LIHWANGI

Towards An HIV-Free Generation

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NEW SHIFTS IN FY19 DISCLOSED TO SW TEAM

In This Issue

CAMEROONIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

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WELCOME

GOALS AND STRATEGIES OF HIV-FREE PROJECT

Project Goal: To reduce HIV-related morbidity and mortality for infected individuals through comprehensive, high-quality integrated and innovative HIV testing programs, optimized care and treatment program for adults, children, and pregnant women (Option B+), building on the successes of PEPFAR support in the HIV-Free Project in the NW and SW regions of Cameroon.

Strategy 1: HIV Case identification & linkages

Strategy 2: HIV Treatment

Strategy 3: Adherence, and Retention

Strategy 4: Data Management and Quality Improvement

Cross cutting approaches:

Cross-cutting Implementation Approaches: Coordination and joint supervision

Promote Task shifting and onsite mentorship.

With initial focus on the Northwest and Southwest, these strategies and approaches will enable the attainment of the following specific objectives:

1. Increase HIV case identification to diagnose at least 90% of those living with HIV, link to care and treatment, and ensure 90% ART coverage of HIV infected adults, pregnant women, and children in health facilities and communities.

2. Improve adherence support, retention in care and viral load uptake to achieve 90% VL suppression for HIV infected adults, pregnant women and children.

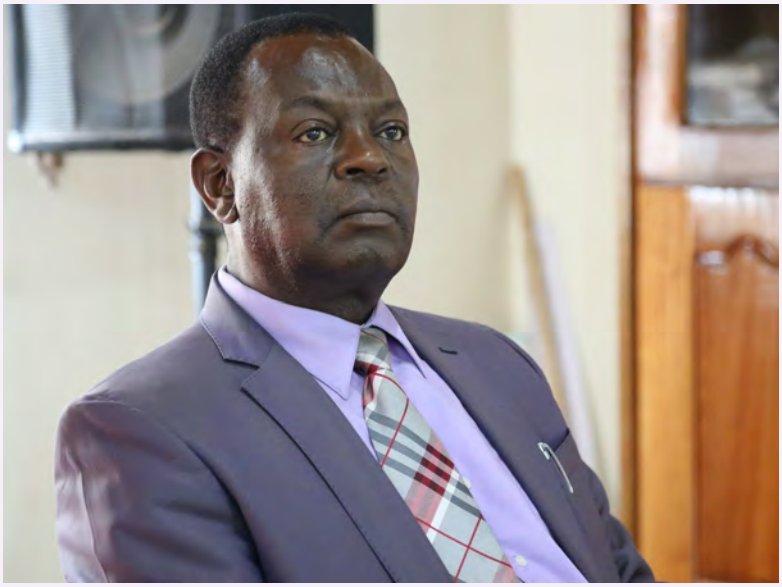
3. Improve M&E systems and promote the use of strategic information for program improvement.

4. Strengthen the health system to support delivery of high quality and sustainable HIV related services within facilities and communities.

EDITORIAL

Prof. Tih Pius Muffih

Project Principal Investigator



The implementation of FY18 activities of the HIV Free NW/SW II Project was not at all rosy; yet the CBC Health Board successfully closed the project year despite all the challenges that worked against the project during the year. Though we started the project year on a good footing, towards the end of Quarter 1, activities slowed down with a resulting effect on the attainment of our targets. Hence, by December 12, 2017, we were still at a general yield of 4.0. In response, we introduced an emergency Catch-Up Plan (CUP). Its implementation started effectively on December 13, 2017 and finally ran all through the project year.

In this new project year, our targets have tremendously increased, and our sites in the SW have increased from 49 to 51. I am aware of the fact that the socio-political crisis in our region has not changed. Hence, we will work as we did for the emergency CUP. This calls for double efforts from every one of us. Wherever you are, whatever you are doing, always ask yourself if you are on the road to the 90-90-90 Agenda of Vision 2020 by UNAIDS.

As part of our strategy to ensure the adherence and retention of all our clients, every field staff is obliged to ensure clients are in possession of and use the Continuous Care Card (CCC). This year, the project orientation has been changed from a target based to a program-based project. Likewise, expenditure analysis has become expenditure reporting. As the central accountant must have mentioned, the finance procedure of the project will be implemented accurately. Any failure to respect the procedures will attract great sanctions.

As a way of combating the effects of the socio-political crisis in the region, we went back to the drawing board to reorganize our activities in the region.

I heartily appreciate all the staff especially you; for the courage you exhibited in FY18 despite all the odds that we faced. We achieved all our targets because of you. That is why I use this opportunity to say thank you through Lihwangi E-Newsletter. Always know that the project celebrates you at all times. Keep the *Lihwangi (Race)* spirit in all your healthcare deliveries as we move towards achieving the 90s.

Happy Reading…! ******

ON THE FIELD

HIVF SW Staff Orientated on New Shift in FY19

SW Staff get the innovations in the current year

After the end of FY18, it was incumbent on the HIVF SW staff to have a flashback and orientation to the new shifts in FY19 which started on October 1, 2018. All SW project staff working in different domains converged at the Health Services Complex Mutengene from October 24-25, 2018 to kick start the project year. The level of attainment of the targets for FY18 was presented and the strategies put in place were evaluated amongst others.

The two-day meeting had the presence of Central level staff who gave updates on finance management, DAMA, and documentation and communication in the current year.

The Business Official, Mr. Monju Johnson talking on how the Project will strive to work with the displaced populations, also expressed the heart desire of the PI which is seeing the project move up to 25% of achievement by December 2018. He told the staff to get to work, to expect new team members as they work and be ready to mentor them.

In presenting strategies contributing to the data, it was noted that Index Testing (IT) contributed only 12.0% to Q4 HTS data and 6.9% to FY18 data. It was stressed this trend has to change by increasing the proportion of IT to have at least 30% of HTS- Pos from IT.

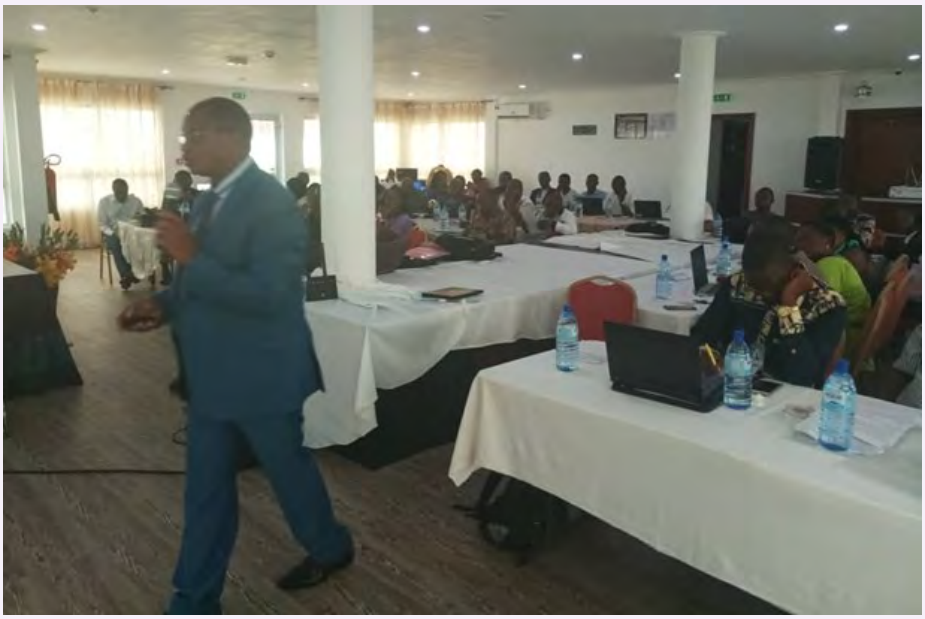
ON THE FIELD

Targeted testing contributed to increase male proportion from 40% in Q3 to 43% in Q4 and 35%-36% respectively for HTS -Pos. Treatment (TX) Current was observed to be on a drop which most related to the socio-political crisis in the region. Isoniazid Preventive Therapy (IPT) was scaled up from 4-31 in May 2018. Update stands at 81% among IPT sites. In line with strategies implemented to handle the crisis, Salvage treatment was over 833 served between May-September, Continuous Care Cards (CCC) were distributed up to 19.9% of all TX-Current clients had received CCC while Multi month Scripting (MMS) from 32 sites that reported in August, 72% received MMS

New strategies and innovations as per the programme areas to improve the results that were already in the field were communicated to staff. It is worth noting that in FY19, much will be devoted to Index testing. Other new strategies will be case finding in TB and Cohort monitoring in PMTCT. With an elaborate presentation on the staff guide for providing technical assistance, the staff also brainstormed on strategies to improve project outcomes in the context of the current socio-political crisis. The Project Manager, Dr. Atembeh Bernard at the close of the two-day meeting enjoined the staff to be diligent in their activities and follow the strategies for improved results at the end of the project year.

SW Management Updates Regional Teams on Index Testing

The presence of the HIVF SW Project during Regional Coordination meetings organised by the Delegation of Public Health SW has been frequent in the last years. The HIVF Project Manager and the Technical Advisor attended the Second SW Regional Coordination meeting for 2018 in September 2018 in Buea. Following the Coordination meeting of April 2018, it was recommended that the HIVF SW project implement the index testing model before the end of the calendar year. During this September meeting, key stakeholders were briefed on project activities, project implementation and the strategic shifts to index testing, challenges and perspective. This was like a feedback session that informed the stakeholders of the Index testing model that when into effect in May 2018. The HIVF SW management team also enlightened the stakeholders through questions posed during the meeting.



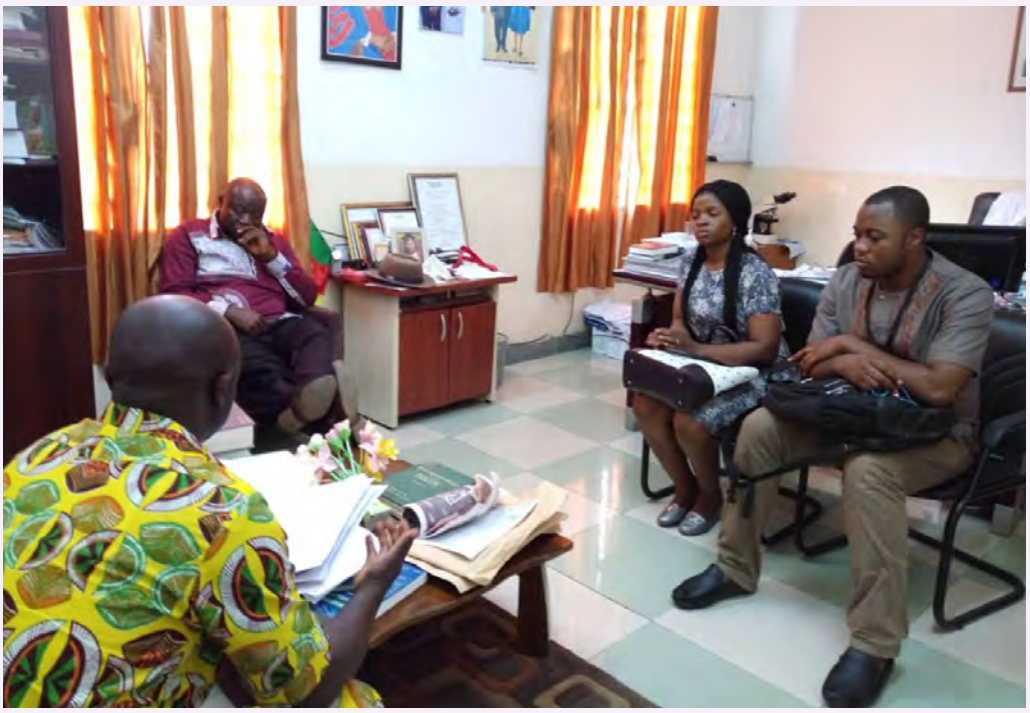
Project Manager Briefing Regional Teams on Project Updates

According to reports, the regional team appreciated the rapidity, aptness and the level of implementation given the short time frame within which the strategy has been implemented.

It should be noted that Regional/district coordination meetings is one of the forums from which Information was used to improve on the programme. *****

ON THE FIELD

DQA Exercise Compares Site and National Reporting



DQA Feedback Session at Regional Hospital Buea

Cameroon is making progress toward HIV epidemic control especially in some high-burden regions– but preliminary Population-based HIV Impact Assessment (PHIA) results suggest that the reporting data systems may not be aligned with estimated coverage. Therefore, a quarterly Data Quality Assessment (DQA) which is a quality assurance activity assessing one or more dimensions of data quality (accuracy, completeness, confidentiality, integrity, precision, reliability & timeliness) is essential.

DQA for quarter four was carried out in 4 facilities of three health district; Regional Hospital Limbe, Tiko Central Clinic, Regional Hospital Buea and Baptist Hospital Mutengene in the second week of September. The SW team was assisted in the DQA exercise by a team from Littoral and, Centre regions and a staff from the Regional Delegation of Public Health SW. The exercise sought to;validate the number of HIV POS patients receiving HIV Treatment, identify the number of patients initiated on HIV Treatment, identify the number HIV_POS pregnant women receiving ART by ART status at ANC and those newly placed on ART at L&D, to correct any discrepancies between updated and validated numbers and to also describe data quality challenges and recommend immediate actions to enhance the quality of data.

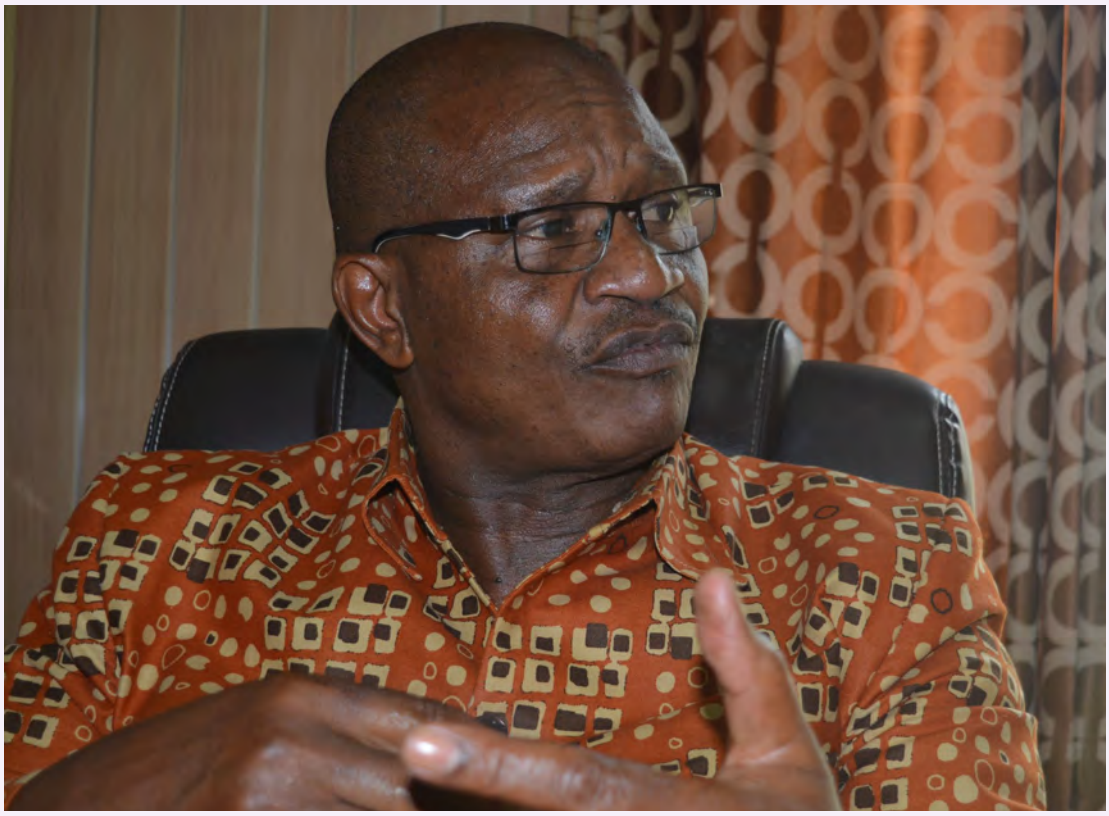
There was an orientation meeting with team members prior to the exercise and a debriefing meeting with management at the end of the DQA exercise where results were made known with attention paid to the short comings. Recommendations and measures to be put in place were directed to the personnel involved. Feedback was given to all the facilities at the end of DQA in each site. The actual DQA exercise which ran for two days, verified data accuracy from standard source, compared the validity of reports both on site and at the national level. More so, the level of concordance specifically for viral load was assessed amongst source documents and patient medical files for a selected facility (BHM).

From the one site (BHM) used to crosscheck viral load, there was great improvement in the follow up of clients to do viral load. Also, there were few discrepancies when comparing the monthly PMTCT ART reported in the facility to RTG and that which was in the facility . The general results were impressive as compared to the last DQA.

PRACTICES

HIVF SW Manager Flashbacks on FY18 and Glances into FY19

Dr. Atembeh B. Bernard is the current HIVF SW Project Manager. In an exclusive interview with Documentation officer, the HIVF SW Project Manager gives the level of attainment of project objectives in FY18 and reveals the new focus and orientations in FY19 amongst other issues.



HIVF SW Project Manager
Dr. Atembeh B. Bernard

We just ended Fiscal Year 18 of the HIVF SW Project but for the benefit of our readers, how is the 1st cooperative agreement different from the 2nd cooperative agreement in the SWR?

HIVF SW Manager: There is a very big difference. In the first cooperative agreement which started in 2011 focused was on PMTCT activities in view of the elimination of HIV in children exposed to HIV. We had about 6 objectives and worked in a total of about 265 health facilities.

Unlike in the 1st cooperative agreement, the second cooperative agreement which is ongoing, goes beyond PMTCT as it offers technical assistance to 49 most frequently used health facilities in the South-west in every aspect of HIV management. These 49 facilities could diagnose and treat about 90% positive cases of persons living with HIV in the region.

What were the major objectives the project set out to attain in FY18?

HIVF SW Manager: The objectives of the cooperative agreement don't change what changes regularly are the targets and strategies. We sometimes also introduce new strategies in the course of a Fiscal year to help us meet the set targets.

That set, our current cooperation agreement has four main objectives. The first is to increase case identification such that at least 90% of persons living with HIV know their status and are put on ART either in the health facility or community. The second is to improve adherence support, retention in care and viral load uptake to achieve 90% VL suppression in PLHIV. The third objective is to Improve M&E systems and promote the use of strategic information for programme improvement and lastly to strengthen the health system to support delivery of high quality and sustainable HIV related services within facilities and communities.

PRACTICES

HIVF SW Manager Flashbacks on FY18 and Glances into FY19

Looking at the objectives you have enumerated, how will you evaluate the level of attainment of FY18 objectives?

HIVF SW Manager: By September 30, 2018, we had achieved 74.8% of the testing target for the year; of the 183,214 expected, 137,005 were tested. From the number tested we had 5,033 positives giving a yield of 3.7%. This yield is high because in the last three months we were focused on the index testing strategy and appointed a focal point to coordinate the activities.

Concerning PMTCT, we realized a low testing target. Just about 57.4% of the pregnant women we expected to test were able to be seen. We even put in place a strategy whereby pregnant women search their peers in the quarter and bring them to clinic. However, 17,681 of the 17, 795 (99.4%) knew their status either as new or old clients. Of this number, 1,065 were HIV Positive giving a yield of 6.0%. And 1,049 of the 1,065 were on ART (98.5%).

We had an obligation to test the exposed children. We tested 1,130 HIV exposed infants of the expected number 1,714 using PCR for EID and had 33 positives (2.9%). This shows some progress in the programme because when we started PMTCT we had close to 8-10% positivity rate in 2011 and 2012.

In the programme, we are also concerned with the number that is constant or current on treatment. A client is expected to pick up his/her ARVs at least once in 3 months. When we combine the number of; men, women and children, we have about 93.2% of clients on treatment. When we disaggregate; we realize that only 56.3% of children remained on treatment while adults alone remained current on treatment about 95.5%. This result analyses shows that something must be done to maintain the children on treatment otherwise we will be leaving them behind and evolving only with the adults.

Another objective from vision 2020 coming as a result of good retention in care is to have viral load suppression of at least 90% of the clients who are eligible for the test. The effect of the treatment current has a role to play in viral load suppression. In a total of about 7,258 clients tested 6,205 had their VL suppressed giving 85%. It should be noted that children less than 15years have the lowest VL suppression rate of 59%.

One of our objectives was to use pertinent and strategic information to improve on the programme. One of such was information on TB. Knowing that TB is the most frequent opportunistic infection in person living with HIV, we introduced the systematic screening of TB in newly diagnosed HIV+ clients and those on ART when they come for refill. Those without presumptive signs of TB are put on isoniazid preventive therapy and those having signs of TB are referred to the TB diagnostic Treatment Centre for investigation and management.

Health systems strengthening was also an important aspect of the programme. In FY18 we carried out a good number of training sessions in order to improve on the programme which were the training of; staff of 13 newly upgraded sites from option B+ to C&T sites, contact tracers for old and upgraded sites, upgraded sites on viral load collection, storage, transportation and interpretation of results, sites staff and clinical mentor on Isoniazid Preventive Therapy, training of staff of upgraded sites on HIV Paediatric care, training of new life club members on peer education and peer support, data clerks on data collection/reporting and the training of site mentors and health facility staff on index testing.

PRACTICES

HIVF SW Manager Flashbacks on FY18 and Glances into FY19

How has the socio-political crisis affected the South West Region in particular?

HIVF SW Manager: That is a question which really has its place because when the crisis started no one imagined it will extend up to this time. Around March 2018, only a few far distance health facilities were involved, our staff could still reach all the sites for supervision and mentorship but after March 2018, we could no longer go to Bangem, Ekondo Titi, Fontem, Mamfe, Nyassoso and Tombel. By June, it progressively became impossible to reach Kumba and as time went on around July even Muyuka, Ekona and Muea became problematic. Now we had only few facilities around Fako (3 districts). The worst is when the population started leaving the hard-hit places to cities, bushes and even out of the country like Nigeria. It has really been a rough period thereby making it difficult for the team to work freely.

What strategies were put in place to curb these challenges?

HIVF SW Manager: We could not fold our arms to wait until when the crisis will end. We went to work and came out with strategies to handle these challenges. We started by asking the treatment centre go through their registers to identify displaced clients who have not picked up their drugs for 3 months, trace them by phone, counsel the traced displaced to direct them what to do. We also put in place of salvage registers in health facilities located in cities to track patients information they are dispensed ARVs. The problem with this is that a client on salvage cannot be counted in the treatment current but we are doing some advocacy at the national level if the client having taken treatment more than three months should be temporary transferred to the facility.

Again, sites were authorized to give drugs for 3-6 months, what we call multi-month scripting. We had a case of clients in Mamfe who braved the odds from Nigeria where they are displaced to come for refill and drugs were given for about 6 months. Envisaging the gap that the multi month scripting will cause, we created awareness to the Southwest Fund for Health Promotion to surpass the usual drug request. Continuous care cards (CCC) was developed for clients newly diagnosed and old ones who come for refill. Even though created for HIV Clients, the CCC can also be used for other chronic conditions like Arterial Hypertension, Diabetes, TB etc. These are cards issued to patients indicating where and when they started their treatment and their current regimen, the contact number of the staff in the C&T centre. This card permits the displaced to integrate into other treatment centres without problems. We have equally contacted the RTGs of Littoral and West Regions to create salvage registers to track clients coming from the regions in crisis.

What are the innovations of FY19?

HIVF SW Manager: This year we will focus on index testing which we think we will be able to have 30% of the positive coming from this strategy. With the TB coinfection we will be identifying the presumptive cases of TB during general consultation, counsel them and investigate for TB and HIV. In order to increase HIV case finding, all those who are admitted in the wards and are coughing will be tested for TB and HIV which we believe if applied, we will have many new TB cases. In PMTCT we will put 70% of our efforts in following up exposed children. Besides these strategies, we will also promote community ARV dispensation especially in riverine communities and plantations to help retain our clients in treatment. We will also trace the displaced and

PRACTICES

HIVF SW Manager Flashbacks on FY18 and Glances into FY19

maintain them on treatment, give a lot of attention to paediatric care and follow up of the HEI. We have already put in place project focal points each in charge of one or more activities and have elaborated their job description and the expectations. They have a duty to follow up the activities and give a monthly report. We have to identify and work with Index partners for the key populations; commercial sex workers, men having sex with men (MSM) etc. We will trace their implementing partners/organization in the SW work with them. We also envisage in view of the crisis to recruit and train site mentors for inaccessible health facilities.

Who are the key stakeholders for FY19? Are there new partners amidst?

HIVF SW Manager: The regional delegation of Public Health through the RTG-HIV, SW Fund for Health Promotion, the Directors, matrons, administrators of health facilities (because if they do not permit activities cannot go well in their health facilities), the district medical officers, support groups, and pending identification of organization working with key population to be our new partners. One of them is CIACP already working with commercial sex workers.

What appraisal can you make of the project staff working in the field and what can you tell them as they get into FY19?

HIVF SW Manager: Thanks for that question. I will say the staff in the project are exceptionally wonderful. However, one can be working very hard but still not attain his/her objectives. They have been capacitated in every aspect in the project and they are doing their best in the field. They are the ones usually in contact with the implementing staff doing mentorship and follow up of activities. Nevertheless, some do forget to submit their time-sheet, monthly work plan on time and even their monthly report. I will just want to encourage them to work even harder because of this man created challenges; the socio-political crisis.

As we end this interview Doctor, any last words for our readers?

HIVF SW Manager: We highly appreciate the collaboration existing between the project and all the stakeholders and our partners and pray that the collaboration should continue and even be reinforced. To the personnel of the project, I pray that the Lord should give us good health and enough strength not to relent our efforts in time of crisis. To the hospital staff, I will encourage them to be more devoted, continue to respect confidentiality and do their best to reduce clients waiting time. To the displaced population, wherever they might be presently, they should not forget to continue with their medication in their new locations and most especially look for the nearest health facility and seek for advice. To the general population, it is important for each and every one to go to any health facility at least once in a year to know their HIV status.

Lastly, I wish to thank the documentation unit for this interview because it has permitted me to review activities of the programme and to tell our stakeholders and the population where we are coming from and where we intend to reach by the next project year. *****

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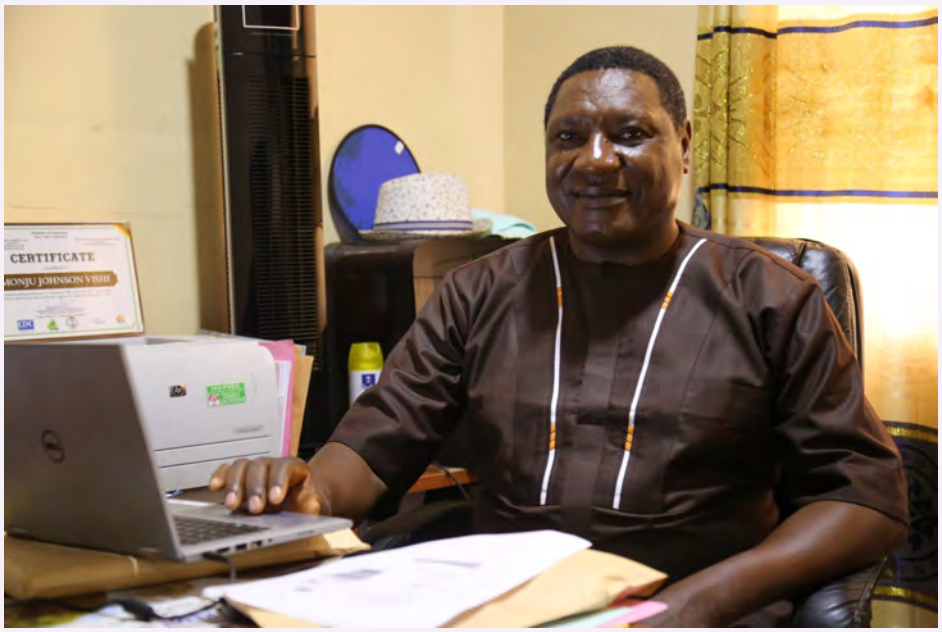
FY19 IN PERSPECTIVE

Exclusive with Central Administration

CDC/PEPFAR Upgrades Project Orientation from a Target Based to a Program Based Budgetary System for FY19

Every project year usually comes with new expectations, targets, funds, financial procedure, budget codes among others. FY19 is not an exception of this tradition for the HIV Free Projects. This is because, the expectations, objectives, targets, budget codes and even the project orientation has changed. For instance, the project will be running on 6 budget codes in FY19 as opposed to 4 budget codes in FY18. These six budget codes include HIV Case Finding and Linkages (HVCT), Prevention of Mother to Child Transmission (PMTCT) of HIV, HIV Care Services (HBCS), HIV Treatment Services (HTXS), Pediatric Care Services (PDCS) and Pediatric Treatment Services (PDTXS). The budget codes have increased because the project orientation has been changed from a Target Based Budgeting to a Program Based Budgeting.



Business Official
Monju Johnson Vishi

"So we are going to focus more on the programmatic follow up and financing using these 6 budget codes than the targets that we used last year to measure our achievements. That is, we are going to measure the project achievements and expenditures, using these 6 Budget Codes."

This implies that more money will be spent on this year on clients centered services by finding, testing, treating and keeping Persons Living with HIV on treatment. Every budget code has treatment; showing the extent to which the focus is on the client. The essence for this is to ensure that more clients are enrolled and guaranteeing that they remain on treatment.

"These additional codes entails that there is more work for all the project staff and the stakeholders. Hence, this calls for proper documentation and financial accountability. The CDC has given some guidelines on expenditure for the project; ensure to have a copy of the document and also read it so that you don't perform below expectations."

The NW/SW project has been realigned from April 2018 to September 2019. This realignment comes with some increase in the funding from CDC. We will receive some money to be used in finding, treating and keeping all our internally displaced clients. I am therefore counting on you to think of innovative strategies by which we can be able to meet with these clients and retain them in care and treatment. *****

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HIV Free Central Administration Poised for a Bright Project Year

Program Management Adviser (PMA)
Ms. Kuni Esther

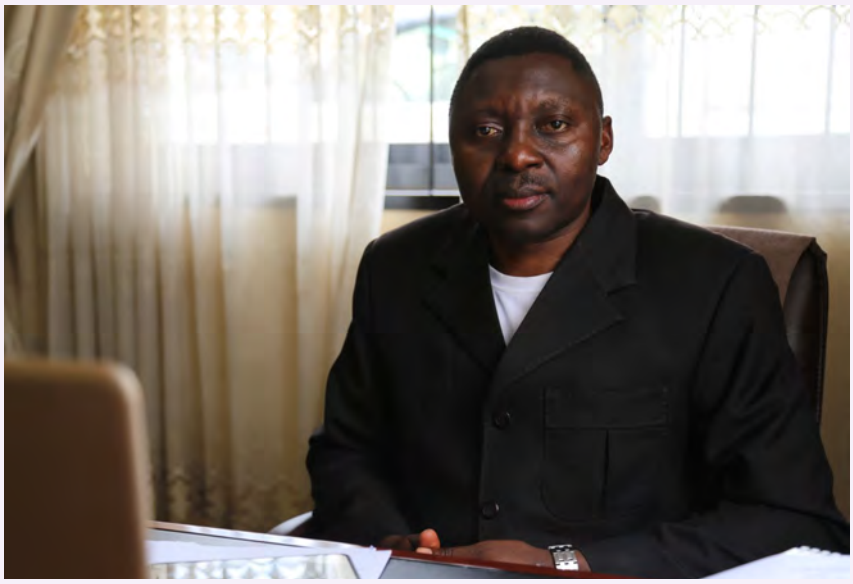
The HIV Free Projects in September 2018 successfully closed FY18 despite sociopolitical upheavals in the NW and SW regions. Following the changing times and with worsening state of sociopolitical crisis in Cameroon, project management is consistent in improving strategies to fit the community realities and state of affairs in the country. These measures are inherent on the need to keep the clients on treatment and at the same time keep the staff completely safe and out of harms' way.

"We are living no stone unturned to ensure we meet the objectives of FY19 while guaranteeing the security of our staff. I want to use this opportunity to commend the efforts of SW staff for the courage they exhibited during FY18 project implementation. Remain steadfast and restrict your movement within your coordination or supervision area. Management is bent on increasing the site mentors so your movement is limited to fewer sites. You will soon be having enough communication credit so as to keep you in touch with your sites." Ms Kuni Esther - Project Adviser.

****

"With my Team, Project Data Quality is Ascertained"

HIV Free Project Year 2 ended with resounding successes in the attainment of targets for all the implementing regions including Southwest Region. For this fiscal year, the funder's focus will not be invested into targets alone, but will be on the effectiveness of the various interventions made in epidemic control and prevention. All the targets of FY19 except that of PMTCT have increased. Meanwhile, the number of facilities increased from 64 to 66.



Monitoring and Evaluation Supervisor
Mr. Nshom Emmanuel

FY19 IN PERSPECTIVE

Exclusive with Central Administration

This therefore calls for the staff to be committed and dedicated to ensuring not only quantity of data for the attainment of targets but also on the quality of the various interventions that were made for the attainment of those targets.

"The new targets we've been given are quite ambitious but very attainable; so I have no fear because attaining out targets have been ascertained. There are some interventions which we are going to implement and hopefully by the end of the year, we will meet all our targets at all levels; everything remaining equal."

The new monitoring orientation of the M&E Team has started on full gear with lots of demands for commitment and dedications. This is because; the vision of the team is to isolate each of the interventions per specific targets so as to evaluate the level of achievements per intervention.

INDICATOR CODE	FY 18 TARGETS	FY18 RESULTS	FY19 TARGETS	DIFFERENCE IN TARGETS	% DIFF
NUMBER OF SITES	**49**	**49**	**51**	**2**	**4%**
HTC_TST	183214	137005	149492	**12487**	**7%**
HTC_TST POS	8105	5033	10406	**5373**	**66%**
PMTCT_STAT (NUM)	30782	17681	20417	**2736**	**9%**
PMTCT_STAT (DEN)	32402	17795	21488	**3693**	**11%**
PMTCT_STAT POS	1807	1065	1207	**142**	**8%**
PMTCT_ART	1714	1049	1173	**124**	**7%**
PMTCT_EID	1714	1130	1175	**45**	**3%**
PMTCT_HEI POS	-	**33**	-	-	-
TX_NEW	8672	5044	9737	**4693**	**54%**
TX_CURR	27687	25800	34409	**8609**	**31%**

Yield	**4.42%**	**3.67%**	**6.96%**
% Initiation	**107.00%**	**100.22%**	**93.57%**
PMTCT uptake	**95.00%**	**99.36%**	**95.02%**
% PW on ART	**94.85%**	**98.50%**	**97.18%**

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FY19 IN PERSPECTIVE

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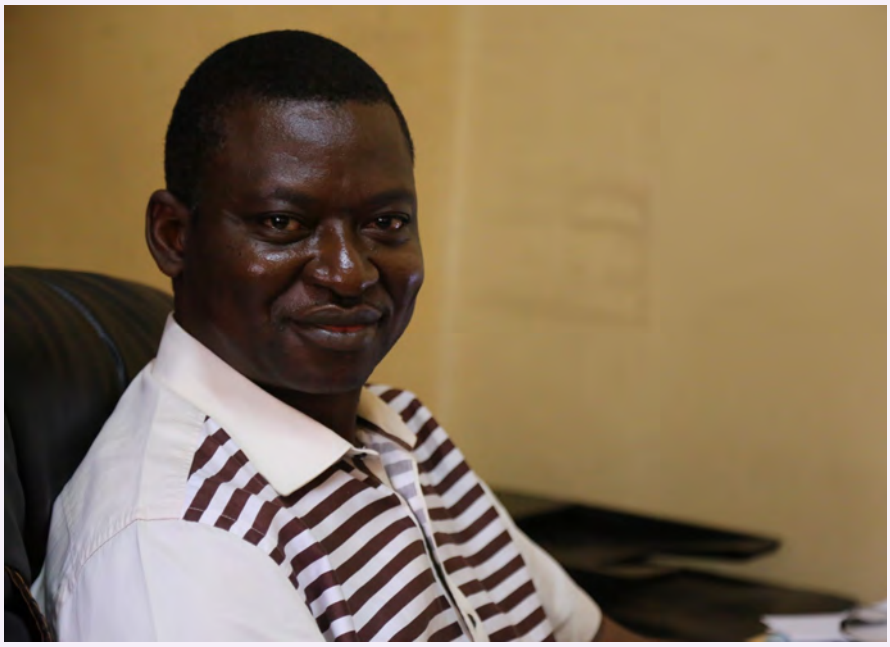
HIV Free Projects Create the TB Component to Improve TB Case Identification and Treatment



Senior Technical Adviser for the HIV Care and Treatment Program
Dr. Pascal Nji Atanga

The ability of the HIV Free Projects to consolidate their movement towards the 90-90-90 agenda by 2020 and ultimately an HIV Free Cameroon is built on her ability to put an end to new HIV infections. One of the major ways of seeing this through is by reducing all forms of opportunistic infections among PLWHIV. This explains the scaling-up of case finding in TB in FY19.

"TB is one of the opportunistic infections that affect HIV morbidity and mortality. The project is expected to optimize TB case finding and make sure that every HIV patient or TB patient is supposed to be identified and put on treatment. This is because TB is one of the highest cases of mortality amongst HIV positive clients" Dr. Pascal Nji Atanga.

The project will work with the national program, hence, will do case finding at every entry point in health facilities; meanwhile, the WHO cardinal signs for TB will be used for all case identifications in the health facilities. The team on the field will identify those patients with symptoms for further investigations; and either rule out or confirm TB and link the clients to treatment. There will be a special focus on HIV positive clients by that every time clients come for refills or checkups; they are routinely screened for TB. This will be done especially for clients who show signs of TB which include cough, fever, weight loss, children who have been exposed to TB or have low weight gain etc. HIV positive clients initiated to treatment without any of these TB symptoms will be put on INH Prophylaxis because they are very vulnerable to TB. The treatment last 6 months; and if they are diagnosed with TB, they will be treated for TB.

"Since TB is an airborne disease, we are also going to do Contact Tracing for TB. Hence, every case diagnosed of TB in the facility especially those who will be diagnosed as sputum Positive, will be further investigated to make sure that the whole family is contact traced. This is because an environment with a TB patient has high probability that the immediate contacts can be infected with TB. For other cases like Children Living with HIV (CLHIV), we will not limit ourselves to sputum positive TB; because a child who has TB, must have gotten the infection from a person nearby. So therefore no matter the form of TB, we will contact trace the household and it is same for HIV in children." *****

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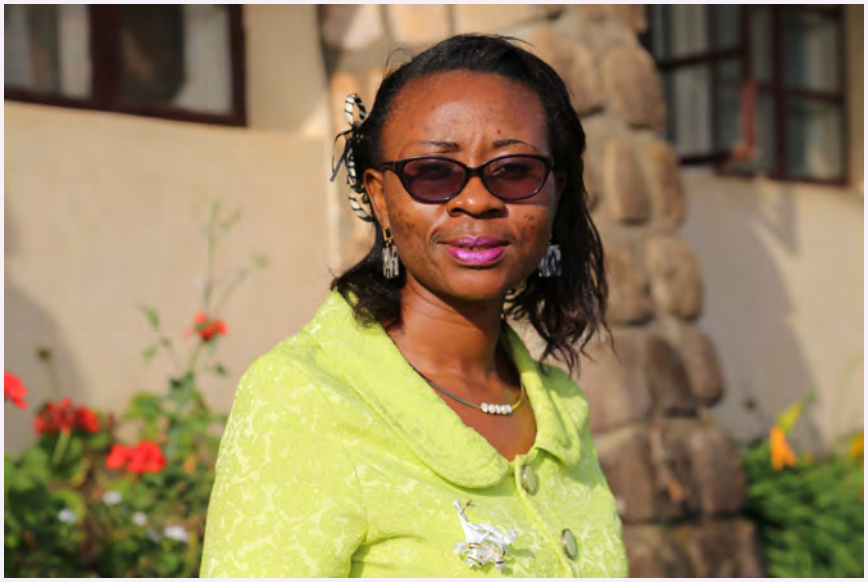
FY19 IN PERSPECTIVE

Exclusive with Central Administration

Expenditure Reporting: A Strategy to Improve Transparency, Accountability and Efficiency in Finances



Expenditure Analyses Focal Point
Ms. Tatoh Chantal

One of the snowball effects, following the introduction of the FY19 is the paradigm shift unpacking from Expenditure Analyses to Expenditure Reporting. During the implementation of

FY18 activities, Expenditure Analyses (EA) required the matching of expenditures with data and developing the unit expenditures. Due to the so many lapses experienced with EA, the CDC developed Expenditure Reporting; this system requires that expenditures be linked to action plan and budgets. Hence, target based expenditures have also changed to program based expenditures.

"The focus here is not how far we were able to attain our targets, but rather on how we were able to attain the targets. With EA, program areas were our tickets to attaining our targets; but this time around, we don't just have program areas; we have interventions. These interventions are arrived at by grouping program areas and beneficiaries. Unlike the EA, the ER is focused on who exactly is benefiting from the services we are rendering. The beneficiaries include children, and adults, demographics and some targeted population."

Following this paradigm shift, staffs are expected to have a good mastery of their work, because it is the key to capturing all expenditures. This means that, whatever activity is planned, the staff must ensure to know what provisions have been made for those activities in the budget. When about to carry out an activity or expenditure, the staff must ensure to answer all the following questions; *"What I'm I doing? What is the purpose of the expenditure? Who is benefiting from the expenditure? And who is spending?"*

Reconciliation of receipts of activities has as deadline, 48 hours immediately after the completion of the activity. The reason for this is so that, the expenditures for the week are reflecting the achievements for that week. And by month end, a report of expenditures and achievements are submitted to the funders and same is done at the end of the quarter. This shows that, delaying reconciliations has a very negative impact for the project at the funding level.

"This new strategy will ensure that what is budgeted should reflect what is done. There will be closer monitoring from the funders. Hence, management is counting solely on you to achieve these objectives by ensuring that whatever activity you engage in is well captured for analyses."

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Lihwangi Newsletter

FY19 IN PERSPECTIVE
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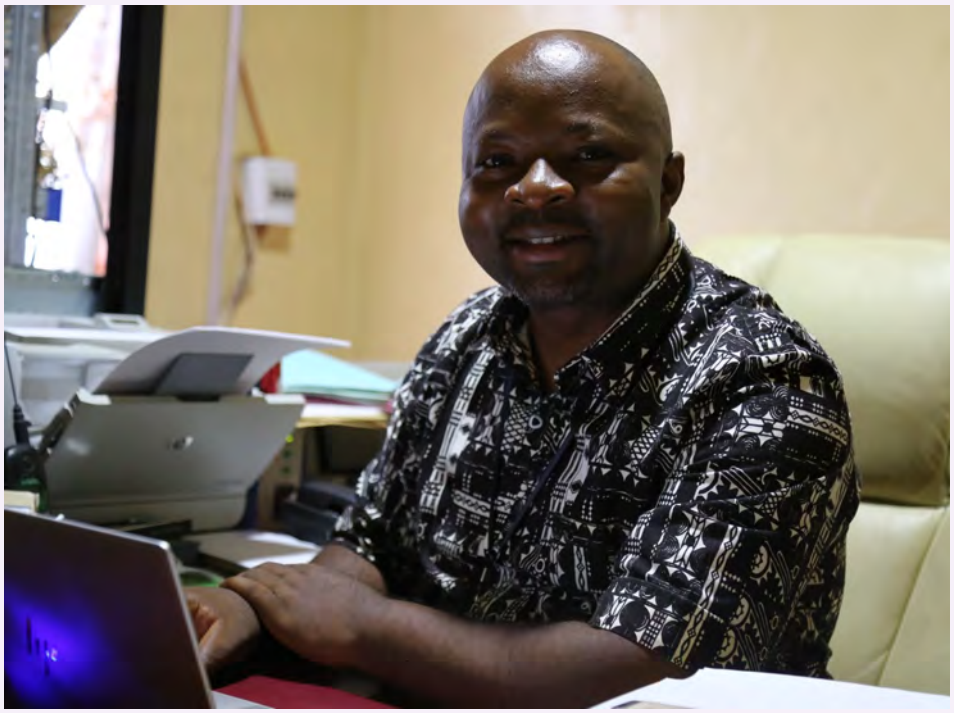
DAMA: A Ticket to High Data Quality and Management for the HIV Free Projects

DAMA Server was first introduced in October 2016, but effective use of the software started from January 2017. During the pilot phase of the software, the main focus was on tracking the main project indicators including testing and treatment indicators through DAMA. There was a great success tracking the total number tested, total number positive and total number linked to treatment as well as the total treatment current.



DAMA Coordinator
Mr Ndosak George

During the implementation of FY18 activities, DAMA was scaled up and customized to capturing testing reports, global management report, and all treatment by protocol, treatment by age group, and Prevention of Mother to Child Transmission (PMTCT) of HIV for the Ministry of Public Health. The Comprehensive Commodity Module which tracks all the treatment regimens of clients was also incorporated into DAMA. Meanwhile, the software is capable of dispensing ARVs, automatically filling the registers, and automating the old system so as to minimize the errors formerly made by clerks.

"The key thing, we've done is to make supervision become remote; hence, I should be able to see from here what is happening in every DAMA site. We are capable of seeing from any location, all the entries made into DAMA by all of our staff dotted all over the four PEPFAR Regions. This is a component of DAMA which we now refer to as DAMA Online."

In the past, reports moved at three levels from health areas to districts, to the region and finally to the MOH; today, given the fact that DAMA reports are available on daily bases; a global management report on HIV and AIDS can be made in all PEPFAR implementing regions.

"DAMA has a high staff capacity of over 100 clerks who are all professionals in data management and another 50 professional data clerks recently recruited for checking and ensuring data quality. Thus I will like to call on all DAMA Clerks, to understand that they are laying a key role in Cameroon as far as the decision making at MOH on the HIV and AIDS endemic is concerned. Therefore, ensure not to enter any wrong data because that will be deceitful to the policy makers of the country." *****

On the Road to 90-90-90

CBC HEALTH BOARD

"HIV is just like any other disease; get tested and get treated"

Prof. Tih Pius Muffih, Project Principal Investigator.

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