some of the prevention material is exposed to direct sunlight, no pallets, unventilated storage space - Lack of PPE management procedure - Less than 95% CV sampling collection 	<ul style="list-style-type: none"> - SOP on client feedback analysis and subsequent actions has been elaborated and shared with CBOs. Quarterly analyses are done to improve service provision in addition to CLM feedback. - After follow-up and support, the prevention equipment is now placed in a well ventilated warehouse and on pallets - The SOP on infection, prevention and control has been drafted and the PPE part is extensively documented in this SOP, CBOs to be trained on this in Q2FY24 - Remains low due to stock tension of reagents and restrictions placed on VL sample collection by MOH. However, CBOs continue to follow-up clients through phone calls and home visits to ensure adherence to ART
CAMFAIDS	2	<ul style="list-style-type: none"> - Lack of external controls of the laboratory. - Lack of Waste Destruction SOPs 	<ul style="list-style-type: none"> - A follow-up was done at level of GHSS. External controls have resumed on a quarterly basis at the CBO. The last inspection was in November 2023. - A waste destruction SOP has been drafted and made available at the CBO level.
Horizons Femmes Yaoundé	4	<ul style="list-style-type: none"> - Screening and testing for STIs (Syphilis) is not systematic for all clients, but at the request of the beneficiary - Shortage of reagents in laboratories for CV collection in the quarter 1 - Case manager's ignorance regarding the use of a health facility doctor for the management of high viral loads - HTS proficiency testing results not received in last 12 months 	<ul style="list-style-type: none"> - Support and supervision by CHP is done to ensure Syphilis screening and testing for all clients - National stock tension of VL reagents persists - CBO case managers have been trained and linked with clinical partners to ensure implication of health facility medical doctors in management of high VL clients. - All results of the HTS proficiency testing are available according to the Scheduled frequencies
Horizons Femmes Douala	6	<ul style="list-style-type: none"> - Poorly maintained storage (traces of pests or animals, lack of ventilation and exposure to sunlight) for commodities - No conventional face masks - No routine screening for syphilis - Viral load sample collection and monitoring is low - No quarterly viral load monitoring - HTS proficiency testing results not received in last 12 months 	<ul style="list-style-type: none"> - Wasp net cleared, ventilation has been improved and a curtain placed to reduce sunlight exposure. Thermometer present with daily temperature recording. - Follow-up was done and the laboratory was supplied with conventional nose masks - Even though the CBO does not screen for syphilis, a registry has been established and a flow to refer all KPs to syphilis testing services in health facilities - The follow-up of VL has been improved thanks to the cleaning of the active file, and the follow-up with by Case managers who anticipate the collection dates by making advance phone calls to clients eligible for the VL. Sample collection increased from 30% in FY23 to 53%. - Supervision is done routinely by the CHP regional coordination team - A follow-up has been done at the level of the CBO and all the results of the HTS proficiency testing are available according to the Scheduled frequencies
ALTERNATIVES	3	<ul style="list-style-type: none"> - There is no clear protocol for IPC - Syphilis testing is not automatic for all clients - Lack of N95 masks for TB sample collection 	<ul style="list-style-type: none"> - An IPC SOP has been drafted and CBOs will be trained on this in Q2FY24 - Even though the CBO does not test for syphilis, a registry has been established and a flow to refer systematically all KPs to syphilis testing services health facilities has been established. - N-95 masks have been bought and distributed to all CBOs by CHP.
ALCONDOMS	4	<ul style="list-style-type: none"> - Lack of some protective equipment (N95 masks) - The availability rate of viral load test results is low - Poor monitoring of high viral loads - Lack of training on cervical cancer screening 	<ul style="list-style-type: none"> - Follow-up was done, and the laboratory was supplied with N-95 face masks - Although the availability of viral load results does not depend on CHILLT, a follow-up is done at the level of clinical partners on the return of viral load results for a better follow-up of clients on ARVs. This led to a slight increase in the return of viral load results. - Guidance and refresher trainings were done to the CBO on compliance with the SOP for the management of high viral loads. To date, the follow-up of beneficiaries with high VL is done. - Awaiting the approval of the LIFT UP funds for cervical cancer service provision

Site	Red	Issue identified	Improvement action
ACODEVO	6	<ul style="list-style-type: none"> - Stakeholder engagement document incomplete - The last satisfaction survey was conducted on January 2022 - Unavailability of pediatric needles - The Determine and Oraquick tests are not kept in a well-secured, closed cabinet - No Prevention activity report available (Supervision Sheet, Supervision Activity Report, Debriefing Report, Monthly Report, Prevention Action Plan (target, objectives and results)) - The KP BOM is still not available 	<ul style="list-style-type: none"> - The document already available has been restructured by integrating all other stakeholders (GTR, Districts, Health Facilities, FMO, CHP, other CBOs, community leaders, and clients) - The satisfaction survey sheets have been made available to the CBO and a committee of two staff has been set up for the analysis and archiving of the activity report on a quarterly basis - With CHP monitoring, pediatric needles are now available at the CBO - Follow-up has been done at the CBO level and the tests are now kept in a closed and secure location - With the follow-up and support of the CHP team, activity reports, supervision sheets and reports and action plans are available and archived at the level of the CBO - CHP conducted training on the ability to produce KP-specific program data at the CBO level. Also, an SOP is being produced for this purpose
WOPA	3	<ul style="list-style-type: none"> - Key PPE materials missing at the site, e.g. face shield - Viral load monitoring poor - Lack of training on cervical cancer screening 	<ul style="list-style-type: none"> - With the support of CHP, face shields are available on site -The follow-up of VLs has been improved thanks to the cleaning of the active file, and follow-up with Case managers who anticipate the collection dates by making advance phone calls and sending text messages to clients eligible for the CV - Awaiting approval of LIFT UP Funds for the training of CBOs on cervical cancer screening
Horizons Femmes Bafoussam	10	<ul style="list-style-type: none"> - Very vague stakeholder engagement SOPs - No protection of commodities from sunlight - Lack of SOPs on PPE management - Lack of a detailed SOP for data quality assurance - Only TB is controlled at the CBO level - Lack of documentation of family planning services provided to clients - Less than 95% of beneficiaries for CV collection - Lack of specific training of all CM on index testing - Lack of documentation of the actions after Risk assessment of IPV (intimate partner violence) in the register. And absence of IPV screening sheets - Lack of training of Case Managers on how to support beneficiaries with abusive intimate partners 	<ul style="list-style-type: none"> - Cartography of activities with stakeholders has been improved in the Stakeholder Engagement SOP - A shield has been added to the storage room to improve protection of commodities from sunlight. - The SOP on infection, prevention and control has been drafted and the PPE part is extensively documented in this SOP. - The existing quality assurance SOP has been reviewed and updated and shared with all Partner CBOS - The SOP on IPC has taken into consideration prevention and control of other airborne diseases such as varicella. - Register put in place to document all family planning services offered to clients - Clients on ART are followed up through home visits and phone calls. However, restrictions on VL sample collection by MOH continue to hinder VL sample collection uptake. - Training scheduled in Q2FY24 - Capacity building is provided by CHP on an ongoing basis on the documentation and archiving of post-risk assessment actions of IPV. A column has been added to the Counselling Register and counselling sheet for IPV screening. -Training on how to support beneficiaries with abusive intimate partners has not yet been completed but is still planned. However, CHP has provided ongoing support for the documentation and archiving of incident reports and post-risk assessment of IPV
Colibri Bafoussam	6	<ul style="list-style-type: none"> - PrEP Service Offer: (Clients newly initiated on PrEP are not assigned to a support group) - No protection of commodities from sunlight - Lack of specific training of the CBO physician on PrEP - Less than 95% of beneficiaries for CV collection - Lack of specific training of staff on index testing - Lack of training of Case Managers on how to support beneficiaries with abusive intimate partners 	<ul style="list-style-type: none"> - Clients are assigned to a monthly cohort, followed by a single PL for which the PL provides support either through SMS, WhatsApp or in-person support. - Curtains have been placed to improve protection from sunlight - PrEP staff training planned for Q2FY24 - Nationwide stock tension, in addition to a service note from MOH, limits VL sample collection - Training scheduled in Q2 FY23. -Training to be done alongside ICT training in Q2FY24
ASAD Bertoua	10	<ul style="list-style-type: none"> - Child protection policy to prevent and respond to abuse is not up to date - Have a procedure on screening Index cases and Bring out the collection tools for documenting ICT. - Injection safety: Lack of PEP management 	<ul style="list-style-type: none"> - Staff capacity building has been planned by the CBO as well as the updating of the child protection policy. - The SOP for Index testing activities is available at the CBO. All documentation tools have been made available to the CBOs and the staff trained on their use. - Training on PEP to be scheduled in FY24

Site	Red	Issue identified	Improvement action
		<ul style="list-style-type: none"> - Lack of tracking and inventory management system and lack of SOPs on personal protective equipment (PPE). - Lack of staff register to document and track infection prevention (COVID, etc.) - Unavailability of infection protection equipment (PPE) - No routine screening for syphilis - No SOP or MOU on the sharing of ICT data (confidentiality and security of clients and staff) - No screening system and referral of cases of Intimate Partner Violence (IPV) and lack of specific training for staff on the management of VIP cases - non-compliance with the IPV questionnaire and lack of Intimate Partner Violence case management documentation 	<ul style="list-style-type: none"> - With the support of CHP, the stock monitoring and management system has been reviewed at the level of the CBO and the SOP on infection, prevention and control has been drafted and the PPE part is extensively documented in this SOP. Training on the IPC SOP is scheduled for Q2FY24 - Under CHP's supervision, the CBO will be required in Q2 FY24 to design a personnel register to document and track infection prevention (COVID; Flu, chickenpox....) - The SOP on infection, prevention and control has been drafted and the PPE part is extensively documented in this SOP. - Syphilis testing is routinely offered to all clients, under the supervision of CHP - An SOP/MOU on ICT data confidentiality; how to ensure the confidentiality of clients and staff; and the rest of the data will be developed in Q2FY24 - Training on how to support beneficiaries with abusive intimate partners has not yet been completed but is still planned. However, CHP has provided ongoing support for the documentation and archiving of incident reports and post-risk assessment of IPV. - The standard questionnaire for the screening of VIP patients of index subjects exists in the SOP index testing and the referral system put in place

Section 5: Enabling environment for key populations.

in Q1FY24, CHILL undertook a series of initiatives aimed at making the environment more favorable for KPs. These efforts encompassed a range of activities such as workshops, meetings, educational discussions, and training sessions. These engagements were conducted both within the community and at DICs, engaging a diverse array of participants including clients, community leaders, and government representatives.

Activity 1: Strengthened policy and legal environment

Actions to strengthen policy and legal environment were done through sensitization of community leaders, meetings with regional health actors and discussions at the central government level. Horizons Douala, Humanity First Cameroun and Affirmative Action Bamenda are the 3 main CBOs which led these initiatives in their different implementation sites.

Activity 2: GBV survivors have access to a more comprehensive and efficient response

All clients who met focal points after reporting a form of GBV received the necessary post GBV services, including HIV testing, sexually transmitted infection (STI) services, and psychosocial support. Continuous capacitation is done to empower peer leaders with the necessary knowledge to enhance the identification of GBV cases and refer to focal points. CBOs' GBV focal points collaborate with KP community leaders to aid in the identification and referral of GBV cases in the community. Mapping of other organizations with more GBV response services was done to ensure complementarity of GBV services for KPs. Sexual GBV survivors receive an integrated package of services which are free of charge. These services include high quality medical, psychosocial, and legal services in accordance with MER standards.

Activity 3: Reduction of Stigma and Discrimination.

In Q1, messages related to the positive transformation of social norms as well as the enhancement of positive gender roles and tolerance were disseminated through Facebook pages including the CHILL page once a week.

Moreover, a training on Preventing Sexual Exploitation and Abuse (PSEA) was conducted among CBOs staff in Yaoundé, Douala, Kribi, Bafoussam, Bertoua and Ngaoundéré. These sites were also trained on the Human Center Design with the goal of improving stigma free, client centered service delivery to KPs.

Activity 4: Empowerment of Key and Priority Populations

In collaboration with mayors and MINPROFF, efforts have been initiated to facilitate the acquisition of identification documents for KPs rejected from their homes.

Furthermore, the strengthening of a Human Rights-Based Approach (HRBA) to HIV programming has been prioritized. This approach is being emphasized through community sessions and at DICs, aiming to ensure the protection and promotion of the rights of individuals affected by HIV.

Additionally, empowerment activities have been improved to enhance the socio-economic well-being of clients. Initiatives such as job opportunities, internships, and free online training sessions are being provided through platforms like WhatsApp groups and posters in hotspots. FSW CBOs are also organizing skill-building sessions, such as soap-making, to empower KP project participants. CHILL is currently working with FHI 360 through the EpiC project to assess CBOs on their ability to create sustainable social enterprises. The assessment will begin in Q2FY23.

HRGP follow-up

There are currently eight functional shelters, of which three which had been closed due to shortage of funds were re-opened through HRGP II funding. All these shelters received residents during the quarter. Educative talks and empowering capacity building activities were organized at the different shelters in Q1.

IR 1: Capacity building of organizations advocating for the rights of key and vulnerable populations to implement an operational framework for responding to violence.

Meetings with some key stakeholders including UNAIDS, CARE and NACC were organized to prepare for this workshop. The workshop was postponed to Q2 due to the unavailability of most stakeholders in Q1.

The *PlateForm Unity* (PFU) organized the expansion of the “*Rail KP*” (network of GBV advocates and GBV response providers) in the North region, with the involvement of multiple stakeholders.

IR 2: Improved availability, quality and use of data on stigma, discrimination and violence against LGBTQI people and other key populations at the national level

In Q1FY24, CHILL participated in the workshop organized to include GBV indicators in DHIS 2. After concerting with some stakeholders including CARE, CHP and CAMFAIDS, NACC retained a group of GBV indicators for DHIS 2 which is reported by all CBOs on a national scale. This will come a long way to improve data availability and subsequent data driven decision making related to stigma, discrimination, and violence against LGBTQI and other vulnerable populations.

IR 3: A more effective strategy to reduce stigma, discrimination and violence against LGBTQI people in the community, including social media.

A three-day training workshop on the Human Centered Design, KP identification, risks and needs, strategies to reduce stigmatization, first line response LIVES, gender and sexual diversity and PHSEA was held in six towns as presented on Table 30:

IR 4: Implementation of case identification, frontline support, and post-violence clinical care services

During Q1FY 24 some GBV survivors benefited from accommodation in the shelters. Thirty (30) survivors were welcomed in the HRGP 2 shelters during the Q1 FY 24 including: 04 Bisexuals, 01 Lesbian, 22 MSM, 3 TG.

Six residents benefited from the extension of their stay in the HRGP 2 Shelters; 7 residents were discharged from the HRGP 2 Shelters for several reasons: 07 per graduation (successfully and socially integrated). All residents received psychosocial support, 24 were offered medical consultations, 12 received medical prescription and support for purchase.

IN Q2FY23, supervision of shelters, social enterprise assessment and creation of a social media strategy are some of the activities scheduled.



Figure 40: Family picture of persons trained on HCD, PSEA, KP Identification, LIVES and stigma reduction

Table 30: Profile of persons trained on HCD, PSEA, KP Identification, LIVES and stigma reduction

Gender/Profiles	Town							TOTAL
	Yaoundé	Bafoussam	Douala	Kribi	Bamenda	Bertoua	Ngaoundéré	
Male	21	8	12	12	4	7	13	77
Female	28	10	15	8	10	12	8	90
TOTAL	49	18	27	20	14	19	21	168
GBV FP	4	1	2	1	1	1	1	11
Shelters manager	2	1	1	1	1	1	1	8
Executive Director	2	0	0	0	0	0	0	2
DIC Managers	5	2	3	2	2	2	2	18
Peers Leaders	6	4	3	4	4	4	4	29
Case Managers	12	4	6	6	2	6	6	42
M&E Officer	6	2	3	2	2	2	2	19
RTG	1	1	1	1	0	1	1	6
C&T Specialist	1	0	1	0	0	0	1	3
Prevention and site activities coordinator	2	0	1	0	0	0	1	4
C&T Associate	2	0	2	0	0	0	0	4
Consultants	0	1	1	1	0	0	0	3

CMC	6	2	3	2	2	2	2	19
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Section 6: Other activities

This quarter was marked by a range of significant activities including:

1. A visit from the Regional Environmental Compliance Advisor (RECA), with whom the CHILL central team worked to improve the project’s Environmental Mitigation and Monitoring Plan (EMMP). This visit also involved a tour of two partner CBOs (ACAFEM and HFC+) during which the RECA had in-depth discussions with the staff of these CBOs on some important aspects to consider on waste management.
2. The internal POART meeting with USAID also took place at the CHILL office. This served as an avenue to review the performances in FY23, discuss on the challenges faced by the field staff and partner CBOs and propose recommendations for the new fiscal year.
3. The training of the Douala and Yaoundé CBOs on the use of the QuickRes application as the project begins the pilot phase of its use in Cameroon to scale up demand creation for HIV related services offered at partner CBO drop-in-centers.
4. Celebration of the World AIDS Day with the theme “Let communities lead”, in which CHILL as a community project and its Partner CBOS took center stage by actively participating in sporting activities and round table discussions held by NACC on this day.



Figure 41: CHILL Partner CBO Horizons Femmes at the World AIDS Day Celebration in Yaounde

5. Following the validation of the Community ART initiation strategy by the MOH in FY23 the following activities were implemented this quarter with respect to this strategy: (see next page)

A- Development of an operational guide based on the recommendations of the strategy validation meeting held in Ebolowa on September 1, 2023.

B- Assessment of the CBOs (Governance, human resources and material and infrastructural resources) for enrolment in the implementation of the pilot phase from January 2024 for a duration of 6 months.

C- Adoption and launch of the strategy on November 29, 2023, by the Ministry of Public Health as part of Cameroon AIDS Month celebrations.

D- Development of training modules and data collection tools in December 2023 based on the HIV Care Guide

E- Positioning of the strategy in the various standard documents (task delegation guide for HIV care; HIV care guide,

Figure 42: Road map of activities related to Community ART Initiation in Q1FY24

The next steps in Q2FY23 include the training of the four CBOs (Horizons Femmes Yaoundé, HFC+, Horizons Femmes Douala and ALCONDOMS) selected for the pilot phase and phase one implementation, with regular collaborative supervisions.

Indicator/ Challenges		Resilient strategies and solutions	Next steps
KP_PREV	Similar projects operating in CHILL districts of implementation (overwhelming project participants and high risk of double counting)	Collaboration with these partners to ensure service complementarity and reduce risk of double counting	Sign MOUs with partners like CARE (Global Fund IP) and concert on reinforcing UIC for KPs to reduce double counting
HTS_TST	Temporary stock out of RTKs, putting halt to HIV testing activities	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.
HTS_TST_POS	- Subpar risk assessment - Suboptimal use of SNS	- Improve the use of the risk assessment tool - Review SOP, identify CMs with difficulties implementing SNS	- Conduct refresher on risk assessment - Conduct refresher training on SNS
VL_RESULTS	- Halt of VL sample collection following decree by MOH to prioritize pregnant women and children - Turnaround times for VL results due to stock tension of reagents	- Frequent information sharing with clinical partners - Continuous communication with RTG to be informed of availability of reagents	- Monthly triangulation of VL cascade information - Continuous counselling of PLHIV to continue ART while waiting for test results
PWID prevention service delivery	- Difficulty to in accessing “terres” due to changes in gatekeepers	- Create collaborations with new gatekeepers of “terres” -Hotspot mapping of new “terres”	- Follow-up with PWID PL to ensure collaborations have started
Enabling Environment	- Fear of GBV survivors to report encounters of GBV	- Empower and engage project participants through the integration of project services which address their personal needs in a bid to encourage them to report on GBV encounters - Work with community leaders who can act as focal points for reporting, and through which sensitization activities can be organized	- Encourage CBOs to include mental health services in all field activities. - Follow-up of CBOs on engagement with community leaders who will be encouraged to report cases of GBV and support in the mobilization of project participants for mass sensitization activities

Section 7: Summary of program challenges and solutions

ANNEXES

Annex 1: Quarter1 FY24 Financial report

ITEM	Initial budget	Initial budget	Initial budget	Initial budget	Expenses Q1 CHILL FY 24 in CFA			Expenses Q1 HRGP FY 24 in CFA			Cumulative	Cumulative	Balance CHILL	Balance HRGP	BURN RATE	BURN RATE
	CHILL \$	HRGP \$			CHILL CFA	HRGP CFA	Octobre 23	Novembre 23	Decembre 23	Octobre 23	Novembre 23	Decembre 23				
Months					Octobre 23	Novembre 23	Decembre 23	Octobre 23	Novembre 23	Decembre 23	Oct-Dec 2023	Oct-Dec 2023	Oct-Dec 2023	Oct-Dec 2023		
DIRECT LABOR	991,161	154,490	592,714,278	92,385,000	47,834,648	47,447,365	47,447,365	2,010,602	2,010,602	2,010,602	142,729,378	6,031,806	449,984,900	86,353,194	24%	7%
FRINGE BENEFITS	247,790	38,622	148,178,420	23,096,250	3,321,474	3,229,031	3,229,031	153,595	153,595	153,595	9,779,536	460,785	138,398,884	22,635,465	7%	2%
CONSULTANTS	60,341	30,853	36,083,918	18,450,000	2,373,750	2,210,200	2,160,000				6,743,950	-	29,339,968	18,450,000	19%	0%
ALLOWANCES											-	-	0	-		
TRAVEL	174,272	46,355	104,214,656	27,720,000	4,866,000	4,858,050	5,761,861		3,304,760	8,037,500	15,485,911	11,342,260	88,728,745	16,377,740	15%	41%
EQUIPMENT	75,000		44,850,000								-	-	44,850,000	-	0%	
PROGRAM ACTIVITIES	73,321	324,415	43,845,958	194,000,170	22,500	5,247,000	1,705,300	1,457,800	32,756,928	12,135,898	6,974,800	46,350,626	36,871,158	147,649,544	16%	24%
SUBCONTRACTS	2,620,298		1,566,938,204	-	10,047,044	137,563,668	115,397,970				263,008,682	-	1,303,929,522	-	17%	
OTHER DIRECT COSTS	306,995	188,737	183,583,010	112,864,726	4,595,659	8,903,966	22,319,033				35,818,658	-	147,764,352	112,864,726	20%	0%
			-								-	-	0	-		
TOTAL DIRECT COSTS	4,549,178	783,472	2,720,408,444	468,516,146	73,061,075	209,459,280	198,020,560	3,621,997	38,226,885	22,337,595	480,540,915	64,185,477	2,239,867,529	404,330,669	18%	14%
			-										0	-		
INDIRECT COSTS	178,822	36,528	106,935,556	21,843,744	6,827,007	11,799,958	6,930,109	362,200	2,721,304	1,020,170	25,557,074	4,103,674	81,378,482	17,740,070	24%	19%
			-													
TOTAL ESTIMATED COST	4,728,000	820,000	2,827,344,000	490,359,890	79,888,082	221,259,238	204,950,669	3,984,197	40,947,189	23,357,765	506,097,989	68,289,151	2,321,246,011	422,070,739	18%	14%

Annex 2: Partner CBOs performances Q1FY24

	CBO	KP newly reached ¹		KP eligible for HTS		HTS uptake ²		Positive Yield		Treatment uptake ³	
		n		n		n (%)		n (%)		n (%)	
		Q4 FY23	Q1	Q4 FY23	Q1	Q4 FY23	Q1	Q4 FY23	Q1	Q4 FY23	Q1
FSW	Horiz. F. Ydé	1,284	1,528	982	899	35%	26%	5%	8%	112%	94%
	RENATA	0	0	0	0	0%	0%	0%	0%	0%	0%
	YDF	764	835	320	315	62%	73%	5%	4%	110%	100%
	Horiz. F. Dla	733	789	794	408	56%	58%	6%	7%	108%	100%
	Alcond. Dla	654	695	1,259	576	51%	72%	4%	6%	92%	96%
	CMWA Ydé	945	1,344	715	742	54%	32%	9%	8%	100%	89%
	ALUCOSI S +	1,229	626	862	435	44%	48%	10%	10%	97%	100%
	Horiz. F. BAF	335	644	308	212	68%	67%	8%	12%	94%	100%
	ASAD Bertoua	889	637	905	594	37%	42%	10%	9%	97%	100%
	WOPA	518	527	379	278	72%	52%	10%	6%	96%	100%
	CMWA Bda	673	505	979	555	41%	69%	6%	8%	100%	100%
	FSW overall	8,024	8,130	7,503	5,014	48%	49%	7%	7%	100%	98%
MSM	Hum. F. Ydé	851	1,298	1,171	938	54%	50%	8%	10%	102%	100%
	Altern. Dla	1,097	819	983	639	67%	61%	6%	8%	85%	81%
	Alcond. Dla	359	420	603	360	67%	76%	12%	7%	98%	105%
	AA Ndéré	574	532	646	373	57%	58%	10%	8%	100%	100%
	CAMFAID S	547	696	604	467	57%	56%	3%	3%	91%	89%
	Colibri	528	405	292	210	41%	65%	11%	4%	100%	100%
	2HRC	732	549	625	445	50%	43%	7%	5%	104%	89%
	ACODEVO	513	351	433	182	41%	81%	8%	8%	93%	100%
	AA Bda	353	418	232	195	75%	68%	3%	6%	100%	100%
	MSM overall	5554	5488	5589	3809	57%	58%	8%	7%	97%	96%
PWID	Horiz. F. Ydé	23	15	20	15	65%	7%	0%	0%	0%	0%
	RENATA	0	0	0	0	0%	0%	0%	0%	0%	0%
	YDF	14	11	8	6	88%	17%	0%	0%	0%	0%
	Hum. F. Ydé	23	29	23	29	74%	24%	12%	14%	100%	100%
	Horiz. F. Dla	16	20	17	17	53%	94%	11%	0%	100%	0%

	Alcond. Dla	28	12	60	11	43%	91%	4%	0%	100%	0%
	WOPA	44	58	44	46	82%	50%	6%	0%	100%	0%
	CAMFAID S	28	0	28	0	100%	0%	0%	0%	0%	0%
	CMWA Ydé	10	0	11	0	100%	0%	0%	0%	0%	0%
	CMWA Bda	0	0	0	0	0%	0%	0%	0%	0%	0%
	AA Bda	9	7	7	7	100%	100%	0%	0%	0%	0%
	AA Ndéré	0	9	0	7	0%	0%	0%	0%	0%	0%
	ALUCOSI S +	26	0	16	0	6%	0%	100%	0%	100%	0%
	Horiz. F. BAF	23	7	15	7	100%	57%	0%	0%	0%	0%
	ACODEV O	30	7	34	7	26%	100%	11%	0%	100%	0%
	ASAD Bertoua	3	0	3	0	67%	0%	50%	0%	100%	0%
	2HRC	11	19	14	16	86%	75%	8%	0%	100%	0%
	Altern Dla	67	10	65	10	51%	50%	3%	20%	0%	0%
	Colibri	0	0	0	0	0%	0%	0%	0%	0%	0%
	PWID overall	355	204	365	178	62%	52%	5%	2%	91%	50%
Tg	Hum. F. Ydé	0	4	0	4	0%	50%	0%	0%	0%	0%
	Altern. Dla	47	41	47	40	83%	63%	3%	12%	0%	67%
	Alcond. Dla	16	9	25	6	48%	67%	8%	0%	100%	0%
	AA Ndéré	0	0	0	0	0%	0%	0%	0%	0%	0%
	CAMFAID S	22	8	22	5	82%	40%	0%	0%	0%	0%
	Colibri	0	0	0	0	0%	0%	0%	0%	0%	0%
	2HRC	0	0	0	0	0%	0%	0%	0%	0%	0%
	ACODEV O	27	7	20	4	60%	75%	42%	0%	100%	0%
	AA Bda	10	6	8	1	88%	100%	43%	100%	100%	100%
	Tg overall	122	75	122	60	72%	62%	11%	11%	90%	75%

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 3: FY24 CHILL Performance Monitoring Plan (PMP)

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	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><i>Definition:</i> 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><i>Unit:</i> Individuals</p>	Routine data collection	Quarterly	2023	Total = 2397 (Female:1134 Male 1263)	CHILL FY23 Activity Report	Total =4064 Female: 2320 Male:1744	Total = 790 Female: 555 Male: 235	<ul style="list-style-type: none"> PrEP files PrEP Initiation Register Activity Report CommCare
<p>Number of individuals, exclusive of those newly enrolled, that returned for their follow up visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period (PrEP_CT)</p> <p><i>Definition:</i> Number of individuals that have returned for their PrEP follow up visit during the reporting period, in accordance with national guidelines or WHO standards, excluding those individuals newly initiating on PrEP</p> <p><i>Unit:</i> Individuals</p>	Routine data collection	Quarterly	NA	NA	NA	Total = 2734 Female:1502 Male: 1232	Total = 1991 Female:1261 Male: 730	<ul style="list-style-type: none"> PrEP files PrEP Register \ Activity Report CommCare
<p>Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (KP_PREV)</p> <p><i>Definition:</i> Number of unique individuals from an activity who are reached with prevention interventions designed for the intended key population</p>	Routine data collection	Quarterly	2023	Total = 86263 FSW: 51188 MSM:32213 PWID : 1857	CHILL FY23 Activity Report	Total = 81995 FSW: 51799 MSM: 26576 PWID: 1996 TG: 1291 Prisoners: 333	Total = 13897 FSW: 8130 MSM: 5488 PWID:204 TG: 75 Prisoners :0	<ul style="list-style-type: none"> Client intake forms IEC Form Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<u>Unit:</u> Individuals				<ul style="list-style-type: none"> TG :1006 				
<p>Number of priority populations reached with standardized HIV prevention intervention(s) that are evidence-based (PP_PREV)</p> <p><u>Definition:</u> 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><u>Unit:</u> Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 12146</p>	<p>CHILL FY23 Activity Report</p>	<p>Total = 15415</p> <ul style="list-style-type: none"> CFSW: 7278 AGYW: 8137 	<p>Total = 3661</p> <ul style="list-style-type: none"> CFSW: 1786 AGYW: 1875 	<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><u>Definition:</u> 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><u>Numerator:</u> Number of KPs who were screened for STI</p> <p><u>Denominator:</u> Total number of KP provided with any prevention intervention at the DIC</p> <p><u>Unit:</u> Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 100% of KP_PREV</p> <p>(86263 / 86263)</p>	<p>CHILL FY23 Activity Report</p>	<p>Total = 90% of KP_PREV</p> <p>Numerator: 73795</p> <p>Denominator :81995</p>	<p>Total = 100% of KP_PREV</p> <p>Numerator: 13897</p> <p>Denominator: 13897</p>	<ul style="list-style-type: none"> Medical Support Register Activity Report
<p>Percentage of KPs who were diagnosed with an STI in the reporting period (STI_DIAGNOSIS)</p> <p><u>Definition:</u> 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><u>Numerator:</u> Number of KPs who were diagnosed with any STI in the reporting period based on national algorithm</p> <p><u>Denominator:</u> Total number of KPs who were screened for STIs</p>	Routine data collection	Quarterly	2023	<p>Total = 5% of STI_SCREEN</p> <p>(4421 / 86263)</p>	<p>CHILL FY23 Activity Report</p>	<p>Total = 4% of STI_SCREEN</p> <p>Numerator: 2952</p> <p>Denominator: 73795</p>	<p>Total = 12% of STI_SCREEN</p> <p>Numerator: 1643</p> <p>Denominator: 13897</p>	<ul style="list-style-type: none"> Medical Support Register Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<u>Unit</u> : Individuals								
<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> <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><u>Unit</u>: Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 79% of STI_DIAGNOS</p> <p>(3479 / 4421)</p>	CHILL FY23 Activity Report	<p>Total = 95% of STI_DIAGNOS</p> <ul style="list-style-type: none"> Numerator: 2805 Denominator: 2952 	<p>Total = 47% of STI_DIAGNOS</p> <ul style="list-style-type: none"> Numerator: 773 Denominator: 1643 	<ul style="list-style-type: none"> Medical Support Register Activity Report
<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> <p><u>Unit</u>: Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 23%</p> <ul style="list-style-type: none"> FSW: 20% (10295/51188) MSM: 27% (8652/32213) 	CHILL FY23 Activity Report	<p>Total = 84% of KP_PREV</p> <p>FSW: 81% (41958/51799)</p> <p>MSM: 92% (24450/26576)</p>	<p>Total = 18% of KP_PREV</p> <ul style="list-style-type: none"> FSW: 24% (1956/8130) MSM: 9% (516/5488) PWID: 1% (3/204) TG: 8% (6/75) 	<ul style="list-style-type: none"> GBV Register Counselling Register Referral form Activity Report Comm Care
<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 CHILL project</p>	Routine data collection	Quarterly	2023	<p>Total = 10366</p> <ul style="list-style-type: none"> Female: 6128 	HIVST Study Report	<p>Total = 17879</p> <p>FSW: 9146</p> <p>MSM: 7745</p> <p>Others: 988</p>	<p>Total = 2376</p> <p>FSW: 1218</p> <p>MSM: 807</p> <p>PWID: 32</p> <p>TG: 2</p> <p>CFSW: 257</p>	<ul style="list-style-type: none"> Client intake forms HIVST Register and Form or Logbook

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<u>Unit:</u> HIV self-test kits				<ul style="list-style-type: none"> Male:4238 			AGYW :58 Others :2	<ul style="list-style-type: none"> Activity Report CommCare
<p>Uptake of HIV testing services following HIV self-testing (HTS_SELF_CONFIRM)</p> <p>Definition: The number of people receiving HIV testing services as a follow up to HIV self-testing, among the total number of people who received self-testing kits. This indicator will provide an indication of confirmatory testing through CHILL 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 who received HIV testing services after requesting follow up from HIV self-testing.</p> <p>Denominator: Number of individuals who received HIV Self-Testing kits distributed through the CHILL project.</p>	Routine data collection	Quarterly	2023	NA Total = 2% of HTS_SELF <ul style="list-style-type: none"> Numerator: 225 Denominator: 10366 	NA	Total = 6% of HTS_SELF <ul style="list-style-type: none"> Numerator: 1073 Denominator: 17879 	Total = 2% of HTS_SELF Numerator: 46 Denominator: 2376	<ul style="list-style-type: none"> Client intake forms HTS Register and Form Activity Report CommCare
<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 CHILL 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><u>Unit:</u> Individuals</p>	Routine data collection	Quarterly	2023	Total =44316 (Index: Service:9857 VCT Service:1191 1 Mobile Service:2254 8) cFSW represent 2% of index Including 37218KP (FSW: 20108 MSM: 15697 PWID :944T G :469)	CHILL FY23 Activity Report	Total= 48455 <ul style="list-style-type: none"> Index Service: 16 474 SNS 5 330 Others :2 6 650 Including 26385KPs (17332FSW; 8042MSM 619PWID and 392 TG)	Total= 6228 <ul style="list-style-type: none"> Index Service: 995 SNS :855 VCT Testing :1715 Mobile testing :2663 Including 4817KPs (2472FSW; 2215 MSM 93PWID and 37TG)	<ul style="list-style-type: none"> Client intake forms HTS Register and Form Activity Report CommCare

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p><i>(HTS_rTST)</i></p> <p>Definition: Number of individuals who received HIV Testing Services (HTS) and where documented HIV negative in previous periode, who are receiving a monitoring test.</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023					
<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 CHILL program (DIC, Fixed clinic, mobile clinic).</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023	<p>Total =3357 (Index Service: 1523; VCT Service:852 ; Mobile Service: 982)</p> <p>Including293 8 KP (FSW:1453; MSM:1417P WI:54 TG:14)</p>	CHILL FY23 Activity Report	<p>Total= 2510</p> <ul style="list-style-type: none"> ▪ Index Service: 854 ▪ SNS 276 ▪ Other service:1 380 <p>Including 2342 KPs (1554FSW; 704MSM 52PWID and 32TG)</p>	<p>Total= 445</p> <ul style="list-style-type: none"> ▪ Index Service: 186 ▪ SNS :73 ▪ VCT Testing :107 ▪ Mobile Testing :79 <p>Including 348KPs (184FSW;158 MSM; 2PWID and 4TG)</p>	<ul style="list-style-type: none"> ▪ HTS Register and Form ▪ Activity Report ▪ CommCare
<p>Number of individuals who received HTS and tested HIV positive (HTS_rTST_POS)</p> <p>Definition: Number of individuals who received HIV Testing Services (HTS) and where documented HIV negative in previous periode, who are receiving positive HIV results.</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023			<p>Total= 7</p> <ul style="list-style-type: none"> ▪ Index Service :1 ▪ Mobile Service: 2 ▪ VCT: 3 ▪ SNS: 1 <p>Including 7KPs (5FSW; 2MSM; 2PWID and 2TG)</p>	<ul style="list-style-type: none"> ▪ HTS Register and Form ▪ Activity Report ▪ CommCare 	

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX)</p> <p>Definition: 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>Unit: Individuals</p>	Routine data collection	Quarterly	2023	<p>Total= 9857</p> <ul style="list-style-type: none"> ▪ Newly positive :1523 ▪ Female :727 ▪ Male:796 ▪ Newly negative:8271 ▪ Female :2498 ▪ Male:6248 	CHAMP FY21Activity Report	<p>Total =844</p> <ul style="list-style-type: none"> ▪ Newly positive 169: ▪ Newly negative675: 	<p>Total =995</p> <ul style="list-style-type: none"> ▪ Newly positive:186 ▪ Newly negative:809 	<ul style="list-style-type: none"> ▪ Client intake forms ▪ HTS Register and Form ▪ Index testing register and form ▪ Activity Report ▪ CommCare
<p>Number of adults and children newly enrolled on antiretroviral therapy (ART) (TX_NEW_VERIFY)</p> <p>Definition: The indicator measures the coverage of case management-type services provided by non-treatment partners for supporting and ensuring new ART enrollment of HIV-positive KP clients identified through KP programs</p> <p>Numerator: Number of HIV-positive KPs verified as newly enrolled on antiretroviral therapy (ART)</p> <p>Denominator: N/A</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 3223</p> <p>Including 2786KPs: (FSW:1390; MSM: 1341 PWID:43 TG:12) Rate of PEPFAR site link: 75%</p>	CHILL FY23 Activity Report	<p>Total = 2390 PEPFAR Site: 1793 Including 2342KPs: (1,554FSW; 704 MSM; 32TG and 52 PWID) PEPFAR Site: 597</p>	<p>Total = 430 PEPFAR Site :400 Including KPs: 334 (FSW, MSM; TG and PWID) PEPFAR Site: 313</p>	<ul style="list-style-type: none"> ▪ Referral Form ▪ ART Register ▪ Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<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><i>Definition:</i> 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><i>Unit:</i> Individuals</p>	Routine data collection	Quarterly	2023	<p>Total = 2 days</p> <ul style="list-style-type: none"> ▪ FSW: 1day ▪ MSM: 2days ▪ PWID : 2days ▪ TG :2days 	CHILL FY23 Activity Report	<p>Total KPs= 2 days</p> <ul style="list-style-type: none"> ▪ FSW: 2 days ▪ MSM: 2 days ▪ PWID: 2 days ▪ TG: 2 days 	<p>Total KPs= 2 days</p> <ul style="list-style-type: none"> ▪ FSW: 2 days ▪ MSM: 2 days ▪ PWID: 2 days ▪ TG: 2 days 	<ul style="list-style-type: none"> ▪ HTS Register and Form ▪ ART Register ▪ Activity Report
<p>Percentage of KPs living with HIV and on ART who have received care and support services outside of health facility (in community) during the reporting period (COMM_SUPP_RET)</p> <p><i>Definition:</i> 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><i>Numerator:</i> Number of KPs on ART provided with HIV care and support services outside of health facility.</p> <p><i>Possible interventions: adherence counseling, psychosocial support; treatment literacy; nutritional education</i></p> <p><i>Denominator:</i> Total number of KPs living with HIV and on ART (TX_CURR_VERIFY)</p> <p><i>Unit:</i> Individuals</p>	Routine data collection	Quarterly	2023	<p>Total KPs = 95% (Numerator 8105; Denominator 8531 NA</p>	CHILL FY23 Activity Report NA	<p>Total KPs = 95% (Numerator 15369 ; Denominator 16073</p>	<p>Total KPs = 99%</p> <p>(Numerator : 8200 Denominator: 8300)</p>	<ul style="list-style-type: none"> ▪ PN Form ▪ Activity Report
<p>Percentage of HIV-positive KPs on ART treatment who were lost to follow-up or stopped</p>	Routine data collection	Quarterly	2023	<p>Total KPs = 9% (87/961)</p>	CHILL FY23 Activity Report	<p>Total KPs= 10%</p>	<p>Total KPs= 0,25%</p> <p>3/1170</p>	<ul style="list-style-type: none"> ▪ PN Form ▪ Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>treatment and who re-engaged into treatment during the reporting period (TX_RTT)</p> <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, treatment-experienced KPs who experienced an interruption in treatment (IIT), during any previous reporting period, i.e. were off treatment for >= 28 days, who are successfully navigated by the KP partner to a service delivery point and verified as re-enrolled into treatment and remained on treatment until the end of the reporting period</p> <p>Denominator: The number of HIV-positive, treatment-experienced KPs who experienced an interruption in treatment (IIT), during any previous reporting period, i. e. were off treatment for >=28 days</p> <p>Unit: Individuals</p>								
<p>Number of KPs currently receiving antiretroviral therapy (ART) (TX_CURR_VERIFY)</p> <p>Number of HIV-positive KP clients that have been reached by KP programs and are verified as currently enrolled on ART at the end of the reporting period</p> <p>Definition: Cumulative number of unique KPs who were currently receiving antiretroviral therapy at facilities supported by CHILL at the end of the reporting period.</p>	Routine data collection	Quarterly	2023	<p>Total = 11039</p> <p>(6361FSW; 4514MSM PWID 84 TG80)</p>	CHILL FY23 Activity Report	<p>Total= 13854</p> <ul style="list-style-type: none"> ▪ FSW: 7899 ▪ MSM:55 42 ▪ PWID 97 ▪ TG: 316 	<p>Total =8300</p> <p>(3588FSW; 4503MSM and 134PWID 75TG:)</p>	<ul style="list-style-type: none"> ▪ PN Form ▪ Handshake model tools ▪ ART Register ▪ Cohort Monitoring Register / Excel file ▪ Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<i>Unit:</i> Individuals								
<p>Percentage of KP ART patients that have been reached by KP programs, have a confirmed VL measurement within the past 12 months, and are confirmed as having a suppressed VL result (<1, 000 copies/ml) documented in the medical or laboratory records/LIS <i>(TX_PVLS_VERIFY)</i></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 KP ART patients that are confirmed as having a suppressed VL result (<1, 000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months.</p> <p>Denominator: Number of KP ART patients reached by KP programs and are confirmed as having a VL test documented in the medical or laboratory records/LIS within the past 12 months.</p> <p><i>Unit:</i> Individuals</p>	Routine data collection	Quarterly - looking 12 months back	2023	Total = 96% (Numerator: 6302; Denominator: 6583)	CHILL FY23 Activity Report	Total KPs= 95% (Numerator: ; Denominator:)	Total KPs= 96% (2541Numerator: ;2658 Denominator:)	<ul style="list-style-type: none"> Referral and Counter-Referral Form ART Register Activity Report
<p>Number of local advocacy groups established (chaired by local councils and technically assisted by regional NACC and district health officers)</p> <p>Definition: Number of regional groups established and functional to improve advocacy, legal protection, prevention and response to violence for key populations and their families and loved ones</p> <p><i>Unit:</i> Advocacy groups</p>	Activity report	Quarterly	2023	Total= 2	CHILL FY23 Activity Report	Total= 20	Total= 20	Activity Report
<p>Number of awareness raising activities and advocacy conducted towards key actors</p>	workshops reports	Quarterly	2023	NA	NA	T=4	T=4	Activity report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<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>								
<p>Number of individuals from KPs, government and community-based organizations trained on stigma measurement and intervention</p> <p>Definition: Number of individuals (KPs, government and community-based organizations) who attended all modules of the training curriculum on stigma measurement and intervention</p> <p>Unit: Individuals</p>	Training Report	Quarterly	2023	Total = 195	CHILL FY23 Activity Report	Total= 350	Total= 450	Training Report
<p>Percentage of KPs who were screened for Mental Illness in the reporting period (MI_SCREEN)</p> <p>Definition: The number of KPs who were screened for MI as a proportion of KPs who received HIV Testing Services (HTS) and received their test results in the reporting period</p> <p>Numerator: Number of KPs who were screened for MI</p> <p>Denominator: Total number of KP who received HIV Testing Services (HTS) and received their test results</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023	Total = 100% of HTS	CHILL FY23 Activity Report	<ul style="list-style-type: none"> Numerator: 33788 Denominator: 33788 	NA	<ul style="list-style-type: none"> Medical Support Register Activity Report
<p>Percentage of KPs who were diagnosed with a Mental Illness in the reporting period (MI_DIAGNOSIS)</p> <p>Definition: The number of KPs who were diagnosed with a Mental Illness as a proportion of KPs who were screened for MIs in the reporting period</p>	Routine data collection	Quarterly	2023	Total = 15% of MI_SCREEN	CHILL FY23 Activity Report	<ul style="list-style-type: none"> Numerator: 5068 Denominator: 33788 	NA	<ul style="list-style-type: none"> Medical Support Register Activity Report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>Numerator: Number of KPs who were diagnosed with any MIs in the reporting period based on national algorithm</p> <p>Denominator: Total number of KPs who were screened for MIs</p> <p>Unit: Individuals</p>								
<p>Percentage of KPs who were treated for STI in the reporting period (MI_TREATMENT)</p> <p>Definition: The number of KPs who were treated for an MI as a proportion of KPs who were diagnosed with an MI in the reporting period</p> <p>Numerator: Number of KPs who were treated for MI in the reporting period</p> <p>Denominator: Total number of KPs who were diagnosed with any MI in the reporting period based on national algorithm</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023	CHILL FY23 Activity Report	<p>Total = 95% of MI_DIAGNOSIS</p> <ul style="list-style-type: none"> Numerator: 4815 Denominator: 5068 	NA	<ul style="list-style-type: none"> Medical Support Register Activity Report 	
<p>Number of trainings of RAIL Platform</p> <p>Definition: Monitoring of last RAIL (Réseau des Acteurs Clés d'Intervention Locale auprès des populations clés) training</p> <p>Unit: Training</p>	Training report	Quarterly	NA	NA	NA	T=2	Assessment Report	
<p>Number of legal cafes organized</p> <p>Definition: Number of legal cafes organized (Presence of the lawyer) for each organization to make community members aware of the reduction in exposure to violence and the actions to be taken in the event of violence</p> <p>Unit: Legal Cafe</p>	Meeting report	Quarterly	NA	NA	NA	T=3	Activity report	
<p>Number of awareness raising activities and advocacy conducted towards key actors</p>	workshops reports	Quarterly	NA	NA	NA	T=2	T=7	Activity report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<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>								
<p>Number of trainings for LGBTI groups on physical/digital safety and security organized</p> <p>Definition: Number of trainings for LGBTI groups on physical/digital safety and security organized. This training will follow the “Safety and security toolkit strengthening the implementation of HIV programs for and with the key populations” developed by the Alliance and FHI360</p> <p>Unit: Training</p>	Training reports,	Quarterly	NA	NA	NA	T=2	T=00	Activity report
<p>Number of KP-specific mental health trainings organized</p> <p>Definition: Number of KP-specific mental health trainings organized at regional level for health care providers in health facilities that provide care to LGBTI community members, including Drop-In Centers and HIV care and treatment centers. This training program will also serve as a sensitization platform for healthcare workers on human rights awareness</p> <p>Unit: Training</p>	Training reports	Quarterly	NA	NA	NA	T=1	T=00	Activity report
<p>Number of lawyers trained</p> <p>Definition: Number of lawyers trained by region who will be under the lead of a CBO for cases in the region concerned</p> <p>Unit: Lawyer</p>	Training reports	Quarterly	NA	NA	NA	T=10	T=00	Activity report
<p>Definition: Number of Organized national training in paralegal and mediation by legal counsel</p> <p>Unit: Training</p>	Training reports	Quarterly	NA	NA	NA	T=1	T=00	Activity report

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>GEND_NORM</p> <p>Definition: Number of people completing an intervention pertaining to gender norms that meets minimum criteria</p> <p>Unit: individual</p>	Routine data collection	Quarterly	2023		CHILL FY23 Activity Report	T = 00	Activity report	
<p>Definition: Percentage of individuals who were provided with or referred to post-violence services among those who disclosed experience of violence within community settings (GEND_LINK_COMM)</p> <p>Numerator: Number of individuals who disclosed to program staff or outreach workers outside of clinical facilities that they experienced violence from any type of perpetrator and were referred for or provided clinical or non-clinical post-violence care</p> <p>Denominator: Number of individuals who disclosed to program staff or outreach workers outside of clinical facilities that they experienced violence from any type of perpetrator</p> <p>Unit: Individuals</p>	Routine data collection	Quarterly	2023		CHILL FY23 Activity Report	<p>Total = 79,83% (1980/2480)</p> <ul style="list-style-type: none"> ▪ FSW: 84 % (1656/11956) ▪ HSH: 61 % (324/524) <p>17,86% (443/2480)</p> <p>FSW 12% (234/1956)</p> <p>HSH 40% (234/524)</p>	Data sources are standard program monitoring or assessment tools, such as forms, logbooks, spreadsheets, and databases that national programs and/or partners develop or already use	
<p>GEND_GBV_OTHER</p> <p>Definition: Number of individuals who disclosed experience of violence and received clinical care at a site that does not provide the full minimum package of GEND_GBV services</p> <p>Unit: individual</p>	Routine data collection	Quarterly	NA	NA	NA	T = 00		
<p>Definition: Percentage of MSG screened for proctology/gynaecology during the reporting period (PROCTO/GYNECO_SCREEN)</p> <p>Numerator: Number of MSGs who underwent proctology/gynecologic screening</p>	Consultation Reports	Quarterly	NA	NA	NA	T = 00		

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>Denominator: Total number of MSGs that received a preventive intervention during the reporting period Unit: Individuals</p>								
<p>Definition: Number of MSG diagnosed with proctology/gynecology versus MSG with proctology/gynecologic screening during the reporting period (PROCTO/GYNECO DIAGNOSIS) Numerator: Number of MGS diagnosed with proctology/gynecology during the reporting period using a national algorithm Denominator: Total number of MSGs who underwent proctology/gynecologic screening Unit: Individuals</p>	Consultation Reports	Quarterly	NA	NA	NA		T=00 T = 00	
<p>Definition: Number of MSG that were treated for proctology/gynecology compared to MSG that were diagnosed with proctology/gynecology during the reporting period (PROCTO/GYNECO TREATMENT) Numerator: Number of MSGs that were treated for proctology/gynecology during the reporting period Denominator: Total number of MSGs diagnosed with proctology/gynecology during the reporting period, based on national algorithm Unit: Individuals</p>	Consultation Reports	Quarterly	NA	NA	NA		T= 00	
<p>Definition: This is the number of identified VSLA who have gone through the creation process with evidence of clear documentation or not (Social_Ent_Identified) Numerator: Number of Social Enterprise identified during the reporting period Denominator: NA Unit: Individuals</p>	Routine data collection	Semi Annual	NA	NA	NA		T=00	
<p>Definition: This is the number of Social Enterprise that have been identified who have gone through the entire process of creating clear documentation and having had at least one meeting (Social_Ent_created) Numerator: number of Social Enterprise who have been identified and who have gone through the entire process of creating clear documentation and having held at least one meeting Denominator: NA Unit: Individuals</p>	Routine data collection	Semi Annual	NA	NA	NA		T= 00 T = 00	

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
<p>Definition: This is the number of VSLA created and have at least one well-documented AGR (<i>Social_Ent_IAGR</i>)</p> <p>Numerator: Number of Social enterprise created and having at least one well-documented AGR Denominator: NA Unit: Individuals</p>	Routine data collection	Semi Annual	NA	NA	NA	T = 00		
<p>Definition: This is the number of beneficiaries who, thanks to VSLA activities, have become autonomous (<i>Social_Ent_Ben</i>)</p> <p>Numerator: number of standalone beneficiaries Denominator: NA Unit: Individuals</p>	Routine data collection	Quarterly	NA	NA	NA	T = 00		
<p>Number of SHELTER references identified (<i>SHELTER_Identified</i>)</p> <p>Definition: This is the reference number Shelter that have identified who have followed the entire creation process with evidence of clear documentation or not</p> <p>Numerator: Shelter number identified during the reporting period Denominator: NA Unit: Individuals</p>	Routine data collection	Semi Annual	NA	NA	NA	T= 08		
<p>Number of Shelter rehabilitated. (<i>SHELTER_rehabilitated</i>)</p> <p>Definition: This is the number of Shelter that have been identified who have gone through the entire rehabilitation process with evidence of clear documentation and having held at least one meeting.</p> <p>Numerator: Shelter number that have been identified who have gone through the entire rehabilitation process with evidence of clear documentation and have had at least one meeting Denominator: NA Unit: Individuals</p>	Routine data collection	Semi Annual	NA	NA	NA	T=03		
<p>Number of Shelter functional (<i>Shelter_Functional</i>)</p> <p>Definition: Number of shelter that have been supported and received beneficiaries who need shelters during the period</p> <p>Numerator: Shelter number that have been identified who have gone through the entire creation process with evidence of clear</p>	Routine data collection	Quarterly	NA	NA	NA	T= 08		

Indicator Definition	Data Collection Method	Frequency	Baseline Data			Targets FY24	Targets Q1 FY24	Data Source
			Baseline Year	Baseline Value	Data Source			
documentation and have had at least one meeting and are functional <u>Denominator</u> : NA <u>Unit</u> : Individuals								
Number of beneficiaries (Shelter_ben) Definition: Number of individuals received in the shelter Numerator: Number of individuals received in the shelter <u>Denominator</u> : NA <u>Unit</u> : Individuals	Routine data collection	Monthly	NA	NA	NA		T = 36	
Percentage of beneficiaries less than one month old (SHELTER_1Month) Definition: This is the proportion of beneficiaries who have less than three months in the Shelter Numerator: Number of beneficiaries less than three months old <u>Denominator</u> : Total number of shelter beneficiaries <u>Unit</u> : Individuals	Routine data collection	Semi Annual	NA	NA	NA		T = 30,55% (11/36)	
Percentage of beneficiaries between 3 and 6 months (SHELTER_3-6Months) Definition: This is the proportion of beneficiaries who have between 3 and 6 months in the Shelter Numerator: Number of beneficiaries between 3 and 6 months <u>Denominator</u> : Total number of shelter beneficiaries <u>Unit</u> : Individuals	Routine data collection	Semi Annual	NA	NA	NA		T = 83,33% (30/36)	
Percentage of beneficiary upgrade (SHELTER_upgrade) Definition: This is the proportion of beneficiaries who have received an intervention that makes them able to reintegrate into the community Numerator: Number of upgrade beneficiaries <u>Denominator</u> : Total number of shelter beneficiaries <u>Unit</u> : Individuals	Routine data collection	Quarterly	NA	NA	NA		T = 19, 44% (7/36)	
GNDR - 6 Definition: This is the Number of people reached by a USG funded intervention providing GBV	Routine data collection	Semi Annual	NA	NA	NA		T = 2660	

Annex 4: Environmental Mitigation and Monitoring Report

Project/ Activity/Sub-Activity	Identified Environmental Aspects or Impacts	Mitigation Measure(s)	Monitoring Indicator(s)	Monitoring and Reporting Frequency	Responsible Parties	Field Monitoring/Issues/Resolution Field monitoring needs to be adequately addressed i.e. monitoring dates, observations, issues identified and resolution
Activity 1: Reduce new HIV infection for KP and PP						
1.1 USAID-funded staff will provide prevention services to beneficiaries such as: targeted information, education, and communication; offer screening for sexually transmitted infections based on the syndromic approach or refer beneficiaries to health facilities for STI screening, prevention, and treatment; provide counselling and referrals on family planning and refer to available services; GBV prevention and post-rape care (e.g. psychosocial support; referral to health facility, legal services, etc.); distribution of commodities (condoms, lubricants, and pre-exposure prophylaxis)	<p>-Activities directly funded by USAID are low risk and therefore limited to no foreseeable significant adverse environmental impact. The implementing partner is expected to include information on safe disposal and waste management of male and female condoms and expiring medications in counselling modules.</p>	<p>-For distribution of commodities such as condoms, lubricants and pre-exposure prophylaxis in hotspots, ensure that training provided to health care providers in the use of health commodities and chemicals in the prevention, care and treatment of HIV/AIDS must include a component on the handling and disposal of the medical waste generated by these items, whether from uses or expired health commodities.</p>	<p>Trainings for health providers on adequate disposal of disposable materials and biomedical waste</p>	<p>Annual</p>	<p>CHP / in collaboration with GHSS and CBC</p>	<p>-A quarterly refresher session done at all CBO sites by the GHSS and CBC</p>
	<p>-Beneficiaries will be referred to health facilities for other services (where biomedical waste may be generated). USAID does not directly fund services provided within health facility settings and may not be able to impact policy or activities at these sites.</p>	<p>-Continuous sensitization of Peer Leaders, Case Manager, Lab technicians, nurses doctors working in DICs and vendors at condoms distribution point on appropriate disposal of biomedical waste.</p>	<p>Supervision Reports</p>	<p>Quarterly</p>		<p>Sensitization done by IPC focal point of each CBO.</p>
	<p>-However, activities such as the distribution of commodities such as condoms, lubricants and pre-exposure prophylaxis in hotspots will lead to an increase in the generation of medical waste, which remains an environmental</p>	<p>-Ensure that transport of commodities must be in conformity with approved SOPs</p>	<p>-SOPs developed and training of concerned staff on hazardous waste transportation</p>	<p>Annual</p>		<p>No incident of spillage reported in Q1. CBOs to be trained on SOP in Q2FY23</p>
			<p>-Number of reported incidents during</p>	<p>Immediate</p>		

Project/ Activity/Sub-Activity	Identified Environmental Aspects or Impacts	Mitigation Measure(s)	Monitoring Indicator(s)	Monitoring and Reporting Frequency	Responsible Parties	Field Monitoring/Issues/Resolution Field monitoring needs to be adequately addressed i.e. monitoring dates, observations, issues identified and resolution
	threat for which mitigation measures remain imperative		transport of commodities			
1.2 USAID-funding staff will provide HIIV counselling and testing services: (a) onsite, (b) via referrals to health facilities; or (c) distribution of self-test kits; and linking all those who test positive to antiretroviral treatment	Environmental impact from HIV testing services provided onsite will generate biomedical waste due to use of testing kits and would require proper disposal to eliminate risks to human health and the environment.	-Liaise with PEPFAR lab partner to conduct onsite training for health providers on adequate disposal of disposable materials and biomedical waste for CBOs -Ensure that the medical facilities and operating benefitting from USAID support have adequate procedures and capacities in place to properly handle, label, treat, store,	-Trainings for health providers on adequate disposal of disposable materials and biomedical waste - Availability of SOP for waste management -List of staff capable of	Annual Annual Annual	CHP / in collaboration with GHSS and CBC	- A quarterly refresher session done at all CBO sites by the GHSS and CBC -National SOPs and guidelines available at all sites. -List available and focal point designated

Project/ Activity/Sub-Activity	Identified Environmental Aspects or Impacts	Mitigation Measure(s)	Monitoring Indicator(s)	Monitoring and Reporting Frequency	Responsible Parties	Field Monitoring/Issues/Resolution Field monitoring needs to be adequately addressed i.e. monitoring dates, observations, issues identified and resolution
		<p>transport and properly dispose of blood, sharps and others medical waste including condoms and the norms and training include environmental health considerations according to national policy on medical waste together with WHO (1999) proposed disposal methods for medical waste.</p> <p>-Support to health delivery and management system will involve efforts to assure that these systems:</p> <ul style="list-style-type: none"> • Address and support proper waste management (including handling, labeling, treatment, storage, transport and disposal of medical waste); • Address and support capacity of medical facilities for waste management; Prioritize environmental health consideration <p>- develop materials on safe disposal of HIV self-test kits for beneficiaries who prefer this option.</p> <p>- Continue to raise awareness among beneficiaries on the disposal of medical waste related to self-test kits</p>	<p>handling product that may generate highly toxic waste</p> <p>Supervision reports</p> <p>-Integration of safe disposal of HIV self-test kits in waste management SOP</p>	<p>Annual</p> <p>Montly</p>	<p>CHP / in collaboration with GHSS and CBC</p> <p>CHP / in collaboration with GHSS and CBC</p>	<p>-SOP on HIV self-test kit disposal to be drafted in Q2FY24.</p>
Activity 2: Initiate and retain HIV-positive beneficiaries on treatment						

Project/ Activity/Sub-Activity	Identified Environmental Aspects or Impacts	Mitigation Measure(s)	Monitoring Indicator(s)	Monitoring and Reporting Frequency	Responsible Parties	Field Monitoring/Issues/Resolution Field monitoring needs to be adequately addressed i.e. monitoring dates, observations, issues identified and resolution
2.1 Improve link between community and HF for ART initiation a) USAID-funded staff will initiate beneficiaries on antiretroviral treatment and continue to dispensing antiretrovirals to those who prefer to seek treatment in a community-based center	Use of domestic waste and public sewage system for disposal of medications may lead to environmental contamination.	Ensure to develop materials and advising beneficiaries on how to adequately store medicines at home and safe disposal. To do this, design an image box that will educate the beneficiaries	-SOPs implemented - Image Box Availability	Annual Annual	CHP	-To be done in Q2FY23
2.2 Improve retention in HIV Care a) USAID-funded drop-in centers will collect blood samples and transport to reference labs responsible for viral load testing	Environnemental impact from drop-in center labs where biomedical waste will be generated. A system needs to be put in place to ensure proper transportation and disposal of medical wastes including staff compliance in using personal protective equipment at all times	-Train CBO partner staff on established SOPs on VL sample collection -Ensure that the storage of blood collected at the DIC level is in accordance with the approved SOPs -Ensure that transport of blood collected must be in conformity with approved SOPs	-Number of CBOs partner staff trained SOP Reviewed SOPs implemented	Annual Annual Annual	CHP/in collaboration with GHSS and CBC CHP CHP	-CBO staff trained on VL sample collection by GHSS and CBC -No issues identified -No issues identified
Activity 3: Build organizational capacity of local institutions to design and manage programs						
3.1 Conduct an integrated biologic behavioral survey which entails interviews, blood sample collection and testing for HIV/AIDS and other sexually transmitted infection	Environnemental impact from HIV testing and STI screening where biomedical waste will be generated	Ensure that the medical facilities and operating benefiting from USAID support have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and others medical waste including condoms and the norms and training include environmental health considerations according to national policy on medical waste together with WHO (1999) proposed disposal methods for medical waste.	- Availability of SOP for management and handling, labeling, processing, storage, transport and proper disposal of blood, sharps and other medical waste -Trainings for health providers on adequate disposal of disposable materials and biomedical waste	Annual Annual Annual	CHP / in collaboration with GHSS and CBC / C&T Specialist	-National guidelines and SOP available at all DIC laboratories and CBO lab staff and case managers trained on adequate disposal of biomedical waste.

Annex 5: Organizations receiving HRGP II funding.

	Organization Name	Town	CHILL	Shelter	TG FSF	GBV Response
01	AAH	Bertoua				
02	ACHREDHO	Douala				
03	ACODEVO	Kribi				
04	ADEFHO	Douala				
05	ADEPEV	Yaoundé				
06	AFFIRMATIVE ACTION	Yaoundé		02		
07	AJO	Chang				
08	AJSGA	Garoua				
09	ALCONDOMS Cameroun	Douala				
10	ALTERNATIVES Cameroun	Douala				
11	AMAS PLUS EDEA	Edéa				
12	ASCEAUPEV+	Yaoundé				
13	Association des Amis du Cœur	Douala				
14	AVAF	Yaoundé				
15	CAMEF	Limbe				
16	CAMFAIDS	Yaoundé				
17	CERLUDHUS	Yaoundé				
18	COFENHO	Douala				
19	COLIBRI	Bafoussam				
20	ELLES CAMEROUN	Douala				
21	Enfant d'Afrique	Maroua				
22	2HRC Health and Human Rights	Bertoua				
23	HC2 Health and Care Cameroun	Bafia				
24	Humanity first Cameroon	Yaoundé				
25	LADY'S Cooperation	Yaoundé				
26	POSITIVE VISION	Yaoundé				
27	Rainbow Co Lmt	Yaoundé				
28	SID'ADO	Douala				
29	TRANSAMICAL	Yaoundé				
30	TRANSIGEANCE	Yaoundé				
31	TRECIA 3A	Yaoundé				
32	TRESOR-PROGRES	Yaoundé				
33	Woman In Front	Yaoundé				
34	Working For our Wellbeing	Douala				
Total			08	08	06	

Colour chart

	CHILL Organizations
	Organizations with Shelters
	TG and FSF Organizations for Special Support
	PFU Organizations
	PFU organization suspended for non-functioning

