ROADMAP FOR THE REDUCTION OF MATERNAL AND NEONATAL MORTALITY IN CAMEROON

2006 - 2015

FOREWORD

This document presents the overall vision and Cameroon's perspective in this priority domain of the Health Sector Strategy which is the reduction of maternal and neonatal mortality. It is part of the National Reproductive Health Programme and shall serve as reference for planners, national and international development partners.

Owing to the fact that most maternal deaths result from preventable causes, maternal and neonatal mortality is a silent emergency.

In view of the magnitude of this already unacceptable tragedy, building on the various agreements as well as the Roadmap proposed by the African Union, the Government of Cameroon has decided to react by drawing up its action plan based on the principles of Equity, Social Justice and National Solidarity.

This roadmap is the outcome of a participatory and consultation process involving all stakeholders, national and international partners working in the area of reproductive health. It takes into account survey findings on the requirements of emergency obstetrical and neonatal care, carried out in some provinces of Cameroon.

The main thrusts include :

- Assistance to the woman by qualified health staff during pregnancy, delivery and post partum by means of information, prevention methods including the prevention of mother-to-child transmission of HIV and universal preparation for possible obstetrical complications as well as the organization of referral evacuation…

- Strengthening of family planning

- Capacity building for the communities and women's empowerment.

The Ministry of Public Health would like to thank national and international contributors and undertakes with the signatories of this roadmap to speed up the reduction of maternal and neonatal mortality in Cameroon in a bid to achieve the Millennium Development Goals by 2015.

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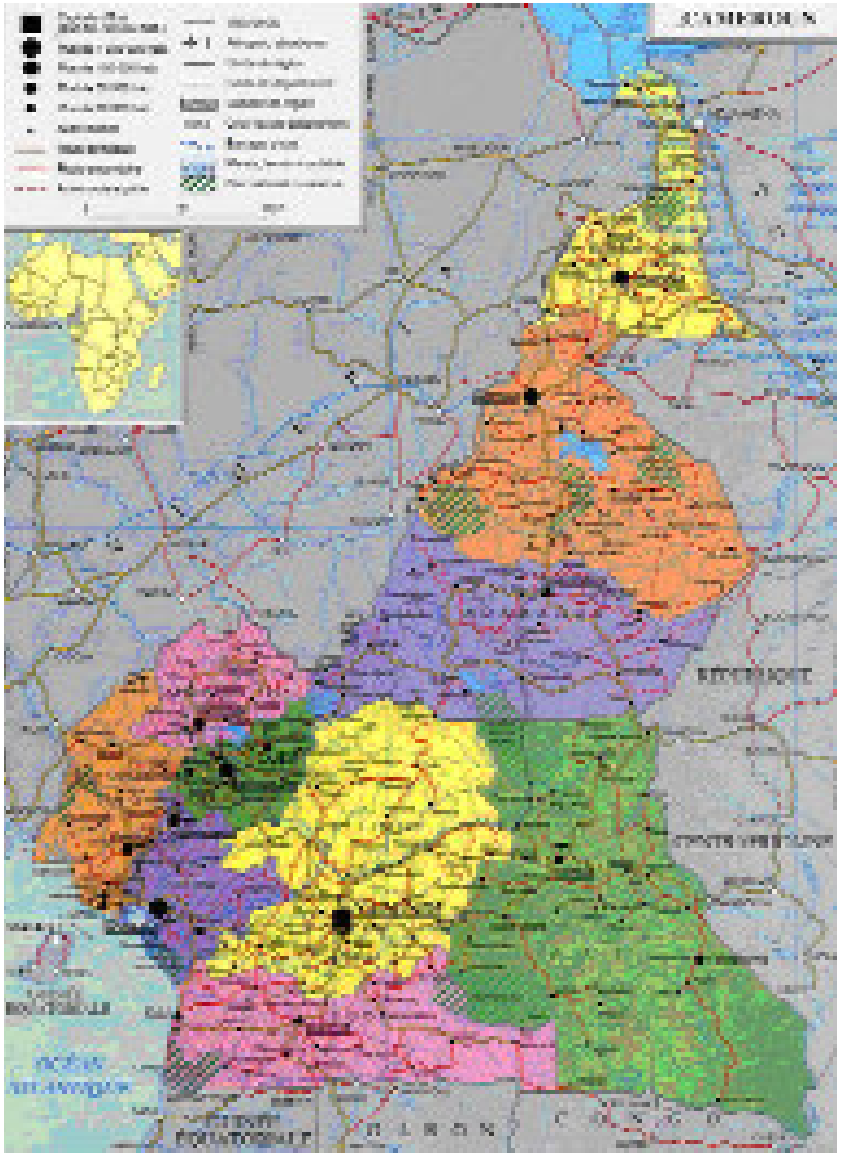
Minister for Public Health



Administrative chart of Cameroon

TABLE OF CONTENTS

Pages

LIST OF ABBREVIATIONS

ARV :	Antiretrovirals
AIDS :	Acquired Immune Deficiency Syndrome
CBC :	Communication for Behaviour Change
CBS :	Community-Based Services
CELCOM :	Communication Unit
CENAME :	National Essential Drugs Procurement Centre
DCOHT:	Department of Care Organization and Health Technology
DCOOP :	Department of Cooperation
DDC :	Department of Disease Control
DFH :	Department of Family Health
DFRIE :	Department of Financial Resources, Infrastructure and Equipment
DHOR :	Department of Health Operations Research
DHP :	Department of Health Promotion
DHR :	Department of Human Resources
DLA :	Division of Legal Affairs
DMO :	District Medical Officer
DPD :	Department of Pharmacy and Drugs
DSP :	Department of Studies and Projects
EOC :	Emergency Obstetrical Care
EONC :	Emergency Obstetrical and Neonatal Care
EPI :	Expanded Programme on Immunization
FP :	Family Planning

FR :	For Reference
HD :	Health District
HDS :	Health District Service
HIV :	Human Immunodeficiency syndrome
ICPD :	International Conference on Population and Development
IHC :	Integrated Health Centre
IMCI :	Integrated Management of Childhood Illness
IMN :	Insecticide-treated mosquito net
K FCFA :	Kilo CFA francs
MINADER :	Ministry of Agriculture and Rural Development
MINAS :	Ministry of Social Affairs
MINEFI :	Ministry of the Economy and Finance
MINESUP :	Ministry of Higher Education
MINJE :	Ministry of Youth Affairs
MINPOST :	Ministry of Posts
MINPROFF :	Ministry of Women's Empowerment and the Family
MINRESI :	Ministry of Scientific Research and Innovation
MNH :	Maternal and Neonatal Health
MNM :	Maternal and Neonatal Mortality
MOH :	Ministry of Public Health
MPR :	Monthly Progress Report
NACC :	National AIDS Control Committee
NGO :	Non Governmental Organization
PDPH :	Provincial Delegation of Public Health

PH :	Provincial Hospital
PHS :	Demographic and Health Survey
PMTCT :	Prevention of Mother-to-Child Transmission
PPSC :	Provincial Pharmaceuticals Supply Centre
Q :	Quarter
RBM :	Roll Back Malaria
RH :	Reproductive Health
RMNM :	Reduction of Maternal and Neonatal Mortality
SMC :	Sub-divisional Medical Centre
UNFPA :	United Nations Fund for Population Activities
UNICEF :	United Nations Children's Fund
UTH :	University Teaching Hospital
WHO :	World Health Organization

1. Context

Cameroon is a Central African country situated at end of the Gulf of Guinea. It has a total surface area of 475,440 km² and is bordered to the west by Nigeria; to the North-East by Chad; to the East by the Central African Republic; to the South by Congo, Gabon and Equatorial Guinea; and to the South-West by the Atlantic Ocean.

Cameroon is characterized by its geographical diversity and natural regions:

- The forest-covered South (Centre, East, Littoral, South and South-West Provinces) is located in the maritime and equatorial areas and is characterized by dense vegetation, a vast river system and a hot and wet climate with abundant rainfall.
- The upper plateaus of the West (West and North-West Provinces) constitute an area rich in volcanic soil suitable for agriculture. The high population density compared to the national average makes them some of the primary areas of emigration.
- Sudano-Sahelian North (Adamawa, North and Far-North Provinces) is an area propitious for livestock production.

Cameroon is a bilingual country with French and English as official languages. It has 10 administrative provinces, 58 divisions, 269 subdivisions and 53 districts.

The political landscape since 1990 is now characterized by multi-party politics. In fact, there are more than a hundred political parties in Cameroon.

The 1996 Constitution enshrines the principle of separation of powers :

- the executive power is exercised by the President of the Republic;
- he bicameral legislative power is jointly exercised by the National Assembly and the Senate;
- the judiciary is exercised through various jurisdictions, the highest of which is the Supreme Court.

The same constitution provides for decentralization in the management of public affairs with the creation of regions and local government bodies.

Cameroon is primarily an agricultural country. Fishing is also practised and logging developing fully. Cameroon is also experiencing a significant industrial activity mainly in Douala, Edea, Limbe and Yaounde.

According to projections of the Ministry in charge of Planning and Regional Development, the Cameroonian population was estimated in 2003 at 16,018,000 inhabitants (2005World Health Report) out of which 51% were women and 17% children from zero to 5 years. The women of childbearing age account for 23% of the total population. There was some evolution in the literacy rate among the age bracket

between 6 and 14 years during the period 1996-2001 and the gross literacy rate rose from 76% to 78%, but the illiteracy level still remained high (41%) and particularly among women (50%).

According to the results of DHS III - 2004, infant mortality stands at 74‰; neonatal mortality at 29‰ and post-neonatal mortality at 45‰. The health system in Cameroon is pyramidal in setup comprising administrative and/or management structures and healthcare structures. In terms of organisation, it is organized into three levels namely :

- The central or strategic level: is charged with formulating the health policy of the country.
- The intermediate level or technical support level: includes the ten (10) Provincial Delegations of Public health tasked with the programming and supervision of activities in the field. It provides technical support to the health districts.
- The peripheral level or level of operationalization of programmes of activities: It also constitutes the interface between the health care services and beneficiary communities.

The administrative and operational structures as well as their primary missions are set out in the following table:

This tiering supposes for each level, the existence or the need to have adequate infrastructure, technical equipment and the staff corresponding to each level of the health pyramid. Cameroon has approximately 160 health districts and more than 1,400 health areas.

Table n°1 : Differents levels of the Health sector

Level	Administrative Structures	Functions	Health Care Structures	Dialogue structures
Central	Office of the Minister, Secretariat General, Departments and structures ranking as such	- Formulation of concepts, policies and strategies for the country - Coordination - Regulation	Referral General Hospitals, Central Hospitals, UTC, Centre Pasteur, CENAME	National Health, Hygiene and Social Affairs Council
Intermediate	Provincial Delegations	Technical support to health districts	Provincial Hospitals, PPSC	Special provincial funds for health promotion
Peripheral	Health District Services	Implementation of Programmes in relation with the beneficiary communities	District Hospitals, Clinics, District Medical Centre, Integrated Health Centres	District Health Committee, District Management Committee, Health Area Committee, Management Committee

Source : WHO/MOH

As regards personnel, and according to the 2000 health map, the population/health personnel ratio stands at 1 doctor for 10,083 inhabitants, 1 pharmacist for 250,000 inhabitants, 1 dentist for 248,135 inhabitants, 1 nurse for 2,242 inhabitants, 1 midwife for 200,000 inhabitants, 1 assistant nurse for 3,100 inhabitants and 1 nursing aid for 3,100 inhabitants. Generally, all these statistics fall below the ratios recommended by the WHO.

Special recruitments were carried out on the HIPC funds :

- In 2002: 1,200 health workers among whom were 100 doctors and 1,100 nurses;
- In 2004: 600 health workers including 39 doctors, 10 dentist surgeons, 09 pharmacists, 413 nurses, 20 laboratory nurses and the rest were engineers, assistant technical officers (medical technology) and administrative staff.

2. Justification of the roadmap

The health problems of the child, in particular the reduction of infant morbidity, have been the main concerns of the international community and African countries for many years. It is only in 1987that the first conference for risk-free maternity was held in Nairobi. This conference gave rise to the risk-free maternity initiative. The set objective was to reduce maternal mortality by 50% between 1990 and 2000. This objective was then adopted by other summits including the World Children's Summit in New York in 1990, the International Conference on Population and Development (ICPD) in Cairo in 1994, and the fourth World Women's Conference in Beijing in 1995. The goals of the action plans were for the most part reaffirmed in the United Nations Millennium declaration that invited all countries to reduce the level of maternal mortality by ¾ and mortality among children below the age of 5 by 2/3 compared to current levels by 2015.

To speed up the achievement of these objectives, the African Union proposes a roadmap which aims to guide Governments in the development of roadmaps. As a matter of fact, the World Health Organization estimates that nearly 500 000 women die each year in the world of pregnancy-related causes. Most of these deaths are ascribable to the complications of pregnancy and labour. Moreover, 98% of deaths occur in developing countries where the risk of dying during pregnancy is compounded by a high number of pregnancies per each woman, socio-economic conditions and the inadequacy of maternal

care services in these countries (WHO, 1991). In addition to these deaths, each year more than 60 million women suffer from serious complications during their pregnancies.

Close to a third to these women belonging in majority to the age group ranging from adolescence to 49 years, suffer for the rest of their lives from lesions or infections: sterility, partial loss of movement, pelvic pain, rupture of the uterus and fistula. Certain complications bring about suffering and humiliation among women, exposing them to isolation and exclusion from their families and communities.

The main causes of maternal mortality and morbidity are bleeding during pregnancy and labour, infections, pregnancy-related high blood pressure, obstruction during labour, abortions and pre-existent health problems such as anaemia and malaria.

Children also succumb to the factors which cause the deaths of their mothers or disable them and those who survive their mothers are often highly exposed to malnutrition and death.

Each year, there are 1,4 million still-born children and between 1,5 and 2,5 million new-born babies who die during the first week following birth of complications related to pregnancy or which occur during labour. These deaths represent two thirds of the total number of deaths among children below the age of five in developing countries.

The thousands of women who succumb each year to pregnancy-related complications leave behind at least a million children.

These children are 3 to 10 times more at risk of dying in the two years following their births than those who live with their two parents.

Given that the vast majority of women who die or who suffer from serious maternity-induced lesions are in their prime and often have children and other dependents, their deaths have enormous social and economic consequences. Families sorely miss the woman who plays a crucial role in the education of the children, home management and care to the children and other members of the family. The communities lose a vital member whose unpaid work is often essential to community life. The nation loses its investment in the health and education of the woman and must do without her economic contribution.

3. National context and achievements

3.1 Health of the mother

Cameroon, a developing country, is not left out of this phenomenon. Surveys on maternal mortality, obtained from hospital surveys and from the Demographic and Health Surveys (DHS), indicate that a relatively significant number of women between the ages of 15 and 49 die each year of pregnancy-related and labour complications. These surveys also reveal that this situation is not recent. In effect, a retrospective review (1989) carried out by Mafany et al in thirteen hospitals of the South-west province over the 1982-1987 period estimated maternal mortality at 280 per 100,000 live births. If it is considered that many maternal deaths occur out of hospital facilities - and are thus not documented - and that about one delivery out of four is carried out at home, it can reasonably be concluded that hospital surveys underestimate the extent of the phenomenon.

Another retrospective study on maternal mortality - covering the period 1985-1996, carried out by Leke et al in nine provincial hospitals of the country showed that the maternal mortality was on the rise in the whole country.

The findings of DHSC-III 2004 indicate that maternal mortality is high and is estimated at 669 deaths per 100 000 live births whereas it was 430 according to DHSC - II 98. The constant high mortality rate is mainly explained by:

3.1.1 Poor control of pregnancy

In Cameroon, according to the 2004 DHSC - III findings, among women between 15 and 49 years old, 83% of women consulted a health worker at least once during pregnancy :

- 60% of pregnant women carried out at least the four prenatal visits recommended by WHO during pregnancy;
- 20% of the cases carried out 2 or 3 prenatal visits;
- 2% made only one visit. It should be recalled that 16% of pregnant women did not go for any prenatal visit on the one hand and the rate of use of PNC services reduced with the pregnancy age on the other hand.

3.1.2 Poor monitoring of labour and management of emergency obstetrical care

The Ministry of Public Health carried out an evaluation of the availability, use and quality of emergency obstetrical care services (EOC) in Cameroon in five out of the ten provinces in the country. It follows from this survey that:

- With respect to coverage by emergency obstetrical care:
  - None of the five provinces has a sufficient number of grass-roots EOC services
  - The acceptable minimum level of complete EOC services was attained only in three of the five provinces surveyed: in the Centre, Far-North and South
  - An evaluation of the geographical distribution of existing EOC services shows an imbalance in the coverage of emergency obstetrical care at the level of the provinces. This inequality is also obvious with regard to the number of health districts covered as well as the number of establishments with effective EOC available. It thus seems that in most health districts, women do not have access to emergency obstetrical care because the services are non-existent. Moreover, even where they exist, the inaccessibility of residential areas and the state of transport infrastructure to a great extent jeopardize access to these services.

- With regard to the use emergency obstetrical care services, the study shows that only a small part of expected births takes place in EOC services. Irrespective of the province, the number of women who put to birth in EOC facilities of is very low, and only a small proportion of the expected complications there are managed. Moreover, more than half of the obstetrical complications such as dystocia, extensive bleeding following delivery, induced and septic abortion, and ectopic pregnancy are recorded in establishments which cannot provide emergency obstetrical care. Whereas it is estimated that at least 5% of the deliveries expected in the provinces surveyed should have been done through caesarean section, it appears that the rate of Caesarean sections for all of these provinces is largely lower than this percentage; moreover, only a small part of the deliveries carried out in EOC environments were done through caesarean section. It can thus be concluded therefrom that some women presenting potentially deadly complications do not receive the care that they need.

- Evaluation of effectiveness

Evaluation is done through examination of hospital case fatality rate, which refers here to the number of maternal deaths occurring among women presenting with obstetrical complications in complete EOC establishments. In general, the proportion of deaths due to obstetrical complications in complete EOC establishments is largely above the maximum acceptable level (1%): the study reveals that one woman presenting with complications runs a 1 out of 17 risk of dying. An analysis of the provincial situations shows that the hospital case fatality rate is only acceptable (lower than 1%) in two out of five provinces : in the East and South.

The data collected finally indicate that more than eight maternal deaths out of ten which have occurred in the surveyed establishments result directly from pregnancy-related complications, pregnancy or postpartum; and the most frequent cause of maternal death is serious bleeding, generally during postpartum.

The low attendance of emergency obstetrical care services (EOS) by women is attributable to: the inadequacy and poor quality of services provided, the quantitative and qualitative shortage of the social and health personnel, the unavailability at all times of personnel, insufficient involvement of the communities in the resolution of their health problems. The financial reason (lack of money or high cost of services) is a cause of non-attendance of the services.

3.1.3 Low contraceptive prevalence

This results in very early, unwanted, close together, late and several births. In Cameroon, still according to the 2004 DHSC findings, and among women of childbearing age, more and more women are getting to know contraceptive methods (90% in 2004 against 81% in 1998) and especially modern methods (90% in 2004 against 81% in 1998) against about 69% for traditional methods, though very few women use them.

Indeed, contraceptive prevalence, all methods inclusive, among married women stands at only 26% and 13% for modern methods.

The total fertility rate stands at 5.2 in 1998 (DHSC) and five during the 2004 DHSC III. This indicates that modern methods of contraception are less used. Among all women between 15 and 49 years old, the needs of 15% with respect to family planning including 10% for spacing and 4% for limitation are not met. The potential demand of these women in terms of family planning stands at 40% including 11% for limitation and 30% for child spacing. Unwanted pregnancies represent 20%.

3.1.4 Upsurge of STI/HIV/AIDS, tuberculosis and malaria

Still according to the DHSC III data, Cameroon is in a context of generalized epidemic with an HIV/AIDS prevalence rate of 5.5%. However, more and more women are being affected by the epidemic with a rate of 6.8% for women of childbearing age against 4.1 for men. In 2005, the number of persons living with HIV was estimated at 505,000, 61% of which were women. The most common means of

transmission is unsafe sexual activity. However, mother-to-child transmission remains a major concern. Barely 400 PMCT sites are operational.

HIV infection among the Cameroonian woman varies very significantly from one province to the other and presents very strong variation according to the marital status. The HIV prevalence among divorced women is three times higher than that of married women (18.5% against 6.2%). The prevalence rate is particularly high among the widows (26.4%). Married women are two times more infected than the single women (6.2% against 3.5%). With this HIV pandemic, tuberculosis is on the rise with an incidence of 0.98 cases per 1000 inhabitants in 2000.

3.1.5 Malaria and pregnancy

Malaria remains a great public health problem in Cameroon. It is endemic all over the national territory. Pregnant women and children below five years are the most vulnerable groups.

The "Declaration of National Malaria Control Policy" in Cameroon indicates that malaria represents:

- 40 to 45% of medical consultations,
- 30% of cases of hospitalisation,
- 57% of days of hospitalisation,
- 26% of sick leave,
- 40% of annual household expenditure on health.

According to the malaria data baseline survey carried out in December 2004:

- The average rate of IMN use among the general population in Cameroon stands at 6.28 ± 0.1%.
- Among pregnant women, the rate of IMN use stands at 14.04 ± 0.8%.
- Among the 42.4 ± 0.5% of women who made at least three prenatal consultations during pregnancy, only 1.3 ± 0.1% were subject to IPT in keeping with the national recommendations.
- 21.2 ± 0.3% of children below five received malaria treatment 24 hours following the development of fever and only 2.4 ± 0.01% were managed in keeping with national recommendations.
- Correct treatment of uncomplicated malaria was observed in 26.2 ± 1% of cases against 29.04 ± 1% for severe malaria.
- The rate of malaria-related morbidity estimated according to clinical data stands at 40.1 ± 0.06%.
- The rate of mortality, all causes taken together, stands at 2.2 ± 0.03% and is higher among children below five years (3.6 ± 0.06%).

The 2004 population and health survey showed the following results:

- The rate of pregnant women who sleep under mosquito nets stands at 12.4%. It appears that pregnant women who are most exposed to infection do not use mosquito nets more frequently to protect themselves against malaria than all the women (11.6%);

- The percentage of women who took anti-malaria preventive drugs during pregnancy stood at 46.6% (Amodiaquine 7%, SP 1.8%, Chloroquine 54%, Quinine 33.9%). It follows from this survey that the national policy as far as IPT is concerned is not fully followed up in the field. There is therefore the need for public awareness campaigns, training workshops for medical personnel and effective supervision in the field.

3.2 Child health

In Cameroon, according to the 2004 DHSC-III findings, child health indicators are as follows:

- A high infant mortality rate of 74 per 1000 live births,
- A high child mortality rate of 142 per 1000 live births;
- 32% of children below three years have retarded growth and 18% of children below three years are underweight;
- 57% of children who had diarrhoea received oral rehydration therapy;
- 40% of children less than three years old who had severe respiratory infection were attended to by health personnel;
- Close to 80% of deaths are caused by the six IMCI diseases namely: malaria, diarrheic diseases, severe respiratory infections, micronutrient malnutrition, measles and HIV/AIDS;
- The current immunization coverage (DPT3) rate among children below one year stands at 65%;
- The immunization coverage rate for all the antigens stands at 48%;

- The number of HIV/AIDS orphans in Cameroon is estimated at close to 1 million. The HIV prevalence rate among children is below 1%. However, the number of paediatric infections was estimated at 69.000 cases in 2001 and 43,000 at the end of 2003 (UNAIDS). The number of orphans in 2005 was estimated at 122,670.

The efforts made since the launching of the Risk-free Maternity Initiative seem not to have produced the expected results owing to many problems which mother and baby health programmes faced in Cameroon. These problems include:

i) inadequate financial resources allocated to mother and child health;
ii) poor coordination of interventions targeting maternal health;
iii) growing poverty, in particular among women ;
iv) insufficient functioning of the health system, with an inadequate referral system for obstetrical complications;
v) socio-cultural practices and beliefs harmful to the health of the woman

Faced with this situation, the government of the Republic of Cameroon developed a health sector strategy and a national reproductive health policy the purpose of which are to improve pubic health in Cameroon through improved availability of quality RH services. The aim is to speed up the implementation of activities to reduce maternal and neonatal mortality as soon as possible.

4. The Roadmap for the Reduction of Maternal and Neonatal Mortality in Cameroon

This roadmap is based on the following points :

4.1. Strategic orientations

- The national health policy implies continuing the implementation of the health sector strategy. The latter builds on major principles resulting from consideration of essential sector issues, namely :

  - ranslating the political will of improving transparency, competence, the sharing of resources and responsibilities in the management of public affairs ;
  - reinforcing decentralization in the health system ;
  - developing partnership between the various stakeholders of the sector ;
  - strengthening the role beneficiary communities and care providers in the process of decision-making in the area of organization and management of health services ;
  - effecting institutional reinforcement in particular in the fields of health information, resource management, coordination, regulation and control of activities ;
  - defining a new health policy implementation approach,

incorporating more, on the one hand, economic and technological opportunities and, on the other hand, various components population demand ;
- promoting complementarity between partners of the health sector.

- Health action remains a priority and its development must be carried out as a matter of priority at the level of health district, through disease prevention, health promotion and the welfare of the family and individuals ;
- The roadmap is one of the aspects of the national reproductive health programme and constitutes an instrument to speed up reduction of maternal mortality ;

- The need to pool the various resources of the country to meet the objectives of the health sector strategy and the millennium development goals.

4.2. Goal and Objective

The goal of the roadmap is to contribute to the achievement of millennium development goals by improving maternal health and the thriving of the newborn.

General objective

To speed up the reduction of maternal and neonatal mortality by 50% before 2010 and 75% by 2015 with respect to the current level.

Specific objectives

- To make affordable and available quality maternal and neonatal care at all the levels of the system in 70% of health facilities by 2015 ;
- To build the capacity of individuals, families and communities on the management of their health problem.

4.3. Strategy of the Roadmap

In order to accelerate the implementation of the roadmap, a certain number of strategies were chosen in line with the principles of the health sector policy:

4.3.1. Maternal and neonatal care and the political and organisational framework :

- updating and reinforcement of the programme and organisation framework of reproductive health ;
- improvement of the quality of service in maternal and neonatal care, including family planning ;
- reinforcement of the referral/evacuation and counter-referral system.

Indicators :

- **Of performance :**

  - Availability of the re-updated programme and organisation documents.
- **Of outcome :**

- 70% of the peripheral health units (SMC, IHC) equipped and having qualified personnel providing maternal and neonatal care services, including family planning, according to the required standards of quality
- 70% of district hospitals all over the country standardized as referral obstetrical hospitals.
- 90% of pregnancies managed by qualified personnel
- 70 % of births attended to by qualified personnel
- functional referral/evacuation system in at least 70% of health districts

4.3.2. Capacity building for the community through :

- improvement of communication on the maternal and neonatal care.
- improvement of family and maternal and neonatal care practices at home.

Indicators :

- **Of performance :**

  - Availability of a document on communication strategies with respect to the health of the mother and the new-born ;
  - Existence of at least one operational support community group for maternal and neonatal health in 70% of the health districts ;
  - Existence of at least 50% of the women in health district dialogue structures.
- **Of outcomes :**

- 100% of maternal and neonatal health care providers trained in communication techniques (counselling, talks)
- 80% of the women able to enumerate danger signs during pregnancy, labour and the postpartum period
- 80% of the women know where to find health units providing Emergency Obstetrical and Neonatal Care (EONC) in their locality
- villages most remote from health units have community health workers providing preventive and promotional RH activities.

4. 4. Major activities

Objective 1 :

To make affordable and available quality maternal and neonatal care at all the levels of the system in 70% of health facilities by 2015

4.4.1. Strategy 1 : Updating and reinforcement of the political and organisational framework of Reproductive Health

Priority interventions 1 :

RH Framework documents, including FP and EONC

To revise the framework documents (Policy, standards and procedures and definitions of specific health packages), for the implementation of maternal and neonatal care, including EONC.

Activities :

- Updating RH operationalization documents (policies, RH standards and procedures with particular emphasis on PMTCT and adapting the child thriving component to the current IMCI strategy) ;
- Revision of childbirth protocols in peripheral health units ;
- Evaluation of EONC experiments carried out in certain zones of the country in view of defining a national framework for extending of the strategy ;
- Evaluation of the actions already undertaken on the securement of RH products, including contraceptives ;
- Development of a strategic plan for the securement of RH products, including contraceptives ;
- Development of a plan and methodology for the development by health districts of local frameworks of referral/evacuation and management of obstetrical complications.
- Development of a planning and budgeting tool based on the resolution of health problems in general and RH in particular (district health development plan).
- Duplication and dissemination of drafted or revised documents to all health districts.

4.4.1.2. Priority interventions 2 :

Organisational capacity

Activities :

- Capacity building in management for health district management teams and dialogue structures for the integration of RH activities in general and EONC in the annual planning of districts and the search for funding available in the country ;
- Revision of RH indicators and monitoring/evaluation tools ;
- Revision of the Monthly Progress Report (MPR) in view of taking into account reliable and processable data by the operational level for decision making ;
- Reinforcement in terms of quality and number of health workers in IHC by a better distribution of personnel or recruitment by dialogue structures of contract personnel in the face of personnel shortage.

4.4.1.3. Priority interventions 3 :

Advocacy/Mobilization of resources

Activities :

- Development of advocacy documents/tools
- Improvement of the skills of health workers, dialogue structures in advocacy.
- Definition of areas of intervention of the programmes and projects in maternal and neonatal health.
- Definition of necessary resources and supports per level for the reduction of MNM.
- Development of an advocacy plan for the reduction of MNM in Cameroon.
- Implementation and monitoring of advocacy activities for the reduction of MNM targeting :

- Local political/administrative, religious authorities and opinion leaders for their effective support, commitment and responsibility with regard to activities for the reduction of maternal and neonatal mortality.
- The National Assembly for the substantial funding for the control of MNM and the eradication of obstetrical fistula
- Cameroon's development partners for their effective commitment and contribution to the fight against MNM and obstetrical fistula.
- Company chief executives for their contribution to the implementation of the roadmap
- Medical associations for their intervention in the implementation of Maternal and Neonatal Care and family planning by health workers in private practice and in the private sector.
- Heads of health units and dialogue structures for the management of the obstetrical complications of poor women.

4.4.1.4. Priority interventions 4 :

Coordination/Partnership

Setting up of a periodic coordination system for the planning, implementation and monitoring/evaluation of MNM reduction activities at all levels, to be able to assess the efforts put in and move towards the Millennium Development Goal.

Activities :

- Definition of the terms of reference of the coordinating committees.
- Determination and organization of the quarterly monitoring meetings, annual coordination meetings with the participation of all development partners involved technically and financially, NGOs, private and denominational sectors working in the domain of maternal and neonatal health.
- Evaluation of the situation of intra-hospital case fatality, EONC and FP, at commencement, at midcourse and in 2015.

4.4.1.5. Priority interventions 5 :

Studies and research

Promotion of studies and research in Maternal and Neonatal Health activities and FP in view of evaluations and reorientation of the actions to be carried out.

Activities :

- Participation in international conferences and regional summits for experience sharing on the reduction of MNM and MNH ;
- Putting in place of a technical committee of research experts (including training institutions) to review the relevance of research (definition of priority research topics, practical study on the applicability of research results) and the establishment of research implementation and monitoring/evaluation plans.

4.4.2. Strategy 2 : Improvement of the quality of MNH services, including EONC

Priority interventions 1 : Capacity building.

Establishment of a capacity building plan health workers at various health district levels

Activities :

- Training of health personnel in charge of the management of the perinatal episode in health facilities (public and private) in emergency obstetrical and neonatal care, including the management of abortion complications ;
- Putting in place tools of management of the perinatal episode and recording of maternal deaths in all health units ;
- Training/retraining of healthcare providers of health units in the prevention of mother-to-child transmission of HIV and the management of malaria ;
- involvement of the provincial, central and general hospitals in capacity building and monitoring/evaluation district hospitals healthcare providers ;
- Retraining of hospital doctors in the technique of obstetrical surgery and anaesthesia ;
- Retraining of specialist doctors in the management obstetrical fistula.

Priority interventions 2 :

Equipment, infrastructure, drugs and supplies

Establishment of a technical equipment reinforcement plan, a rehabilitation plan for health structures, and a plan for monitoring the safety of drugs and contraceptives in the health districts.

Activities :

- Inventory of equipment needs ;
- Provision of health district health units with necessary technical equipment for the management of normal deliveries and obstetrical complications ;
- Provision with reagents and supplies for tests in the domain of PMTCT and ARVs ;
- Rehabilitation of existing health structures to meet the standards set by the Ministry of Public Health ;
- Supply of tools for the management of the perinatal episode (labour curve, operational sheets) ;
- Setting up of an equipment inventory and amortization system.

4.4.3. Strategy 3: Reinforcement of the referral system

Priority interventions 1 :

Putting in place a referral system

Activities :

- Drawing up an obstetrical referral plan in all health districts with strong community involvement in organization (committees in charge of emergencies at community level) and financing ;
- Networking health districts not meeting population standards for a better management of referral structures ;
- Definition of collaboration with the private and denominational sector as regards referral.

Priority interventions 2 : Means of referral.

Organizing the referral system in health districts

Activities :

- Evaluation of the referral system existing in health districts for communication and equipment needs for the referral system ;
- Development of a district referral/evacuation system specifying the organization of the management of obstetrical complications and the roles/responsibilities of the various parties) ;
- Provision of structures with logistics (ambulance) and communication equipment (two-way radio or mobile telephony as the case may be).

4.4.2. Specific objective 2 : To build the capacity of individuals, families and the community in the management of their health

4.4.2. Strategy 1 : Improvement of communication on maternal and neonatal care

Priority interventions 1 :

Communication policy

Developing a communication strategy document on mother and child health within the framework of the multi-sector approach, in order to gain the support of a significant number of partners.

Activities :

- Inventory of existing communication strategy documents.
- Elaboration of a communication strategy document on MNH and actions targeting the reduction of MNM.
- Duplication and dissemination of the communication strategy at all levels of the health pyramid.

Priority interventions 2 :

Production of aids for Communication for Behaviour Change (CBC)

Adapting CBC aids centred on MNH/FP and danger signs during pregnancy and the labour.

Activities :

- Inventory of existing aids and messages ;
- Harmonization and/or development of CBC messages and aids adapted to the socio-cultural contexts of the various provinces of the country ;
- Preparation of communication aids ;
- Duplication and dissemination of developed and validated aids.

Priority interventions 3 :

Raising community awareness

Planning community awareness meetings for better acceptability of the of MNC/FP care and better recognition of danger signs during pregnancy and delivery.

Activities :

- Training of trainers and CBC providers including in interpersonal communication (counselling and talks) with the various MNH/FP promotion messages ;
- Establishment in each district of a community awareness plan through all available channels (proximity, traditional) and according to the targets ;
- Implementation, monitoring/evaluation awareness activities ;
- Organization of national days for awareness and promotion of risk-free maternity.

4.4.2.2. Strategy 2 : Improvement of family practices, with regard to maternal and neonatal care at home

Priority interventions 1 :

Training and initiation of Community partners

Building the capacity of the Community groups (women's associations, dialogue structures) to assume their roles as partners in the improvement of MNH/FP: contribution to awareness, on the use of health units.

Activities :

- Identification of Community partners existing in each district : CBS volunteers, traditional birth attendants, organizers of other programmes, female associations ;
- Determination of priority fields of community intervention ;
- Training of traditional birth attendants and their networking in the comprehensive management of the health area ;
- Development of communication specific to men and influential people for moral support, the decision-taking in time, support and the financial assistance to women in the area of MNH/FP and the guidance of adolescents for the prevention of early pregnancies.

Priority interventions 2 :

Promotion and support for Community partners/Social mobilization for the reduction of maternal mortality

Supporting community partners in the execution of their health activities.

Activities :

- Extension of community-based services as complements of family planning service provision ;
- Revitalization of dialogue structures in the co-management of the health system and involvement in the resolution of health problems ;
- Development of the activities targeting behaviour changes favourable to RH according to RH strategies for men ;
- Social mobilization of the communities in promotion activities or in actions targeting improved management of women and the newborn.

5. Institutional framework and modalities of implementation

A round table bringing together the Ministry of Public Health and development partners (multi-Bi organisations) will be organized under the aegis of the Minister for Public Health. Reduction of maternal and neonatal mortality shall be considered as one of the priority actions for which multi-Bi agencies and the Government shall endorse the roadmap as proof of their commitment to its implementation (see appendix).

The Ministry of Public Health shall be in charge of implementing this roadmap which shall be carried out in collaboration with other ministries involved in the domain of risk-free maternity, development partners, denominations, the private sector and NGOs.

At the National Level : All the interventions of the roadmap will be coordinated the Ministry of Public Health. An inter agency coordinating committee bringing together all the actors shall be set up and the Department in charge of Family Health shall provide secretariat services thereto.

The stakeholders meeting at national level : Each year, (first fortnight in December) a meeting shall be organized by the Ministry of Public Health. It shall review the implementation of the roadmap and validate the plan of activities for the following year. All development

partners involved in maternal and child health shall take part in this meeting and announce their annual funding contribution to the plan of action.

The roadmap shall be implemented two (2) stages: from 2005 - 2010 and from 2011-2015. A first overall evaluation shall be carried out in 2010 making it possible to assess achievement of the objectives of the health sector strategy and to propose remedial strategies during the second phase. A final evaluation will be carried out in 2015 to assess achievement of the Millennium maternal and neonatal health goals. These various evaluations shall be carried out by the Ministry of Public Health with the technical and financial support development partners.

The Department in charge of Family Health shall alongside other Departments involved in the implementation of the roadmap shall be tasked with :

- designing and disseminating framework referral/evacuation documents, monitoring/evaluation and coordination instruments ;
- updating of training manuals on the perinatal episode and family planning ;
- taking advocacy actions for the effective mobilization of resources ;
- working out and implementing the national social communication strategy ;
- coordinating the strategic plan for the procurement of RH products including contraceptives ;
- producing annual reports on the state of EONC implementation and the evolution of indicators ;
- carrying out studies on maternal and neonatal mortality.

However, the capacity of the Department of Family Health shall be built in order to enable the latter to better play its role of design, planning and monitoring/evaluation of implementation of the roadmap.

At Provincial Level : The Provincial Delegations of Public Health shall be in charge of the provincial coordination of stakeholders, technical support to health districts in view of capacity building and monitoring/evaluation of roadmap activities. Provincial hospitals shall ensure the management of obstetrical complication cases and take part in the capacity building of care providers in district hospitals.

At District level : Health district management teams must play a leading role in the implementation of district plans with regard to the fight against maternal and neonatal mortality by working with community management structures and other partners including NGOs. They shall coordinate the implementation of maternal and neonatal mortality control activities in the whole district including the district hospital.

The peripheral health units (SMC/IHC) constitute the first level of contact between the health system and the communities. At this level, it is significant that basic emergency obstetrical and neonatal care and family planning services should be available and be provided by qualified personnel. They must be able to detect obstetrical complications early and ensure the transfer in time towards the hospital nearest to the place of referral.

Health district hospitals shall provide emergency obstetrical and neonatal care in such a way as to manage all pregnant women

(approximately 15%) presenting with obstetrical complications. In order to fully play this role of level of referral, their technical level should meet up with the standards in force.

Health districts shall set up an effective and efficient referral/evacuation system between the peripheral health units and district hospitals. This system must contain communication means adapted to the geographical and communication contexts of the areas, means of transport and mechanisms of funding thereof...

At the community level : Health area committees are essential actors here. They shall be charged with informing their communities on the roadmap, warning signs during pregnancy and delivery requiring timely recourse to health units providing emergency obstetrical and neonatal care. They shall organize a prepayment system or community mutual organizations for the financing of evacuations and care for women presenting with obstetrical complications.

The Ministry Public Health shall see to the incorporation of activities of the roadmap in all the development plans of the health structures at the various levels of the health pyramid.

6. Funding policy

The activities of the roadmap shall be funded under the same conditions as envisaged by the health sector strategy. It is a question of developing a system of partnership between the State, the communities, the private sector and the development partners in order to increase the resources devoted to the sector and to ensure sustainability of the activities which shall be undertaken. To this end, the State and communities (cost recovery systems or prepayments) shall contribute to the financing of the roadmap to the tune of 50%. The other 50% shall be mobilized from development partners (bilateral or multilateral organizations and NGOs) for the funding of investment (training, equipment, renovation...).

7. Monitoring and evaluation

Each year, stakeholders in the implementation of the roadmap shall meet to evaluate the state of implementation and to draw up an annual budgeted work plan taking into account the needs of the various levels of the health pyramid with special emphasis on health districts.

Periodic evaluations shall be undertaken by the Ministry of Public Health through the Department of Family Health to appraise the progress made in the implementation of the activities of this roadmap in order to carry out readjustments in collaboration with the various development partners. Key indicators shall be used for the monitoring of progress as against the set objectives. Each quarter, information shall be collected and analyzed for local decision-making. They shall be forwarded to the Department of Family Health through the Provincial Delegations of Public Health.

Monitoring indicators of the roadmap shall be:

- **With respect to emergency obstetrical care :**

  - Number of district and provincial health units providing of emergency obstetrical and neonatal care (Basic EONC, Complete EONC) ;
  - Proportion of deliveries assisted by qualified personnel ;
  - Proportion of deliveries carried out in health units providing EONC ;

  - Proportion of obstetrical complications recorded in the health units providing EONC ;
  - Proportion of types of obstetrical complications ;
  - Proportion of Caesarean sections carried out in the health units providing of complete EONC ;
  - Intra hospital case fatality rate ;
  - neonatal mortality rate

- **With regard to family planning:**

  - Number of health units offering family planning services ;
  - Contraceptive prevalence ;

- **With respect to political commitment and will:**

  - Annual resources mobilized by the various stakeholders for to fund the roadmap ;
  - Number of health districts with a technical level in tune with the norms ;
  - Number of development partners (multi-Bi organisations) taking part in the financing of the roadmap.

8. Conclusion

Cameroon's roadmap is proposed to improve maternal and neonatal health, as an instrument of achievement of the Millennium Development Goals to which the country adhered. It implies or (requires) the participation of all actors of the health system in an environment of renewed confidence.

The practical application of all the strategies should make it possible for the Health sector to improve the performance of health units to favour the achievement of reduction of maternal and neonatal mortality of the Health Sector Strategy by 2010 and Millennium Development Goals by 2015.

IMPLEMENTATION OPERATIONAL PLAN 2006 - 2015

SPECIFIC OBJECTIVE N° 1 :

To render quality emergency obstetrical and neonatal care accessible and available in 70% of health districts by 2015.

STRATEGY 1 :

Updating and reinforcing the political and organizational framework for Reproductive Health.

Priority intervention 1: Policy documents on RH, including FP and EONC.

To revise policy documents (policies, norms and procedures as well as definition of health package), for the implementation of maternal and neonatal care, including EONC.

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
1. Update of the RH operationalisation documents (policies, norms and RH procedures laying particular emphasis on the PMCT and adapting the child follow-up component to the ongoing IMCI strategy	Documents updated and available	2006	- DFH - DDC	- DHP - Development partners	Number of updated documents available	32
2. Revision of the protocols governing delivery in peripheral health facilities	Protocols governing delivery revised	2006	- DFH	- DHP - DCOHT - Development partners	Availability of protocols	5
3. Evaluation of EONC experiments carried out in some regions of the country	EONC experiments in the North, Far North and Adamawa provinces evaluated	2006	- DFH	- DCOHT - PDPH/HDS - Development partners	Number of evaluation reports available out of the number expected	11,8
4. Definition of a national framework for the extension of the strategy for the reduction of maternal and neonatal mortality (RMNM)	A national policy document for the extension of the strategy defined	2006	- DFH	- DDC - DCOHT - - PDPH/HDS - Development partners	The national framework document for the extension of the strategy (RMNM) is available	3,5

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
5. Evaluation of the actions already carried out to secure RH products, including contraceptives	Actions carried out on to secure RH products, including contraceptives are assessed	2007 - 2008	- DFH	- DDC - DCOHT - DHP - PDPH/HDS - Development partners	Number of evaluation reports available as compared to the number expected	6,5
6. Harmonisation of format for the referral /evacuation document and management of obstetrical complications at the district level (linked to activity 3)	The format for the referral /evacuation document and management of obstetrical complications at the district level is harmonised and adopted	2006	- DFH	- DDC - DCOHT - DHP - PDPH/HDS - Development partners	Availability of Harmonised format for referral/evacuation document and management of obstetrical complications at the district level	Included in the budget of activity 3
7. Development of a planning and budgeting tool based on resolution of health problems in general and RH problems in particular (district health development plan) Already carried out in Limbe	The planning and budgeting tool at the health district level is available	2006	- DSP	- DFH - DDC - DCOHT - DHP - PDPH/HDS - Development partners	Availability of a planning and budgeting tool based on resolution of health problems in general and RH problems in particular	
8. Reproduction and distribution of the documents drafted or revised to all the health districts (taking into account the budgetary section of each activity) Under way		2006	- DSP	- DFH - DDC - DCOHT - DHP - PDPH/HDS - Development partners		
Sub - total 1						**58,8**

Priority intervention 2: building of organizational capacities

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
1. Building of the management capacities of health district teams and dialogue structures in view of the integration of RH activities in general and EONC in particular in the district annual plans, and mobilisation of financing within the country	Management capacities of health district teams and dialogue structures built in view of the integration of RH activities in general and EONC in district annual plans, and mobilisation of financing within the country	2006 - 2010	- DFH	- DDC - DCOHT - DHP - DSP - DGR - PDPH/HDS - Development partners	Number of district teams and dialogue structures formed as compared to the number expected	61,5
2. Revision of monitoring/ evaluation indicators and tools, and more specifically, the Monthly Activity Report (MAR), so that reliable and exploitable data can be taken into consideration by the operational level in decision making	Monitoring /evaluation indicators and tools (notably MAR) available	2006	- DHF - PSP	- All departments of the MOH - PDPH/HDS - Development partners	Availability of monitoring /evaluation indicators and tools	20
3. Provision of data collection tools (Monthly Activity Report) to the health district level in sufficient quantity	Monthly Activity Report available at district and IHC levels	2006 - 2015	- DFP	- DSP - PDPH/HDS - Development partners	Number of districts and IHC, SMC with an adequate number of MAR	90 at the rate of 9 per year
4. Recruitment of health personnel on HIPC funds and State budget in view of a more adequate distribution of personnel in IHC and district hospitals Under way	Sufficient number of qualified personnel recruited on HIPC funds and State budget	2006 - 2015	MOH/DHR	All departments	Number of qualified personnel recruited per year as compared to needs	See DHR
Subtotal 2						**171,5**

Priority intervention 3 : advocacy/mobilisation of resources

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
1. Drafting of advocacy documents/tools	Advocacy tools available	2006 - 2015	- DFH	- All departments of MOH - PDPH/HDS - Development partners	Availability of advocacy documents/tools	30 including 2 per year for 10 years
2. Advocacy capacity building for health professional and dialogue structures	7,500 personnel and members of dialogue structures trained in advocacy	2006 - 2015	- DHP - DHR	- DFH - DDC - PDPH/HDS - Development partners	Number of personnel and members of dialogue structures trained as compared to the number planned	250 i.e. 2,5 per province and per year for 10 years
3. Definition of the resources and support needed per level to reduce MNM	Budgeting of the RMNM road map available	Dec. 2005-1ST quarter 2006	- DFH	- All departments of MOH - PDPH/HDS - Development partners	Availability of a budgeted plan of the RMNM road map	(Budget for this workshop + the reproduction of documents)
4. Drawing up of an advocacy plan for RMNM in Cameroon	Advocacy plan for the mobilisation of resources available	2006 - 2015	- DFH	- All departments of MOH - PDPH/HDS - Development partners	Availability of an advocacy plan for resource mobilisation	Included in the budget of the workshop on tools

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
5. Implementation and follow- up of advocacy activities for the reduction of MNM with: - local, political, administrative, religious authorities and opinion leaders in view of the effectiveness of their support, commitment and responsibility with regard to actions towards reduction of maternal and neonatal mortality; - the National Assembly in view of the provision of substantial funds for the fight against MNM and eradication of obstetrical fistulae; - Cameroon's Development partners in view of their effective commitment and their contribution to the fight against MNM and eradication of obstetrical fistulae; - company managers in view of their contribution towards the implementation of the road map; - Medical Council and the Association of Nurses, Midwives and Health Technicians, in view of their intervention with regards to the implementation of Maternal and Neonatal Care, as well as family planning, by the health personnel of the liberal and private sectors; - officials of health facilities and dialogue structures for the management of obstetrical complications in poor women	Effective RMNM advocacy during a round table of development partners , and other donor/actor (public and private sectors), during National Assembly sessions	2006 - 2015	- DFH - DHP	- All departments of MOH - PDPH/HDS - Development partners	Number of advocacy sessions out of the number expected	50 i.e. 5 per year
Subtotal 3						**330**

Priority intervention 4 : coordination/partnership

Putting in place of a periodical coordination system for the planning, so as to be able to measure the efforts made and progress implementation and monitoring /evaluation of RMNM activities at all levels, towards achieving the Millennium Development Goal.

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
1. Definition of the terms of reference coordination committees	Terms of reference drafted and validated	2006	- DFH	- All departments of MOH - PDPH/HDS - Development partner	Availability of terms of reference validated	0
2. Integration of RH themes in the agenda of quarterly follow-up meetings, annual coordination meetings with the participation of all the development partners technically and financially involved, NGOs, the private sector and denominational bodies working in the domain of maternal and neonatal health	Effective integration of RMNM in the agenda of quarterly follow-up meetings and annual coordination meetings	2006	- DCOOP	- All departments of MOH - PDPH/HDS - Development partner	Number of meetings held on RMNM as compared to the number planned	
3. Assessment of the situation of intra-hospital lethality, EONC and of FP at the beginning, midway and in 2015	Situation of intra-hospital lethality, EONC and of FP assessed at the beginning, midway and in 2015	2006 2010 2015	- DFH	All departments of MOH - PDPH/HDS - Development partner	Data available on the situation of intra-hospital lethality, EONC and FP at the beginning, midway and in 2015	120 i.e. 4 per province x 10 Provinces x 3 evaluations
Subtotal 4						**120**

Priority intervention 5 : studies and research

Promotion of studies and research relating to Maternal and Neonatal care, FP, in view of assessing and reshaping actions to carry out.

Activities	Expected results	Period	Officials	Strucrtures Concerned	Indicators	Budget (in FCFA million)
1. Participation in international colloquiums and regional summits to exchange experiences on MNM and MNH	Effective participation in international colloquiums and regional summits on RMNM and MNH	2006 - 2015	- DFH	- DCOOP - Other departments of MOH - PDPH/HDS - Development partner	Number of participations in international colloquiums and regional summits	40 i.e. 4 FCFA per year
2. Putting in place of an expert technical research committee (including training institutions)to examine the relevance of research (definition of priority research themes, practical applicability of research results) and drawing up of research implementation and monitoring/evaluation plans Under way	Research Expert technical committee set up and operational	2006 - 2015	- DHOR	- DFH - DCOOP - MINESUP - MINRESI - Development partners	Number of research reports available	
Subtotal 5						**40**
TOTAL STRATEGY 1						**720.3**

Strategy 2 : Improvement of the quality of MNH services, including EONC

Priority intervention 1: capacity-building Drawing up of a capacity-building plan for health workers at various levels of the health districts

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
1. Training of the health personnel of health facilities (public and private) in emergency obstetrical and neonatal care, including the management of complications relating to abortions	Health personnel trained in EONC and management of complications related to abortions	2006 - 2015	- DFH	- DHR - DHP - DCOHT PDPH/HDS - Development partners	Number of personnel trained out of number planed	5 sessions of 20 per year x 10 years i.e. 1,000
2. Putting in place tools for the management of the perinatal episode and auditing of maternal deaths in all health facilities	Tools for the management of the perinatal episode and auditing of maternal deaths available in all health facilities	2006 - 2007	- DFH	- DHP - DCOHT PDPH/HDS - Development partners	Number of health facilities with management tools	Included in the budget of activity 1
3. Training/retraining of health providers of health facilities in PNC (nutrition, prevention of mother-to-child HIV transmission and the management of malaria and STI)	Health providers of health facilities trained and retrained	2006 - 2015	- DFH	- DHP - DDC - PDPH - HDS	Number of health providers of health facilities trained and retrained	Included in the budget of activity 1
4. Involvement of provincial, central and general hospitals in the capacity building and monitoring/evaluation of providers of district hospitals	Provincial, central and general hospitals effectively involved in follow-up/evaluation of district hospitals	2006 - 2015	DFH	- PDPH - HDS - Development partners	Number of provincial, central and general hospitals involved in the follow-up/evaluation of providers of district hospitals	10/year x 10 years i.e. 100

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
5. Retraining of district hospitals doctors and anaesthetists in the technique of obstetrical surgery and anaesthesia	Doctors and anaesthetists of district hospitals retrained in the technique of obstetrical surgery and anaesthesia	2006 - 2015	- DFH	- DHR -DCOHT - PDPH - HDS - Development partners	Number of district hospitals with a doctor trained in surgical technique and an anaesthetist	4 sessions/year grouping several provinces 30 x 4/ x 5 years 600
6. Retraining of specialist doctors in the management of obstetrical fistulae (4 sessions of training 20 doctors)	Specialist doctors retrained in the management of obstetrical fistulae	2006 - 2015	- DFH	- DHR - DCOHT - Development partners	Number of specialist doctors retrained	20/ session per year x 5 years i.e. 100
7. Organisation of visits for the follow-up/supervision of staff trained: N central level: 2 Provincial level: 4 N operations level: 6	Follow-up/supervision visits carried out	2006 - 2015	- DFH	- PDPH - HP - HD - CSI	Number of follow-up supervision reports available	5/province /year 5 x 10 x 10 = 500
Subtotal 1						**2.300**

Priority intervention 2 : equipment, infrastructure, drugs and disposables

Drawing up of a plan for the reinforcement of material and technical equipment, a plan for the rehabilitation of health structures and a plan for the monitoring of drugs and contraceptives safety in health districts

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
1. Inventory of material, equipment and infrastructure needs every three years of the	Material, equipment and infrastructure needs identified	2006 - 2015	- DFH	- DCOHT - PDPH - HDS - Development partners	Number of health facilities with a list of material, equipment and infrastructure needs	20/ year x 3 = 60
2. Rehabilitation of maternities and provision of district health facilities with technical equipment (caesarean box, forceps, delivery box, anaesthesia, obstetric table, …) necessary for the management of normal deliveries and obstetrical complications	District Health facilities provided with the necessary technical equipment	2006 - 2015	- DFH	- MOH/DFRIE - MINEFI - DCOHT - Other development partners	Number of District health with the necessary technical equipment	500/year x 10 years i.e. 5,000
3. Provision of health facilities with reagents and disposables for PMCT tests , and ARV	Health facilities provided with reagents, disposables for PMCT tests, and ARV	2006 - 2015	- DFH	- DPM - CENAME - DPH/PPSC	Number of health facilities provided with reagents, disposables for PMCT tests, and ARV	see DDC
4. Rehabilitation of the existing health structures to bring them up to the standards set by the Ministry of Public Health	Existing health structures rehabilitated according to the set standards	2006 - 2015	- DSP	- DFH - DFRIE - Partners - PDPH - HDS	Number of health structures rehabilitated complying with the norms as compared to the number planned	See DSP

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
5. Provision of management aids for the perinatal episode (partogramme, monitoring forms	Management aids for the perinatal episode available	2006 - 2015	- DFH	- DSP - DPS - DCOHT - Partners - PDPH - HDS	Number of health facilities with management aids for the perinatal episode	10/year x 10 years = 100
6. Putting in place of a system for the inventory and amortisation of equipment	Functional system for inventory and amortisation of equipment	2006 - 2015	- DSF	- DFH - DPS - DCOHT - PDPH - HDS - partners	Availability of a system for inventory and amortisation of equipment	Included in activity 1 10 i.e. 1 per year
7. Putting in place of a preventive maintenance system	Functional preventive maintenance system	2006 - 2015	- DCOHT	- DFH - PDPH - HDS - Partners	Number of health districts with a maintenance system	See DCOHT
Subtotal						**5.160**
TOTAL STRATEGY 2						**7.460**

Strategy 3 : Reinforcement of the referral system

Priority intervention 1: putting in place of a referral/ evacuation and counter-referral system

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
1. Drawing up of a plan for the referral of obstetrical cases in all the health districts with a great involvement of communities in organisation (committees in charge of emergencies at the community level) and financing	Plan for referral of obstetrical cases available in all the health districts	2006 and 2007	- DFH	- DSP - DPS - DCOHT - Partners - PDPH - HDS	Number of health districts with an obstetrical referral plan	5/district x 170 districts 850
2. Networking of health districts which do not comply with the population norms for a better management of referral structures	Health districts not complying with the population norms networked	2006 and 2007	- DFH	- DCOHT - PDPH - HDS - Partners	Number of Health districts not complying with the population norms that are networked	50
3. Drawing up of collaboration agreement protocols with the private and denominational sectors with regard to referral	Protocol collaboration agreement with the private and denominational sectors drawn up	2006	- DCOOP	- DFH - PDPH - HDS - DMO - Major denominational works	Number of protocol collaboration agreements signed with the private and denominational sectors	
Subtotal 1						**900**

Priority intervention 2: referral channels

Organization of referral system in health districts

Activities	Expected results	Period	Officials	Structures Concerned	Indicators	Budget (in FCFA million)
1. Assessment of the needs of the referral system in matters of communication and equipment	The needs of the district referral system assessed	2008	- DFH	- MINPOST (telecom) - PDPH - Partners	Number of health districts with the needs of referral system assessed	60, that is , 6 per province
2. Development of a local referral/ evacuation framework for health districtsspecifying the organisation of the management of obstetrical complications and the roles/responsibilities of the various stakeholders	Local referral/evacuation framework for health districts available	2008	- DFH	- PDPH - HDS - Private and denominational sector - Partners	Number of health districts with a local referral/evacuation framework	80 i.e. 5 per district
3. Provision of structures with logistics (ambulance) and with communication equipment (communication radio or mobile telephone depending on the situation)	Structures provided with logistics and with communication equipment	2006 - 2015	- DFRIE	- DFH - DCOHT - PDPH - HDS - Partners	Number of structures provided with logistics and communication equipment as compared to the number planned	3,000 at the rate of 30 per ambulance/district x 100 districts 10 ambulances/year
Subtotal 2						**3,140**
TOTAL STRATEGY 3						**4,040**

SUMMARY TABLE

Specific objective

number 1

Stategies	Priority Interventions	Total Cost (in FCFA million)
1. Updating and reinforcement of the RH political and organisational framework	RH policy documents, including FP and EONC	58,8
	Building of organisational capacities	171,5
	Advocacy/resource mobilisation	330
	Coordination/Partnership	120
	Studies and research	40
SUB - TOTAL 1		720,3
2. Improvement of the quality of MNH, including EONC	Capacity building for health workers	2,300
	Equipment, Infrastructures, Drugs and Disposables	5,160
SUB - TOTAL 2		7,460
3. Reinforcement of the referral system	Putting in place of a referral/evacuation and counter referral system	900
	Referral means	3,140
SUB - TOTAL 3		**4,040**
GRAND TOTAL		**12 220,3**

SCHEDULE (Specific objective No. 1) Strategy 1 : organizational framework

Priority intervention 1 : RH policy documents, including FP and EONC definition of health package), for the implementation

Activities	2006	2007
1 - Update of the RH operations documents (policies, norms and RH procedures, while putting special emphasis on PMCT and IMCI by adapting the child survival approach to the ongoing strategy)	32,000	
2 - Revision of the protocols governing the act of delivery in peripheral health facilities	5,000	
3-Assessment of EONC experiments carried out in some regions of the country	11,800	
4 - Definition of a national framework for the extension of the RMNM strategy	3,500	
5 - Assessment of the actions already carried out on the securement of RH products, including contraceptives	6,500	
6 - Harmonisation of format of document for referral/evacuation and management of obstetrical complications at the district level (linked to activity 3)	xxxx	
7 - Development of a planning and budgeting tool based on the resolution of health problems in general and RH problems in particular (district health development plan)	Done	
8 - Reproduction and distribution of documents drafted up or revised to all the health districts (taking into consideration the budgetary section of each activity) Under way		
Subtotal	**58,8**	

Updating and reinforcement of the political and for Reproductive Health

Revision of policy documents (policies, norms and procedures as well as of maternal and neonatal care, including EONC.

2008	2009	2010	2011	2012	2013	2014	2015

Priority intervention 2 : Building of organizational capacities

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1 - Building of the management capacities of health district teams and dialogue structures in view of the integration of RH activities in general and the EONC in particular in the district annual plan and mobilisation of financing in the country	20,5	20,5	20,5								61,5
2 - Revision of monitoring/ evaluation indicators and tools, and more specifically, the Monthly Activity Report (MAR), so that reliable and exploitable data can be taken into consideration by the operational level in decision making	20										20
3 - Provision of data collection tools (Monthly Activity Report) to the health district level in sufficient quantity	9	9	9	9	9	9	9	9	9	9	90
4 - Recruitment of health personnel on HIPC funds and State budget in view of a more adequate distribution of personnel in IHC and district hospitals . Under way											
5 - Organisation of the recruitment mechanism of the IHC personnel by the dialogue structures											
Subtotal	**49,5**	**29,5**	**29,5**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**171,5**

Priority intervention 3 : advocacy/mobilisation of resources

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1. Drafting of advocacy documents/tools	3	3	3	3	3	3	3	3	3	3	30
2. Advocacy capacity building for health professional and dialogue structures in social mobilisation	25	25	25	25	25	25	25	25	25	25	250
3 - Definition of the areas of intervention of the programmes and projects needed in the maternal and neonatal sectors Plenary											
4 - Identifying the resources and support needed at each level for MNM reduction Under way	Budget for this workshop + reproduc-tion of documents										
5 - Drawing up of an advocacy plan for MNM reduction in Cameroon Taken into account in activity 1											

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
6. Implementation and follow- up of advocacy activities for the reduction of MNM with: - local, political, administrative, religious authorities and opinion leaders in view of the effectiveness of their support, commitment and responsibility with regard to actions towards reduction of maternal and neonatal mortality; - the National Assembly in view of the provision of substantial funds for the fight against MNM and eradication of obstetrical fistulae; - Cameroon's Development partners in view of their effective commitment and their contribution to the fight against MNM and eradication of obstetrical fistulae; - company managers in view of their contribution towards the implementation of the road map; - Medical Council and the Association of Nurses, Midwives and Health Technicians, in view of their intervention with regards to the implementation of Maternal and Neonatal Care, as well as family planning, by the health personnel of the liberal and private sectors; - officials of health facilities and dialogue structures for the management of obstetrical complications in poor women.	5	5	5	5	5	5	5	5	5	5	50
Subtotal 3	**33**	**33**	**33**	**33**	**33**	**33**	**33**	**33**	**33**	**33**	**330**

Priority intervention 4 : coordination/partnership

Put in place a system of periodic coordination planning, implementation and follow-up/evaluation of MNM reduction activities at all the levels, to be able to measure the efforts carried out and the progress towards the Millennium Development Goal

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1. Definition of the terms of reference coordination committees	xxxx										
2. Integration of RH themes in the agenda of uarterly follow-up meetings, annual coordination meetings with the participation of all the development partners technically and financially involved, NGOs, the private sector and denominational bodies working in the domain of maternal and neonatal health	DCOOP xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
3. Assessment of the situation of intra-hospital lethality, EONC and of FP at the beginning, midway and in 2015	30				50					40	120
Subtotal	**30**				**50**					**40**	**120**

Priority intervention 5 : studies and research

Promote studies and research relating to Maternal and Neonatal care as well as the FP in view of assessing and reshaping actions to carry out.

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1. Participation in international colloquiums and regional summits to exchange experiences on RMNM and MNH	4	4	4	4	4	4	4	4	4	4	40
2. Putting in place of an expert technical research committee (including training institutions) to examine the relevance of research (definition of priority research themes, practical applicability of research results) and drawing up of research implementation and monitoring/evaluation plans Under way	DROS xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
Subtotal	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**40**
TOTAL	**175..3**	**66.5**	**66.5**	**46**	**96**	**46**	**46**	**46**	**46**	**86**	**160**

Strategy 2 : Improvement of the quality of MNH, including the EONC

Priority intervention 1: capacity building Draw up a reinforcement capacity-building plan of health agents to the various health districts levels

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1 - Training facility (public and private) staff in obstetrical and neonatal emergency care, including abortion complications	100	100	100	100	100	100	100	100	100	100	1,000
2 - Putting in place tools for the management of the perinatal episode and auditing of maternal deaths in all health facilities											
3 - Training/retraining of health providers of health facilities in the prevention of mother-to-child HIV transmission and the management of malaria	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
4 - Involvement of provincial, central and general hospitals in the capacity building and monitoring/evaluation of providers of district hospitals	10	10	10	10	10	10	10	10	10	10	100
5 - Retraining of district hospitals doctors and anaesthetists in the technique of obstetrical surgery and anaesthesia	120	120	120	120	120						600
6 - Retraining specialist doctors in the management of obstetric fistulae (4 sessions of training 20 doctors)	20	20	20	20	20						100
7 - Organisation of visits for the follow-up/supervision of staff trained: N central level: 2 Provincial level: 4 N operations level: 6	50	50	50	50	50	50	50	50	50	50	500
Subtotal	**300**	**300**	**300**	**300**	**300**	**160**	**160**	**160**	**160**	**160**	**2,300**

Priority intervention 2 : equipment, infrastructure, drugs and disposables

Draw up a reinforcement plan of the material and technical equipment, of drugs and contraceptives

a rehabilitation plan of health structures and a follow-up plan of safety in the health district

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1 - Inventory of material, equipment and infrastructure needs	20		20		20						60
2 - Rehabilitation of maternities and provision of district health facilities with technical equipment necessary for the management of normal deliveries and obstetrical complications	DCOHT 500	500	500	500	500	500	500	500	500	500	5.000
3 - Provision of health facilities with reagents and disposables for PMCT tests , and ARV	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
4 - Rehabilitation of the existing health structures to bring them up to the standards set by the Ministry of Public Health	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
5 - Provision of management aids for the perinatal episode (partogramme, monitoring forms	10	10	10	10	10	10	10	10	10	10	100
6 - Putting in place of a system for the inventory and amortisation of equipment	DSP xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
7 - Putting in place of a preventive maintenance system	DCOHT xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	
Subtotal	**530**	**510**	**530**	**510**	**530**	**510**	**530**	**510**	**510**	**510**	**5,160**
TOTAL STRATEGY 2	**830**	**810**	**830**	**810**	**830**	**670**	**670**	**670**	**670**	**670**	**7,460**

Strategy 3 : reinforcement of the referral system

Priority intervention 1: putting in place a referral/evacuation and counter-referral system

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1 - Drawing up a plan for obstetric referral in all the health districts with a great involvement of communities in the organisation (committees in charge of emergencies at the community level) and financing	425	425									850
2 - Networking health districts which do not comply with the population norms for a better management of referral structures	25	25									50
3 - Drawing up of protocol collaboration agreements with the private and denominational sectors with regard to referral	DCOOP xxxx										
Subtotal	**450**	**450**									**900**

Priority intervention 2 : referral channels

Organize referral system in health districts

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (in FCFA million)
1 - Assessment of the needs of the referral system in matters of communication and equipment	60										60
2 - Development of a local referral/evacuation ramework for health districts specifying the organisation of the management of obstetrical complications and the roles/responsibilities of the various stakeholders			80								80
3 - Provision of structures with logistics (ambulance) and with communication equipment (communication radio or mobile telephone depending on the situation)	DFRIE 300	300	300	300	300	300	300	300	300	300	3,000
Subtotal	360	300	300	380	300	300	300	300	300	300	3,140
TOTAL STRATEGY 3	810	750	380	3000	300	300	300	300	300	300	4,040

Summary table of the 2006 - 2015 budget of specific objective 1 of the RM to speed up the RMNM

Specific objective 1: To make accessible and available quality maternal and neonatal care at all levels of the system in 70% of health units by 2015

Strategies	Priority Interventions	Total Cost 2006	Total Cost 2007	Total Cost 2008	Total Cost 2009	Total Cost 2010	Total Cost 2011	Total Cost 2012	Total Cost 2013	Total Cost 2014	Total Cost 2015	Total (in FCFA million)
1. Updating and reinforcement of RH political and organisational framework	RH Framework documents, including FP and EONC	58,8	0	0	0	0	0	0	0	0	0	58,8
	Organisational capacity building	49,5	29,5	29,5	9	9	9	9	9	9	9	171,5
	Advocacy/mobilisation of resources	33	33	33	33	33	33	33	33	33	33	330
	Coordination/partnership	30	0	0	0	50	0	0	0	0		120
	Studies and research	4	4	4	4	4	4	4	4	4		40
	SUB-TOTAL	**179,3**	**66,5**	**66,5**	**46**	**96**	**46**	**46**	**46**	**46**	**86**	**720,3**
2. Improvement of the quality of MNH services, including EONC	Capacity building for health workers	300	300	300	300	300	160	160	160	160	160	2,300
	Equipment, infrastructure, drugs and disposables	530	510	530	510	530	510	510	510	510	510	5,160
	SUB-TOTAL	**830**	**810**	**830**	**810**	**830**	**670**	**670**	**670**	**670**	**670**	**7,460**
3. Reinforcement of the referral system	Putting in place of a referral/evacuation and counter-referral system	450	450	585	0	0	0	0	0	0		900
	Referral means	360	300	380	300	300	300	300	300	300	300	3,140
	SUB-TOTAL	**810**	**75**	**380**	**300**	**300**	**300**	**300**	**300**	**300**	**300**	**4,040**
	ANNUAL TOTAL	**1,819,3**	**1,626,5**	**896,5**	**1,156**	**1,226**	**1,016**	**1,016**	**1,016**	**1,016**	**1,056**	**12 220,3**
	GRAND TOTAL OBJECTIVE 1											**12 220,3**

Specific Objective N°2 : To build the capacity of individuals, families and communities in the management of their health problem

Strategy 1: improvement of communication on maternal and neonatal care Priority intervention 1: Communication policy

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
1. Inventory of existing communication strategy documents	Existing documents on the communication strategy are identified	2006 (T1-T2)	- DFH	DHP; development partners	Number of communication strategy documents identified	PM
2. Drafting of a communication strategy document on MNH and interventions aiming to reduce MNM	The communication strategy document on MNH and interventions aiming to reduce MNM is drafted.	2006 (T1-T2)	- DHP	DFH; Celcom; development partners	The communication strategy document on MNH and interventions aiming to reduce MNM is available.	10
3. Reproduction and distribution of communication strategy document at all levels of the health pyramid	The communication strategy document is distributed at all levels of the health pyramid	2006 (T1-T2)	- DHP	DFH ; Celcom ; development partners	The communication strategy document is available at all levels of the health pyramid	20
Sub - total 1						**30**

Priority Interventions 2 **production of communication aids for behaviour change**

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
- Inventory of the existing aids and messages	Aids and messages are identified	2006 (T1-T2)	DFH	DFH ; Celcom ; development partners ; PDPH ; HD	Number of aids and messages identified	PM
- Harmonisation of CBC messages and aids adapted to the sociocultural contexts of the various provinces of the country	CBC messages and aids adapted to socio-cultural contexts of the various provinces of the country are harmonised	2006 (T3)	DFH	DPS ; Celcom ; Development partners; PDPH ; DS	Number of CBC messages and aids adapted to sociocultural contexts of the different provinces of the country are available	7
- Drafting of communication aids	Communication aids are drafted	2006 (T1/T2)	DHP	DFH ; Celcom ; Development partners; PDPH ; DS	Number of CBC aids drafted	5
- Reproduction and distribution of CBC aids developed and validated	CBC aids developed and validated are distributed	2006 to 2007	DFH	DHP and development partners	Percentage of HD having received aids	25
Sub - total 2						**37**

Priority Interventions 3: raising community awareness

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
1. Training of trainers and providers in CBC (counselling and talks) and MNH/FP	Trainers and providers are trained in CBC (counselling and talks) and MNH/FP in 70 % of HD	2007 to 2010	PDPH	DFH, DHP, HDS, IHC and other programmes (CNLS, RBM, PEV)	Number of providers trained per HD	50
2. Establishment, in each district, of a community awareness plan through all available channels (proximity, traditional) and according to the targets	A community awareness plan through all available channels is established in each HD	2007 to 2010	CHDS	PDPH, DHP, DFH	Proportion of HD having a community awareness plan	30
3. Implementation monitoring/evaluation of awareness activities	Monitoring/evaluation of awareness activities are implemented	2006 to 2015	HDS, IHC	PDPH, DFH partners	Number of monitoring/evaluation reports	0,1/year x 170 HD x 10 = 170
4. Organization of a national day for maternal mortality awareness (May 8 of each year) throughout the country	May 8 is celebrated all over the country as Maternal mortality awareness day	2006 to 2015	DHP	DFH, CELCOM, Development partners		10/year x 10 = 100
Sub - total 3						**350**
Total Strategy 1						**417**

Strategy 2 : To improve family practices, with regard to maternal and neonatal care at home

Priority interventions 1 : training and initiation of community partners

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
1. Identification of Community partners existing in each district: CBS volunteers, traditional birth attendants, organizers of other programmes, female associations	Community partners existing in each district: CBS volunteers, traditional birth attendants, organizers of other programmes, female associations are identified	2006 to 2007	PDPH, HD, IHC	DFH, DHP, Partners	Number of community partners existing in each HD	PM
2. Determination of priority areas of community intervention	Priority fields of community intervention are identified	2006 to 2007	PDPH, HD, IHC	DFH, DHP, Partners	Number of interventions in priority fields of community intervention	PM
3. Training of traditional birth attendants and their networking in the comprehensive management of the health area	Training and networking of traditional birth attendants are achieved	2006 to 2010	HD	DFH, DHP PDPH, IHC, Development partners	Number of traditional birth attendants trained and networked in each HD	3 x 120 DS = 360
4. Development of specific communication for men and influential persons for moral support, decision-taking in time, support and financial assistance to women in the area of MNH/FP and control of adolescents for the prevention of early pregnancies	Specific communication is developed for men and influential persons	2006 to 2010	DHP	DFH, DHP, PDPH, IHC, Partners	Number of influential people involved in CBC per HD	PM
Sub - total 4						**360**

Priority interventions 2 : promotion and support for Community partners/Social mobilization for the reduction of maternal mortality

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
1. Extension of community-based services (CBS) as complements of family planning service provision	Community-based services are provided in each target HD	2006 to 2015	HD	DFH, PDPH, partners	Number of HD covered by CBS	1,000 that is 100/year x 10 years
2. Revitalizing dialogue structures	Dialogue structures are revitalized in each HD	2006 to 2010	PDPH	HD, Health areas	Number of dialogue structures operational per HD	PM (Rehabilitation of HDs)
3. Monitoring/evaluation of activities for community mobilization	Activities for community mobilization are monitored and evaluated	2006 to 2015	HD	HD, Health areas	Number of monitoring/evaluation reports available	5/year/ province x 10 years = 500
Sub - total 5						**1,500**
Total Objective n°2						**2 277**

5. IMPLEMENTATION AND COORDINATION MODALITIES

Activities	Expected results	Schedule	Institution in charge	Institution Concerned	Indicators	Budget (in FCFA million)
1. Setting up at national, provincial and district level working group in charge of monitoring the implementation of the roadmap,	A Task Force in charge of monitoring the implementation of the road map, is set up at national, provincial and district level	2006 to 2007	MOH	DFH, PDPH, DAJC, MINPROFF, MINAS, MINADER, MINJEUN Municipalities, Regions and development partners, NGOs, denominational	Number of meetings held by the Task Forces at each level	5,/year x 2 years = 50
2. Support of the Task force operation at all levels	The Task Force is operational at all levels	2006 to 2015	MOH	DFH, PDPH, DAJC, Related sectors, Municipalities, Regions and development partners	Number of meetings held, reports are available	2/year for the national level 0,5/ province x 0,1/Districts = 24 /year during 10 years that is 240
Sub - total 6						**250**

6. POLICY AND FUNDING

Activities	Expected results	Schedule
Provision of provinces with logistical, computer and office automation equipment	All the provinces are provided with logistical, computer and office automation equipment	2007 to 2010
Support of the health information system	Data are collected an analysed at each level	2006 to 2015
Sous - total 7		
GENERAL TOTAL		

7. DATA COLLECTION AND ANALYSIS, MONITORING/EVALUATION

Institution in charge	Institution concerned	Indicators	Budget (in FCFA million)
MOH	DFH, DSP, DFRIE and development partners	Percentage of provinces provided with logistical and computer equipment	30/ province x 10 provinces = 300
DFH	PDPH, HD, IHC	Promptness and completion rates with regard to progress reports per level	0,1/HD per year x 170 x 10 years = 170
			470

SCHEDULE OF ACTIVITIES OF THE ROADMAP FOR THE REDUCTION OF MATERNAL AND NEONATAL MORTALITY (MNM) 2006 - 2015

Specific Objective 2

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	**COST** (in FCFA million)
Strategy 1: improvement of communication on maternal and neonatal care											
Priority intervention 1 : communication policy											
1.1.1. Inventory of existing communication strategy documents	PM										0
1.1.2. Drafting of a communication strategy document on MNH and interventions aiming to reduce MNM	10										10
1.1.3. Reproduction and distribution of the communication strategy document at all levels of the health pyramid	20										20
Sub-total 1	**30**										**30**
Priority intervention 2: Production of communication aids for behaviour change											
1.2.1. Inventory of the existing aids and messages	0										0
1.2.2. Harmonisation and/or development of CBC messages and aids adapted to the socio-cultural contexts of the various provinces of the country	7										7
1.2.3. Drafting of communication aids	5										5
2. Reproduction and distribution of CBC aids developed and validated	12,5	12,5									25
Sub-total 2	**24,5**	**12,5**									**37**

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	**COST** (in FCFA million)
Priority interventions 3 : Raising community awareness											
1.3.1. Training of trainers and providers in CBC (counselling and talks) and MNH/FP	5	5	5	5	5	5	5	5	5	5	50
1.3.2. Establishment, in each district, of a community awareness plan through all available channels (proximity, traditional) and according to the targets		7,5	7,5	7,5	7,5						30
1.3.3. Implementation monitoring/evaluation of awareness activities	17	17	17	17	17	17	17	17	17	17	170
1.3.4. Organization of a national day for maternal mortality awareness (8 May of each year) throughout the country	10	10	10	10	10	10	10	10	10	10	100
Sub-total 3	**32**	**39,5**	**39,5**	**39,5**	**39,5**	**32**	**32**	**32**	**32**	**32**	**350**

Activités	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	**COST** (in FCFA million)
Strategy 2 : Improvement of family practices, with regard to maternal and neonatal care at home											
Priority interventions 1: Training and initiation of community partners											
2.1.1. Identification of Community partners existing in each district: CBS volunteers, traditional birth attendants, organizers of other programmes, female associations	xxxx	xxxx	xxxx	xxxx	xxxx						0
2.1.2. Determination of priority areas of community intervention	xxxx	xxxx	xxxx	xxxx	xxxx						0
2.1.3. Training of traditional birth attendants and their networking in the comprehensive management of the health area	72	72	72	72	72						360
2.1.4. Development of specific communication for men and influential persons for moral support, decision-taking in time, support and the financial assistance to women in the area of MNH/FP and the guidance of adolescents to prevent early pregnancies	xxxx	xxxx	xxxx	xxxx	xxxx						0
Sub-total 4	**72**	**72**	**72**	**72**	**72**						**360**

Activités	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	COST (in FCFA million)
Priority interventions 2: Promotion and support of Community partners/Social mobilization for the reduction of maternal mortality											
2.2.1. Extension of community-based services (CBS) as complements of family planning service provision	100	100	100	100	100	100	100	100	100	100	1,000
2.2.2. Revitalizing dialogue structures	xxxx	xxxx	xxxx	xxxx	xxxx						0
2.2.3. Development of activities for behaviour change conducive to RH according to men RH strategies											0
2.2.4. Mobilisation of community for promotion activities or interventions aiming to improve the management of women and newborns											
2.2.5. Monitoring/evaluation of activities for community mobilization	50	50	50	50	50	50	50	50	50	50	500
Sub-Total 5	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**1,500**

Activities	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	COST (in FCFA million)
Implementation and coordination modalities											
1. Setting up, at national, provincial and district level, of a Working group in charge of monitoring the implementation of the roadmap,	5	5									10
2. Support of the Working group operation at all levels	24	24	24	24	24	24	24	24	24	24	240
	29	**29**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**250**
6. POLICY AND FUNDING											
7. DATA COLLECTION AND ANALYSIS, MONITORING/EVALUATION											
1. Provision of provinces with logistical, computer and office automation means		75	75	75	75						300
2. Support of health information system	17	17	17	17	17	17	17	17	17	17	170
Sub-total 6	**12**	**87**	**87**	**87**	**87**	**12**	**12**	**12**	**12**	**12**	**470**
GRAND TOTAL Specific objective N°2	**354,5**	**395**	**377,5**	**377,5**	**377,5**	**223**	**223**	**223**	**223**	**223**	**2 997**

Summary budget 2006 to 2015:

Specific objective n°2

Strategies	Priority Interventions	Total Cost 2006	Total Cost 2007	Total Cost 2008	Total Cost 2009	Total Cost 2010	Total Cost 2011	Total Cost 2012	Total Cost 2013	Total Cost 2014	Total Cost 2015	Total (in FCFA million)
1. Improvement of communication on maternal and neonatal care	Communication policy	30										30
	Producing communication aids for behaviour change	24,5	12,5									37
	Raising community awareness	32	39,5	39,5	39,5	39,5	32	32	32	32	32	350
	SUB-TOTAL	**86,5**	**52**	**39,5**	**39,5**	**39,5**	**32**	**32**	**32**	**32**	**32**	**417**
2. Improvement of family practices, with regard to maternal and neonatal care at home	Training and initiation of community partners	72	72	72	72	72						360
	Promoting and supporting Community partners/Social mobilization for the reduction of maternal mortality	150	150	150	150	150	150	150	150	150	150	1,500
	SUB-TOTAL	**222**	**222**	**222**	**222**	**222**	**150**	**150**	**150**	**150**	**150**	**1,860**
3. Implementation and coordination modalitie		29	29	24	24	24	24	24	24	24	24	250
	SUB-TOTAL	**29**	**29**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**250**
4. Policy and funding		0	0	0	0	0	0	0	0	0	0	0
	SUB-TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5. Data Collection and analysis/ monitoring/evaluation		17	92	92	92	92	17	17	17	17	17	470
	SUB-TOTAL	**17**	**92**	**92**	**92**	**92**	**17**	**17**	**17**	**17**	**17**	**470**
TOTAL		**354,5**	**395**	**377,5**	**377,5**	**377,5**	**223**	**223**	**223**	**223**	**223**	**2 997**

GENERAL

Objectives	Strategies	Priority Interventions	Total Cost (in million fcfa)
Specific objective N° 1	1. Updating and reinforcement of RH political and organisational framework	Revision of the RH framework documents including FP and EONC	58,8
		organisational capacity building	171,5
		Advocacy/resource mobilisation	330
		Coordination/Partnership	120
		Studies and research	40
	Sub Total 1		**720,3**
	2.Improvement of the quality of MNH services including EONC	Capacity building	2 300
		Equipment, infrastructure, drugs and disposables	5 160
	Sub Total 2		**7 460**
	3.Reinforcement of the referral system	Putting in place of a referral/evacuation and counter referral system	900
		Referral means	3140
	Sub Total 3		**4 040**
TOTAL SPECIFIC OBJECTIVE N° 1			**12 220,3**

SUMMARY CHART

Objectives	Strategies	Priority Interventions	Total Cost (in million fcfa)
Specific objective N° 2	1. Improvement of the Communication on maternal and neonatal care	Communication policy	30
		Production of Communication aids for behaviour Change	37
		Raising community awareness	350
	Sub Total 1		**417**
	2. Improvement of family practices with regard to maternal and neo-natal home care	Training and initiation of community partners	360
		Promotion and support of community partners Social mobilisation for the reduction of maternal mortality	1500
	Sub Total 2		**1 860**
TOTAL SPECIFIC OBJECTIVE N° 2			**2 277**
Terms of implementation			**250**
Data collection and analysis			**470**
Total for the Road Map 12 220,3 + 2277 + 795 + 250 + 470			**15 217,3**

FCFA 15 519 700 000 (Fifteen thousand million five hundred and nineteen million seven hundred thousand)