For Best Practices in Health

CDBPS-H

Pour des Bonnes Pratiques en Santé

Knowledge on Sexual and Reproductive Health: Enhancing, Assessing and Institutionalizing the translation of evidence into action.

Identification of Priorities : Report

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Abbreviations

ASSEJA	Association Enfants, Jeunes et Avenir
CAMNAFAW	Cameroon National Planning Association for Family Welfare
DSF	Direction de la santé familiale (Family Health Unit)
FESADE	Femmes Santé et Développement
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 Family Promotion)
MINSANTE	Ministère de la Santé Publique (Ministry of Public Health)
OFSAD	Organisation des Femmes pour la Securité Alimentaire et le Développement du Cameroun / Women's organization for food security and development in Cameroon
PLMI	Programme de Lutte contre la Mortalité Maternelle et Infantile
PROGRESS	Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, Social capital
SRH	Sexual and Reproductive Health
SRHA	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
UNWOMEN	United Nations Entity for Gender Equality and the Empowerement of Women
WHO	World Health Organization

Introduction

For years, organizations in the health sector have attempted to more effectively translate research evidence into better policies and practices and ultimately better health. Systematic reviews are an important tool for synthesizing research evidence. While thousands of high quality reviews have been produced, their use in policy and practice remains a challenge.

To facilitate the uptake of research and ensure that policy decisions are guided by the best available evidence, a variety of, 'knowledge translation' platforms have been established, such as the Evidence-informed Policy Network supported by the World Health Organization in countries across Africa, Asia and eastern-Mediterranean, and Share-Net International, which focusses on sexual and reproductive health (SRH) and has set up knowledge platforms in Bangladesh, Burundi and Jordan.

To support these platforms, various methods and strategies have been developed for setting priorities, mapping stakeholders, synthesizing and contextualizing evidence and facilitating its translation into action.

Some of the most common methods employed are the preparation of 'evidence briefs' in which systematic reviews and local evidence is synthesized, and the convening of 'deliberative dialogues' that use such briefs as their primary inputs. Deliberative dialogues are group processes that aim to integrate and interpret scientific and contextual knowledge for the purpose of informing policy development. Recent evaluations in several countries indicate that the combination of evidence-briefs and deliberative dialogues is highly regarded by policy makers and other stakeholders and leads to intentions to act upon the evidence (Moat, al 2014).

While these findings are promising, important questions about the functioning of these knowledge platforms and the methods and strategies that they employ remain.

A first question is what can be done to increasing the likelihood that the process of setting priorities, synthesizing evidence, generating evidence briefs and convening deliberative dialogues does not just lead to 'intentions to act', but actually contributes to achieving the intended change. To support this process, different translation-into-action strategies are available, such as the development of local guideline committees. Little is known about the functioning of these strategies in low- and lower-middle income countries (L&LMIC).

A second question is how to efficiently assess the use of evidence and its contribution to action. While recently, promising methods for assessing research use have been developed, these have not been used to evaluate the use of evidence synthesis and deliberative dialogues, and have not been applied in normatively sensitive fields such as SRH.

A third question pertains to facilitating the institutionalization of knowledge platforms. At their start, the knowledge platforms that are established in L&LMIC tend to depend on foreign and international donors. To become sustainable, these platforms need to mobilizes local resources and legitimate the role of research evidence in local society. To support this, there

is a need to better understand how this local mobilization and legitimation process evolves and can be facilitated.

To help addressing these questions we aim to deliver a comprehensive knowledge translation research programme, that builds upon existing insights and experience, further develops promising methods, introduces and applies these methods in new contexts, studies their performance and makes them available for application elsewhere.

To deliver this program, we have convened a unique group of key research units in Central and Western Africa, eastern-Mediterranean and the Netherlands and the global network Cochrane (www.cochrane.org). Together these partners have unique expertise and experience with evidence synthesis and knowledge translation and the field of SRH. The consortium will include the following partners: Erasmus University of Rotterdam (Department of Health Policy and Management), Cochrane Nigeria, Cochrane Cameroon. The programme will closely collaborate with Share-Net International (hosted by the Royal Tropical Institute) and its knowledge platform in Jordan. The consortium will collaborate within the global Cochrane network and the relevant topic-related review groups and the Cochrane African Network, in which co-applicants have leading roles.

Analytically, our research strategy is inspired by ‘situated interventionism’, an approach to social science that aims to find a balance between ‘detached’ and ‘engaged’ scholarship and combines intervening in practices and furthering scholarly understanding.

This project will be conducted in synergy in several countries: Holland, Jordan, Nigeria and Cameroon. The first phase of this process will include the identification of priorities in SRH. It is within this framework that in Cameroon, this phase was initiated in October 2017 with the goal of organizing a first deliberative forum on the priorities in the SRHA which took place in April 2018

Objectives

In the first phase of this process, Cochrane Cameroon intends to:

- Create a knowledge platform which would enable the mapping of priorities in the SRHA;
- Write a strategic briefing note on the sexual and reproductive of adolescents in Cameroon;
- Organize a deliberative forum to identify priority problems in terms of sexual and reproductive health of adolescents;
- Evaluate sexual and reproductive health knowledge and the use of evidence in related interventions in Cameroon.

Methodology

Approach

The design of the project is qualitative with a light quantitative component.

Qualitative Component

The first prioritization phase of the project consisted of a literature review, and group discussions for deliberation purposes. These discussions enabled the collection of information on themes, priorities, targets, information needs, and the difficulties encountered in the field of the SRHA, which were necessary for the in-depth analysis to determine the priorities, the actors and strategies used by stakeholders to obtain useful information their work.

Observations made during group discussion sessions revealed information on stakeholder's attitudes with respect to the search for SRH evidence. It also enabled an appraisal of the difficulties associated to research and the utilization of evidence in the field of SRH.

Quantitative Component

This component was transversal and analytic. It was based on three questionnaires filled out by participants (a temperature questionnaire, an individual questionnaire at the beginning of the forum and an evaluation questionnaire after the forum). The intention was to collect information relative to the socio-professional characteristics of each participant, their expectations and their perception of the dialogue after discussions with other stakeholders.

The process of elaborating priorities in terms of sexual and reproductive health in Cameroon consisted of several phases made up of different activities.

Literature Search

The literature search enabled us to identify SRH information resources, stakeholders, priorities and the gaps in SRH evidence in Cameroon. Our literature search began in September 2017 and lasted all through the different phases of evidence synthesis. The following search strategy was used :

Keywords :

- SRH : sexual and reproductive health, family planning, sexual violence, rape, sexual abuse, STI, STD, HIV, cesarean, excision, genital mutilation, breast ironing, early pregnancies, difficult deliveries, ANC, early sexuality,
- Knowledge: perceptions, representations, current situation.
- Beneficiaries: women, young girls, young boys.

Information Sources :

- Evidence,
- Guidelines,
- Protocol,
- Cameroon's health profile,
- Policy documents.

Actors :

- Decision makers: DSF-PLMI-MINSANTE, MINPROFF, MINEDUB, MINESEC, MINAS
- International Organisations : UNICEF, UNFPA, OMS, GIZ, ONUFEMME, BM
- NGOs : Plan International, CARE CAMNAFAW, ACMS, IRESCO, FESADE, RESYPAT

Period : 10 years (1997-2017)

Model Search Strategy (in French)

- Santé Sexuelle et Reproductive ET planning familial ET MINSANTE Cameroun
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET DSF
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET MINEDUB
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET PLMI
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET PLMI PDF
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET MINESEC
- Santé Sexuelle et Reproductive Cameroun ET planning familial ET MINAS
- Santé sexuelle et Reproductive Cameroun ET UNICEF
- Santé sexuelle et Reproductive Cameroun ET UNFPA
- Santé sexuelle et Reproductive Cameroun ET OMS
- Santé sexuelle et Reproductive Cameroun ET Banque Mondiale
- Santé sexuelle et Reproductive Cameroun ET CARE International
- Santé sexuelle et Reproductive Cameroun ET CAMNAFAW
- Santé sexuelle et Reproductive Cameroun ET ACMS
- Santé sexuelle et Reproductive Cameroun 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. This process enabled us to prepare different documents which would serve as basis of discussion during engagement meetings with the Ministry of Health; to conduct analysis of the evidence map on stakeholders and their priorities as well as to prepare the strategic briefing note.

SRH stakeholders' engagement in the identification of their evidence synthesis needs.

At this stage, the goal was to identify all the actors or stakeholders (decision-makers, international organizations, NGOs, researchers, civil society etc.) working in the field of SRH and to elaborate a list of their priorities, the themes they are involved with as well as their target. In this engagement process, two meetings were held at PLMI/MINSANTE on January 5th and February 16th respectively. Ministry of Health representatives and other relevant stakeholders attended both meetings.

Step 1: Meeting with decision makers from the Ministry of Health

The first step of the SRH priorities identification consisted of a meeting with decision makers from the Ministry of Health. During this meeting, the project was presented to the attendees which included representatives from the family health unit, reproductive health unit and PLMI. The methodology, duration, the role of stakeholders/actors in the implementation of the project and the implementation of the PROGRESS framework for equity considerations were

emphasized to attendees. The research team discussed with these representatives about the procedures and expectations of the project. During this meeting, stakeholders emphasized the necessity to include operational stakeholders for the project to be relevant at national level. The evidence synthesis from the literature review on the current SRH situation, the different actors and their interventions was presented to attendees. During discussions, stakeholders insisted that the research team focus on the sexual and reproductive health of adolescents (SRHA) in Cameroon. The rationale for this choice being that this is a particularly worrying thematic for the ministry of public health. At the end of this meeting where the SRHA had been identified as a priority, a second meeting was scheduled with other stakeholders.

Step 2: Meeting with other stakeholders

The second step consisted of organizing a second meeting with a wider attendance i.e. decision makers from the ministry of health and other stakeholders (MINESUP, MINESEC, civil society organizations, NGOs, international organizations). During this meeting, the project was presented to the stakeholders as well as its methodology, its duration, the role of the actors in the implementation of the project, the implementation of the logical framework PROGRESS for equity consideration and the organization of collaboration with stakeholders. A presentation was made on the preliminary results of the literature search specifically in the field of SRHA. Then after this presentation, followed a debate on the priorities in SRHA in Cameroon and interventions in this area. At the end of this meeting, the deliberative forum on the identification of priorities in SSRA was scheduled for the end of March 2018.

Step 3: Development of the Policy brief.

After the two preparatory meetings at the ministry of health, the research team set about preparing a strategic briefing note to serve as a basis for discussion at the deliberative forum. After the identification of the theme, the documentary research continued to enrich the strategic briefing note. The strategic briefing note focused on: What evidence is needed to inform the choice of Sexual and Reproductive Health Strategies for Adolescents in Cameroon? This note consisted of the situation of the SRHA in Cameroon, the list of actors and their actions, the non-contextualization of the choice of strategies and interventions in SRHA. After the development of the strategic briefing note, a deliberative forum on the identification of priorities in SRHA was programmed. Indeed, this forum was only the last stage of prioritization since prioritization had started from the first meeting at the ministry of health.

Step 4: The organization of the deliberative forum on the identification of the priorities of the SRHA

The Deliberative Forum "refers to a method of face-to-face public interaction in which small groups of individuals from diverse backgrounds exchange and ponder ideas and opinions on a particular topic in which they share an interest. (Bennett G and Jessani N, 2011) As part of the prioritization of the problems of SRHA in Cameroon, the research team finally organized a deliberative forum.

Before the forum, the participants were invited by e-mails by the PLMI of MINSANTE. Each letter contained the invitation note, the strategic briefing note and the mapping of the evidence used to write the strategic briefing note. Then on April 13, the deliberative forum was held.

Date and place of the deliberative dialogue

The deliberative forum on the prioritization of the problems in SRHA took place on April 13, 2018 in the city of Yaoundé in a conference room of the Benedictine monastery. This remote setting of the city allowed participants to reflect and engage in dynamic discussions around the priority issues in SRHA.

Forum Participants and Selection Criteria

Stakeholders consisted only of actors working in the field of the sexual and reproductive health of adolescents in Cameroon. These were:

- Decision makers who elaborate strategies and policies related to sexual and reproductive health (Ministry of Public Health, Ministry of Secondary Education, Ministry of Women's empowerment and Family Promotion, Ministry of Higher Education)
- International Organizations (UNICEF, UNFPA, WHO, UNESCO, UNWOMEN) ;
- Non-governmental organizations (Plan International, CAMNAFAW, OFSAD, FESADE, etc.);
- Researchers;
- Civil society organizations (Presse jeune) ;

All available persons participated to this forum, but we regret the absence of representatives from UNICEF, Plan International, UNESCO, UNWOMEN, the Ministry of Basic Education and the Ministry of Secondary Education.

Difficulties encountered

The duration of the process of identifying priorities for the SRHA was prolonged due to the following reasons:

- Availability conflicts between stakeholders delayed the project's timeline.
- Concerns about realigning the project to a platform created by the Ministry of Public Health to appropriate the project also played a role in delaying prioritization activities

Results

The results of the SRHA prioritization were generated in three phases: During the two meetings at the ministry of health and during the deliberative forum.

1. *Results of the meeting with the decision-makers of the Ministry of Public Health*

At the end of the first meeting at the ministry of public health, several points of discussion emerged. Participants recommended that the research team define the concept of "evidence". This recommendation highlights their ignorance of the concept and even of its usefulness. Because the use of this concept at the central level is problematic, it shows that this term is new to them and therefore, it is not part of the common procedures during the development of policies and interventions in the field of SRH.

The research team was asked to update the existing documentation. For this, policy makers recommended consulting a flagship document from the ministry of public health, which is the MNCH investment case. They also asked the research team to look at adolescent SRH and the barriers that impede SRH interventions in the North because it is a priority issue for the ministry. The team was also asked to define the intervention areas of the project and finally to link the nascent platform to the PLMI platform. This last recommendation shows the appropriation of ownership of the project by the stakeholders who want the project to be housed in an existing PLMI platform to avoid energy dispersions.

2. Results of the meeting with other stakeholders

During this second meeting involving stakeholders from the ministry of public health, ministry of Higher Education, UNICEF, UNFPA and civil society, several points were addressed, including the situation of sexual and reproductive health of adolescents and the use of evidence in interventions. It should be noted that the focus on the use of evidence in interventions was very uncomfortable for participants. The observation of their attitudes showed that this point seemed to them all strange. Most of them were very embarrassed when we asked for the source of their interventions. They use policy documents, demographic health surveys as a scientific basis for their interventions but not evidence. However, the participant representing UNICEF stated that evidence is being used by UNICEF in its work, but its contextualization remains insufficient.

At the end of this meeting, several recommendations were made, namely:

• Civil society actors should benefit from this project to improve their practices.

• The project should not only focus on reproductive health but insist on sexuality which is a very often neglected element in interventions in Cameroon.

• The project should not only focus on the SSRA, but also on the inefficiency of interventions in the north. The group could expand the discussion in other areas later.

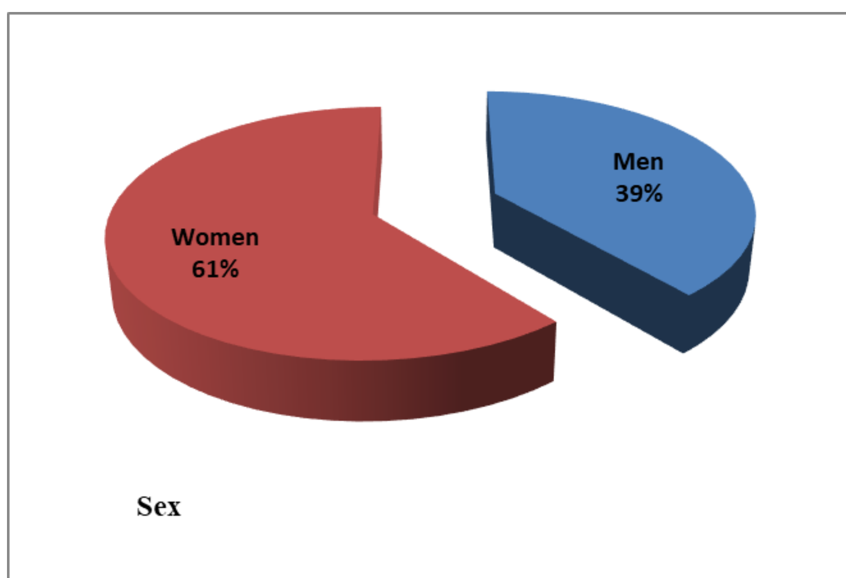
3. Résultats du Forum délibératif sur l'identification des priorités en matière de SSRA

i. Sociodemographic Characteristics of Participants at the deliberative dialogue

1. Sex

A total of 23 persons attended the forum, of which 18 were participants and 5 were members of the research team. Gender was taken into consideration during the invitation process, as 7 of the 23 participants were men while 11 were women.

Figure 1 : Participants' characteristics

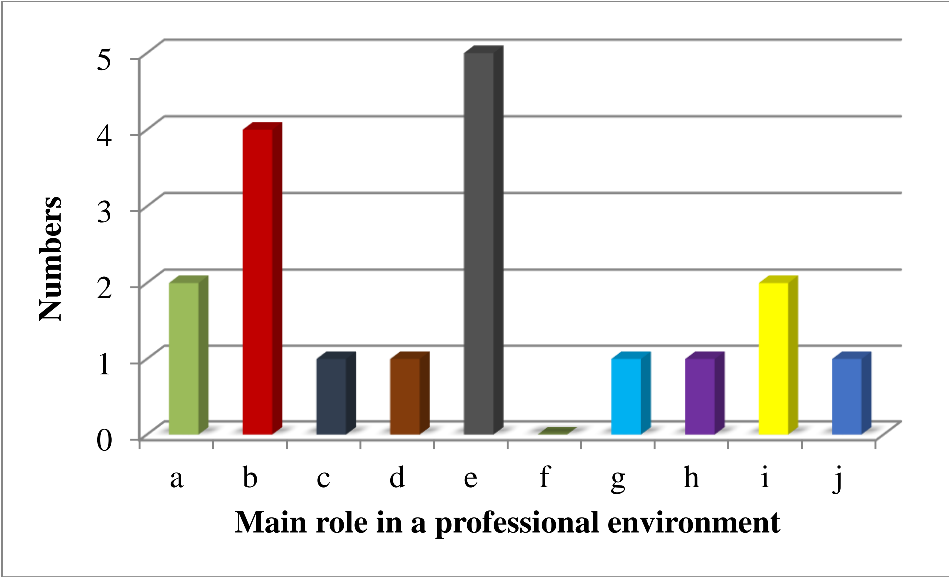


2. Employment (Participant's main role in a professional environment)

The participants belonged to several works of life and their profiles indicated that they had been selected based on their experiences in the field of the SRHA. These participants were from the following institutions: PLMI-MINSANTE, DSF-MINSANTE, MINPROFF, MINESUP, UNFPA, OFSAD, FESADE, CAMNAFAW, ASSEJA et Réseau des jeunes. Among the 18 participants, there were; 2 decision-makers, 4 medical doctors and other health professionals, 1 academic researcher (from a university) ; 1 researcher (not from a university, but from another type of organization) ; 5 persons engaged with international organizations/NGOs/Civil Society Organizations ; 1 director from the Ministry of Women's Empowerment and Family promotion ; 1 health activity coordinator in a university ; 02 managerial staff and 1 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



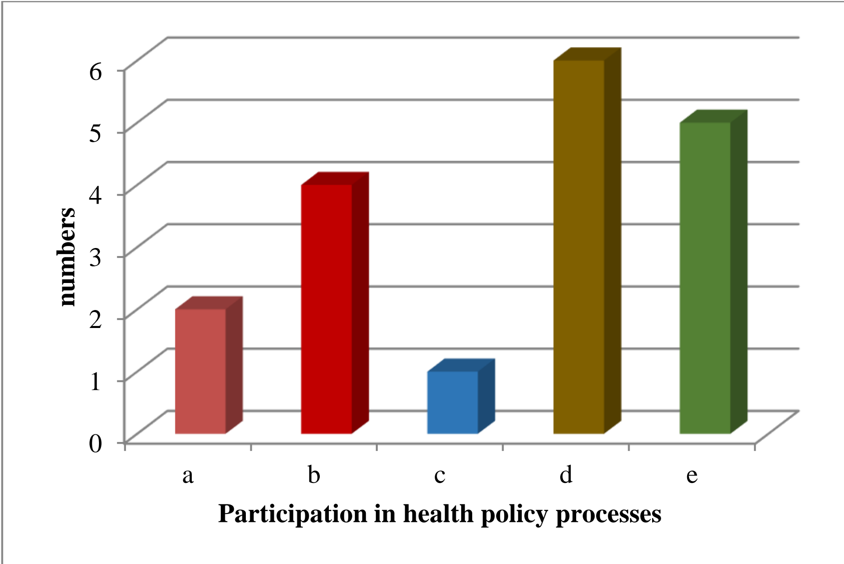
Key

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

3. Participation in health policy processes

Regarding participation in health policy processes, among the 18 participants, six people reported participating in health processes between two and five years; 05 among them have been doing it for more than five years; 04 of them participated indirectly as advisor to decision-makers; 1 person claimed to have done so for less than 2 years and 02 reported never having participated in health policy processes.

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

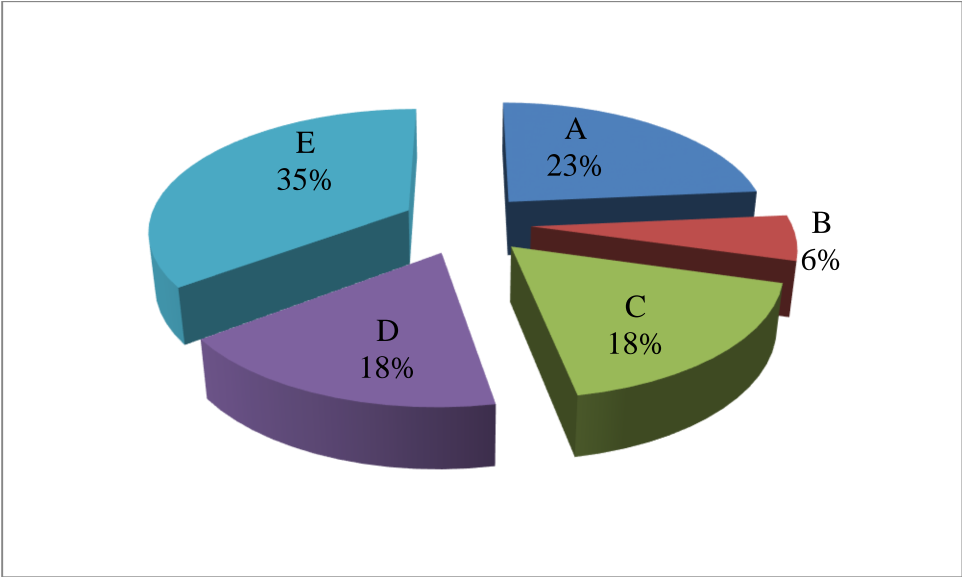
d = Yes, for two to five years

e = Yes for more than 5 years pf experience in policy processes.

4. Participation in the provision of health services to populations

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. From this question, it emerged that out of the 18 participants: 06 of them have more than five years of experience in providing health services; 03 of them have between two and five years of experience in providing health services; 03 of them have at least two years of experience in providing health services; 01 person did it indirectly as support staff and 04 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

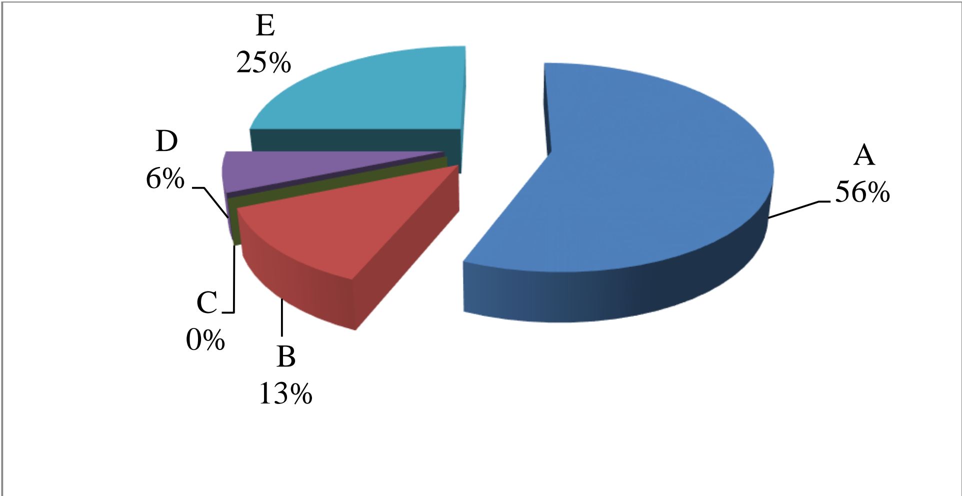
D = Yes, for two to five years

E = Yes, more than 5 years of experience in health service delivery.

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 18 participants: 09 have never done health research; 04 of them have more than five years of experience in health research; 02 of them did it indirectly as an advisor for research; 01 person has between two to five years of experience

Figure 5: Percentage Participation in Health Research



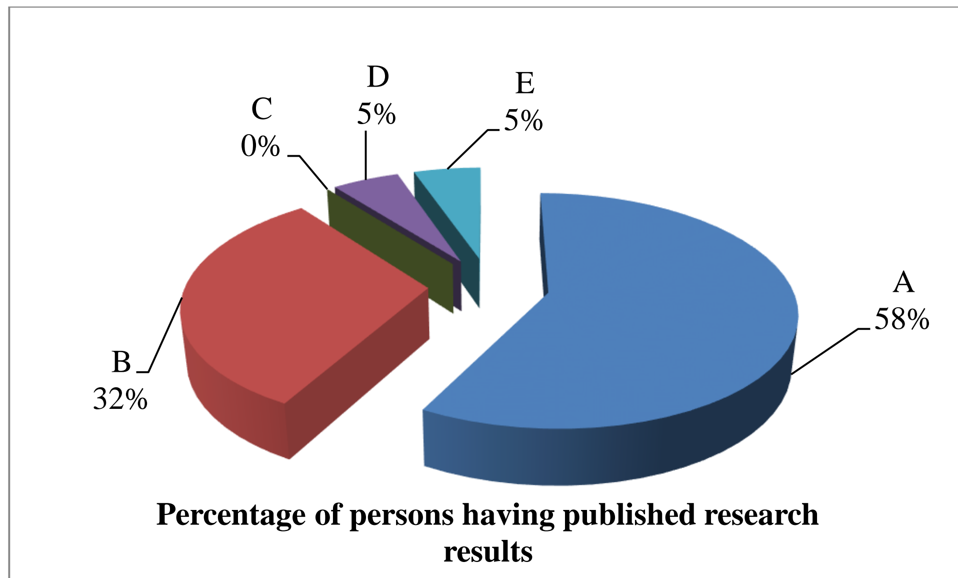
Key

A = No
B = Only as an advisor for research
C = Yes, for atleast two years
D = Yes for two to five years
E = yes, more than five years of research experience.

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 11 out of 18 people never published the results of the research; 06 of them have already written research reports and have them published by local and national institutes; 01 person has published one or two articles in a peer-reviewed international journal and 01 out of 18 published one or two articles in an international peer-reviewed journal.

Figure 6 : Percentage of persons having published research results



Key

A = Non

B = Rédaction des rapports de recherche publiés par les instituts locaux/nationaux

C = Publication dans une revue scientifique nationale

D = Publication d'un ou deux articles dans une revue internationale évaluée par des pairs

E = Publication d'un ou deux articles dans une revue internationale évaluée à comité de lecture

ii. Temperature analysis before the forum

Before the start of the deliberative forum on the SRHA, a questionnaire intended to take the temperature of the participants was distributed. It consisted of just three questions and aimed to capture three elements of the participants' level of knowledge:

• Perception of the level of availability of relevant research evidence on SRHA regarding political processes in Cameroon

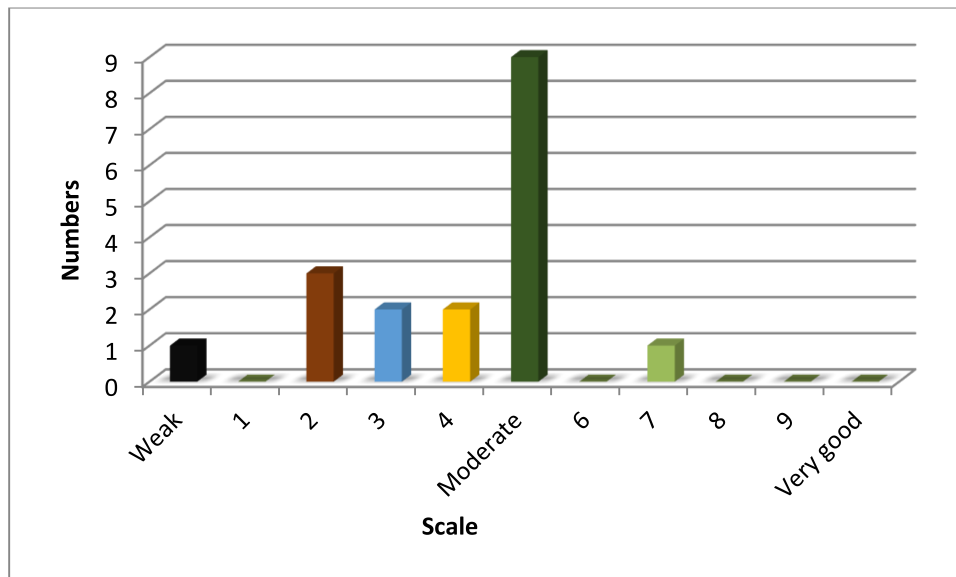
• Critical appraisal of decision makers on the application of research data available in Cameroon

• and their perceptions of the level of use of research evidence to inform SRHA policy processes in Cameroon.

1. Perception of the level of availability of relevant research evidence on SRHA regarding political processes in Cameroon

Regarding the perception of actors on the level of availability of research evidence on SRHA for political processes in Cameroon, analysis of stakeholder responses shows that for most of them, this level of availability is moderate.

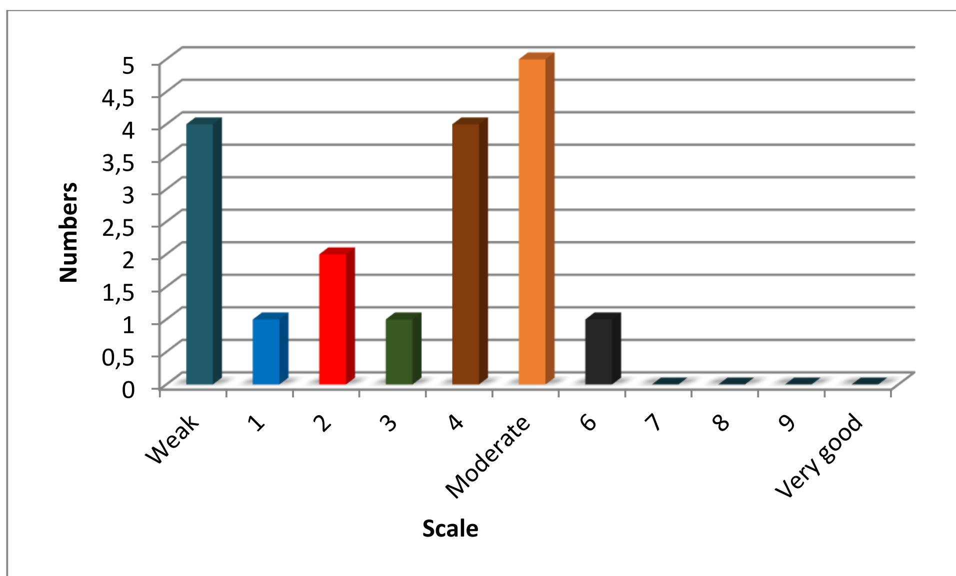
Figure 7: Variation in Perception of the Level of Availability of Relevant Research Evidence on the SSRA on Political Processes in Cameroon



2. Critical appraisal of decision makers on the application of research data available in Cameroon

In the critical evaluation of decision makers on the application of research data available in Cameroon, it appears that this application is moderate for some and low for other participants. This highlights the fact that interventions in the field of SRHA are not informed by evidence in Cameroon.

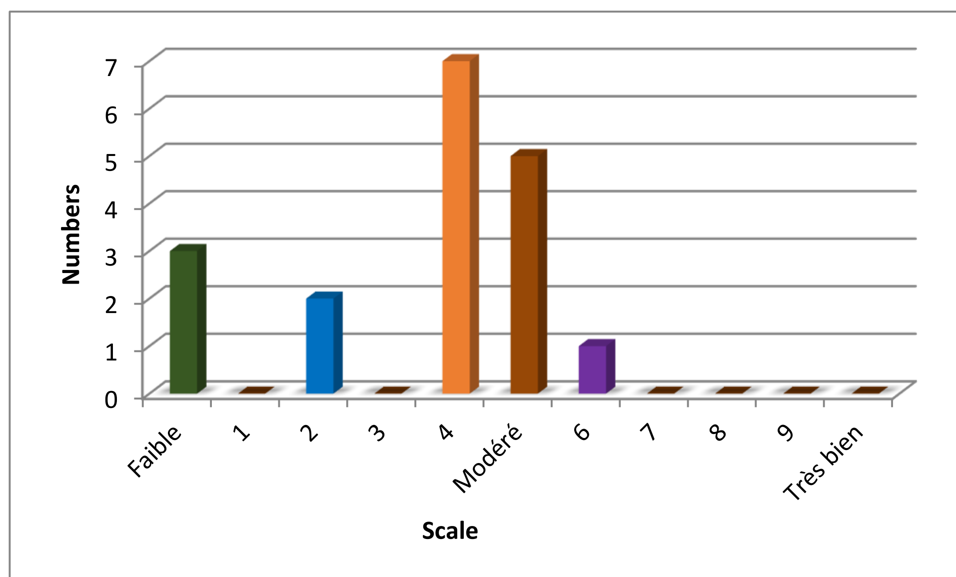
Figure 8: Variation in the Critical Appraisal of Decision Makers of the Application of Research Data Available in Cameroon



3. Perceptions of the level of use of research evidence to inform SRHA policy processes in Cameroon

Regarding the perception of the level of use of research evidence to inform SSRA policy processes in Cameroon, most participants felt that they were not used enough. The level of use on the rating scale shows that it is mostly on 4/10. This means that most actions, interventions in the field of SSRA in Cameroon does not always integrate the evidence.

Figure 9: Variation in perceptions of the level of use of research evidence to inform SRHA policy processes in Cameroon



iii. Content of the discussions during the deliberative forum.

The Chatham house rule[1] was used during the forum, i.e. information collection (note-taking) and use is allowed but anonymity is respected.

The strategic briefing note was presented to participants and served as the basis for discussions. This consisted of a presentation on the current situation of the SRHA in Cameroon, the stakeholders and their activities in the SRHA, and lastly the choice of interventions and strategies in the SRHA inspired by global guidelines but not contextualized. Participants were invited to discuss on a number of issues in order to clarify them and to identify priorities in terms of the SRHA in Cameroon.

Participants' expectations

- Target two concrete activities; implement them and enable evaluation for the next forum;
- Better orientation of strategies and interventions and ensuring they are evidence-based;
- Reflect on the sexual and reproductive health of young students who get into university at age 16;
- Work with religious leaders who have a non-negligible impact on the youth's orientation and sensitization;
- Reflect on the case of young mothers who leave school early due to early pregnancies, the reasons for these early pregnancies and the strategies and interventions most adapted to resolve this issue;

It was observed that this deliberative forum was particularly relevant given that the transition between childhood and adulthood (adolescence) is a phase which is often neglected in Cameroon.

Two main discussions points emerged after presentation of the strategic briefing note: First, adolescence is a crisis period during which one is in search of references but adolescents in Cameroon are not adequately prepared for this. Second, the dialogue between parents and children is not effective when it comes to sexuality. The following arguments were put forth:

- The African adolescent is different from his/her European counterpart. Thus, a return to traditions is necessary to understand how initiation to sexuality was once conducted.
- Children should be prevented from obtaining a "street education".
- Several documents exist on the interventions of civil society organization in the SRHA, but these are not published. These documents should be sent to the Centre for analysis and use.

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[1] The Chatham House Rule stipulates: « When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed » https://www.chathamhouse.org/chatham-house-rule

- It was observed that adolescence is not prepared for in Cameroon even though it ought to be. Most parents do not discuss sexuality with their children. Sexuality remains a taboo and peers and the media become the basis for the construction of these adolescents' sexuality.
- Families have given up. Adolescence is prepared for by schools and the media. It is important to determine how to reinforce the structures through which this period is prepared.
- Resolving the problems of adolescents is not possible if these problems are still unknown. If families do not perceive adolescents' problems, they won't prepare them adequately. There's an incompetence of parents to discuss sexuality with their offspring.
- Although parents are the most suited for preparing their children for adolescence, the initiative to prepare children usually occurs post-damage.
- Parents should know their children's models.
- Within the Bantu cultural model, education is given a community dimension. This model is often referred to as the model of delegation whereby one uses a third party to discuss taboo subjects with children.

With respect to stakeholders and their interventions, several points were put forward:

- Interventions are implemented on the field, but no feedback is given to the Ministry of Public Health.
- Parents need to be associated to interventions on the field because they can sometimes be the main obstacle to these interventions.
- Create a coordination platform for follow up and evaluation of interventions.
- Financial issues were evocated as a barrier to SRHA interventions. Among the programs at the Ministry of Public Health, the SRHA program is the most underfunded; which reflects a lack of interest in the sexuality of adolescents.
- Several associations and civil society organizations intervene but their tools are thematic and unharmonized.
- The issue of appropriation of tools and harmonization of interventions within a school environment.
- The issue of supply of proximity service remains fundamental.

Priority themes identified for evidence synthesis

Participants formed work groups to conduct this prioritization exercise. First participants had to identify the evidence synthesis needs for the year 2018 and then decide which themes would be addressed during subsequent fora.

List of evidence synthesis needs for the year 2018

- o Disaggregated evidence in the field of SRHA focusing on young girls suffering from obstetrical fistula.
- o Evidence on young girls and boys who are victims of sexual violence and domestic abuse.

- Qualitative reports and published studies on the evolution of SRHA in Cameroon.
- Statistical evidence on youth within the age range 10-35 out of a school setting.
- SRHA evidence in a school setting (primary, secondary and post-secondary setting).
- Raw evidence on SRHA interventions by civil society organizations and NGOs within a community setting.
- Quality SRHA services supply within a healthcare setting.
- Pregnancy rate in adolescents.
- Disaggregated and consultable evidence database.
- Harmonized Strategic Plan
- Possible funding support offers from primary funders.
- Social mobilization tools used in SRHA to reinforce the supply of quality services.
- Early pregnancy rates in adolescents.
- Adolescents' role in maternal mortality.
- Knowledge of stakeholders' interventions.
- Evidence-based data on sexual and reproductive health of adolescents in Cameron.
- Contraceptive prevalence in adolescents
- Reassess strategies and interventions in terms of quality.
- Reassess the 2018 operational plan and enrich it with the available evidence, taking gaps into consideration.
- Comparative statistics between regions where SRHA interventions have succeeded in Cameroon and where they haven't.
- Mapping of stakeholders, interventions and activities conducted in the field of SRHA.
- Reinforce coordination between the different stakeholders involved in the SRHA.
- Database on SRHA (number of early pregnancies, number of adolescent-friendly institutions)
- Study or Survey on the knowledge, attitudes and practices of adolescents and youth in SRH.
- Survey on the determinants of youth and adolescents' low utilization of health services in general and sexual and reproductive health services in particular.
- Study on the socio-cultural, anthropologic and judiciary barriers to the access of information and quality SRH services for youth and adolescents.
- Evolution of Sexually Transmitted Infections (STIs) (Epidemiology)
- Reports on NGOs' impact on the fight against epidemics.
- The level of involvement of youth in the elaboration of sexual and reproductive health policies which concern them.
- Implementation bottlenecks for SRHA interventions.
- Essential services with a proven effectiveness to improve the SRHA.
- Mapping of early pregnancies in rural/urban, school and out-of-school settings.

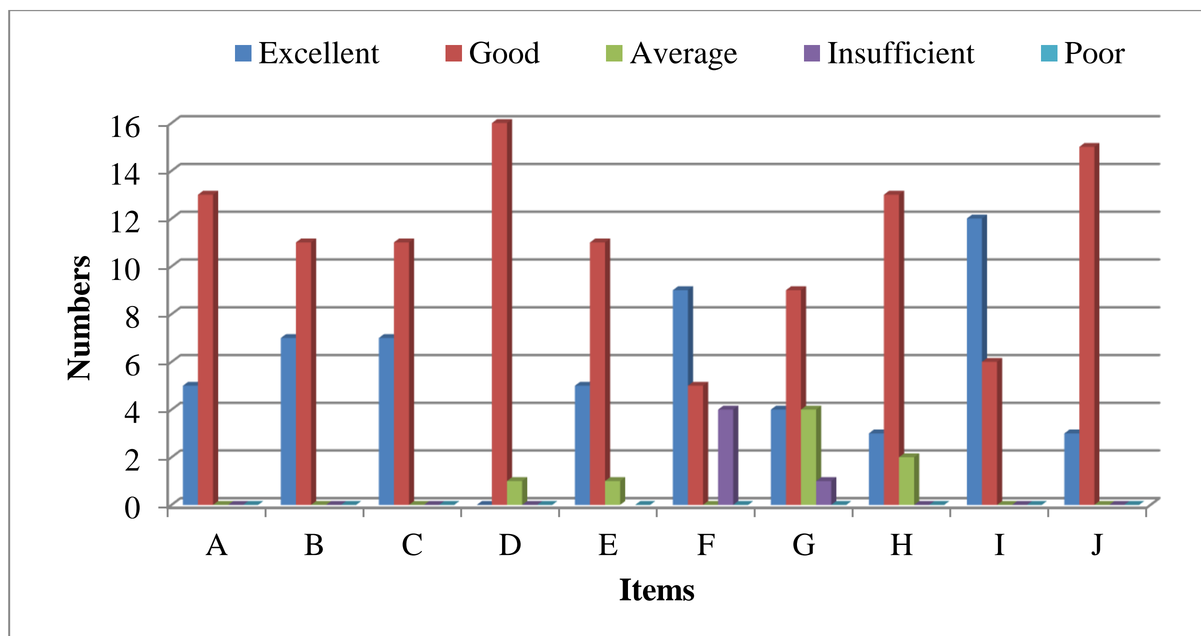
Themes to be addressed during subsequent dialogue.

- Parent-children communication strategies.
- Mental health and drug consumption in school settings.
- Media and youth's sexuality.
- Responsible maternity.
- Contraceptive prevalence in adolescents and youth and the kind of contraceptives used.
- Factors limiting youth and adolescents' access to SRHA services.
- Implementation mechanisms for the reinforcement of parents' skills and knowledge on interpersonal communication with their children.
- Production of a training tool or manual on sexual education.
- Trimester or semester supervision of different ministries dealing with issues concerning adolescents and youth in Cameroon for a follow up of the implementation of activities.
- Sensitization campaigns in the 10 regions of Cameroon in synergy with all stakeholders intervening in the SRHA.
- Fathers' role in the sexual education of adolescents.
- Improvement of adolescents' welcome in health care centers in Cameroon.
- How to improve adolescents' education in schools
- Stakeholders' skills.
- Institutions or structures for the preparation of children for adolescence.
- Health skills for youth and adolescents
- Field agents' training.
- Improvement of the supply of services
- Rate of visits to welcoming centers.
- What is the best approach to reach adolescents and youth in order to build knowledge capacity: which medium, which support and which setting?
- How to reach parents or adults responsible for adolescents/youth to sensitize them on their role vis-a-vis the SRHA.

Evaluation of the dialogue

At the end of the deliberative dialogue, an evaluation questionnaire was distributed to participants. This questionnaire was intended to evaluate several aspects of the proceedings of the forum such as the quality of the content; the relevance of the content with respect to the purpose of the forum; the clarity of the presentations and technics used; the general procedure; respect of the agenda; the quality of the facilitation; the duration; the outcomes with respect to time and efficiency; the social climate and the physical and material organization of the forum. Participants' average rating for most of these aspects was good except for the quality of the facilitation and social climate during the forum which were rated as excellent.

Figure 10: Results of the analysis of the dialogue's evaluation



Légende

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

SWOT analysis

A l'issue de cette activité de priorisation en SSRA, il est important de faire une analyse FFOM.

Strengths	Weaknesses
• The project brings an innovation in the way interventions are implemented. • Stakeholders identified the need for evidence before any intervention. • The project addresses issues that seem to be overlooked in the Cameroonian health system namely adolescent sexuality. • The project has raised stakeholder awareness of the need to use evidence	• The inability of the project to enlist as many actors/ stakeholders as possible at the national level, because of its low funding, can delay the process of appropriating the use of evidence across the country.

for the effectiveness of their interventions.	
Opportunities	**Threats**
• The project has been aligned with the SRH discussion platform that has been established within the Ministry of Public Health.	• Enthusiasm of stakeholders may erode after project termination and they may return to old habits, that is, interventions that are not informed by evidence

Lessons leans

The thematic analysis of participants' needs shows that they have gaps of knowledge in three levels: at school level and at community level.

Following the forum, a research team meeting was held in order to do a content analysis of the needs. It turns out that the solution to these concerns is through production:

- A strategic briefing note on Promoting sexual and reproductive health of adolescents in schools.
- A systematic review on Effective interventions to reduce pregnancy in schools
- A primary study on the community unpreparedness of adolescents on their sexual and reproductive life.

Conclusion

The analysis of the data from the various meetings and deliberative forum on the identification of priorities for the SRHA, shows that a deficit of knowledge and insufficiency in the use of evidence. For this reason, despite the plurality of interventions on SRHA in Cameroon by the government and its partners, we find that indicators of sexual and reproductive health of adolescents do not improve. Although the policy documents on SRHA in Cameroon exist and are well developed, the directions of the interventions do not sufficiently integrate evidence. In view of this gap, there is a real need to support SRH actors in the field of evidence use.

References

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Annexes

1. Minutes of meetings

Minutes for the Meeting on January 9th 2018- SURe KT,

Attendance : See Attendance list.

Start: 10 :00 ; **End:** 12h10 **Minutes taker** : MN

Agenda : Presentation of the project to the Ministry of Public Health and discussion on implementation.

Points discussed	Economics of discussions	Recommandations/Follow up	Deadlines
Discussion on the SURE project	**Presentation of the project and its methodology** - Background - Methodology and implementation of the project - The duration of the project - The role of the actors in the implementation of the project - The implementation of the PROGRESS logical framework for equity considerations **Exchange on the progress and expectations of the project** - The actors insisted on the need to involve the operational actors in the project so that it has a national dimension. - Some of the themes presented do not fit the SRH - Some actors are absent **Organizing collaboration with stakeholders** - the CDBPH to organize the deliberative forum, to offer the lunch as well as the reimbursement of the tickets of the participants	- To elaborate a detailed chronogram of implementation over 30 months. - Organize another introductory meeting with other project stakeholders. - Define the implementation strategies - Define evidence - Update existing documentation - View the MNCH Investment Brief - Intervene on adolescent SRH and barriers to SRH interventions in the North - Define the areas of intervention of the project - Connect the nascent platform to the PLMI platform	In two weeks (19th January 2018)

Minutes for the Meeting on February 16th 2018- SURe KT,

Attendance : 16 participants (CDBPS-H, PLMI, MINJEC, UNICEF, UNFPA, SSS, FESADE, OFSAD, ASSEJA, Réseau jeunes). See Attendance list.

Start: 10 :00 ; **End:** 12h10 **Minutes taker** : MN

Agenda : Presentation of the project to other stakeholders and discussions on implementation.

Points discussed	Economics of discussions	Recommandations/Follow up	Deadlines
Discussions on the SURE project	**Presentation of the project and its methodology** - Background - Methodology and implementation of the project - The duration of the project - The role of the actors in the implementation of the project - The implementation of the PROGRESS logical framework for equity considerations **Presentation of the preliminary results of the documentary research** - Background - Methodology - Preliminary Results on the SRHA **Exchange on the progress and expectations of the project** - Evidence used by UNICEF in its activities, but its contextualization remains insufficient - Civil society actors must benefit from this project which can improve their practices - Do not just insist on reproductive health but insist on sexuality which is a very often neglected element - Not only focus on the SRHA, but also on the inefficiency of interventions in the north. The group could expand the discussion in other areas later. **Organizing collaboration with stakeholders** - the CDBPH to organize the Deliberative For a **Next step** - Preparation of the first deliberative forum to be held at the end of March 2018.	Emphasize qualitative research that can shed light on the local reality of SSRA - Look in the works of psychologists, sociologists and anthropologists, the elements that speak about sexuality and capitalize on them - For local studies on the SRHA - The date of the forum will be determined with the agreement of the CDBPS-H and the MINSANTE (PLMI, DSF).	End of the month of March 2013

2. 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

Questionnaire for Stakeholder Interviews to Prepare Dialogue on Research Priorities

Introduction:
• Introduce yourself briefly
• Please give the informed consent form to the respondent and ask them, after agreement, to sign it. Answer all the questions that arise.
• Ask permission to take notes and continue to questions for the interview
Questions:

1. What is your training?

2. What is your current occupation and specific activities related to the SSRA?

3. What are the objectives of the SDGs related to SSRA in Cameroon? What are the written objectives? What are the real goals?

4. What are the objectives of government policy in Cameroon on SSRA? What are the written objectives? What are the real goals?

5. Are there differences in access to SSRA services among the different groups due to the difference between: (answer yes / no, which services of SSRA?)
a. Place of residence
b. Race / Ethnicity / Culture / Language
c. Occupation
re. Sex / Sex
e. Religion
F. Education
g. Socioeconomic status
h. Share capital
g. Age

6. What is the current evidence base for accessing SSRA services in Cameroon?

7. What other important questions about the SSRA in Cameroon that you would like to share?
Closing:
• Ask if the respondent has other questions / comments
• Thank the respondent for his time and participation in this study

Photos

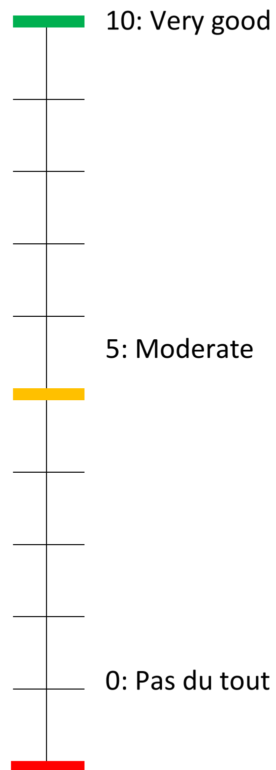
Please answer these three questions. Place a mark on each of the lines below to indicate your answer

1. Name:

____

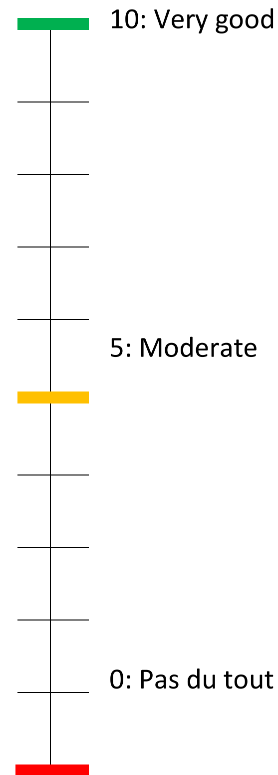
2. Question:

How do you rate the level of availability of relevant research data on SSRA regarding political processes in Cameroon?



3: Question:

How do you evaluate the critical application of research data available to policymakers in Cameroon?



4: Question:

How do you rate the level of use of research data to inform SSRA policy processes in Cameroon?