

Cameroon Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/19/2014

To date: 03/20/2014

Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Lors des Ateliers de la Société Civile et des PTF sur le NCPI (17 au 19 mars 2014) Sciences de travail des autres secteurs au GTC/CNLS

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Recherche du consensus par des argumentations et des exemples précis pour appuyer la note donnée Moyennes des notes proposées en cas de non consensus

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
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MINJUSTICE	Mr ESSOMBA Jackson, point focal VIH	A1,A2,A3,A4,A5,A6
MINPOSTEL	Mr NIMESSI Clément, point focal VIH	A1,A2,A3,A4,A5,A6
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NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Positive -Génération	MISSEKE TOUMBA Nicaise	B1,B2,B3,B4,B5
Presse jeune Developpement	NDAMCHEU Duvalier	B1,B2,B3,B4,B5
Good will Cameroun	NKA PIERRE	B1,B2,B3,B4,B5
KIDAIDS	TCHAMOKOUEEN FRANCIS	B1,B2,B3,B4,B5
CAMNAFAW	ATANGANA PAUL	B1,B2,B3,B4,B5
Réseau des jeunes	TCHAMBA MBIAFEU LIVIER	B1,B2,B3,B4,B5
Hebdo Notre Santé	NDJABUA Sidonie	B1,B2,B3,B4,B5
AN-NOUR	SANI	B1,B2,B3,B4,B5
RAPAIC	NYOBE Dieudonné	B1,B2,B3,B4,B5
REDS	TALOM Jean Marie	B1,B2,B3,B4,B5
CAMFAIDS	EITEL JORIS ELLA	B1,B2,B3,B4,B5
FIS	ANTOINE AMBASSA	B1,B2,B3,B4,B5
Affirmative action	TENTCHIMOU ROSTAND	B1,B2,B3,B4,B5
BAYAM SALAM	EKOAYE LEOCADIE	B1,B2,B3,B4,B5
CERAS	SIMO MAURICE	B1,B2,B3,B4,B5
CCAF+	KENKEM CAROLINE	B1,B2,B3,B4,B5
CEPCA	ONANA LEONARD	B1,B2,B3,B4,B5
RECAP+	IROGO Michel	B1,B2,B3,B4,B5
RENAFSOM	Dr GOUPAYOU INOUSSA	B1,B2,B3,B4,B5
CONGEH	NKAMO MOUHAMED	B1,B2,B3,B4,B5
RENATA	CATHY ABA FOUA	B1,B2,B3,B4,B5
HUMANITY FIRST	NDOMO YANNICK	B1,B2,B3,B4,B5
AFASO	MOUNTON POLINE	B1,B2,B3,B4,B5
HORIZONS FEMMES	KOM CAROLE	B1,B2,B3,B4,B5
ASAD	DJACPOU DJOMO LAURENT	B1,B2,B3,B4,B5
CANEP	MEKU ROSE	B1,B2,B3,B4,B5
AFSU	ZANGUE VIRGINIE	B1,B2,B3,B4,B5
UGIC	BISSALA ISAAC	B1,B2,B3,B4,B5
AAA	RUTH ENGO	B1,B2,B3,B4,B5
Positiive Generation	Eugene FYETH	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Comité National de Lutte contre le Sida à travers le Groupe Technique Central

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Participation à la revue du précédent plan, participation au choix des priorités et à la validation du plan

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws:

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: l'implication des acteurs dans le processus La prise en compte des besoins des populations spécifiques

What challenges remain in this area:: Insuffisance de financement pour appuyer le processus Faible implication des acteurs du niveau le plus périphérique dans le processus

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: dotation spéciale du Chef de l'Etat pour l'achat des ARV Le parrainage des événements spéciaux (Vacances sans Sida et Journée Mondiale contre le Sida) par la Première Dame du pays

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: LE MINISTRE DE LA SANTE

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?:

Include people living with HIV?: Yes

IF YES, how many?:

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: La tenue des réunions du CNLS L'existence du CCM du Fond Mondial

What challenges remain in this area::

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 13

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Commission des droits de l'hommes

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies::

Briefly comment on how they pose barriers::

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs:

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]::

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 5

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Les échanges avec les populations concernés et réalisations des études spécifiques

IF YES, what are these specific needs? : Développement des interventions spécifiques à chaque groupe spécifiques y compris la population générale

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 6

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: Depistage la fourniture d'ARV la PEC des infections opportunistes Le soutien psychosocial et nutritionnel

Briefly identify how HIV treatment, care and support services are being scaled-up?: La descentralisation vers les structures de soins les plus périphériques (hôpitaux de DS et CMA) La délégation des tâches (du médecin vers les infirmiers et les aides soignants) la subvention de plusieurs services (médicaments ARV, Bilan biologiques)

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Strongly disagree

Family based care and support: Disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Pérennisation des financements pour les ARV et intrants

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: Manque de ressources humaines et financières
Faible alignement des différents acteurs au système unique de SE

1.1. IF YES, years covered: 2011-2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 7,35

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: conditions de travail non adequates

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
01 Médecin de santé publique	Temps plein	2010
01 épidémiologiste	Temps plein	2013
03 ingénieurs statisticiens	Temps plein	2010
01 Infirmier supérieur	Temps plein	2010

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: No

Briefly describe the data-sharing mechanisms:: Tenue des réunions du Groupe Technique de SE pour le partage des informations Tenue des réunions des PTF Tenue des réunions de l'équipe conjointe Diffusion des rapports

What are the major challenges in this area?: L'absence d'un mécanisme systématique de transmission des données des secteurs vers l'unité de Suivi et Evaluation

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: No

IF YES, briefly describe the national database and who manages it.: Mise en place de la base de données en cours

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s): Le système d'information sanitaire est basé sur les données provenant des formations sanitaires vers les Districts de santé ensuite vers les délégations Régionales de la santé et vers le niveau central

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female): Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: TS, HSH, Jeunes, Femmes, Cammioneurs, détenus et les hommes en uniforme

Briefly explain how this information is used.: Les informations sont utilisées pour réorienter les actions des programmes, développer des mini projet et réaffecter les ressources

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other): Region et District de santé

Briefly explain how this information is used.: Les informations sont utilisées dans les cadres de la sensibilisation de la communauté des leaders. Elles sont également utilisées dans le cadre de la planification des activités au niveau régional et DS

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: No

Other [write in]: Pour développer des mini projets VIH

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: Les données sont utilisées pour évaluer les réalisations annuelles,

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained?: 02

At subnational level?: Yes

IF YES, what was the number trained: 20

At service delivery level including civil society?: Yes

IF YES, how many?: 60

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Développement des outils de suivi et évaluation Supervision et contrôle qualité des données

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 6

Since 2011, what have been key achievements in this area: Harmonisation des outils de collecte des données Formations du personnes I impliqué dans le SE Supervision formative

What challenges remain in this area: Insuffisance de personnel du SE dans les autres secteurs et au niveau décentralisée Collecte des informations de la société civile

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples: Élaboration du PSN 2014-2017 Participation à la collecte des données pour la revue à mi-parcours du PSN 2011-2015 Participation au processus d'élaboration de la note conceptuelle Participation aux activités de surveillance

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples: La société civile à participé à la conception et à la budgétisation du PSN

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 1

c. The national HIV reports?: 2

Comments and examples:: a. La Stratégie nationale les activités de la SC rentrent dans le cadre du plan stratégique. b. Budget national Nous avons une position mitigée parce que l'Etat soutient d'une manière ou d'une autre. Le niveau de soutien de l'état au budget des associations est faible. c. Rapports nationaux Il n'y a pas un bon feedback des rapports venant des OSC. Les OSC souhaiteraient voir les dépenses budgétaires et les tendances des infections afin de comparer avec leurs activités ou résultats. La reconnaissance dans les rapports est partielle pour les OSC mais ce résultat provient du fait que l'Etat ne donne pas l'impression de prendre en compte les rapports qui lui sont envoyés en plus des raisons susmentionnées.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples:: a. Développement du plan national de suivi et d'évaluation ? Les OSC sont informées du plan mais l'esprit d'évaluation n'existe pas mais elles sont invitées pour le validé. L'évaluation n'est pas une présentation mais un échange. Les OSC ne prennent pas part à la conception des outils d'évaluation. Faible implication de la SC dans le développement du plan b. Comité de suivi Le Groupe de suivi existe et la SC y participe c. Prise de décision La proportion des OSC qui participe ne partage pas les données avec les autres.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: Nous avons toutes les diversités d'organisation, associations et réseaux qui existent

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples:: a. Appui financier Les moyens financiers nationaux sont presque inexistantes et les moyens financiers internationaux sont devenus rares. Les moyens financiers internationaux sont de moins en moins adéquats. Quand bien même ils existent, il y a des rubriques qui sont mises de côté. Les partenaires ne tiennent plus compte des appuis institutionnels. b. Appui technique Les appuis techniques sont plus accessibles que les appuis financiers.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs:

Sex workers: >75%

Transgender people:

Palliative care : <25%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: >75%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area:: 1. Inclusion des OSC dans le cadre des rencontres stratégiques 2. La présence de la SC comme PR dans les projets Fonds Mondial 3. La participation de la SC dans le processus d’élaboration des notes conceptuelles 4. La représentation à l’ICN 5. La participation aux réunions statutaires du CNLS 6. Les appuis en termes d’équipements consommables

What challenges remain in this area:: Besoin de mandataire avec des mandats précis à cause du défaut de structuration de la SC: • Absence de mission délégataire de la SC • Absence de projets liés à la structuration de la SC • Les partenaires donnent des appuis financiers en fonction de leurs objectifs à atteindre 2. La qualité d’implication des OSC par : • Les appels tardifs et le problème de transmission des documents de travail le jour des réunions ou des concertations • Défaut d’information • La non prise en compte des recommandations de la SC après les réunions ou les concertations 3. la rétro information 4. l’octroi des subventions et des appuis

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: l’implication à l’implémentation des programmes à travers un soutien politique et financier est faite mais elle devrait être accrue Oui pour l’implication à la conception des politiques gouvernementales de riposte au VIH par exemples : • La participation à l’élaboration du PSN • La participation au processus d’élaboration du Plan d’élimination de la transmission mère-enfant • La participation à la rédaction des notes conceptuelles du Fond Mondial

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Réfugiés, Population autochtones

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: - Article 342 du Code pénal - Préambule de la Constitution du Cameroun qui consacre l'égalité des citoyens en droits et en obligations.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: S'en référer - Aux Institutions judiciaires et - Commission nationale des droits de l'homme et des libertés,

Briefly comment on the degree to which they are currently implemented:: S'en référer - Aux décisions de justice - Les rapports des différentes commissions et - La veille citoyenne à travers l'action des associations de la société civile

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Réfugiés, Populations autochtones

: No

Briefly describe the content of these laws, regulations or policies:: - Article 347 bis du Code pénal (homosexualité) - Article 343 du Code pénal pour les travailleurs de sexes, - Disposition sur l'usage des drogues et des stupéfiants

Briefly comment on how they pose barriers:: - Arrestation arbitraire - Séquestrations et tracasseries policières - Refus de soin - Insultes - Violences physiques, verbales et morales

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: - La Convention pour l'élimination de toutes formes de violences à l'égard des femmes - Traité de Maputo - Code pénal - Code civil

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Toutefois, la question des droits est traitée de façon transversale dans le Plan Stratégique National.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:: Toutefois, la Commission nationale des droits de l'Homme et des libertés et les associations offrent des mécanismes de bases en termes d'assistance juridique.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: - Enfants et adolescents (0 à 15 ans) pour le dépistage,

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: S'en référer les outils et documents mis en place par la CAMNAFAW dans le cadre du Projet Fonds Mondial Round 10. Cette politique ne cible que trois catégories le TS, camionneurs et MSM.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: Cette stratégie mise en place ne concerne que les Camionneurs, le MSM et les TS. Les approches s'articulent autour - des Plaidoyers, - Sensibilisations des forces de l'ordre, - Communications, - Services juridiques pour les cas liés à la maladie. - Approche syndromique des IST

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: S'en référer - au Code de travail de 1992, article 2 - Préambule de la Constitution du Cameroun - Décret de 1994 sur l'accès à la Fonction publique, Article 13 sur la non discrimination

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: Se référer à la Commission nationale des droits de l'Homme et des libertés.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: No

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 2

Since 2011, what have been key achievements in this area:: - Dotation spéciale du Chef de l'Etat pour les ARV en 2013
- Partenariat public privé dans l'achat des ARV (Minsanté - GICAM)

What challenges remain in this area:: - Réforme du droit - Adoption d'une loi spécifique pour les PVVIH - Elaboration des programmes de promotion et de sensibilisation du droit existant - Mise en place d'un mécanisme de consultation juridique et d'assistance aux PVVIH - Plaidoyer en direction des décideurs publics.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 2

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: - Inscription dans la loi de finance des clauses d'exonération douanières pour l'achat des ARV.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: A travers leur intégration dans le PSN ; La programmation des stratégies et activités spécifiques ;

IF YES, what are these specific needs? : TME MARPS Femmes Jeunes

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Disagree

Condom promotion: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area: • Intensification des activités de com auprès des populations clés (MSM, TS, Camionneurs) ; • Proposition systématique du dépistage à la CPN ; • Renforcement des capacités des personnels sur la PTME ; • Gratuité du dépistage pour les femmes enceintes, enfant de moins de 5 ans et étudiants-élèves ; • Intégration de l'enseignement du VIH dans les programmes scolaires ; • Promotion de l'utilisation du préservatif féminin ; • Organisations des actions de proximité par les OSC ; • Activités de plaidoyer en faveur des populations clés, aussi sur l'optimisation de l'offre des services de prévention ;

What challenges remain in this area: • Disponibilité permanente des réactifs; des préservatifs masculins et féminins ; • Renforcement de l'accessibilité et élargissement de l'offre en sang sécurisé dans tous les hôpitaux du triangle national; • Intensifier la mobilisation des communautés pour l'utilisation des services de PTME et Planing familial ; • Extension du réseau de distribution du préservatif dans les villages ; • Intensification des actions de communication et d'éducation dans les milieux scolaires et extra scolaires

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized: Counselling pre et post Dépistage Bilans d'entrée (orientation et pré-thérapeutique) ARV ; Bilan de suivi ; Charge virale ; Aide à l'observance ; Traitement IO ; Prise en charge nutritionnelle ; Assistance à domicile ; Lutte contre le stigma discrimination ;

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Allocation des ressources conséquentes ; • Bonne évaluation des besoins ; • Renforcement des capacités techniques et des RH ; • Intensifier la lutte contre le stigma, l'auto-stigmatisation, et discrimination et la promotion du respect des dispositions en vigueur notamment le respect des couts,le respect de la confidentialité ; • Renforcement des plateaux techniques ; • Implication des OSC et des autres secteurs notamment le secteur confessionnel. • La délégation des tâches par rapport à la dispensation des ARV

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Disagree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Strongly disagree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Strongly disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area:: Approvisionnement en ARV et antiTB, anti IO, (ruptures répétitives ; files actives obsolètes)

What challenges remain in this area:: • Augmentation des ressources financières allouées à la lutte contre le VIH sida ; • Révision file active ; • Concrétisation Option B+ ; • Accès PCR ; • Approvisionnement des CTA en ARV, réactif, cotrim en quantité suffisante ; • Amélioration des conditions de prise en charge pédiatrique (intensification de la communication) ; • Implication des autres secteurs (MINASS, MINPROFF) ; • Appui aux OSC ; • Intensification de la lutte contre le stigma et discrimination ; • Respect GIPA ; • Implémentation des nouvelles recommandations OMS ; • Renforcement de la prise en charge psychosociale du VIH et communautaire ;

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 2

Since 2011, what have been key achievements in this area:: • Appui nutritionnel • Appui médical* • Appui éducationnel

What challenges remain in this area:: • Elaboration d'un P S spécifique de PEC des OEV ; • Amélioration des conditions de PEC médicale, éducationnelle ; sociale • Augmentation des ressources allouées ; • Amélioration de la gouvernance dans l'utilisation des ressources ;