

STRENGTHENING CAMEROON'S SYSTEM FOR MONITORING AND EVALUATING HEALTH SERVICES THAT PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

CAMEROON

Background

In 2011, global leaders committed to working toward eliminating new HIV infections among children. That year, Cameroon was named one of 22 priority countries with the highest burden of pregnant women living with HIV. At the time, it was estimated that only 53 percent of pregnant women living with HIV in Cameroon were receiving antiretrovirals to prevent mother-to-child transmission of HIV (PMTCT). As the Government of Cameroon set new, ambitious PMTCT targets, it became a critical priority to strengthen Cameroon's monitoring and evaluation (M&E) system to enable health managers at every level to access high-quality data and use

this information to assess gaps in the health care delivery system, guide decision-making, and measure progress toward the ultimate goal of eliminating new pediatric infections in Cameroon.

Core Project Approaches

From 2012–2015, ICAP—with support from the Centers for Disease Control and Prevention (CDC)—collaborated with the Government of Cameroon to develop a robust system to monitor and evaluate national PMTCT and maternal and child health (MCH) services. ICAP's multi-pronged approach comprised:



Supporting a Collaborative Process to Design a New, Comprehensive Set of M&E Tools for PMTCT and MCH

ICAP conducted a situational analysis of existing national PMTCT and MCH tools in 2012. This assessment revealed that: 1) PMTCT and MCH tools were not sufficiently integrated; 2) registers and reporting tools were not available in many health facilities; and 3) the M&E tools in use varied across health facilities and many health workers had not been trained on how to use them. To address these gaps, ICAP:

- Convened representatives of the national MCH and HIV programs, the national PMTCT technical working group, and fellow implementing partners in a series of meetings to develop a single, standardized set of user-friendly M&E tools for PMTCT and MCH (see Box 1)
- Piloted the tools in 26 health facilities in Cameroon and used health worker feedback to refine the tools' content and design. The process of soliciting feedback from end-users increased the tools' user-friendliness and encouraged local ownership of the data collection process.
- Finalized, printed, and rolled out the tools across all 3,563 PMTCT sites in Cameroon

Box 1: The New Package of M&E Tools for PMTCT and MCH

- Integrated PMTCT/MCH registers for:
 - Antenatal care
 - Labor and delivery
 - Postnatal care (mother)
 - Postnatal care (infant)
 - Laboratory
- Patient-held pregnancy follow-up card
- Monthly health facility-level reporting form (with 44 key PMTCT indicators)
- Electronic, Integrated Data Aggregation Tool (IDAT) for aggregating, analyzing, and reporting on PMTCT/MCH data at the district, regional, and national level
- Data Quality Assessment (DQA) tool
- Standard operating procedures for each tool

Supporting M&E Training at the National, Regional, District, and Health Facility Level

To introduce the new M&E tools to health workers and managers throughout Cameroon, and build their capacity to use them effectively:

- ICAP developed a training-of-trainers curriculum and trained a cadre of 42 national master trainers. Subsequently, these trainers collaborated with ICAP and other implementing partners to train a cadre of 193 regional trainers—including district-level managers, data managers, and implementing partner staff—who cascaded the training further to relevant facility-level health workers, such as nurses, midwives, and laboratory technicians.
- To complement the training-of-trainers approach, ICAP collaborated with master trainers to provide on-site training, mentorship, and supportive supervision to health workers in Northwest and Southwest regions, ensuring correct implementation of the M&E tools and sensitizing them to the importance of integrated PMTCT and MCH services

Working to Increase Data Quality and Data Use for Decision Making

To increase the quality of routinely collected data in Cameroon and to cultivate a culture of using data to guide decision-making, ICAP:

- Created tools for simple analysis and routine data feedback, using automated Electronic, Integrated Data Aggregation Tool (IDAT) key indicator and site feedback reports
- Trained and mentored 86 national and district-level staff on how to analyze IDAT reports and use the information to improve health services
- Advocated for the inclusion of a standard report in DHIS2, which was rolled out in Cameroon in July 2015. The standard report serves as a source of routine, quarterly data feedback to health facilities.
- Collaborated with the Ministry of Health and other stakeholders to develop a Data Quality Assessment (DQA) strategy, tool, and accompanying training materials, with the aim of improving the quality of data being collected in Cameroon. ICAP piloted the tool in six health facilities and will support the roll-out of DQA activities going forward.

Increasing the Knowledge Base Guiding PMTCT Scale-up in Cameroon

- In 2012, Cameroon's Ministry of Health announced plans to transition to Option B+, a model where all HIV-infected pregnant women are initiated on lifelong antiretroviral therapy (ART). To support the country in assessing feasibility and cost implications of adopting Option B+, ICAP collaborated with the Ministry of Health, the National AIDS Control Committee, UNICEF, CDC, and other international stakeholders to collect key inputs and support a modeling exercise. In April 2013, ICAP helped convene national and international stakeholders at a dissemination meeting to review the findings, which projected that while the cost of implementing Option B+ would be substantially higher than the cost of the current PMTCT strategy (Option A), it would have tremendous programmatic benefits in Cameroon and could avert up to 10,000 infant infections per year.
- ICAP provided technical inputs on a study conducted in 2013 that sought to understand the barriers preventing pregnant women from accessing MCH and PMTCT services in Cameroon. Key barriers identified by the study included insufficient communication to women about available PMTCT services, the relatively high cost of MCH services, and the long distance between women's homes and the nearest health facility. Following the study's completion, ICAP supported four meetings held in different regions of Cameroon, bringing together health workers, ministry of health representatives, and international stakeholders to review and discuss the study's findings.

What Was Achieved

As a result of the support ICAP provided to local partners in Cameroon between July 2012 and March 2015,

- The number of registers being used in MCH and PMTCT settings was reduced from 10 to five, streamlining data collection efforts and supporting integrated service delivery.
- Cumulatively, over 26,800 copies of the new registers, monthly reporting forms, and standard operating procedures were distributed to the 3,563 PMTCT sites in Cameroon.
- Over 1,200 health workers and managers were direct-

ly trained on how to use the new, streamlined set of PMTCT/MCH M&E tools.

- By 2015, over 89 percent of Cameroon's health facilities were successfully submitting PMTCT M&E indicator reports to the district level.
- By 2015, 68 district offices and all 10 regions and were using IDAT to report PMTCT/MNCH data to the National AIDS Control Committee.

Lessons Learned and the Way Forward

- The content of M&E tools must speak to the clinical services they are intended to track. Thus, it is important that efforts to integrate different types of M&E tools closely mirror efforts to integrate the way clinical services themselves are being delivered in health facilities.
- When revising a national M&E tool, a collaborative process that brings together key stakeholders and end-users is important to maximize local buy-in. Careful negotiation is often required to strike a balance between the real-world usability of a tool and the number of data elements it seeks to capture.
- Field testing and the use of case studies are critical to assessing the practicality and user-friendliness of M&E tools in real-world settings.
- Providing health workers with clear standard operating procedures for the M&E tools they are responsible for, combined with targeted training and mentorship, is an effective way to increase health workers' capacity and motivation to collect quality, routine data.

Going forward, ICAP will continue its work supporting Cameroon's Ministry of Health to strengthen its national M&E system, with a focus on: 1) further improving the PMTCT/MCH registers and expanding the number of health workers trained on their use; 2) implementing DHIS2 in all 184 districts of the country and building the capacity of district data managers to utilize the system effectively; and 3) implementing DQA activities in four regions of the country. ICAP will also expand on its M&E activities by directly supporting the delivery of comprehensive HIV care and treatment services in 34 districts of Center and Littoral regions, using the new national M&E tools to guide program implementation and continuing to foster data use for program improvement.