Project Title	Increase access to paediatric palliative care services for children and teenagers
What is the challenge or problem that you are seeking to address or improve?	Cameroon was estimated to be home to 480 232 people living with HIV in 2022, with 9905 new cases recorded that year. Recent encouraging progress includes a 50% decrease in HIV prevalence among people aged 15 to 64 in the past 14 years, according to the most recent Demographic Health Survey 2018, Prevalence fell from 5.4% in 2004, to 4.3% in 2011, and 2.7% in 2018[1]. However, HIV continue to inflict serious social and economic problems on the population. In the project area, Kousseri health district has an HIV prevalence ranging from 6 to 6.3%, which is higher than 2.3%, the national average. A serious concern that has come with the high HIV/AIDS prevalence among adults is the high number of mothers to child transmission of the virus (11.1% of new infections). It is estimated that in 2019 around 510 000 people were living with HIV in Cameroon. In Cameroon, 29 000 children are living with HIV and only 34.2% of children less than 10 years old and 32.4% of adolescents 10-19 years living with HIV are identified and put on antiretroviral treatment[2]. Although there is an increasing trend in the number of women who deliver in health centres, many women in the proposed project area continue to have unsupervised deliveries while others cannot access PMTC treatment during pregnancy. Cancer is inextricably linked with HIV/AIDs and other health and development issues. According to the Ministry of Public health, the incidence of cancer is in increase with 12 000 new cases registered every year which represent about 110 cases for 100 000 inhabitants, with a mortality rate of 8%. Today, it is estimated the need for palliative care in Cameroon is to 103 000 habitants (according to the formula of Professor Anne Merriman). These 103 000 people are in pains and need palliative care. Cameroon, like most African countries, encouraged by the WHO, recognises that palliative care is both a humanitarian responsibility, and an essential clinical service and palliative care services have been part of the country's Health Sector Strategy 2016-2027. In practice palliative care has not been prioritised in the competition for minimal resources and huge shortages of health workers. Although Cameroon recognises palliative care as an essential service the national budgetary allocation to the health sector has consistently been way below the 15% recommended by the Abuja declaration, and the palliative care services compete unfavourably with vaccination programmes, malaria and infection control for funding. According to the WHO GLOBOCAN 2022 data, there were an estimated 19 564 new cases and 12 798 cancer-related deaths in Cameroon. Citizens older than age 15 remain the most affected population, and paediatric cancers account for 1% to 2% of all cancers. Approximately 90% of patients with cancer seek treatment at the advanced stages of the diseases for various reasons, and this contributes to the country's high rate of cancer-related mortality[3].

[1] http://www.unaids.org/en/regionscountries/countries/cameroon

[2] UNICEF Cameroon, Health and HIV

[3] Republic of Cameroon, Ministry of Public Health (MINSANTE): 2020-2024 National Strategic Plan for Prevention and Cancer Control. Available at https://www.iccp-portal.org/system/files/plans/FINAL%20COPY%20OF%20PSNPLCa%20ENGLISH.pdf. Accessed November 25, 2024.

	Out of the total number of patients we see at the Kousseri health district (Kousseri district hospital and in the community), 5% are children. Some of the barriers to accessing health care have been identified as being; lack of awareness and information, poor facilities, inadequate specialised health workers, lack of transport and funds to reach health facilities, high levels of poverty and low household incomes, a weak human rights system that recognizes Palliative care as a basic right, lack of Palliative care policy and strategies and limited funding. Although there are some government aided health facilities, these have not been effective in addressing palliative care needs in the region, district government hospitals and health centres. Whenever people are ill, behavioural health messages have more impact which we intend to strengthen through this project. In view of this, there is need to increase interventions to improve the quality of health service for children and teenagers living with HIV/AIDS and cancer. The project has already identified 30 children living with HIV/AIDS and cancer at their terminal phase. They will be involved in the palliative care program and constitute the main target for this project.
Where will your project take place? Why have you chosen this location?	Project location: Cameroon, Far-north region, Logone and Chari division, Kousseri health district. We have been present in this area since 2023, offering palliative care services to 83 HIV and cancer patients. This location was chosen due to the high number of terminally ill patients and lack of paediatric palliative care services at the Kousseri district hospital and in most health facilities in the district. Our experience in implementing Paediatric Palliative Care in this health district has indicated that there is immense need for these services in many health areas of the district that we are currently not able to reach. Almost 97% of the patients enrolled on our programme are poor with low-income levels and poor living conditions thus, can't afford or access quality Palliative Care.
How long will the project take?	The project will take place for a period of five months (from September 15, 2025 to February 15, 2026).
How will you know your project has been successfully implemented and has impacted on the project beneficiaries and community?	This project will promote and lead to quality of life for children and teenagers with HIV, cancer and other non-communicable diseases with increased awareness and access to paediatric Palliative care. The project will pursue the following results: ➢ Increased access of Paediatric palliative care services for 30 children and teenagers diagnosed with cancer and/or HIV/AIDS. This will also result into reduction in deaths among the target population. Children with cancer or infected with HIV/AIDS will receive appropriate healthcare earlier to extend their lives and reduce the need for pursuing time-consuming and inappropriate care on the part of their families. ➢ Increased retention in schools for school going children and teenagers and families will benefit through having their school age care givers being able to attend school. ➢ Our services will increase the standard of care and thus decrease the time spent nursing children. As a result, time will be spared to engage in economic activities, particularly but not exclusively for women. This is because increasingly, women are getting involved in economic activities. In addition, the resources spent on medication could be reallocated to further improve household well-being. Moreover, as part of the project, we will ensure that partners and hospital management are involved in the monitoring of the project activities and we will carry out regular field visits to track progress over time. We will also conduct regular reviews with the hospitals and health centres with whom we are working. A final evaluation will also be conducted to assess the

	effectiveness and impact of the project at the end of the project. A project log-frame with key measurable outputs and outcomes will be designed.
Please explain how your project will work specifically with vulnerable populations (e.g. people with disabilities; refugees; older people; prisoners?)	Our Palliative Care provision mainly targets people with cancer, HIV or both. Our care model involves home and hospital visits, Out of Patients Department and community outreaches by professional clinicians and trained community health workers. The service is an African model of care in which care comes to the patient in their home and community. It provides a holistic model of care which attends to physical, socio-economic, emotional and spiritual needs thus ensuring all aspects of care needs are addressed. our palliative care (PC) service delivery is a culturally appropriate and acceptable model in which a community health worker is appointed as a patient advocate in a village to support 2-4 people in PC needs and act as their advocate for services. This information is then reported to the visiting multidisciplinary team of health and social workers for patient co-management. This model puts us directly in touch with the rural population.
Will your project support the family members of palliative care patients? How?	Yes, the integration of support to family members is necessary to ensure that they understand and accept the situation and gives the best support to PC patients. Psychosocial intervention will be done by social workers and health personnel to family members of PC patient. The social workers and the health personnel will be trained by a psychologist for the better integration of psychosocial intervention in palliative care services, take charge of specific situations and organize the referral circuit for severe cases. The training of social workers and health personnel will cover the following; communication strategies, life story work, art therapy, relaxation techniques and spiritual care. The trained health personnel (medical doctors, pharmacists and nurses) will be conducting counselling (focus group and one on one) at the health facility level for family members of PC patients that comes for visit while the trained social workers will be responsible for community-based psychosocial interventions. The project intends to conduct at least 120 counselling sessions.
Outcomes	By the end of this project, we are looking to achieve the following outcomes: ➢ Increased access of Paediatric palliative care services for 60 children and teenagers diagnosed with cancer and/or HIV/AIDS; ➢ Increased retention in schools for school going children and teenagers and families will benefit through having their school age care givers being able to attend school; ➢ increase the standard of care and thus decrease the time spent nursing children. The project will be sustained through networking and advocating for funding for children and teenagers' palliative care. PC is already on the curriculum for medical institutions of learning hence, the introduction of the trained health workers will improve on overall health services delivery thereby improving the quality of health in the targeted communities. Our desire it to ensure the project has a lasting, positive impact for people with whom we work. The sensitization activities will be aimed at ensuring the need for palliative care services is fully recognised. The lobbying will be aimed at obtaining agreements about formally integrating palliative care into hospital systems to ensure that they can continue to be provided even after the project finishes.

	We recognise that having such agreements in place does not ensure good care in practice, so the sensitisation element will encourage and empower key staff in hospital and health facilities to deliver excellent palliative care over the whole of their careers. The health personnel trained will cascade their learning to the larger hospital teams through Continuous Professional Development (CPD) sessions. Finally (and perhaps most significantly in the long term) we will include in our stakeholder meetings companies which offer medical insurance. We will advocate for the insurance companies to include palliative care into their policy coverage without premium increases. This will ensure that families avoid catastrophic costs when serious illness occurs, and will particularly support care of the poorer patients.
Activities and Implementation work-plan	**Activity**
	Objective 1: To Provide pediatric palliative care services to 30 children and teenagers in Kousseri health district through conducting outpatient Department (OPD), home, outreaches and health facility visits
	Community mobilization in the 12 health areas by 12 Community health workers and follow-up
	Home and health facility visits for bed ridden children and teenagers
	Receive Out of Patients relatively strong patients for care
	Procure and provide essential drugs to children and teenager patients
	Conduct investigation for patients and provide referrals
	Conduct counselling and health education talks to patients and family members.
	Objective 2: To conduct palliative care training and sensitization for the children
	Hold 08 sensitization meetings with various local leaders, health works in health facilities for access to children and teenagers palliative care
	Two days capacity building workshop for health personnel and social worker
	Conduct a two days training for health personnel on palliative care services (treatment of pain, fatigue, nausea, loss of appetite, and symptoms related to illness or treatment)