



**Cameroon**  
**Operational Plan Report**  
**FY 2012**



## Operating Unit Overview

### OU Executive Summary

#### Country Context

Cameroon is a lower-middle income country with a population of 19.4 million representing over 200 ethnic groups. Approximately 40% of the population lives below the dollar-per-day international poverty line. Life expectancy is 51 years. Cameroon's epidemiological profile is dominated by communicable diseases such as malaria (leading cause of morbidity and mortality in pregnant women and children under five) and HIV (prevalence of 5.5%); and an increased prevalence in non-communicable diseases, such as diabetes and cardiovascular disease. The Government of Cameroon (GRC) currently allocates less than six percent of its national budget to health, which is far below the World Health Organization (WHO) recommendation of 15% in order to meet health sector Millennium Development Goals (MDGs). Multilateral and bilateral assistance has helped meet some of the nation's health needs and compensate for the public spending gap.

#### HIV/AIDS Overview

Cameroon is in the midst of a generalized HIV epidemic with overall prevalence among the highest in West and Central Africa at 5.5%. Pockets of hyper-endemicity exist among the military (11.2%); pregnant women in urban areas of the Southwest (12.3%); men who have sex with men (MSM) (24% in Douala and 44% in Yaoundé); and female commercial sex workers (CSW) (36%). There is also a marked disparity in HIV rates between women and men; especially in youth aged 15-24, among whom females are more than twice as likely to be infected as males. Data on incidence indicates 51,315 new HIV infections per year. At current rates, the National AIDS Control Committee (NACC) is projecting an increase from 560,000 people living with HIV (PLHIV) in 2010 to 726,000 PLHIV in 2020. There are 304,000 children who have lost one or both parents to AIDS at the end of 2010. By 2020, this number is projected to rise to 350,000.

Many factors contribute to the rapid expansion of HIV in Cameroon including low condom use, low socio-economic status of women and girls, high prevalence of other sexually transmitted infections (STIs) which facilitate HIV transmission, harmful socio-cultural practices, and increased movement of people across borders and between urban and rural areas. At-risk populations include CSWs, MSM, long-distance truck drivers, military populations, prison populations, youth aged 15-24, orphans and vulnerable children (OVC), people with mental or physical disabilities, ethnic minorities, and migrant populations.



Cameroon's national response to the HIV/AIDS epidemic is led by the NACC, which coordinates implementation of the third generation National HIV/AIDS Strategic Plan (NSP) 2011-2015 – the main policy document that directs HIV/AIDS response. This plan outlines eight strategic approaches that are at the heart of the GRC's efforts to combat HIV/AIDS:

1. Improved prevention of HIV and STI transmission;
2. Improved access to care and treatment;
3. Support for and protection of PLHIV, OVC, and other affected people;
4. Improved collaboration across public, private, and non-governmental sectors;
5. Health systems strengthening (HSS);
6. Community systems strengthening;
7. Strategic Information; and
8. Coordination of activities among (and within) government agencies, partners, and regions.

Prevention and voluntary testing and counseling centers have been integrated into all national, regional and district hospitals in 10 regions. The GRC is committed to promoting universal access to treatment through the creation of 28 approved treatment centers and 112 district management units across the country (representing coverage of 56.2%) and by reducing the costs of testing, treatment and laboratory follow-up through subsidies. There are 2,025 prevention of mother-to-child transmission (PMTCT) sites, representing coverage of 35%.

An estimated 70-80% of Cameroon's national HIV/AIDS program is donor funded, with the largest contribution from the Global Fund for AIDS, Tuberculosis, and Malaria (GF). The private sector contributes about 10% of the national HIV/AIDS budget. In 2010, the Ministry of Public Health (MOH) and a federation of private-sector employers (known by French acronym, GICAM) signed a Memorandum of Understanding (MoU) focused on addressing HIV/AIDS in the workplace. Several faith-based organizations operate health networks in Cameroon and thus are active partners in the national HIV/AIDS response, although financial contributions are not quantified. There are also thousands of local CSOs that obtain modest funding through donor networks to carry out prevention, care and support activities throughout the country.

While there are many challenges and constraints that face Cameroon's HIV/AIDS program, there are many opportunities for USG assistance to build upon existing structures and contribute to the national response. PEPFAR Cameroon's goal is to intervene in ways that will produce sustainable progress in the GRC's achievement of MDGs 4 (child health), 5 (maternal health), and 6 (combat HIV/AIDS). PEPFAR Cameroon has prioritized its interventions across four strategic pillars, which represent the best use of available USG assistance for greater impact:-

- Prevention of Mother-to-Child Transmission (PMTCT);



- Reducing HIV infection in Most-At-Risk Populations (MARPs) and other vulnerable populations;
- Blood safety; and
- Health systems strengthening.

#### PEPFAR focus in FY 2012

PEPFAR Cameroon's vision over the next two years includes:-

- a) Interventions to scale up high-quality PMTCT activities through a strategic regional approach in support of the GRC's push for virtual elimination of MTCT by 2015;
- b) Prevention of sexual transmission activities focused on reducing HIV incidence in MARPs (CSWs and MSM) and other vulnerable groups (truck drivers, young women aged 15-24, and military populations);
- c) Activities focused on ensuring a safe and reliable blood supply; and
- d) Health system strengthening (HSS) with particular focus on laboratory strengthening, strategic information, human resources for health, and pharmaceutical management systems.

#### Prevention of Mother-to-Child Transmission (PMTCT)

In its Round 10 application to the Global Fund, Cameroon pledged to "virtually eliminate pediatric HIV infection." Achieving this goal will take concerted effort and assistance. PEPFAR Cameroon is providing plus-up funds to support the GRC in accelerating the coverage and quality of PMTCT services in 2012. PEPFAR Cameroon will support the GRC in providing direct PMTCT, reproductive and sexual health (RSH), and maternal and child health (MCH) services in line with national and international guidelines through health facilities in the Southwest, Northwest, Adamawa, and East regions of Cameroon. Services will include HIV testing and counseling for over 82,000 pregnant women in ANC settings, provision of antiretroviral drugs (ARVs) for at least 50% of HIV-positive mothers and exposed infants, early infant diagnosis (EID) and linkages to care and treatment services, including supporting the continuum of care to children orphaned or made vulnerable due AIDS. Community-level prevention efforts will include behavior change communications (BCC) for PMTCT and other topics related to MCH, RSH and family planning; as well as education, care, and support through the use of Care Groups, an outreach approach which recruits women from the community as care coordinators and health educators. Other activities at the community level include a Men as Partners approach to prenatal care and PMTCT, and life skills training programs aimed at empowering women and girls and creating awareness of PMTCT.

#### Prevention of Sexual Transmission in MARPs and other Vulnerable Populations

PEPFAR Cameroon supports the GRC's restored attention to HIV prevention with particular focus on MARPs (MSM, CSWs, and clients) and other vulnerable groups (young women aged 15-24 and military



populations). PEPFAR Cameroon will provide technical assistance to personnel within the Health and Defense Ministries and relevant civil society partners to reach more than 20,000 people in FY 2012 with quality prevention services, including condom promotion, HIV testing and counseling (HTC), STI management, sensitization through peer educators, and communications for behavior change. Mobile and facility-based HTC services will be used to identify persons infected with HIV and provide them with successful linkages to appropriate follow-up HIV treatment, care, and prevention services based on their sero-status. The MARPs (CSW and MSM) programs will focus on strengthening the referral network between four MARP-friendly community drop-in centers and health facilities for coordinated linkages in improving and strengthening ARV adherence for HIV-positive MARPs. Linkages to treatment and care services will also be reinforced indirectly through other education outreach efforts including the Care Group (personalized door-to-door education strategy) approach and Men as Partners programs which address gender disparities.

#### Blood Safety

PEPFAR Cameroon will contribute to efforts to develop a safe, reliable blood supply by strengthening existing blood bank infrastructure and support to 15 regional and reference blood centers and blood banks; and by conducting operational research, including a population-based assessment of knowledge, attitudes, and beliefs affecting voluntary non-remunerated blood donation. This assessment is intended to inform the design and implementation of an integrated community strategy to promote voluntary non-remunerated blood donation. PEPFAR Cameroon will support partners in an ongoing effort to organize donor recruitment trainings targeting communities and youth in a continuous cycle to build local capacity to manage donor recruitment. The USG will support both the design and standardization of donor-screening protocols, including a self-assessment questionnaire and guidelines for blood transfusion; and the standardization of testing algorithms of blood for HIV (distinct from general HIV testing) and other blood-borne infections. PEPFAR Cameroon will also assist the blood transfusion unit (BTU) to develop appropriate quality indicators for each phase from collection to transfusion (vein-to-vein), including cold-chain integrity. The USG will work with NACC and MOPH to organize facility-level transfusion committees and data management systems and will support advocacy towards the establishment of a national blood transfusion service (NBTS) in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the Blood Safety National Strategic Plan. Additionally, the USG will reinforce blood transfusion services by providing blood transfusion infrastructure, equipment, reagents, and supplies.

#### Health Systems Strengthening (HSS)

The HSS component aims to strengthen those functions of the health system which must be working in order for PEPFAR Cameroon's interventions to succeed. A number of cross-cutting HSS activities are planned in the areas of supply chain management, laboratory systems strengthening, strategic



information, and training in leadership and good governance, all of which are designed to produce sustainable improvements in Cameroon's health system. PEPFAR Cameroon will also support a cascade of training activities to district and community levels in order to support the GRC's goals related to decentralization. These includes:

- Strategic Information/Monitoring & Evaluation(SI/M&E) - PEPFAR Cameroon is committed to supporting the GRC in SI and M&E, and activities will focus on implementing and refining the National M&E Plan. PEPFAR Cameroon will work to build SI capacity within the NACC through the provision of hardware, software, and training at the national level and in target regions in data entry, data quality assurance, M&E, data storage, and data analysis. Additionally, the USG will build SI and M&E capacity at the community level, assisting in the roll-out of M&E plans, data collection, and the facilitation of local use of data.
- Laboratory Quality – PEPFAR Cameroon will focus efforts largely on quality assurance (QA). Specifically, PEPFAR Cameroon will support the accreditation of four regional laboratories, which will then provide downstream support to district laboratories. PEPFAR Cameroon will support the MOH to develop policy guidelines for implementing quality management systems, laboratory accreditation, laboratory management, and bio-safety. The USG will purchase QA panels to cover HIV rapid testing, PCR testing, clinical chemistry, hematology, TB and CD4 assays as necessary to support ongoing programs and also support the Dry Tube Specimen (DTS) approach to preparing and distributing proficiency samples for HIV rapid testing; and expand the use of standardized logbooks for recording HIV test results. The USG will also sponsor specialized pre-and in-service training for bench staff in the area of CD4, hematology, viral loads, and TB testing to ensure competency in diagnosis and clinical monitoring. Finally, the USG will support the GRC in setting up its National Public Health Laboratory and developing a five-year Laboratory Strategic Plan to inform annual operating plans as part of their national and regional health plans.
- Pharmaceutical management systems - PEPFAR Cameroon will collaborate with existing mechanisms in order to harmonize efforts focused on strengthening Cameroon's National Essential Drug and Medical Disposable Procurement System (SYNAME). PEPFAR Cameroon will employ a comprehensive approach to strengthen Cameroon's health system through improving the pharmaceutical management system to ensure availability and access to essential medicines, including HIV/AIDS medications and related-products in health districts and service delivery points. These activities will benefit all Primary Health Care (PHC) programs as they are applicable for medicines and related commodities of all of the programs. Key activities have been developed in collaboration with the National AIDS Control Committee (NACC), National Malaria Program, and the MOH's Directorate for Pharmacy and Medicines (DPM). PEPFAR Cameroon will monitor a range of PHC programs including HIV/AIDS activities on an



ongoing basis to ensure that activities are on track to achieve the expected results.

- Human Resources for Health - PEPFAR Cameroon's support to HRH development in Cameroon includes strengthening pre-service education institutions and the standardization of in-service training to improve the quality and output of medical professionals. PEPFAR Cameroon expects to contribute 140 new providers to the overall 140,000 Congressional target. PEPFAR's partnership with the MOPH's Department of Family Health includes development of Maternal, Neonatal and Child Health (MNCH) training curricula that integrates PMTCT. These curricula will be used in pre-service training for nurses and midwives. Other training support will aim to improve staff capacity in supervision, laboratory quality, blood safety, HIV surveillance, and monitoring and evaluation. The MARPs program will support pre-service trainings for 317 community health and para-social workers in a range of topics including STI management, social marketing, HIV/AIDS programming for MARPs, Monitoring and Evaluation (M&E), and stock management. Community health and para-social workers include psycho-social counselors, peer educators, condom vendors, administrative and pharmacy personnel, health center personnel, social workers, and CBO personnel.

PEPFAR Cameroon's interventions map well onto the GHI principles and have allowed PEPFAR Cameroon to plan and select activities which support and complement key priorities. In 2012, the USG will submit its first GHI Strategy, which seeks to improve the health of Cameroonians by reducing the incidence of HIV and other communicable diseases and decreasing child and maternal mortality rates. PEPFAR activities are the major drivers that will contribute to the GHI Strategy intermediate results. These are (1) the improved quality and accessibility of health services, (2) behavioral changes, and (3) stronger partnerships. PEPFAR will leverage other existing programs, including CDC's Central African Field Epidemiology and Laboratory Training Program (FELTP) and USAID's Emerging Pandemic Threats (EPT) and Neglected Tropical Disease Control (NTD) programs. The GHI strategy aims to increase country ownership by further strengthening health systems and developing human resources within the Cameroonian public health infrastructure. The USG team has made significant strides in transitioning from direct program implementation to a technical assistance (TA) model that focuses on capacity building for GRC officials and relevant civil society partners.

#### Country Ownership Assessment

In preparing this COP, the USG PEPFAR team presented a high-level overview of planned activities for FY 2012 at a Stakeholders' Meeting with representatives from various government ministries, multilateral agencies, research foundations, and local and international non-governmental organizations (NGOs). During the meeting, partners overwhelmingly expressed support for a COP design that would not work in parallel to the national plan, but rather would reinforce the GRC's ongoing strategy to address HIV/AIDS



in Cameroon. USG technical teams consulted extensively with Global Fund Principal Recipients, the NACC and Cameroon National Association for Family Welfare (CAMNAFAW), in order to ensure harmonization of interventions and identify opportunities for integration. The NACC has recently appointed a focal point to oversee PEPFAR-funded activities, including ensuring proper alignment with Global Fund interventions. Additionally, USG technical teams consulted extensively with technical departments within the MOH (Directorate for Disease Control, Directorate for Family Health, and Directorate for Pharmacy and Medicines), partner civil society organizations, and the UN system to develop program priorities. Overall, there was broad consensus that the four strategic pillars selected by the USG (PMTCT, MARPs, blood safety, and the HSS needed for the other pillars to function) represent the best use of available USG assistance to support implementation of the NSP 2011-2015.

Since developing its first COP in FY 2011, PEPFAR Cameroon is working in an environment where GRC has always been involved in program design, planning, and implementation. PEPFAR Cameroon employs a technical assistance model that is focused on empowering GRC institutions and civil society partners who have responsibility to deliver results outlined in the NSP 2011-2015. This approach will also support PEPFAR Cameroon to demonstrate progress across the following four dimensions of country ownership:

- Political ownership/stewardship - While the GRC has clearly articulated its priorities and plans for program development in the NSP 2011-2015 and other key policy documents, there is limited capacity to perform oversight of specific activities – which inhibits the GRC’s capacity to fully demonstrate political ownership. The weak level of control and the monitoring of stakeholder interventions, despite the existence of program coordination structures at all levels (central, regional and communal) is due to weak planning and an absence of adequate financial resources to carry out M&E activities. The GRC is attempting to address this weakness in the eighth strategic approach of the NSP 2011-2015 which is focused on strengthening implementation of the “Three Ones” principles – one agreed AIDS action framework, one national AIDS coordinating authority, and one agreed country-level M&E system. The objective of PEPFAR Cameroon is to strengthen national capacity to respond to HIV/AIDS effectively and efficiently and to build a sustainable national HIV/AIDS program. This is particularly important for the transition to greater country ownership, local partner direct implementation and country-led programs. The capacity building efforts cut across the major supported program areas of PMTCT, MARPs, blood safety, and HSS and will be supported by other partners, such as the Global Fund, and other stakeholders. Particular effort has been made to align PEPFAR – Global Fund programs to leverage support and compensate for spending gaps in the national HIV/AIDS 2011-2015 budget.

- Institutional Ownership – Local civil society organizations and communities do not own and/or direct final decisions around their contribution to the response within the framework provided by GRC (resource



allocation, implementation, research agenda, etc). Meaningful engagement with community actors is limited due to the absence of a formal mechanism to involve communities in policy development, implementation and evaluation. Furthermore, the ability of CSOs to fully participate in decision-making processes is hindered by technical and organizational deficiencies within their structures. PEPFAR Cameroon will build capacity at national and community levels through organizational and institutional development activities targeting local CSOs and the Ministries of Defense, Health, and Social Affairs, respectively. Trainings will be provided to personnel within these structures to perform their core functions in ensuring quality and improvements over time. PEPFAR Cameroon is also strengthening community dialogue structures to improve linkages and collaboration between Government structures and community groups including health committees.

- **Capabilities** – Insufficiencies in human resources and logistical means affect local capacities to deliver activities across all program stages. Key human resource priorities outlined in the National HIV/AIDS Strategic Plan 2011-2015 include pre-service and in-service training of medical professionals on HIV prevention, treatment, and care; improvements to the quality of supervision; development of incentive measures for staff (e.g. provision of free prevention and other HIV/TB-related services for staff and their families); and linkages with community services (e.g. associations of people living with HIV; local CSOs, etc.). PEPFAR Cameroon will support individual and institutional capabilities by strengthening pre-service education institutions and the standardization of in-service training to improve the quality and output of medical professionals. PEPFAR Cameroon will support pre-service trainings for 317 community health and para-social workers. PEPFAR's HRH will contribute 140 new providers to the overall 140,000 Congressional targets. CDC will draw on its expertise in introducing international best practices to resource-poor health systems through direct TA and training for MOH and clinical staff at the national and regional levels, while directly supporting clinical services, including laboratory and EID services, until capacity is transferred to the host country. USAID and DOD will draw on experience in service delivery in developing countries to support improvements in prevention activities targeting MARPs and military populations. Trainings for Peace Corps Volunteers and their Cameroonian counterparts across sectors will help strengthen community-based program design and management, introduce proven BCC approaches into PMTCT and HIV prevention for MARPS, and support blood safety programs at the grassroots level. Using its expertise in diplomacy and public affairs, the State Department will provide direct TA on leadership and good governance to MOH officials, and will use a range of exchange visitor programs to bring MOPH and other GOC officials to the United States for targeted technical and leadership development. Through these activities PEPFAR will ensure that Cameroon's leadership has the technical and management capabilities to oversee programs and make adjustments and shifts over time.

- **Accountability** – Due to weakness in the national program coordination structure, there is no operational



mechanism to collect relevant input and feedback from all stakeholders and feedback into relevant decision-making. PEPFAR Cameroon will provide technical assistance to NACC, multilateral organizations, and other key partners to support implementation of the National HIV/AIDS M&E framework, including integrated standardized forms in the public health management system. The USG will work with local CSOs on M&E techniques with an emphasis on how to monitor results and use data for decision making. PEPFAR Cameroon will support economic analysis to evaluate the cost effectiveness of programmatic approaches (to include either the cost-benefit of integrating PMTCT/RH services; or an evaluation of the cost-effectiveness of community mobilization activities). The interventions outlined above are designed to support the NACC in assessing all program stages and the overall NSP 2011-2015 programmatic approach.

HSS is a key priority for PEPFAR Cameroon and targeted HSS work will accelerate the pace of country ownership and sustainability. These HSS activities will be implemented alongside diplomatic engagements led by State to improve accountability and transparency in public expenditure management, to promote intellectual property rights and prison reform, and to address trafficking in persons.

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- Time Frame: FY 2012: October 2011 – September 2012

**Population and HIV Statistics**

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	550,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	05	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Children 0-14 living with HIV	54,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	37,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	48,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	58,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	711,000	2009	State of the World's Children 2011,			
Estimated number of pregnant women living with HIV needing ART for PMTCT	30,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Number of people	610,000	2009	UNAIDS Report			

living with HIV/AIDS			on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	330,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	230,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	320,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

### Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

### Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

**In what way does the USG participate in the CCM?**

Voting Member

**What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio**



**Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.**

4-6 times

**What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.**

None

**If None why not?**

In July 2011, the USG attempted to make contact with the LFA, PricewaterhouseCoopers; however, it was not possible to discuss Global Fund issues, as LFA team members were not readily available.

**Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.**

CCM is not planning to submit proposals

**Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?**

Yes

**If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.**

The Round 3 HIV grant implemented by the Ministry of Public Health was continued under a Continuity of Services (CoS) mechanism through December 2011. Recent approval of Cameroon's Round 10 HIV grant has addressed some concerns about a significant shortfall of funding following closure of the existing HIV grant. The Global Fund approved Cameroon's Round 10 request for approximately \$133 million (€97 million) to support implementation of the National HIV/AIDS Strategic Plan (NSP) 2011-2015. The PRs for this grant include the Ministry of Public Health (with National AIDS Control Committee as implementing agency) and the Cameroon National Association for Family Welfare (CAMNAFAW), a national non-governmental organization (NGO). In December 2011, the Global Fund signed program grant agreements, valued at approximately \$34 million (NACC) and \$3 million (CAMNAFAW) to support the first phase of grant implementation from 2012 through 2014. About 70 percent of the total budget is focused on procurement of Anti-retroviral (ARV) medications and other HIV/AIDS-related commodities.

There is a concern about a financial gap in ARV costs of about \$4 - 6 million. The potential for ARV



stock-out may negatively impact the USG's programs which have been developed with assumptions of continuous access to ARVs (procured through Global Fund PR), particularly for HIV positive mothers, in order to ensure a comprehensive continuum of response. In addition to strengthening Cameroon's supply chain system, PEPFAR Cameroon will also need to work closely with the Government of Cameroon in order to identify new sources of funding to bridge this gap.

**In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?**

Redacted

**Did you receive funds for the Country Collaboration Initiative this year?**

No

**Is there currently any joint planning with the Global Fund?**

Yes

**If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)**

Redacted

**Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.**

**Public-Private Partnership(s)**

(No data provided.)

**Surveillance and Survey Activities**

Surveillance	Name	Type of	Target	Stage	Expected
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or Survey		Activity	Population		Due Date
N/A	An Assessment of Knowledge, Attitudes and Practices Related to Blood Donation in Cameroon	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	Assessment of Cameroon's Early Infant Diagnosis Program	Evaluation	Other	Publishing	N/A
N/A	Exploring Barriers to Uptake and Retention in ANC/MCH/PMTCT Services in Cameroon	Qualitative Research	General Population	Data Review	N/A
N/A	PIMA Point-of-Care CD4 Analyzer in Five Hospitals in Cameroon	Laboratory Support	Other	Other	N/A
N/A	PMTCT facility survey	Other	Other	Data Review	N/A
N/A	Rapid Assessment of Perceptions, Attitudes and Practices Relative to HIV/AIDS among MSM in Cameroon	Qualitative Research	Men who have Sex with Men	Data Review	N/A
N/A	Utility of Prevention of Mother-to-Child HIV Transmission Program Data for HIV Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing	N/A



## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			500,000		500,000
HHS/CDC		1,500,000	6,795,000		8,295,000
PC		0	975,000	0	975,000
State			250,000		250,000
State/AF			710,000		710,000
USAID			2,020,000	1,500,000	3,520,000
<b>Total</b>	<b>0</b>	<b>1,500,000</b>	<b>11,250,000</b>	<b>1,500,000</b>	<b>14,250,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	PC	State/AF	USAID	AllOther	
HBHC						255,248		255,248
HKID						434,503		434,503
HLAB			1,504,933		710,000			2,214,933
HMBL			654,500			100,000		754,500
HVCT		200,000				237,889		437,889
HVMS	250,000	100,000	1,788,246	570,500		496,550		3,205,296
HVOP		200,000		404,500		717,856		1,322,356
HVSI			702,455			31,589		734,044
MTCT			3,224,366			350,000		3,574,366
OHSS			2,500			896,365		898,865
PDCS			418,000					418,000
	<b>250,000</b>	<b>500,000</b>	<b>8,295,000</b>	<b>975,000</b>	<b>710,000</b>	<b>3,520,000</b>	<b>0</b>	<b>14,250,000</b>



## National Level Indicators

### National Level Indicators and Targets

Redacted



## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	255,2480	
HKID	434,5030	
PDCS	418,0000	
<b>Total Technical Area Planned Funding:</b>	<b>1,107,751</b>	<b>0</b>

#### Summary:

##### Major Accomplishments in last One to Two Years

Last year, PEPFAR Cameroon submitted its first country operational plan (COP) and given the FY11 limited resources the team focused its interventions along four strategic pillars: Prevention of mother-to-child transmission (PMTCT), Prevention in most-at-risk populations (MARPs), Blood Safety (Medical Transmission), and Health Systems Strengthening (HSS). PEPFAR Cameroon supports both adult and pediatric care through its PMTCT and MARPs portfolios. This year, the PEPFAR team plans to build on ongoing work including promoting increased integration with other complementary health programs in order to increase the impact of our interventions.

With regards to the PMTCT program, USG (through its CDC laboratory) in collaboration with the Chantal Biya International Research Center (CIRCB) is implementing an early infant diagnosis (EID) program that covers 152 health facilities in all 10 regions of the country. Through this program, over 15,000 HIV-exposed infants have been tested to date.

The MARPs program recruited and trained 25 psychosocial counselors in rights-based participatory approaches to working with MARPs. The content of this training included provision of HIV prevention services, HIV pre- and post-test counseling, adherence support, positive living and couples counseling, stigma reduction, psychosocial support for gender-based violence, referrals, and follow-up. The psychosocial counselors are expected to provide care and support services to men who have sex with men (MSMs) and commercial sex workers (CSWs) in 3 community drop-in centers (Bamenda – Northwest region; Douala – Littoral region; Yaoundé – Center region) that have been established or renovated in FY 11.

Memoranda of Understanding (MoU) will be signed with health clinics – identified through focus groups discussions with CSW and MSM clients as “MARP-friendly” – for clinical management of sexually transmitted infections (STIs).

PEPFAR Cameroon indirectly provides care and support outreach to people living with HIV/AIDS (PLWHA) through its network of Peace Corps Volunteers. Following extensive life skills training provided by Peace Corps Volunteers, 50 peer educators from eight PLWHA associations have conducted door to door outreach education in seven communities of the Far North region. Though their primary message is HIV prevention and stigma reduction, the peer educators play an important role in disseminating



information about positive living, referring individuals in need to health facilities and connecting them with PLWHA associations.

The main results discussed ABOVE are limited as PEPFAR Cameroon's program is one year old and the majority of results in this program area are still being realized as many projects are in start-up phase. Currently, planning with the Government of Cameroon (GRC) and other key stakeholders like the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) and United Nations Children's Fund (UNICEF) has set the stage and the team is now well poised to have key results in FY 12.

## Key Priorities and Major Goals for Next Two Years

### Overview

In the coming two years, PEPFAR Cameroon will gradually expand activities in care and support including increased linkages with other care services offered by GRC and civil society organizations; and expansion of programs targeting children affected by AIDS in order to eventually respond to the 10% hard earmark established by Congress. Key activities in the OVC area in FY 12 are focused on strengthening GRC (Ministry of Social Affairs and National AIDS Control Committee) capacity to address institutional challenges identified in a situational analysis to be conducted with FY 11 funds. Other pediatric care and support activities will include strengthening/revitalization of existing post natal care services to increase uptake of EID, and support infant feeding in the context of HIV/AIDS through the PMTCT acceleration plan.

PEPFAR Cameroon will link its sexual prevention activities with other care and treatment programs offered through decentralized structures of the Ministries of Public Health. Activities targeting MARPs will focus on improving quality of service provided in 3 existing drop-in centers and the creation of an additional drop-in center in Bertoua, East Region. A key priority will be to ensure that all drop-in centers are able to provide a minimum package of service which includes prevention information, access to male and female condoms, psychosocial support, material support, (medical, psychological, and legal) consultations, provision of HIV testing and counseling (HTC) services and referrals to health facilities for treatment of STIs, Anti-retroviral therapy (ART), and other services.

Finally, the team has prioritized promoting linkages across program areas in order to strengthen the continuum of care approach. The cross cutting areas of laboratory and capacity building will be key considerations to guide all programming and to ensure interventions are strategic, targeted and more sustainable. These PEPFAR strategies are consistent with Cameroon's Global Health Initiative (GHI) strategy and are described in greater detail below.

### Care and Support Activities

#### a. Adult Care and Support

The third strategic approach in Cameroon's National HIV/AIDS Strategic Plan (NSP) 2011-2015 is focused on "reducing morbidity and mortality related to HIV as well as the socio-economic impact, by reinforcing the global care of adult and child PLWHA and the support to OVC by 2015." The expected result is to ensure access to care services for 80% of eligible adult and child PLWHA by 2015. There are 560,306 PLWHA in Cameroon (2010), of which 249,341 are eligible for treatment. Only 30.6% of eligible PLWHA are currently receiving ARVs, with those lost from sight estimated to be between 10 to 40% of active files. A 2010 WHO study on HIV Drug Resistance Early Warning Indicators (EWI) estimates an average of 33% of PLWHA were lost to follow-up 12 months after ART initiation. This raises concerns about coverage and quality of the continuum of care, including insufficient linkage between health facilities and community systems.



PEPFAR Cameroon's adult care program specifically targets hard to reach groups including MSM and CSWs, who have insufficient access to care services due to socio-cultural perceptions about their behavior, and also given the fact that a majority of interventions were mainly destined for the general population, therefore not taking into account the specificities of these groups. In FY12, the team is focused on ensuring that at least 1,083 HIV-positive MSMs and CSWs have access to a minimum of one care service, which includes one clinical care service. Psychosocial counselors and social workers working out of these drop-in centers will provide a range of services to MARPs including adherence support, positive prevention, and couples counseling along with work to strengthen referral networks to health facilities and other services. In addition, material assistance will be provided to extremely vulnerable clients including food packages (for 291 PLWHA), disease prevention kits, water treatment units, mosquito nets, and basic hygiene products. Small grants will be used to strengthen groups representing PLWHA and reduce stigma through community-level testimonials and exchange visits.

PEPFAR Cameroon will also continue to capitalize on its network of Peace Corps Volunteers to provide training and onsite assistance for PLWHA groups including "positive living" education, psycho-social support, and outreach interventions. PLWHA groups and individuals may also benefit from VAST grants, which are made available to communities and groups working with Volunteers. In addition to capacity building activities, funds may be used to support the start up of income generating activities (IGAs). With access to funding and technical support for IGAs, PLWHA groups and individuals will have means to help meet their increased financial demands and will remain productive actors in their community. Emphasis will be placed on women's vulnerabilities including their limited access to finances. Women's leadership in IGAs will also highlight their status as valued members of society.

Likewise, Volunteers will deliver onsite capacity strengthening activities to health committees, and CBOs to provide improved quality care and support. Through Care Group programs, community educators will address AIDS-related stigma, and indirectly reach HIV+ individuals with information regarding services and support.

#### b. Pediatric Care and Support

The number of infants on ARVs has doubled from 1,700 in 2007 to 3,114 in 2009 following the establishment of a national EID program. An estimated 54,000 children 0-14 years of age are living with HIV in Cameroon. Most of them acquired the infection through vertical transmission. According to the 2010 Epidemiologic update on HIV and AIDS in Cameroon, the projected number of HIV-positive pregnant women in 2012 is 76,785. As of 2010 the rate of mother-to-child transmission (MTCT) of HIV was estimated at 28.8% and the goal is to reduce this transmission rate to less than 5% by the year 2015.

Early diagnosis of children born to HIV-positive mothers is an important component in establishing treatment and care support for HIV-positive infants, yet national coverage of EID services is low (152 EID sites compared to more than 2000 PMTCT sites). Some of the challenges faced include sample transportation issues, loss to follow-up of infants, increase turnaround time (TAT) due to increase workload, and poor service uptake. PEPFAR Cameroon's support to the EID program in four out of ten regions in the country has contributed to increasing the capacity of the health care system to provide EID services to HIV-exposed infants. The CDC laboratory is one of the two reference laboratories providing EID testing and building EID capacity in Cameroon. PEPFAR Cameroon has trained over 283 health personnel and built EID capacity in 92 sites in the four regions, 87 of which are actively collecting and sending dried blood spot (DBS) samples for testing.

In FY 2012, PEPFAR Cameroon will continue to support EID capacity building by expanding the collection of DBS in all PMTCT sites in two other regions within the framework of the PMTCT acceleration plan. PEPFAR Cameroon will acquire an automated system as against the current manual method to support



the GRC in building capacity for performing DNA PCR testing within the designated National Public Health laboratory and also support community involvement and participation to improve service uptake. Similarly, implementing a basic lab management information system is part of USG's support to the national labs and this will be enforced with the acceleration funds, ensuring that the whole country benefit immensely from the above.

#### c. Food and Nutrition

In FY12, PEPFAR Cameroon will put limited resources toward food and nutrition within its MARPs program. At least 291 HIV-positive MARPs, identified as "extremely vulnerable" following assessments by social workers will be eligible to receive material assistance which includes a basic food package. Clients with much more significant needs that cannot be addressed by the drop-in centers will be referred to appropriate services in the community (e.g., state-run social centers, faith-based organizations, other CBOs including associations of PLWHA, etc.).

#### d. Orphans and Vulnerable Children

Children affected by AIDS represent 25% of Cameroon's total 1,200,000 orphans and vulnerable children (OVC). This number is projected to increase from 304,000 in 2010 to 350,000 in 2020. Provision of care and support services to OVCs is a strategic approach within the NSP 2011-2015, with the aim of extending coverage to 55% of OVC and their families. GRC is estimating \$4.3 million in its FY 2011 (same as 2011 calendar year) budget to support this strategic approach.

Given the inadequately structured institutional framework for coordination and management specifically related to OVC, there is limited information to assess Cameroon's coverage of interventions and its actual impact in this area. PEPFAR Cameroon's FY 11 funds will be used to carry out a comprehensive, nation-wide situational analysis on OVC and the protection system in general, in partnership with the United Nations Children's Fund (UNICEF). PEPFAR Cameroon's expected funding level for OVC in FY 2012 is currently at 4% (6% lower than OGAC earmark), as planned activities will focus on institutional development which includes technical assistance to GRC (specifically Ministry of Social Affairs and National AIDS Control Committee) to address gaps identified in the situational analysis. In the next 2-3 years, PEPFAR Cameroon plans to reach the 10% budgetary requirement following sufficient gathering of evidence-based information to support the rapid expansion of service delivery interventions.

#### Alignment with Government Strategy and Priorities

PEPFAR Cameroon's care and support activities are well-aligned and harmonized with the eight strategic approaches outlined within the NSP 2011-2015. Care investments will most directly address Government priorities to improve access to adult and pediatric care and support by strengthening the capacity of community and health systems to build a sustainable referral network.

#### Contributions from or Collaboration with Other Development Partners

Given its modest budget level, PEPFAR Cameroon has forged strong relationships with Global Fund Round 10 principal recipients (PRs) in a view to strengthen overall continuum of care response. Cameroon is envisaged to begin implementation of its Global Fund Round 10 HIV grant in January 2012. Joint planning meetings with the Global Fund PRs have focused on linking PEPFAR's PMTCT and MARPs portfolios to other HIV services supported by the Global Fund and UNITAID, including nutritional rehabilitation and provision and management of adult and pediatric ARVs and STI medications.

In the area of OVC, following project closure for Global Fund Rounds 3 and 4 at the end of 2009, the main national OVC program is being supported by UNICEF in partnership with the Ministry of Social



Affairs, the National AIDS Control Committee (NACC), and international and national non-Government organizations. However, all these efforts are currently contributing to an estimated 20% of national coverage – i.e. only 60,842 OVC are currently receiving a package of services – although Global Fund Round 10 HIV grant envisages an increase to 100,000 OVC individual support packages.

#### Key Policy Advances or Challenges (Identified in the PF/PFIP)

Although homosexuality is illegal in Cameroon, gay rights advocates have recently become more vocal and MSM have been identified as an emerging high risk group in the NSP 2011-2015. PEPFAR Cameroon is taking advantage of this opening in the policy environment which permits a public health response to the prevention needs of hard-to-reach groups like MSM that are at risk of prosecution and imprisonment due to the nature of their activities, and have been consistently marginalized from “mainstream” society.

#### Efforts to Achieve Efficiencies

Efficiencies in this program area will be targeted through efforts to strengthen the referral networks to ensure access and uptake of quality care and support services for those affected including people living with HIV and OVC.

#### Efforts to Build Evidence Base

Given the nascent stage of PEPFAR programming, the team has prioritized efforts to establish and support activities aimed to build an evidence base. The team is also working with the GRC and other stakeholders to build upon and program according to the existing base of knowledge. Together these efforts inform and advance USG policy and priorities. One key activity carried out with FY 11 funds will be the completion of an OVC situational analysis, which will then in turn be used to target interventions.

#### Cross- Cutting Program Elements

The PEPFAR care activities include consideration of many of the cross cutting areas with particular priority given to early identification of HIV-infected persons through our testing and counseling activities (refer to Prevention TAN), EID program, and activities focused on strengthening quality of laboratory testing.

#### Laboratory

Presently, there is no National Public Health Laboratory that can provide downstream integrated disease support including molecular testing, confirmation of HIV and TB samples, preparing and distributing proficiency panels for external quality assessment (EQA) and providing updated trainings to all laboratory personnel. Through PEPFAR support, some of these services were recently implemented at the Central and regional levels and these laboratories are now being challenged to assume a greater role in the provision of more complex, timely and reliable diagnostic support services for national HIV/AIDS treatment and care programs, particularly as they plan to scale-up. Prior to this, laboratory baseline assessments conducted at the Central and Regional levels showed that laboratory services and infrastructure are still very weak throughout Cameroon, with various populations lacking access to timely, low cost, and high quality laboratory services.

The USG has a strong history of involvement in laboratory activities in Cameroon, and will continue to provide targeted TA and resources to the GRC for laboratory activities. USG efforts will focus largely on quality assurance (QA). Specifically, the USG will support the tiered lab system and accreditation of four regional laboratories, which will then provide downstream support to district laboratories. PEPFAR



Cameroon will support the Ministry of Public Health (MOH) to develop policy guidelines for implementing quality management systems, laboratory accreditation, laboratory management, and bio-safety. The USG will purchase EQA panels to cover HIV rapid testing, PCR testing, clinical chemistry, hematology, TB and CD4 assays as necessary; support the Dry Tube Specimen (DTS) approach to preparing and distributing proficiency samples for HIV rapid testing; and expand the use of standardized logbooks for recording HIV test results. The USG will also sponsor specialized pre-and in-service training for bench staff in the area of CD4, hematology, viral loads, and TB testing to ensure competency in diagnosis and clinical monitoring. Optimally functioning Laboratory equipment play a critical role in the reduction in down time for providing test results and most importantly, the quality of services and patient care. The USG will support the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring at regional and district levels. The USG will collaborate with other partners to streamline and procure similar equipment with maintenance contracts, which will ensure improved negotiation of service contracts and un-interrupted services. In accordance with the Maputo declaration, PEPFAR Cameroon will assist the MOH to develop and implement an equipment maintenance policy.

PEPFAR resources will also be used to support basic laboratory information systems in collaboration with MOH in four pilot labs, including design and implementation of a customized package of software and hardware, with eventual roll-out to all clinical laboratories. The systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system and are expected to improve HIV/AIDS case reporting.

**Capacity Building**

Activities focused on reducing HIV-related morbidity and mortality include direct care and support activities provided within the MARPs portfolio (through drop-in centers) and increased harmonization with Global Fund programs to ensure increased engagement of PLWHA and children affected by AIDS in the care continuum across community and facility settings in PEPFAR-targeted sites. In order to ensure sustainability of PEPFAR interventions, capacity building activities are in-built within all PEPFAR care and support activities through institutional development activities, organizational development for civil society organizations, training of health care workers and community health care workers, on-site technical assistance and knowledge transfer.

**Technical Area: Governance and Systems**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	2,214,933	0
HVSI	734,044	0
OHSS	898,865	0
<b>Total Technical Area Planned Funding:</b>	<b>3,847,842</b>	<b>0</b>

**Summary:**

Cameroon's epidemiological profile is dominated by communicable diseases such as malaria and a 5.5% HIV prevalence. Recently, the prevalence of non-communicable diseases, such as diabetes and cardiovascular diseases has been on the rise. The under-five mortality rate is 144 / 1,000 (2004), while maternal mortality may be 1,000 deaths / 100,000 live births, (UNICEF estimates). The Government of the Republic of Cameroon (GRC) revised its health sector strategy, placing greater emphasis on improving the availability and utilization of quality health care services, to accelerate its progress in



achieving the health sector Millennium Development Goals (MDGs).

The Ministry of Public Health (MOH) is the chief architect of GRC's health policies and strategies. The organization of the national health system follows the recommendations of the 1985 Assembly of Heads of African States in Lusaka. The system contains a central (represented by the Central Administrative Services, General Hospitals, University Hospital Center, and the Central Hospitals), intermediate (composed of Regional Delegations and assimilated regional hospitals), and peripheral level (represented by the District Health Services, which include district hospitals, sub-divisional health centers, and integrated health centers).

After a moderate performance in the first decade after independence with recorded successes in combating tropical diseases, Cameroon's public health (PH) system deteriorated in the two decades that followed, due to public spending cuts resulting from a national economic decline. The PH system continues to feel the consequences of that decline, as the GRC struggles to keep pace with population growth. The quality of infrastructure and quantity of health workers remain inadequate. Inter-ministerial planning and coordination is poor and has contributed to reactive rather than proactive health policy that tends to address the symptoms rather than causes of PH problems.

PH spending cuts have led to the resurgence of malaria, violent outbreaks of cholera, and the spread of HIV/AIDS. The National Center for the Procurement of Essential Medicines and Medical Supplies (CENAME) is responsible for procuring and distributing medical supplies and pharmaceutical products on behalf of the MOH. Stock-outs are common, due to poor planning and management at all levels. The influence of the private sector on public health policy remains marginal, despite the existence of private clinics and pharmacies.

The GRC allocates less than 6% of the national budget to health, (far below the WHO recommendation of 15% to meet health sector MDGs). The GRC has relied on multilateral and bilateral assistance to compensate for the public spending gap. Generally, the quality and availability of PH services is worse in rural areas compared to urban areas. To address this, the GRC has developed a "decentralization" plan to shift some decision-making authority to district health officials and has allocated some additional resources to underserved areas.

#### National Response to HIV/AIDS

Cameroon's national response to the HIV/AIDS epidemic is led by the National AIDS Control Committee (NACC), chaired by the Minister of Public Health. NACC provides multi-sector coordination through a Central Technical Group and Regional Technical Groups that serve a coordination function in each of Cameroon's 10 regions. The third generation National HIV/AIDS Strategic Plan 2011-2015 is the main policy document that directs the national HIV/AIDS response. This plan outlines eight strategic approaches that are at the heart of the GRC's efforts to combat HIV/AIDS:

1. Improved prevention of HIV and STI transmission
2. Improved access to care and treatment
3. Support for and protection of PLWHA, OVC, and other affected people
4. Improved collaboration across public, private, and NGO sectors
5. HSS
6. Community capacity-building
7. SI
8. Coordination of activities among and within government partners.

The GRC recently revised its National Guidelines for HIV testing and treatment in 2003. In order to meet its goal of universal access to treatment, the GRC established 28 treatment centers and 112 district



management units across the country (representing a coverage rate of approximately 56%). The GRC offers subsidies in order to reduce the cost of testing, treatment, and laboratory follow-up. Despite the GRC's selection of over 2,000 relatively well-distributed PMTCT sites, many are not fully functional. There are currently over 76,000 people on antiretroviral therapy (ART) out of an excess of 560,000 persons living with HIV/AIDS (PLWHA). At district and community levels, HIV/AIDS clinical and support services are mainstreamed in health and other social services.

Also, prevention and voluntary testing and counseling (VCT) centers have been integrated into all national, regional, and district hospitals. Cameroon has no "stand-alone" VCT sites, but provides both "opt in" and "opt out" testing at most facilities, and relies on mobile VCT for outlying areas. This decentralized approach works well for the most part, but remains strongly facility-centered, and test-related stock-outs remain a challenge. Non-clinical care and support services are only available through family and community networks and the NGO community, when funding is available.

About 70-80% of Cameroon's national HIV/AIDS program is donor-funded with the Global Fund for AIDS, Tuberculosis, and Malaria ("Global Fund") as the largest donor. In prior years, the Global Fund (GF) provided \$78 million (out of an approved \$86.6 million) in assistance to Cameroon through three rounds of funding (3, 4, and 5). The GF Board recently approved Cameroon's Round 10 request for \$133 million with grant agreements signed in December 2011. Other key donors in Cameroon are the World Bank, France, Germany, UNITAID, and UN agencies.

With strong German and French support, the World Bank recently launched a four-year €100 million Health Sector-Wide Approach Project (SWAP) that will strengthen key systems, including those that support HIV/AIDS services. Germany focuses on budgeting, financial management, and support to regional and district-level institutions. Germany and France also support ESTHER (Ensemble pour une Solidarite Therapeutique Hospitaliere en Reseau) activities, which includes a twinning program with French hospitals in order to deliver TA and training. The Clinton Foundation, through its Clinton Health Access Initiative (CHAI), administers UNITAID funds and provides 100% coverage of second-line and pediatric ARVs.

UNITAID provides €10 million to ESTHER to: improve the performance of the supply circuit for pediatric ARVs, second-line treatment and laboratory testing reagents; facilitate early detection and treatment for children; build capacity for identifying and monitoring patients and improve the pharmaceutical chain.

Ten UN agencies are active on HIV/AIDS issues in Cameroon with the WHO leading in health sector coordination, providing TA to the MOH for planning and evaluation. UNAIDS has a small staff in Cameroon but provides important leadership for the national response with a strong program of support to PMTCT, early infant diagnosis, and in- and out-of-school youth programs, including some HTC. UNESCO has supported development of a life skills curriculum covering HIV/AIDS that is being integrated into teacher training and schools. The UNDP supports civil society strengthening.

Faith-based organizations operate health networks and are active partners in the national HIV/AIDS response, with little information on the financial scope of these activities. The Roman Catholic operates the largest health network and the Cameroon Baptist Convention Health Board (CBCHB) operates in 6 regions (is currently a key USG implementing partner for the PMTCT). The Presbyterian and Seventh Day Adventist also have a large network.

The private sector contributes about 10% of the national HIV budget. In 2010, the MOH and a federation of private sector employers signed an MoU on addressing HIV/AIDS in the workplace. Other larger commercial employers operate worksite clinics. The largest is Cameroon Development Corporation operating hospitals with 100% health coverage, including ART to its over 13,000 employees and their dependents. There are about 10 other corporations with similar programs.



Many international partners are either active or provide funding to address HIV/AIDS. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported CBCHB's PMTCT program for years. Other key players include CARE International, Catholic Relief Services (CRS), and Plan International. There are also myriads of local CSOs that carry out prevention, care and support activities throughout the country. here are many opportunities for USG assistance to build upon existing structures and contribute to the national response.

#### Global Health Initiative (GHI)

The GHI Strategy in Cameroon is a comprehensive plan that covers USG health-related programs on HIV/AIDS, malaria, tuberculosis, maternal, newborn and child health (MNCH), nutrition, family planning (FP), and neglected tropical diseases (NTDs). The strategy goes beyond the health sector linking health with safe water, sanitation, public financial management and education for girls. It promotes better alignment between USG investments and country-level priorities and better integration of USG-supported programs. It also aims to strengthen Cameroon's capacity to lead, manage, and oversee health programs.

In 2012, the U.S. Mission in Cameroon will submit its first GHI Strategy. This seeks to improve the health of Cameroonians by reducing the incidence of HIV, other communicable diseases and improve child and maternal health. PEPFAR activities are the major drivers that will contribute to the GHI Strategy intermediate results. These are: Improved quality and accessibility of health services behavioral changes and stronger partnerships. PEPFAR will leverage other existing programs, including CDC's Central African Field Epidemiology and Laboratory Training Program (FELTP) and USAID's Emerging Pandemic Threats (EPT) and Neglected Tropical Disease Control (NTD) programs. The GHI strategy aims to increase country ownership by HSS and human resources within the Cameroonian PH.

#### PEPFAR Cameroon Focus Areas

PEPFAR's goal is to produce sustainable progress in the GRC's fight against HIV/AIDS with prioritized interventions across 4 strategic "pillars," representing the best use of USG assistance:

1. PMTCT
2. Reducing HIV infection in Most-At-Risk Populations (MARPs) and other vulnerable populations (including young women aged 15-24 and military populations)
3. Blood Safety (Medical Transmission)
4. HSS; with particular focus on laboratory quality management systems (LQMS), SI, and pharmaceutical management systems.

USG has strong relationships with the GF and other donors to improve integration and to leverage available resources. PEPFAR collaborates with GF. The U.S. Mission is a voting member of the CCM and conducts joint planning with GF PRs (e NACC - Government PR and Cameroon National Association for Family Welfare (CAMNAFAW)-NGO PR. The NACC has appointed a focal point to oversee PEPFAR-funded activities and ensure proper alignment with GF interventions. CAMNAFAW is a member of the advisory committee for a USG-funded program targeting MARPs. The USG is also an active member of a health coordination forum, which harmonize and align programs with national strategy.

The Prevention, Care, and Treatment TANs describes how USG activities contribute to HSS, capacity-building, and country ownership. The key priority areas for PEPFAR programs in FY 2012 are:

#### Leadership, Governance, & Capacity Building

The eight strategic approaches outlined in the National HIV/AIDS Strategic Plan 2011-2015 map well onto



the GHI principles and allow PEPFAR Cameroon to plan and select activities which support the National Plan. The USG team has made significant strides in transitioning from program implementation to a TA model that focuses on capacity building for MOH officials and relevant civil society partners.

PEPFAR Cameroon is working to build capacity at national and community levels through organizational and institutional development activities targeting local CSOs and some Ministries. At the national level, PEPFAR will provide TA to the MOH in its development and implementation of lab and pharmacovigilance policies. PEPFAR will also partner with UNICEF to strengthen the capacity of the Ministry of Social Affairs to develop national guidelines for OVC programming. Support to the Ministry of Defense will include infrastructure development and training to policy-makers on the military's HIV response. USG engagement and participation in the GF CCM will seek to improve implementation of HIV grants, which currently support over 60% of Cameroon's National HIV Strategic Plan 2011-2015.

At the community level, PEPFAR provides training and support to health centers, health NGOs, and local associations, with focus on program management, information technology, SI, and M&E. PEPFAR is also strengthening community dialogue structures to improve linkages and collaboration between health facilities and community groups including health committees.

PEPFAR implements its leadership and governance activities alongside diplomatic engagements led by State to improve public financial management, protect intellectual property rights, promote prison reform and address trafficking in persons.

#### Strategic Information (SI)

PEPFAR Cameroon is committed to supporting the GRC in SI and M&E, by measuring HIV epidemic trends and engaging in capacity building activities within the National HIV/AIDS M&E Framework. The USG will provide TA and resources to NACC and other partners to support the National M&E Plan implementation, to NACC, multilateral organizations, and other key partners to finalize and test standardized VCT, HIV/AIDS reporting, PMTCT, HIV care, ART, blood safety, supply chain management, and laboratory test forms for Cameroon as the first step towards an integrated health management system.

#### Regional capacity-building activities

Three one-week training seminars for regional trainers on M&E principles, standardized tool development and use, and data quality assurance of key indicators in the National Strategic Plan for HIV/AIDS. PEPFAR Cameroon will also provide additional TA and resources to NACC related to data entry, data quality assurance, and data abstraction and analysis at the national and regional levels. The USG will work to build SI capacity within NACC through the provision of hardware, software, and training. Also, the USG will build SI and M&E capacity at the community level, assisting in the roll-out of M&E plans and data use and collection. The USG will work with local CSOs on M&E techniques with emphasis on how to monitor results and inform decision making.

PEPFAR's activities to generate information on HIV epidemic trends currently include an integrated bio-behavioral surveillance (IBBS) program on men who have sex with men (MSM); a study exploring barriers to uptake and retention in PMTCT services; research on knowledge, attitudes and practices (KAP) in blood donation and HIV/syphilis sentinel sero-surveillance among pregnant women. PEPFAR Cameroon is also leveraging other sources of funding to support the Demographic Health Survey (DHS 2011) and IBBS on HIV prevalence in military populations.

#### Service Delivery



PEPFAR Cameroon uses the Continuum of Response approach to provide prevention services to reduce HIV transmission in MARPs and other vulnerable groups including women aged 15-24 and military personnel. Prevention activities may be linked to other HIV-related services including treatment, care, and support. Most activities focus on sexual prevention, an area that has suffered from a lack of attention since the culmination of the World Bank's Multi-Country AIDS Program (MAP) in 2007.

In Cameroon, HIV testing is carried out at one of the 1,860 HIV screening sites within PH centers that provide both "opt in" and "opt out" testing. Very few CBOs, other than faith-based health facilities (which are considered to be part of the PH system), are accredited to carry out HIV testing. In this context, CBOs tend to combine counseling support with referrals to PH facilities for testing (fixed strategy). They also bring testing services to the community through media and other adapted VCT campaigns (advanced strategy) This works well but remains facility-centered, obstructing accessibility to CT for part of the population, especially MARPs. The capacity of health systems to meet the specific prevention needs of MARPs is limited because homosexual acts and prostitution are illegal. While female CSWs face some tolerance, MSM face ostracism, stigmatization and imprisonment. At policy levels, the GRC recognizes LDTD, military personnel, and young women as priority target groups for HIV prevention, though resource constraints has limited the GRC's overall capacity to provide meaningful interventions to these groups.

PEPFAR Cameroon addresses the needs of MARPs through the establishment of community drop-in centers, which provide safe environments where MARPs can access essential HIV/AIDS/STI prevention services (including condoms and HTC), medical, psychosocial and legal support and referrals to other services. Those in desperate situations, receive material assistance. Services provided through community drop-in centers are linked to MARP-friendly health clinics (both public and private) for access to ART, STI management, and other clinical follow-up.

PEPFAR support s women and families through two mutually-reinforcing approaches that reduce social barriers to increased service use: Care Groups and Men As Partners. PEPFAR also trains and support PLWHA groups and networks to strengthen referrals and linkages with other services.

Work with the military is centered on training facilities as these institutions tend to have a high turn-over of personnel. The military facilities allow PEPFAR Cameroon to reach the largest portion of this population. At these facilities, activities have included ToT, BCC, and stigma reduction. We have also worked with the Cameroonian military leadership to implement HIV/AIDs prevention and testing programs.

#### Human Resources for Health

Cameroon is among the African countries experiencing a crisis of Human Resources for Health (HRH). The major causes of this crisis are poor planning and recruitment of HRH, shortcomings related to their management through the uneven distribution of existing HRH . In the absence of a staff census, most data on HRH comes from the HRD file of the MOH and data collected from non-profit making and/or private structures. Based on this, there are 30,009 including 19,709 staff for the public sector and 10,300 in the non-profit making sector. from the public sub-sector data, health professionals have increased from 0.63 /1,000 populations in 2007 to 1.43 / 1,000 populations in 2010 (well below the WHO benchmark of 2.3 /1,000 populations). Other constraints that affect HRH in the public sector include insufficient opportunities for in-service training, career development, supervision and low salaries and poor working conditions for healthcare professionals.

To address these, the HRH development, the MOH established a HR Department in 1995. An emergency plan for the qualitative and quantitative upgrade of staff was implemented from 2006 - 2008. In 2009, the GRC produced a country profile of the HRH and established the HRH National Observatory. In 2010, the GRC drafted an HRH development policy. The HRH is conducting a census of all staff in the health sector in order to update the human resource data. These initiatives aim to provide the data



necessary for planning recruitment, training, and incentive.

Key HRH priorities outlined in the National HIV/AIDS Strategic Plan 2011-2015 include pre-service and in-service training of medical staff on HIV prevention, treatment, and care; improvements to the quality of supervision; development of incentive measures for staff and linkages with community services.

PEPFAR's support to HRH development includes the strengthening pre-service education institutions and the standardization of in-service training. PEPFAR expects to contribute 140 new providers to the overall 140,000 Congressional targets. PEPFAR's partnership with the MOH's Department of Family Health includes development of Maternal, Neonatal and Child Health (MNCH) training curricula that integrates PMTCT. These curricula will be used in pre-service training for nurses and midwives. Other training support will improve staff capacity in supervision, laboratory quality, blood safety, HIV surveillance, and M&E.

The MARPs program will support pre-service trainings for 349 community health and para-social workers in a range of topics including STI management, social marketing, HIV/AIDS programming for MARPs, M&E and stock management. Community health and para-social workers include psycho-social counselors, peer educators, administrative and pharmacy personnel, health center personnel, social workers, and CBO personnel. The MARPs program will recruit and train 10 psychosocial counselors and 4 social workers on rights-based participatory approaches to working with MARPs and provision of non-ART related services. This extended training will include an intensive course on pre- and post-test counseling, adherence support, positive living and couples counseling, referrals and follow-up, anti-stigma support and psychosocial support for victims of GBV. The psycho-social counselors and social workers will carry out one-month internships in identified health clinics.

PEPFAR Cameroon will leverage its HRH program with CDC's FELTP – is expected to produce 10 Master's-level PH laboratory and investigative epidemiologists for Cameroon each year, beginning in 2012. The Mission's PAS also sends Cameroonian health care practitioners and HIV/AIDS experts on educational programs to the United States. The alumni of these represent a unique pool of expertise.

#### Laboratory Strengthening

PEPFAR's efforts will focus on:

- a) developing a National Laboratory Strategic Plan (NLSP) and Policies;
- b) setting up a lab technical working group (LTWG) to liaise with other program areas and international bodies;
- c) strengthening a National Public Health Laboratory, including infrastructure and equipment upgrades;
- d) improving access to and quality of laboratory services;
- e) enhancing Laboratory Quality Management System (LQMS) and accreditation and also, via the LTWG, creating lab networks with other laboratory training centers;
- f) supporting Laboratory Management Information System (LMIS);
- g) supporting equipment listing and standardization as well as development of pre-service and in-service curriculum and training for engineers on equipment calibration and maintenance;
- h) developing sample referral linkages across the tiered lab system; and
- i) supporting development of pre-service and in-service curriculum and training for Laboratory staff on QMS, SLMTA and Bio-safety and Bio-security.

The lab strengthening goals are to support the emergence of a comprehensive, accessible, quality, tiered laboratory system and to provide timely and reliable results, particularly HIV-exposed infants and infected mothers, as well as persons engaged in high-risk behaviors. Cameroon has not yet established a NLSP and Policies,. MOH, with support from PEPFAR is currently engaged in strengthening laboratory capacity within the tiered health structure. , PEPFAR will help the GRC develop and implement a 5-year LSP and policies. The purpose of this plan will be to provide a road map for improving laboratory services.



with emphasis on coordination and regional referral systems to ensure equitable access to quality services. The long term goal is to have uniform standards, policies, and procedures for testing, reporting, and other laboratory related services for adults and pediatric populations. PEPFAR in collaboration with other stakeholders, will support the GRC in establishing a national Laboratory Technical Working Group (LTWG) to oversee the development and implementation of the NLSP.

PEPFAR will also provide support for the implementation of Quality Assurance (QA) through the lab tiered system, and support the accreditation process of five laboratories over the next two years. The accredited laboratories will provide downstream or tier support to the other laboratories. The USG will also help the MOPH develop guidelines for implementing QMS and WHO-AFRO/ASLM SLIPTA (Strengthening Laboratory Improvement Process towards Accreditation) process.

PEPFAR will seek to improve pre-service training curricula in laboratory diagnosis and monitoring of diseases. In collaboration with the MOH, PEPFAR will work with medical schools and other academic institutions to review the curricula and incorporate HIV standard of care tests, new technology, QA and laboratory management in order to ensure that trainees from the schools are well equipped to work in the national laboratory network upon graduation. This pre-service training support will benefit 300 graduates yearly.

#### Health Efficiency and Financing

The CHAI conducted a costing analysis of the ARV needs for Cameroon, both for PMTCT and ART as part of Cameroon's successful GF Round 10 application. PEPFAR will use COP FY2011 funds to produce an expenditure analysis for a variety of USG-funded activities. Within the PMTCT program, PEPFAR will provide support to the GRC to develop a costed national scale up plan. A bottle neck analysis and expenditure analysis (including costing of the standard package of PMTCT care) will inform the estimation of the costs and scale up, starting in the four PEPFAR regions. The expenditure analysis activity will cover the resource envelope (Support from PEPFAR, GF, other donors and the GRC). PMTCT implementing partners will be trained on what data to collect to enable expenditure analysis to occur as PMTCT activities are accelerated. Findings will be used in target-setting, program planning and management in order to identify opportunities for increased efficiencies. The approaches will be shared with the GRC for a national scaling up. PEPFAR will also support the evaluation of the cost effectiveness of programmatic approaches.

#### Supply Chain and Logistics

The GRC intends to budget \$60 million annually for treatment and care activities, including the procurement of ARV prophylaxis, 1st line and 2nd line treatment, laboratory reagents, and non-ART related medications. Key partners supporting procurement of ARV medications include the GF and UNITAID, through the Clinton Foundation and ESTHER network. The Clinton Foundation supported CENAME in supply chain management. ESTHER plans to support 13 approved treatment centers in forecasting and quantification. PEPFAR will collaborate with these mechanisms to harmonize efforts on strengthening Cameroon's National Essential Drug and Medical Disposable Procurement System (SYNAME).

PEPFAR will improve the pharmaceutical management system to ensure availability and access to essential medicines, including HIV/AIDS medications and related-products in health districts and service delivery points. These will benefit all PHC programs that are applicable for medicines and related commodities of all of the programs. Key activities have been developed in collaboration with the NACC, National Malaria Program, and the MOH's DPM. PEPFAR will work closely with MOH counterparts at all levels to build capacity to improve coordination.



Gender

The GRC has made significant commitments on gender equity as a signatory to a number of international conventions. Women increasingly hold positions of authority and GRC ensures that all Cameroonians, regardless of gender, have access to primary education and with subsidized access to secondary education. Yet, gender disparities directly and indirectly relates to HIV/AIDS considerably. Amongst women aged 15-24 years, HIV rates are 4 times greater than that of young men of the same age group. HIV prevalence among women from 25-29 is the highest. These results from biological, structural and cultural factors that places young women at greater risk for HIV and specific gender norms that impact expectations for both men and women.

In response to deep-rooted socio-cultural and structural factors that heighten their vulnerability to HIV/AIDS, PEPAR places young women at the heart of its programs. Prevention programs for the general population focus on girls and women and address direct and indirect HIV/AIDS related factors. The USG capitalizes on Peace Corps' Youth Development program, emphasizing girls' education and empowerment, to foster essential Life Skills, youth networks, educational opportunities and economic assets that ultimately reduce girls and young women's vulnerability to HIV. The program simultaneously engages boys and male leaders as supportive partners and role models for gender equality. Men As Partners programs aim to increase male engagement in HIV/AIDS and MCH programs including service use and care and support interventions. Community-level BCC strategies such as the Care Group approach ensure personalized information and support for women and their families. Grants for HIV/AIDS community-level projects support training and assistance for IGA helps to reduce their socio-economic vulnerabilities. With gender equity as an integral component of all programs, , USG's focus on young women, as a most vulnerable population, highlights PEPFAR Cameroon's commitment to women and girls.

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,205,296	
<b>Total Technical Area Planned Funding:</b>	<b>3,205,296</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	754,500	0
HVCT	437,889	0
HVOP	1,322,356	0
MTCT	3,574,366	0
<b>Total Technical Area Planned Funding:</b>	<b>6,089,111</b>	<b>0</b>



## Summary:

### Overview of the HIV Epidemic in Cameroon

At the end of 2010, the estimated number of Cameroonians living with HIV is 560,306. 60% of this figure are women. With a prevalence of 5.5% , Cameroon is in the context of a generalized HIV epidemic with variations across regions and key populations. Three out of ten regions (and the capital city of Yaoundé with a 8.3% prevalence) have an HIV prevalence of 8% or more (8% in the South West, 8.6% in the East, 8.7% in North West regions). Two regions have a prevalence at or below 2% (1.7% in the North and 2% in Far North regions).

Incidence data indicates that there are approximately 51,315 new HIV infections per year. Cameroon's National AIDS Control Committee (NACC) classifies key drivers of the epidemic into two broad categories, depending on risk factors and level of vulnerability as follows:

Most-at-risk populations (MARPs) includes groups where prevalence is higher than in the general population, characterized by high risk behaviors leading to HIV transmission and acquisition. . This includes commercial sex workers [CSWs] (36.8% prevalence ) , long distance truck drivers (16.3%) , military population (11.2%) , prison population (8%) , and men who have sex with men (44% &24% respectively in Yaounde and Douala).

Some groups are particularly vulnerable due to socio-economic factors such as absence of protection services, economic dependence, gender inequality, etc. This mainly includes youth aged 15-24 (3.3% prevalence ) and orphans and vulnerable children (304,210 at the end of 2010). People with disabilities, ethnic minorities, and migrant populations are also identified as vulnerable groups although there is no existing data on HIV prevalence within these groups. With an overall prevalence of 60%, women are also considered vulnerable.

HIV infections in Cameroon are principally driven by sexual intercourse, mother-to-child transmission (MTCT) and transfusion of unsafe blood. Lack of male circumcision is not a significant risk factor, with circumcision rates over 90%, except in the North (with 88.4%) and the Far North (with 61.5%) regions, where the country's HIV prevalence is lowest. Injection drug use is uncommon and does not contribute significantly to the HIV epidemic.

- HIV transmission through sexual intercourse : A little over 80% of new HIV infections are estimated to occur due to risky sexual behavior or practices such as low condom use, multiple concurrent partners or a high number of lifetime sexual partners, and high prevalence of other sexually transmitted infections, which facilitate HIV transmission through unprotected sex. Key socio-economic factors that influence sexual behavior or practice include increased movement of people across borders and between urban and rural areas; girls are pressured to begin sexual activity at an earlier age in order to supplement household incomes or to support themselves; commercial natural resource exploitation facilitates the spread of HIV infection among transport workers and truck stop communities; and lack of effective behavior change interventions.

Power differential between men and women also contributes to increased HIV infection in women. While Cameroon's Constitution provides for equal rights and status, men may limit women's rights regarding inheritance and employment. Some traditional legal systems also treat wives as the legal property of their husbands. The law criminalizes rape and provides penalties of between five and ten years' imprisonment for convicted rapists; however, police and the courts rarely investigate or prosecute rape cases. The law does not address spousal rape nor specifically prohibit domestic violence, although assault is prohibited and punishable by imprisonment and fines. In 2008, a study from La Maison des Droits de l'Homme, a local NGO, reported that approximately 39% of women suffered from physical



violence. In some rural areas, societal pressures continue to reinforce taboos on discussing contraception and/or issues related to sexual and reproductive health.

- Mother-to-Child Transmission (MTCT): MTCT is responsible for 14% of new HIV infections, with a projected 7,300 infants born HIV positive in 2010 . The Government of Cameroon (GRC) estimates that PMTCT coverage is 35% . Only 19% of HIV-infected pregnant women and just 17% of HIV-exposed newborns receive antiretroviral (ARV) prophylaxis. Low utilization of family planning, antenatal care (ANC) and maternal and child health (MCH) services; poor monitoring and coordination of PMTCT/MCH services; insufficient tracking of HIV-positive women and children; inefficiencies in the procurement and supply management system; a shortage of human resources for PMTCT/MCH, and lack of PMTCT services outside of district hospitals all contribute to high MTCT rates.

- New infections from blood supply: Although Cameroon's parliament adopted national blood policy legislation in 2003, the decree permitting the creation of a National Blood Transfusion Center (CNBTC) or National Blood Program (NBP) is yet to be approved. Currently, the Blood Transfusion Unit (BTU) under the Directorate of Disease Control is the regulatory authority for blood safety in Cameroon. However, the BTU is lacking in capacity and capability. Consequently, blood collections, testing, and transfusions are implemented with no national coordination or oversight. In 2007, Cameroon estimated it would need to collect 360,000 units of whole blood each year to meet its annual national demand but only 69,000 units of whole blood were collected and tested in the same year meeting approximately only 19% of demand. Over 90% of blood collected is from family replacement donors versus volunteer donations. All blood donated are tested for HIV but 90% are tested for hepatitis B virus (HBV) and syphilis and just 50% tested for hepatitis C virus (HCV). HIV testing algorithm applied uses mostly two rapid tests for screening and confirmation with more sensitive ELISA being used only.

The epidemiological data described above constitutes the primary basis used by the USG team to design a prevention strategy in line with the Cameroon National Strategic Plan for HIV/AIDS 2011-2015.

The USG (through other sources of funding) is also providing technical assistance or contributing financially to the implementation of current data collection and analysis including the 2011 Demographic Health Survey (DHS); and 2011 Behavioral and Sero-prevalence HIV Study in the Cameroonian Armed Forces. The USG will also leverage these funds to carry out MSM and CSW size estimation exercises; data triangulation for HIV prevention planning; and mapping of HIV prevention services in Cameroon. In COP FY 11, PEPFAR Cameroon is supporting an IBBS study for MSM; a study on exploring barriers to uptake and retention in PMTCT services; Knowledge, Attitudes and Practices (KAP) regarding blood donation; and HIV/Syphilis sentinel sero-surveillance among pregnant women. Information from these studies will direct the USG response and the identification of prevention priorities for future years.

#### Overarching Accomplishments in Last 1-2 Years

Last year, Cameroon submitted its first country operational plan (COP) and given the FY11 limited resources the team focused its interventions along four strategic pillars namely: PMTCT, MARPs, Blood Safety and HSS.

With regards to the PMTCT program, the USG is currently supporting the MOH in conducting a national survey to map all PMTCT sites in the country. Findings of this survey will serve as baseline information for MOH and its partners for PMTCT scale up plans. The USG has also provided laboratory support and technical assistance to the national Early Infant Diagnosis (EID) program, including support for 78 EID sites in the four regions of the country. Currently, USG is conducting an evaluation of the EID program.

The MARPs program is focused on reducing new HIV infections among CSWs and MSM as primary targets, with long distance truck drivers (LDTD) and "gate-keepers" as secondary clients. FY 11 was



mostly focused on start-up activities including development of IEC messages, training of 10 MSM and 20 CSW peer educators, establishment of three community drop-in centers and the implementation of an MSM IBBS survey in Douala and Yaounde.

Other vulnerable populations include young women, aged 15-24, a critical audience supported by PEPFAR's community-based programs. In addition to the education and capacity building for girls and young women facilitated by PC Volunteers across sectors (Education, Community Health, Small Enterprise Development, and AgroForestry), the USG capitalizes on PC's new Youth Development (YD) program. The program emphasizes girls' education and empowerment, and aims to foster essential Life Skills, youth networks, educational and economic opportunities that ultimately reduce girls and young women's vulnerability to HIV. The program simultaneously engages boys and male leaders as supportive partners and role models for gender equity. The first group of YD Volunteers trained in FY11, will begin work in FY12.

The DoD HIV/AIDs Prevention Program (DHAPP) funded a number of activities over the past two years including training of trainers, distribution of behavioral change communications products, and stigma reduction at military training facilities. DoD also funded a surveillance of HIV/AIDs prevalence rates throughout the military in late FY11.

With regards to blood transfusion safety, the USG supported the revision of existing blood transfusion policies and guidelines, the creation of Hospital Transfusion Committees in 15 hospitals and provided equipment to support the functioning of four Regional high volume blood banks. Support has also enabled the completion of an equipment needs assessment for proposed ten regional blood transfusion centers. A series of trainings in the clinical use of blood, quality assurance, donor recruitment and mobilization, has begun.

The USG HSS support mainly focused on improvement of laboratory quality management systems through the "Strengthening Laboratory Management towards Accreditation" (SLAMTA) project, capacity building through trainings, enhancement of the collection and use of strategic information for program policy and development through support for surveillance, monitoring and evaluation and operational research.

Support includes TA to the MOH to implement a National Strategic Laboratory Plan and, as part of WHO-AFRO's Laboratory Accreditation Scheme, launched a laboratory information management system pilot project designed to permit effective information management and ensure that patients' lab test results are accurate, accessible, delivered on time, secure, and confidential. The system will provide a solid foundation for comprehensive laboratory management from the point at which specimens come in to the time when the test results go out. The USG has contributed to the improvement of Cameroon's HIV/AIDs surveillance system, by providing technical assistance in developing protocols for conducting a national ANC clinic-based HIV sentinel survey and in developing the protocol for formative research among men who have sex with men; and supported the training of some 35 senior staffs from central and regional levels on monitoring and evaluation of HIV/AIDs programs.

#### Key Priorities and Major Goals for Next Two Years

PEPFAR Cameroon's vision over the next two years is to reinforce interventions to prevent new HIV infections through: scaling up of high-quality PMTCT activities through a strategic regional approach in support of GRC's push for virtual elimination of MTCT by 2015; prevention activities to reduce HIV incidence in MARPs (CSWs and MSM) and other vulnerable groups (LDTD, young women aged 15-24 and military populations); and contribute to efforts to ensure safe and reliable blood supply. The process will include strengthening those functions of the health system which will enable provision of prevention services in a sustainable way. These include:



- PMTCT (See PMTCT Acceleration Plan submitted alongside with the FY12 COP)
- HTC

Given its modest budget, PEPFAR Cameroon has prioritized ensuring that MARPs and other vulnerable populations have access to quality HTC services, with successful linkages to appropriate follow-up HIV treatment, care and support, and prevention services. USG is targeting MSM and CSW for prevention activities through building community drop-in centers and staffing them with medical and psycho-social professionals that have been trained in rights-based approaches. These drop-in centers are creating a safe and supportive environment for these populations to access prevention information, and HTC services in a confidential and quality manner. This project plans to enable 5,684 MARPS to access HTC services and get their results.

USG is also providing both mobile VCT and CT through military hospitals in four regions and hopes to expand their activities to cover additional geographic areas. The project works through 200 peer educators (composed of military officers and spouses, known as “Amazons”) to encourage 12,000 military personnel to know their status. In these settings, positive persons are linked to and enrolled in care and treatment services within the military hospitals.

PC volunteers work with community organizations and structures such as schools and health facilities to promote VCT, create demand for services, and facilitate testing events where resources are available. Volunteers help link communities with testing facilities and assist them to advocate for mobile services, in communities where VCT services are limited or not found.

Finally, USG provides support to the GRC, in conducting a week long HTC campaign to mark the annual World AIDS Day including testing with same day communication of results to about 7,000 adults and children, and donation of test kits to PEPFAR-supported EID sites.

- Condoms: Condom use remains sub-optimal in Cameroon with national coverage at 31%. The overall needs in condoms are estimated at 132,554,349 for male condoms with current coverage at 25% and 8,129,931 for female condoms with current coverage at 4.7%. The GRC does not have a specific budget line for condoms, therefore, procurement of low cost condoms are financed by external partners including the German Development Bank and UNFPA. With support from GF Round 10 HIV grant, coverage may increase to 50% for male condoms and 7.1% for female condoms. PEPFAR Cameroon’s program is focused on increasing availability and access to low-cost male and female condoms and also ensuring commodity security through a well-functioning procurement and supply management system. PEPFAR Cameroon works closely with the Cameroon Association for Social Marketing (a PSI affiliate) in order to ensure regular supply of low-cost quality condoms in distribution points and intervention sites. With specific regards to the MARPs program, PEPFAR Cameroon will acquire 2.4 million male condoms, 400,000 female condoms, and 500,000 single-dose lubricants. In accordance with national policy, condoms will be available for sale in distribution points at nominal price \$0.05 per male condom and \$0.21 per female condom. Condoms are also provided to peer educators for use during awareness raising and/or demonstration sessions.

- Development of supply chain management systems for drugs and other HIV/AIDS and FP commodities is a critical element of PEPFAR worldwide. Ensuring quality assurance of condoms sold in the country is a challenge since some manufacturing establishments do not consistently use the services of Cameroon’s National Medicine Quality Control and Assessment Laboratory (LANACOME). PEPFAR Cameroon’s health system strengthening portfolio includes a program focused on strengthening Cameroon’s pharmaceutical system. This activity will address broad supply chain imbalances including HIV/AIDS, STI, and family planning supplies in Cameroon.



- Positive health dignity and prevention: AIDS related stigma remains high in Cameroon. In addition to impacting HIV prevention and testing, it has significant impact on positive health dignity. According to the DHS (2004), only 37.8% of Cameroonian respondents think it's important to maintain confidentiality about a HIV+ family member's status. The implications of such attitudes run deep fostering secrecy among PLWHA.

PEPFAR Cameroon will continue to facilitate stigma reduction interventions at the community-level and the creation and support of PLWHA groups. Through training and continued assistance, the USG will reinforce the work of PLWHA support groups and networks to provide improved outreach for psycho-social support and strengthened behaviors related to "positive living". Trained PLWHA members will provide peer mentoring, support for preventive behaviors as well as referrals to locally available services. PLWHA groups will actively participate in the design, implementation and evaluation of stigma reduction interventions in aims of creating a more supportive environment for HIV prevention and AIDS mitigation across the continuum of care. VAST grants will be available to communities with Peace Corps Volunteers.

#### MARPs

PEPFAR Cameroon's MARPs program will target 1,049 MSM and 6,122 CSWs as primary targets and LDTD and 1,573 "gatekeepers" as secondary targets with HIV-preventive interventions. A standard package of services will be provided through established community drop-in centers in partnership with MARP-friendly health clinics. Facilitating access for MSM to these services has posed a number of challenges due to criminalization of homosexuality and high degrees of homophobia in the country. In order to mitigate risks, the MARPs program has created a strategic advisory committee, co-chaired by the NACC and UNAIDS, with representatives from other Ministries, partner CSOs, and beneficiaries in order to provide policy guidance and advocacy on sensitive issues that may impact the program.

- General population: In addition to its prioritized focus on MARPs and other vulnerable groups PEPFAR Cameroon supports the government's restored attention to HIV prevention, strengthening behavior change communication (BCC) among the general population. Through training, on-going support for prevention interventions, grants for community projects and provision of educational materials, PEPFAR reinforces prevention programs across the nation.

At the community level, PC Volunteers address three levels of intervention for a comprehensive approach to prevention:

- health promotion using BCC strategies tailored to specific groups;
- capacity building of local organizations and health educators;
- community mobilization and advocacy to foster a positive environment.

Among the evidence-based approaches Volunteers and their communities will use are: Life Skills programs for youth and for women to address needs that influence HIV/AIDS-related behaviors; \*Care Groups, for personalized woman-to-woman outreach education; Men As Partners programs to increase male support and involvement in HIV/AIDS and family health; as well as curricula proven effective with youth in and out of school including Sports for Life and Teach English Prevent AIDS.

To address the economic needs that influence health behaviors, PEPFAR will facilitate training and skills-building activities to provide vulnerable groups and individuals with income generating options and will provide follow up support to ensure practical application. VAST grants will be available to communities with PC Volunteers for capacity building and income generating activities.

#### HSS/HRH



Through in-service training and day to day support, PEPFAR will strengthen a variety of community-based resources and systems including education outreach through peer education structures such as Care Groups; PLWHA groups and networks; and health service-community collaboration and partnerships. The MARPs program will support pre-service trainings for 317 community health and para-social workers in a range of topics including STI management, social marketing, HIV/AIDS programming for MARPs, Monitoring and Evaluation (M&E), and stock management.

#### Blood Safety (Medical Transmission)

USG blood safety technical assistance to Cameroon will continue with the goal to strengthening the 10 regional blood transfusion centers through: reinforcement of coordination systems , setting up of technical working groups, supervision including formalizing agreements with hospitals; monitor the quantity and distribution of blood to hospitals to ensure adequate safe blood ; improve the infrastructure and provide equipment and supplies; promote policy development and advocacy towards establishing a National Blood Transfusion Center or a National Blood Transfusion Program that sets standards for blood transfusion practices by providing regulatory authority and oversight to ensure the quality and safety of blood supply; establish the blood QS based on WHO principles and the current CDC “Strengthening Laboratory Management towards Accreditation” program (SLMTA). In addressing sustainability of blood safety USG will embark on the establishment of a quality system (QS) as the foundation of the blood services, build the case for either an agency or program, explore Global Fund funding, cost-recovery and increased GRC funding for blood safety.

The goal for 2012 with regards to blood collection is to increase the number of blood collection from voluntary non-remunerated donors (VNRD) by 25% through 24 blood collection drives per regional center per year and community mobilization. The USG will support the BTU to collaborate with blood donor organizations and youth clubs to increase community awareness about blood donation. A Knowledge Attitudes and Perceptions (KAP) survey to gather data about blood donor motivations will be conducted to inform future donor mobilization and recruitment activities. A blood bank computer system is needed to enter blood donor information. The Georgia Tech’s vein to vein blood computer system will be piloted in two hospitals to enable the recording of blood donor information and track blood distribution.

Training in QS is essential to ensure that blood is provided in a safe and quality manner. The Goal for 2012 is to train 120 blood transfusion staff in the appropriate use of blood, quality systems and donor recruitment. With funding from CDC HQ mechanism (non-COP), Cameroon will benefit from a Task Order Contract to provide TA in 8 technical areas :

- 1) Policy development and advocacy;
- 2) Infrastructure development ;
- 3) Blood collection;
- 4) Blood testing and production of blood products;
- 5) Transfusion and blood utilization;
- 6) Monitoring and evaluation;
- 7) Quality assurance ; and
- 8). Trainings on blood safety.

#### Strategic Information (SI)

Ongoing challenges in the country include insufficient data to characterize the epidemic among MARPs and other vulnerable populations; limited capacity at national and decentralized levels to synthesize, analyze and use available data for evidence-based programming; existence of multiple parallel M&E systems; and weak coordination which leads to duplication of interventions at field level.



PEPFAR Cameroon's SI program includes strengthening M&E for informed decision making, harmonizing data collection and information systems and strengthening the collection, analysis, interpretation and dissemination of data, focusing on MARPs and other vulnerable populations. TA will be provided to select and harmonize national core indicators and all monitoring and evaluation tools. USG will strengthen HMIS systems by providing TA for development or identification of a computerized system for collection of critical indicators at central, regional, and district levels. USG will also provide TA for capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning. TA and resources will also be provided to strengthen MOH technical working groups (for blood safety, HIV surveillance, M&E, PMTCT) in collection, utilization and sharing of strategic information.

### Capacity Building

The objective of PEPFAR Cameroon is to strengthen the GRC, civil society and private sector capacity to respond to HIV/AIDS effectively and efficiently and to build a sustainable national HIV/AIDS program. This is particularly important for the transition to greater country ownership, local partner direct implementation and country led programs. The capacity building efforts cuts across the major supported program areas of PMTCT, MARPs, Blood safety, and HSS and will be supported by other partners such as Global Fund, and other stakeholders.

With regards to PMTCT, PEPFAR Cameroon through competitive FOA, identified local partners will be supported to work closely with district and regional health staff to build the capacity of health care providers to coordinate with other key public health development partners on MCH programs. A non-competitive CoAg with the Cameroon Ministry of Public Health's Directorate of Family Health to support national PMTCT integration into Maternal, Neonatal and Child Health (MNCH) and Reproductive Health (RH) services will support the reinforcement of capacity of 1000 MOH key staff in PMTCT service delivery and integration. Blood safety capacity building involves training in QS which is essential to ensure that blood is provided in a safe and quality manner. The Goal for 2012 is to train 120 blood transfusion staff in the appropriate use of blood, quality systems and donor recruitment.

### Support in building laboratory systems

The USG will provide technical assistance to the MOH to implement a National Strategic Laboratory Plan and, as part of WHO-AFRO's Laboratory Accreditation Scheme, continue the laboratory information management system pilot project. The process will entail strengthening abilities of laboratory staff to perform their core functions in ensuring quality sustainably and continue to develop and improve over time.

A key activity within PEPFAR Cameroon's MARPs program is to build local capacity for the delivery of MARP-friendly services and to create a model for delivery of MARP-friendly services in community locations. Key activities will include organizational development (OD) trainings for four local CSOs including program management, financial management, and M&E. TA will be provided to CSOs and health facilities in rights-based approaches to working with MARPs.

At the community-level the USG will strengthen capacity among governmental and non-governmental, and community organizations. Nearly 50 PC Volunteers serve in the health sector and work with health facilities, NGOs, community associations and groups to improve organizational capacity, IT skills, BCC skills as well as M&E practices and the strategic use of information. With emphasis on improved service-community collaboration, Volunteers will facilitate interventions to improve dialogue and practical collaboration between health facilities and community groups, and will work to revitalize health committees' engagement that is currently weak to non-existent in many locations.

### Alignment with Government Strategy and Priorities



PEPFAR Cameroon's key priorities to support HIV prevention programs are in line with six (1, 4, 5, 6, 7, 8) of Cameroon's eight strategic approaches of the National HIV/AIDS strategic plan for 2011-2015 (refer to Governance TAN). PEPFAR Cameroon's goal is to intervene in ways that produce sustainable progress in the GRC's fight against HIV/AIDS. The USG team has made significant strides in transitioning from direct program implementation to a TA model that focuses on capacity building for personnel with the Public Health and Defense Ministries and relevant civil society partners.

#### Contributions from or Collaboration with Other Development Partners

Continued harmonization of PEPFAR Cameroon's program with others will be essential to avoid duplication of efforts. The Global Fund (GF) will provide significant support for GRC's national PMTCT and ART programs as well as HIV prevention programs for MARPs. PEPFAR/Cameroon is working closely with GF PRs (NACC and CAMNAFAW), to ensure that GF and PEPFAR support of the national program are well coordinated. NACC has recently appointed a focal point to oversee PEPFAR-funded activities, including ensuring proper alignment with GF interventions. CAMNAFAW is a member of the strategic advisory committee for PEPFAR Cameroon's MARPs program.

USG is also active in a family planning taskforce, which is chaired by MOH, involving other technical and financial partners such as the German Government, UNFPA, Cameroon Social Marketing Agency (ACMS), and CAMNAFAW. In addition to results expected from the DHS (currently in progress) that will address contraceptive prevalence, the taskforce is currently conducting a situational analysis of FP services in Cameroon in order to develop interventions to address unmet FP needs.

#### Policy Advances or Challenges

Meeting the prevention needs for MSM and CSW is limited with homosexual acts and prostitution considered illegal, punishable by law and stigmatized. PEPFAR Cameroon is working through a strategic advisory committee to provide policy guidance and advocacy on sensitive issues that may impact the program.

#### Efforts to build Evidence Base

PEPFAR Cameroon has prioritized efforts to establish and support activities aimed to build an evidence base. Information provided through partner Performance Monitoring and Evaluation Plans (PMEP) and final project qualitative impact evaluations will be used in assessing the success level of PEPFAR Cameroon's programs. The team is also working with the GRC and other stakeholders to build upon and program according to the existing base of knowledge. Together these efforts will inform and advance USG policy and priorities.

## Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	70,420	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	85 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	6,037	
	Number of HIV-positive pregnant women identified in	7,102	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	0	
	Single-dose nevirapine (with or without tail)	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of	n/a	Redacted

	Prevention with PLHIV (PLHIV) interventions		
	Number of People Living with HIV/AIDS reached with a minimum package of Prevention of People Living with HIV (PLHIV) interventions	450	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	1,965	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	1,277	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive	20,744	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	6,122	
	By MARP Type: IDU	0	
	By MARP Type: MSM	1,049	
	Other Vulnerable Populations	13,573	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	86,584	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	4,480	
	By Age/Sex: 15+ Female		
	By Age: 15+	82,104	
	By Age/Sex: 15+ Male		
	By Sex: Female	79,839	
	By Sex: Male	6,745	
	By Test Result: Negative		
By Test Result: Positive			
C1.1.D	Number of adults and children provided with a minimum of one care service	1,503	Redacted

	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	0	
	By Age/Sex: 18+ Male		
	By Sex: Female	1,052	
	By Sex: Male	451	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	858	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	0	
	By Age/Sex: 15+ Male		
	By Sex: Female	689	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	0 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX)	0	

	prophylaxis		
	Number of HIV-positive individuals receiving a minimum of one clinical service	858	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	30 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	4,480	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	14,934	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	0	
	By timing and type of test: virological testing in the first 2 months	0	
C5.1.D	By Age: <18	0	Redacted
	By Age: 18+	284	
	Number of adults and children who received	284	

	food and/or nutrition services during the reporting period		
	By: Pregnant Women or Lactating Women	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	230	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	5	Redacted
	By Cadre: Doctors	5	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	317	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training	3,532	Redacted



	program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	



## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12937	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	284,700
13003	NACC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,300,500
13167	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	450,000
13257	Cameroon Baptist Convention Health Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,388,000
13659	Regional Procurement Support Offices/Ft. Lauderdale	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	710,000
13675	U.S. Department of Health and Human Services/Centers for Disease Control and	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	48,500

	Prevention (HHS/CDC)		Prevention		
13799	Global Health Systems Solutions, Ghana	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	650,000
14090	TBD	TBD	Redacted	Redacted	Redacted
14092	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	800,000
14118	TBD	TBD	Redacted	Redacted	Redacted
14123	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
14127	WHO/AFRO	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
14175	United Nations Children's Fund	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
14428	New Partner	TBD	U.S. Department	GHP-State	200,000



			of Defense		
14429	Population Services International	NGO	U.S. Department of Defense	GHP-State	200,000
14659	Directorate of Family Health, Ministry of Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	600,000
14669	Care International	NGO	U.S. Agency for International Development	GHP-USAID, GHP-State	1,019,818



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 12937</b>	<b>Mechanism Name: Capacity Strengthening for Peace Corps Volunteers and Counterparts</b>
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 284,700</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	284,700

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

PCC will strengthen Volunteer and counterpart HIV/AIDS related knowledge and skills for improved community-based interventions through training in PDM, BCC, and evidence based approaches to HIV prevention and AIDS mitigation. Education and training materials, such as Life Skills and Men as Partners manuals will be made available to Volunteers and host country national counterparts in French and in English. "VAST" funds will be used for community-driven HIV and AIDS interventions focusing on HIV prevention and promotion of services. As a result, PC Volunteers work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, vertical transmission from mother to child and harmful gender/cultural norms. Programs typically include a cross-cutting focus on reduction of stigma and discrimination.

### Cross-Cutting Budget Attribution(s)



Education	56,900
Gender: Reducing Violence and Coercion	170,800
Human Resources for Health	56,900

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12937		
<b>Mechanism Name:</b>	Capacity Strengthening for Peace Corps Volunteers and Counterparts		
<b>Prime Partner Name:</b>	U.S. Peace Corps		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	284,700	0
<b>Narrative:</b>			

### Implementing Mechanism Details

<b>Mechanism ID: 13003</b>	<b>Mechanism Name: Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: NACC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1,300,500</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,300,500

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The overarching goal of this funding announcement is to strengthen Cameroon’s National AIDS Control Committee’s (NACC) role in coordination and support implementation of comprehensive HIV prevention, treatment and care programs. Specifically the purpose of the program focuses on:

1. Strengthening basic Prevention of Mother-to-Child Transmission of HIV in support of Cameroon’s goal towards the elimination of mother to child HIV transmission. Using a "pass through" mechanism to NACC, PEPFAR’s PMTCT plus-up funds will be used to finance local implementing partners in two Regions (Adamawa an East).
2. Providing technical assistance to the MOH to implement a National Strategic Laboratory Plan (NSLP), establish a national Public Health Laboratory and to support a functional laboratory technical working group.
3. Improving M&E and surveillance systems by enhancing the ability to use strategic information for program and policy development. Support will be provided to implement the national M&E plan, conducting surveillance surveys based in antenatal clinics or targeting most-at-risk-populations such as men who have sex with men (MSM).
4. Strengthening Cameroon’s blood safety program’s ability to meet with the four key areas outlined in the WHO Aide Memoire on Blood Safety. This requires transition from collecting blood from paid donors and relatives to a not-yet-designed voluntary, population-based system of regular, low-risk donors.

**Global Fund / Programmatic Engagement Questions**

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this

mechanism support Global Fund grant implementation? **Yes**

2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HKID	NACC/MOH	6458435	Support to OVC (medical, nutritional etc), stigma reduction in all contexts
HTXD	NACC/MOH	74360532	Purchase of ARV drugs for treatment and reagents for biological tests
HTXS	NACC/MOH	2842655	HTXS+PDTX (Prophylaxis and treatment of opportunistic infections)
HVCT	NACC/MOH	1011044	Purchase of reagents and equipment for mobile HIV screening units
HVMS	NACC/MOH	7035862	Salaries, Allowances, coordination
HVOP	NACC/MOH	2998378	Advocacy, communication and social mobilisation
HVSI	NACC/MOH	3990889	Monitoring and evaluation, supervisions, studies
HVTB	NACC/MOH	41241	Coordination meetings of TB/HIV technical working group
MTCT	NACC/MOH	6021022	Purchase of ARV for prophylaxis, equipping health facilities with management tools
OHSS	NACC/MOH	7785118	Training of personnel, quality assurance of biological tests, Equipment purchase and their maintenance
PDCS	NACC/MOH	5604236	HBHC+PDCS (Production and distribution of guides, Community Relay Agents services, house hold care kit)

### Cross-Cutting Budget Attribution(s)

Education	16,000
Human Resources for Health	150,836



**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13003		
<b>Mechanism Name:</b>	Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings		
<b>Prime Partner Name:</b>	NACC		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	90,500	0
<b>Narrative:</b>			
Continue support to the Government of Cameroon in finalizing and disseminating five year Laboratory Strategic Plans (LSPs) to inform annual operating plans as part of their national and regional health plans. Capacity building of MOH lab staff within the National Public Health Laboratory and other laboratory guidance documents will also be supported.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	560,000	0
<b>Narrative:</b>			
Continue provision of TA and resources to NACC and partners in initiating one or more partners' meetings to discuss implementation of the national Monitoring and Evaluation (M&E) plan and a national			

M&E system coordinated according to the “Three Ones”, and updating and testing standardized M&E tools; Provide technical assistance (TA) to the National AIDS Control Committee (NACC), UNICEF, and the World Health Organization and partners, and resources to NACC in finalizing and testing standardized VCT, HIV and AIDS reporting, PMTCT, HIV care, ART, Blood Safety, Supply Chain management, and Laboratory test forms for Cameroon as the first step towards an integrated health management system; Regional capacity building through provision of resources and TA to NACC and UNAIDS in providing three trainings of regional trainers (7 days; in the North, Center, and South in Cameroon) in principles of M&E, data quality assurance, and use of the standardized M&E tools for measuring indicators in the national HIV strategic plan 2011-2015; Provide TA and resources to NACC (at national and regional level) in two targeted regions to provide central -> regional, regional->district, and district-> site training and supervision of data entry, data quality assurance using the new standardized forms in testing, care, and laboratory sites, and abstraction of data and evaluation of data in the new M&E tools at the district level; Build SI capacity within NACC through provision of hardware, software, and training at national and regional levels (in targeted regions) in data entry, data quality assurance, M&E, data storage, and data analysis

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	550,000	0

**Narrative:**

Finalize a national blood donor communication/sensitization strategy. Design and standardize donor screening protocol, including a self-assessment questionnaire and guidelines for blood transfusion; Design and standardize algorithms for testing of blood for HIV (separate from general HIV testing) and other transfusion-transmitted infections ; Establish a national blood transfusion system, in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the National Strategic Plan; and Develop quality indicators for each phase from collection to transfusion, including cold chain integrity; Continue establishment facility-level transfusion committees and data management systems; In collaboration with the DOD, continue to organize donor recruitment trainings targeting communities and youths (schools, health clubs) in a continuous cycle to build local capacity of donor recruiters; partner with Military Hospital/staff on activities above to increase blood banking and donor recruitment capacity within military medical system; and reinforce Blood Transfusion Services through training at national level and in targeted regions on quality management, effective clinical use of blood, and good laboratory practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0

**Narrative:**



Capacity-building and training of National and regional MOPH/NACC staff to enhance the quality of PMTCT across the country; Partially finance monthly supervisory visits to targeted regions by national/regional MCH staff to health facilities and districts for supportive supervision.

**Implementing Mechanism Details**

<b>Mechanism ID: 13167</b>	<b>Mechanism Name: Supplies and Reagents for CDC-NACC CoAg</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 450,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	450,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Support CDC's FOA Implementation with the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring in targeted regions.

Support CDC's CoAg with NACC to procure equipment & supplies for MOPH to support NACC COAG and Reinforce Blood Transfusion Services by providing blood transfusion in infrastructure, equipments, reagents and supplies.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**TBD Details**



(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13167		
<b>Mechanism Name:</b>	Supplies and Reagents for CDC-NACC CoAg		
<b>Prime Partner Name:</b>	Partnership for Supply Chain Management		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	0
<b>Narrative:</b>			
To support CDC's CoAg with NACC to procure equipment & supplies for MOPH to support NACC COAG and Reinforce Blood Transfusion Services by providing blood transfusion in infrastructure, equipments, reagents and supplies.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	350,000	0
<b>Narrative:</b>			
Support CDC's FOA Implementation with the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring in targeted regions.			

### Implementing Mechanism Details

<b>Mechanism ID: 13257</b>	<b>Mechanism Name: Implementation of PMTCT CoAg1</b>
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement



Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Cameroon Baptist Convention Health Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 2,388,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	2,388,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The purpose of this program is to reduce HIV-related maternal and child mortality by ensuring geographic reach of comprehensive PMTCT services within the national MCH and reproductive health (RH) system. Specifically, it seeks to expand PMTCT coverage and improve uptake from approximately 35% to 90% in the Southwest and Northwest Regions of Cameroon by integrating PMTCT services into existing ANC health facilities and promoting community-based PMTCT activities. Funds should also strengthen linkages between facility and community-based services to improve their effectiveness by increasing PMTCT utilization and follow-up of PMTCT clients (mother/infant pair) as well as improving linkages to comprehensive HIV services to ensure a continuum of care for pregnant HIV positive women and their exposed infants. Activities should include, but are not limited to the provision of: 1) HIV testing and counseling in ANC settings; 2) early infant diagnosis (EID); 3) antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants; 4) PMTCT education; and 5) establishing linkages to comprehensive care and treatment services for HIV positive mothers and their children.

While this mechanism is concentrated in two focus regions, the grantee(s) is expected to produce a model, and if found to be feasible, effective, and to improve health outcomes cost effectively, that could be used by the Government of Cameroon (GOC) and other implementers to expand and scale-up PMTCT services to other regions of Cameroon. Integration of PMTCT into the existing MCH and RH system is also required in order to promote one integrated health system and national ownership in line with the GRC's national strategic plan and PEPFAR II strategy.



**Cross-Cutting Budget Attribution(s)**

Education	45,880
Human Resources for Health	518,562

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13257			
<b>Mechanism Name:</b> Implementation of PMTCT CoAg1			
<b>Prime Partner Name:</b> Cameroon Baptist Convention Health Board			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	388,000	0
<b>Narrative:</b>			
Build long term institutional capacity for EID by offering on-site training to newly identified focus regions on HIV rapid testing and use of logbook, and enhance early tracking of HIV-infected infants to enable the early initiation of antiretroviral therapy and monitor PMTCT program efficacy.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,000,000	0
<b>Narrative:</b>			
Support the GOC in providing direct PMTCT services to health facilities in targeted region(s), including			



testing and counseling for HIV in ANC settings, provision of antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants, EID and linkages to care and treatment services; Support collection of quality data at PMTCT sites within selected focus regions; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in targeted regions

### Implementing Mechanism Details

<b>Mechanism ID: 13659</b>	<b>Mechanism Name: Cameroon Foreign Assistance Ministry of Public Health Renovation and Continuation</b>
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Contract
Prime Partner Name: Regional Procurement Support Offices/Ft. Lauderdale	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 710,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	710,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

PEPFAR-funded foreign assistance to provide Ministry of Public Health (MOPH) renovated property is a top priority in Cameroon. OGAC previously approved \$1.1 million in FY 2011 COP for renovation of Government of Cameroon (GOC) MOPH property in Yaoundé to accommodate upgrades of administrative public health space and strengthen the national laboratory system by placement of key CDC supportive staff in proximity to the national laboratory. These funds are now with the Department of State. The Cameroon PEPFAR program is requesting approval to provide the following additional



**Foreign Assistance to MOPH.**

Renovate a currently empty warehouse, which is located next to the aforementioned administrative space, and turn it over to the MOPH, which will provide a training laboratory and office space for MOPH laboratory program management and laboratory activities, including laboratory staff training. The cost of this continuation project is approximately \$710,000.

USG Cameroon requests to proceed with the approved FY 2011 renovation of the MOPH administration building, in conjunction with the 2012 update request to renovate the MOPH warehouse to create a training laboratory for \$1.81 million total. USG Cameroon wishes to relocate CDC staff to the MOPH administrative building under a no-cost agreement that can be terminated by either party upon request. CDC offices are currently located six hours away from Yaoundé, which is not advantageous to the U.S. Government and costs approximately \$310,000 per year in excess travel and related costs. The renovation will update structurally sound but unmaintained MOPH buildings, providing long-term return to the MOPH infrastructure.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	710,000
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13659
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<b>Mechanism Name:</b>	<b>Cameroon Foreign Assistance Ministry of Public Health Renovation and</b>		
<b>Prime Partner Name:</b>	<b>Continuation</b>		
	<b>Regional Procurement Support Offices/Ft. Lauderdale</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HLAB	710,000	0

**Narrative:**

The original plan for Cameroon Ministry of Public Health foreign assistance in the form of administrative space and training laboratory renovation was envisioned as a single project.

The proposed Foreign Assistance renovation and CDC colocation will accomplish the following key objectives

1. Provide needed MOPH public health administrative space and upgraded facilities for laboratory quality assurance training, at MOPH request;
2. Provide a more efficient footprint in the existing laboratory space for more effective functioning as the eventual National Public Health Laboratory;
3. Enable the PEPFAR team to more effectively and efficiently provide technical assistance and mentoring to the MOPH;
4. Facilitate implementation of PEPFAR activities by co-locating personnel within the MOPH compound;
5. Allow more and consistent CDC staff participation in USG interagency and major partner activities, and allow for centralized harmonization of USG efforts;
6. Demonstrate USG support and commitment for MOPH capacity building and enable a launching pad for country capacity building;
7. Increase CDC staff safety and reduce operating and travel costs by eliminating time consuming and treacherous travel between Mutengene and Yaounde (six hours on a very dangerous road each way);

However in COP 2011, sufficient funds had not been identified to conduct the renovations concurrently. In 2012, funds have been identified in the budget to successfully conduct the renovation of the training lab concurrently with the administrative space. The timeline of the project has been extended and it is now critical that both buildings be completed. These buildings will support the eventual renovation of the National Laboratory for Cameroon in 2014, which will be the crown jewel of PEPFAR foreign assistance and allow Cameroon to run its laboratory operations and training of staff effectively and efficiently.

**Implementing Mechanism Details**

<b>Mechanism ID: 13675</b>	<b>Mechanism Name: CDC-Direct</b>
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 48,500</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	48,500

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Sponsor participation in meetings and trainings for USG staff and MoPH staff and procure lab equipment and supplies.

Includes; Specialized pre- and in-service training for bench staff in the area of CD4, hematology, DNA PCR, viral load and TB diagnosis to ensure knowledge improvement and quality diagnosis in clinical monitoring; and Support technical meetings for CDC laboratory personnel to cover specific areas such as HIV viral load, CD4, automated DNA PCR testing, laboratory management and bio-safety, QA/QC documentation and quality management systems and accreditation as needed; Provide technical support to Government of Cameroon in implementation of technical laboratory services and systems as well as execution of laboratory operational studies. This will support the USG Cameroon lab working group to collaborate with key resource persons including colleagues from other PEPFAR countries and non-USG partners to visit the region and assist with technical laboratory services such as curriculum development and implementation and other necessary technical meetings. Due to the length of time that HQ technical experts will need to be in country, support is required for travel costs.

Support to attend technical meetings for PMTCT staff. In collaboration with Dept of State, support development opportunities or training in leadership, management, or other areas for the MOPH and other GOC Ministries. Attendance at PEPFAR or other approved technical meeting such as annual Safe Blood, etc.

Funds will be used to purchase lab equipment. Attend PEPFAR or other approved technical SI meeting.



**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	18,500
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13675		
<b>Mechanism Name:</b>	CDC-Direct		
<b>Prime Partner Name:</b>	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	0
<b>Narrative:</b>			
Funds will be used to support ongoing activities with general lab supplies and reagents.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	4,500	0

<b>Narrative:</b>			
Specialized pre- and in-service training for bench staff in the area of CD4, hematology, DNA PCR, viral load and TB diagnosis to ensure knowledge improvement and quality diagnosis in clinical monitoring; and Support technical meetings for CDC laboratory personnel to cover specific areas such as HIV viral load, CD4, automated DNA PCR testing, laboratory management and bio-safety, QA/QC documentation and quality management systems and accreditation as needed; Provide technical support to Government of Cameroon in implementation of technical laboratory services and systems as well as execution of laboratory operational studies. This will support the USG Cameroon lab working group to collaborate with key resource persons including colleagues from other PEPFAR countries and non-USG partners to visit the region and assist with technical laboratory services such as curriculum development and implementation and other necessary technical meetings. Due to the length of time that HQ technical experts will need to be in country, support is required for travel costs.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,500	0
<b>Narrative:</b>			
Attend PEPFAR or other approved technical SI meeting.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,500	0
<b>Narrative:</b>			
In collaboration with Dept of State, support development opportunities or training in leadership, management, or other areas for the MOPH and other GOC Ministries.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	4,500	0
<b>Narrative:</b>			
Attendance at PEPFAR or other approved technical meeting such as annual Safe Blood, etc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	4,500	0
<b>Narrative:</b>			
Support to attend technical meetings for PMTCT staff.			



### Implementing Mechanism Details

<b>Mechanism ID: 13799</b>	<b>Mechanism Name: Strengthening Public Health Laboratory Systems in Cameroon</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Health Systems Solutions, Ghana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 650,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	650,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The USG will support local laboratories to achieve accreditation using the WHO-AFRO stepwise approach of Strengthening Laboratory Improvement Process towards Accreditation (SLIPTA). This activity will target 4 public and 1 private laboratories. This mechanism supports the National Strategic Plan for HIV/AIDS prevention:

Through this mechanism the capacity for laboratory quality management will be improved. The USG will support the GOC to ensure compliance and monitoring during the two year accreditation process. The overall indicator will be the number of laboratories accredited at the end of two years.

This mechanism will also assist laboratories enrolled in the SLIPTA process to implement Proficiency Testing programs as part of the External Quality Assessment (EQA) program. The mechanism will support the preparation and distribution of PT panels for CD4, chemistry, hematology and HIV rapid testing to 28 laboratories at the Central and Regional level and 130 District Laboratories within all ten regions to assist in monitoring the quality of clinical test results in support of care and treatment programs. This activity will also target all PMTCT sites as well as HIV treatment facilities as required and will support evaluation of the PIMA in 5 PMTCT sites, to validate its use in far to reach sites. The skills of Quality



Officers among the regional labs to distribute DTS to and monitor HIV rapid testing in District and peripheral labs will also be improved by training through this mechanism.

This mechanism will be monitored by the number of laboratories successfully participating in EQA programs and the number of laboratories with 2 Star WHO-AFRO stepwise accreditation in two years.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	125,000
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Impact/End-of-Program Evaluation

**Budget Code Information**

<b>Mechanism ID:</b>	13799		
<b>Mechanism Name:</b>	Strengthening Public Health Laboratory Systems in Cameroon		
<b>Prime Partner Name:</b>	Global Health Systems Solutions, Ghana		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HLAB	650,000	0
<b>Narrative:</b>			
Provide financial and technical support for implementation of Quality Assurance (QA) through the lab tiered system and to support accreditation of four regional laboratories and one private laboratory. The			



accredited laboratories will provide downstream support to other laboratories; Support the MOPH to develop policy guidelines for implementing QMS and laboratory accreditation; and Collaborate with the Ministry of Health to strengthen laboratory health information systems in four pilot labs. This includes the design and implementation of a customized electronic based LIS. These systems will be introduced into all laboratories following various trainings. This will improve HIV/AIDS case reporting, as the systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system. This will also support evaluation of the PIMA for CD4 testing in 5 PMTCT sites, as well as training for MOPH staff to cover specific areas such as CD4 testing using the PIMA, laboratory management and bio-safety, QA/QC documentation and quality management systems and accreditation as needed. This mechanism will support implementation of PT programs as part of the accreditation process, and training of healthcare personnel on DTS PT panel preparation as well as implementation of the DTS program.

### Implementing Mechanism Details

<b>Mechanism ID: 14090</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14092</b>	<b>Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 800,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	800,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

PEPFAR Cameroon has allocated \$1.5M (COP FY 2011) to the “Systems for Improved Access to Pharmaceuticals and Services” (SIAPS) program to provide technical assistance (TA) to the Ministry of Public Health (MOH)’s Directorate for Pharmacy and Medicines (DPM), and the National Essential Medicines and Medical Supplies Store (CENAME). SIAPS will also support regional delegations of MOH, regional pharmaceutical supply centers (CAPRs), and health facilities with a specific focus on PEPFAR target sites in Adamawa, East, North West and South West regions. The scope of this activity is based on an assessment conducted in August 2011 that identified several weaknesses in the pharmaceutical system, including poor quantification practices, weak procurement mechanisms, lack of inventory management skills and systems, and poor medicines use practices. Because of the renewed Global Fund (GF) Round 10 HIV Grant, SIAPS will also support the National AIDS Control Committee (Principal Recipient) and CENAME, to quantify HIV/AIDS medicines and related commodities’ needs. Under COP FY 2012, SIAPS will continue to work with MOH counterparts to strengthen institutional capacity in stock management and procurement and medicines use practices. It will also support improving the pharmaceutical management information systems to the health facility level. SIAPS will take a comprehensive health systems strengthening approach with activities that will benefit all Primary Health Care (PHC) programs. Similarly, SIAPS will support the monitoring of a range of PHC programs including HIV/AIDS activities that involve medicines management. Regular reports, including progress towards achieving indicators, will be developed and shared with the Cameroon PEPFAR team.

**Global Fund / Programmatic Engagement Questions**

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	350,000
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**TBD Details**

(No data provided.)



## Motor Vehicles Details

N/A

## Key Issues

Impact/End-of-Program Evaluation

Malaria (PMI)

Child Survival Activities

TB

Family Planning

## Budget Code Information

<b>Mechanism ID:</b>	14092		
<b>Mechanism Name:</b>	Systems for Improved Access to Pharmaceuticals and Services		
<b>Prime Partner Name:</b>	Program (SIAPS)		
<b>Prime Partner Name:</b>	Management Sciences for Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	800,000	0
<b>Narrative:</b>			
<p>While PEPFAR is not yet engaged in direct and long-term commodities supply, PEPFAR support through SIAPS will ensure that there is a solid system in place to efficiently manage and increase availability of commodities. SIAPS capacity building activities target national, regional and health facility levels.</p> <p>At central and regional levels, SIAPS will provide TA to the Directorate of Pharmacy and Medicines program (DPM) to strengthen the national pharmaceutical policy, help implement a pharmacovigilance system, and support the development and compilation of a National Standard Treatment Guideline</p>			



document. SIAPS will provide TA to the National Disease Control Department at central level and MOH regional delegations and PEPFAR target sites to strengthen the management of medicines for NTDs, HIV/AIDS, Malaria, TB, RH and related programs. SIAPS will also support the national authorities to plan and provide trainings at all levels such training of prescribers on rational prescribing. SIAPS will provide TA for quality improvement through the development of terms of reference and SOPs for establishing and strengthening Drugs Therapeutic Committees (DTCs), and developing health facility level SOPs to support the identification and reporting of adverse drug reactions (ADR).

At the health facility level, SIAPS will build the capacity of health care workers to effectively manage and dispense medicines, including HIV/AIDS-related medicines. Illustrative activities will include training and support to health facilities in proper management/organization of medical stores and dispensing areas, development of a pharmaceutical management information system (PMIS) Manual/SOP for use at health facility level, support for the introduction of a uniform/standard system for inventory management and medication use at the health facility level, including use of standard prescription forms and their retention at facility level for monitoring rational medicine use (RMU) and minimizing unnecessary or inappropriate recycling of prescriptions. SIAPS will also continue strengthening the capacity of pharmacy professionals working in health facilities to expand their role to technical oversight of pharmacy services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

**Narrative:**

### Implementing Mechanism Details

<b>Mechanism ID: 14118</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14123</b>	<b>Mechanism Name: Laboratory Equipment Maintenance: Pre-service training for Biomedical Engineers and Technicians.</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 200,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	200,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The rapid expansion and decentralization of HIV-related services, along with the increasing level of complexity of laboratory machines, demands appropriate attention to equipment maintenance... Assuming greater local responsibility for ongoing maintenance of biomedical equipment is included in the national laboratory strategic plan and policies under developed with the Government of Cameroon.

There is a lack of formal curriculum-based training and a shortage of engineers, limited or no access to spare parts, heterogeneous equipment, and shortage of local capacity. One approach to addressing these problems is to develop a National Health Workforce on equipment maintenance. This approach ensures local capacity building, country ownership, and long term sustainability.

Jobs are easily available in the public and private sector. These qualified individuals will help strengthen the health care workforce, thereby addressing the PEPFAR II objective of strengthening health systems and country ownership through training and retention of health care professionals and paraprofessionals. Another approach will also be to develop and implement national strategic plans, policies and guidelines for equipment standardization and maintenance. PEPFAR-Cameroon will partner with the national Polytechnic and other engineering institutions in-country to develop a standardized curriculum that looks at a holistic approach to equipment maintenance rather than the simple "broke-and-fix model". It will require the provision of tools, test equipment, instructors and service manuals to guarantee quality results and long-term cost effectiveness.

This mechanism will be monitored by the number of pre- and in-service biomedical engineers or technicians trained at the end of three years.



**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	150,000
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	14123		
<b>Mechanism Name:</b>	Laboratory Equipment Maintenance: Pre-service training for Biomedical Engineers and Technicians.		
<b>Prime Partner Name:</b>	African Field Epidemiology Network		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HLAB	200,000	0

**Narrative:**

The purpose of this mechanism is to strengthen pre-service and in-service training of biomedical engineers or technicians through public training institutions in Cameroon.

This mechanism will support Government of Cameroon to establish and implement strategic plans and policies for equipment standardization, calibration and maintenance, as well as training of equipment maintenance engineers. This mechanism will also support longterm institutional capacity building for pre- and in-service biomedical engineers. It will require the provision of tools, training equipment, instructors and service manuals to guarantee quality results and long-term cost effectiveness.



### Implementing Mechanism Details

<b>Mechanism ID: 14127</b>	<b>Mechanism Name: WHO Cameroon</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: WHO/AFRO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 150,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	150,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The current blood transfusion system is inadequate to meet the country's need as the BTU is lacking in capacity and capability. CDC Cameroon intends to buy into an existing HQ cooperative agreement with WHO to seek WHO in-country support in collaboration with the Directorate of Disease Control for ongoing USG support to blood safety services to Cameroon in eight technical areas described below.

1. Policy/guideline development update and advocacy effort to seek Global Fund funding for blood safety activities;
2. Infrastructure development for procurement including, waste, maintenance, cold chain and blood bank computer system;
3. Blood collection, screening sustainability materials and protocols for blood processing and distribution;
4. Develop or revise protocols for TTI testing, referral, sero-typing, cross-match, SOPs and policies to ensure good manufacturing practices;
5. Transfusion and blood utilization;
6. Develop M & E tools and plan for monitoring program progress and analyze data on key programmatic indicators;
7. Assess procurement system, blood transfusion service, QA activities;
8. Mentor blood transfusion unit and blood center staff on blood donor management, laboratory procedures, and develop a five-year training plan. WHO will also work in collaboration with USG and other partners to support the development of the National Laboratory Strategic Plan and Policy and also provide advocacy for its implementation across the tiered health system. WHO will also advocate for and support the creation of a Laboratory Technical Working Group (LTWG) and support and provide TA towards



establishment of national laboratory networks, the SLIPTA process and quality assurance systems for HIV, TB and blood safety testing services.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	50,000
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 14127			
<b>Mechanism Name:</b> WHO Cameroon			
<b>Prime Partner Name:</b> WHO/AFRO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0
<b>Narrative:</b>			
Lab: WHO will work in collaboration with PEPFAR and other partners to support the development of the National Laboratory Strategic Plan and Policy and also provide advocacy for it's implementation across the tiered health system. WHO will also advocate for and support the creation of a Laboratory Technical Working Group (LTWG) and support and provide TA towards establishment of national laboratory networks, the SLIPTA process and quality assurance systems for HIV, TB and blood safety testing			



services.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	0
<b>Narrative:</b>			
<p>WHO will support the blood safety program of Cameroon through the following activities: 1. Advocacy: undertake advocacy meetings towards the establishment of a National Blood Transfusion Service (NBTS), restart process or try to move old decree forward by building a case for either an agency or a program for blood safety; Coordination: establish a blood safety Technical Working Group, support for the development of a supervision plan, develop a formal agreement with hospital for quality assurance and establish a testing plan with a goal to have regional and central testing of blood, convene regular supervision meetings; 3. Leadership: lead the blood safety TWG in writing a Global Fund application to support blood safety activities, notably, the establishment of an NBTS or a blood safety program with the Ministry of Public Health. The application will target especially Round 12 of Global Fund funding which is scheduled for June 2013.</p>			

### Implementing Mechanism Details

<b>Mechanism ID: 14175</b>	<b>Mechanism Name: Partnerships for elimination of MTCT</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 100,000</b>	<b>Total Mechanism Pipeline: N/A</b>
Funding Source	Funding Amount
GHP-State	100,000

### Sub Partner Name(s)

(No data provided.)



**Overview Narrative**

UNICEF is one of the GRC's main partner supporting PMTCT and has supported the Ministry of Public Health over the past four years to strengthen its response to HIV and specifically PMTCT. In the framework of the government commitment to eliminate mother to child transmission of HIV, UNICEF is supports the MoH to scale up services and accelerate progress towards the elimination goal. UNICEF will provide assistance to the ministry of health in planning, implementing and monitoring PMTCT services in selected districts. UNICEF has the appropriate technical capacity to support the MoH. Within the framework of CDC/PEFAR grant to Cameroon, UNICEF proposes to lead in advocacy, and provision of technical assistance in line with international standards. Technical assistance includes planning, implementation, and supervision.

This mechanism aims to support the ministry of health to plan, implement and supervise PMTCT services within the framework of the elimination of MTCT agenda and to strengthen PSM. UNICEF will closely collaborate with the Directorates of Family Health, and Disease Control and the National AIDS Control Committee.

Proposal Objectives: 1. Revision/development of PMTCT policies, guidelines, modules.2. Promoting evidence-based PMTCT planning and service delivery3. Strengthening supervision capacity 4. Improving procurement and supply management systems

- Key expected results:
- PMTC policies. Guidelines and modules are revised to international standards.
  - Planning and service delivery process do incorporate evidence base approaches
  - Tools and technical guides for supervision are developed to suit program needs
  - Regional and district team capacity is strengthened
  - Procurement and supply management systems are reinforced.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	25,000
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 14175			
<b>Mechanism Name:</b> Partnerships for elimination of MTCT			
<b>Prime Partner Name:</b> United Nations Children's Fund			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0
<b>Narrative:</b>			
Activities include : Development of strategies, guidelines and policies; Technical Assistance (TA) to MOH; Tracking Progress of PMTCT Targets; Monitoring and Evaluation; Support National Expansion Plans and Program Scale-up; Training and Capacity Development; Develop annual PMTCT and Pediatrics global report card; Health System Strengthening; and participate in Joint Country Program Evaluation Missions.			

## Implementing Mechanism Details

<b>Mechanism ID:</b> 14428	<b>Mechanism Name:</b> HIV surveillance and prevention in military populations-GVFI
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: New Partner	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding:</b> 200,000	<b>Total Mechanism Pipeline:</b> N/A
Funding Source	Funding Amount
GHP-State	200,000



## **Sub Partner Name(s)**

(No data provided.)

## **Overview Narrative**

The Cameroonian armed forces active troops are estimated at 26,000-27,000 personnel with army, navy, air force, national gendarmerie, and presidential guard components.

The country has a national coordination program for the fight against HIV/AIDS. This program collaborates with international organizations such as UNDP, WHO, UNICEF, and other local NGOs. The country has received two rounds of Global Fund money for the prevention of HIV, Malaria and Tuberculosis. The prevention of HIV/AIDS in the military is one of the best programs in the sub-region. Recently the second strategic plan for HIV/AIDS prevention in the military was approved for the period 2006-2010. The military HIV prevention team is working in collaboration with the national coordination program. Each of the military garrisons has a health center staffed with military health personnel.

Since 1990, four HIV surveillance studies have been conducted in the military. The last, conducted in 2005, revealed a prevalence of 11.3% whereas the prevalence in the general population is estimated at 5.5%. Cameroon received funding from DHAPP in 2002, 2005, and the FY06 round provided funding to extend prevention activities at Ngaoundere military base, a garrison situated outside the capital city in the north of Cameroon.

The Cameroonian armed forces active troops are estimated at 26,000-27,000 personnel with army, navy, air force, national gendarmerie, and presidential guard components.

The country has a national coordination program for the fight against HIV/AIDS. This program collaborates with international organizations such as UNDP, WHO, UNICEF, and other local NGOs.

## **Cross-Cutting Budget Attribution(s)**

(No data provided.)

## **TBD Details**

(No data provided.)

## **Motor Vehicles Details**

N/A



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	14428		
<b>Mechanism Name:</b>	HIV surveillance and prevention in miitary populations-GVFI		
<b>Prime Partner Name:</b>	New Partner		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

### Narrative:

Target Population: military personnel, mostly young, male individuals who are more prone than the general population to engage in risky behaviors. Estimated at 26, - 27,000 individuals, geographically dispersed throughout the 10 regions of Cameroon, but tend to be clustered around urban centers.

Based on 2005 data, the prevalence rate was 11.2%.

Approaches undertaken, and settings: Project will encourage voluntary testing that will be conducted in military health facilities.

Targets for approach and results in the past one year. Number trained or receiving refresher training this year, including the areas in which trained. Improve testing by 10,000 per year. Train 50 military personnel as counselors to staff the VCT centers and train 50 medical personnel on the management of STIs and AIDS diagnosis/care. Train 2 laboratory technicians in each selected garrison of Cameroon to use rapid diagnosis tests. Continue with the VTC Centers that were created and equipped, with staffing plans in place for each site. Ensure all sites are performing HTC in clinical setting including mobile units and that no stock outs are occurring.

For HTC outside PMTCT and TB, describe the proportional allocation of HTC funding to other technical areas and HTC links with other services: This mechanism focuses solely on military personnel as an 'other at-risk population'. There are direct behavioral links to CSW.

The testing algorithm is the national algorithm as this mechanism encourages testing, but does not actively conduct testing.

Activities to strengthen/ensure successful referrals and linkages, including tracking of HIV-positive individuals not enrolling in care/treatment: mechanism encourages testing and counselling. It does not engage in tracking individuals and their linkage to other services.

Activities for quality assurance of both testing and counselling: The partner will provide periodic support and supervision of program activities via their facility in Yaounde. They will regularly monitor activities for



the quality of the services provided.  
 Promotional Activities for demand generation are the main focus of this mechanism. They will be conducted in group sessions, via pamphlets, and signage.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

**Narrative:**

The Cameroonian armed forces active troops are estimated at 26,000-27,000 personnel with army, navy, air force, national gendarmerie, and presidential guard components.

The country has a national coordination program for the fight against HIV/AIDS. This program collaborates with international organizations such as UNDP, WHO, UNICEF, and other local NGOs. The country has received two rounds of Global Fund money for the prevention of HIV, Malaria and Tuberculosis. The prevention of HIV/AIDS in the military is one of the best programs in the sub-region. Recently the second strategic plan for HIV/AIDS prevention in the military was approved for the period 2006-2010. The military HIV prevention team is working in collaboration with the national coordination program. Each of the military garrisons has a health center staffed with military health personnel. Since 1990, four HIV surveillance studies have been conducted in the military. The last, conducted in 2005, revealed a prevalence of 11.3% whereas the prevalence in the general population is estimated at 5.5%. Cameroon received funding from DHAPP in 2002, 2005, and the FY06 round provided funding to extend prevention activities at Ngaoundere military base, a garrison situated outside the capital city in the north of Cameroon.

1. Conduct HIV surveillance in all the ten military garrisons. 2. Reinforce education on HIV/AIDS and other sexually transmitted diseases in the military training centers. 3. Reinforce capacity by organizing a refresher training session for 50 military personnel. 4. Production and distribution of BCC materials including brochures, posters, photo flip charts, and artificial penises. Produce and disseminate 50 copies of a Manual for trainers in HIV/AIDS prevention. Conduct a TOT session to train 50 military instructors. The production of materials will be based on past, successes in Cameroon to ensure quality. Training of trainers will be coordinated with military leadership to ensure HIV/AIDS training is integrated into the military training plan.

This mechanism is closely linked to the DoD PSI program in Cameroon. Both mechanisms work with military personnel, prevention, and training of trainers, however their foci are slightly different.

**Implementing Mechanism Details**

<b>Mechanism ID: 14429</b>	<b>Mechanism Name: VCT in military health facilities and mobile campaigns</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Grant



Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 200,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Target Population: Military personnel. Mostly young, mostly male individuals who, as a population, are more prone than the general population to engage in risky behaviors.

Population is distributed throughout Cameroon at military training facilities. These centers are generally co-located with urban centers such as Yaounde and Douala. Population size will be determined by specific through-put of military personnel through training centers which is subject to change based on a number of factors beyond our control. The estimate of the population of personnel 'reachable' through this method is 12,000 annually.

Approaches undertaken, and settings: Project will encourage client-initiated (i.e. voluntary) testing. It will be conducted in military health facilities, but also as part of a mobile campaign.

Number of people trained or receiving refresher training this year, including the areas in which trained.

Goal to conduct 8 mobile HTC encouragement drives annually. Will be supported by 400 peer trainers who will be re-trained (refresher training) annually. Target is to reach 12,000 individuals annually.

For HTC outside PMTCT and TB, describe the proportional allocation of HTC funding to each of the other technical areas and how HTC links with these other services: This mechanism focuses solely on military personnel as an 'other at-risk population'. There are direct behavioral links to CSW.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### TBD Details



(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	14429		
<b>Mechanism Name:</b>	VCT in military health facilities and mobile campaigns		
<b>Prime Partner Name:</b>	Population Services International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVCT	100,000	0

**Narrative:**

Target Population: military personnel, mostly young, male individuals who as a population are more prone than the general population to engage in risky behaviors. Geographically dispersed throughout the 10 regions of Cameroon, but tend to be clustered around urban centers. Based on 2005 data, the prevalence rate was 11.2%. A new survey was conducted in late FY2011 but the results are not yet known.

Approaches undertaken, and settings: Project will encourage client-initiated (i.e. voluntary) testing. It will be conducted in military health facilities, but also as part of a mobile campaign.

Targets for approach and results in the past one year. Number of people trained or receiving refresher training this year, including the areas in which trained. Goal to conduct 8 mobile HTC encouragement drives annually. Will be supported by 400 peer trainers who will be re-trained (refresher training) annually. Target is to reach 12,000 individuals annually.

For HTC outside PMTCT and TB, describe the proportional allocation of HTC funding to each of the other

technical areas and how HTC links with these other services: This mechanism focuses solely on military personnel as an 'other at-risk population'. There are direct behavioral links to CSW.

The testing algorithm will be the national algorithm as this mechanism encourages testing, but does not actively fund the conduct of testing.

Activities to strengthen/ensure successful referrals and linkages, including tracking or follow-up of HIV-positive individuals not enrolling in care or treatment: mechanism encourages full testing and counselling, including remaining in clinic until results are known. The mechanism does not engage in tracking individual testees and their linkage to other services.

Activities for quality assurance of both testing and counselling: The contractor will provide periodic support and supervision of program activities. The contractor will regularly monitor activities for the number of individuals reached as well as for the quality of the services provided.

Promotional Activities around HTC for demand generation are the main focus of this mechanism. They will be conducted in group sessions, via pamphlets and signage, and mobile campaign.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

**Narrative:**

Target Population: Military personnel. Mostly young, mostly male individuals who, as a population, are more prone than the general population to engage in risky behaviors.

Population is distributed throughout Cameroon at military training facilities. These centers are generally co-located with urban centers such as Yaounde and Douala. Population size will be determined by specific through-put of military personnel through training centers which is subject to change based on a number of factors beyond our control. The estimate of the population of personnel 'reachable' through this method is 12,000 annually.

Interventions include a variety of prevention messaging including partner reduction, knowing one's status, and a train-the-trainer program. These trainings will occur at military training institutions. The types of training that will be conducted include: training of trainers, training peer educators and the promotion of HIV testing and counseling.

Creating sustainability: The implementing partner has identified high-level membership of the Ministry of



Defense to serve as an HIV/AIDs steering committee to help ensure high-level buy-in and enduring support from the leadership heirarchy.

Mechanisms for Quality Assurance and Supportive Supervision: Two supervisions will be conducted per year, conducted in collaboration with the MoD and NACC partners to insure that peer education and VCT activities adhere to national protocols, procedures and quality standards. The partner will provide periodic support and supervision of program activities, including peer education activities and VCT. The partner will regularly monitor activities for the number of individuals reached as well as for the quality of the services provided. One method to be used to monitor program quality is to conduct mystery client surveys.

Integration / linkage to other services: This mechanism is closely linked to the DoD GVFI conducted program of which Cameroon is part of a regional program. Both mechanisms work with military personnel, prevention, and training of trainers, however their foci are slightly different.

### Implementing Mechanism Details

<b>Mechanism ID: 14659</b>	<b>Mechanism Name: Integration of comprehensive PMTCT activities into MCH services</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Directorate of Family Health, Ministry of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 600,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	600,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



The project will focus on the integration of comprehensive prevention of mother to child transmission of HIV activities into about 80% of maternal and child health services at all levels of the health pyramid in Cameroon including policy issues, program administration or service delivery. In the target program areas, the Directorate of Family Health (DFH) will collaborate with the National AIDS Control Committee (NACC), donor agencies, the Directorate of Disease Control (DDC) and other relevant ministerial directorates, NGOs, implementing partners to improve national PMTCT coordination, strengthening of PMTCT integration, and reinforcement of capacity building.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	455,704
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**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 14659			
<b>Mechanism Name:</b> Integration of comprehensive PMTCT activities into MCH services			
<b>Prime Partner Name:</b> Directorate of Family Health, Ministry of Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0
<b>Narrative:</b>			
Provide training and capacity-building in the following upstream support areas: (3.1) An annual			



targeted training of national/ regional MCH staff on new innovations in MCH/PMTCT; (3.2) A biannual refresher training of clinical staff in targeted regions in PMTCT/MCH ; (3.3) Training of a pool of master trainers and supervisors in PMTCT/MCH services in targeted regions ; (3.4) Partially finance monthly supervisory visits to targeted regions by national/ regional MCH staff to health facilities and districts for supportive supervision; (3.5) Adaptation of the new WHO PMTCT guidelines and its simplification and dissemination across all regions and districts in the country; (3.6) Adaptation, printing and roll-out of SOPs, monitoring checklist, job Aids, and posters in targeted regions; (3.7) Support the revision of PMTCT registers and forms, and ensure availability and utilization at all health levels; (3.8) Roll-out of the PMTCT counseling and support tools and Jobaids in targeted regions; Roll out of a National Couples Counseling training program to address low uptake in MCH settings, disclosure, and stigma; and Collaborate with the GOC, other UN agencies, Global Funds, Clinton Foundation and other stakeholders to establish a National TWG on PMTCT/MCH ; Support collection of quality data at PMTCT sites within currently supported national PMTCT programs; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in currently supported national PMTCT programs.

### Implementing Mechanism Details

<b>Mechanism ID: 14669</b>	<b>Mechanism Name: HIV/AIDS Prevention Program (HAPP)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1,019,818</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	391,814
GHP-USAID	628,004



**Sub Partner Name(s)**

Alternatives-Cameroun	Association Camerounaise pour le Marketing Sociale (ACMS)	Association d'Assistance au Developpement (ASAD)
Horizons Femmes	Humanity First	

**Overview Narrative**

The HAPP is a three-year program which contributes to reducing new HIV infections in MARPs by: (1) Increasing adoption of HIV-preventive behaviors through production and dissemination of prevention messages as well as condom, counseling and testing (CT) promotion; (2) Improving the quality of HIV/AIDS prevention services via the creation/strengthening of MARP-friendly CT services, capacity building for rights-based community outreach.

The HAPP covers 5 sites; the Center, Littoral, East, and North West regions of Cameroon. CSWs and MSMs are primary targets, and clients of CSWs are secondary targets.

It prioritizes country ownership and sustainability by strengthening capacities of health facilities and five community-based organizations (CBO) to provide MARP-friendly services; setting up of a referral system; the integration of this service delivery model into the supervisory chain of the MOH in order to facilitate transition to the host Government. HAPP also collaborates with the Global Fund Principal Recipient (PR), CAMNAFAW, to harmonize approaches and help integration of HAPP interventions within the Global Fund program.

The HAPP Performance Monitoring and Evaluation Plan (PMEP) is well-aligned with the national M&E plan. USAID's data quality assessment carried out September 2011, concludes that HAPP data collection tools and data management systems are suitable for data management for the PMEP. HAPP shares data with USAID and NACC on best practices.

The HAPP has acquired two vehicles to support monitoring and supervision; and one vehicle to serve as a mobile HCT unit for the Yaoundé site. HAPP will solicit support for a second mobile HCT for Douala, while five motorcycles will be allocated to local CBO partners.

**Global Fund / Programmatic Engagement Questions**

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?



Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HBHC	PLHIV	1439057	Treatment adherence support, search for patients on ARV lost to follow up, home-based care and support
HVOP	MSM and CSW	110484	Prevention information and education for MSM and CSW in Kribi
MTCT	Women of childbearing age and their male partners	792725	Community mobilisation for PMTCT

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	3,000
Food and Nutrition: Commodities	9,632
Food and Nutrition: Policy, Tools, and Service Delivery	8,577
Gender: Reducing Violence and Coercion	8,577
Human Resources for Health	53,729
Water	8,500

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

Mobile Population

Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	14669		
<b>Mechanism Name:</b>	HIV/AIDS Prevention Program (HAPP)		
<b>Prime Partner Name:</b>	Care International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	255,248	0
<b>Narrative:</b>			
<p>HAPP's HTC activities (which target 5,684 MARPs) will provide an opportunity to identify and link HIV-infected persons to care and support programs provided within four community drop-in centres in Douala, Yaounde, Bamenda, and Bertoua – these centres are located in areas easily accessible to clients with measures taken to ensure the safety and security of personnel and clients. At least 792 PLWHA will receive 1 clinical service, while 291 PLWHA will receive at least one minimum care package.</p> <p>HAPP's HBHC activities are well-aligned and harmonized with priorities within the National HIV/AIDS Strategic Plan 2011-2015 which focus on improving access to adult care and support by strengthening the capacity of community and health systems to build a sustainable referral network. Psychosocial counsellors and social workers working out of these drop-in centres will provide a range of services to MARPs including risk evaluation and mitigation planning, positive living and coping skills, mediation, adherence support, positive prevention, and couples counselling along with to referrals to partner health facilities (for STI management), ART programs and other services. Doctors, nurses, psychologists, and jurists will volunteer some hours to carry out medical consultations, counselling, legal advice, and other support within drop-in centres. Weekly group meetings will be held in each centre on various themes identified by clients. In addition, material assistance will be provided to extremely vulnerable clients including food packages, disease prevention kits, water treatment units, mosquito nets, and basic hygiene products. Small grants will be used to strengthen groups representing PLHIV and reduce stigma through community-level testimonials and exchange visits.</p> <p>HAPP has planned a series of capacity-building measures to ensure country ownership and sustainability. HAPP's supervision plan includes regular visits to sub-prime partner, partner CBOs and health centres, with accompanying tools for the monitoring of project implementation in the field</p>			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and	HVSI	31,589	0

Systems			
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**Narrative:**

Key SI activities include:- (1) In FY 2012, the HAPP will identify key questions for operational research to better understand the MARP context in Cameroon. A first look at the IBBS findings seem to indicate the existence of sexual networks within the MSM community as well as a degree of social stratification based on gender roles that may foster the further marginalization of certain sub-groups within the community. Among CSW, it is necessary to dig deeper to better understand the driving factors behind the prostitution of young girls and to find models for dealing with violence inflicted on CSW by law enforcement (rape, extortion, battery, etc.) so that the program can achieve greater impact beyond the delivery of HIV/AIDS prevention information and services.

(2) Final evaluation: This will involve measurement of the attainment of performance and outcome indicators as well as an assessment of the beneficiary satisfaction with respect to project implementation and service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	237,889	0

**Narrative:**

While there is some tolerance for CSWs, MSMs face generalized stigma and discrimination, which affect their abilities to access critical services especially within the public health system. The National HIV/AIDS Strategic Plan 2011-2015 identifies CSWs and MSM among “key drivers” of the pandemic. HTC coverage in Cameroon is low – in 2006-2009, only 13.6% of a target 13.2 million people accessed HTC services and received their test results. 64.1% of CSWs know their HIV status, while 18.1% have never done an HIV test.

HVCT activities make up 23% of the HAPP FY 2012 budget. HVCT activities will ensure that at least 65% of total MARPs reached through HVOP activities (4206 women, and 1478 men) access HTC services and receive their test results. Personnel from seven partner health facilities will carry out HIV tests, using the national algorithm, within four community drop-in centers and through referrals (1,684 MSM and CSW). One mobile HTC units will be deployed at three special events and seven mass campaigns targeting at least 3,500 community members. CBO partners will also organize small-group events to facilitate access for at least 500 members. An emphasis is placed on strengthening referrals to other services. HAPP's community drop-in centers will provide a safe space for MSM, CSW, and clients to access HIV prevention services, HIV pre- and post-test counselling, adherence support, positive living and couples counselling, stigma reduction, psychosocial support, material assistance and referrals to other services, including ART. The community drop-in centres will partner with health clinics to do STI testing and treatment.

Trainings will target 21 counselors, 4 social workers, 25 health workers, and 15 project personnel on

effective delivery of HVCT services to MSMs and CSWs. The HAPP will also strengthen the capacity of an MSM CBO in Douala to provide HTC services – in line with the national algorithm – by training lab technicians, equipment upgrade, and purchasing reagents for confirmation tests. Finally, trainings will also be provided to 105 sub-grantee personnel and health workers on M&E including data collection, quality assurance, and reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	495,092	0

**Narrative:**

Cameroon's CSW population is estimated at 18,000 (CSW Mapping, 2008) with HIV prevalence at 36.8% (NACC, 2009). There's limited information on MSM although, HAPP's 2011 IBBS preliminary results estimate 38% prevalence. STIs are frequent among MARPs, with 17.5% syphilis prevalence in CSWs (NACC, 2009). National condom coverage is estimated at 31%, with 60% of CSWs and 43.7% of MSM reporting systematic condom use.

FY 12 HVOP activities will reach 8,744 MARPs (6,122 CSW; 1,049 MSM; 1,573 clients of CSW).

Biomedical interventions will include regular supply of condoms and single dose lubricants provided through 600 distribution points – vendors will be trained in social marketing of HIV prevention products and services. The HAPP will distribute 1,2 million male, 200,000 female condoms and 60,000 lubricants for CSWs; 800,000 male, 100,000 female condoms, and 300,000 lubricants for MSMs; 400,000 male, 100,000 female condoms, and 50,000 lubricants for CSWs' clients. In line with national policy, condoms will be sold at \$0.05 per male condom and \$0.21 per female condom. 60,000 male and 50,000 female condoms are also provided to peer educators for use during demonstration sessions. The HAPP will train personnel of partner health centers on the syndromic management of STIs and provide a stock of STI medications to health centers for the treatment of 720 cases (360 CSWs; 144 MSM; and 216 other). Behavioral interventions will seek to increase protective behaviors through dissemination of appropriate prevention messages. The HAPP will use adapted behavior change communications (BCC) materials and mobile technology (SMS) to disseminate appropriate prevention messages. 50 (38 CSW and 12 MSM) previously trained and new peer educators will provide HIV/STI prevention and safe sex education outreach using interpersonal communications techniques. Prevention education will also be offered through 4 community drop-in centers.

HAPP has planned a series of capacity-building measures to ensure country ownership and sustainability. HAPP's supervision plan includes regular visits to sub-prime partner, partner CBOs and health centers, with accompanying tools for the monitoring of project implementation in the field



## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
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### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services			4,000		4,000
ICASS			463,550		463,550
Non-ICASS Administrative Costs			29,000		29,000
Staff Program Travel			109,000		109,000
USG Staff Salaries and Benefits			266,446		266,446
<b>Total</b>	<b>0</b>	<b>0</b>	<b>871,996</b>	<b>0</b>	<b>871,996</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		4,000
ICASS		GHP-USAID		463,550
Non-ICASS Administrative Costs		GHP-USAID		29,000

### U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		5,000			5,000
ICASS		34,000			34,000
Management Meetings/Professional Development		6,000			6,000
Staff Program Travel		11,000			11,000
USG Staff Salaries and Benefits		44,000			44,000
<b>Total</b>	<b>0</b>	<b>100,000</b>	<b>0</b>	<b>0</b>	<b>100,000</b>

### U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		5,000
ICASS		GHP-State		34,000
Management Meetings/Professional Development		GHP-State		6,000

### U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing	75,952				75,952



Computers/IT Services		65,000			65,000
ICASS	302,826	291,614			594,440
Management Meetings/Professional Development	51,896				51,896
Non-ICASS Administrative Costs	231,200				231,200
Staff Program Travel	238,126	0			238,126
USG Staff Salaries and Benefits	600,000	701,386			1,301,386
<b>Total</b>	<b>1,500,000</b>	<b>1,058,000</b>	<b>0</b>	<b>0</b>	<b>2,558,000</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		75,952
Computers/IT Services		GHP-State		65,000
ICASS		GAP		302,826
ICASS		GHP-State		291,614
Management Meetings/Professional Development		GAP		51,896
Non-ICASS Administrative Costs		GAP		231,200

**U.S. Department of State**

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total



ICASS		50,000			50,000
Management Meetings/Professional Development		16,000			16,000
Non-ICASS Administrative Costs		36,660			36,660
Staff Program Travel		37,340			37,340
USG Staff Salaries and Benefits		110,000			110,000
<b>Total</b>	<b>0</b>	<b>250,000</b>	<b>0</b>	<b>0</b>	<b>250,000</b>

### U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		50,000
Management Meetings/Professional Development		GHP-State		16,000
Non-ICASS Administrative Costs		GHP-State		36,660

### U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		10,000			10,000
Management Meetings/Professional Development		22,500			22,500
Non-ICASS Administrative Costs		71,200			71,200



Peace Corps Volunteer Costs	0	466,800	0		466,800
Staff Program Travel		23,500			23,500
USG Staff Salaries and Benefits		96,300			96,300
<b>Total</b>	<b>0</b>	<b>690,300</b>	<b>0</b>	<b>0</b>	<b>690,300</b>

### U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		10,000
Management Meetings/Profession al Developement		GHP-State		22,500
Non-ICASS Administrative Costs		GHP-State		71,200