Global Health Systems Solutions

END OF PROJECT REPORT

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

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By

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Project Title	Community approaches to improve Sexual and Reproductive Health (SRH) needs in the conflict zones of the North West and South West Regions of Cameroon'
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We also appreciate efforts and the commitments of all the field staff including, Community Health Workers, Field Health Assistants and the Sexual and reproductive health advocates. They remain key to the successes obtained in this project.

We are grateful to the entire GHSS staff for their hard work, commitment and dedication in ensuring that the organization meets its objectives and targets despite the numerous challenges.

List of Abbreviations

CHW	Community Health Worker
DMO	District Medical Officer
ECHO	Extension for Community Health Outcomes
FHA	Field Health Assistant
GHSS	Global Health Systems Solutions
HD	Health District
MoH	Ministry of Public Health
MYEC	Multipurpose Youth Empowerment Centers
NW	Northwest
SRH	Sexual and Reproductive health
STI	Sexually Transmitted Infection
SW	Southwest

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Introduction

Over the past 6 years, the humanitarian situation in Cameroon's North West (NW) and South West (SW) regions has been deteriorating, resulting in over 4,000 deaths and over half a million people (the majority of whom are women and children) have been displaced by the conflict. These groups are particularly at risk of being confronted with sexual incidents and gender-based violence, as well as situations of abuse, negligence and exploitation. Consequently, access to Sexual and Reproductive health (SRH) services in these regions has been compromised by the massive displacement of the population and the inability of medical supplies to penetrate the high-risk zones. Given that SRH among others, remains key health indicators for development in a country like Cameroon, there is always the need to maintain a functioning healthcare system, ensuring the availability of essential primary health care facilities, while respecting the principles of non- discrimination and equitable access.

Global Health Systems Solutions (GHSS) is a not-for-profit non-governmental organization with the mission to strengthen disease surveillance and health systems, services, and networks in developing countries. GHSS obtained funding to support in improving SRH of adolescent and young people in the conflict-stricken regions of the Northwest and Southwest regions.

The project spanned over a period of 15 months and covered 5 implementation areas, which included; capacity building of field workers (Community health workers (CHWs), Field health assistants (FHAs) and SRH advocates), improving access to SRH services through field staff, strengthening multipurpose youth empowerment centers (MYEC) for the provision of SRH services, improving community engagement and coordination of SRH interventions, and strengthening the community referral systems for SRH.

Project Aim and Coverage

The project aimed at improving sexual and reproductive health (SRH)in the North West and South West conflict regions of Cameroon, by introducing innovative approaches that would bridge gaps and consolidate planned/ongoing health intervention. A total of 8 health districts (HD) were selected within the Northwest and Southwest regions of Cameroon and supported for the entire duration of the project. The distribution of health districts among the two regions is as follows

North West Region- 3 health districts (2 urban and one rural)

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

South West Region- 5 health districts (3 urban, 1 semi urban and 2 rural)

- 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

All field project staff (community health workers, field health assistants, and advocates) were identified and trained in close collaboration with the health districts and their dialogue structures. This was ensure sustainability of their interventions given that they also support other health interventions such as vaccinations, surveillance and also risk communication and community engagements. These field staff are provided with the necessary tools and resources to improve access to SRH services and also strengthening the referral systems. Furthermore, we are strengthening existing Community Youth-Centered Reproductive Clinics (YCRCs) in each of the selected health districts. These YCRCs are serving as a "one-stop-shop" for reproductive health services for adolescents in different health districts. There are all located in close proximity to the health facility for easy referral if the need arises. There are manned by peer educators/leaders who have been trained to perform sexual and reproductive health education, counselling, family planning-contraceptive use, pregnancy testing, and STI/HIV diagnosis and treatment/referral to health facilities within the community

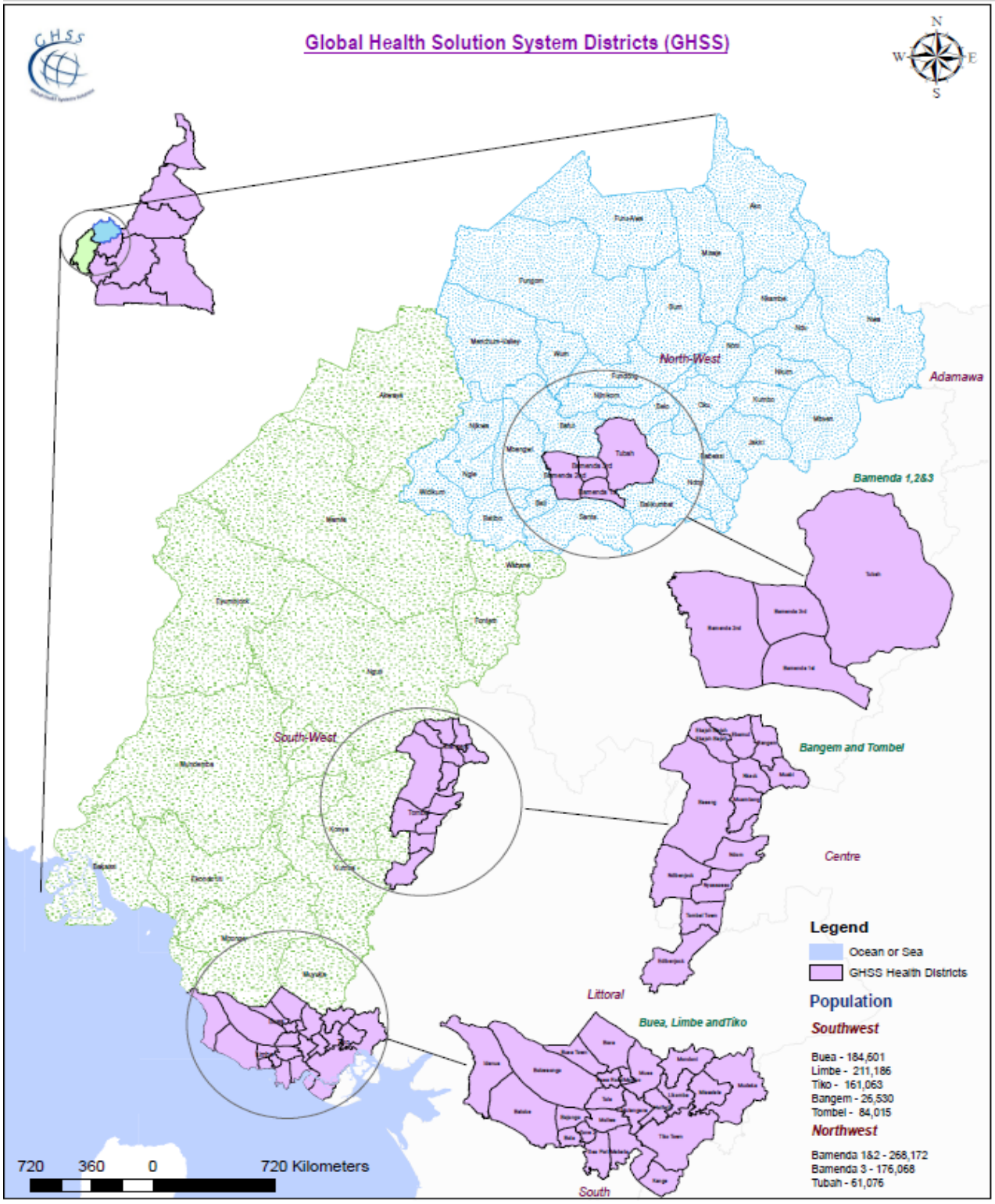


Fig 1: Cameroon map showing the regions and health districts in which the SRH project is being implemented

Project Outcome

Activities implemented

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 (MoH) and with other government structures/departments to be involved in the project**

- Advocacy at the different levels was aimed at introducing the project, presenting the objectives, its scope, and the different activities to be carried out to cause for improvement sexual and reproductive health in the Northwest and Southwest Regions of Cameroon.
- Advocacy at the central level was with the 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.

➢ **Need assessments of Multipurpose Youth Empowerment Centres (MYEC).**

- This activity was 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. Two of these centres were local in each of the urban districts in the SWs (Limbe and Buea), and one each for the 6 remaining health districts.

Southwest

- Buea Multipurpose Youth Empowerment centre, Buea town
- Buea Multipurpose Youth Empowerment Centre, Razel street, Buea
- Limbe Multipurpose Youth Empowerment Centre, New town
- Limbe Multipurpose Community Youth Centre, Ngeme
- Tiko Multipurpose Youth Empowerment Centre,
- Tombel Multipurpose Youth Empowerment Centre
- Bangem Multipurpose Youth Empowerment Centre

Northwest

- Bamenda 1 Multipurpose Youth Empowerment Centre
- Bamenda 3 Multipurpose Youth Empowerment Centre
- Tubah Multipurpose Youth Empowerment Centre

Fig 2. GHSS team, accompanied a representative from MINJEC at the Centre, Bangem

Fig 3 . Need assessment visit to Tombel MYEC

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

II. Using the Extension for Community Health Outcomes (ECHO) platform, field health assistants (FHAs) support ongoing interventions in improving SRH.

- Weekly ECHO sessions were conducted with coordinators of CHWs, FHAs, SRH advocates, and sexual and reproductive health experts
- Several field challenges and difficult cases encountered were discussed with the team of subject matter experts, who provided expert guidance.
- Some of the cases presented during the ECHO sessions include gender-based violence, teenage pregnancies, provision of contraceptives as well as cases of sexually transmitted infections (STI).

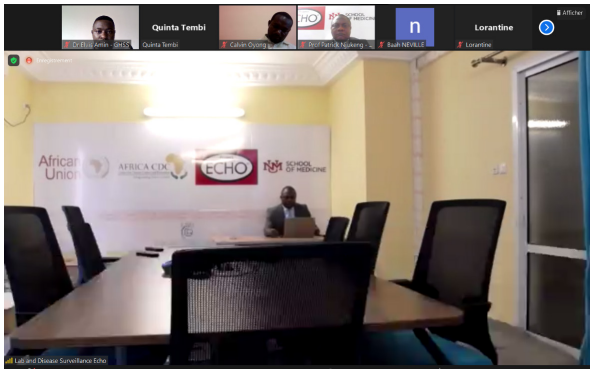


Fig 4; ECHO with all actors connected

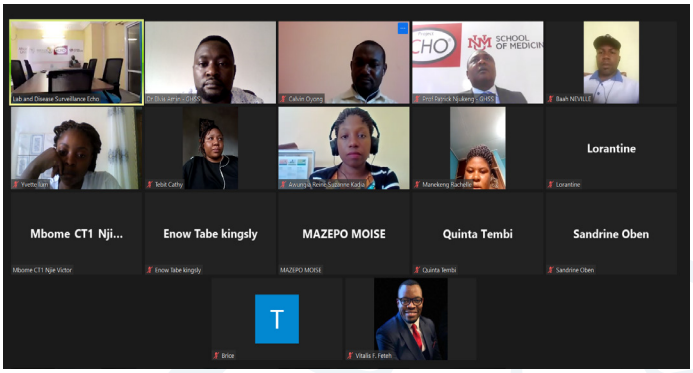


Fig 5; ECHO session showing spokes connected from different locations

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

➢ Workshop to update and validate modules for the training of CHWs FHAs and SRH advocates

- A 5-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 July 2022.
- The 18 participants of this workshop consisted of District Medical officers, MOH regional focal persons for reproductive health, and chief of bureau heads of the various health districts involved in the project.

Fig 6; Participants of the workshop consisting of District Medical officers, MOH regional focal persons for reproductive health

Fig 7; Working session with participants, updating and validating of SRH training modules

➢ Training of CHWs, FHAs, SRH advocates, and Supervisors

- A total of 10 training sessions (6 in the SW region and 4 in the NW region) were organised across the two regions
- A total of 200 CHWs, 100 FHAs and 20 SRH advocates, and 10 supervisors were trained and deployed in the two regions to increase demand as well as uptake of SRH.

Table 1: Distribution of trained CHWs, FHAs, Supervisors, and SRH 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

Health District	CHWs		FHAs			SRH advocates		Supervisors	Totals	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
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 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 childbirth 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; Family picture with participants, trainers and facilitators

Fig 9; CHWs, SRH advocates and supervisors at a training session

Fig 10; CHWs, SRH with after receiving working tools

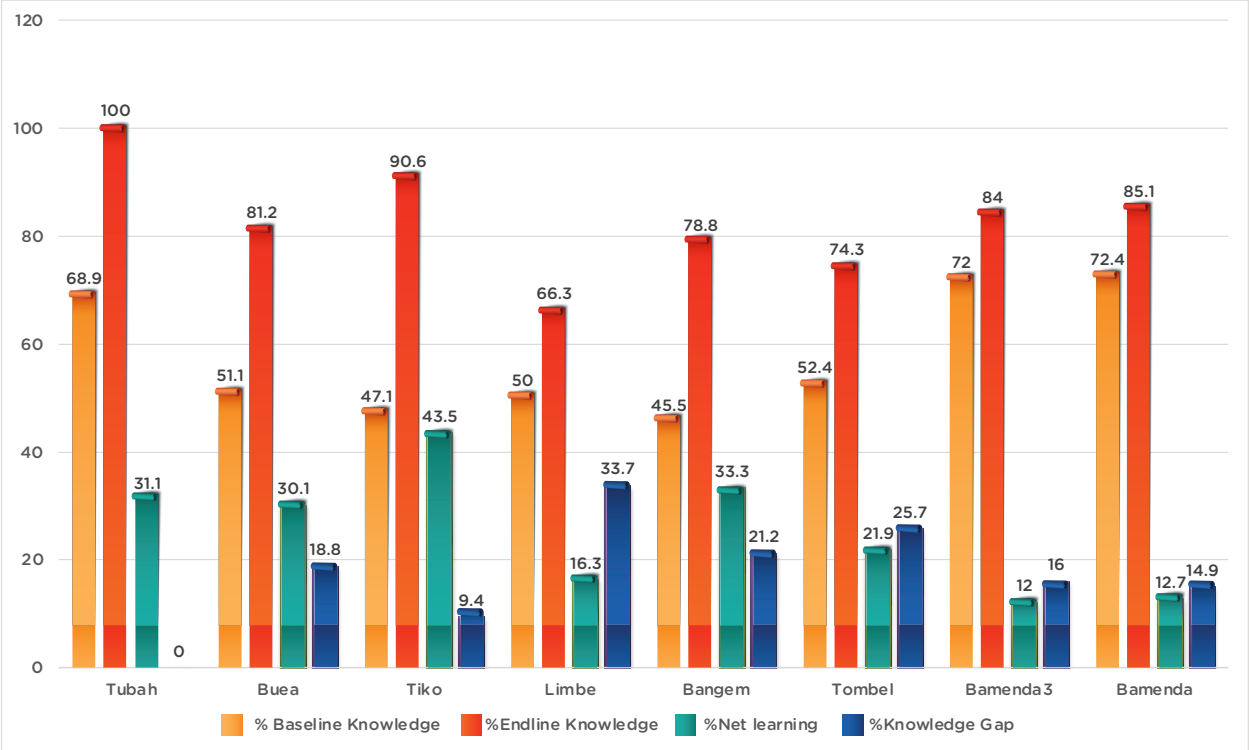


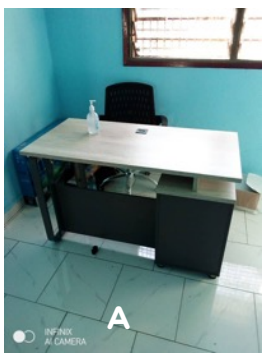
Fig 11 : Performance of field staff (CHWs and FHAs following the pre and post training assessments in various districts.

Other strategies implemented to ensure continues capacity building in the field workers included;

- Weekly echo sessions
- Onsite training by supervisors
- Quarterly supportive site supervisions

IV. To create and/or strengthen existing community youth-centred reproductive clinics (YCRCs) with integrated health services adapted to adolescents and young people in the NW and SW Regions of Cameroon.

- **Following the need assessment of multipurpose youth empowerment centres at the start of the project, the 10 youth centres were identified strengthened as indicated in the figures below;**



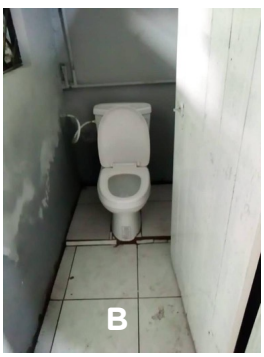


Fig 12; Youth Centre in Tombel with new office table (A) and renovated toilets (B)

Fig 13; Youth Centre in Limbe with new chairs

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

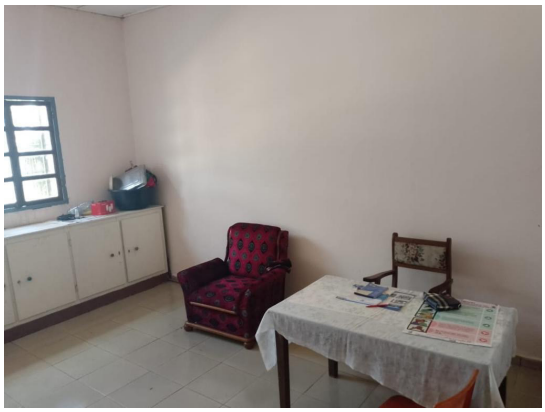


Fig 15; Youth centre in Tubah renovated (walls painted and new tiles on the floor)

Table 2: Support provided to the youth centres of the 8 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

Items		Youth Centres									
		Buea HD		Limbe HD		Tombel HD	Bangem HD	Tiko HD	Bamenda	Tubah	Bamenda 3
		Buea tow	Razel street	Down Beach	Ngeme						
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
	Examination beds	1	1	1	1	1	1	1	1	1	1
	Cupboards	1	1	1	1	1	1	1	1	1	1
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 provided on a monthly basis according to demand. The commodities included;

- Ancillaries (gloves, syringes, disinfectants, safety syringe boxes, face masks, and sanitary pads)
- Contraceptives (implants, condoms, emergency pills, and oral contraceptives), antibiotics, and analgesics.
- These 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 SRH interventions

➢ Creation of district and community-based coordination committees

- A total of 8 committees were created to oversee activities in the different health districts. Each committee consisted of district coordinators and field supervisors of CHWs and FHAs. They met at the end of each week to review the achievements and challenges while proposing corrective actions for improvement of work.
- The field supervisors in each health district were part of these committees and were selected in collaboration with the respective health districts and their dialogue structure, ensuring adequate community participation better management of context specific challenges.

➢ Supportive site supervision to the various districts and communities

- Supportive site supervisions to follow up activities in the field were scheduled for each quarter of the project year. The aim of the supervision was to review project achievements, discuss challenges, and proposed solutions to improve the project implementation and its impact.

- A total of 4 supportive supervisions were conducted on quarterly basis across the 8 health districts involved.

Fig 16. Supportive supervision in Limbe HD

Fig 17 . Supportive supervision in Tombel HD

Fig 18. Supportive supervision in Buea HD

Fig 19. Supportive supervision at the Youth Centre in Tubah HD

➢ Community engagement to increase demand for SRH services

- Sensitization meetings were organized each week in each health district with social groups, religious groups, trade unions, and schools. The aim of the meetings was for the engagement of the population to utilize SRH services offered at the youth centres and the community.
- A workshop was also organised with media representatives (TV, Radio, Influencers) during which key messages and skits were developed to boost the uptake of reproductive health services.
- A total of 6 radio and TV stations (4 in the Southwest region and 2 in the Northwest region) were engaged for continuous broadcasting of the messages and skits on sexual and reproductive health, thus increasing community sensitisation and leading to increase in demand for SRH services that were being offered at the youth centres, and by the field staff deployed.

Fig 20; A & B - Workshop with media representatives

Table 3. Sensitisation on SRH health in the 8 health districts

Intervention	Number conducted	Number Reached		
		Male	Female	Totals
Home visits	291919	285905	453785	739690
Community surveys	54029	76270	195479	271749
Outreach sensitisations	67504	252934	448694	701628
Overall total of persons reached				**1713067**

➢ Sexual and reproductive health education for young people

- Over the past 15 months, 1,713,067 persons were educated on sexual and reproductive health by CHWs and FHA across the 8 health districts involved in the project (table 3).
- This was achieved through home visits, community surveys and outreach sessions within the community.

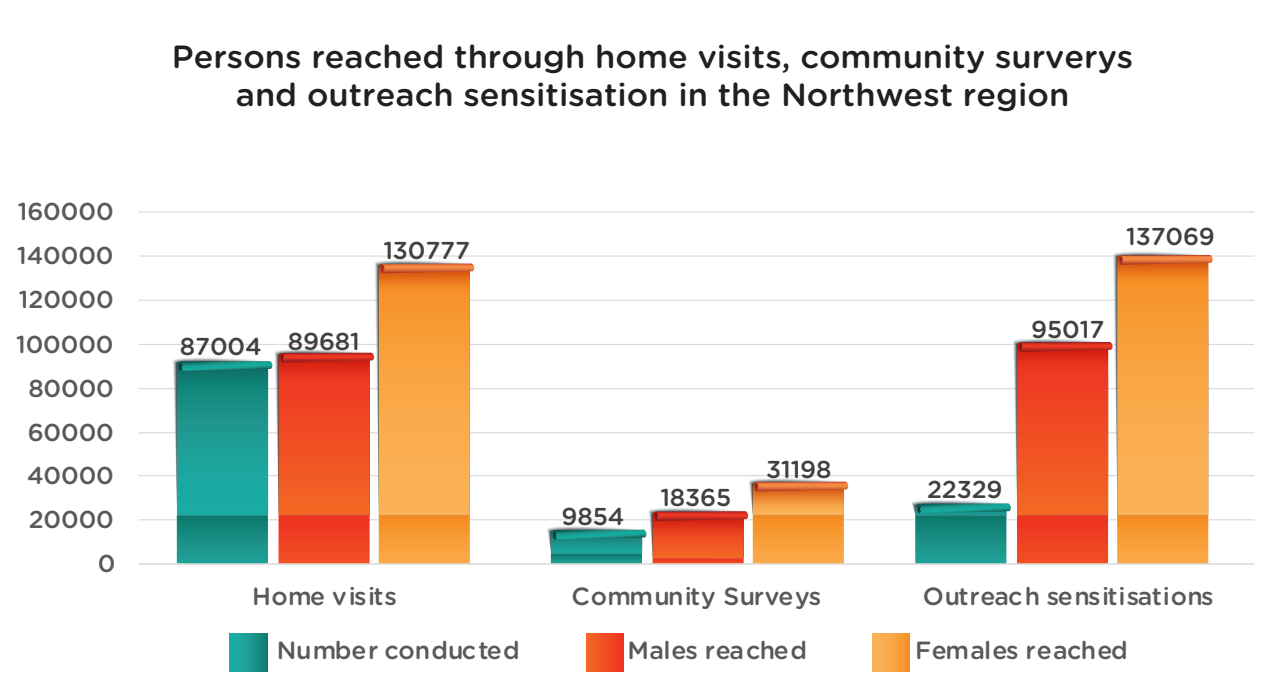


Fig 21. Persons reached through Home visits, community surverys and outreach sensitisation in the Northwest region

- Outreach sessions were carried out in schools, youth social gatherings, and in churches. The field staff (CHWs and FHAs) supported in strengthening the referral system within these two conflict-stricken regions, through community continuous identification and referral of persons requiring SRH services as well as other health services reported.
- More persons were reached and educated on SRH in the southwest region (1,210,958) as compared to the Northwest regions (502107). Its worth noting that just 3 health districts were involved in the Northwest regions due to the intensity of the socio-political crisis. See figure 21 and figure 22.
- Most of the persons reached were through home visits and outreached sensitisations conducted by the field staff.

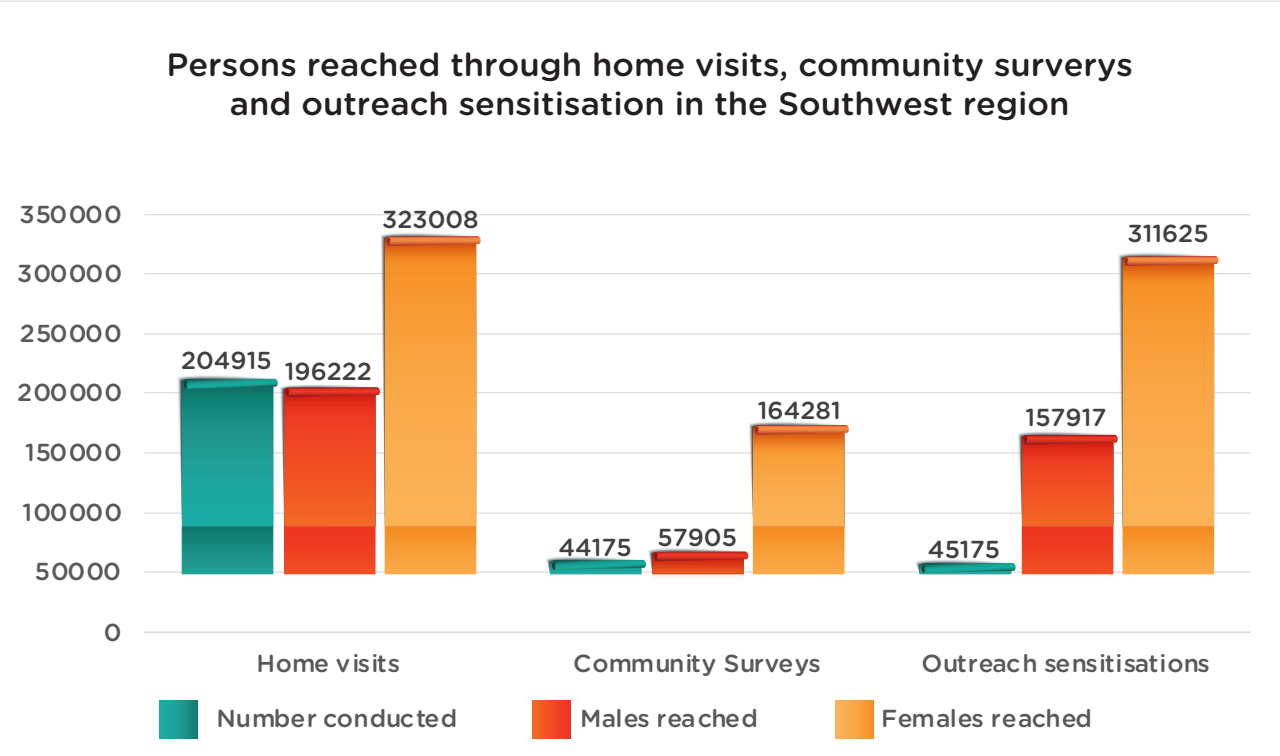


Fig 22. Persons reached through home visits, community surveys and outreach sensitisation in the Souwest region

VI. Strengthen the community referral system of the SRH services in the North West and South West regions

- **200 CHWs and 100 FHAs were 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 SRH services

Health District	Number of persons Identified who need SRH services	Number of persons for SRH services managed by field staff or reffered and managed at Youth centre	Number of persons referred
Tombel	22248	16223	6025
Bangem	18173	11578	6595
Limbe	66329	58009	8320
Tiko	29509	26962	2547
Buea	42681	36473	6208
Tubah	16134	15115	1019
Bamenda	27420	23418	4002
Bamenda 3	26404	23536	2868
Total	**248899**	**211315**	**37584**

- During sensitisation activities in the communities, over 248899 persons were identified to need SRH services among which 211315 were managed by field staff in the community and at the Youth Centre. The rest were referred to nearby health facilities as the required advanced care. See table 4, figure 23 and figure 24 below.

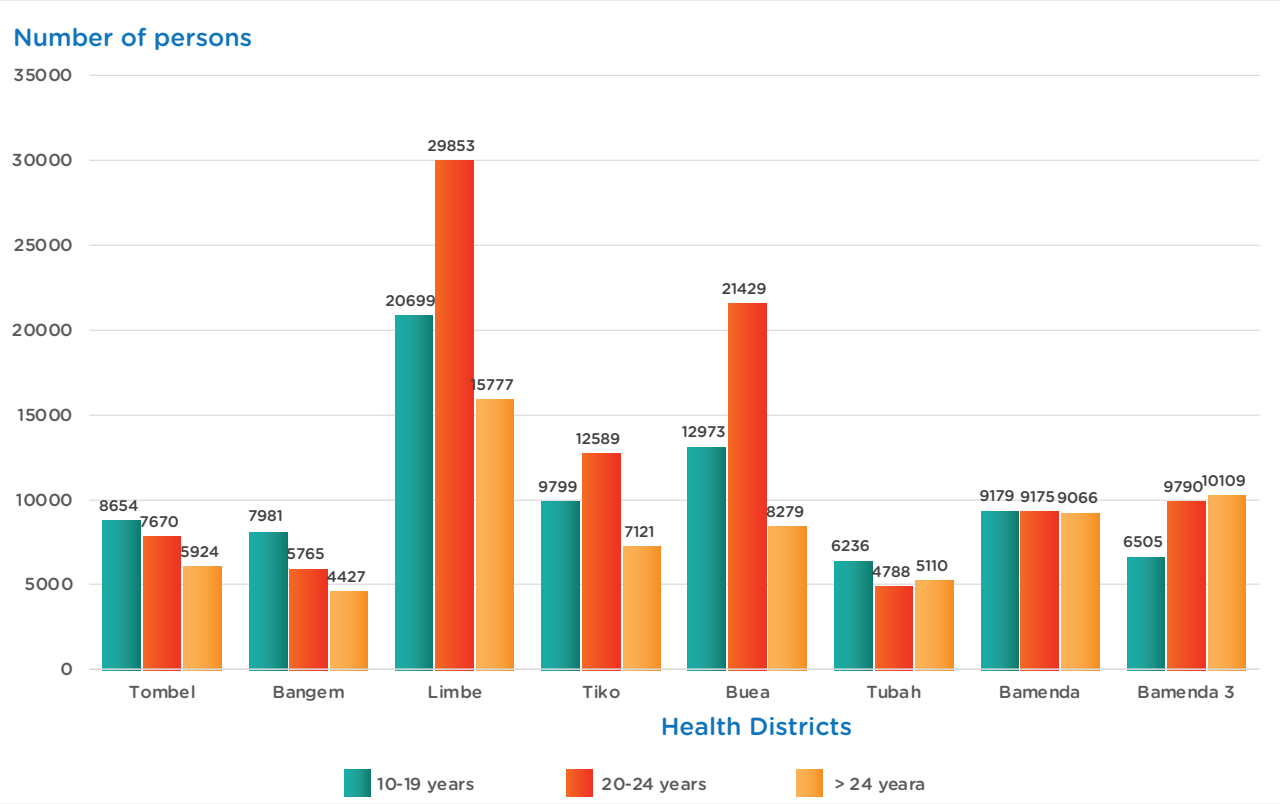


Fig 23. Number of persons identified who need SRH services

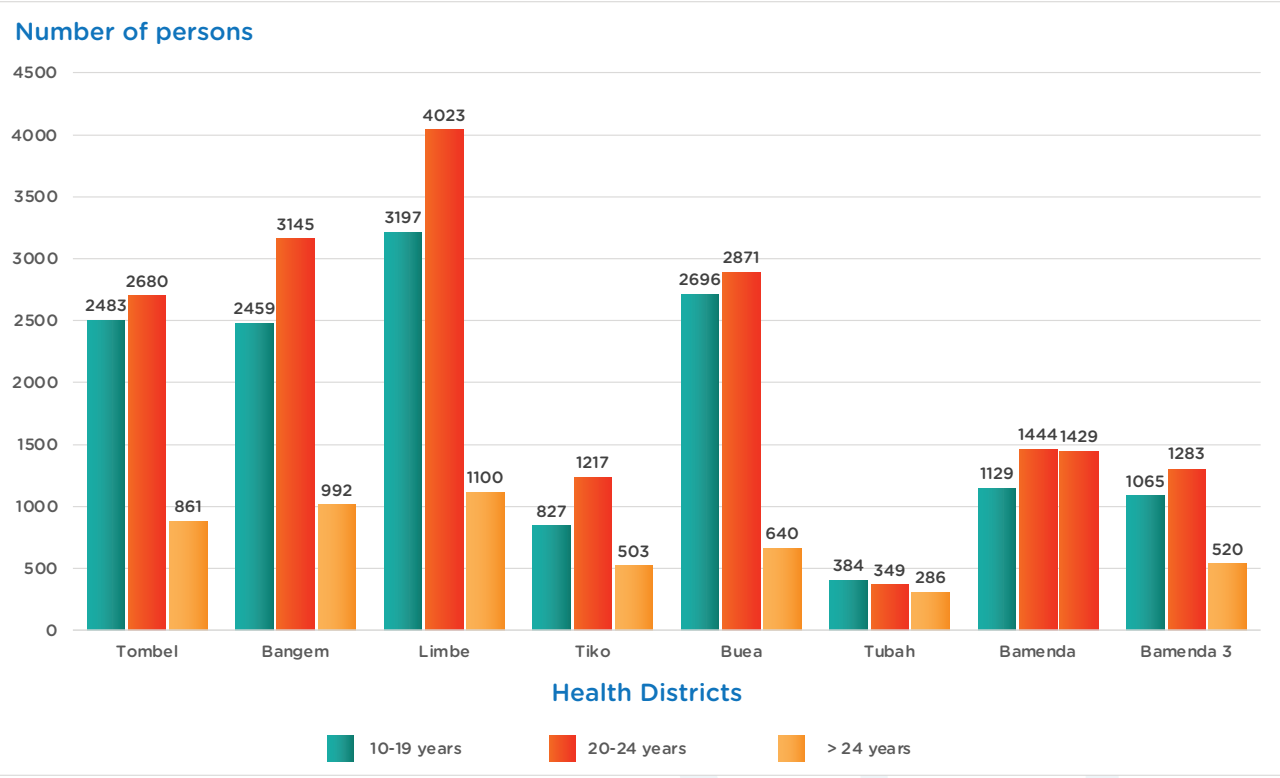


Fig. 24 Number of persons referred to health facility for SRH services

- To facilitate referral and counter referrals, all the CHWs and FHAs were provided with tablet phones and internet modems. These items were for communication with nearby health facilities regarding referrals and for active participation in ECHO sessions, to receive expert guidance on the management of the same challenging cases identified. See figures 21 below.

Fig 25; A &B – CHWs and FHAs familiarising themselves with the tablets after receiving.

Fig 26; outreach sensitisation on SRH

Fig 27; sensitisation on SRH during home visits

Fig 28; family planning services provided in the community

- Two ambulances were donated to the two regions, to support community referral systems.
- The ambulance for the Southwest region was donated to the Tiko health district through the Southwest Regional delegation of public health. The health district was selected based on the fact that despite the several health facilities present in the district, there was no ambulance available to support referral of emergency cases within the district, as well as to other referral hospitals out of the health district. The ambulance is based at the district health service and to serve the various health facilities where there is need.

Fig 29; The ambulance donated to Tiko HD through the Southwest Regional Delegation of Public health

Fig 30; The keys and documents of the donated ambulance being handed over to the Southwest regional delegate of public health by the SRH Project Coordinator

- The ambulance for the Northwest region were donated to the Bamenda health district through the Northwest Regional delegation of public health. The health district was selected based on the fact that it was the most populated health district in the Northwest region with limited ambulance services available to support referrals of health emergency cases.

Fig 31; The ambulance donated to Bamenda HD through the Northwest Regional Delegation of Public health

Fig 32; The keys and documents of the donated ambulance being handed over to the Northwest regional delegate of public health by the SRH Project Coordinator

- 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 5 below.

Table 5: SRH impact indicators

Indicator	Number Identified
Teenage pregnancy identified	1910
Number of STIs identified	1435
Number of GBV cases identified	356
Number of unvaccinated pregnant women	603

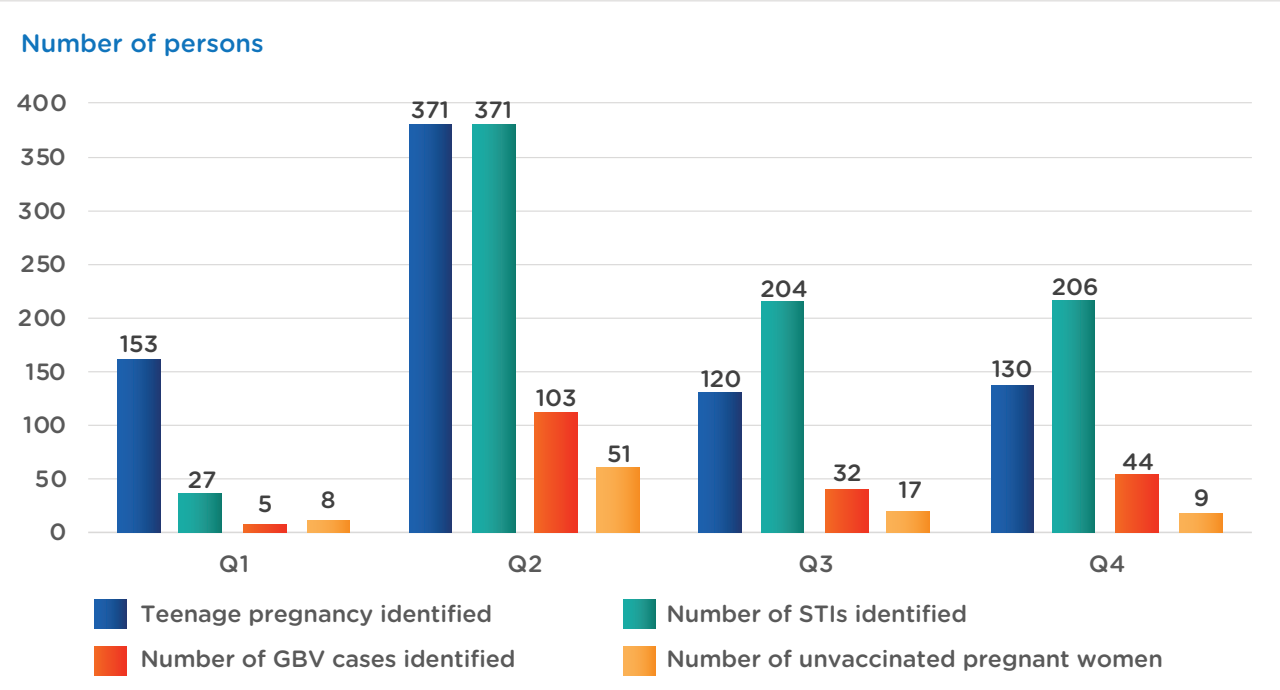


Figure 33. Performance of impact indicators in the Northwest region across the four quarters

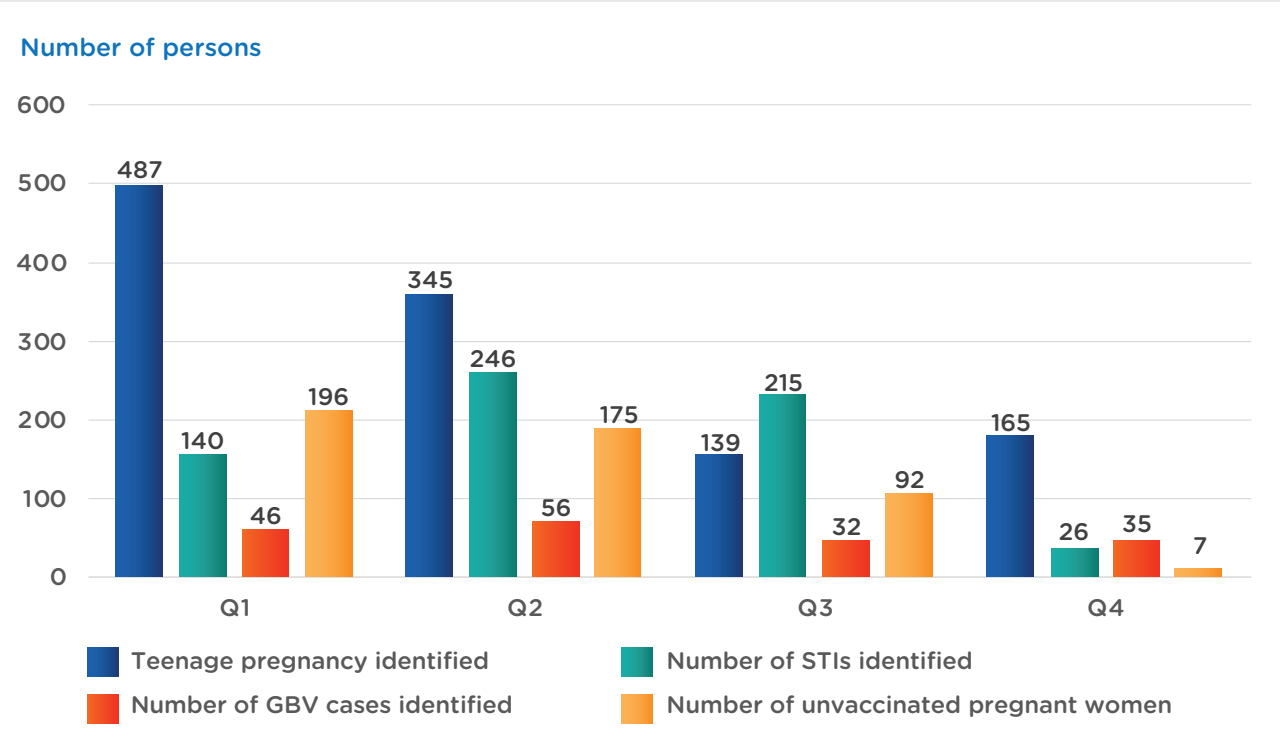


Figure 34. Performance of impact indicators in the South west region across the four quarters

- Uptake of sexual and reproductive health services

The sexual and reproductive health services provided at the community and at the youth centre level included;

- 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 7 and figure 27

Table 6: Family planning Services offered

ontraceptive type	Northwest region	Southwest region	Totals
Injectable Intramuscular contraceptives (Injectable IM)	147	4045	4192
Injectable subcutaneous contraceptives (Injectable SC)	5076	14028	19104
Implant	403	981	1384
Intra uterine device (IUD)	319	214	533
Combine oral contraceptive pills (COC)	403	1349	1752
Progesterone only pills (PoPs)	226	1499	1725
Male Condoms	27667	55352	83019
Female condoms	2956	4868	7824
Emergency contraceptives	1112	1271	2383

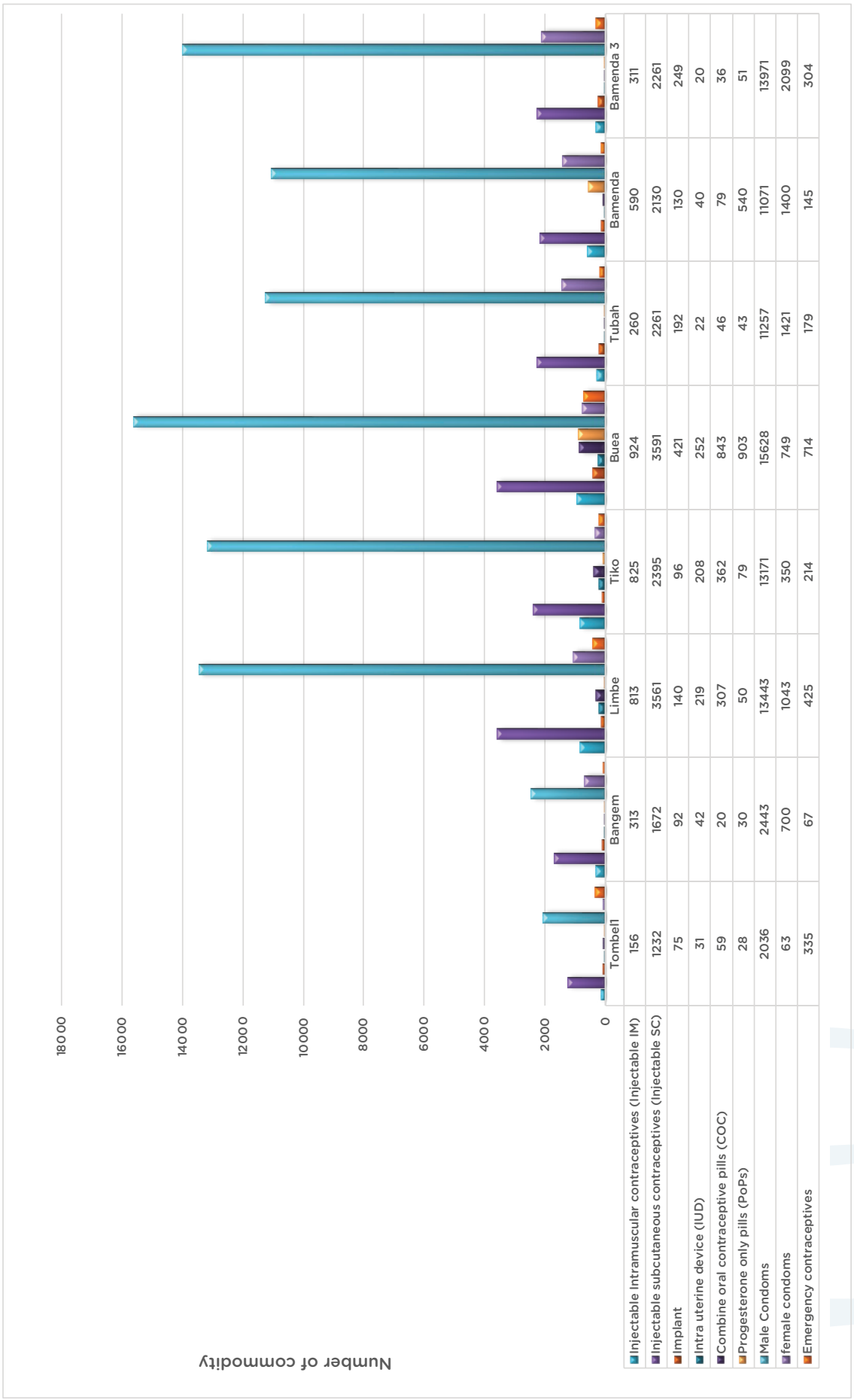


Figure 35. Uptake of family planning services in various health districts

End of Project handing over meetings with the Ministry of Public Health and the Ministry of Youth Affairs and Civic Education

- Meetings were organised in all the eight health districts involved in the project. The aim of the meetings was to develop a context specific sustainability plan to ensure the continuity of activities in the various health districts especially at the youth centres. At the end of each meeting a sustainability plan was developed and validated in each of the health districts.
- The key stakeholders that were present at the meetings included; DMOs, Hospital Directors and Chiefs of Health Centres and of Youth Centres, Sub-Delegates for the Ministry of Youth Affairs and Civic Education, SRH project field supervisors, SRH project district coordinators and the SRH project technical leads from GHSS.

Figure 34. End of project handing over meeting at Youth Centres in Bamenda 3 HD (A) and Tubah HD (B)

Figure 35. End of project handing over meeting at Youth Centres Tiko HD

Key recommendations from the meetings;

- The hospitals and health centres in each health district will choose a day in a week and allocate staff to support in ensuring the continuous provision of basic SRH services at the youth centres.
- All health activities conducted at the youth centres will be supervised on a weekly basis by a team from the health districts. Thus, weekly activity reports and data are expected to be submitted to the various health facilities supporting the youth centres, and also to the District Health Service and the Divisional Delegations of Youth affairs and Civic education.
- The youth advocates (trained chiefs of youth centres) are to continue conducting health education at the youth centres and also during outreach activities.
- The representatives of the youth centres are to ensure adequate stock management of SRH communities and timely submission of request for refill of stocks from the focal person for reproductive health at the regional delegation of public health. This request is to be done through the district health services.
- The District Health Service is to take stock of all trained field staff for the project, and ensure they are integrated in the pool of already existing polyvalent CHWs. They will continue sensitising the community of SRH and linkage to care of identified clients, while carrying out other field assignments such as vaccination.

End of the project evaluation meetings

- The aim of these meetings was to present the achievements of the project to the various regional delegations of public health, discuss challenges encountered and recommendations on the way forward for the services initiated.
- The key stakeholders in attendance were the Regional Delegate of Public Health, The Regional Delegates of Youth Affairs and Civic Education, District Medical officers, Division Delegates of Youth Affairs and Civic Education, Hospital Directors, Chiefs of health centres, Chiefs of youth centres, SRH project supervisors, GHSS District coordinators, SRH experts for the regional delegations and GHSS project coordinators.

Figure 36. End of project evaluation meeting at the Northwest Regional Delegation of Public health

Figure 37. End of project evaluation meeting at the Southwest Regional Delegation of Public health

Key recommendations from the meetings;

- The need to intensify key project interventions such as; community sensitisation on SRH, identification and linkage to care of persons in need of SRH services and provision of basic sexual and reproductive health services at the multipurpose youth empowerment centres. This recommendation was based on the fact that despite the progressive decline of key performance indicators (GBV, teenage pregnancies, STIs, and Unvaccinated pregnant women) towards the end of the project, they however still remained significantly high.
- Extending the project to other nearby health districts. The project was implemented in 5 out of the 18 health districts in the Southwest region and 3 out of the 19 health districts in the Northwest regions. The health needs identified in the 8 health districts involved in the project go a long way to showing how much work is still to be done in the entire region with regards to improving SRH.
- Adequate documentation and sharing of project findings and achievements, as this will be used for advocacy from the various government structures and partners on the need to allocate more resources in improving sexual and reproductive health in the country, and health as a whole.

Sustainability approach

- The selection and training of field staff (CHWs, FHAs, and SRH advocates) was done in collaboration with the MoH and its dialogue structures at the district level. This was to ensure ownership, given that these trained field staff had already been supporting other health interventions such as vaccination, and risk communication and community engagement activities.
- GHSS' 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 permitted 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.
- End of project sustainability meetings were organised in the various health districts during which a context specific sustainability plan was drafted to ensure the continuity of activities for each health district.

Project Impact

Capacity Building

The capacity of 200 CHWs, 200 FHAs, 20 SRH advocates has been built/improved across the eight project supported health districts on SRH education and

provision of basic services, including family planning. All CHWs who were trained were all already existing polyvalent community health workers trained in managing other pathologies. Integrating SRH activities in polyvalent CHWs package will permit them to continue activities going forward. Prior to the training of the field staff, SRH training modules were developed and validated by SRH experts, SRH regional focal persons, and DMOs. The training modules will also serve as a repository of training materials for other subsequent trainings.

➢ Sexual and Reproductive Health needs

Although the key performance indicators of the project (teenage pregnancy, GBV, STIs and unvaccinated pregnant women) decreased progressively throughout the project peroid, they still remain quite high. This gives a picture of the SRH needs plaquey the remaining health districts in the target two conflict-stricken regions, as well as other crisis or conflict-stricken regions in the Far North and the East regions of Cameroon.

Conclusion

Despite the few challenges which led to delays in carrying out some of the planned activities, all the objectives of the project were realized. One of the key factors that facilitated the effective implementation of the project was the fact that it was 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 smooth collaboration we had with the respective regional delegations of the Ministry of Youth Affairs and Civic Education, permitted us to make inroads into the communities where our activities gained popularity.

The enthusiasm and expectations we encountered in the communities challenged us to work harder to ensure ownership and eventual sustainability of all interventions that were put in place.

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