

# GOOD PRACTICES 5

Magazine for capitalising good practice on human rights, gender, community research and community systems strengthening issues

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## GC7: FOR US AND BY US



**Community expertise to help identify health needs during Country Dialogue 2023**

**Civil society and communities together for a community response to HIV/AIDS and TB in Cameroon**

**The GC7 community dialogue in Cameroon: Contribution of the TB Community Taskforce**

**Communities at the center of the response to malaria: consultations in 5 regions of the country**

**National consultation of adolescents and young people, from prioritization to action: putting adolescents and young people at the center of the response to end inequalities**

**Directeur de publication:** Kevin AMBAH EVINA

Siège RUE 5027 Titi Garage / BP 14760 Yaoundé Cameroun [secretariat@affirmativeact.org](mailto:secretariat@affirmativeact.org)

Site Web : [www.affirmativeact.org](http://www.affirmativeact.org) Affirmative Action Officiel





# Let's talk!

The year 2023 marks the last year of implementation of Global Fund grants under NFM3 and at the same time the year of implementation of the funding application process for the period 2024-2026. The year 2023 also marks the introduction of new leadership in the governance of the Global Fund in Cameroon.

Since February 2023, the new members of the CCM have been installed after a recruitment process that began in the fourth quarter of 2022. As the NFM3 cycle draws to a close and funding is sought for CS7, civil society is on the move to ensure massive participation. This civil society, which is keen to make its voice heard and bring its concerns to the decision-making bodies of the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been preparing and waiting for some time to be able to express, each in its own field (AIDS, Malaria, and TB), their different priorities in relation to the three diseases.

The Global Fund's Country Coordinating Mechanism for HIV/AIDS, Malaria and Tuberculosis (CCM) has jumped on the bandwagon by renewing its membership in 2021, in particular its civil society delegation. This year, it launched the Country Dialogue, an open and inclusive conversation between different groups of people fighting and affected by the diseases in a given country. This is an ongoing process: it begins before a funding application is drawn up and continues throughout the implementation of the grant. It is the basis for determining a country's funding priorities. In line with these guidelines, the country dialogue and concept note drafting processes were launched by the CCM this year.

So that the Country Concept Note can be centered on the needs of the communities most affected, the CCM has initiated an inclusive consultation process that incorporates both the community talks organized by the CCM throughout the country and the results of the various initiatives of all civil society players, who have this time sought to increase their representativeness and participation in this process. In this respect, it is important to note the unprecedented mobilization of civil society, which is keen to play a central role in community decision-making. This is evident from the wide range of initiatives taken by civil society players and the richness of the contributions they have made. In addition, the CCM has launched an unprecedented process for recruiting community experts, directly from people with proven experience of project implementation and knowledge of the beneficiary populations.

Today, in this 5th edition of the biannual magazine "GOOD PRACTICES", we invite you to read and discover in detail how these different processes/initiatives are being conducted, by combining the initiatives of civil society and the CCM's process for country dialogue and the drafting of the concept note. We hope you enjoy reading it.

*Alain Patrick FOGUE DZUTUE*  
Chairman of the CCM

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## Community expertise to help identify health needs during Country Dialogue 2023

The Country Dialogue is a consultative initiative undertaken under the aegis of the CCM with a view to the development of the funding request by health system stakeholders. Each country that receives support from the Global Fund holds ongoing "country dialogues" where people affected by the diseases can share their experiences and help define the programs and services that can best meet their needs and those of their communities. The Global Fund's approach is to ensure that every funding request it receives considers the views of people living with or closely affected by HIV, tuberculosis and malaria. This input is essential to ensure that programs are effective and focused on the populations most affected.

To guarantee a participatory and inclusive country dialogue of the general population with a focus on the needs of communities and key or vulnerable populations, the Country Dialogue of Cameroon's funding request was characterized by specific features which should be returned to insofar as they potentially constitute good practices to be capitalized on.

1. Selection of an experienced and committed team of volunteers. A call for applications for the recruitment of volunteer experts was widely distributed by the CCM to all Cameroonian civil society platforms. The selection criteria for the experts, relating to their knowledge of epidemics, their perfect understanding of the human rights of key and vulnerable populations, their community experience and their availability and commitment as volunteers, made it possible to mobilise a strong team whose main role was to conduct the mini dialogues throughout the country.

2. Diversification of data collection tools. The country dialogue focused on community talks with the beneficiaries of health services and an online response form to diversify the contribution channels. The visit to the town of Ebolowa to test the interview protocol with the local population was a good practice with a view to consolidating the interview protocols. The interview form was innovative and provided for an assessment of the provision of health services through the prism of the Human Rights-based approach, with questions on accessibility, availability, effectiveness, and non-discrimination in access to the service. Questions on the risks of sexual exploitation and harassment were also addressed.

3. A nationwide roll-out based on an intervention map based on the map of vulnerability to the three diseases throughout the country and on the selection of areas with specific needs (refugee camps, sites for internally displaced persons, mining sites, etc.).

4. Considering thematic contributions from joint CSO pre-dialogues conducted by organizations such as Affirmative Action, Impact Santé Afrique, RéCAJ+, JAPSSO, FIS and faith-based organizations.

Transparency, inclusiveness, participation, communication, training, and an emphasis on the human rights-based approach are the key words that will have enabled community expertise to be deployed to best reflect the health needs of Cameroon's populations during this country dialogue.

*Dr SOKA Armelle  
Head of Ethics at the CCM*



## Civil society and communities together for a community response to HIV/AIDS and TB in Cameroon

**T**he Global Fund to Fight AIDS, Tuberculosis and Malaria is to allocate new funding for the period 2024-2026. Cameroon is one of the eligible countries, and under the aegis of its Country Coordinating Mechanism (CCM) must submit an application for country funding to combat the epidemics of HIV, tuberculosis and malaria. This funding application, which will be the basis and guide for the next three years all interventions to combat the three diseases in communities, must be built around a national and inclusive consultation of the beneficiary communities. So, in order to involve the Community-Based Organisations (CBOs) more closely and to support the CCM in this process, the NGO Affirmative Action has asked the CCM to take part in the consultation process, Affirmative Action has received funding from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) through the BACK UP SANTE project and from UNAIDS for the implementation of the project entitled "Identifying and prioritizing the needs of key populations and vulnerable groups for the development of the Concept Note for Grant Cycle 7 (CS7) of the Global Fund to Fight AIDS, Tuberculosis and Malaria".

This project, which will run from 17 October 2022 to 31 July 2023, aims to contribute to the development of Cameroon's NSP and Concept Note through advocacy based on community and community-led data collection. The aim is to ensure that the priority needs of key populations and vulnerable groups are taken into account in the CS7 Concept Note. To this end, a methodological

approach was used throughout the process, based on qualitative/quantitative research techniques, following a participatory and inclusive approach involving the various stakeholders (beneficiaries, community and clinical stakeholders) in the response to the three diseases at the strategic, intermediate and operational levels, intermediary and operational levels, 156 representatives of CBOs and service beneficiaries covering all 10 regions of Cameroon, including security and humanitarian risk zones and prison areas, took part in identifying the needs of key populations and groups vulnerable to HIV and TB.

The workshops targeted beneficiaries (key populations) and providers of community and clinical health services. Each workshop was attended by around 30 participants. 06 thematic workshops were used to identify the needs of the following target groups: Men who have Sex with Men (MSM), Transgender women (TG), Drug Users and Injectable Drug Users (DU/IDU), Sex Workers (SW) and their Clients (CTS), Young Girls and Boys not attending school (JFNS/JGNS), Adults living with HIV (ALH), People living with HIV (PL-HIV) and People living with AIDS (PLWA). The heads of strategic and operational structures/organizations (central, regional or district) working with key/vulnerable populations were invited to discuss in thematic workshops with a view to identifying the needs of each target group, using an interactive and participatory approach.

At the same time, Focus Group Discussions were held to identify the needs of groups vulnerable to TB. A to-





tal of 11 Focus Groups (of around 5 to 7 people) were conducted with target beneficiaries (mine workers, pregnant women, workers in the economic hubs, re-processors, children, refugees and internally displaced people, people with disabilities, healthcare staff, co-infected people (HIV), drug users/injecting drug users, prisoners) and community health service providers and clinics.

Using a reflective approach, the Focus Group Discussions involved sharing the experiences of service beneficiaries, ACCRAs in charge of monitoring them and CBO managers. This made it possible to draw up

a summary report on access, supply and use of HIV, TB and malaria services for key and vulnerable populations. The main areas (prevention and screening/diagnosis, link to treatment, care/treatment, monitoring and viral load, advanced illnesses, and mental health/well-being) served as the research framework for the mission from a community and clinical perspective.

Following these processes, which involved the active participation of CCM members, and at a summary workshop, the activities identified by representatives of key populations vulnerable to HIV and TB were presented, reviewed, and reformulated. The interventions selected were then aligned with the various National Strategic Plans (NSP) by the participants and prioritized using the weighted method.

This unprecedented mobilization of civil society and communities led to the production of a solid advocacy document, grouping together activities identified as having high impact and priority. The document was made available to the CCM to form part of the data to be used for the Country Dialogue, with the aim of producing a Country Concept Note that is fully in line with the objective of improving access and service provision for key populations and vulnerable groups in Cameroon.

*Silvère Joseph TCHOMNOU*  
*Head of Advocacy / NGO-Affirmative Action*





## The GC7 community dialogue in Cameroon: Contribution of the TB Community Taskforce

Cameroon is eligible for funding from the Global Fund. This is an additional opportunity to contribute towards the national and global objectives of ending TB by 2030.

In order to enable the Country Concept Note to focus on the needs of the communities most affected by TB, taking into account the structural challenges of gender and human rights, which are the main obstacles to accessing TB prevention, care and support services, the TB Community Taskforce, whose secretariat was provided by the NGO, For Impact In Social Health (FIS), in partnership with the Civil Society Delegation, implemented several actions over the period March - May 2023.

The aim of this Taskforce was to mobilize communities affected by tuberculosis, including survivors and the most vulnerable people, in the identification of priority interventions for Concept Note GC7.

More concretely, the first task was to draw up and validate the roadmap that was to serve as the basis for all the related activities. The roadmap was presented in the presence of civil society players, international organizations, and government officials, such as those from the Ministry of Public Health and the National Tuberculosis Control Program, in March 2023, which set the course for what was to be done between March and May 2023.

In addition to mobilizing funds, the Taskforce Secre-

tariat also had a mandate to involve communities affected by TB, including survivors and the most vulnerable, in identifying priority interventions. It was also necessary, in a relatively short space of time, to recruit a National Consultant who, in addition to organizing Focus Group Discussions with the target groups at national level, would have to monitor the integration of the priority TB interventions identified in the GC7 Concept Note and capitalize on the whole process.

To ensure the effective participation of the TB Community Taskforce in the whole process, the NGO supported the participation of 02 participants in all the stages and seminars involved in drafting the Concept Note.

The prioritization workshop was an opportunity to identify the most relevant activities from among those collected during the Focus Group Discussions with the targets.

The organization of, and enthusiasm for, this community dialogue process, TB component, showed the determination of community players to put an end to tuberculosis by 2030. And at every meeting, the slogan was repeated: YES WE CAN END TB!

*Antoine Silvère OLONGO  
Head of Programmes, FIS NGO*



# Communities at the center of the response to malaria: consultations in 5 regions of the country.

**A**s part of malaria civil society's contribution to CCM activities linked to the GC7 process, community consultations were held in six regions affected by malaria (Littoral, West, East, South, Far North and Center) in Cameroon during the period from 21 to 25 February 2023. The aim of these community consultations was to identify the priority needs of populations vulnerable to malaria, which will be included in Cameroon's GC7 malaria concept note. To this end, for each of the above-mentioned regions, the areas visited were the arrondissement of Douala 5 (Littoral), the communes of Dschang and Mbouda (West), the towns of Bertoua and Batouri (East), the town of Ebolowa, in the village of Afanagouen (South), the village of IGAWA-MEME and the town of Maroua (Far North) and the arrondissement of Yaoundé 5 (Center).

Under the supervision of Impact Santé Afrique (ISA), these consultations were carried out with the technical support of the CSOs AFEDEC, the MOJE foundation, ASOPV, APDSP, CADELCO, the Albino association, CONAFAC, ASEIM and other actors involved in the fight against malaria. Data was collected from the following target groups: parents responsible for children under 5, young girls, pregnant and breastfeeding women, street children, orphans, orphans and those responsible for orphans, the poorest populations, people



with disabilities, fishermen, miners, CHWs, internally displaced persons and nomads, refugees, community leaders, young people in precarious situations, traditional and religious leaders, and district CSOs.

These community consultations, conducted by means of Focus Group Discussions, enabled the priority needs of the beneficiary communities to be collected and defended for the GC7 malaria concept note. The most significant of these were: failure to provide free anti-malaria drugs to children under 5; failure to distribute LLINs to all people vulnerable to malaria; poor reception in health facilities; environmental sanitation and insecticide spraying in lakes and around homes; The unavailability of malaria RDTs; the inaccessibility of LLINs to the entire population; the high cost of malaria examinations and treatment; the lack of CHWs in the field; the unavailability and shortage of health staff; the lack of monitoring of the effectiveness of simple and serious treatment guidelines for pregnant women and children under 5.

Through this unprecedented mobilization, civil society intends to support the CCM greatly and become significantly involved in the country dialogue and the drafting of the concept note.

*Fidèle BEMADOUM*  
*Senior Civil Society Engagement Officer / Impact Santé*  
*Afrique*



## National consultation of adolescents and young people, from prioritization to action: putting adolescents and young people at the center of the response to end inequalities.



From 13 to 15 December 2022, the youth platform for achieving the three transformative results, the Cameroon Youth Network (RJC), the National Coordinating Body for Global Fund Grants in Cameroon (CCM), the Ministry of Public Health, the National AIDS Control Committee, UNFPA, UNICEF and UNAIDS met in Douala, Cameroon, for a consultation of adolescents and young people with a view to drawing up the concept note for the seventh round of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, with support from UNFPA.

The major findings of the consultation were as follows: Adolescents and young people in all their diversity are a priority for the government, given the prominent place they occupy in various national strategic documents such as the NSP 2020-2023, the plan to accelerate pediatric and adolescent HIV/AIDS care, and the strategic framework for HIV/AIDS prevention among young people; ARV coverage among young people aged 20 to 24 is 60.7%, and 1,208 young people are not on treatment according to DHIS2 data for 2022; An innovative platform made up of the most active networks of youth-led organizations (AfriYAN, CNJC, RéCAJ+, RENATA) has recently been set up to speed up agendas by putting adolescents and young people at the center of the response. However, the country is still lagging the UNAIDS 95-95-95 targets, with ARV treatment coverage for adolescents and young people under 15 at 46%, and 17,767 adolescents and young people still not having access to quality ARV treatment. The gap

is all the greater when we consider the last two years, with a large number of treatment and viral suppression failures among all adolescents and young people aged between 10 and 24.

These findings prompted the adolescents and young people to identify 13 major priorities for accelerating the response to HIV/AIDS for their benefit and that of the nation. These priorities were put forward to the CCM by the young people to ensure that they were taken into account in the country dialogue and the drafting of the concept note.

These thirteen priorities should be implemented over the next three years, putting adolescents and young people back at the center of the response and breathing new life into the response to HIV/AIDS globally, but more specifically among adolescents and young people in all their diversity. Because we know that we can put an end to AIDS-related deaths and new infections by addressing inequalities among adolescents and young people, by investing in the present to preserve the gains of the past and safeguard the future, so that no one is left behind.

"Adolescents and young people at the center of the response".

*Parfait KEDI*  
*Executive Director*  
*Cameroon Network of Positive Adolescents and Youth*  
*(RéCAJ+)*