Global Health Systems Solutions

Community Approaches to Improve Sexual and Reproductive Health (SRH) Needs in the Conflict Zones of the North West and South West Regions of Cameroon

MID-YEAR NARRATIVE REPORT

By Global Health Systems Solutions (GHSS), Cameroon

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Introduction

Over the past 5 months, Global Health Systems Solutions (GHSS)has been working closely with the Ministry of Public Health (MOH) in improving sexual and reproductive health (SRH) in the Northwest (NW) and Southwest (SW) conflict-stricken regions of Cameroon. We are leveraging on existing resources like Extension for Community Health Outcomes (ECHO) to support ongoing interventions and alternative approaches involving the use of community health workers (CHWs), field health assistants (FHAs), and sexual and reproductive health advocates.

This report aims at showcasing the achievements attained so far, following ongoing interventions under the following objectives;

Specific objectives

1. To improve SRH services in the NW and SW regions of Cameroon. (We are using the ECHO to support ongoing interventions and also alternative approaches like including CHWs and FHAs
2. To provide capacity building to community health workers and community leaders who can provide leadership for evidence-based strategies that have been used to cause improvement in SRH.
3. To create and/or strengthen existing Community Youth-Centered Reproductive Clinics (YCRCs) with integrated health services adapted to adolescents and young people in the NW and SW Regions of Cameroon.
4. To facilitate community engagement and coordination of SRH health interventions
5. To strengthen the community referral system of the SRH services in the NW and SW regions

The project is implemented in eight health districts selected within the Northwest and Southwest regions of Cameroon. The distribution of health districts among the two regions is as follows:

Northwest region - 3 health districts;

- Bamenda and Bamenda-III for Urban health districts and Tubah health district as a rural health district

Southwest Region- 5 health districts;

- Buea and Limbe health districts as urban health districts,Tiko health districts as a semi-urban,and Bangem and Tombel as rural health districts

Map

Health Districts (HDs) involved in the SRH project by GHSS

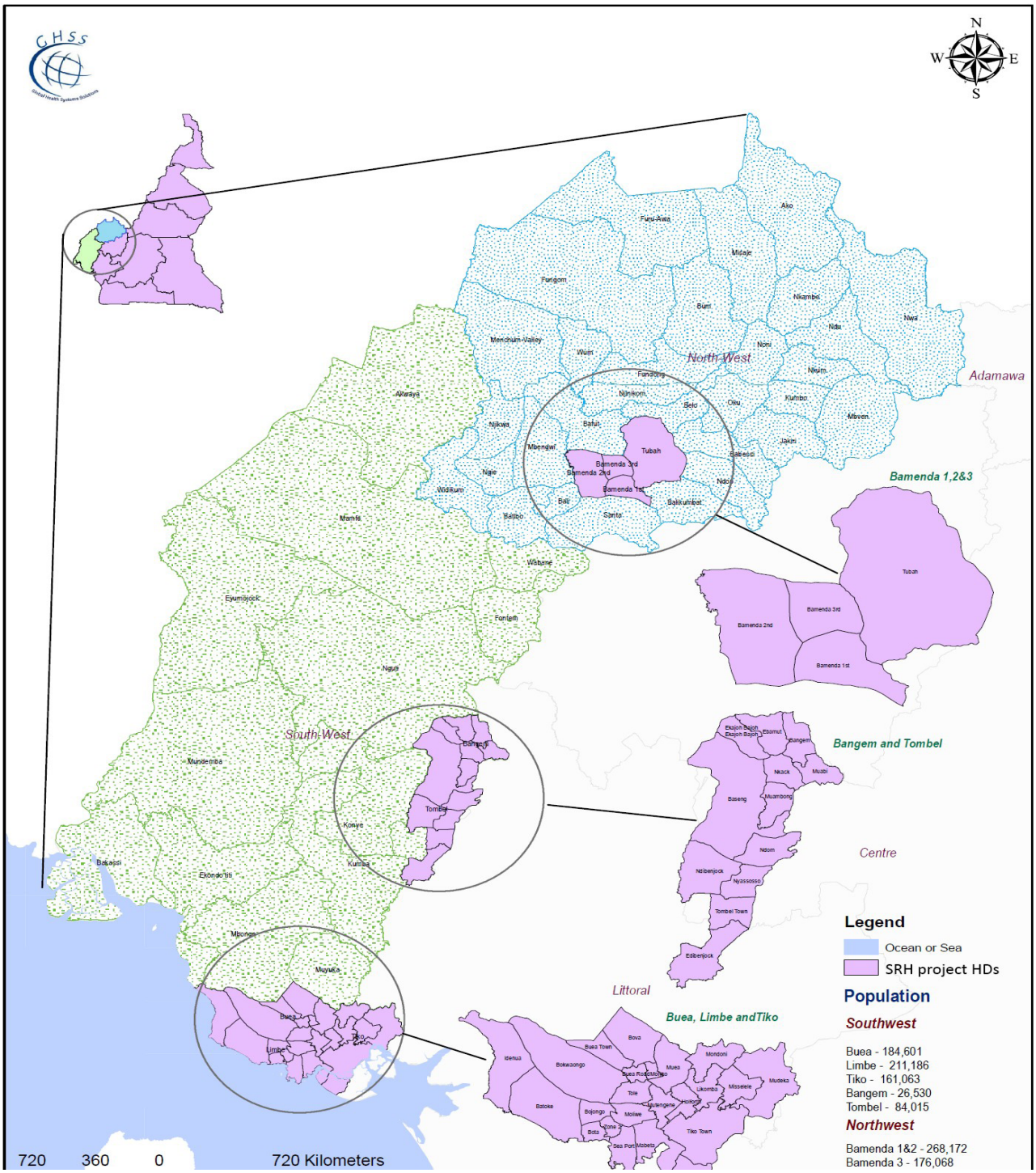


Fig 1: Cameroon map showing the regions and health districts in which the sexual and

Project Outcome

I. Project start-up activities to facilitate the take-off of program implementation

Advocacy at the central, regional, and district levels of the Ministry of Public Health and with other government structures/departments to be involved in the project

- Advocacy at the different levels was aimed at introducing the project, through presentation of the project objectives, its scope, and the different activities to improve sexual and reproductive health in the Northwest and Southwest Regions of Cameroon.
- At central level, the projected was presented to secretary-general for the MoH and at the regional levels with the Regional Delegates of Public Health and Regional Delegates for Youth Affairs and Civic Education. At the district level, we met with the District Medical Officers (DMOs) and some of the members of the district management team in each of the 8 health districts involved in theproject.

Need assessments of Multipurpose Youth Empowerment Centres.

- This activity aimed at locating the existing centres and identifying the specific needs and challenges affecting their functioning. This enabled us to define the support provided to the centres in terms of logistics and human resources
- A total of 10 centres were identified in the eight health districts. Two of the centres were located in each of the urban health districts in the SW region (Limbe and Buea), and one each for the six remaining health districts.

Multipurpose Youth Empowerment Centres (MYEC) in the Southwest Region

- Buea MYEC, Buea town
- Buea MYEC, Razel street
- Limbe MYEC, New town
- Limbe MYEC,Ngeme
- Tiko MYEC
- Tombel MYEC
- Bangem MYEC

Multipurpose Youth Empowerment Centres in the Northwest Region

- Bamenda 1MYEC
- Bamenda 3MYEC
- Tubah MYEC

Fig 2. GHSS team, accompanied by a representative from the Ministry of Youth Affairs and Civic Education at the Bangem youth centre

A **B**

Fig 3 : Need assessment visit at the Tombel youth centre

A : *an old abandoned toilet and* **B:** *The general hall with broken furniture*

II. Using the Extension for Community Health Outcomes platform, community health workers, and field health assistants to support ongoing interventions in improving sexual and reproductive health.

- Weekly ECHO sessions are conducted by coordinators with field health attendants, CHWs, SRH advocates, and sexual and reproductive health experts
- Several field challenges and difficult cases encountered are discussed with a team of subject matter experts who provide expert guidance.
- Some of the cases presented during the ECHO sessions include gender-based violence, teenage pregnancies, sexually transmitted infections (STI) and family planning.

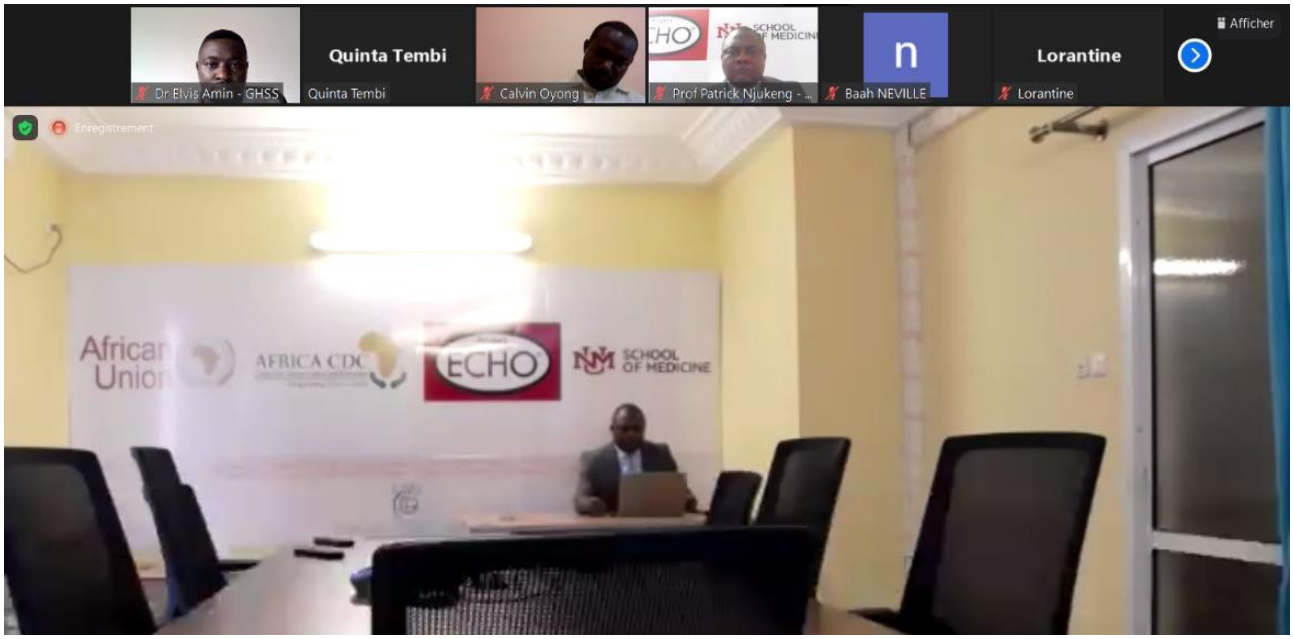


Fig 4; Extension for Community Health Outcomes session with all actors connected

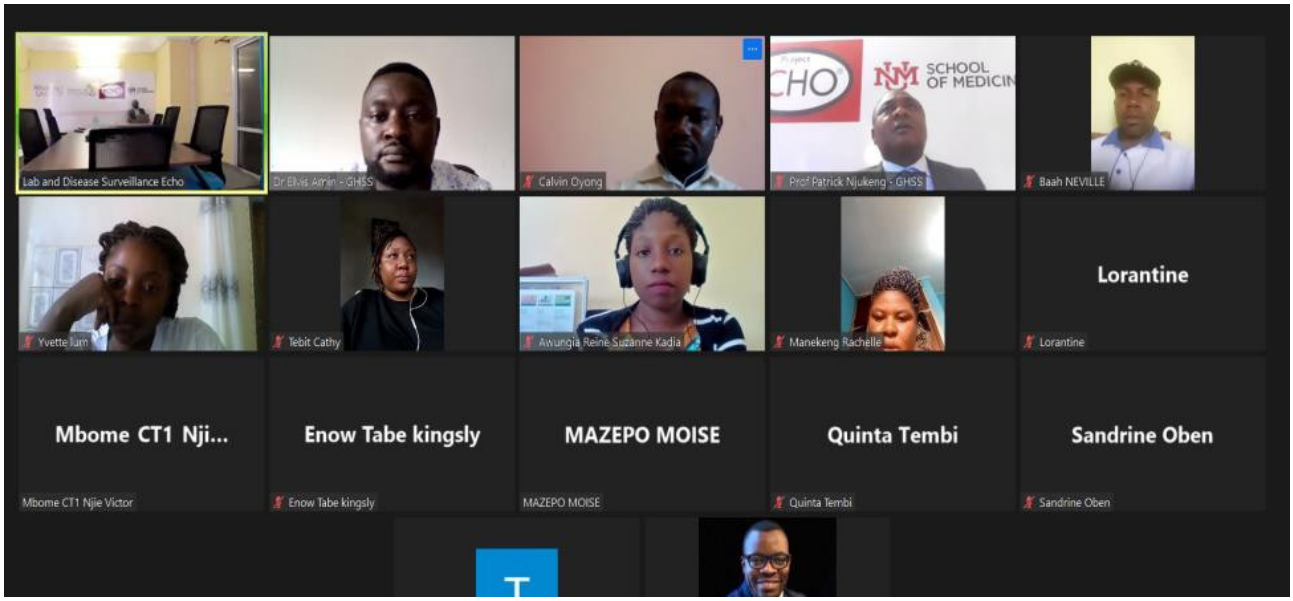


Fig 5: Extension for Community Health Outcomes session showing spokes connected from different locations

III. Capacity building of community health workers, field health assistants, and sexual and reproductive health advocates

➢ Workshop to update and validate modules for the training of community health workers, field health assistants, and sexual and reproductive health advocates

- A five-day workshop was organised to develop and validate training modules, terms of references, reporting tools, and targets of CHWs, FHAs, and SRH advocates. This workshop took place in Limbe from 23rd to the 27th of July2022.
- The 18 participants of this workshop consisted of DMOs, MoH regional focal persons for reproductive health, and chief of bureau heads from the different health districts involved in the project.

Fig 6; Participants of the workshop consisting of District Medical officers, Regional focal point for reproductive health and GHSS facilitator

Fig 7: A working session with participants to update and validate training modules sexual and reproductive health

➢ **Training of community health workers, field health assistants, sexual and reproductive health advocates, and Supervisors**

- A total of 10 training sessions (six in the SW region and four in the NW region) were organised across the two regions
- A total of 200 CHWs, 100 FHAs, 20 SRH advocates, and 10 supervisors were trained and deployed to the two regions to increase demand as well as uptake of SRH services

Table 1: Distribution of trained Community Health Workers, Field Health Assistants, Supervisors, and Sexual and Reproductive Health Advocates in both regions

Health District	CHWs		FHAs		SRH advocates		Supervisors		Totals	
	Male	Female	Male	Female	Male	Female	Male	Female	**Male**	**Female**
Buea	13	17	8	10	2	2	0	2	**23**	**31**
Limbe	16	19	9	8	1	3	0	2	**26**	**32**
Tiko	12	13	6	7	1	1	0	1	**19**	**22**
Bangem	4	6	2	3	2	0	1	0	**9**	**9**
Tombel	7	8	3	4	2	0	1	0	**13**	**12**
Bamenda	18	17	8	9	1	1	0	1	**27**	**28**
Bamenda 3	9	11	4	6	0	2	0	1	**13**	**20**
Tubah	15	15	7	6	1	1	1	0	**24**	**22**
Grand Total	**94**	**106**	**47**	**53**	**10**	**10**	**3**	**7**	**154**	**176**

➢ **Key topics that were covered during the training include;**

- Reproductive health and its relationship to family Planning
- Reproductive growth during adolescence
- Gender and its implications on reproductive health
- Adolescent pregnancy and child birth care
- Prevention of teenage pregnancy
- Unsafe abortion in adolescent girls
- Adolescent-friendly health services
- Teenage mental health (Substance abuse, Violence, Harmful traditional practices)

Fig 8: Community health workers, sexual and reproductive health advocates and supervisors at a training session

Fig 9: Family picture with participants, trainers and facilitators

Fig 10: Community health workers, field health assistants and sexual and reproductive health advocates after receiving working tools

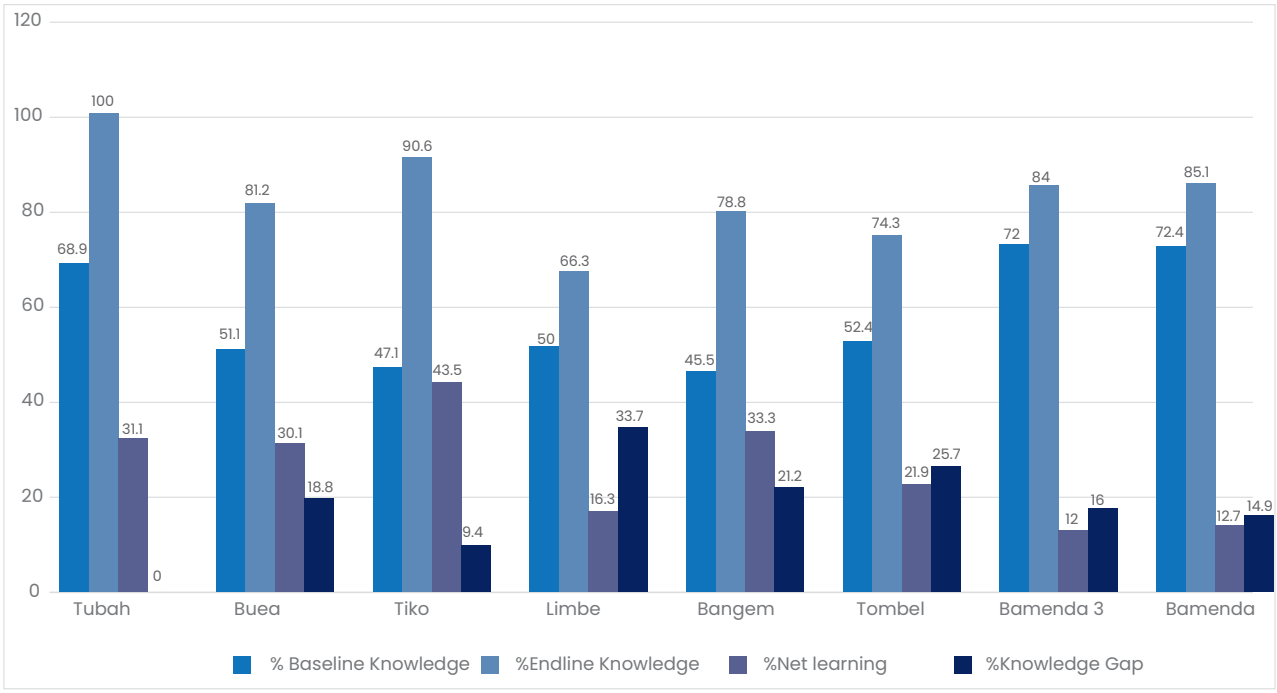


Fig 11 : Performance of community health workers and field health assistants in the pre and post training assessments in various districts.

Other strategies to ensure continues capacity building in the field include;

- Weekly ECHO sessions with field staff
- On site training by supervisors
- Quarterly supportive site supervisions by the coordination committee

IV. To create and/or strengthen existing community youth-centred reproductive clinics with integrated health services adapted to adolescents and young people in the North West and South West Regions of Cameroon.

- Following the need assessment of MYECs at the start of the project, the 10 youth centres identified have been strengthened as indicated in the figures below;

A B

Fig 12: Youth Centre in Tombel health district with new office table (A) and renovated toilets (B)

Fig 13: Youth Centre in Limbe health district with new chairs

Fig 14: Youth centre in Bamenda 3 health district renovated (painted)

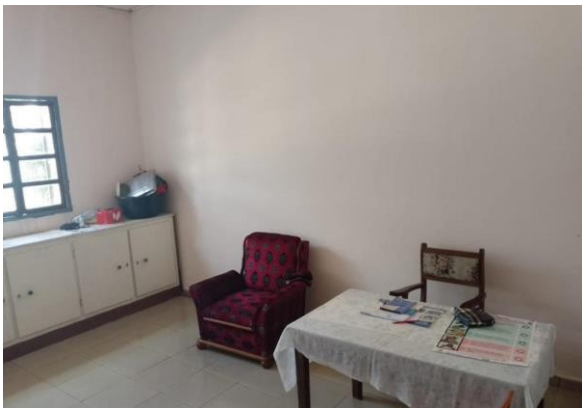


Fig 15: Youth centre in Tubah health district renovated (walls painted and new tiles on the floor)

Table 2: Support provided to the youth centres of the eight health districts

Items		Youth Centres									
		Buea HD		Limbe HD		Tombel HD	Bangem HD	Tiko HD	Bamenda	Tubah	Bamenda 3
		Buea tow	Razel street	Down Beach	Ngeme						
Logistics	Office tables	1	1	1	1	1	1	1	1	1	1
	Foldable tables	2	2	2	2	2	2	2	2	2	2
	TV	1	1	1	1	1	1	1	1	1	1
	Fan	1	1	1	1	1	1	1	1	1	1
	Office chairs	1	1	1	1	1	1	1	1	1	1
	Plastic chairs	30	10	30	10	20	20	23	23	23	23
Renovations	Painting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Toilets	No	No	No	No	Yes	Yes	Yes	No	No	No
	Floors	No	No	No	No	No	Yes	Yes	No	Yes	No
	Ceilings	No	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes
	Louvres	No	Yes								
	Water system	No	No	No	No	No	Yes	Yes	No	No	No
SRH commodities	Family Planning Set	1	1	1	1	1	1	1	1	1	1
	Galic pot	1	1	1	1	1	1	1	1	1	1
	Kidney dish	2	2	2	2	2	2	2	2	2	2
	Tray 10 cm	2	2	2	2	2	2	2	2	2	2
	Oven	1	1	1	1	1	1	1	1	1	1
	Forceps box	3	3	3	3	3	3	3	3	3	3
	Scale	1	1	1	1	1	1	1	1	1	1
	Thermometer	2	2	2	2	2	2	2	2	2	2
	Tourniquet	2	2	2	2	2	2	2	2	2	2
Human resources	Advocates	2	2	2	2	2	2	2	2	2	2
	Field health assistants	2	2	2	2	2	2	2	2	2	2

In addition to the above support provided to the youth centres, commodities are also supplied on a monthly basis according to demand. These commodities include;

- Ancillaries (gloves, syringes, disinfectants, safety syringe boxes, face masks, and sanitary pads)
- Contraceptives (implants, condoms, emergency pills, and oral contraceptives), antibiotics, and analgesics.
- The commodities facilitate the provision of some family planning services and syndromic management of some STIs in the community and at these youth centres.

V. To facilitate community engagement and coordination of Sexual and Reproductive Health interventions

➢ Creation of district and community-based coordination committees

- A total of eight committees were created to oversee activities in the different health districts. These committees consist of district coordinators and supervisors of CHWs and FHAs
- The supervisors and coordinators in each district were selected in collaboration with the respective district health management team.

➢ Quarterly supportive site supervisions

- The aim of the supportive site supervision is to review project achievements, discuss challenges, and proposed solutions to improve the project implementation and its impact.
- The 1st quarter supportive site supervision initially scheduled for September 2022was postponed to October 2022 (13th to the 21st) following an increase in insecurity, with limited movements in the two regions.
- The supervision was conducted in all the 8 health districts involved in the project.

A **B**

Fig 16A and B: Supportive site supervision at the youth centre in Tombel health district

Fig 17: Supportive site supervision in Buea health

Fig 18: Supportive site supervision at the youth centre in Tubah health district

➢ Community engagement to increase demand for sexual and reproductive health services

- Weekly sensitization meetings are organized in each health district with social groups, religious groups, trade unions, and schools. The aim of the meetings is the engagement of the population to utilize SRH services offered at the youth centres and in the community by field staff.
- A workshop with media representatives (TV, Radio, Influencers) has been organised. During the workshop, key messages and skits to boost the uptake of reproductive health services were developed. Radio and TV stations have been contracted to continually broadcast these messages and skits on sexual and reproductive health to increase demand and uptake of the services being offered at the youth centres and by the field staff deployed.

A

B

Fig 19 A & B : Workshop session with media representatives

Table 3. Sensitisation on sexual and reproductive health in the eight health districts

Persons reached	Number of persons reached							
	10-19 years		20-24 years		>24 years		Totals	
	Male	Female	Male	Female	Male	Female	Male	Female
Number of Persons reached during community surveys	37918	57919	17714	49714	16428	22412	**72060**	**130045**
Person reached through outreach (schools, church etc)	16683	20682	14520	18221	4713	10711	**35916**	**49614**
Persons reached through home visits	19915	27914	20713	26731	13241	21239	**53869**	**75884**
Grand total	**74516**	**106515**	**52947**	**94666**	**34382**	**54362**	**161845**	**255543**

Sexual and reproductive health education for young people

- Over the past 6 months, 417,338 persons have been educated on sexual and reproductive health by CHWs and FHAs across the eight health districts involved in the project (Table3).
- This was achieved through home visits, community surveys and outreach sessions within the communities

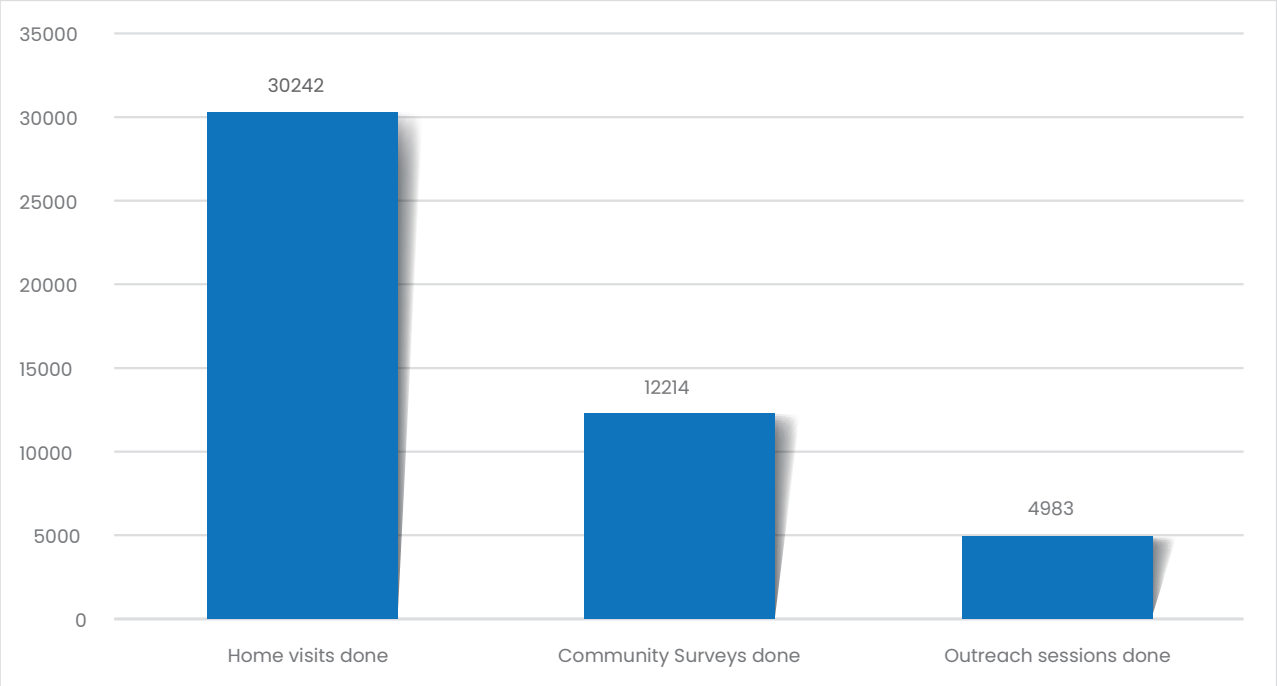


Fig 20. Strategies used by community health workers and field health assistants to reach the population

- Outreach sessions are carried out in schools, youth social gatherings, and in churches. The field staff (CHWs and FHAs) have supported in strengthening the referral system within the two conflict- stricken regions through community continuous identification and referral of persons requiring SRH services as well as

other health services reported

VI. Strengthen the community referral system of the sexual and reproductive health in the North West and South West regions

- **200 CHWs and 100 FHAs have been trained and deployed to the different health districts to identify and manage/refer cases that needed SRH services to the youth centres and health facilities**

Tables 4: Identification, management and referral of cases in need of sexual and reproductive health services

Health District	Number of persons Identified who need SRH services	Number of persons for SRH services managed by field staff and at Youth centre	Number of persons referred
Tombel	7136	6249	887
Bangem	5829	4858	971
Limbe	21275	20050	1225
Tiko	9465	9090	375
Buea	13690	12776	914
Tubah	9567	8798	769
Bamenda	18347	15535	2812
Bamenda 3	11702	10374	1328
Total	**97011**	**87730**	**9281**

- From July to November 2022, over 97011 cases have been identified that need SRH services, among which 87730 were managed by field staff and the rest referred to health facilities following their need for advanced care. See table 4, figure 21 and figure 22 below

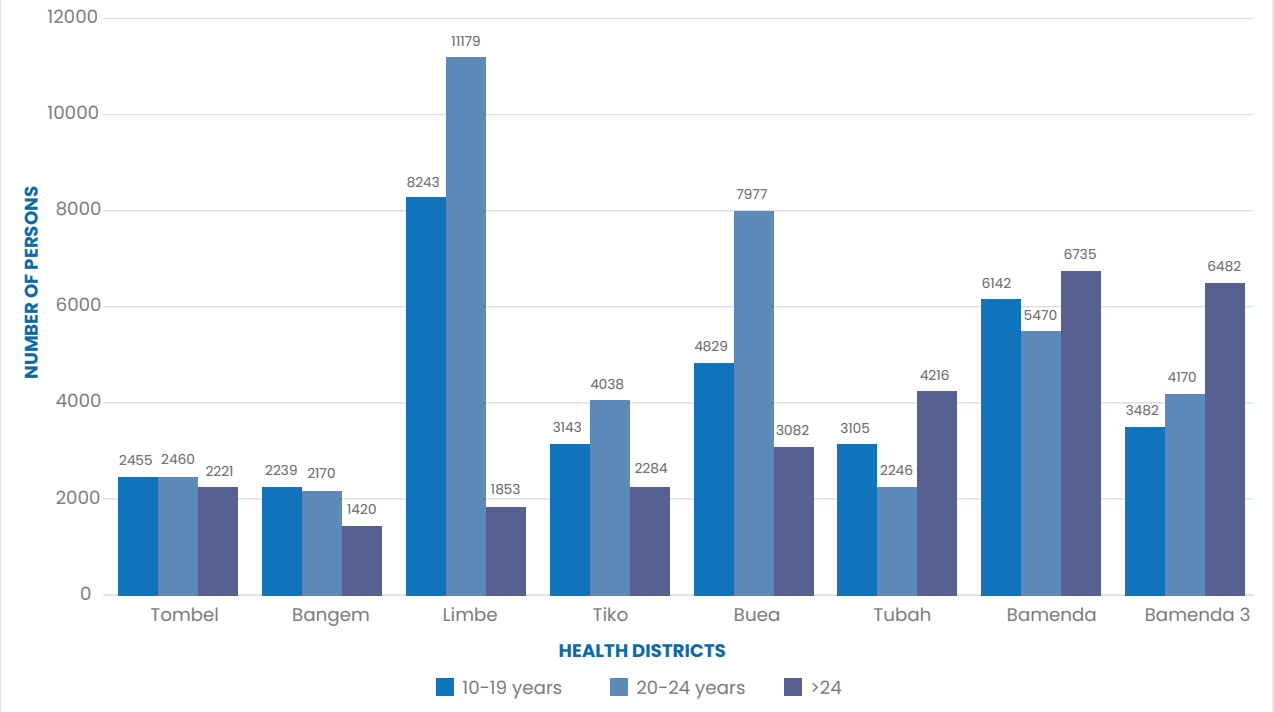


Fig 21. Number of persons identified who need SRH services

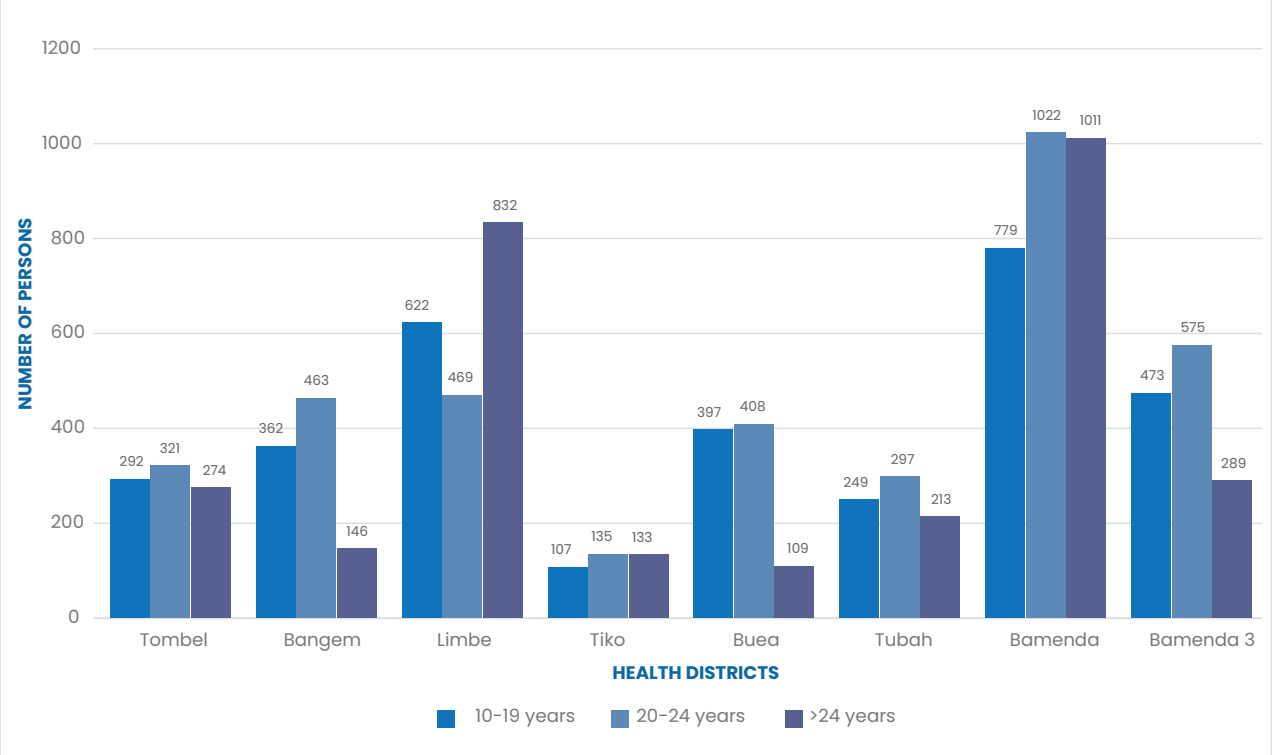
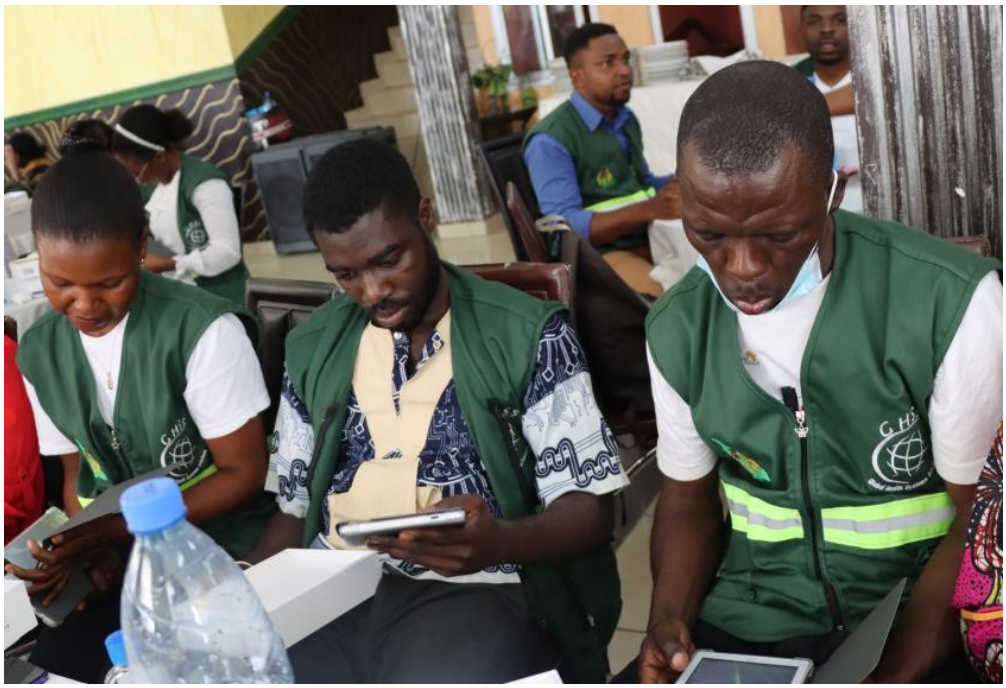


Fig. 22 Number of persons referred to health facility for Sexual and reproductive health services

- To facilitate referral and counter referrals, all the CHWs and FHAs are provided with tablets and internet modems, following the supportive supervision that was conducted. These tablets are for communication with nearby health facilities regarding referrals and for active participation in ECHO sessions where they receive expert guidance on the management of the identified challenging cases n the field. See figures 21 below.

A



B

Fig 23: A &B – Community health workers and field health assistants familiarising themselves with their new tablets.

Fig 24: outreach sensitisation on sexual and reproductive health

Fig 25: Sensitisation on sexual and reproductive health during a home visit

Fig 26: Services being provided in the community by a community health worker

- Two ambulances are to be provided in the two regions, to support community referral systems.
- The presence of CHWs and FHAs in the community has facilitated the identification and linkage to care for cases of teenage pregnancies, gender-based violence (GBV), some cases with STIs, and several unvaccinated children. See table 5below

Table 5: Sexual and reproductive health impact indicators

Indicator	Number Identified
Teenage pregnancies identified	843
Number of STIs identified	756
Number of GBV cases identified	129
Number of unvaccinated pregnant women	290

- **Uptake of sexual and reproductive health services**

Sexual and reproductive health services provided at the community and at the youth centre level include;

- Family planning services such as the distribution of male and female condoms, emergency contraceptive pills, oral contraceptives, as well as injectable contraceptives, and implants
- Treatment of sexually transmitted infections following the syndromic approach. See table 6 and figure 27

Table 6: Family planning Services offered

Contraceptive type	Quantity distributed
 Injectable Intramuscular contraceptives (Injectable IM)	2365
 Injectable subcutaneous contraceptives (Injectable SC)	9323
 Implant	634
 Intra uterine device (IUD)	747
 Combine oral contraceptive pills (COC)	532
 Progesterone only pills (PoPs)	437
 Male Condoms	35531
 female condoms	3073
 Emergency contraceptives	824

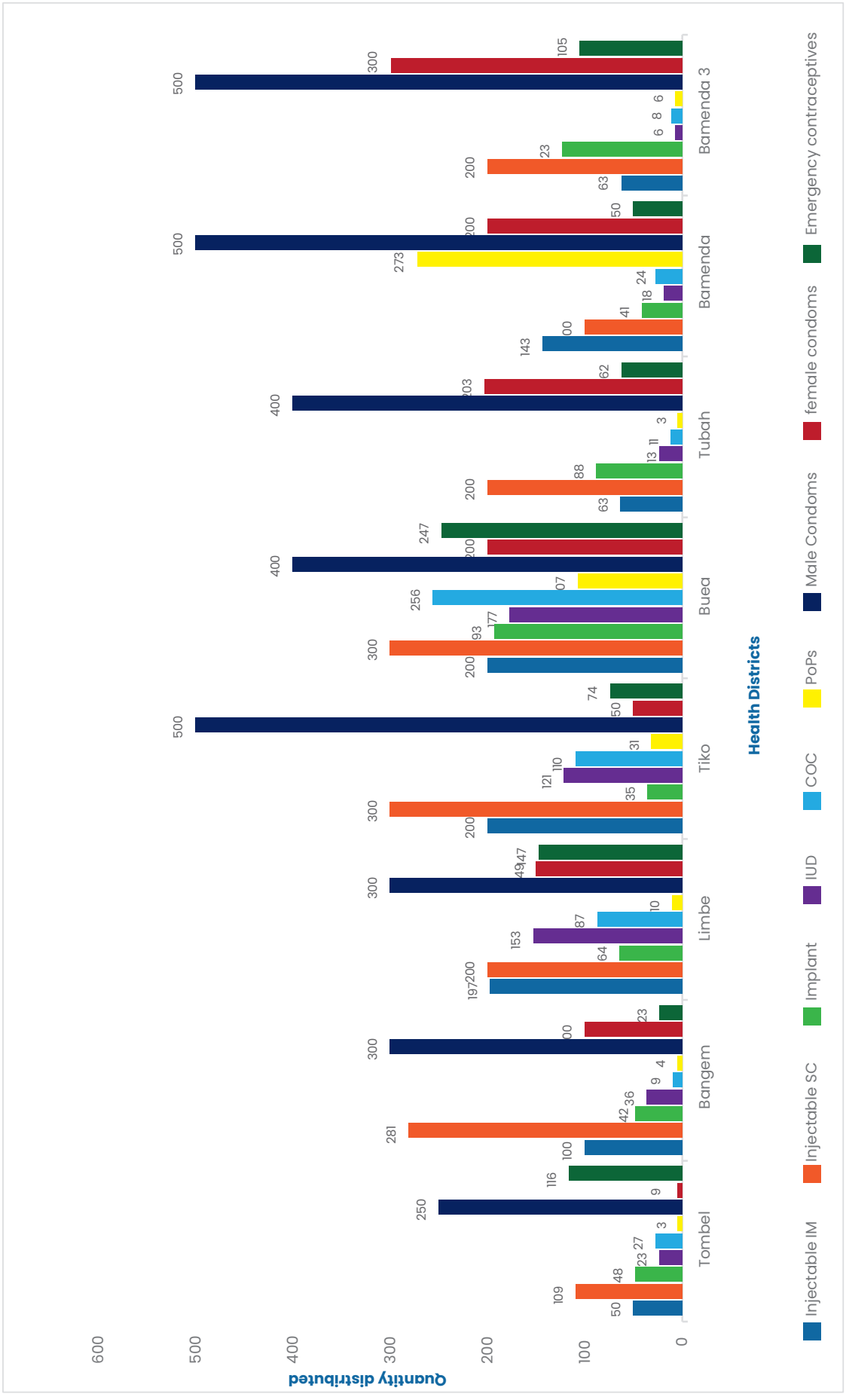


Fig 27: Uptake of family planning services in the eight health districts

SWOT analysis

Strengths

- The full endorsement of the project by authorities of MoH
- The merits of the project have been recognized and adopted by the NW and SW regional services of the Ministry of Youth Affairs and Civic development
- Increased community awareness is enhancing acceptance on SRH as is reflected in the progressive increase in uptake of its services being offered at the youth empowerment centres and in the community
- The use of sexual and reproductive health advocates has also greatly contributed to improving awareness through sensitisation campaigns in schools, in youth social gatherings, and in places of worship

Weaknesses

- Inability to meet up with the demands for some sexual and reproductive health services (family planning) such as contraceptives due to the limited national stock
- Inability to manage the unpredictable surges of insecurity

Opportunities

- Expectations and the desire to have the project extended to other districts
- There has been a lot of positive feedback on the SRH interventions being offered. With the community awareness created, neighbouring districts and communities have begun clamouring for these opportunities aswell**.**
- The high numbers of teenage pregnancies and gender violence cases recorded this far have led to increased concerns about sexual and reproductive health needs in the rest of the regions and the whole country.

Threats

- Cultural norms and beliefs linked to the fact that childbearing is fulfilling in our context, favoured resistance to family planning services and other SRH messages. Thus the need for continuous sensitisation.
- Delays in the implementation of some activities due to the insecurity in the regions. The insecurity in the regions led to delays in completing renovations of the youth centres, distribution of already purchased tablets (for data collection), and rescheduling of planned supportive supervision to the early weeks of October.

Sustainability approach

- The selection and training of field staff (CHWs, FHAs, and SRH advocates) were done in collaboration with various district health management teams. This is to ensure ownership, given that the trained field staff had already been supporting other health interventions such as vaccination, risk communication and community engagement activities.
- Our collaboration with the Ministry of Youth Affairs and Civic Education on the field is aimed at strengthening an existing collaboration with the MoH. This collaboration permits the youth centres to offer some health services including health education and the provision of minor SRH services (counselling and family planning services). Thus, this project has facilitated the realisation of this collaboration in the selected health districts. All the district health services involved in the project have expressed enthusiasm and commitment to continuously support the youth centres in ensuring the sustainability of these services.

Conclusion

Despite the few challenges that have led to delays in carrying out some of the planned activities, we are confident that the objectives of the project will be realized. Our optimism is based on the fact that the project has been well received by the Ministry of Public Health and its dialogue structures at the tertiary, secondary, and primary levels of the health system. This, and the working collaboration we have with the respective regional delegations of the Ministry of Youth Affairs and Civic Education, has permitted us to make inroads into the communities where our activities are gaining popularity. The enthusiasm and expectations we are encountering in the communities, are challenging us to work harder to ensure ownership and eventual sustainability of all interventions that are being put in place.

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