For Best Practices in Health

CDBPS-H

Pour des Bonnes Pratiques en Santé

Promotion of Sexual and Reproductive Health in Schools and Universities in Cameroon

Deliberative dialogue 2 : Report

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KT supporting research use

NWO Netherlands Organisation for Scientific Research

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Abreviations*

Abbreviations are in French and translations in Bracket

ACMS	Association pour le Marqueting Social (Association for Social Marketing)
ASSEJA	Association Enfants, Jeunes et Avenir (Children, Youth and Future Association)
BM	Banque Mondiale (World Bank)
CAMNAFAW	Cameroon National Planning Association for Family Welfare
CDBPS-H	Centre for the development of best practices in health
CPN	Consultation Prénatale (Prenatal Consultation)
DSF	Direction de la santé familiale (Family Health Unit)
EMP	En Matière de Population (in terms of of population)
ESC	Education Sexuelle Complète (Comprehensive Sexuality education)
ESI	Education Sexuelle Intégrée (Integrated sexuality education)
EVF	Enseignement à la Vie Familiale (Education on family life)
FESADE	Femmes Santé Développement (Women, Health and Development)
GIZ	Coopération Allemande (Dutch Cooperation)
IST	Infection Sexuellement Transmissible (Sexually transmitted infections)
MINAS	Ministère des Affaires Sociales (Ministry of Social Affairs)
MINEDUB	Ministère de l'Education de Base (Ministry of basic education)
MINESEC	Ministère des Enseignements Secondaires (Ministry of Secondary education)
MINESUP	Ministère de l'Enseignement Supérieur (Ministry of Higher Education)
MINPROFF	Ministère de la Promotion de la femme et de la famille (Ministry for Women empowerment and the Family)
MINSANTE	Ministère de la Santé Publique (Ministry of Health)
MST	Maladie Sexuellement Transmissible (Sexually Transmissible Disease)

NIS	Note d'Information Stratégique (Strategic Briefing Note)
OFSAD	Organisation des Femmes pour la Securité Alimentaire et le Développement du Cameroun (Women's organization for food security and development in Cameroon)
OMS	Organisation Mondiale de la Santé (World Health Organisation)
ONUFEMME	Organisation des Nations Unies pour les Femmes (UNWOMEN)
PLMI	Programme de Lutte contre la Mortalité Maternelle et Infantile (Programme for the control of maternal and infantile mortality)
SSR	Santé Sexuelle et Reproductive (Sexual and Reproductive health)
SSRA	Santé sexuelle et Reproductive des Adolescents (Sexual and Reproductive health of adolescents)
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
VIH	Virus Immuno-déficience Humain (Human immuno deficiency virus)

Introduction

As part of the project "Knowledge on Sexual and Reproductive Health: Improving, Evaluating and Institutionalizing the Translation of Evidence into Action ", a deliberative forum[1] was organized with policy makers, researchers, partners and civil society organizations. The purpose of the forum was to identify priorities for the sexual and reproductive health of adolescents (SRHA) in Cameroon. The thematic analysis of the discussions with stakeholders showed that there is a knowledge gap in the transmission of sex education and an unpreparedness of these adolescents to sexual and reproductive life. It was also mentioned that the family and the school are formal reference spaces, where this preparation of teenagers for this sexual and reproductive life should be done. At the end of this first forum, the participants wished to participate in a second deliberative forum during which they would discuss issues related to the promotion of reproductive health in schools and universities in Cameroon.

To this end, at the request of the stakeholders, a strategic briefing note was prepared to accompany the implementation of the "learning" initiative of the national investment plan for the reduction of maternal, infant and juvenile morbidity and mortality in the education sector. Its purpose was to provide evidence to optimize initiatives related to education for sexual risk reduction in adolescents.

The strategic briefing note was designed as an orientation of the health promotion approach, using evidence from research for better implementation of the integrated adolescent sexual health strategy as a national guideline (1). Recalling briefly the situation of the SRHA in Cameroon, the strategic briefing note presented an analysis of the orientation of the foci for health promotion, according to the primary, secondary and university target ; as structured by the academic policies of the country and the orientations of the comprehensive sexuality education (CSE) that advocates early, age-appropriate and gradual learning. It is within this framework that the CDBPS_H in partnership with PLMI MINSANTE organized a second deliberative forum on the promotion of reproductive and sexual health in schools and universities in Cameroon.

This forum was organized to inform SRHA questions in schools and universities in Cameroon, which had been identified as a priority at the first forum held in April 2018. The purpose of this forum was to use research and local evidence to inform stakeholders on sexual and reproductive health in schools in Cameroon.

[1] Deliberative forum on the identification of priorities in terms of SRHA in Cameroon on April 13th 2018 at the Benedictins Monastery of Yaounde.

Objectif

The objectives of this deliberative forum were:

1. Present the strategic briefing note on the Sexual and Reproductive Health of Adolescents in Schools and at University;

2. To discuss options for promoting the sexual and reproductive health of adolescents in schools and universities in Cameroon;

3. Deliberate on the suggested options to improve the sexual and reproductive health of adolescents in schools and universities in Cameroon.

Methodology

Deliberative forum approach

The design of the deliberative forum was qualitative with a slight quantitative component.

- Qualitative Component

The qualitative component consisted of the discussions that take place during the deliberative forum.

- Quantitative Component

The quantitative aspect consisted of questionnaires at the beginning and the end of the forum.

Step 1: The Literature Search

We started our process with a literature search. It allowed us to identify documentary resources, the actors involved and the problems that hinder the promotion of reproductive health in schools in Cameroon. It began in March 2018 and continued throughout the production of the various documents. As part of this literature search process, a research strategy was developed.

Keywords:

- SRHA: adolescent sexual and reproductive health, family planning, sexual violence, rape, sexual abuse, STIs, STDs, HIV, female genital mutilation, female genital mutilation, breast ironing, early pregnancy, difficult childbirth, pre-natal consultation, early sexuality,
- Knowledge: perceptions, representations, states of the place.
- Beneficiaries: women, girls, young boys
- School and university environment: primary school, general and technical secondary education, university and private institute of higher education.

Source of information:

- Research evidence,
- Guidelines,
- Protocol

- Cameroon's health profile,
- Policy documents.

Actors:

- Decision makers: DSF-PLMI-MINSANTE, MINPROFF, MINESUP, MINEDUB, MINESEC, MINAS (Ministry of health, Ministry of women's empowerment and the family, Ministries of higher, basic and secondary education, and Ministry of social affairs respectively)
- International bodies: UNICEF, UNFPA, WHO, GIZ, UNWOMEN, World Bank
- NGOs: Plan International, CARE CAMNAFAW, ACMS, IRESCO, FESADE, RESYPAT

Period: 10 years (1997-2017

Model Search Strategy (in French)

- Santé Sexuelle et Reproductive ET adolescent ET planning familial ET MINSANTE Cameroun
- Santé Sexuelle et Reproductive Cameroun ET adolescent ET planning familial ET MINEDUB
- Santé Sexuelle et Reproductive Cameroun ET adolescent ET planning familial ET PLMI
- Santé Sexuelle et Reproductive Cameroun ET adolescent ET planning familial ET MINESEC
- Santé Sexuelle et Reproductive Cameroun ET adolescent ET planning familial ET MINESUP
- Santé Sexuelle et Reproductive Cameroun ET adolescent ET planning familial ET MINPROFF
- Santé sexuelle et Reproductive Cameroun ET adolescent ET UNICEF
- Santé sexuelle et Reproductive Cameroun ET adolescent ET UNFPA
- Santé sexuelle et Reproductive Cameroun ET adolescent ET OMS
- Santé sexuelle et Reproductive Cameroun ET adolescent ET Banque Mondiale
- Santé sexuelle et Reproductive Cameroun ET adolescent ET CARE International
- Santé sexuelle et Reproductive Cameroun ET adolescent ET CAMNAFAW
- Santé sexuelle et Reproductive Cameroun ET adolescent ET ACMS
- Santé sexuelle et Reproductive Cameroun ET adolescent ET IRESCO
- Santé sexuelle et Reproductive Cameroun ET FESADE……

This strategy enabled a literature search which put forward different publications on sexual and reproductive health such as guidelines, reports and published articles. The goal of this exercise was to assemble the necessary secondary data related to the specific objectives of this study.

Step 3 : Development of the strategic briefing note

The main theme for this strategic briefing note was proposed at the first deliberative forum on priorities in SRHA in Cameroon. During the forum, participants were unanimous on the need to focus on the promotion of reproductive health for adolescents in schools and universities in Cameroon as a priority. With an analysis of the themes that were discussed during this first forum, we agreed with the stakeholders on the need to produce a strategic briefing note whose title is: Promotion of Sexual and Reproductive Health in Schools and Universities in Cameroon. The strategic briefing note contains information on the SRHA situation in schools and universities in Cameroon, the factors underlying the various problems identified, the options to overcome these problems, the barriers as well as the considerations for implementation.

After the development of this note, a deliberative forum was held on the promotion of Sexual and Reproductive Health in Schools and Universities in Cameroon.

Step 4: Organisation of the forum on the promotion of SRHA in schools and universities in Cameroon

Before the forum, the participants were invited by e-mails by the PLMI of MINSANTE. Each mail contained the invitation note, the forum fact sheet and the strategic briefing note.

Date and place of the deliberative forum

The deliberative forum on the promotion of reproductive health in schools and universities in Cameroon was held on 09 August 2018 in the city of Yaoundé in a conference room of the Hotel Azur. This setting allowed participants to reflect and engage in dynamic discussions around the issues of promoting reproductive health in schools and universities.

Forum Participants and Selection Criteria

Stakeholders consisted only of actors working in the field of adolescent SRH in Cameroon. This included:

- Policy makers who develop decisions related to the issue of SRHA (Ministry of Public Health, Ministry of Higher Education, Ministry of Secondary Education, Ministry of Basic Education, Ministry for Women's Empowerment and the Family)
- International organizations (UNFPA);
- Non-governmental organizations (CAMNAFAW, OFSAD, FESADE, ASSEJA, etc.);
- Researchers;
- Civil Society Organisations (Cameroon Youth Network);
- Media (Cameroon Tribune, Le Messager);

Beside these criteria, people who were available participated in the deliberative forum. We regretted the absence of UNICEF, Plan International, UNESCO and UNWOMEN, whose representatives were unfortunately unavailable.

Difficulties Encountered.

Scheduling conflicts delayed the programming of this second deliberative forum.

Results

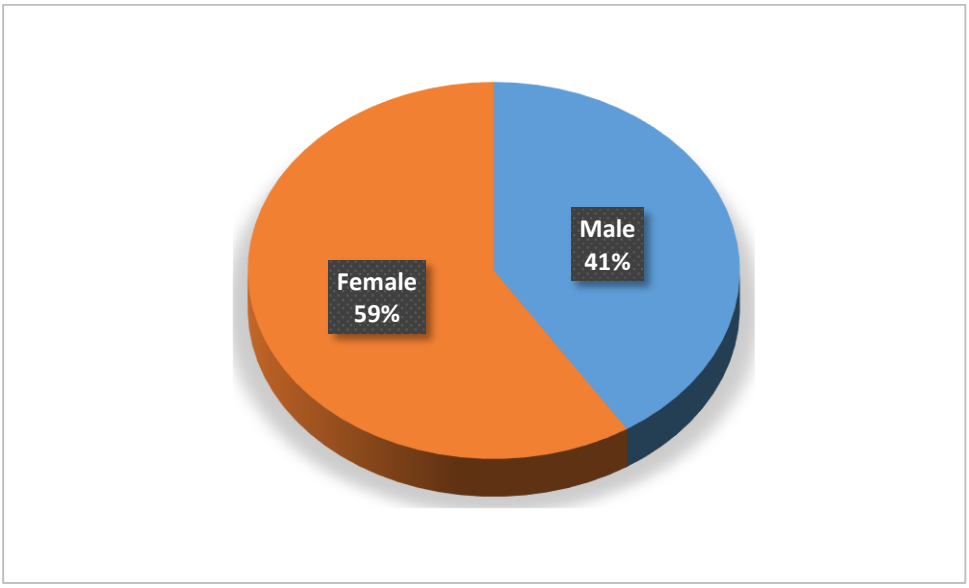
The results of the discussions with stakeholders during the deliberative forum are hereby presented:

1. Sociodemographic characteristics of the forum's participants

1.1. Sex

A total of 30 people attended the deliberative forum. Among these 30 people were 21 participants, 06 members of the research team and 02 journalists. In the invitation process, the gender aspect was taken into account because the 21 participants included 09 men and 13 women as indicated in the figure below :

Figure 1 : Characteristics of the forum's participants

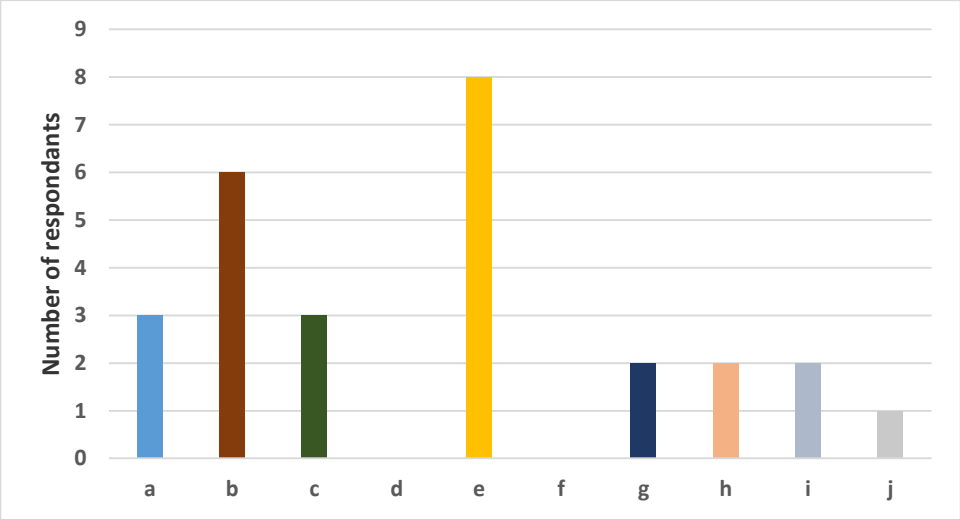


1.2. Employment (Participant's main role in a professional environment)

Participants in the deliberative forum were from many backgrounds and sectors. And their profiles indicate that they were selected based on their experiences in the field of SRHA in school and university settings. The participants came from PLMI-MINSANTE, DSF-MINSANTE, MINPROFF, MINESUP, MINESEC, MINEDUB, UNFPA, OFSAD, FESADE, CAMNAFAW, ASSEJA and Youth Network. Among these 21 participants (some have cumulative functions), there were: 03 policy makers from the government; 06 physicians and other health professionals, 03 academic researchers (at the university); 08 IO / NGO / CSO actors; 02 Directors (including that of the Ministry for Women's empowerment and the Family); 02 sub-directors; 02 Executives and 01 person whose main activity besides research is being a pastor.

The distribution of participants in the deliberative forum is recorded in the following figure:

Figure 2. : **Variation of the main role in the professional environment**

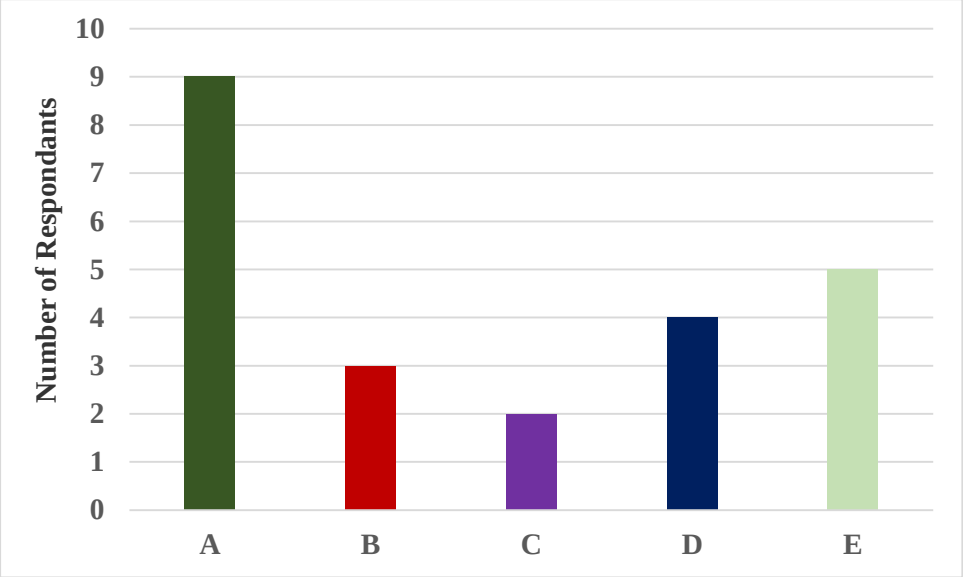


Key
A = political decision maker for a governmental organization
b = medical doctor or other health professional
c = Academic Researcher (at a university)
d = Researcher (not in a university, but in another type of organization)
e = International Organization/NGO/Civil Society Organization Staff
f = Private sector staff
g = Director
h = Health Activity Coordinator at a university
i = Managerial Staff
j = Pastor

1.3. Participation in health policy processes

Regarding participation in health policy processes, among the 21 participants, 9 people said they did not participate in health policy processes, 03 of them participated indirectly as advisers to decision makers; 02 of them participated for at least two years; 04 among them participated in such processes with two to five years of experience; 05 of them had participated with more than five years of experience.

Figure 3 : Variation in the participation to health policy processes.

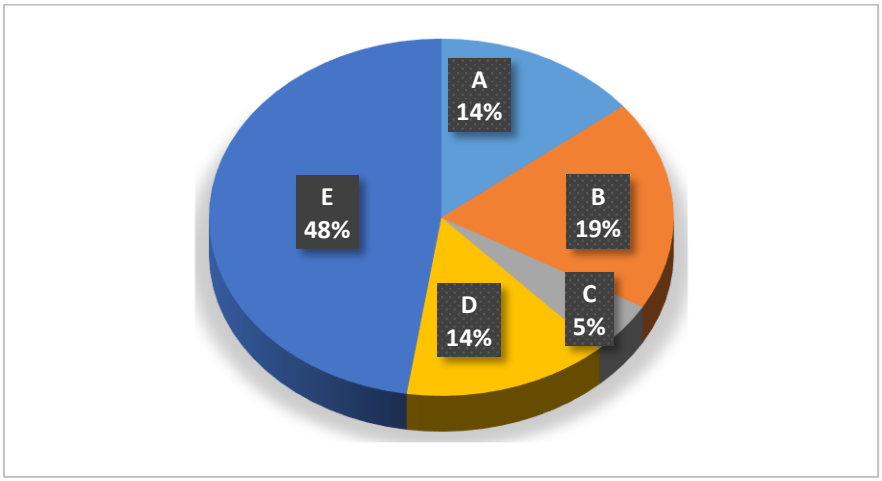


Key
a = No
b = Only indirectly as advisor to decision-makers
c = Yes, for at least two years
d = Yes, for two to five years
e = Yes for more than 5 years pf experience in policy processes.

1.4. Participation in the delivery of health services to the population

The other component that was addressed in the questionnaire at the beginning of the forum is participation in the delivery of health services to the population. To this question, it emerged that out of the 21 participants: 10 of them had more than five years of experience in the provision of health services; 03 of them had between two and five years of experience in providing health services; 01 of them had at least two years of experience in providing health services; 04 people did it indirectly as support staff and 03 never did.

Figure 4 : Percentage participation in health services delivery

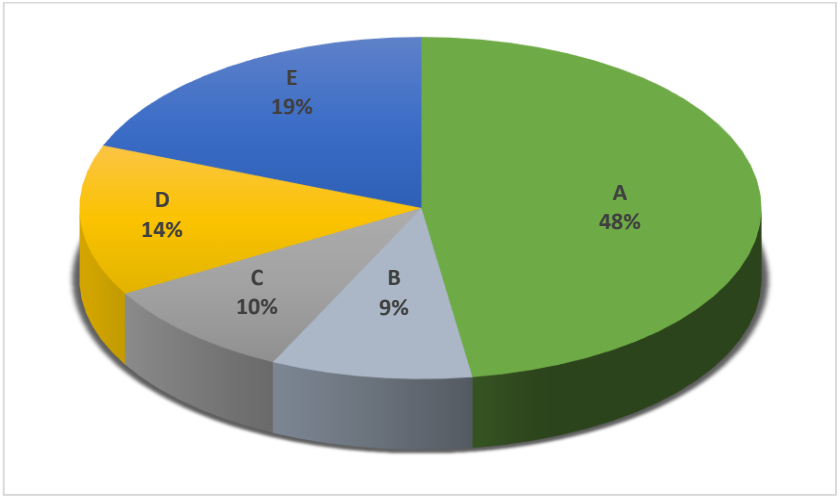


Key
A= No
B = Only indirectly as support staff
C = Yes, for atleast two years
D = Yes, for two to five years
E = Yes, more than 5 years of experience in health service delivery.

1.5. Participation in health research

The question of participation in health research was raised in the questionnaire. To this question, it emerged that out of 21 participants: 10 never participated in health research; 04 of them had more than five years of experience in health research; 02 of them did it indirectly as advisors for research; 02 of them had participated for at least two years and 03 people had participated in health research with two to five years of experience.

Figure 5: Percentage Participation in Health Research

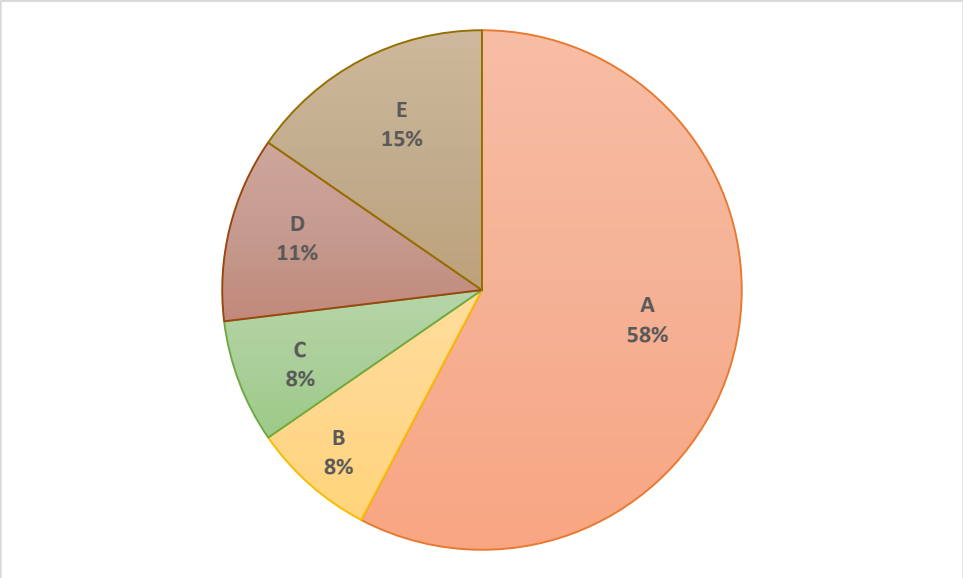


Key
A= No
B = Only indirectly as support staff
C = Yes, for atleast two years
D = Yes, for two to five years
E = Yes, more than 5 years of experience in research .

1.6. Participants who have already published research

The last part of this questionnaire concerned the publication of research results. To this question, it emerged that 15 (58%) out of 21 never published the results of the research; 02 (8%) of them published in a national scientific journal; 02 (8%) of them had already written research reports and had them published by local and national institutes; 03 (11%) published one or two articles in a peer-reviewed international journal and 04 (15%) out of 21 published one or two articles in an international peer-reviewed journal.

Figure 6 : Percentage of persons having published research results.



Key

A = No

B = Writing of research reports published by local / national institutes

C = Publication in a national scientific journal

D = Publication of one or two articles in a peer-reviewed international journal

E = Publication of one or two articles in an international peer-reviewed journal

2. Discussions based on the content of the Strategic Briefing Note

Following the presentation of the strategic briefing note, participants were asked to deliberate on a number of points: how the problems were presented in the strategic briefing note and their magnitude, the underlying factors, the logical framework, the options and implementation considerations.

2.1. Identification of the problems in the strategic briefing note and their magnitude

The problems presented in the briefing note were articulated around four main points namely:

Sexuality at risk of adolescents and young adults in Cameroon. This point generally outlined the elements and figures that highlight the sexuality at risk of adolescents and young adults in Cameroon. After this general point, the note focused on specific issues related to primary, secondary and higher education to highlight the points of manifestation of the problem.

At the primary level, the manifestations of the problem in primary school were limited to two points namely:

- Non-disclosure of sexual abuse against pre-teens and adolescents;
- The impact of sexual abuse is multifaceted;

At the high school level, the note has highlighted arguments that build the vulnerability of reproductive health in middle and high schools. This part of the note raised three points:

- Sex scandals involving teenagers in middle and high schools
- Abuse and sexual violence involving adolescents
- Early and unwanted pregnancies and STI / HIV-AIDS

The third point of the problems presented in the note revolved around the vulnerability of reproductive health in universities. In this section, the note highlighted two points:

- The law of silence of ubiquitous sexual harassment
- Non-existent management structures

In general, the discussion with stakeholders around the description of the problem, revealed that it is well described and well argued. Two questions were asked by two participants about the status of Koranic schools and vocational schools. To these questions, it was suggested to speak instead of the educational environment to include the Koranic school target and vocational schools and to involve the Ministry in charge of vocational training issues in future work.

2.2. Underlying factors

The main points raised in the underlying factors were the following : apart from primary school, there are no other forms of learning about reproductive health because of: (i) failure of traditional mechanisms (initiations and stories) that accompanied the transition from childhood to adolescence and (ii) the assimilation of the pre-adolescent to the child which induces a negation of his sexuality; and the qualification of half of the teachers in the private sector is insufficient with variations between regions of 25 to 74%.

Discussions around the underlying factors, revealed that we must dig into the hidden face of incest. In many cases, we find girls who have been abused or pregnant by their relatives (uncles, fathers). To avoid taboos or talking about incest, someone outside of the family might be held responsible instead. (hence a solution option on the role of families is needed).

2.3. Logical framework of action

The school and university environment are likely to make a significant contribution to the complete state of well-being of pupils and students.

2.4. Options

The strategic briefing note suggested 5 options to incite discussions during the deliberation. These discussions are hereby presented according to each option:

Option 1: Establish a quality assurance mechanism for education on family life, population and HIV / AIDS (EVF / EMP / HIV-AIDS) in schools, colleges and high schools

There was no contradiction to this option. All stakeholders agreed on its priority and the need to introduce a quality assurance mechanism for education on family life population and HIV / AIDS (EVS / EMP / HIV- AIDS) in schools, colleges and high schools. An inter-ministerial decree has been in place since 2006, but implementation is difficult with the change of school curricula. The EVF is not complete. It must be improved. A reflection is underway for the implementation. The difficulty expressed by a participant was the question of who would finance the implementation. This would also require convincing the hierarchy of the need to introduce this in schools. The carriers of this option can be: IGE, DSSAPS, SDSSAPPS.

Option 2: Engage the community to prevent sexual harassment and abuse in schools and universities

The problem with sexual harassment and sexual abuse is denunciation. This is a priority option. We must integrate the educational community (parents, teachers, religious, town halls, etc.). Several difficulties were raised for the implementation of this option, namely: impunity, silence, coordination problem, family conservatism, autocratic power, habits and customs, lack of information about existence of listening centers, inclusion and exclusion of young people.

For the implementation of this option: It is necessary to put the communities at the same level of information nationwide. Holders of this option may be: MINPROFF, MINSANTE, MINJUSTICE, DGSN (General Delegation for National Safety), SED (State Secretary of Defence) / GN (National Gendarmerie), community councils, families, CSOs, media, traditional leaders, Plan, UNFPA, UNESCO, UNICEF, UNWOMEN.

Regarding the options, the participants were unanimous on the formulation of an option on the family. This is because affective or family dialogue deficiencies have an impact on teenage pregnancies. Some children come out of their homes to seek love that they do not obtain from their parents. There is a need to break the silence in families.

In addition, teachers must also be challenged because most teachers find their wives among their students. Which makes us wonder if the teacher is the educator or lover of the student? At that moment, what is the value that must prevail? We must add a point on impunity.

Option 3: Build the capacity of teachers to deliver comprehensive sexuality education (CSE) or integrated sexuality education (ISE) in colleges, high schools and universities

It is easy to build the capacity of teachers through ENIEG. There is also teacher training at the primary level. There is a teacher training guide at the UNESCO-funded teacher training college.

In secondary school, this is difficult because of the plurality of teachers who hold a class. Because of their busy schedule, it is difficult to introduce an ISE or CSE module into a teacher's curriculum. There is also a host discipline problem. With the dynamics of the discussions, it emerged that it is possible in each course to make a connection with the ISE. The problem is that not all secondary school teachers go through the higher teacher training college. We must train all teachers. In addition, it is difficult to train those of the higher and especially those of the higher private institutes. It is therefore necessary to think of the notion of lead in the transmission of knowledge at the level of adolescents.

Option 4: Make essential reproductive health services accessible in schools and universities (information, education, STI / HIV / AIDS prevention, contraceptives and care)

It was agreed to replace "essential reproductive health services" with "adapted services". The difficulties mentioned for the implementation of this option are: the lack of nursing staff in the school clinics and the health centers, the recruitment which is done without experience, the obstacles related to the parents (because some parents will take it well that condoms are put at the disposal young people).

It was mentioned that beyond the condom, the contraceptive service package includes: pills, information, listening, care.

Option 5: Combat stigma and discrimination against pregnant girls and girl mothers

In this option, there were several discussions. Some talked about the maternity leave that is given to the girl. Others perceived this as punishment, because in any case, even if it is maternity leave, the girl loses a school year which may discourage her later on when the boy or the perpetrator of pregnancy enjoys only a few days of exclusion and returns to continue his studies. It is a discriminatory law modeled on the law of educational guidance. Excluding a girl draws attention to her. Others have described this as a measure to avoid physical punishment. Some participants saw this measure as one of the causes of the proliferation of school-based abortions. There are competitions that discriminate against girl mothers.

This option deserves more thought. It was recommended to look for evidence on the effectiveness of interventions in school pregnancy management and to make a strategic briefing note on school pregnancy discrimination.

Project Monitoring

As part of the monitoring of the project "Knowledge on Sexual and Reproductive Health: Improving, Evaluating and Institutionalizing the Translation of Evidence into Action" in general, we identified the decision-makers at the level of each ministerial department represented at the forum, and international organizations, non-governmental organizations and civil society to administer a tool that will serve as a basis for monitoring and evaluation at the end of the project. The collection technique was based on a qualitative process with an interview guide designed for this purpose to facilitate interactions with the research team. An information note was made available to participants to give them the purpose of this exercise. After reading this briefing note, they signed informed consent cards before being submitted to this exchange. After data collection, the data were transcribed, and a thematic and content analysis was used to interpret the results obtained.

1. **Characteristics of the respondents**

As part of this monitoring exercise, a total of 09 people were submitted to our interview guide, including: 05 decision-makers at ministries level (MINESUP, MINESEC, MINEDUB, MINSANTE and PLMI), 01 decision-maker of an international organization (UNFPA) and 03 officials in NGOs and civil societies (CAMNAFAW, OFSAD, Cameroon Youth Network). It should be noted that the choice of these participants was targeted and was based on their position or influence in decision-making in their different structures.

2. **Priority Themes Developed around Adolescent Sexual and Reproductive Health**

The priority themes developed around the sexual and reproductive health of adolescents are numerous and depend on ministries or structures. The table below presents the themes addressed by the structures, the reasons as well as the areas covered:

Structures	Priority Themes	Rationale	Priority domains	Rationale
Réseau Jeunes (Youth Network)	Primary prevention and control of STIs / HIV / AIDS in schools, PMTCT	Teenagers and young people are vulnerable targets	Fight against STI / HIV / AIDS, malaria Gender equality Promotion of living together and citizenship	Vices that plague the youth
UNFPA	Comprehensive sexuality education	Take into account all aspects of this theme	SRHA	For its mandate
MINSANTE DSF (Ministry of Health Family Health Unit)	Early pregnancy / early sexuality, youth access to SRH, ISE quality assurance in schools, colleges and high schools	Lack of information and knowledge in SRH among youth / adolescents	Health services adapted to young people	Youth demand and SR needs are specific
MINSANTE PLMI (Ministry of Health, Control of Maternal and Infantile Mortality)	Promotion of sexual and reproductive health Prevention of STI / early pregnancy through responsible sexuality	Base of everything Good information = good decision	-	
MINEDUB (Ministry of Basic Education)	Education on Family Life	Adopted by the law of orientation	Hygiene of young girls	Curriculum content
MINESEC (Ministry of Secondary Education)	Puberty, contraceptive methods, STI / HIV / AIDS, Education for behavioral change	Prepare the teenager for sexuality and manage the problems he/she will encounter.	HIV / AIDS prevention Adolescent Reproductive Health Sexual abuse	Adolescents are more exposed to HIV / AIDS, high pregnancy and abortion rates
MINESUP (Ministry of Higher Education)	Sexual and Reproductive Rights, Sexual Violence and Youth Empowerment	Allows young people to make good decisions, know the services available and make responsible choices.	Prevention of STI / HIV / AIDS, postabortion care, family planning	Essential services which are part of the Ministry's health program and are implemented at universities

OFSAD (Women's organization for food security and development in Cameroon)	Sexual rights of adolescents and prevention of violence against women	Women are the most affected and most vulnerable	Family planning, maternal mortality, fight against STI / HIV / AIDS and early pregnancy, malnutrition	Malnutrition has a negative impact on the quality of health and the development of a population in the long term.
CAMNAFAW	HIV/AIDS and STIs, early and unwanted pregnancies, contraceptive methods and Hygiene	Issues in which youth are the most exposed	Sexual and reproductive rights. Gender-based violence	Every human being has a right to health.

3. Targeted Actors

Targeted actors in all ministries, IOs and NGOs are mainly adolescents and young people. However, the target is specified according to the department or structure that implements its interventions. In this case :

• MINEDUB which, beyond the fact that it intervenes on adolescents, specifies itself on those who are of school age and especially on those of level 2 because it is a phase characterized by the beginning of puberty;

• MINESEC which has a target that falls between the age group of 10-24 years old who are in high schools and colleges during this age period;

• MINESUP, which is interested in young adolescent students;

• the SDR / DSF of MINSANTE, which focuses on adolescents and young people of both sexes;

• PLMI, which focuses on adolescents, young people and especially women of childbearing age;

• UNFPA, which focuses on the target aged between 10 and 24 years;

• the Cameroon Youth Network which targets the 8-24 age group because in its mission, it must take into account pre-adolescents, adolescents and young people;

• OFSAD, although it is of interest to adolescents and young people, is specifically concerned with the girl, because she is the vulnerable target of sexual violence;

• CAMNAFAW which focuses specifically on young girls, young people from the peripheries and areas in crisis.

4. Approach used for decision making

In the SRHA decision-making process in Cameroon, data collected from stakeholders show that they are based on:

- The results of studies and surveys (Youth Network);
- surveys (DHS and MISC), studies (UNFPA);
- document reviews (WHO guidelines, UNFPA, study results, EDS, MICS) (MINSANTE)
- the notes of department heads (MINEDUB)
- existing data on adolescents in sexual health to get the right information (MINESEC)
- proposals made to the hierarchy (MINESUP);
- community needs, multiplication of advanced and fixed strategies (CAMNAFAW);
- the base of research institutes such as CDBPS-H, the experience of other countries, the use of experts (PLMI).

Analysis of these data shows that very few decision makers except PLMI use evidence for informed decision-making. Some of them use international and national guidelines, but the contextualisation of the data remains insufficient. The actions of most stakeholders are inspired by field surveys or field information. However, very few are based on strategic briefing notes or evidence. This approach highlights the inadequacy of the culture of "evidence-based practices" that should inform policy decisions or strategic interventions.

5. Difficulties in accessing evidence in SRHA

Stakeholders unanimously mentioned the existence of difficulties in accessing evidence in SRHA. Among the difficulties mentioned, the main ones are:

- The lack / scarcity of data or national studies on the SRHA;
- The lack of disaggregated data;
- The unavailability of systematic reviews and strategic information notes;
- The unavailability of reports in health centers;
- Dissemination of research results that remains a problem in Cameroon.

6. Perceptions of difficulties in researching SRHA data before participating in deliberative forums

Stakeholders' perceptions of the difficulties in finding SRHA data before participating in deliberative forums are numerous and vary from one to the other. The main perceptions have been identified and classified in three points:

- The problem of access and availability of data (DSF / PLMI / MINSANTE, CAMNAFAW);
- Non-appropriation of the problem of the SRHA by the managers, increased lack of human and financial resources (MINESUP / OFSAD);
- SRHA is not been taught in primary schools as a whole (MINEDUB);

7. Stakeholder expectations with the setting up of the platform (deliberative forum)

With the setting up of the platform or the holding of deliberative fora around the issues of SRHA, the stakeholders emphasized their hopes, the main ones being:

- Availability of accurate data and evidence on the SRHA;
- Support, dissemination and exchange of new evidence or information;
- Acquisition of more information;
- Improvement of the educational component.

8. Stakeholder suggestions

Stakeholders made suggestions that were grouped together in as such:

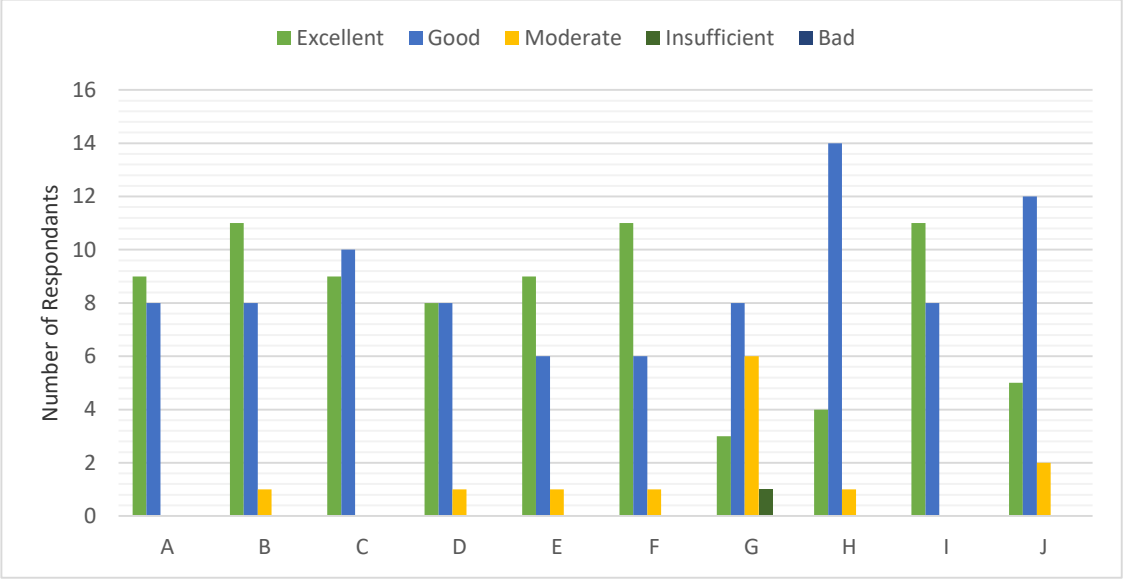
- Conduct focus group discussions with the target to complement the thinking on SRHA;
- Hold regular meetings and ensure the sustainability of the platform;
- Ensure good coordination of CSE that is multisectoral;

- Providing documents and evidence on SRHA;
- Make available the reports of the deliberative forums;

Evaluation of the forum

At the end of the deliberative forum, an evaluation questionnaire was distributed to the participants. The purpose of this questionnaire was to evaluate several aspects of the forum's progress, namely: the quality of the general content; the relevance of the content to the purpose of the Deliberative Forum; the clarity of the presentations and techniques used; indication of general approach; respect for the agenda; the quality of the animation; The time allotted ; performance: Efficiency / time; the social climate and the material and physical organization of the forum. The average appreciation of the participants in almost all aspects was good. Except for the quality of the overall content, the relevance of the content to the purpose of the Deliberative Forum and the quality of the forum's facilitation, where the participants reported them as excellent.

Figure 7 : **Results of the analysis of the forum's evaluation**



Key
A = Content Quality
B = Content Relevance with respect to purpose of the deliberative forum
C = Clarity of Presentation and Technics used.
D = General Procedure
E = Respect of the agenda
F = Quality of the facilitation
G = Duration
H = Time/Efficiency outcomes
I = Social Climate
J = Material and Physical Organization

Conclusion

Finally, the analysis of data from the deliberative forum on the promotion of reproductive health in schools and universities in Cameroon has not only demonstrated the interest that stakeholders place in this subject, but also the information deficit and the role to play by the supervisors for this promotion. Discussions around the strategic briefing note revealed that Cameroon is very advanced in theory because the texts are there but in practice, there is much to do. The value of this forum is that it aroused in all the stakeholders, the need to implement the comprehensive sexuality education.

Annexes

1. Questionnaire at the start of the Deliberative Forum

Before starting the deliberative forum on SSRA priorities, we would like to ask you a few quick questions. Please answer below:

Name: _____
Gender: Male/Female
Age: _____

1. What is your main role in your workplace?
- ☐ 1 = Policy maker for the government organization
- ☐ 2 = Physician or other health professional
- ☐ 3 = Academic researcher (at university)
- ☐ 4 = Researcher (not in a university, but in another type of organization)
- ☐ 5 = NGO staff (any type of civil society organization)
- ☐ 6 = private sector personnel (any type of "for-profit" organization)
- ☐ 7 = Director (of)
- ☐ 8 = other (please specify)

2. Have you participated in health policy processes?
- ☐ 1 = no
- ☐ 2 = only as an advisor to decision makers (eg expert in an advisory committee)
- ☐ 3 = yes, for less than two years
- ☐ 4 = yes, between two and five years
- ☐ 5 = yes, I have more than five years of experience in political processes

3. Did you participate in providing health services to people?
- ☐ 1 = no
- ☐ 2 = only indirectly as support staff (for example, support expert in an advisory committee)
- ☐ 3 = yes, for less than two years
- ☐ 4 = yes, between two and five years
- ☐ 5 = yes, I have more than five years of experience in providing health services

4. Have you participated in health research?
- ☐ 1 = no
- ☐ 2 = only as a research advisor (eg on a research advisory committee)
- ☐ 3 = yes, for less than two years
- ☐ 4 = yes, between two and five years
- ☐ 5 = yes, I have more than five years of research experience

5. Have you published any research?
- ☐ 1 = no
- ☐ 2 = I have written research reports published by local / national institutes

☐ 3 = I published in a national science journal
☐ 4 = I have published one or two articles in a peer-reviewed international journal
☐ 5 = I have published more than two articles in international peer-reviewed journal

Information Note

1. Title of the study

Knowledge about Sexual and Reproductive Health: Improving, Evaluating and Institutionalizing the Application of Evidence.

2. Principal investigator

Pr. Pierre Ongolo Zogo

3. Invitation

We invite you to participate in a participative and mixed (qualitative-quantitative) study whose title is mentioned above. We would like to have a discussion with you about this in order to gather your opinions on this issue during the different meetings.

4. Objective of the research

The aim is to contribute to the improvement of knowledge in the field of adolescent sexual and reproductive health in Cameroon.

5. Period and population of the study

This study will take place over 26 months. The study population is all the actors working in the field of adolescent sexual and reproductive health (institutional decision-makers, international organizations, non-governmental organizations and civil society organisations).

6. Procedures

We are a research team from the Center for the Development of Best Practices in Health of Cameroon. We are currently running a project on "Knowledge Transfer and Application in the Area of Sexual and Reproductive Health" in Cameroon. Thus, as part of this work, participants will be called to meet during deliberative forums to discuss issues related to the theme. Then they will benefit from a technical support and a follow-up for the implementation of the recommendations and will be evaluated at the end of the project.

7. Risks

The study has no risk. No sampling will be done. The study will only consist of providing support to the different stakeholders in conducting informed decision making to be able to improve their work.

8. Freedom to participate

You are free to participate in the study or withdraw at any time.

9. Ethical considerations

We guarantee that your answers will remain confidential and we ask you to be sincere with us. The meeting will last about three hours. Nevertheless, information on the sexual and reproductive health of populations will be shared with you, and you will be guided in your various decisions and actions.

10. Nature and amount of any compensation or compensation paid

Transport costs will be reimbursed to the various participants in the deliberative forums according to their respective place of residence.

11. Full addresses of the principal investigator or other contact person if necessary

Pr. Pierre Ongolo Zogo, Tel: 677 934 941 or Dr Moustapha Moncher Nsangou, Tel: 677 107 120

12. Address of the National Research Ethics Committee

If you need further information after this meeting, you can call the following investigators or the Ethics Committee:

o Technical Secretariat of the National Research Ethics Committee for Human Health on the telephone: 243 67 43 39, Email: cnéthique minsante@yahoo.fr.

Informed Consent Form

I , Mr / Ms / Miss (Names and Names) ....

Invited to participate in research work on knowledge transfer and translation in the field of sexual and reproductive health in Cameroon, whose principal investigator is Prof. Pierre Ongolo-Zogo, Tel: 677 934 941.

• I understood the information note that was given to me regarding this study

• I was read and explained the information leaflet for this study

• I understood the purpose and objectives of this study

• I received all the answers to the questions I asked

• The risks and benefits were presented to me and explained

• I understand that I am free to accept or refuse to participate

• My consent does not relieve the investigators of the search of their responsibilities, I retain all my rights guaranteed by law.

I freely agree to participate in this study under the conditions specified in the information notice, ie:

• answer survey questions

• to communicate the medical information

I agree that the information collected in this study will be used in future studies.

Dated in Yaoundé on _____

Investigator (Names and Address)

Participant (Names and Address)

Interview Guide for Project Monitoring

1. Sociodemographic characteristics

   a. Sex: _____

   b. Structure: _____ Age: _____

   c. Level of education: _____

   d. Profession / function: _____

2. Theme developed around adolescent sexual and reproductive health in Cameroon

   e. What are the priority themes in sexual health in Cameroon?

   _____
   _____

   Why?_____
   _____
   _____

   f. What are the priority areas addressed by your structure?

   _____
   _____
   _____

   Why?_____
   _____

3. Who are the targeted actors?

   g. What are the targets most affected by sexual and reproductive health problems in Cameroon?

   _____
   _____

   h. Which are the targets which benefit primarily from the intervention of your structure?

   Why ?_____
   _____

4. Approach used to search for relevant information for informed decision-making

   i. How do you make decisions in the area of adolescent sexual and reproductive health in Cameroon?

   _____

_____
_____

j. What are the resources that inspire your action or decision?

_____
_____

5. What are the challenges in accessing evidence related to adolescents' sexual and reproductive health in Cameroon?

_____
_____
_____

6. Before your participation in the deliberative forum, how do you judge the difficulties you face in researching SSRA issues in Cameroon?

_____
_____
_____

7. What are your expectations for setting up the platform?

_____
_____
_____
_____

8. What are your suggestions?

_____
_____
_____
_____

Photos