



Cameroon
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

I. Background

Located at the crossroads of West and Central Africa, Cameroon is one of the most ethnically, linguistically, religiously, and geographically diverse countries in the world. Although this diversity has very likely limited the spread of HIV infection through the general population in the past, economic forces are now driving increased movement of people across borders and between urban and rural areas; girls are pressured to begin sexual activity at an earlier age in order to support themselves or to supplement household incomes; natural resource exploitation has fueled the spread of infection among transport workers and truck stop communities; and lack of effective behavior change interventions has allowed the prevalence to climb sharply among at-risk populations. Cameroon's population of just over 19 million is in the midst of a generalized HIV epidemic with overall prevalence among the highest in West and Central Africa at 5.5%¹, and pockets of hyperendemicity of up to 11.2% among military personnel²; 12.3% among pregnant women in urban areas of the Southwest³; 18-33% among men who have sex with men (MSM)⁴; and 36% among commercial sex workers (CSW)⁵. There is also a marked disparity in HIV rates between women and men, especially in youth aged 15-24, among whom females are more than twice as likely to be infected as males⁶. A recent study conducted by the National AIDS Control Committee (NACC) with USG support projects over 50,000 new infections in 2010, with 560,000 people living with HIV/AIDS and over 300,000 children orphaned by the epidemic by the end of the year.⁷

Drivers of the Epidemic: The HIV epidemic in Cameroon is principally driven by high-risk heterosexual practices such as low condom use, multiple concurrent partners or a high number of lifetime sexual partners, and commercial sex activities. Mother-to-child transmission is responsible for 14% of new HIV infections, with 7,300 infants projected to be born HIV positive in 2010⁸. Lack of male circumcision is not a significant risk factor in Cameroon, with circumcision rates over 90%, except in the North (88.4%) and the Far North (61.5%) regions, where the country's HIV prevalence is lowest. Injection drug use is uncommon and does not contribute significantly to the HIV epidemic. Early sexual debut and transgenerational partnerships, believed to be driven by economic and cultural forces, are common among young women.

Maternal to Child Transmission: In its Round 10 application to the Global Fund, Cameroon pledged to "virtually eliminate pediatric HIV infection." Achieving this goal will require extensive collaborative effort. HIV prevalence among pregnant women in Cameroon was estimated at 7.6% in 2009⁸, one of the highest rates in the West- and Central African regions. The Government of Cameroon (GOC) estimates that coverage of pregnant women with Prevention of Mother to Child Transmission (PMTCT) services is 35%, meaning that 65% of pregnant women do not have access to PMTCT services. Only 19% of HIV-infected pregnant women and just 17% of HIV-exposed newborns receive antiretroviral (ARV) prophylaxis. Low utilization of family planning, antenatal care (ANC) and maternal and child health (MCH) services; poor monitoring of PMTCT/MCH services; poor tracking of HIV-positive women and children; an unreliable supply chain; poor coordination of PMTCT across regions; and a shortage of human resources for

¹ Cameroon DHS, 2004.

² Cameroon DHAPP Seroprevalence Survey, 2005.

³ GOC ANC HIV Survey, 2010.

⁴ Cameroon National Family Welfare Association (CAMNAFAW) activity report, 2009.

⁵ GOC Female sex workers survey.

⁶ UNAIDS/WHO, 2008.

⁷ National AIDS Control Committee (Central Technical Group), *Impact of HIV and AIDS in Cameroon through 2020*; 2010.

⁸ GOC ANC HIV Survey, 2010.

PMTCT/MCH, all contribute to high maternal to child transmission rates. In this setting, the maternal mortality ratio was estimated at 1,000 per 100,000 live births in 2006, while the infant mortality rate was 87 and the under-five mortality rate 149 per 1,000 live births⁹.

Most at Risk Populations (MARPs): HIV prevalence among most at risk populations (MARPs) in Cameroon is rising. HIV prevalence among female sex workers, for example, increased from 26% in 2004 to 36% in 2009. Homosexual practices are both punishable by Cameroonian law and highly stigmatized. The National Strategic Plan for HIV/AIDS 2011-2015 prioritizes the following groups as critical targets in the fight against HIV: female sex workers, truck drivers, MSM, young women aged 15-25 years, uniformed servicemen and women, and incarcerated populations. The plan identifies the following as gaps in coverage for MARPs: serologic and behavioral surveillance, targeted behavior change communication (BCC), access to voluntary counseling and testing (VCT), particularly in communities with a significant presence of MARPs, and accessible care and treatment services.

Blood Safety: In 2006, Cameroon's blood transfusion need was estimated at 170,000 units, while less than 40% of this amount was available, and 80% of that was provided by patients' family members or paid donors. The shortage of blood from low-risk donors is exacerbated by the absence of a National Blood Transfusion Center or network of regional blood centers; the lack of a national program for donor mobilization and retention; and the insufficient and irregular availability of needed supplies and modern equipment. Additionally, laboratory procedures for blood transfusion are of very poor quality due to the lack of training of transfusion personnel and to poor quality assurance measures. For instance, at the district level, donated blood is regularly tested for HIV using only rapid tests, with ELISA testing available only in regional centers. Screening for hepatitis B virus, syphilis, and hepatitis C virus is not routinely performed on blood for transfusion.

Laboratory Services: In general, laboratory services and infrastructure remain very weak throughout Cameroon, with significant sub-populations lacking access to timely, affordable, and reliable laboratory services. CDC's laboratory in the Southwest region has taken on the testing of all newborns under MOPH's early infant diagnosis (EID) program in four regions, and is using EID as an entry point for introducing Quality Assurance measures at participating labs. Cameroon's National Public Health Laboratory (NPHL) does not have the capacity to do molecular testing, confirm positive tests on HIV and tuberculosis (TB) samples, prepare and distribute proficiency testing panels, or provide refresher trainings for laboratory personnel. With full concurrence from the Ministry of Public Health (MOPH), the USG has identified a pressing need to co-locate CDC experts in laboratory science and public health at the designated NHPL, on the campus of the Health Ministry, in order to provide capacity-building technical assistance through daily formal and informal contact.

Strategic Information (SI), Monitoring & Evaluation (M&E): In Cameroon, M&E efforts are inconsistent and poorly coordinated, and the recently-developed national M&E plan has not been implemented. Forms used for recording data on HIV counseling and testing, PMTCT, HIV-related patient care, laboratory tests, blood safety, and supply chain management are not standardized. Quality-assured data collection procedures and routine data analysis for M&E are not well-developed, and M&E results are not routinely used for policy-making or program management. Additionally, the HIV surveillance system provides insufficient information for data-driven planning of prevention, care, and treatment services for groups at risk for HIV/AIDS.

Public Health Management Capacity: The health care system in Cameroon suffers from inadequate resources, a lack of trained clinicians, and insufficient infrastructure. It is characterized by poor coverage and poor quality of services, with both quality and availability of care notably worse outside of the cities of Yaoundé and Douala. In order to address urban-rural disparities, the GOC has developed a "decentralization" plan that aims to improve access and quality of care at the district level, and has allocated some additional resources to underserved areas.

Supply Chain Management: All supplies and drugs for MOPH are procured and distributed through a central store (CENAME). Inadequate staffing, coordination, and management of commodities for HIV, sexually transmitted infections (STIs), and family planning at central and peripheral levels contribute to

⁹ WHO World Health Statistics, 2008.



frequent stock-outs and long restocking times at point-of-care sites. Additional challenges for CENAME include managing large donations and staying on top of supply needs in the regions.

II. Embracing the Global Health Initiative Core Principles

In this, its first Country Operational Plan (COP), the PEPFAR team in Cameroon has made a deliberate effort to embody the seven core principles of the Global Health Initiative (GHI):

Sustainability and Country Ownership

In May 2010, the GOC released its third Five-Year Strategic Plan for HIV/AIDS, which outlines eight *strategic approaches* that are at the heart of the GOC's efforts to combat HIV/AIDS:

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

These priorities map well onto the GHI principles and have allowed PEPFAR/Cameroon to strategize and select activities that support and complement the National Plan. In preparing this COP, the USG PEPFAR team presented a high-level overview of planned activities for FY 2011 at a Partners' Meeting with representatives from various government ministries, multilateral agencies, research foundations, and local and international non-governmental organizations (NGOs). During the meeting, partners overwhelmingly expressed support for a COP design that would not work in parallel to the national plan, but rather would reinforce the GOC's ongoing strategy to address HIV/AIDS in Cameroon. There was also broad consensus that the four strategic pillars selected by the USG (PMTCT, MARPs, Blood Safety, and the HSS needed for the other pillars to function) represent the best use of available USG assistance for greatest impact on the epidemic.

PEPFAR Cameroon's goal is to intervene in ways that produce sustainable progress in the GOC's fight against HIV/AIDS. The USG team has made significant strides in transitioning from direct program implementation to a technical assistance (TA) model that focuses on capacity building for Health Ministry officials and relevant civil society partners. USG-provided TA is frequently sought by the GOC, but the lack of technical staff based in Yaoundé is a barrier to the daily formal and informal consultations on which a strong mentoring relationship is built. Within the next year, CDC plans to move its offices from the Southwest region to a shared location with MOPH in Yaoundé. The USG will be transferring the majority of its current laboratory work supporting EID to regional Health Ministry partners.

Women- and Girls-Centered Approaches

The burden of HIV/AIDS in Cameroon is borne disproportionately by women and girls. In the 15-49 age group the HIV prevalence rate among females is 6.8%, compared with just 4.1% among males, while prevalence among women 25-29 is the highest of all age and sex groups at 10.3%¹⁰. The gap between male and female prevalence rates is particularly pronounced in the 15-19 age group, with prevalence among females at 2.0%, compared to the male prevalence rate of 0.75%. Recognizing these disparities, PEPFAR Cameroon has put a comprehensive approach to PMTCT at the heart of the USG's prevention portfolio, integrating HIV prevention with reproductive and sexual health (RSH), family planning and MCH services.

Another key element of PEPFAR Cameroon's prevention strategy includes targeting MARPs. In this

¹⁰ Cameroon DHS, 2004.



setting, MARPs are defined as CSW and their partners, long-distance truck drivers and their partners, uniformed service members, MSM, and incarcerated populations. Many of these MARPs include women, and PEPFAR Cameroon has made a deliberate effort to reach out to those women with tailored prevention messages. Additionally, given the disparities in prevalence between young men and women in Cameroon and the GOC's goal of reducing those gaps, the USG team has included females aged 15-24 as a high-risk population that will be targeted along with traditional MARPs through BCC, empowerment programs, and other prevention activities.

Strategic Coordination and Integration

PEPFAR Cameroon's programmatic portfolio reflects the team's efforts toward strategic coordination among USG agencies, the GOC and civil society partners. The comprehensive approach to PMTCT combines RSH, family planning and maternal-child health (MCH) services in an evidence-based "one-stop shop" model of integrated services that has been proven to provide better health outcomes for women and children. PEPFAR-funded PMTCT activities will be coordinated with USAID's Action for the West Africa Region (AWARE) program activities in one or two target regions for better integration of quality PMTCT, RSH, family planning, and MCH services. The target region(s) will serve as a model for scale-up of activities to the rest of the country in the coming years.

As the cornerstone of PEPFAR Cameroon's prevention portfolio, PMTCT activities demonstrate the extent to which USG agencies will work collaboratively in Cameroon as one USG team. CDC will draw on its expertise in introducing international best practices to resource-poor health systems through direct TA and training for MOPH and clinical staff at national and regional levels, while directly supporting clinical services, including laboratory and EID services, until capacity is transferred to the host country. USAID will draw on its experience in service delivery in developing countries to support improvements in the GOC's supply chain management; this will ensure that PMTCT and RH clinics have the testing kits, ARVs, and other medical supplies necessary for service provision. USAID-supported activities for OVC will be linked to PMTCT and other USG-supported programs for continuity of care. The Peace Corps, drawing on its ability to effect community-level change, will lead community capacity building and mobilization efforts aimed at increasing uptake of MCH/RH services and promoting positive behavior change. Trainings for Peace Corps Volunteers and their Cameroonian counterparts across sectors will help strengthen community-based program design and management, introduce proven BCC approaches into PMTCT and HIV prevention for MARPS, and support blood safety programs at the grassroots level. Using its expertise in diplomacy and public affairs, the State Department will provide direct TA on leadership and good governance to MOPH officials, and will bring MOPH and other GOC officials to the United States under the International Visitors Leadership Program (IVLP) for targeted technical and leadership development. As a result of their experience in the U.S., alumni of these programs can serve as a useful bridge to Cameroonians who may have less experience with the United States and the way we do business, particularly with regard to foreign assistance.

In the area of Blood Safety, the USG will pair MOPH officials and clinicians at all trainings with counterparts from the military medical community to support adequately trained personnel and best practices in both the civilian and military medical systems in Cameroon. Additionally, the USG will convene technical working groups in the areas of PMTCT, MCH, Blood Safety, M&E, and Supply Chain Management to facilitate collaboration, coordination and sharing of best practices across public, private, and non-profit sectors.

Strengthening and Leveraging Partners

Over the past five years, the USG team's role in Cameroon has evolved from one of direct implementation to one of targeted TA. The vast majority of PEPFAR activities in FY2011 will be geared toward building the capacity of the NACC, the larger MOPH, and other GOC ministries; multilateral agencies (UNAIDS, UNICEF, UNFPA, WHO, etc.); competitively selected local NGO partners; and other civil society partners. The USG team will provide directed TA for program activities, plan and develop training programs with other technical partners, and facilitate coordination and sharing of best practices across sectors.

Health Systems Strengthening

HSS is a key priority for PEPFAR Cameroon, and targeted HSS work is planned in each of the major program areas (PMTCT, prevention for MARPs and other vulnerable populations, and Blood Safety). A number of cross-cutting HSS activities are planned as well as, in the areas of supply chain management, laboratory systems strengthening, and training in leadership and good governance, all of which are designed to produce sustainable improvements in Cameroon's health system. PEPFAR Cameroon will also support the cascade of training activities to district and community levels in order to support the GOC's goals related to decentralization.

Improved Metrics, Monitoring, and Evaluation

SI, including M&E, is a key component of PEPFAR Cameroon's cross-cutting HSS activities. Historically, activities related to SI and M&E have not received adequate resources in Cameroon, yet the National Strategic Plan prioritizes improvements in quality of SI data, standardization of M&E practices, and data-based decision-making. The USG's SI and M&E activities are outlined below under "Programmatic Focus".

Promoting Research and Innovation

A number of organizations conducting biomedical and behavioral research in Cameroon contributed to the development of the PEPFAR strategy. These organizations will be linked with multilateral agencies, local NGOs, and GOC actors through technical working groups (TWGs) facilitated by the USG team, with the goal that these TWGs will facilitate the sharing of operational research findings and best practices. Additionally, the USG will offer small grants to implement innovative community-level projects related to HIV/AIDS.

III. Programmatic Focus

All of PEPFAR Cameroon's program activities align with one or more of the eight strategic approaches of the National Strategic Plan for HIV/AIDS. The USG's programmatic approach supports four strategic pillars:

1. ***Prevention of Mother to Child Transmission:*** A comprehensive approach to PMTCT programming aims to increase coverage and quality of services while integrating RSH, family planning, and MCH activities at national, regional, and community levels, including particular focus on care and support to OVC identified through PMTCT activities.
2. ***Prevention Activities Targeting MARPs and Other Vulnerable Groups:*** These include SI, sexual prevention, counseling and testing, empowerment, income generation, and other prevention activities targeting high-risk and vulnerable groups in Cameroon:
 - Girls and women aged 15-24,
 - MSM,
 - Uniformed service personnel,
 - Truck drivers and their partners, and
 - CSW and their partners.
3. ***Blood Safety:*** This program area includes promotion of voluntary, non-remunerated blood donation; the development and standardization of screening protocols and algorithms for testing blood for HIV and other blood-transmissible infections; reinforcing regional blood services; and the establishment of a national blood transfusion system.
4. ***Health Systems Strengthening:*** The target here is those functions of the health system that must be working for the other interventions to succeed. For PMTCT, this means integration of HIV prevention across the spectrum of family planning, antenatal/perinatal/postnatal care, newborn and early childhood care, EID, and accessible maternal and pediatric ARV treatment. Prevention among MARPs requires greater access to HIV prevention integrated with STI and RSH care. For Blood Safety, corresponding HSS includes community mobilization and strategic communication. Cross-cutting activities target public health management capacity; laboratory quality improvement; availability of SI to drive decisions; human resources for health; and a reliable supply chain for condoms, STI drugs, HIV test kits, laboratory supplies, and BCC materials.

Prevention Activities

A. PMTCT

The USG's comprehensive package of PMTCT activities includes services for RSH, family planning and maternal-child health, with the overarching goal of improving PMTCT coverage and quality of services. The USG will support the GOC in providing direct PMTCT, RSH, and MCH services in line with national and international guidelines through health facilities in the targeted region(s) of Cameroon. Services will include testing and counseling for HIV in ANC settings, provision of antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants, EID and linkages to care and treatment services. Using a data-driven selection process that prioritized a high prevalence of HIV among pregnant women, a high infant mortality rate, low PMTCT coverage rates, and high potential for collaboration with USG and non-USG partners, the USG identified the Southwest, Northwest, Adamaoua, and East as potential target regions. First year PMTCT activities will be implemented in one or two of these regions, which will serve as models of best practices for other regions to be included in scale-up activities in the coming years.

The USG will build capacity at the national (NACC/MOPH), district, and local levels through a series of trainings targeting clinicians and MOPH staff. Planned activities include:

1. Training of national and regional MCH staff on standard practices and innovations in PMTCT and MCH;
2. Training of a pool of master trainers and supervisors in PMTCT and MCH services in the target regions;
3. Monthly visits to the target regions by national and regional MCH staff to health facilities and districts for supportive supervision and feedback from the field;
4. Adaptation, simplification, and dissemination of the new WHO PMTCT guidelines;
5. SOPs, monitoring checklists and other job aids to support quality assurance in the target regions;
6. Revision and standardization of PMTCT registers and forms and ensure their availability and utilization at all national and regional health facilities; and
7. Roll-out of the PMTCT counseling tools and job aids in the target regions.

In previous years, the USG has managed the bulk of Cameroon's EID program, including on-site training on HIV rapid testing and the use of logbooks to enhance early tracking of HIV-infected infants, early initiation of antiretroviral therapy, and monitoring of the PMTCT program efficacy. Beginning in FY2011, the USG will support the transition of EID laboratory activities to local partners through mentored trainings and direct TA. This will ensure the sustainability and country ownership of the EID program.

Community-level prevention efforts will include BCC for PMTCT, and other topics related to MCH, RSH and family planning; and the education and care and support through the use of *Care Groups*, an outreach approach that recruits women from the community as care coordinators and health educators. Other activities at the community level include a *Men as Partners* approach to prenatal care and PMTCT, and life skills training programs aimed at empowering women and girls and creating awareness of PMTCT.

The USG will collect SI and conduct operational research to monitor and support PMTCT activities. PEPFAR Cameroon will support an assessment of barriers to uptake of PMTCT and MCH services in the target region(s). The USG will ensure that data collected from the target region(s) are analyzed appropriately and made available to partners at the local, regional, and national levels. These data will also inform PEPFAR Cameroon's programmatic priorities and decisions in future years. The USG will provide TA to NACC for its biennial HIV seroprevalence survey in antenatal clinics. PEPFAR Cameroon will build SI capacity with partners through the provision of training, including some training equipment and supplies, at the national and regional levels, with additional training and supportive supervision at the district and local levels in data entry, data quality assurance, M&E, data storage, and data analysis.

In order to standardize testing procedures and ensure quality laboratory services, the USG may provide CD4 machines, supplies and training to expand clinical monitoring in the target region(s). PEPFAR

Cameroon will work with the MOPH and other partners to improve supply chain management at the national level and in the Southwest, by ensuring responsible financial management, allocation of resources and training to support the procurement and distribution of ARVs, test kits, family planning services and reagents to support PMTCT, RSH, and MCH programs. Capacity-building activities including logistics training for pharmacists at the CENAME central store will occur at the national level, while distribution efforts will be focused primarily in the Southwest region. PMTCT activities will be coordinated with the GOC, multilateral agencies, NGOs and other partners through a USG-supported national technical working group on PMTCT and MCH.

B. MARPs

The USG has been involved in prevention activities with MARPs in Cameroon since 2006; the strategy for FY 2011 is to strengthen and expand existing MARPs programs to reduce the rate of new HIV infections in Cameroon. PEPFAR Cameroon will increase adoption of HIV/AIDS-protective behaviors among target populations through BCC, condom distribution, and VCT among MARPs. The USG will work with international NGOs and local partners to improve the quality of HIV/AIDS prevention services while strengthening MARP-friendly counseling and testing services and building capacity for rights-based community outreach, care, and support. Key activities will include: building local capacity for the delivery of MARPs-friendly services in targeted communities; producing tailored prevention and BCC messages and materials for dissemination; securing the supply of low-cost, high-quality condoms in at selected points of sale; providing HIV/STI prevention and safer sex education through outreach and peer education; supporting drop-in centers targeting female sex workers and MSM to provide essential HIV/AIDS/STI prevention services, psychosocial support, medical and legal assistance, referrals to other services, and material assistance for those most in need. Interventions will focus primarily on CSW and MSM in eight urban sites with high HIV prevalence in the multiple regions of Cameroon. The USG will address the particular vulnerabilities of women and girls ages 15-24 at the community level through HIV prevention interventions related to self-efficacy, gender equity and economic opportunities through *Life Skills*, *Men as Partners*, and *Care Groups* (approaches described above).

C. Blood Safety

The USG will contribute to efforts to develop a safe, reliable blood supply by supporting a rapid needs assessment of blood centers and blood banks; and by conducting operational research, including a population-based assessment of knowledge, attitudes, and beliefs affecting voluntary non-remunerated blood donation. This assessment is intended to inform the design and implementation of an integrated community strategy to promote voluntary non-remunerated blood donation. PEPFAR Cameroon will support partners to organize donor recruitment trainings targeting communities and youth in a continuous cycle to build local capacity to manage donor recruitment. The USG will support both the design and standardization of donor screening protocols, including a self-assessment questionnaire and guidelines for blood transfusion; and the standardization of testing algorithms of blood for HIV (distinct from general HIV testing) and other blood-borne infections.

PEPFAR Cameroon will also assist NACC to develop appropriate quality indicators for each phase from collection to transfusion, including cold chain integrity. The USG will work with NACC and MOPH to organize facility-level transfusion committees and data management systems and will establish a national blood transfusion system in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the National Strategic Plan. Additionally, the USG will reinforce blood transfusion services by providing blood transfusion infrastructure, equipment, reagents, and supplies. PEPFAR Cameroon will use data from the assessment of knowledge, attitudes, and beliefs related to blood services in order to identify barriers to blood donation and will engage in community mobilization and BCC activities in order to promote the use of services. The USG will collaborate not only with MOPH and NACC on the activities above, but will also include members of the military medical community in order to simultaneously increase blood banking and donor recruitment capacity within the civilian and military medical systems. Lastly, PEPFAR Cameroon will reinforce blood transfusion services through training at the national level

and in targeted regions on quality management, effective clinical use of blood, and good laboratory practices.

Treatment Activities

Case-finding and referral for antiretroviral therapy of HIV-positive mothers and infants is included as a key service in need of support under PMTCT programming. These activities may eventually present a bridge for USG technical assistance to move from support in prevention and HSS to greater support for ARV treatment. Nationally, the GOC has requested principal support for treatment activities through the Round 10 Global Fund application, for which the USG team provided technical assistance.

Care and Support Activities

A. People Living With HIV/AIDS

In addition to the prevention activities described above, community health workers engaged in *Care Groups* programs will provide psychosocial support for people living with HIV/AIDS (PLWHA), limited clinical services, and assistance maintaining links between community and health center to prevent patients being lost to follow up. The MARPs portfolio also includes activities aimed at reducing stigma and providing support services for HIV-positive CSW and MSM. Small grants will be used to strengthen groups representing PLWHA and reduce stigma through community-level testimonials and exchange visits.

B. Orphans and Vulnerable Children

The USG will focus its efforts to assist OVC on supporting Cameroon's national OVC program. There are currently two national initiatives supporting OVC through which the USG, in partnership with local organizations, civil society, and other the leadership of the GOC, will support the national OVC program for direct provision of core services to OVC (education, food and nutrition, basic health care, economic support, socio-professional insertion, legal protection, shelter and psychosocial support), as well as community capacity building to reduce stigma and encourage the provision of supportive services for OVC.

C. TB/HIV Co-infection

Cameroon was awarded a Round 9 Global Fund grant for tuberculosis which supports prevention and diagnosis of HIV-TB co-infection; the pending Round 10 proposal will train service providers on the management of HIV/TB co-infection and maintain availability of cotrimoxazole and antiretroviral drugs at TB treatment centers. With limited resources for addressing HIV-TB, the USG will focus on community-level support for adherence to ART, isoniazid and cotrimoxazole prophylaxis, and recognition of TB symptoms for PLWHA under the *Care Groups* program. The USG will also strengthen TB laboratory diagnosis as described in the following section.

Health Systems Strengthening Activities

A. Strategic Information/Monitoring & Evaluation

The GOC has recognized the importance of improving SI, particularly M&E. PEPFAR Cameroon is committed to supporting the GOC in SI and M&E, and activities will focus on implementing and refining the National M&E Plan. The USG will provide TA and resources to NACC and partners to organize partners' meetings to discuss implementation of the National M&E Plan and a national M&E system coordinated according to the "Three Ones", and updating and standardizing M&E tools. The USG will provide technical assistance to NACC, multilateral organizations, and other key partners to finalize and test standardized VCT, HIV/AIDS reporting, PMTCT, HIV care, ART, blood safety, supply chain management, and laboratory test forms for Cameroon as the first step towards an integrated health management system. Regional capacity building activities will include three week-long trainings of regional trainers in principles of M&E, data quality assurance and the use of standardized M&E tools for measuring key indicators in the National Strategic Plan for HIV/AIDS. Additional TA and resources will be provided to NACC for on-site training and supervision of data entry: data quality assurance using the new standardized forms in testing, care, and laboratory sites: and data abstraction and data analysis at the



national level and in target regions. The USG will work to build SI capacity within NACC through the provision of hardware, software, and training at national and in target regions in data entry, data quality assurance, M&E, data storage, and data analysis. Additionally, the USG will build SI and M&E capacity at the community level, assisting in the roll-out of M&E plans, data collection, and the facilitation of local use of data.

B. Laboratory Quality

The USG has a strong history of involvement in laboratory activities in Cameroon, and will continue to provide targeted TA and resources to the GOC for laboratory activities. USG efforts will focus largely on quality assurance (QA). Specifically, the USG will support the tiered lab system and accreditation of four regional laboratories, which will then provide downstream support to district laboratories. PEPFAR Cameroon will support the MOPH to develop policy guidelines for implementing quality management systems, laboratory accreditation, laboratory management, and bio-safety. The USG will purchase QA panels to cover HIV rapid testing, PCR testing, clinical chemistry, hematology, TB and CD4 assays as necessary; support the Dry Tube Specimen (DTS) approach to preparing and distributing proficiency samples for HIV rapid testing; and expand the use of standardized logbooks for recording HIV test results. The USG will also sponsor specialized pre-and in-service training for bench staff in the area of CD4, hematology, viral loads, and TB testing to ensure competency in diagnosis and clinical monitoring. The USG will also use non-PEPFAR resources support basic laboratory information systems in collaboration with MOPH in four pilot labs, including design and implementation of a customized package of software and hardware, with eventual roll-out to all clinical laboratories. The systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system and are expected to improve HIV/AIDS case reporting. Finally, the USG will support the GOC in setting up its NPHL and developing a five-year Laboratory Strategic Plan to inform annual operating plans as part of their national and regional health plans.

C. Supply Chain Management

PEPFAR Cameroon will support capacity building in the area of supply chain management. The USG will engage in activities focused on building the capacity of CENAME and selected regional supply centers (CAPRs) and district hospitals in procurement and distribution of HIV/AIDS, STI, and family planning supplies. The USG will also build capacity of staff at CENAME, selected CAPRs, district hospitals and health centers in information and logistics management, and will provide support for meetings of a national technical working group on supply chain management.

D. Human Resources for Health

CDC's nascent Central African Field Epidemiology-Laboratory Training Program, for which PEPFAR Cameroon provides key technical, administrative and logistic support, will produce five Master's-level public health laboratorians and investigative epidemiologists for Cameroon each year, beginning in 2012. The U.S. State Department's Office of Public Affairs also sends many Cameroonian health care practitioners and HIV/AIDS experts on educational programs to the U.S.; the alumni of these programs represent a unique pool of expertise and knowledge acquired in the U.S.

IV. Management and Operations

The USG's management and operations budget for FY 2011 reflects a number of one-time costs, such as construction associated with the NPHL and office space for co-location with MOPH, as well as moving CDC's offices and laboratory from their current location to Yaoundé.

New Procurements

REDACTED

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Time Frame

FY 2011: October 2010 – September 2011

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	550,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	05	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	54,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	37,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	649,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant			



			women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	34,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	610,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	330,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	270,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	320,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

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

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

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



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		1,500,000	7,400,000		8,900,000
PC			565,000		565,000
State			146,245		146,245
State/AF			1,090,990		1,090,990
USAID			2,047,765	1,500,000	3,547,765
Total	0	1,500,000	11,250,000	1,500,000	14,250,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	State	HHS/CDC	PC	State/AF	USAID	AllOther	
HBHC			43,730		228,116		271,846
HKID					530,000		530,000
HLAB		1,470,671		500,000			1,970,671
HMBL		407,000			350,000		757,000
HTXS					11,491		11,491
HVAB			190,440				190,440
HVCT					153,939		153,939
HVMS	146,245	2,547,500	116,900		68,543		2,879,188
HVOP		82,000	152,430		311,515		545,945
HVSI		628,015			44,161		672,176
MTCT		3,090,609	61,500	500,000	350,000		4,002,109
OHSS		67,039		90,990	1,500,000		1,658,029
PDCS		607,166					607,166
	146,245	8,900,000	565,000	1,090,990	3,547,765	0	14,250,000



Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

REDACTED

Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	271,846	
HTXS	11,491	
Total Technical Area Planned Funding:	283,337	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	757,000	
Total Technical Area Planned Funding:	757,000	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	153,939	
Total Technical Area Planned Funding:	153,939	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,658,029	
Total Technical Area Planned Funding:	1,658,029	0



Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,970,671	
Total Technical Area Planned Funding:	1,970,671	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,879,188	
Total Technical Area Planned Funding:	2,879,188	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	530,000	
Total Technical Area Planned Funding:	530,000	0

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	607,166	
Total Technical Area Planned Funding:	607,166	0

Summary:
(No data provided.)



Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	4,002,109	
Total Technical Area Planned Funding:	4,002,109	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	190,440	
HVOP	545,945	
Total Technical Area Planned Funding:	736,385	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	672,176	
Total Technical Area Planned Funding:	672,176	0

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12937	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	448,100
12965	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	341,397
13003	NACC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,497,515
13052	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13099	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted



13105	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13106	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13146	Strengthening Pharmaceutical Systems (SPS)	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,500,000
13167	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	700,000
13224	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13257	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13375	TBD	TBD	U.S. Agency for International	Redacted	Redacted



			Development		
13396	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13421	CARE	NGO	U.S. Agency for International Development	GHCS (USAID)	749,222
13455	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	90,990



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12937	Mechanism Name: Capacity Strengthening for Peace Corps Volunteers and Counterparts
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 448,100	
Funding Source	Funding Amount
GHCS (State)	448,100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12937
Mechanism Name:	Capacity Strengthening for Peace Corps Volunteers and Counterparts
Prime Partner Name:	U.S. Peace Corps



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	43,730	

Narrative:

PC will facilitate a Regional technical training for Volunteers and HCN Counterparts to strengthen community-based care and support interventions for people infected and affected by HIV and AIDS. The workshop will be organized and facilitated by a local partner experienced in care, support and stigma reduction activities (\$18,730); Grants (up to \$3000/grant) for care and support activities will be available to communities where Volunteers are posted. At least 8 grants will be accessible over the course of the year for community-based care, support and stigma reduction activities such as PLWHA peer educator training and compassion training for traditional and religious leaders (\$25,000).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	190,440	

Narrative:

By month 4 of service, all PC Volunteers and Counterparts across sectors will be trained in project design and management (PDM) and receive a one day BCC orientation to ensure a solid foundation for community based projects with an emphasis on HIV prevention through delayed onset of sexual debut, reduction of multiple concurrent partners, life skills and girls empowerment (\$34,680); PC will facilitate Regional technical trainings for Volunteers and HCN Counterparts (throughout the country) to reinforce BCC interventions focusing on HIV prevention through abstinence, delay of sexual debut, reduction of multiple concurrent partners, and girls and women's empowerment. Participants will be trained in approaches such as BCC, Life Skills, Care Groups, and Men as Partners. As a result and with the support of VAST grants when needed, Volunteers and Counterparts will promote HIV prevention through sustained BCC interventions in their communities (\$33,400); Grants (up to \$3000/grant) for community-based HIV prevention activities focusing on AB will be available to communities where Volunteers are posted. At least 16 AB grants will be accessible over the course of the year to support activities addressing integrated girls/women's empowerment and HIV/AIDS prevention through Life Skills, girls clubs, youth camps, and income generating activities (\$50,000); In collaboration with a local girls/women's empowerment specialist (such as RENATA) PC will facilitate a 3 day national exchange and capacity building forum for girl leaders, accompanied by Volunteers, from all 10 regions of the country. As a result, in addition to creating a national network for girls empowerment, Volunteer and girl leader teams will implement in their communities proven practices, approaches and tools gained through the forum (\$43,500); Disseminate educational and training materials for Volunteer and Counterpart use with communities to increase knowledge and positive behaviors related to AB HIV prevention (\$25,000); A Project Advisory Committee comprised of HCN partners, PC Volunteers and staff will meet bi-annually



to review project progress and make recommendations to PC Cameroon and the USG (\$3,860).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	152,430	

Narrative:

Grants (up to \$3000/grant) for community-based HIV prevention activities will be available to communities where Volunteers are posted. At least 16 OP grants will be accessible over the course of the year to support activities addressing integrated reproductive health and HIV Prevention (\$50,000); Disseminate educational and training materials for Volunteer and Counterpart use with communities to increase knowledge and positive behaviors related to HIV prevention (\$25,000); PC will facilitate Regional technical trainings for Volunteers and HCN Counterparts (throughout the country) to reinforce BCC interventions focusing on HIV prevention. Participants will be trained in approaches such as BCC, Life Skills, Care Groups, and Men as Partners. As a result and with the support of VAST grants when needed, Volunteers and Counterparts will promote HIV prevention through sustained BCC interventions in their communities (\$77,430).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	61,500	

Narrative:

PC will facilitate two 5-day Regional trainings (in priority regions) for Volunteers and HCN Counterparts to strengthen behavior change communication (BCC) PMTCT interventions. As a result and with the support of VAST and State department grants when needed, Volunteers and Counterparts will promote PMTCT, MCH, and ANC behaviors and services as well as HIV prevention through Behavior Change Communication (BCC) interventions including Care Groups and Men as Partners. Additionally they will promote PMTCT through PLWHA support groups and HIV prevention through Life Skills training. They will provide support for supply chain management activities at the community level (\$37,500); Disseminate educational and training materials for Volunteer and Counterpart use with communities to increase PMTCT knowledge and use of services (\$24,000).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12965	Mechanism Name: Mechanism Data Entry v22.CM.new006-FY2011
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 341,397	
Funding Source	Funding Amount
GAP	25,000
GHCS (State)	316,397

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12965		
Mechanism Name:	Mechanism Data Entry v22.CM.new006-FY2011		
Prime Partner Name:	HHS/Centers for Disease Control & Prevention		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	128,855	



Narrative:			
Support the transision of CDC's EID laboratory activities to local partners (ie. MOH/HygMobile-NACC, Univ of Buea, etc.) through trainings, TA, etc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	10,500	
Narrative:			
Attend PEPFAR or other approved technical SI meeting.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	67,039	
Narrative:			
In collaboration with Dept of State, support development opportunities or training in leadership, management, or other areas for the MOPH and other GOC Ministries.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	7,000	
Narrative:			
Attend PEPFAR or other approved technical meeting such as annual Safe Blood, etc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	7,000	
Narrative:			
Attend PEPFAR or other approved technical meetings.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	10,500	
Narrative:			
Support to attend technical meetings for PMTCT staff.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	110,503	
Narrative:			
Sponsor specialized pre- and in-service training for bench staff in the area of CD4, hematology, DNA			



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

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13003	Mechanism Name: Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NACC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,497,515	
Funding Source	Funding Amount
GHCS (State)	1,497,515

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13003		
Mechanism Name:	Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings		
Prime Partner Name:	NACC		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	617,515	

Narrative:

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



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	400,000	

Narrative:

Conduct a rapid needs assessment of blood centers and blood banks in order to determine the appropriate areas for support; Conduct a population-based assessment of knowledge attitudes and beliefs affecting voluntary non-remunerated blood donation.; Design and standardize donor screening protocol, including a self-assessment questionnaire and guidelines for blood transfusion; Design and standardize algorithms for testing of blood for HIV (separate from general HIV testing) and other transfusion-transmitted infections ; Establish a national blood transfusion system, in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the National Strategic Plan; and Develop quality indicators for each phase from collection to transfusion, including cold chain integrity; Establish facility-level transfusion committees and data management systems; In collaboration with the DOD, organize donor recruitment trainings targeting communities and youths (schools, health clubs) in a continuous cycle to build local capacity of donor recruiters; partner with Military Hospital/staff on activities above to increase blood banking and donor recruitment capacity within military medical system; and reinforce Blood Transfusion Services through training at national level and in targeted regions on quality management, effective clinical use of blood, and good laboratory practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	40,000	

Narrative:

Perform Strategic Information and data collection of MARPs in targeted areas, coordinating this work with other USG PEPFAR. Activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	340,000	

Narrative:

Capacity-building and training of National and regional MOPH/NACC staff to enhance the quality of PMTCT across the country; Partially finance monthly supervisory visits to targeted regions by national/ regional MCH staff to health facilities and districts for supportive supervision; and Support survey of Antenatal Clinics (ANC Survey) by NACC; Conduct an assessment of barriers to uptake of PMTCT/MCH services in targeted regions, working in collaboration with USG agencies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Treatment	HLAB	100,000	
Narrative:			
Support the Government of Cameroon in developing five year Laboratory Strategic Plans (LSPs) to inform annual operating plans as part of their national and regional health plans.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13052	Mechanism Name: Implementation of PMTCT CoAg 2
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted



Key Issues

Addressing male norms and behaviors

Family Planning

Budget Code Information

Mechanism ID: 13052			
Mechanism Name: Implementation of PMTCT CoAg 2			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
Build long term institutional capacity for EID by offering on-site training to newly identified focus regions on HIV rapid testing and use of logbook, and enhance early tracking of HIV-infected infants to enable the early initiation of antiretroviral therapy and monitor PMTCT program efficacy.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
Support the GOC in providing direct PMTCT services to health facilities in targeted region(s), including testing and counseling for HIV in ANC settings, provision of antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants, EID and linkages to care and treatment services; Support collection of quality data at PMTCT sites within selected focus regions; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in targeted regions.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 13099	Mechanism Name: Mechanism Data Entry v22.CM.new015-FY2011
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13099			
Mechanism Name: Mechanism Data Entry v22.CM.new015-FY2011			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13105	Mechanism Name: Mechanism Data Entry v22.CM.new012-FY2011
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13105			
Mechanism Name: Mechanism Data Entry v22.CM.new012-FY2011			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
Support Government of Cameroon to establish and implement equipment standardization, calibration and maintenance, as well as training of equipment maintenance engineers. This mechanism will also support longterm institutional capacity building for biomedical engineers .			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13106	Mechanism Name: Mechanism Data Entry v22.CM.new007-FY2011
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13106			
Mechanism Name: Mechanism Data Entry v22.CM.new007-FY2011			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
<p>Provide financial and technical support for implementation of Quality Assurance (QA) through the lab tiered system and to support accreditation of four regional laboratories. The accredited laboratories will provide downstream support to other laboratories; Support the MOPH to develop policy guidelines for implementing QMS and laboratory accreditation; and Collaborate with the Ministry of Health to strengthen laboratory health information systems in four pilot labs. This includes the design and implementation of a customized electronic based LIS. These systems will be introduced into all laboratories following various trainings. This will improve HIV/AIDS case reporting, as the systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system. This will also support international training and technical meetings for MOPH staff to cover specific areas such as HIV viral load, CD4, automated DNA PCR testing, laboratory management and bio-safety, QA/QC documentation and quality management systems and accreditation as needed.</p>			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13146	Mechanism Name: Mechanism Data Entry v22.CM.new001-FY2011
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Strengthening Pharmaceutical Systems (SPS)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	Funding Amount
GHCS (State)	1,347,765
GHCS (USAID)	152,235

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



Mechanism ID:	13146		
Mechanism Name:	Mechanism Data Entry v22.CM.new001-FY2011		
Prime Partner Name:	Strengthening Pharmaceutical Systems (SPS)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,500,000	
Narrative:			
Provide support to Central Store in managing donor contributions; Expanding SCM to regional level; Capacity-building and logistics training (currently, pharmacists are managing, and are not trained in logistics)			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13167	Mechanism Name: Supplies and Reagents for CDC-NACC CoAg
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

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

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13224	Mechanism Name: Mechanism Data Entry v22.CM.new011-FY2011
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract



Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13224		
Mechanism Name:	Mechanism Data Entry v22.CM.new011-FY2011		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

Support ongoing lab activities with general lab supplies and reagents such as: Purchase EQA panels to cover HIV rapid testing, DNA PCR testing, HIV viral load, hematology, chemistry and CD4 assays as necessary; support the implementation of the Dry Tube Specimen (DTS) approach of preparing and



distributing proficiency samples in EQA testing activities for HIV rapid testing, as well as the use of standardized logbooks for recording HIV test results.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13257	Mechanism Name: Implementation of PMTCT CoAg1
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues



Addressing male norms and behaviors
 Family Planning

Budget Code Information

Mechanism ID:	13257		
Mechanism Name:	Implementation of PMTCT CoAg1		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:
 Build long term institutional capacity for EID by offering on-site training to newly identified focus regions on HIV rapid testing and use of logbook, and enhance early tracking of HIV-infected infants to enable the early initiation of antiretroviral therapy and monitor PMTCT program efficacy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

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

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13375	Mechanism Name: Mechanism Data Entry
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	v22.CM.new002-FY2011
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13375			
Mechanism Name: Mechanism Data Entry v22.CM.new002-FY2011			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			



Support to National OVC program for direct provision of core services to OVC including (NLT) education, food and nutrition, basic health care, economic support, legal protection, shelter and psychosocial support;

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13396	Mechanism Name: Mechanism Data Entry v22.CM.new009-FY2011
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	13396
Mechanism Name:	Mechanism Data Entry v22.CM.new009-FY2011
Prime Partner Name:	TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Provide resources to strengthen capacity of STI treatment facilities particularly those located in targeted communities with a significant presence of most-at-risk and vulnerable populations; Train health care providers on care, treatment and support for MARPs, including patient-provider communication and stigma reduction, with a focus on HIV/STI care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Provide training and capacity-building in the following upstream support areas: (1) An annual targeted training of national/ regional MCH staff on new innovations in MCH/PMTCT; (2) A biannual refresher training of clinical staff in targeted regions in PMTCT/MCH ; (3) Training of a pool of master trainers and supervisors in PMTCT/MCH services in targeted regions ; (4) Partially finance monthly supervisory visits to targeted regions by national/ regional MCH staff to health facilities and districts for supportive supervision; (5) Adaptation of the new WHO PMTCT guidelines and its simplification and dissemination across all regions and districts in the country; (6) Adaptation, printing and roll-out of SOPs, monitoring checklist, job Aids, and posters in targeted regions; (7) Support the revision of PMTCT registers and forms, and ensure availability and utilization at all health levels; (8) Roll-out of the PMTCT counseling and support tools and Jobaids in targeted regions; Roll out of a National Couples Counseling training program to address low uptake in MCH settings, disclosure, and stigma; and Collaborate with the GOC, other UN agencies, Global Funds, Clinton Foundation and other stakeholders to establish a National TWG on PMTCT/MCH ; Support collection of quality data at PMTCT sites within currently supported national PMTCT programs; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in currently supported national PMTCT



programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13421	Mechanism Name: Mechanism Data Entry v22.CM.new003-FY2011
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: CARE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 749,222	
Funding Source	Funding Amount
GHCS (USAID)	749,222

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



Mechanism ID: 13421			
Mechanism Name: Mechanism Data Entry v22.CM.new003-FY2011			
Prime Partner Name: CARE			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	228,116	
Narrative:			
Capacity development and training for local NGOs; Weekly meetings at established drop-in centers on various themes pertaining to risk perception, behavior change, positive living, positive prevention, treatment adherence support, stigma and discrimination, protection from violence, and other issues that the clients may identify; establish a support fund to provide material assistance to extremely vulnerable clients in each drop-in center. Available assistance will include a basic food package, a disease prevention kit comprised of a water treatment unit, a treated bed net and basic hygiene products.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	11,491	
Narrative:			
Identification and training of psychosocial counselors and social workers on a rights-based participatory approach to working with MARP and the provision of HIV/AIDS services (pre and post-test counseling, adherence support, positive living and couples counseling, referrals and follow-up, anti-stigma support and psychosocial support for victims of gender-based violence, etc.); service provision at drop-in centers; clinical management of STIs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	153,939	
Narrative:			
Provide MARPs-friendly HIV/STI counseling and testing services, and referrals to care and treatment;			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	44,161	
Narrative:			
Perform HIV/STI Integrated Biological Behavior Surveillance Survey among MSM in collaboration with CDC and the NACC.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	311,515	
Narrative:			
Implement broad range of prevention activities with MARPs (primarily MSM, CSW, and long distance truck drivers) including BCC, RSH education, etc.; Provide resources to support the implementation of stigma reduction initiatives and related policies for MARPs, establish drop-in centers for safe access to quality care and support services for MARPS; and Stigma reduction and other training for local NGOs working with MARPs			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13455	Mechanism Name: Mechanism Data Entry v22.CM.new004-FY2011
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 90,990	
Funding Source	Funding Amount
GHCS (State)	90,990

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	5,000
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Human Resources for Health	37,000
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Key Issues

- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Safe Motherhood
- Family Planning

Budget Code Information

Mechanism ID: 13455			
Mechanism Name: Mechanism Data Entry v22.CM.new004-FY2011			
Prime Partner Name: U.S. Department of State			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	90,990	

Narrative:

In collaboration with CDC, support development opportunities or training in leadership, management, or other areas for the MOPH and other GOC Ministries (\$20,000); Provide small PEPFAR grants, with no overhead costs, for Peace Corp projects and other community outreach efforts not covered under PC's small grants (\$40,000); US Patent and Trademark Office (PTO) offers classes re: counterfeit drugs, etc; could send ministers and others there at low cost (HSS-SCM) (\$8,990); Provide direct TA to MOH in areas of accountability and public trust (\$12,000); Supplement CRS prison reform program and Vital Voices human trafficking program with activity/event related to HIV/AIDS (\$10,000); Support travel of MOH officials to pertinent international training opportunities through the International Visitors Program and Public Diplomacy Team can bring speakers from the US to speak to target audiences in Cameroon.

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

- 1.
Redacted
- 2.
Redacted
- 3.
Redacted
- 4.
Redacted
- 5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS					18,790	18,790
Management Meetings/Professional Development					8,462	8,462
Staff Program Travel					6,300	6,300
USG Staff Salaries and Benefits					34,991	34,991
Total	0	0	0	0	68,543	68,543

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (USAID)		18,790
Management Meetings/Profession		GHCS (USAID)		8,462



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

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				15,000		15,000
ICASS			111,880	471,560		583,440
Management Meetings/Professional Development			20,000	113,524		133,524
Non-ICASS Administrative Costs			327,085			327,085
Staff Program Travel			20,000	74,416		94,416
USG Staff Salaries and Benefits			996,035	398,000		1,394,035
Total	0	0	1,475,000	1,072,500	0	2,547,500

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

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		15,000
ICASS		GAP		111,880
ICASS		GHCS (State)		471,560
Management		GAP		20,000



Meetings/Professional Development				
Management Meetings/Professional Development		GHCS (State)		113,524
Non-ICASS Administrative Costs		GAP		327,085

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				25,000		25,000
Management Meetings/Professional Development				16,000		16,000
Non-ICASS Administrative Costs				40,840		40,840
Staff Program Travel				15,000		15,000
USG Staff Salaries and Benefits				49,405		49,405
Total	0	0	0	146,245	0	146,245

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		25,000
Management Meetings/Professional Development		GHCS (State)		16,000



al Development				
Non-ICASS Administrative Costs		GHCS (State)		40,840

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				2,500		2,500
Management Meetings/Professional Development				18,000		18,000
Non-ICASS Administrative Costs				26,800		26,800
Staff Program Travel				10,000		10,000
USG Staff Salaries and Benefits				59,600		59,600
Total	0	0	0	116,900	0	116,900

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		2,500
Management Meetings/Professional Development		GHCS (State)		18,000
Non-ICASS		GHCS (State)		26,800



Administrative Costs				
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