

Cameroon: Using Local Maps to Promote Community Diagnosis and Action

Ephraim Toh¹, MD & Joseph Shu Atanga, MD, MPH, Plan International, Cameroon Ryan Lander, MPH & Laban E. Tsuma, MBchB, MPH, Plan International, USA

¹Contact: Ephraim.Toh@plan-international.org



BACKGROUND

- Plan, Population Services International (PSI), Helen Keller International (HKI), and the Ministry of Health (MOH) are implementing a 5year Expanded Impact Child Survival Project with funding from USAID
- Project area:
 - 11 health districts in 3 regions of Cameroon
- Target population:
 - 211,473 children under 5
 - 481,441 women of reproductive age

IMPLEMENTATION STRATEGY

- The project's goal is to scale up Integrated Management of Childhood Illness (IMCI) by:
 - Reinforcing the capacity of frontline health staff
 - Reinforcing the health system
 - Strengthening the community IMCI framework



The major **technical interventions** are: malaria, nutrition, diarrhea, pneumonia, and immunization

METHODS

STRENGTHENING THE HEALTH INFORMATION SYSTEM (HIS), ESPECIALLY AT COMMUNITY LEVEL

This is key because:

- No formal Community HIS in place
- Low literacy rate
- Community members need a simple tool to track population uptake of project interventions

TO MAY OF THE POST OF THE POST

COMMUNITY MAPPING: THE BEST METHOD FOR THIS COMMUNITY-BASED HIS

- · Community map drawn to represent all households and landmarks
 - Further split into bloc maps of 10 to 15 households
- 4-6 behaviors presented on the bloc maps as colored thumbtacks placed beside each household
- · Each bloc supervised by 2-3 community members
- Compliance or non-compliance to behaviors monitored monthly through the thumbtacks



COMMUNITY MAPPING IS HIGHLY FEASIBLE

- Training for community health workers on Community HIS takes 4 ½ hours
- Well adapted to a community setting
- Selection of a limited number of behaviors to track at one time
- Few materials needed (large paper, colored pencils, monthly community synthesis form, etc.)
- A few members follow up target groups in a few households and report on adoption of given behaviors

RESULTS (2005-2008)

- Behavior mapping implemented in 762 communities by 3rd year of project
- ITN use among under-five children increased from 11.8% to 60.7%
- ITN use among pregnant women increased from 15.7% to 43.2%
- IPT completion (3 doses) among pregnant women increased from 18.5% to 51.4%
- Exclusive breastfeeding among children under 6 months increased from 50.8% to 63.1%
- Timely care seeking behavior for under-five children increased from 37.4% to 51%



QUOTE FROM PARTICIPANT

"We were able to show the regional delegate of public health that most of the children 0-11 months on our map were not vaccinated because our health center had no refrigerator. He gave us one and the situation changed."

- CBO member, Badoungoue



CONCLUSIONS

- A simple and community owned visual health information system can go a long way to boost community behavior change interventions.
- Works best within well-constituted and dynamic CBOs that have other major activities (social, cultural, savings scheme, etc.) that link them together
- The existing training manual is easy to follow and can be used by anyone anywhere.

