MONITORING THE INTRODUCTION OF SMC IN CAMEROON

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Outline

- Background of SMC in Cameroon
- Planning SMC introduction
- 2016 Implementation
- Monitoring SMC
- Results
- Challenges
- Lessons learnt

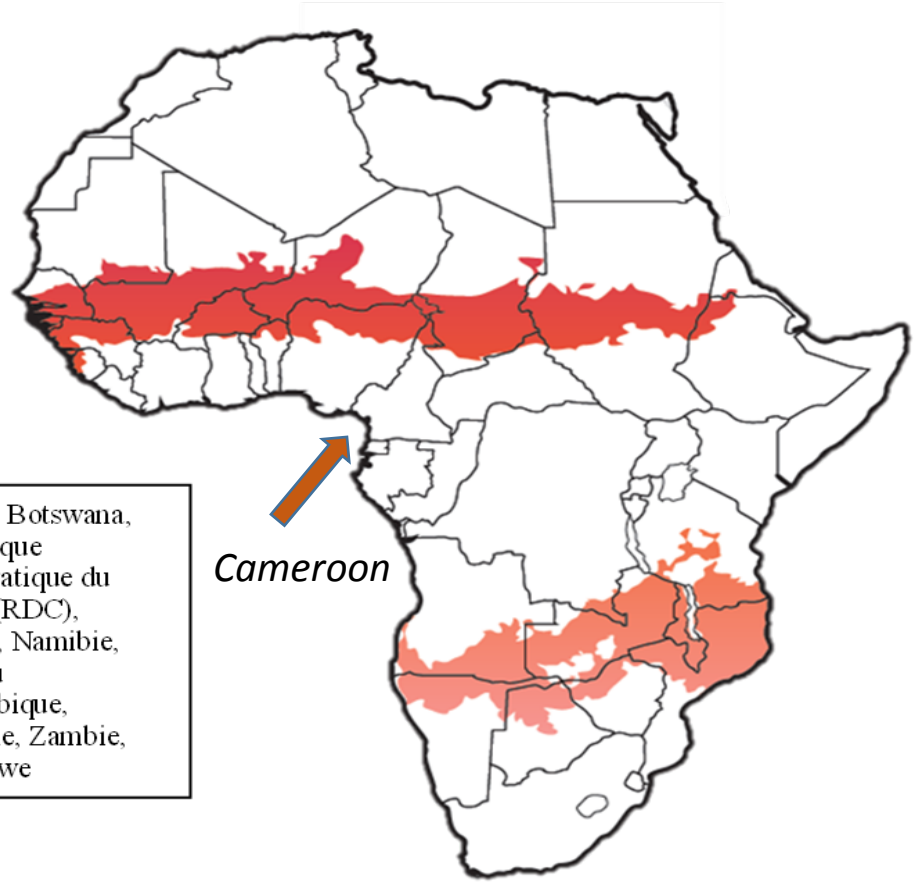
BACKGROUND OF SMC IN CAMEROON

Sahel :
25 millio
d'enfant
de moin
de 5 an

Bénin, Burkina Faso, Guinée, Guinée Bissau, Mali, Mauritanie, Niger, Nigéria, République Centrafricaine, Sénégal, Soudan, Tchad

AES :
14 millions d'enfants de moins de 5 ans

Angola, Botswana, République Démocratique du Congo (RDC), Malawi, Namibie, Nord du Mozambique, Tanzanie, Zambie, Zimbabwe



Cameroon Operational Map

Coverage areas

1. <u>Far North Region:</u> (30 HD)

Surface area 34 263 km²

Population: 4 332 529

Children under five: 849530 (15.7%)

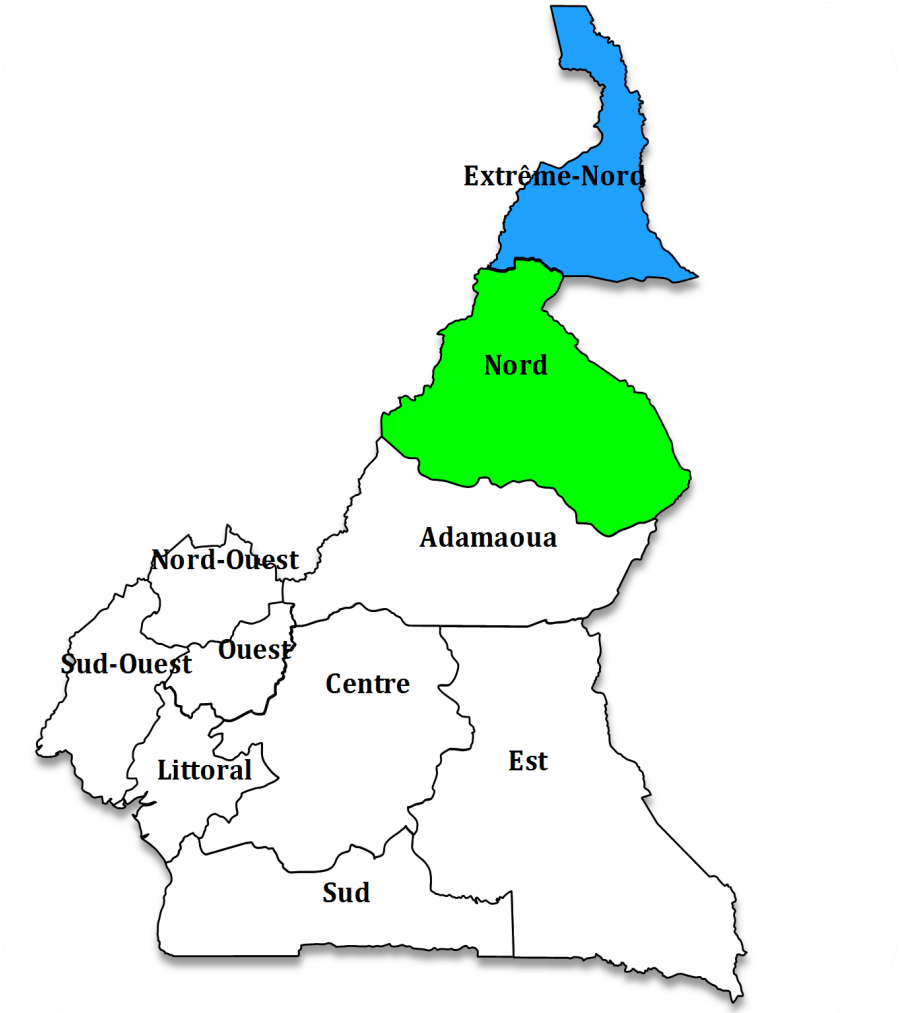
2. <u>North Region:</u> (15 HD)

Surface area 66 576 km²

Population: 2 652 841

Children under five: 486 744

Total : 1 336 274 (~1 500 000, 40% children under five in the country)



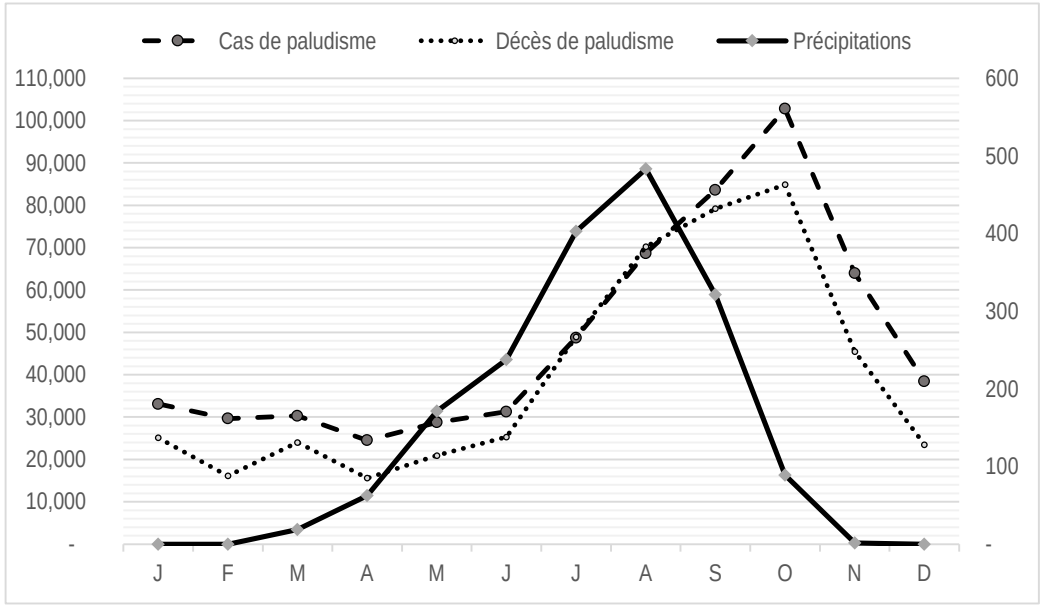
BACKGROUND OF SMC IN CAMEROON

- Following SMC adoption by WHO in 2012 and the dissemination of guidelines in 2013, stakeholders in CMR recognized the opportunity of introducing another intervention to reinforce malaria control
- The Far North region was identified as having the climatic and epidemiological profile eligible for SMC.
- More than 60% of cases in these two regions occur between July and October with higher burden in children under five years (representing 79% of all malaria deaths).
- However, no funding was available to address this need.
- With a 18 million USD grant from IDB the government decided to prioritize SMC after an upsurge of cases registered in 2013

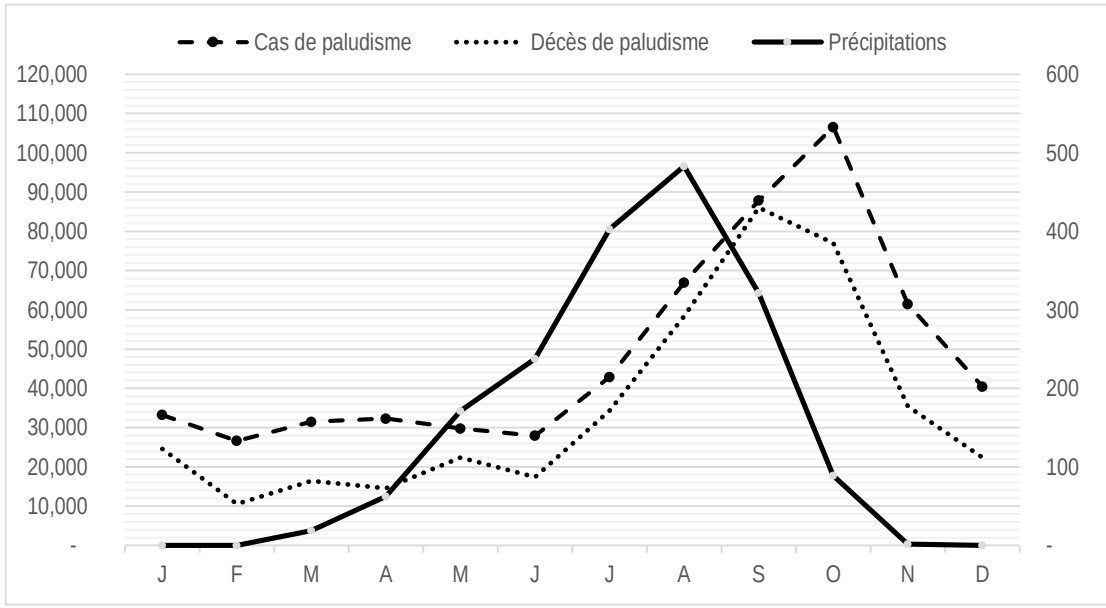
BACKGROUND OF SMC IN CAMEROON

BEFORE SMC

2014

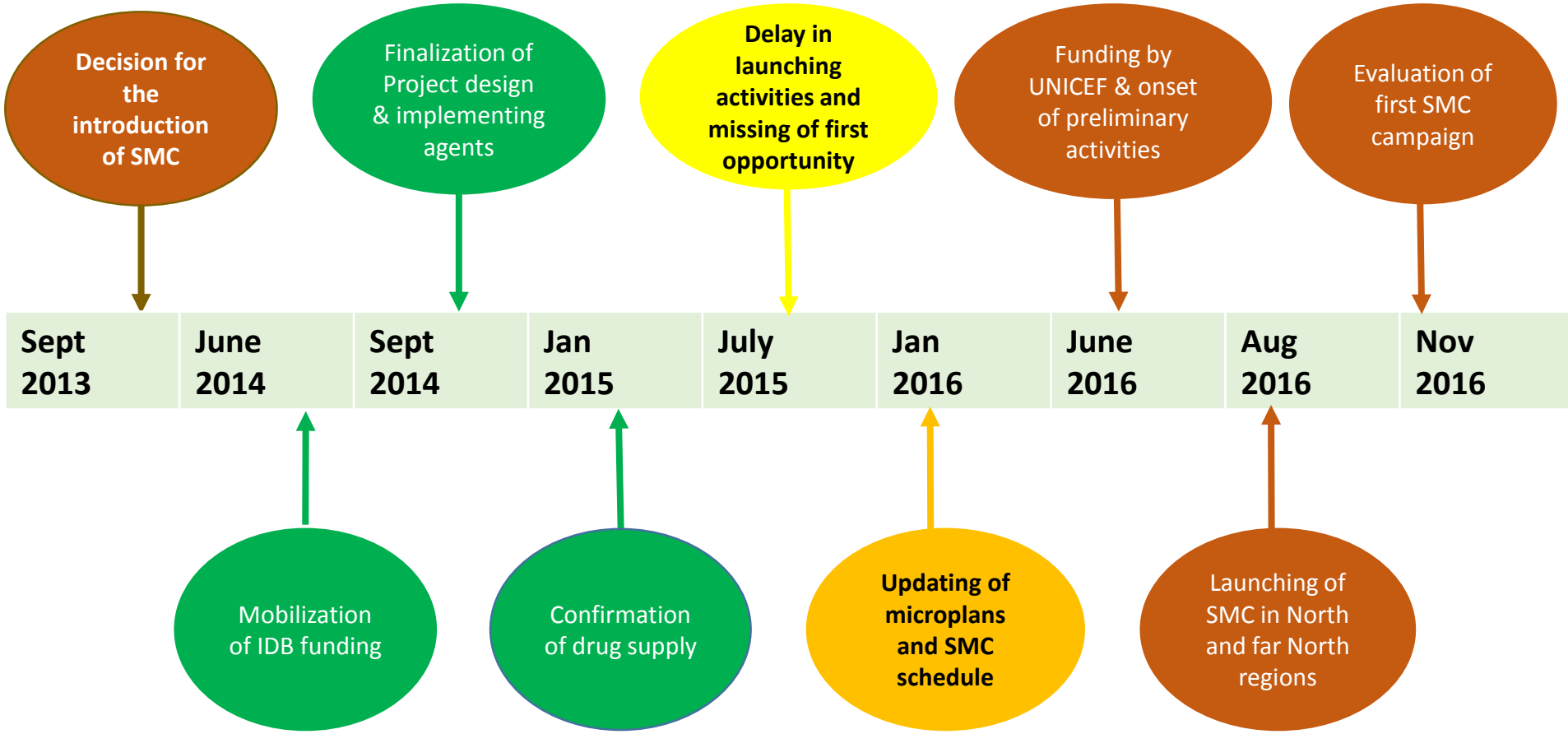


2015

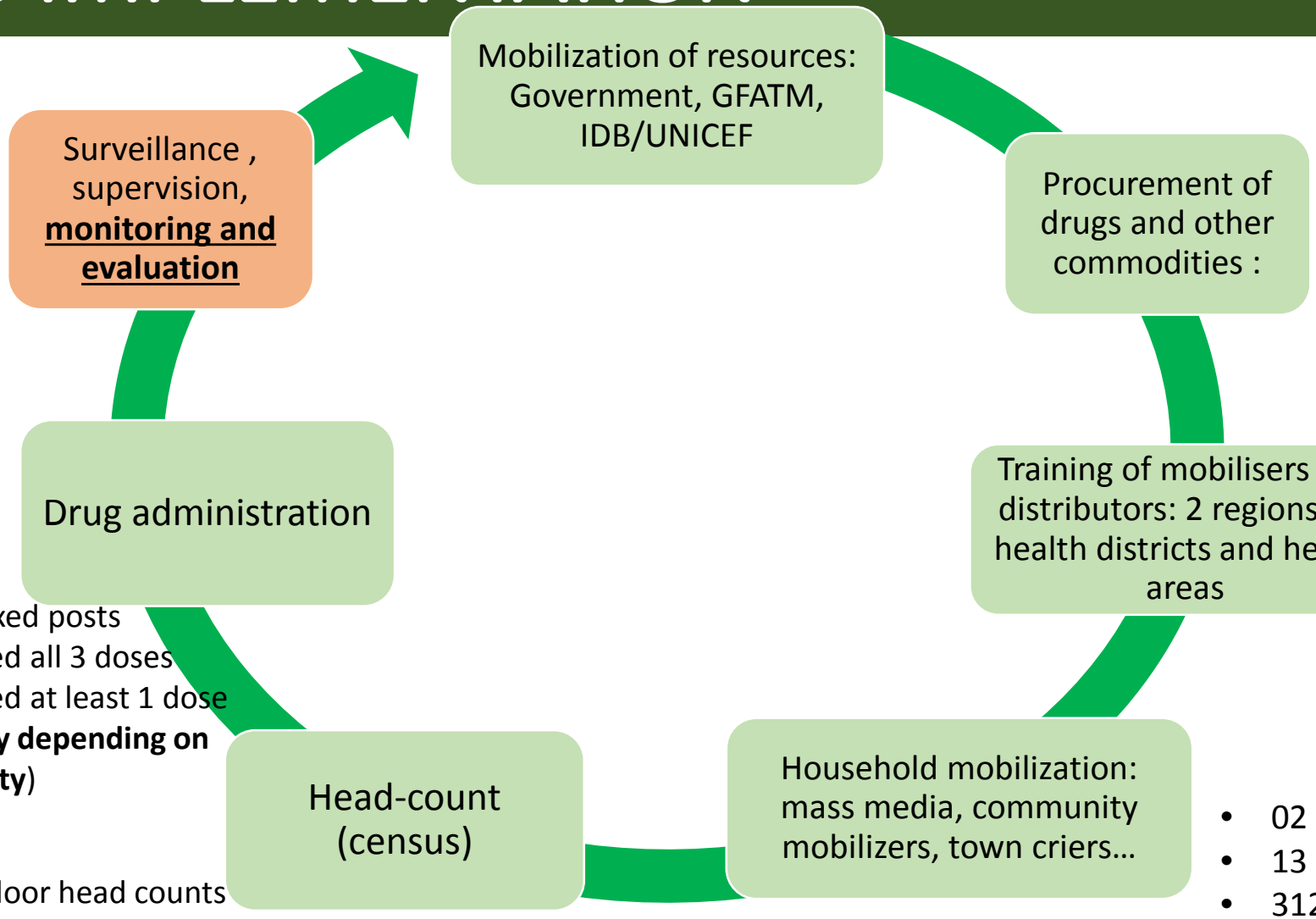


Saisonnalité	**2014**		**2015**	
nombre total de décès NO	961		814	
# décès juillet, aout, sept, oct NO	537	**56%**	405	**50%**
nombre total de décès EN	1668		1228	
# décès juillet, aout, sept, oct EN	1023	**61%**	828	**67%**

PLANNING SMC INTRODUCTION



2016 IMPLEMENTATION



- 1 900 000 blisters of SP+AQ procured
- Sugar, chalk, markers, SMC cards, cups…
- Supply to 45 HD, 427 health facilities (HA) and 10982 distributors

- 5,496 mobilizers
- 10,982 distributors
- 1,858 supervisors

- 02 stations TV
- 13 stations radio
- 312 diffusions TV
- 3471 diffusion radios
- 1405 public announcers

- Door-to-door head counts
- 1 947 784 households visited
- 1 543 498 children 3-59 months

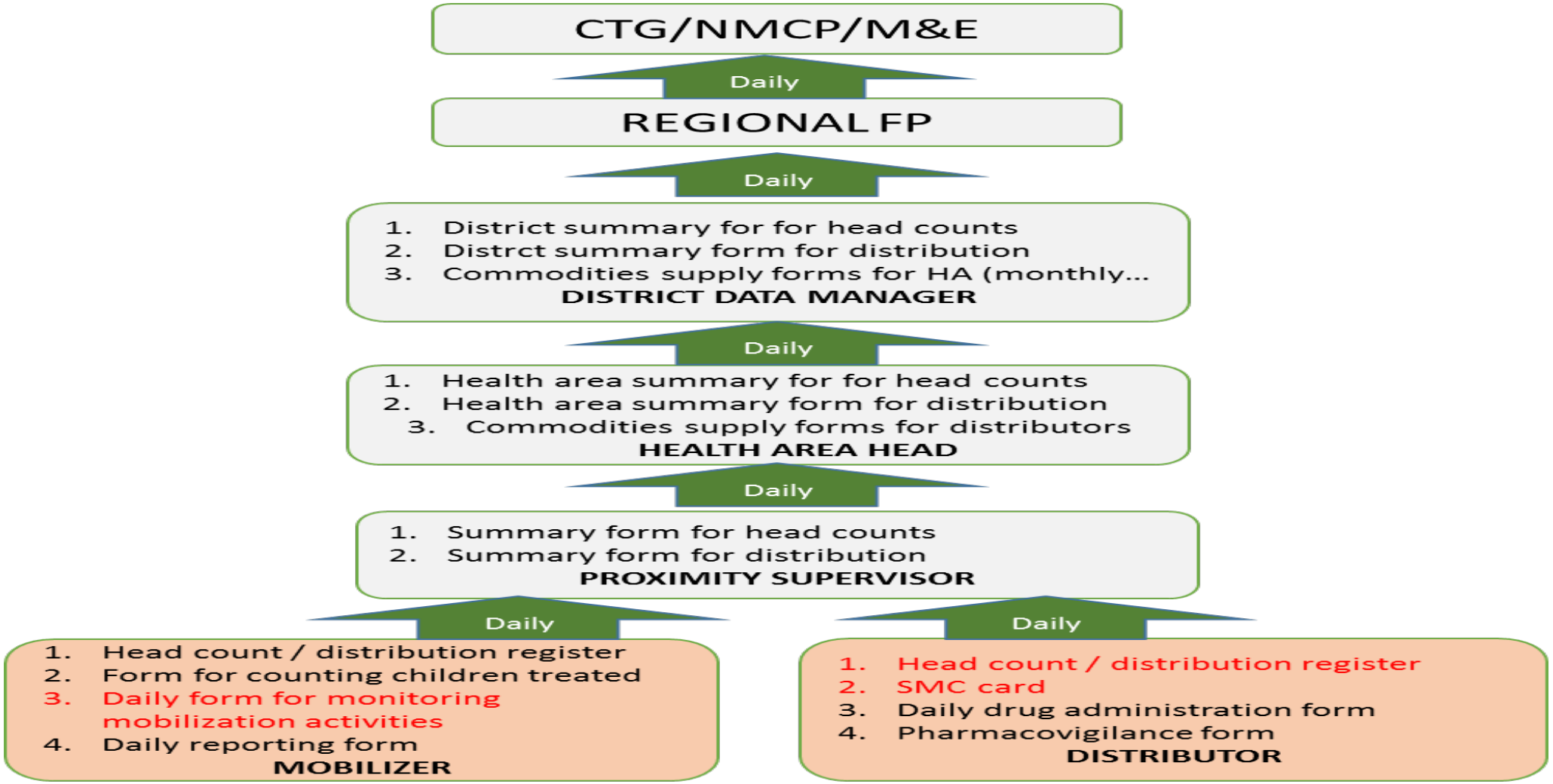
- Door-to-door / fixed posts
- 1 326 366 received all 3 doses
- 1 477 698 received at least 1 dose (**267 children/day depending on population density**)



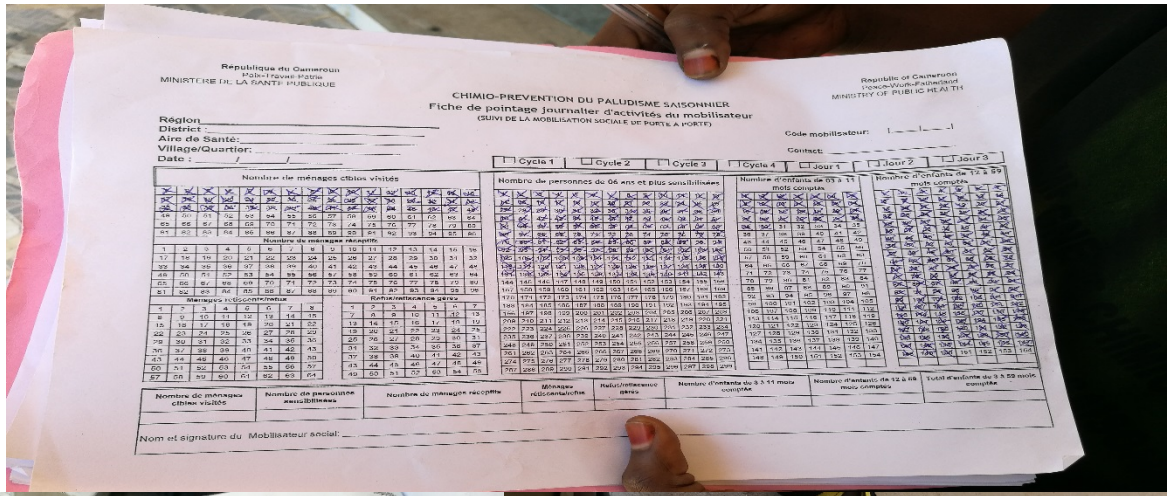


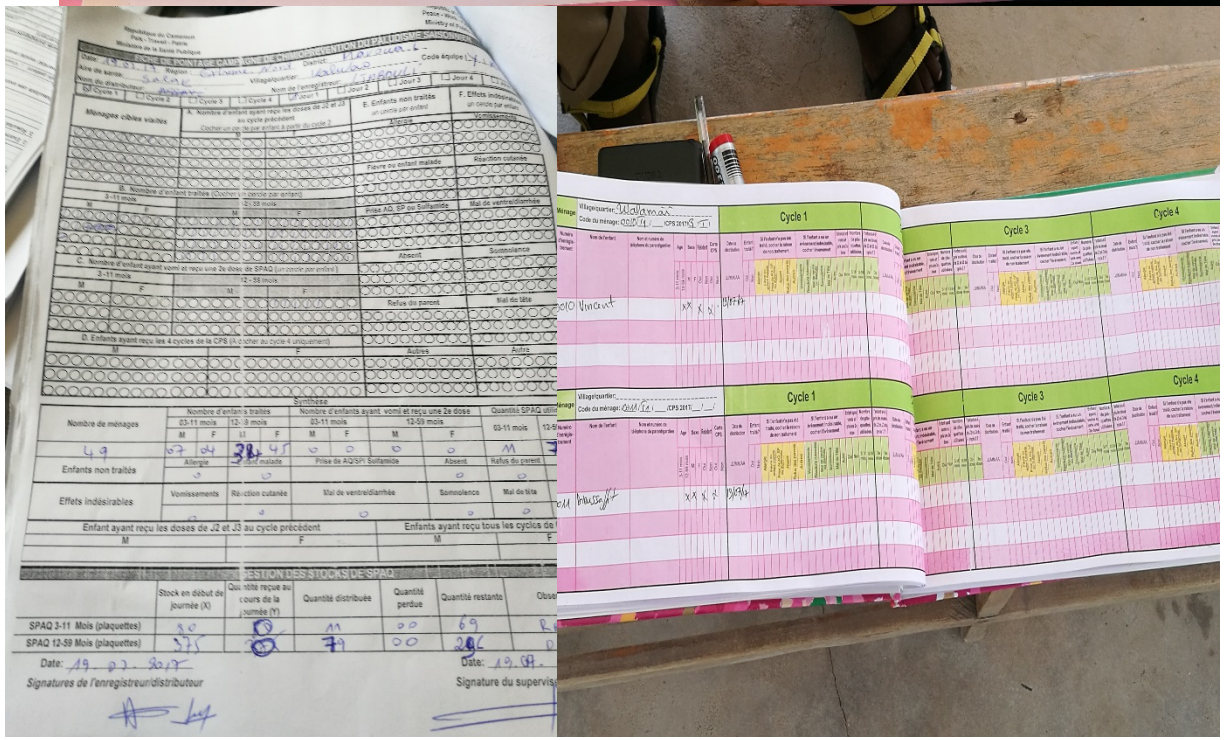


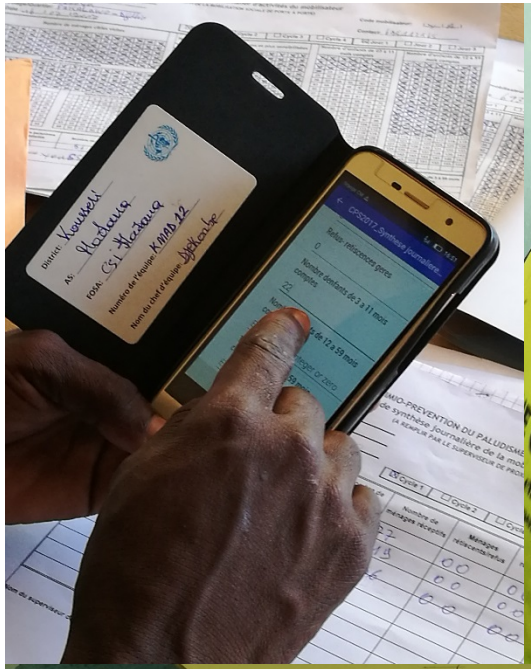

SURVEILLANCE , SUPERVISION, MONITORING AND EVALUATION

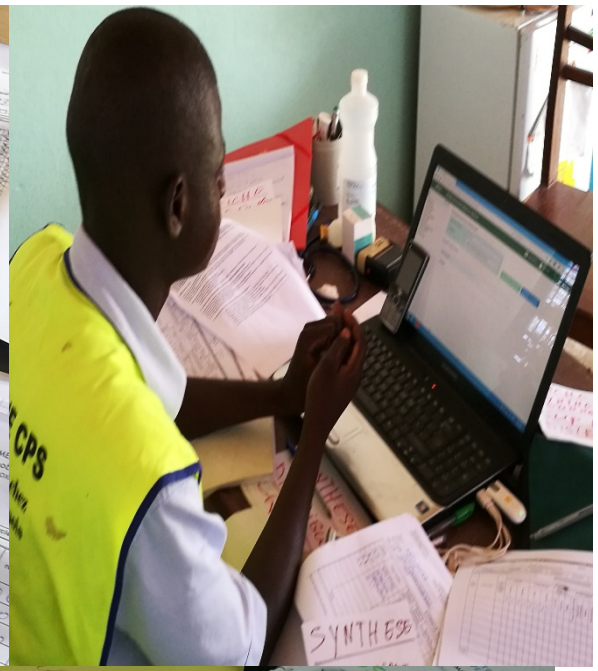


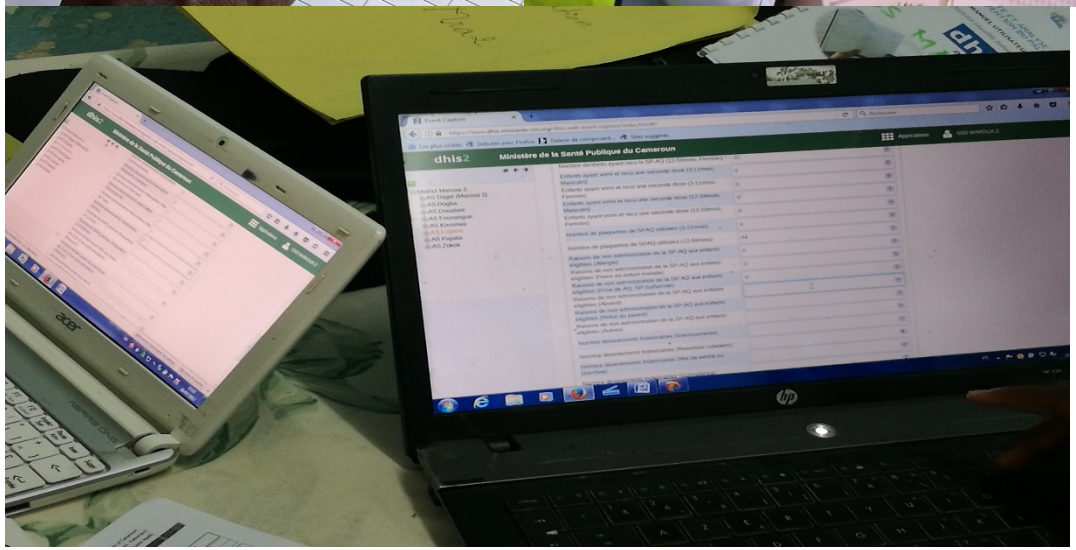
EXAMPLES OF DATA COLLECTION TOOLS











SMC OUTPUTS

1. DATA COMPLETENESS

	Cycle 1		Cycle 2		Cycle 3	
	North	Far North	North	Far North	North	Far North
Head count	100%	100%	100%	100%	99%	100%
Drug distribution	100%	100%	100%	100%	100%	100%
Rapid survey	-	-	86%	98%	100%	93%
Monitoring complete treatment (3 cycles)	-	-	-	-	100%	81%

SMC OUTPUTS

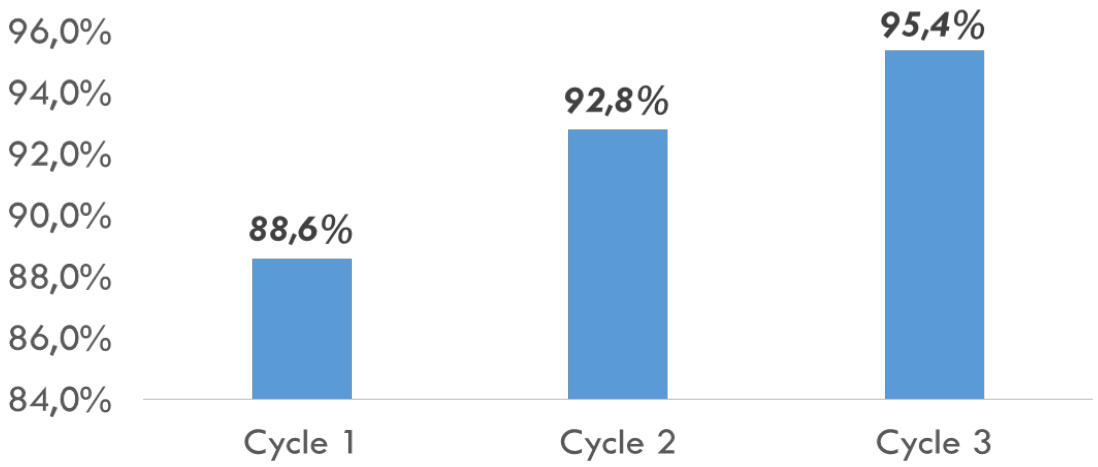
2. HEAD COUNTS

		North		Far North		Total	
		Number	%	Number	%	Number	%
Number planned		512 457	-	875 077	-	1 387 534	-
# children counted	Cycle 1	535 955	104,6%	900 990	103,0%	1 436 945	103,6%
	Cycle 2	535 955	104,6%	942 850	107,7%	1 478 805	106,6%
	Cycle 3	579 153	113,0%	937 879	107,2%	1 517 032	109,3%

OUTCOMES

1. DISTRIBUTION: COVERAGE

	Nord		Extrême-Nord		Total	
	Nombre	%	Nombre	%	Nombre	%
Cible de la distribution	584 905	-	964 345	-	1 549 250	-
Cycle 1	520 003	**88,9%**	851 993	**88,3%**	1 371 996	**88,6%**
Cycle 2	552 472	**94,5%**	884 727	**91,7%**	1 437 199	**92,8%**
Cycle 3	580 625	**99,3%**	897 073	**93,0%**	1 477 698	**95,4%**



OUTCOMES

2. DISTRIBUTION: REASONS FOR NON-TREATMENT

	Cycle 1		Cycle 2		Cycle 3		Total	
	Number	%	Number	%	Number	%	Number	%
Allergies	551	1,5%	393	1,4%	174	0,9%	**1 118**	**1,3%**
Fever or other sickness	15 135	40,6%	11 424	41,6%	5 576	30,4%	**32 135**	**38,7%**
Prior ttt: SP, AQ, Sulph	4 671	12,5%	2 078	7,6%	999	5,4%	**7 748**	**9,3%**
Absence	15 715	42,1%	12 590	45,8%	10 217	55,7%	**38 522**	**46,4%**
Parent's refusal	348	0,9%	433	1,6%	176	1,0%	**957**	**1,2%**
Others	871	2,3%	552	2,0%	1198	6,5%	**2 621**	**3,2%**
Total	**37 291**	**100%**	**27 470**	**100%**	**18 340**	**100%**	**83 101**	**100,0%**

OUTCOMES

3. DISTRIBUTION: COMPLIANCE TO TREATMENT

Variables		North		Far North		Total	
		Number	%	Number	%	Number	%
Cycle 1 : Monitoring by social mobilizers	Number of children who received the 1st dose	520 003	96,3%	851 993	94,2%	1 371 996	95,0%
	Number of children who received the 3rd dose	500 654		802 172		1 302 826	
Cycle 2 : Rapid survey	Number of children who received the 1st dose	8 520	98,0%	17 308	98,8%	25 828	98,5%
	Number of children who received the 3rd dose	8 352		17 093		25 445	
Cycle 3 : Rapid survey	Number of children who received the 1st dose	15 398	98,3%	16 065	98,2%	31 463	98,3%

OUTCOMES

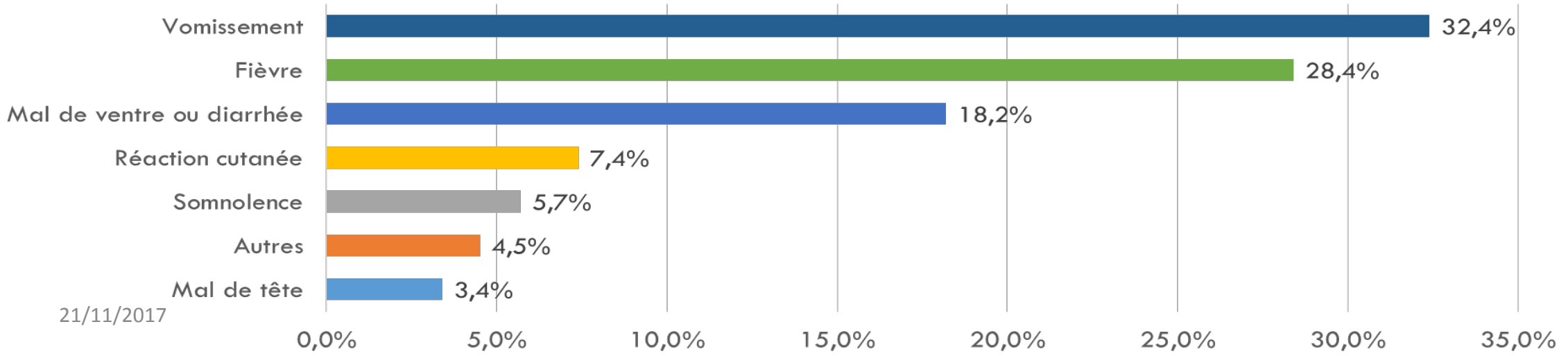
3. DISTRIBUTION OF SP+AQ: COMPLETE TREATMENT

	North		Far North		Total	
	Number	%	Number	%	Number	%
Children counted	584 905	-	964 345	-	1 549 250	-
Children treated in 3 cycles	514 842	**88,0%**	811 494	**84,1%**	1 326 366	**85,6%**
Children treated in 2 cycles	50 518	**8,6%**	78 457	**8,1%**	128 975	**8,3%**
Children treated in 1 cycle	18 176	**3,1%**	29 688	**3,1%**	47 864	**3,1%**
Children who were not treated	1 489	**0,3%**	3 706	**0,4%**	5 195	**0,3%**

OUTCOMES

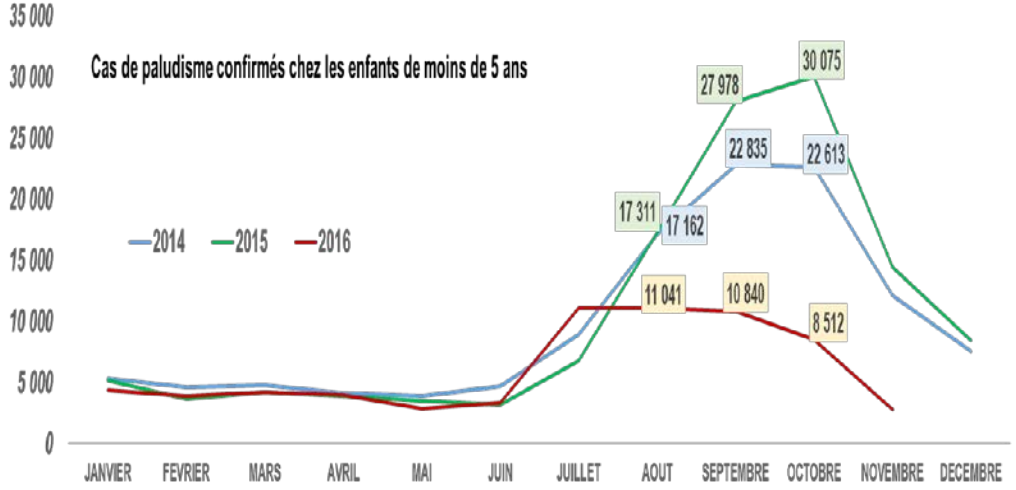
4. DISTRIBUTION DE LA SPAQ; LES EFFETS INDÉSIRABLES

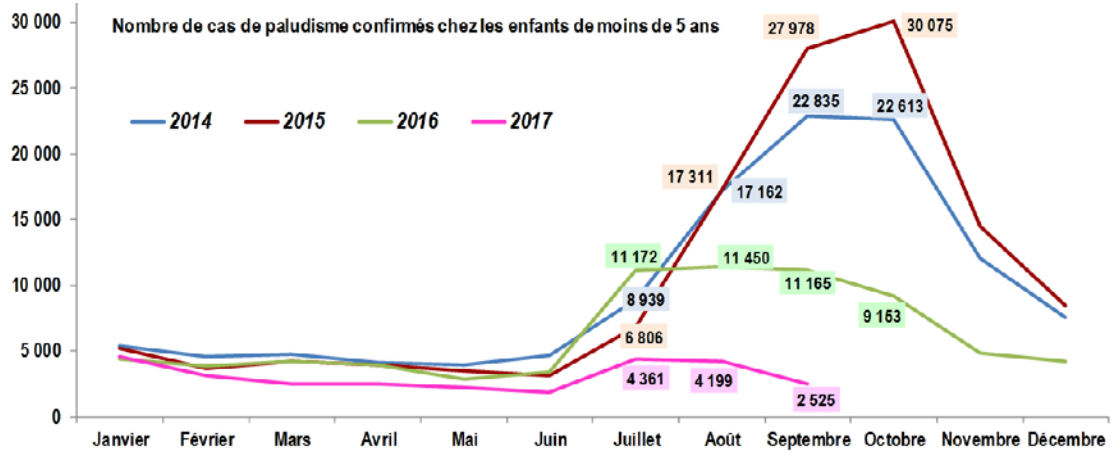
	Nord		Extrême-Nord		Total	
	Effectif	Nombre Pour 100 000 enfants traités	Effectif	Nombre Pour 100 000 enfants traités	Effectif	Nombre Pour 100 000 enfants traités
Cycle 1	187	36,0	340	39,9	527	38,4
Cycle 2	98	17,7	47	5,3	145	10,1
Cycle 3	10	1,7	25	2,8	35	2,4

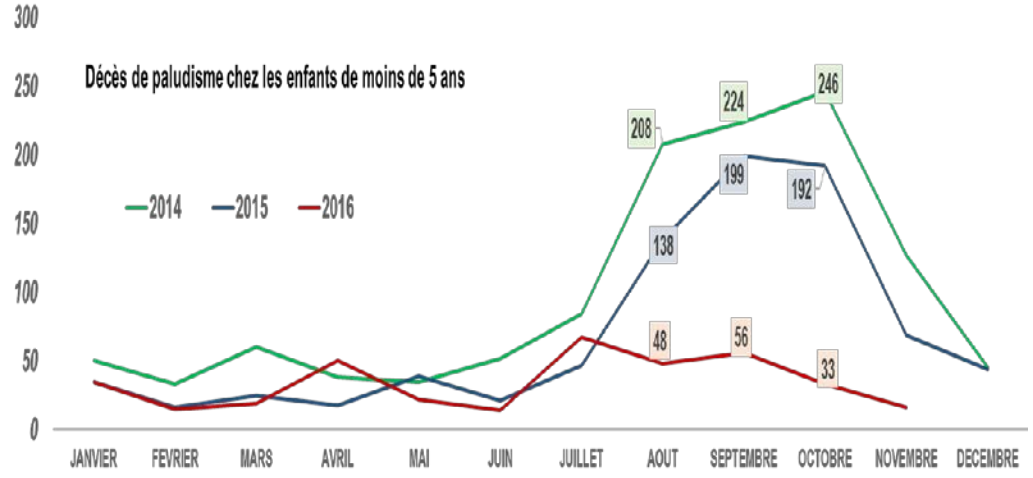


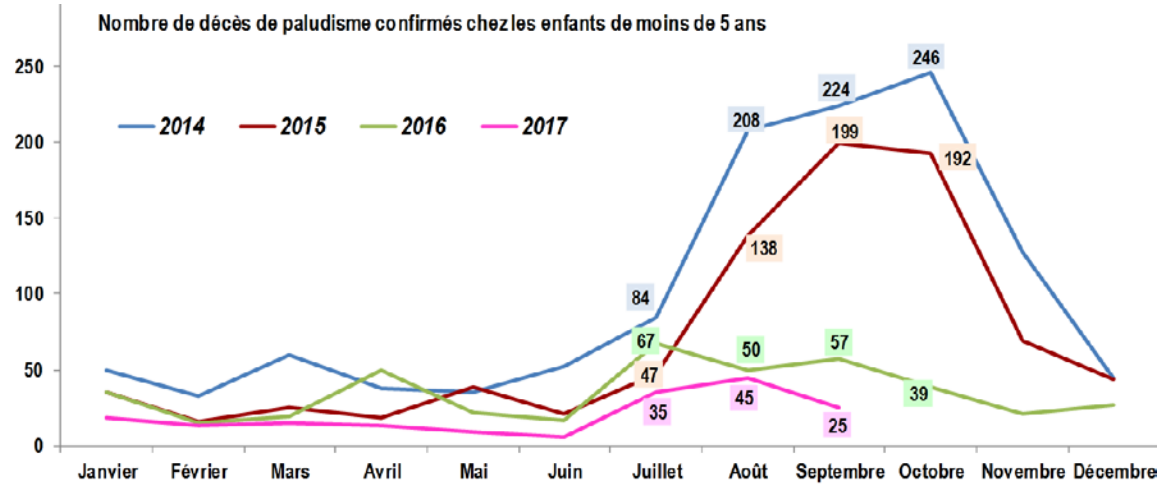
IMPACT

1. a) CASE BY CASE SURVEILLANCE, malaria morbidity and mortality in children under five years between 2014 and 2016 (Far North)



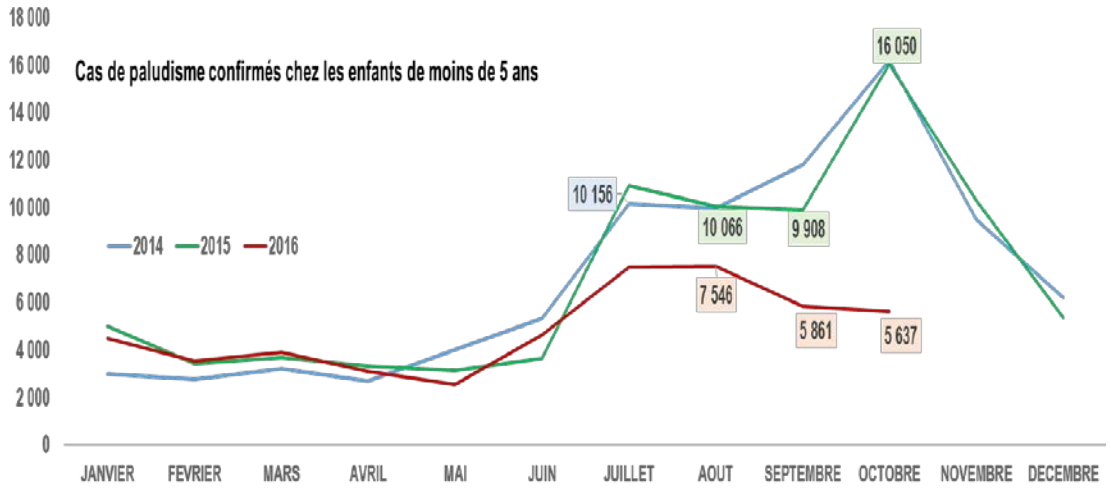


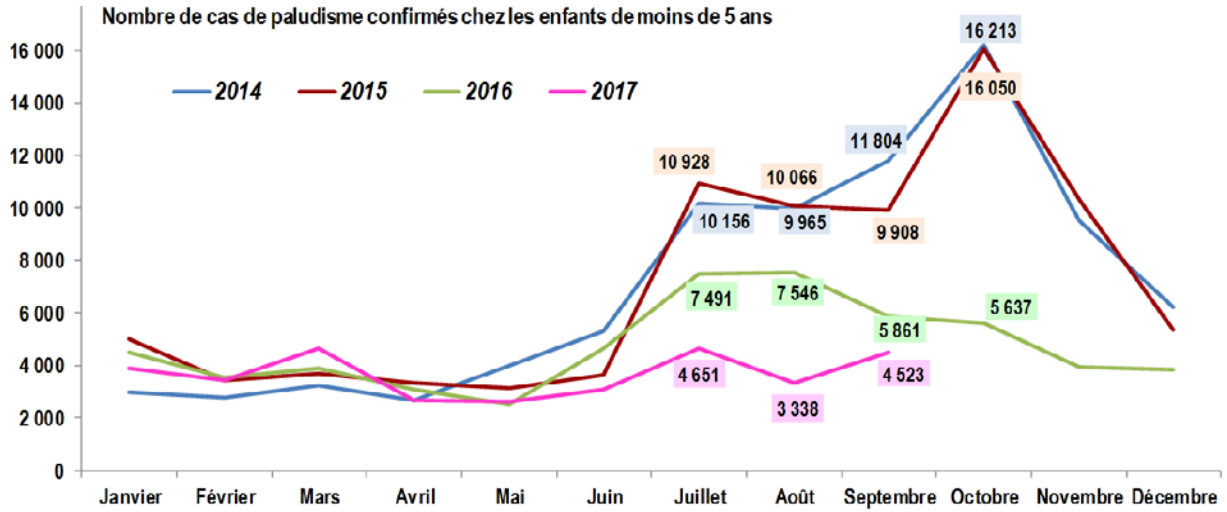


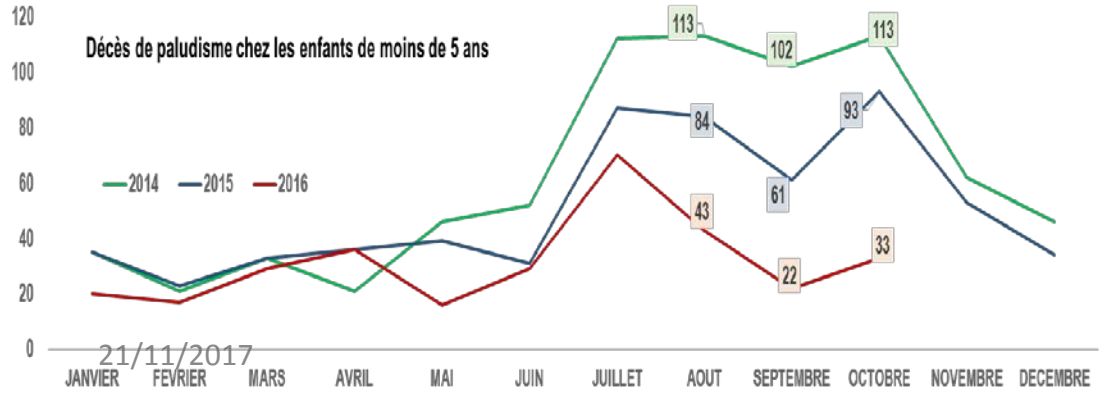


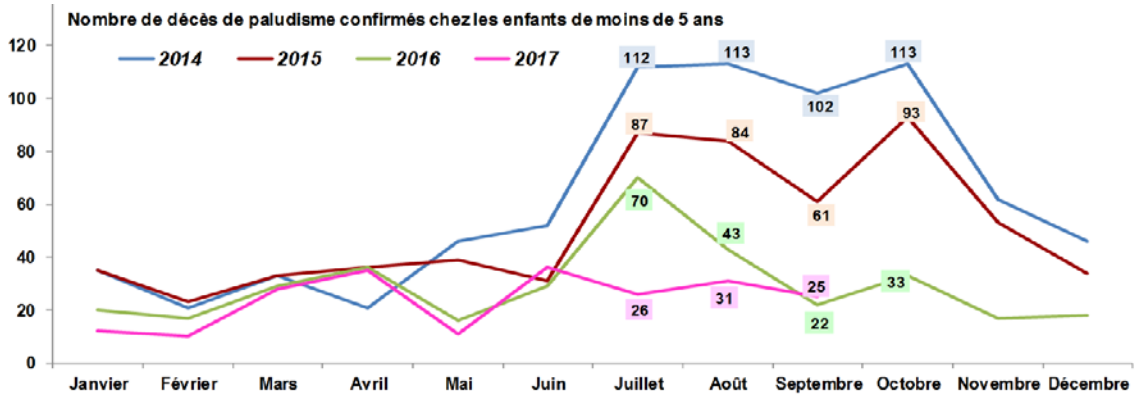
IMPACT

1. b) CASE BY CASE SURVEILLANCE, malaria morbidity and mortality in children under five years between 2014 and 2016 (North)



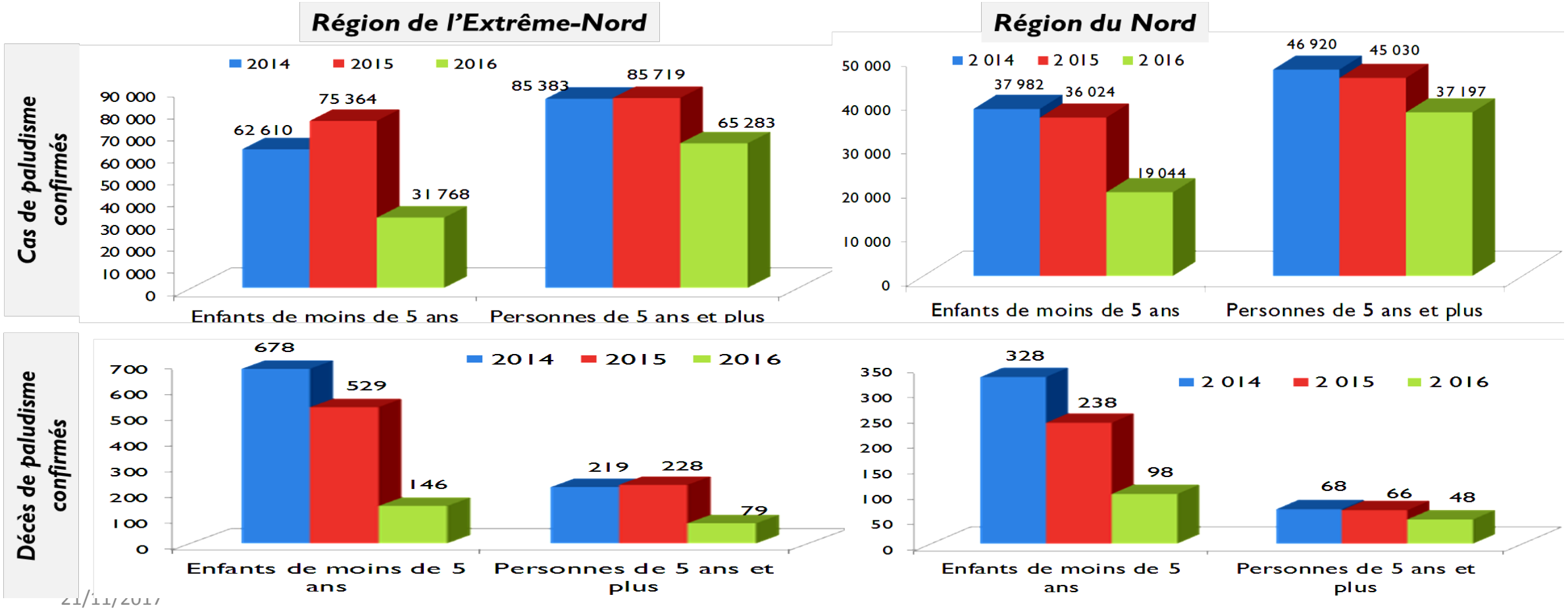






IMPACT

1. c) CASE BY CASE SURVEILLANCE: MARGINAL BENEFIT OF SMC



CHALLENGES

- Multiplicity and complexity of paper based tools
- Late transmission of data
- Poor consolidation → DQA
- Incomplete tools for major indicators

- Late procurement of drugs
- Delayed delivery to health areas due to poor weather conditions and bad roads

- Exclusion of several children due to late onset of treatment
- Non-dispersible tablets hard to administer
- Low notification, investigation & management of side effects
- Insufficient motivation of some CHW

- Low educational level of community agents (mob/dist)
- Few qualified trainers
- Less time for practical exercises

- Adaptation of communication strategy
- Town criers introduced in Cycle 3

- Mobility of communities (refugees, holidays…
- Insecurity
- Poor accessibility of some communities

LESSONS LEARNT

1. Strict respect of timelines for both preparatory, operational and evaluation activities and proper communication and dissemination of information
2. Integration of contextual factors into planning and budgeting
3. Simplification of data collection tools based on a pre-validated performance framework
4. Practical training of all actors involved
5. Ensure automatic data collection as much as possible to reduce and detect incoherent data
6. Sustain motivation of CHW through supervision and efficient payment systems
7. Use of rapid surveys to ensure efficient use of resources
8. Carry out real time evaluation and retraining to improve coverage and reporting
9. Need to update transmission data and redefine eligible districts

MANY THANKS FOR YOUR KIND ATTENTION