



# Technical Support Delivery and KAP Engagement in the Cameroonian Global Fund Process

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Prepared for the MSMGF by:

**Liesl Messerschmidt**, MPH, Director of Health and Development Consulting International  
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*“Without the CLAC we (KAP communities) would have been forgotten, as in the past. The CLAC support helped keep our momentum alive.”*

- Serge Douomong Yotta,  
Affirmative Action

*Under the Global Fund’s New Funding Model (NFM), community participation is required in the country dialogue process. KAP successes achieved through the country dialogue process in Cameroon are a direct result of highly mobilized civil society leadership at the national level, and technical support delivered by the Community Action and Leadership Collaborative (CLAC). The CLAC’s global networks and respective country-level partners facilitated greater KAP civil society participation and the*

*development of high quality rights-based and evidence-informed activities focused on meeting the needs of key populations and other vulnerable groups in Cameroon. The following Case Study serves as a model for civil society organizations and advocates engaging now in the country dialogue process.*

The [CLAC](#) is a unique collaboration between AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans\* Equality (GATE), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC), and hosted by the Global Forum on MSM & HIV (MSMGF). Working closely together, the CLAC is able to link, train, strengthen capacity, share lessons learned, and build upon their deep understanding and connection with communities to strengthen key population interventions and programming, HIV treatment access, human rights, gender equality, and community systems strengthening within the Global Fund’s New Funding Model.

**OVERVIEW.** In March 2014, the CLAC received funding from the Global Fund to provide technical support in Cameroon aimed at training and empowering local civil society advocates ensuring key affected population (KAP) engagement in – and benefit from – the country dialogue process. The process brought together diverse KAP representatives (sex workers, MSM, people living with HIV-PLHIV, truck drivers, people who use drugs) unified as one voice for the first time, and led to the formation of a grassroots Taskforce that presented priority

recommendations to the CCM for validation. The CLAC supplemented their efforts to meet, consult, present, and then watchdog the CCM. Good practices from the Cameroon experience include:

1. Bottom-up, grassroots engagement of KAP advocates in coalitions
2. Trainings of KAP advocates to engage in the country dialogue process
3. Formation of a representative KAP Taskforce
4. Compilation of priority recommendations, and presentation to the CCM for validation
5. Continued organizing and movement building to fully engage KAP in all stages of the process
6. Funding to support dialogue and advocacy

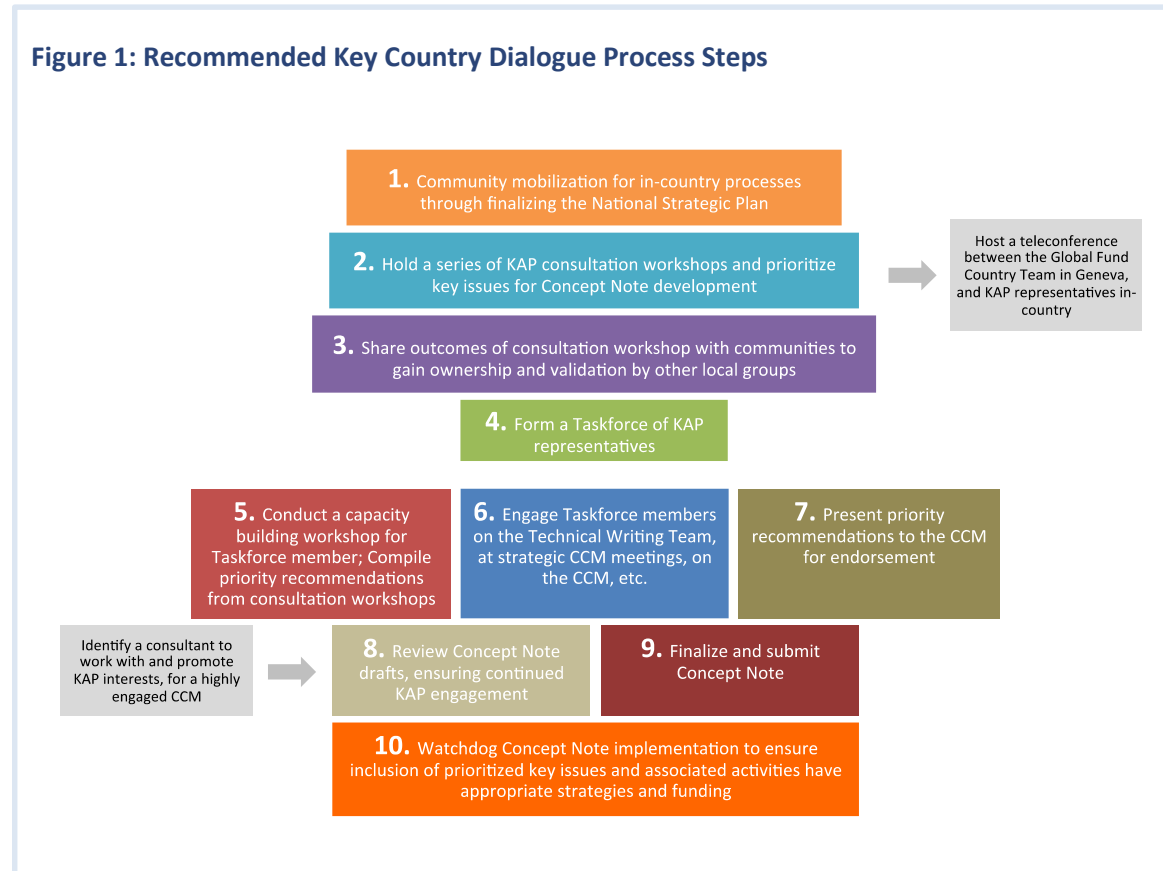
*“Nothing would have been possible in Cameroon without the New Funding Model and the CLAC, for under the New Funding Model, community participation is required in the country dialogue process. The New Funding Model was therefore THE opportunity to gather all stakeholders together to talk about key populations at the same table, and come to agreement. The CLAC supported and enabled that process.”*

- Yves Yomb, Alternatives-Cameroun

7. Use of expert consultants that understand local dynamics to facilitate engagement and help with the Concept Note draft review

The process pursued, beginning with community consultations, proved an extremely effective way to ensure active KAP engagement from the start, and to watchdog and hold stakeholders accountable (see Figure 1).

*“We decided to impose ourselves and take a proactive role in the country dialogue process. We didn’t wait to be part of the process by request, but inserted ourselves from the beginning.”*  
 - Michel Irigo Olivier, Cameroon Network of Associations of People Living with HIV (RéCAP+)



Specifically, key achievements from Cameroon, discussed in detail below, include:

- A. KAP consultations conducted
- B. KAP Taskforce formed
- C. Priority recommendations presented by the Taskforce to the CCM
- D. Taskforce members included on the Concept Note Technical Writing Committee
- E. KAP interventions prioritized and funded in Concept note
- F. Concept Note drafts reviewed
- G. Concept Note submitted

It is expected that the Taskforce will help hold multilateral institutions accountable to their commitments into the future. Importantly, the high level of mobilization in Cameroon originated from community leaders, one of whom is a principal member of the CCM, and one a sub-member.

**A. Consultations.** Several key actions influenced the early participation of KAPs in the country dialogue process:

**Figure 2: Serge Douomong Yotta**



*“For the first time in Cameroon, leadership came from the community itself. Organization of the consultations, and the national strategic meeting to approve recommendations – it all came from the community.”*

- Serge Douomong Yotta

- In October 2013, the **Cameroonian National Strategic Plan was finalized**, laying the groundwork for a strong Global Fund process.
- Simultaneously, **Serge Douomong Yotta, Executive Director of Affirmative Action, was selected as the KAP representative on the CCM.**<sup>1</sup> Serge, a dynamic civil society leader and mobilizer,

was able to capitalize on KAP leaders eager to engage in the country dialogue process given high disease burdens within their respective communities, and their historical neglect under previous Global Fund grants.

In Cameroon, as in many countries, the Round 10 proposal “was not adapted at all to the reality of Cameroon, the process was ad hoc, and the activities totally inadequate for our environment,” notes Yves Yomb of Alternatives-Cameroun. “The Global Fund wanted us (community organizations) to implement activities on the ground without any, financial support, core organizational funding, or security. We decided to forgo any Global Fund support and did not sign the convention, because we did not agree with the conditions. How could we send our staff out to face the police and be victims of violence with no guarantees of protection?”

- Gathering other civil society and KAP leaders around him, Affirmative Action asked for a meeting with the Global Fund Portfolio Manager, who identified funds to support community consultations from GIZ’s Back-up Initiative. Affirmative Action put together a unified request for support community consultations with KAPs. With these funds, **three consultations were conducted** with MSM and LGBT, sex workers, and truck drivers in early March 2014. Findings from the Cameroon section of the 2013 AMSHeR mapping of West African LGBT organizations helped identify initial participants.

### Figure 3: Initial Consultation Recommendations

1. *Human rights/security:* MSM and sex workers are often harassed by the police and subjected to violence while implementing prevention program activities and distributing condoms, lubricants, and prevention materials. In the short-term awareness raising trainings for key stakeholders including law enforcement are needed to ensure access to health for all. In the long-term activities are needed to enable a positive environment free of stigmatization and criminalization. This will require a common action plan together with the Ministry of Health and the Ministry of Justice.
2. *Organizational strengthening:* Civil society must be supported to implement activities efficiently in the field. This includes having fixed salaries for peer educators and other outreach and support staff, and opportunities to strengthen organizational capacity.
3. *Implementation:* KAP assessments to identify needs are necessary to take activities beyond basic preventive services to more comprehensive care and support. This includes more effective ways to ensure follow-up and overall health education.

<sup>1</sup>Affirmative Action is currently a Global Fund sub-recipient under the Cameroon Association for Family Welfare. To see a video presentation by Serge on why involving KAPs in the GF process is important, see: <http://www.clac.cab/?q=node/763>.

- KAP leaders **compiled recommendations from the three consultations** into an advocacy document<sup>2</sup> that they presented at a strategic meeting held in late March with the Ministry of Health, UNAIDS Country Office, and the CCM. These recommendations were officially validated by the National AIDS Program and UNAIDS, for inclusion in the Concept Note. Recommendations fell into three strategic areas, in line with the National Strategic Plan 2014-2017 (see Figure 3).

*“The Taskforce provided us a platform to speak about issues, share our ideas, exchange information with each other, and instill a stronger sense of solidarity.”*

- Serge Douomong Yotta

*“Even with miscommunications and bumps at the beginning, it is the first time all key populations are at the same table in Cameroon. The Taskforce is like a dream come true. We have common objectives, and there is no tension within the members.”*

- Michel Irigo Olivier

**B. Taskforce.** GIZ funding for initial consultations was essential to starting the country dialogue process. Fortunately, the CLAC received a grant from the Global Fund under a new technical assistance program to Cameroon, and took over support of Concept Note development activities, working with Serge as a main contact with civil society.

- **The CLAC quickly mobilized** with their in-country partners **to identify gaps and provide additional resources for follow-up activities** to keep the process moving towards Concept Note submission. Given his position on the CCM, Serge was able to facilitate effectively and efficiently communications between the CCM and country level partners, the CLAC, Global Fund country team, and broader civil society.
- One of the CLAC’s first activities was to jointly work on a Follow-up Action Plan with Affirmative Action and RECAP+. Towards this, **a consultation with PLHIV was conducted**, as a KAP group not included in the original GIZ-funded consultations.
- Following this, **25 KAP advocates** (LGBT, sex workers, truck drivers, drug users, refugees, youth, disabled people, prisoners, PLHIV, and communities of people living with TB) **formed a representative Taskforce.**

**C. Priority Recommendation.** Taskforce members were provided training on Global Fund processes and Concept Note development. The training strengthened their capacity, and provided a platform to revisit and compile combined (including PLHIV) recommendations, which they presented to the CCM.

Four priority interventions were initially approved by the CCM:

1. Prevention
2. Care and support of PLHIV
3. Health systems strengthening including community systems strengthening
4. TB-HIV integration

**D. Writing Team.** As a major outcome of Taskforce formation, the CCM selected five members to join the Concept Note Technical Writing Committee.

**Figure 4: Working Group at the April CLAC Consultation**



<sup>2</sup>[http://www.platoforme-elsa.org/wp-content/uploads/2014/05/Document\\_plaidoyer\\_MARPS\\_Affirmative-action.pdf](http://www.platoforme-elsa.org/wp-content/uploads/2014/05/Document_plaidoyer_MARPS_Affirmative-action.pdf)

- Taskforce members on the Technical Writing Committee **divided into working groups** to look at specific KAP recommendations. These groups **conducted mappings and gap analyses** to determine what was being addressed, and what was not, in order to harmonize services (see Figure 4).

**E. Prioritized and Funded Interventions.** To ensure full and active participation of Taskforce members in the country dialogue process, the CLAC, Affirmative Action, RECAP+ and ITPC West Africa, and Taskforce leaders lobbied UNAIDS to support a community expert consultant to work directly with them to ensure they remained engaged, and their recommendations prioritized and transformed into strategic interventions within the Concept Note. The expert consultant, selected by Taskforce members, engaged in a half dozen meeting with Taskforce members to exchange ideas, and met with members of the Technical Writing Committee for real time monitoring of changes in the wording and activities in the Concept Note.

A technical workshop was convened by Affirmative Action and RECAP+ late July with the expert consultant, members of the Taskforce, and other key stakeholders of the civil society and TB group (33 participants). Participants revisited their earlier recommendations, and compiled a list of Priority Priorities for the Lead Writer/Consultant to reference when strengthening sections of the Concept Note pertaining to KAPs, especially activities around gender, human rights, and community system strengthening (see Figure 5).

**Figure 5: KAP Consultation Recommendations and Some Resulting Concept Note Activities**

Recommendations	Sample Activities
Target KAPs: MSM and transgender populations, sex workers and their clients, truck drivers, adolescents and youth 10-24	
<b>1. Prevention</b>	<p><b>MSM and Transgender People.</b> Budget allocation: €1,494,016</p> <ul style="list-style-type: none"> <li>▪ Behavior change communications including sexuality education and guidance designed and adapted for each target KAP</li> <li>▪ HIV counseling and testing</li> <li>▪ Condom and lubricant distribution</li> <li>▪ Prevention, screening, and treatment of sexually transmitted infections</li> <li>▪ Prevention, screening, and treatment of other opportunistic infections</li> <li>▪ Legal assistance</li> </ul> <p><b>Sex workers and their clients.</b> Budget allocation: €2,607,546</p> <ul style="list-style-type: none"> <li>▪ Sensitization and orientation/reference</li> <li>▪ Availability and distribution of male and female condoms and lubricants</li> <li>▪ HIV testing and counseling</li> <li>▪ Diagnostic and treatment of STI and orientation/reference</li> <li>▪ Prevention and treatment of STI</li> </ul> <p><b>Truck drivers.</b> Budget allocation: €1,971,487</p> <ul style="list-style-type: none"> <li>▪ Availability and distribution of male and female condoms and lubricants</li> <li>▪ HIV testing and counseling</li> <li>▪ Diagnostic and treatment of STI and orientation/reference</li> <li>▪ Prevention and treatment of STI</li> </ul>
<b>2. Care and Support</b>	<ul style="list-style-type: none"> <li>▪ Pre-treatment assessments for KAPs</li> <li>▪ HIV treatment including antiretroviral therapy distribution by civil society organizations at the community level</li> <li>▪ Treatment monitoring</li> <li>▪ Screening and treatment of sexually transmitted infections</li> <li>▪ Screening and treatment of opportunistic infections and sexually transmitted infections for eligible PLHIV</li> <li>▪ Adherence counseling and psychosocial services and support</li> </ul> <p>Budget allocation:€45,209,157</p>
<b>3. Health Systems Strengthening</b>  <b>Community Systems Strengthening</b>	<ul style="list-style-type: none"> <li>▪ Strengthening monitoring and evaluation of KAP-related information</li> <li>▪ Pediatric care training</li> <li>▪ Data collection by the HIV and TB programs through the national system</li> <li>▪ Community data collection</li> <li>▪ Conduct studies on transgender people and on the seroprevalence of injecting drug users</li> <li>▪ Establishing a platform for civil society dialogue and communications and with national TB and HIV programs</li> <li>▪ Establish and train a pool of HIV/TB/malaria community health workers</li> <li>▪ Develop advocacy, training, and capacity strengthening to create an enabling environment for access to care by KAPs</li> </ul>
<b>4. TB-HIV Integration</b>	<ul style="list-style-type: none"> <li>▪ TB diagnostic testing</li> <li>▪ TB client care and support by civil society organizations at the community level</li> </ul>

The request for financing in the joint Concept Note for Cameroon amounted to €119,332,046:

- HIV €109,896,449

**F. Concept Note Review.** In July, a Taskforce member along with members of the CCM and the National AIDS Program attended a Global Fund peer meeting with other African country representatives in Johannesburg. They participated in a Concept Note peer-review and assimilation exercise. Combined with feedback from the Global Fund portfolio manager, they decided to push back Concept Note submission to mid-October.

Following several rounds of review, the last session took place on October 6, with financial support from the Global Fund and technical support from the CLAC (see Figure 6). The Taskforce was able to offer five final recommendations to the Technical Writing Committee:

1. Budget all activities planned in the Concept Note<sup>3</sup>
2. Develop advocacy, training, and capacity strengthening activities for an enabling environment to access care, support, and services for all KAPs, including legal training sessions for law enforcement personnel and health workers, related to KAPs
3. Provide legal assistance (continuation of Round 10) to community organizations and KAPs
4. Develop and disseminate prevention materials tailored to each distinct KAP
5. Improve community system strengthening activities with institutional support for civil society organizations

#### Figure 6: The Case for Harm Reduction

Review of the Concept Note just weeks prior to submission revealed the absence of any harm reduction activities or interventions. “It is a real challenge because there was denial that there were drug users in Cameroon,” noted Serge. Through dialogue with Affirmative Action, the CLAC, and partner INPUD, a civil society activist with expertise in harm reduction was identified at the country level. Together with Serge, this activist appealed to the Technical Writing Committee on the importance of including harm reduction activities. The Committee agreed to include a piloting of the first research on people who use drugs and their risk of HIV transmission in Cameroon, as an important first step to address the gap in data and knowledge of this key population. The CLAC provided a costing model for the pilot study, and the activity was included and budgeted for in the final Concept

**G. Concept Note Submission and Review.** On October 15, Cameroon submitted a strong Concept Note to the Global Fund Secretariat that incorporated major civil society recommendations, and proposed complimentary activities that meet the contextual needs of key populations. It was evaluated and amended by the Technical Review Panel (TRP), which published its’ recommendations in December. In their review they call on the National Coordinating Mechanism of Cameroon to submit a new Concept Note in 2015 that clarifies 10 key areas including an improved situational analysis of prevention for key populations. To this end, the KAP-PLHIV Taskforce met in late January 2015 to identify actions to ensure their involvement in the Concept Note revision phase. Resubmission to the Global Fund Secretariat will occur in May 2015.

**CONCLUSIONS.** The key to Cameroon’s success was undeniably the availability of the CLAC collaborators (the MSMGF, GNP+, and ITPC-West Africa, and in-country partners) to provide timely and flexible support, and to amplify and synergize the efforts of a strong and motivated civil society, led by Serge. The Cameroon example shows that strengthening the number of trained and engaged KAP advocates collaborating together for the first time to share priorities, identify joint recommendations, and build action plans is much more effective than KAPs competing for priorities.

Trained, empowered KAP representatives were able to:

- H. *Identify* priority recommendations
- I. *Present* their recommendations for endorsement
- J. *Participate* in drafting the Concept Note
- K. *Monitor* the process to ensure activities were appropriate and sufficiently resourced

*“We Taskforce members will continue to work together – both KAP and PLHIV – in to the future, and our efforts will not dissolve. We will go deeper into rural communities away from capital cities, to ensure long-term and broad engagement.”*

- Yves Yomb, Alternatives-Cameroun

<sup>3</sup> Budget discussions are ongoing and will not be finalized until the end of 2014.



In a recent interview for the official Cameroonian CCM newsletter, ('Effective Participation of MARPS,' No. 2, July 2014), Serge noted that Cameroon is on track because "the involvement of key people in the process is well established... We hope that Cameroon is an example in the application of this New Funding Model. We are optimistic about the rest of the process and believe that together we will turn the tide of HIV."

Having said that, the Taskforce, as a homegrown formulation, has the potential to continue playing an important role in all activities concerning civil society, beyond the Global Fund. It is not expected to disburse now that the Concept Note is submitted. They have an ongoing role:

1. Monitoring implementation of activities with consideration of and accountability to KAPs
2. Strengthening civil society including organizations of PLHIV, and those working on HIV, TB, and human rights, in consideration of KAPs
3. Strengthening communication and exchanges between organizations of KAPs
4. Building stronger networks

Currently, Affirmative Action is working with other Taskforce members to hold a series of meetings with PEPFAR, which has no real existing relationship with grassroots civil society organizations in Cameroon. The first meeting was held on March 3, 2015 with the PEPFAR team. The main goal was improving communication and collaboration with civil society organizations, and more specifically, those working with key populations.

**Figure 7: Taskforce Working Meeting to Discuss TRP Recommendations, January 24, 2015**



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## Community, Rights and Gender Technical Assistance

*Critical to the Global Fund's business model is the meaningful participation of all stakeholders. To ensure that all those involved in the response have capacity to ensure that their voices are heard and to enable them to contribute in a meaningful way, the Global Fund is making available technical assistance focused on issues of community, rights and gender.*

*The aim of the Community, Rights and Gender Technical Assistance Program is to ensure that key populations, communities and local civil society organizations are meaningfully engaged in the country dialogue and concept note development processes at the country level.*

*The program provide technical assistance in a range of areas including situational analysis and planning, engagement in the country dialogue and supporting program design. Some examples of technical assistance could include, support to design, plan and implement a consultation process to identify key population priorities for concept note development or designing and budgeting for community systems strengthening programs as part of the grant-making process. Cameroon submitted successful request to the CRG team.*

*Technical Assistance Program on Community, Rights and Gender - [An Overview](#)*

*Guidance on filling in the [CRG technical assistance request form](#)*

*[CRG Technical Assistance Request Form](#)*