

# SHAP SHAP

## Towards An HIV-Free Generation

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### HIVF Central Admin. Unveils FY19 Package and Prospects



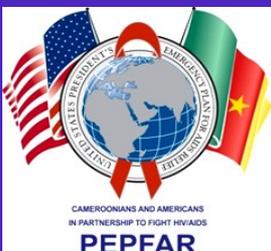
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# PRODUCTION TEAM

*Special Edition*

**HIV FREE II *SHAP SHAP* MAGAZINE**

A monthly publication of the HIV Free II Project Team.

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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

Strategy 2:  
HIV  
Treatment

Strategy 3:  
Adherence,  
and Retention

Strategy 4:  
Data Management  
and Quality

### 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:

- ◆ Increase the percentage of PLHIV who know their HIV status to 90% in both regions.
- ◆ Increase the percentage of HIV positive adults, pregnant women and children who access ART in health facilities and communities, from 86% to 90%.
- ◆ Increase by 10% the number of PLHIV retained in care and achieving VL suppression.
- ◆ Improve health systems performance and function through increase documentation, quality and utilization of health information, increase quality health services and increase human resource development.

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# EDITORIAL

**Prof. Tih Pius Muffih**

**Project Principal Investigator**

The implementation of Fiscal Year (FY18) activities of the HIV Free NW/SW II Project was not at all rosy yet, the CBC Health Board successfully closed project year despite all the adversaries 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, we relented towards the attainment of our targets. Hence, by December 12, 2017, we were still at a general uptake yield of 7%. In response, we introduced an emergency Catch-Up Plan (CUP). Its implementation started effectively on December 13, 2017 and finally ran throughout the project year.

In this new project year that began on October 1<sup>st</sup> 2018, our targets have tremendously increased, and our health facilities or sites in the NW have increased from 64 to 66. I'm aware of the fact that the sociopolitical 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're 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 the possession and use the Continuum of Care Card (CCC). This year, the project orientation has been changed from a target based to a program based project. Hence, expenditure analyses have become expenditure reporting. As the central accountant must have told you, the finance procedure of the project will be implemented accurately. Any failures to respect the



procedures will attract great sanctions.

As a way of combating sociopolitical crisis in the region, we went back to the drawing board to reorganize the region. Hence supervision areas have increased from 3 to 5. It is also worth noting that we recently submitted a Notice of Funding Opportunity (NOFO) to the CDC in respect of our interest to continue the implementation of the project during a five year term in the Littoral and Center Regions of Cameroon.

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 Shap Shap Newsletter. Always know that the project celebrates you at all times. Keep the *Shap Shap* spirit in all your healthcare deliveries as we move towards the 90s.

Happy Reading...!

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## ON THE FIELD

### Mega Coordination Meeting to Close FY18 and Introduce FY19



#### *Staff Propose New Strategies to Offering HIV Free Services in Communities affected by SCrisis*

**H**IV-FREE NW II Project officially started its FY19 activities in the region on October 1, 2018. As part of the HIV Free Project tradition, it was imperative for the staff to converge and evaluate the level of achievements of FY18 so as to pave the way forward to beginning the new financial year. This explains the gathering of October 19 to 20 2018 which was dubbed HIV Free North West II Project Mega Coordination Meeting.

During the session, areas in which the project fell short below expectations were portrayed in various slides by the M&E supervisor; highlighting the loss of clients on treatment and failure to attain the testing targets with low yield. Hence, management used these slides as the background to introducing the objectives, activities and strategies as well as

targets of FY19. Apart from PMTCT, all program areas have an increase in targets. The project sites have increased from 64 to 66 sites and the supervision areas have also increased from 3 to 5.

The Business Official, Mr. Monju Johnson Vishi, called on the staff to develop new mechanisms and strategies to ensure that all targets are attained by the end of Quarter 1. Proper documentation was reiterated as the main means through which the project targets can be easily attained.

The Mega Coordination Meeting was the first of its kind in the project as it brought together all the field staff including DAMA Clerks, Finance Clerks, Site Mentors, Team Leads (of the three Supervision Areas), Focal Persons and a high representation of the Central Administration.

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## ON THE FIELD

### HIV Free NW II Management Reaches Out to Some Internally Displaced Persons in Bamenda

In a bid to meet the need of Internally Displaced Persons (IDPs) in the NWR, the HIV Free NW management team on October 30 visited St. John the Baptist Parish at Foncha Street Nkwen Bamenda to identify some IDPs present at the parish. This gathering was the fruit of concerted efforts put in place by the Parish in partnership with other stake holders among which was the CBC Health board represented by the HIV Free Team. The aim of this gathering was to identify the needs of these persons and sought for different ways to assist with health needs.

Of the 265 IDPs present, the HIV Free team successfully identified 30 persons with health related issues among which were 3 clients on ART

who were immediately linked to the Nkwen Baptist Health Center UPEC for continuation of care. Meanwhile, amongst the positive was a pregnant woman who needed immediate medical attention. She was referred to the Nkwen Baptist Health Center for free ANC services and the project shouldered the costs incurred.

It is evident that for an HIV Free generation to be possible in the Northwest Region and Cameroon in general, every Person Living with HIV (PLHIV) deserves to be on treatment. This explains why the HIV Free team is braving all the odds to ensure that everyone in need of treatment regardless of who they are and where they are receives it.

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*Cross Section of the Internally Displaced Persons (IDPs) in Foncha Street Nkwen Bamenda*



## ON THE FIELD

### HIV Free Team Strategize to Intensify TB Case Finding



#### *Management Team Brainstorming on the Various Strategies to Increase TB Case Finding*

One of the innovations in FY19 is the intensification of Tuberculosis (TB) case findings and treatment of those who test positive. Based on this, a one day meeting was organized on November 2 to finalize the harmonization of the National Tuberculosis Contact Tracing Register and reporting tools.

The team brainstormed on the proposed registers and made corrections where needed. During the meeting, Dr. Ayuk, TB National Coordinator used the forum to inform the team that new TB machines have been acquired to increase the efficacy of TB test in the region.

The team also used the platform to identify possible high catchment health facilities for TB testing and the possibility of capacitating the staff present in these sites. Thus, easiest ways to organize capacity building seminars were looked

into. Among the facilities earmarked to pioneer this strategy are; St Elizabeth Catholic Hospital Shisong, Nkwen Baptist Health Center (NBHC), Ndop District Hospital, Wum District Hospital, Nkambe District Hospital, St Martin de Porres Catholic Hospital Njinikom and Fundong District Hospital.

The team present agreed to put everything in place to ensure that the implementation of this program starts before the month of November runs out.

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#### **Finance Staff put Abreast New Financial Expenditure Reporting**

One of the fallouts of the paradigm shift on the Program Orientation of the HIV Free Projects is the transition from Expenditure Analyses to Expenditure Reporting. The snowball impact in this transition has been a



## ON THE FIELD

complete improvement of the finance procedures and project modus operandi especially with the introduction of the new software called Data Manager (DAMA) Finance. It is from this backdrop that a catch-up meeting was organized on November 3, 2018, to update the finance team on all these innovations.

The major target of this training was for the finance staff who are directly involved in data entry. Following the completion of this meeting, it is expected that quality data entry should be in

progress since the entries started on November 1. To explain the urgency for this switch into the new system, the project manager – Dr. Nkome George called on staff to set up. “... *unlike previous years, this year we have no time for observations, we just have to adapt to this new modus operandi and implement them effectively*”

It is expected that finance staff will be more flexible in implementing all these innovations as well as educate other staff who have not yet have a mastery of the innovations.

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*Finance Staff all Focused on Understanding DAMA Financing: a Tool for Quality Data Entry*



# EXCLUSIVE INTERVIEW WITH PROJECT MANAGER

## HIV Free NW II Project Paints a Vivid Picture of FY18 while Anticipating Greater Strides in Attaining Targets for FY19



**Project Manager**  
**Dr. Nkome Ejedepang George**

In prelude to the close of Fiscal Year (FY) 18 and the start of Fiscal Year (FY) 19, the documentation team conducted an exclusive interview with the HIV Free NW II Project Manager – Dr. Nkome George for the NWR. This was to know the state of the project at the close of FY18; its achievements and success stories as well as strategies for FY19.

**Journalist:** *What is the main goal or objective of the Cameroon Baptist Convention (CBC) Health Board vis-à-vis the implementation of the CDC/PEPFAR Funded HIV Free NW II Project?*

**Project Manager:** The CBC Health Board has as mission to offer quality health care to all those who need it. Thus through the implementation of HIV Free North West II Project; with financial support from PEPFAR, she committed herself to reducing 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.

**Journalist:** *What strategies were put in place to ensure an HIV Free North West Region?*

**Project Manager:** To attain this main goal, four specific objectives were developed and intentionally designed to suite the funder's expectations by the end of the project year. These specific objectives were tailored within the confines of the UNAIDS VISION 90-90-90 Agenda by 2020. *I am going to discuss the strategies implemented as per specific objective as follows.*

- ◆ **HIV Case Identification & Linkages (1<sup>st</sup> 90):** It was primordial to increase the percentage of People Living with HIV (PLHIV), who know their HIV status to 90%. To achieve this, Index Testing (IT) was scaled up by making it more technical and streamlined to be more adaptive and workable in the region. It was born from a combination of Contact Tracing and the Family Testing Model.
- ◆ **HIV Treatment (2<sup>nd</sup> 90):** The main aim was to increase the percentage HIV positive adults, pregnant women and children with access to ART in health facilities and communities from 86% to 90%. The Test and Treat strategy was developed, carefully carved, and scaled up to enhance knowledge and understanding by health facilities.
- ◆ **ART Adherence and Retention (3<sup>rd</sup> 90):** Increasing the rate of adherence, retention, and Viral Load Suppression by 10% of PLHIV. Networking between project sites and Non-Treatment Center health facilities; through which positive cases were initiated to treatment



# PRACTICES

in project sites and their data captured. Community Based ARV Dispensation is the strategy through which Community Based Organizations and Support Groups were linked with Care and Treatment facilities for stable clients to access treatment with ease.

- ◆ **Data Management and Quality Improvement:** Ensure quality in data management and health system strengthening by improving performance and functions through increase documentation, quality and utilization of health information, increase quality of health services and increase human resource development. Various tools designed for the scaling up of strategies were drafted with the regional teams and various capacity buildings done at the regional level. Examples include Index Testing, INH Prophylaxes tools, and Community Based ARV Dispensation.

*Journalist: What are some of the persisting challenges or bottlenecks you encountered during the implementation of FY18?*

**Project Manager:** FY18 was a very turbulent to the project because of the crisis which crippled various activities under implementation in project sites.

- ◆ Sociopolitical crises rocked most of the project sites.
- ◆ By December 13, towards the end of Quarter 1 of FY18, the general achievements of targets stood at 7% rather than the anticipated 25%.

*Journalist: What are some of the strategies implemented to combat these challenges?*

**Project Manager:** In order to combat these impending challenges, we designed various

strategies aimed at ensuring that our clients adhere, are retained and their Viral Load Suppressed. They include the following:

- ◆ **Catch up Plan (CUP):** This CUP was developed as a fast track strategy to meet up Quarter 1 targets and ultimately targets for the year. The strategy ran throughout the financial year with all hands on deck and daily reporting introduced.
- ◆ **Communication:** Phone calls were predominant for daily technical assistance and coordination between the site mentors and the sites. The social media – WhatsApp was used in the transmission daily site data by site mentors.
- ◆ **Salvage Antiretroviral Treatment:** This strategy was used to help the Internally Displaced Clients (IDC) access their ARVs in new health facilities without medical history. After the second month of refill, the client could be incorporated into the cohorts of the facility after giving feedback to their previous treatment centers.
- ◆ **The Continuous Care Card (CCC):** Developed by CBCHB and approved by the MOH, this card was developed in view of displaced clients to help them get access to ARVs wherever they find themselves in the country. It contains their name, age, health condition, health facility, the RTG's contact number and the region of origin. These were the key strategies among many others.

*Journalist: A new Financial Year has been introduced; what are some of the strategies to be implemented in FY19 and how will it affect your targets?*



# PRACTICES

**Project Manager:** This is an ongoing project; there has just been a change of the financial years. That is why we still have the same project objectives; though the targets have changed with an increase in all program areas but for PMTCT. To attain the new targets, all the aforementioned strategies will be implemented as well as the following:

**Redistribution of Regional Project Sites:** To improve coverage of all project sites despite the Technical Assistance (TA) package, the Regional Project Site distribution has been modified with an increase from 3 – 5 Supervision Areas. They are Bamenda 1 (Bamenda Health District), Bamenda 2 (Bafut, Mbengwi, Wum, Batibo, and Bali Health Districts), Mbingo (Fundong Health District), Ndop (Ndop Health District) and Bansa (Kumbo East and Kumbo West, Ndu and Nkambe Health Districts). The aim is to reduce the scope of work covered by mentors for efficiency, reduce the staff risk exposure, and improve management resources.

**Index Testing:** This strategy is renowned for its high yield, increase case finding, and increase treatment new and current, reduce default and reduce loss to follow up. Following the low yield of Provider Initiated Testing and Counseling (PITC), the CDC recommended Index Testing as the main strategy for implementation. In order to increase the number of men, adolescents and pregnant women living with HIV, the focus of IT this time will be on the aforementioned as a Key Population. This KP also includes men who have sex with men but are not homosexuals.

**Health Education Approach:** Stemming from a success story recorded at the Bamenda Regional Hospital, this strategy is an integral part of Index Testing. The Health Education Approach to Index Testing is the strategy aimed at convincing HIV positive clients or Index Persons into willingly

releasing their sexual partners and biological contacts. An ideal Health Education Approach (HEA) takes four steps to complete including the definition to HIV, the role of ART, Social Responsibility which is Index Testing and the consequences of not testing for HIV.

**Cohort Monitoring:** This is the process of identifying and following up of clients who are currently on treatment. Cohort Monitoring was developed in a bid to ensure that clients adhere to and are retained in treatment. Hence, linkage and retention agents have been recruited to ensure smooth implementation. The agents have been divided and assigned to at least 200 clients called cohorts for their monitoring.

*Journalist: Any anticipation on how end of this year would look like?*

**Project Manager:** The entire team is living no stone unturned to ensure we meet project objectives. It is worth noting that we started well, we are aware of our challenges, and we have put in place strategies to counteract the.

*Journalist: Thank you sir*

**Project Manager:** It was my pleasure.

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# FY19 IN PERSPECTIVE

## HIV Free Central Administration Poised for a Bright Project Year

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 NW 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*



**Program Management Adviser (PMA)**

**Ms. Kuni Esther**

*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."*

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## "With my Team, Project Data Quality is Ascertained" M&E Supervisor



**Monitoring and Evaluation Supervisor**

**Mr. Nshom Emmanuel**

HIV Free Project Year 2 ended with resounding successes in the attainment of targets for all the implementing regions including North West. 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. 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.



# FY19 IN PERSPECTIVE

*“The new targets we’ve been given are quite ambitious but very attainable; so I have no fear because attaining our 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.

## FY19 TARGETS vs. FY18 NWR

INDICATOR CODE	FY 18 TARGETS	FY18 RESULTS	FY19 TARGETS	DIFFERENCE IN TARGETS	% DIFF
NUMBER OF SITES	64	64	66	2	3%
HTC_TST	207224	186865	266484	59260	29%
HTC_TST POS	9232	5026	12123	2891	31%
PMTCT_STAT (NUM)	42367	22261	24791	-17576	-41%
PMTCT_STAT (DEN)	44594	22339	26094	-18500	-41%
PMTCT_STAT POS	2680	1328	1439	-1241	-46%
PMTCT_ART	2541	1316	1399	-1142	-45%
PMTCT_EID	2542	1495	1401	-1141	-45%
PMTCT_HEI POS	-	38	-	-	-
TX_NEW	10683	5243	12345	1662	16%
TX_CURR	37162	34484	46458	9296	25%
<b>Yield</b>	4.5%	2.7%	4.5%		
<b>% Initiation</b>	115.7%	104.3%	101.8%		
<b>PMTCT uptake</b>	95.0%	99.7%	95.0%		
<b>% PW on ART</b>	94.8%	99.1%	97.2%		



## FY19 IN PERSPECTIVE

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



*Senior Technical Adviser for the HIV Free NW/SW  
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 all possibilities of new HIV infections. One of the major ways of seeing this through is by reducing all forms of opportunistic infections from the society. This therefore calls for the team to not only use the strategies already used by others but to create and exploit new avenues to finding, testing, treating, and to keeping all Persons Living with HIV (PLHIV) in the communities. Hence, the HIV Free Projects have created the TB component of care and treatment.

*“As part of our C&T, 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”.*

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 screening involves checking for the presence of the following signs; cough, fever, weight loss, night sweats, failure to thrive in children, children who have been exposed to TB etc. The presence of one of these signs will warrant further investigations to confirm or eliminate TB. Those who are screened negative for TB will be put on INH Prophylaxes because they are very vulnerable to TB. The treatment lasts 6 months. Those for whom TB is confirmed with further investigations 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 receive Contact Tracing services. This involves screening all the household contacts of the Index client for any of the above mentioned signs. This is because an environment with a TB patient has high probability that his 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 his/her 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

## 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 to 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.

*“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 this year on client 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 entail that there is more work for all the project staff and the stakeholders.*



*Business Official  
Monju Johnson Vishi*

*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 have received 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 these clients and retain them in care and treatment.

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### **FY19 Finance Procedure “will NOT be Business as Usual”**

HIV Free North West team has been called upon to cooperate with the finance team in matters relating to finances. This call came in accordance with the change of project operational or implementation plan from a Target



# FY19 IN PERSPECTIVE



**Central Accountant  
Mrs. Amah Ophelia**

Based to Program Based Financing. Hence, the financial procedure has been modified as well to feed the changing times and to ensure transparency in the system. For instance, Station Advances have

been officially abolished. This is because, *“the auditor noticed that we have too much cash at hand, thereby making requestors of station advances to bring receipts for reconciliations late.”*

Drivers are expected to work with their supervisors to know their plan of activities so that they are able to make their requisitions at least two days before their date of travel. The supervisors are also expected to work with their drivers to check their fuel receipts before it is being brought up for reconciliations.

*“Staff is also called upon to understand that grievous sanctions will be meted for anyone who intentionally goes against the finance procedures.”*

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

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*



**Expenditure Analysis Focal Point  
Ms. Tatch Chantal**

*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.”*



## FY19 IN PERSPECTIVE

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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### **DAMA: A Ticket to High Data Quality and Management for the HIV Free Projects**

**D**AMA 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.

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



***DAMA Coordinator  
Mr. Ndosak George***

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*



## FY19 IN PERSPECTIVE

*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.”*

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# On the Road to the 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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