

Best practice submission

Name: Bertrand KAMPOER PFOUMINZHOUER

E-mail: fissmstsida97@yahoo.fr/kampoer@gmail.com

Country/applicant: Cameroon

Organization/network: FOR IMPACTS IN SOCIAL HEALTH (FIS)

Constituency or community you represent: Civil Society Organizations (CSO)

- 1. Please briefly describe the example of meaningful community engagement in a Global Fund process at the country level, including the 'who, what, where, why and when.'*

Response: On 13th May 2014, the CCM officially launched the New Funding Model (NFM) with 180 representatives of all the national stakeholders: civil society, Most at Risks Populations (MARPS), People Living with HIV (PLHIV), the private sector, technical and financial partners and university institutions). The launch called for them to effectively participate to the processes.

Linked to the development of the TB / HIV concept note, different sets of consultations were done. These begun with the review of the national strategic plans (NSP) - made through a participative collaboration with national health programs, CSOs and other, partners like UNAIDS, WHO and UNICEF and key affected populations - KAPs (such as refugees, PLHIV, MARPs).

There was strong participation by CSOs: in particular KAPs; organizations addressing different rights issues - gender, women's rights, broader human rights; and community based organizations. This was essential to the efficiency of this consultative process.

The TB/HIV concept note writing committee was constituted in April 2014 with 13 CSO and MSM representatives on the 25 members committee.

FIS organized six main consultations. All were based on the analysis of the national strategic plans and guided by Global Fund guidance to consider gender, human rights and the community system strengthening (CSS).

CSO and KAPs (e.g. community sex workers, MSM, LGBTI, prisoners, refugees, etc) were engaged throughout the process.

These are as follows:

26th – 27th February 2014: the CSO **For Impacts in Social Health (FIS)** organized a *training of the CSO (from the ten regions of Cameroon) on the independent monitoring of the Global Fund grants in Cameroon* facilitated by AIDSPAN (Global Fund Observer) building awareness and skills of local CSOs and Media to carry out evidence-based watchdog work targeting KAP involvement and tracking of GF systems and grants in Cameroon. They would then train others.

28th February 2014: Introduction to the New Funding Model. FIS organized this workshop to introduce the new funding model to CSOs (including organizations that work with KAPs focusing on their main role in the country dialogue process. The participants came up with a document called “*Declaration of Kribi*” highlighting the significance of CSO engagement in the dialogue process. This document was then submitted to the CCM, the Ministry of Health and to the technical and financial partners).

06th – 10th May 2014: Workshop TB CSO on gender issues, Human rights and community system strengthening conducted by FIS with 33 community leaders and representatives of the affected populations (SW, to came up with recommendations for better TB care for beneficiaries. An assessment FIS did showed that for the years that Cameroon had active TB GF grants – GF money covered 66% of the country's TB costs. 2 of those years GF covered 100% of those costs (See analysis data <http://forimpactsinsocialhealth.org/ccmdoc/cameroon-tb-data-analysis>). This training was facilitated by the national TB control Program (NTCP) which advocated for strengthening of community interventions to improve access and quality of the offered services.

02th -16th June 2014: Research on the satisfaction index of the co-infected patients. This study, done by FIS in partnership again with the National TB Control Program and with financial support from GIZ Backup Initiative, assessed the level of the patients’ satisfaction in HIV and TB healthcare centers and collecting their main needs in terms of counseling and treatment for them to be taken into consideration in the TB/HIV concept note.

24th - 25th June 2014: Focus Group held with TB key affected populations: The FIS meeting involved the medical staff, prisoners and refugees and held in the east region of Cameroon. The purpose of these focus groups is to identify from these groups what their main needs and gaps faced are in relation to the national strategic plan. Their views were then considered during TB/HIV concept note development.

02th - 03rd July 2014: Common Agenda for TB Communities. Facilitated by **STOP TB Partnership** and organized by FIS, the workshop's objective was to adopt a common agenda regarding the priorities formulated by the TB communities with a focus on gender, Human rights and community system strengthening. The identified priorities were then introduced to the TB/HIV CN writing committee members, the head of the NTCP and representatives of the CCM.

The CN was submitted on the 15th October 2014.

A review of the processes:

Challenges were noted during the preparation of the TB/HIV concept note particularly in handling the wide range of issues affecting multiple stakeholders whilst maintaining a significant degree of engagement by CSOs, KAPs and PLHIV who made effort to make their priorities known, documented and submitted.

Also, the CCM choose three PRS for the implementation of this grant – a good thing that would stop in-fighting. However, the effectiveness of this grant depends upon the commitment of Cameroon Government to give its willingness to pay (WTP) contribution, which is 20 % of funds requested.

However, despite strong participation by CSOs and other community groups, the leadership of and supervision by the CCM was questionable in the following issues:

- A precise calendar of the various meetings or workshops by various other groups was not requested or developed by the CCM – Thus every group organized its own activities without taking into account what others were doing or what had already been done. This led to a lot of overlap.
- The priorities developed by the civil society representatives were severely watered down by the writing committee negating any real/strong programming that would have clear impacts.

Note: You can get more details here <http://forimpactsinsocialhealth.org/ccmdoc/tracking-cameroon-country-dialogue>

2. *How did the above example of meaningful community engagement make a difference? What changed as a result of the insights/ideas/evidence shared by communities or civil society organizations? Please provide as much detail as possible, including if you are aware of follow-up actions or results that occurred. **Where possible, please share concrete examples of how programs are achieving better results and greater impact as a result of civil society participation.***

Note: The highlighted portion is not possible to respond to as no programs have been implemented as yet. The response provided targets the questions prior.

Efforts were made to ensure involvement of those from the rural areas. They were engaged throughout the country dialogue process.

FIS intended through these consultations to bring together CSO actors and communities to identify their priorities and to have them participate in providing solutions or recommendations that would help improve the usefulness/focus of the TB/HIV concept note and whatever programmes that came out of this. The intention was also to keep track of suggestions that remained relevant to the national strategic plans.

Each consultation helped build a framework for ensuring inclusive and participatory engagement particularly by CSOs and communities. The capacity building sessions conducted during the diverse consultations informed CSOs and enabled them to meaningfully engage in high level discussions within the ministry of health. A few even took part in research work done before meetings. Many would not have done so without this support.

Participants were then able to contribute constructively to the “Declaration de Kribi”, a call that enhanced their fundamental role as watchdogs to follow up the quality of planning for and implementation of GF grants, and to improve transparency and accountability of GF systems/grants in Cameroon. This document was sent to government stakeholders and other technical partners.

Participants were able, to a lesser extent, to contribute to what went into the concept note that was submitted – there were challenges and the report we submit attached to this provides more details. Under these activities, the visibility and usefulness of watchdogs like FIS and its partners was highlighted as was the involvement of a wider range of independent actors who don’t take/use Global Fund money but are beneficiaries of the supported programmes.

The dialogues considered the GF core requirements regarding gender and human rights issues. In fact, a number of CSOs were specifically trained on those two issues under the training supported by STOP TB Partnership. As a result they better understood the needs of vulnerable populations they represent and identified/clarified the key barriers they face in terms of access to supported services, gaps regarding human rights and gender, problems concerning prisoners and refugees (e.g. poor detention condition, medical services often lower than the standards in prisons and refugees' camps) as well as challenges faced by medical personnel whose number of TB infected is increasing. The priorities the different KAP groups formulated were presented to different sets of stakeholders.

These efforts also help build consensus of priorities across the CSO sector engaged in TB work and with KAPs and their representatives.

After all meetings, the CSO members of the writing committee committed to ensure the insertion of all the recommendations made by CSOs and communities.

Follow up:

Response: A concept note review workshop was organized in September with CSO to ensure that their recommendations had been taken into consideration. As a result of the consultations conducted, some priority needs noted by CSOs and affected communities were considered in the concept note TB/HIV. These are:

Regarding the concerns/needs of KAPS: Two KAP recommendations linked to control of TB - in the TB/HIV concept -: *“conduct specific activities towards vulnerable groups, key affected populations, and children”* and *“engage civil society communities.”* There were about five other intervention areas mentioned in the CN that are linked to case detection and treatment of KAPs and others TB communities.

FIS has been considered as one of the watchdogs to conduct independent monitoring of GF grants implementation in Cameroon. Formally acknowledged by the CCM.

3. Do you have photos or any media documentation of the engagement? If so, please describe the type and quality. Would you be willing to share these media with the Global Fund for use in communications materials?

Response: All the consultations made by FIS were covered by local media to reach and engage the general population throughout the country dialogue process. Also critical debates were conducted on the GF grants programs in Cameroon and the development of the TB/HIV concept note.

Radio spot made by FIS to promote the Global Fund Governance in Cameroon.
(<http://forimpactsinsocialhealth.org/home>)