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Integrated Monitoring and Evaluation Plan (IMEP)

2021-2025



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LIST OF ABBREVIATIONS, ACRONYMS

ANC	Ante natal care	GDSN	General Delegation of National Security
AIDS	Acquired Immune Deficiency Syndrome		
ART	Antiretroviral Treatment	GESP	Growth and Employment Strategy Paper
AWP	Annual Work Plan	HC	Health Centre
BHP	Basic Health Package	HIV	Human Immunodeficiency Virus
CBO	Community-Based Organisation	HT	Hypertension
CENAME	National Essential Drug Procurement Centre	HRDP	Human Resources Development Plan
CHP	Complementary Health Package	HSS	Health Sector Strategy
CHRACERH	Research Hospital Centre on Human Reproduction and Endoscopic Surgery	IDSR	Integrated Disease Surveillance and Response
CHS	Community Household Survey	IHC	Integrated Health Centre
CICRB	Chantal Biya International Reference Centre	IMCI	Integrated Management of Childhood Illnesses
CLTS	Community Led Total Sanitation	NIS	National Institute of Statistics
CEmONC	Comprehensive Emergency Obstetric and neonatal Care	IPT	Intermittent Preventive Treatment
CORECSES	Regional Committee for the Coordination and Monitoring/Evaluation of NHDP implementation	LANACOME	National Laboratory for the Quality Control of Drugs and Valuation
COCSES	Operational Committee for Coordination and Monitoring/Evaluation of NHDP implementation	LLIN	Long Lasting Insecticide Treated Net
CSM	Community Self-Monitoring	MC	Management Committee
CSO	Civil Society Organization	MHC	Medicalized Health Centre
DHC	District Health Committee	MICS	Multiple Indicators Cluster Survey
DHDP	District Health Development Plan	MINAC	Ministry of Arts and Culture
DHS	Demographic and Health Survey	MINADER	Ministry of Agriculture and Rural Development
DLMEP	Department of Disease, Epidemics and Pandemics Control	MINAS	Ministry of Social Affairs
DMC	District Management Committee	MINRESI	Ministry of Scientific Research and Innovation
DTC	Diagnostic and Treatment Centre	MOH	Ministry of Public Health
EmONC	Emergency obstetric and neonatal care	MINTP	Ministry of Public Works
EPD	Epidemic-Prone Diseases	MINTSS	Ministry of Labour and Social Security
EPI	Expanded Programme on Immunization	MTEF	Mid-Term Expenditure Framework
FCFA	Franc of the Financial Community in Africa	NACC	National AIDS Control Committee
FINEX	External Funding	NCD	Non Communicable Diseases
FP	Family Planning	NGO	Non-Governmental Organisation
FTP	Financial and Technical Partner	NHA	National Health Accounts
GAVI	Global Alliance for Vaccines and Immunization	NDRA	National Drug Regulation Authority
GDP	Gross Domestic Product	NDS30	National Development Strategy 2020-2030

NHIS	National Health Information System	RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
NIS	National Institute of Statistics	RPPC	Regional Pharmaceutical Procurement Centre
NMCP	National Malaria Control Programme	SC/TS-HSS	Steering Committee of the Technical Secretariat of the Health Sector Strategy
NPHO	National Public Health Observatory	SDG	Sustainable Development Goal
NTD	Neglected Tropical Diseases	STI	Sexually Transmitted Infection
PAC	Post Abortion Care	SONU	Emergency Obstetrical and Neonatal Care
PETS	Public Expenditure Tracking Survey	SONUC	Obstetric and Neonatal Care
PMCT/PM	Prevention of Mother-to-Child Transmission (of HIV)/Paediatric Management	SWAP	Sector-Wide Approach
PHC	Primary Health Care	SYNAME	National Essential Drug and Medical Supplies Procurement System
PLWHA	People living with HIV/ AIDS	UNDP	United Nations Development Programme
PMTCT/PC	Prevention of Mother-to-Child Transmission of HIV/ Pediatric care	UNFPA	United Nations Fund for Population Advancement
RANC	Refocused Antenatal Consultation	UNICEF	United Nations International Children's Emergency Fund
RCHDP	Regional Consolidated Health Development Plan	UNITAID	International Drug Purchasing Facility
RDPH	Regional Delegation of Public Health	WASH	Water, Sanitation and Hygiene
RLA	Regional and Local Authorities	WHO	World Health Organisation
RPSC	Regional Pharmaceutical Supply Centre		

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Minister of Public Health

CHAPTER 1: CONTEXT AND OBJECTIVES OF THE IMEP

1.1. CONTEXT

Cameroon developed the National Development Strategy 2020-2030 (NDS30) which is the second phase of the 2035 vision. The orientations of this strategy are implemented at the level of each sector through a sectorial strategy. As for the health sector, the updated Health Sector Strategy (HSS) 2020-2030 is the document that makes it possible to operationalize the orientations of the NDS30.

During the 2021-2025 programmatic cycle, the orientations of the HSS 2020-2030 are operationalized through the National Health Development Plan which covers the same period. It is a document that allows all actors in the health sector to have a common working document. It is therefore a reference document whose primary vocation is to federate the efforts of all stakeholders in the health sector, including MOH, partner administrations and civil society.

As measuring progress towards the set objectives is a fundamental management requirement, the 2021-2025 NSDP is accompanied by a 2021-2025 Integrated Monitoring and Evaluation Plan (IMEP), which specifies the indicators selected and the associated programmatic targets. The process of developing the NHSP and the IMEP involved full participation of all stakeholders in the health sector. During this process, several shortcomings were identified in the field of health monitoring and evaluation: (i) the existence of a multitude of monitoring systems; (ii) the low functionality of the multisectoral coordination and monitoring organs at the central and decentralized levels; (iii) the existence of several data collection tools not yet linked to DHIS2 and (iv) the poor visibility of the indicators captured by other administrations in the health sector. To these shortcomings can be added the weak culture of accountability among managers and the ineffectiveness of the Planning, Programming, Budgeting and Monitoring and Evaluation chain. It could also be noted that there is insufficient funding for monitoring and evaluation. This has resulted in the inadequate availability of information needed for evidence-based decision-making.

Based on these observations, it was necessary to produce a summary document containing the most relevant indicators, validated by all the key players in the health sector. These

indicators will make it possible to monitor and evaluate the performance achieved, and thus to take appropriate corrective measures at the right time to overcome any bottlenecks. The IMEP 2021-2025 is a document that allows the Cameroonian Government to go beyond ministerial and administrative boundaries to always make available and accessible useful information to assess the progress made in health. This plan is designed to provide information on the country's progress towards international targets (health-related SDGs, Agenda 2063, Millennium Challenge Account, etc.) and national targets (Vision 2035, SND30, SSS 2020-2030, etc.).

1.2. OBJECTIFS OF IMPE

1.2.1. GENERAL OBJECTIVE

The general objective of this IMEP is to ensure the monitoring and evaluation of the implementation of the 2021-2025NHSP.

1.2.2. SPECIFIC OBJECTIVES

The specific objectives are:

- Specify the institutional and organizational framework for monitoring and evaluation of the 2021-2025 NHDP at ministerial and inter-ministerial level;
- Provide the structures with tools for measuring the progress made (the matrix of indicators, the performance framework, the dashboard for monitoring the implementation of the NHDP for each level of the health pyramid);
- Periodically measure progress at all levels.

CHAPTER 2: GENERALITIES, INSTITUTIONAL AND ORGANIZATIONAL FRAMEWORK OF THE NATIONAL HEALTH INFORMATION SYSTEM

2.1. GENERAL

The Monitoring of the implementation of departmental programs is a fundamental mission entrusted to the management and dialogue platforms and “PPBS” committee. In addition to having the staff dedicated to this task, each ministry has an internal system to collect and centralize information from the operational level and to inform decision-makers. As the interventions of the NHDP are multisectoral, achieving projected results requires a coherent implementation of the health actions carried out in the various ministerial departments of the health sector.

However, it could be noted that, most of the interventions planned in the NHDP 2021-2025 will be under the coordination of MOH. Therefore, the level of functionality of the National Health Information System (NHIS) will be decisive for measuring the progress made in the implementation of this NHDP. In other words, the effectiveness of monitoring the NHDP also depends on the functionality of the NHIS.

Currently, considerable efforts have made it possible to reduce the number of variables to be reported and to harmonize data collection tools. To address this, a common data feedback tool from the operational level has been set up. This is the *District Health Information System* (DHIS-2) application (software). Mechanisms to consolidate this achievement should be considered during the implementation of this integrated monitoring and evaluation plan.

However, it should be noted that there is as yet no DHIS unit dedicated to activity, action and programme managers to provide information on the level of development of their respective performances.

2.2. THE INSTITUTIONAL AND ORGANISATIONAL FRAMEWORK OF THE NHIS

Several legal texts underpin the organization and functioning of the NHIS. These are Decree No. 2010/2952/PM of 1 November 2010 on the creation, organization and functioning of the National Public Health Observatory; Decree No. 2013/093 of 3 April 2013 on the organization of the Ministry of Public Health which, among other things, attached the Health Information Unit to the General Secretariat and set up the service responsible for epidemiological surveillance into a sub-directorate to the Directorate of Disease Control, Epidemics and Pandemics (DLMEP).

The regional level has also benefited from the establishment of a health planning and information unit. At the Health District (HD) level, the head of the health office is responsible for managing health information from all health facilities (HF) in the . For 3rd and 4th category hospitals, the general supervisor is responsible for compiling health information from the various departments, while in 5th category health facilities, this task falls to the heads of the health centre /district medical centre or health areas.

From the above, it emerges from the MOH that the monitoring system for the implementation of the NHDP 2021-2025 is relatively well organized institutionally at the central and intermediate levels.

However, at the operational level (health district), the monitoring of the District Health Development Plan and the performance of the Annual Work Plan (AWP) is hindered to some extent by the shortage of qualified staff in charge of managing the health information devolved to these various departments and also the demotivation of those who are already there. Indeed, the management of health information is most often reserved for so-called "recalcitrant" staff (ERSEN 2014.). In addition, many illegal health facilities are beyond the control of the health system, resulting in weak evidence-based health information for decision-making. Thus, there is no mechanism for monitoring health indicators in partner ministries carrying out health activities at all levels. The establishment of the Health Sector Sub-committee at the national level, whose Technical Secretariat ensures the Monitoring and Evaluation of its implementation, is an attempt to respond to this problem, but it does not have operational units at the regional and district levels. Hence, the guidelines formulated for the establishment of *CORECSES and COCSES*. In view of such a profile, the adequate monitoring of NHDP interventions will be a challenge that will have to be met.

CHAPTER 3: INSTITUTIONAL FRAMEWORK AND COORDINATION MECHANISM

The NHDP 2021-2025 is a transcription of the Health Sector Strategy 2020-2030, which is an operationalization of the National Development Strategy 2020-2030.

The implementation of the NHDP 2021-2025 will be carried out according to a multisectoral approach (ministerial and interministerial) at all levels of the health pyramid (central, intermediate and peripheral), through the various coordination mechanisms of the health sector. The main topics will be: (i) Strengthening the institutional and organizational framework for monitoring and evaluating the NHDP at the ministerial and interministerial levels and at all levels of the health pyramid; (ii) strengthen partnership and coordinated resource mobilization around the implementation of the NHDP; (iii) Make available the matrix of indicators, the performance framework, the dashboard for monitoring the implementation of the NHDP for each level of the health pyramid; (iv) enable all actors in the health sector to measure progress; (v) strengthen the alignment of partners with national priorities, (vi) strengthen mutual accountability in achieving health outcomes.

3.1. INSTITUTIONAL FRAMEWORK FOR IMPLEMENTATION

The implementation of the NHDP 2021-2025 will be ensured in accordance with the guidelines of Law No. 2007/006 of 26 December 2007 on the financial regime of the State supplemented by Law No. 2018/012 of 11 July 2018 on the financial regime of the State and other public entities. This law institutionalizes program-based budgeting with clear objectives to be achieved after a set period. It focuses on performance and the effective, equitable and efficient use of public resources. Thus, in an economic context with limited resources, the transition from a logic of means to a logic of performance constitutes a lever to facilitate the achievement of the results of the NHDP. The same applies to Law No. 2019/024 of 24 December 2019 on the General Code of Decentralized Territorial Collectivities, which defines the general legal framework, the rules of organization and operation as well as the specific regime of local authorities in the health sector. The 1998 Framework Health Act completes this list.

The NHDP 2021-2025 will be coordinated, monitored and implemented in accordance with the guidelines of Decree No. 2021/1541/PM of 23 March 2021 on the creation, organization and functioning of the National Monitoring and Evaluation Committee for the implementation

of the NDS30. The structures in charge of the strategic management and operational monitoring of the HSS 2020-2030 and the NHDP 2021-2025 are: (i) the National Monitoring and Evaluation Committee for the implementation of the National Development Strategy 2020-2030 (NCME/NDS30);

- (i) the technical coordination unit;
- (ii) the "Health" Sub-Committee of the National Monitoring and Evaluation Committee of the implementation of the National Development Strategy 2020-2030 and
- (iii) the Technical Secretariat of the "Health" Sub-Commission.

The National Monitoring and Evaluation Committee for the implementation of the National Development Strategy 2020-2030 (NCMENDS30)

The National Monitoring and Evaluation Committee for the implementation of the National Development Strategy 2020-2030 (NCME/NDS30) is the main body responsible for monitoring as well as providing technical and operational supervision of all work relating to the implementation of the DS30. Chaired by the Minister in charge of planning, the NCME/NDS30 mission is to support the various sectors in the development of their respective sectoral strategies, to ensure intersectoral collaboration, as well as the monitoring and evaluation of the NDS30 and sectoral strategies. It also ensures the implementation of the NDS30 and sectoral strategies within administrations through Strategic Performance Frameworks and strategic plans. The NCME/NDS30 is assisted by a technical coordination unit and sectoral secretariats. All of its missions are listed in Box 1 below¹.

Box 11: Missions of the National Monitoring and Evaluation Committee for the implementation of the National Development Strategy 2020-2030

The NCME/NDS30 ensures the follow-up and technical supervision of all work relating to the implementation of the NDS30. As such, it is responsible in particular for:

- ensuring the finalization of the projects and reforms initiated under the GESP, as well as the operationalization of the government's commitments working to achieve the objectives of the vision of emergence by 2035;
- monitoring the process of carrying out strategic studies for the operationalization of the NDS30 and in particular feasibility studies of the plans and reforms identified in the strategy;
- updating and monitoring the NDS30 and the sectoral strategies through, in particular, the production and validation of semi-annual and annual reports on the implementation of the sectoral strategies;

- Monitoring and optimizing collaboration with the administrations concerned the process of appropriation by Cameroon of the clauses of the major international agendas (SDGs, Agenda 2063, etc.);
- submitting to the Prime Minister, Head of Government, for arbitration proposals for prioritizing Government interventions in all sectors, with a view to ensuring the intersectoral coherence of these interventions with the strategic objectives pursued by the NDS30;
- ensuring the implementation of the NDS30 and sectoral strategies within administrations through Strategic Performance Frameworks and strategic plans;
- Ensuring the consultation, mobilization and awareness raising, as appropriate, of all institutional actors directly concerned, including Development Partners, for the implementation of the NDS30.

Source: Article 2 of Decree No. 2021/1541/PM of 23 March 2021 on the establishment, organization and functioning of the National Monitoring and Evaluation Committee for the implementation of the NSDS30

The Technical Coordination Unit

The technical coordination unit is the linchpin that ensures the preparation of the NCME/NDS30 sessions. To this end, it is responsible for coordinating the activities of the sectoral secretariats and ensures the production of monitoring reports on the implementation of sectoral strategies. All of its missions are set out in Box 2 below.

Box 22: Mission of the technical unit coordinating the implementation of the National Development Strategy 2020-2030

The Technical Coordination Unit assists the NCME/NDS30 in carrying out its missions. As such, it is responsible for:

- Preparing the meetings of the Committee and drawing up minutes;
- Ensuring technical and operational monitoring of the implementation of the NDS30;
- Centralizing strategic studies for the operationalization of the NDS30;
- Preparing draft monitoring and evaluation reports on the implementation of the NSD30;
- Ensuring, together with the structures concerned, the production on the basis of the statistics necessary for the monitoring of the NSD30 in all sectors;
- ensuring the establishment of sectoral databases in liaison with the sectoral sub-commissions and the administrations directly concerned;
- Ensuring, in liaison with the structures concerned, the alignment of all interventions with the NSD30 and their coherence;
- Ensuring that sectoral and spatial planning instruments are aligned with the NSD30;
- Coordinating the activities of the Sectoral Technical Secretariats and ensuring in particular the production of Monitoring Reports on the implementation of sectoral strategies;

- Proposing to the NCME/NDS30 any measure likely to improve the implementation of the NSD30.
- Performing any other task prescribed by the NCME/NDS30 within the scope of its purpose.

Source: Article 7.-(1) of Decree No. 2021/1541/PM of 23 March 2021 on the establishment, organization and functioning of the National Monitoring and Evaluation Committee for the implementation of the NDS30

Sub-Committee on Health of the National Monitoring and Evaluation Committee of the implementation of the National Development Strategy 2020-2030

The main mission of the sectoral sub-committee "health" is the orientation, coordination, supervision, harmonization and supervision of the work relating to the Sectoral Health Strategy and the NHDP. It is coordinated by the Secretary General of MOH and its members are the Secretaries General of the following administrations: MINEPAT, MINFI, MINESUP, MINDEF, DGSN, MINRESI, MINJUSTICE, MINNAS, MINEE, MINEPDED, MINTSS, MINPROFF. In addition to the latter, there are representatives of the organizations under supervision: LANACOME, CENAME, ONSP, IMPM, CNPS. The list of members is completed by representatives of the private sector and civil society: the National Order of Physicians of Cameroon (ONMC), the National Order of Pharmacists of Cameroon (OANC), the National Order of Dental Surgeons of Cameroon (ONCDC), the Order of Medical and Health Professions (OPMS), the National Order of Opticians of Cameroon (ONOC). Reporting within this commission is provided by the Technical Secretariat of the Sub-Commission on Health (ST/HSS), the Strategic Planning and Forecast Division of MINEPAT (SPFD).

Technical Secretariat of the Sub-Committee on Health (ST/HSS).

The Technical Secretariat of the Health Subcommittee is responsible for the production of monitoring reports on the implementation of the HSS 2020-2030. These reports will then be submitted to the CNSE/NHD30 "Health" sub-committee for validation and may subsequently be used by the technical coordination unit as part of the preparation of the CNSE/NHD30 sessions. In detail, the missions of the Technical Secretariat of the Health Subcommittee (ST / HSS) are listed in Box 3 below

Box 3Health" Sub-Commission, a contextualization of Article 12.-(2) of Decree No. 2021/1541/PM of 23 March 2021 on the creation, organization and functioning of the National Monitoring and Evaluation Committee for the implementation of the NHD30

- Prepare the meetings of the health subcommittee and draw up the minutes
- identify and monitor health sector issues, reforms and flagship projects;
- ensure the coherence of interventions within the health sector;
- set up in collaboration with the actors concerned, a sectoral information system;
- prepare semi-annual and annual reports on the implementation of the health sector strategy / NHDP;
- prepare the technical tools necessary to carry out the missions of the CNSE/NDS30 in the Health sector;
- Carry out all other tasks entrusted to it by the Sub-Commission on Health.

In addition to the missions outlined above, the ST-HSS will pay particular attention to ensuring:

(i) technical support to health sector administrations in the areas of planning, coordination, monitoring and evaluation of the NHDP;

(ii) technical support to health sector administrations, including MOH, in the operationalization of the NHDP at all levels of the health pyramid;

(iii) the consolidation of the outputs of health sector administrations (journal reports, PPA, CDMT, PTA, RAP) with a view to producing sectoral information;

the alignment between the strategic orientations of the HSS/NHDP and the strategic performance frameworks of the health sector administrations; the implementation of the reforms essential to the achievement of the objectives, enlisted in the HSS and the NHDP.

3.2. IMPLEMENTATION MECHANISM AND COORDINATION AT MINISTERIAL LEVEL

The NHDP 2021-2025 will be implemented in the country through operational plans developed at all levels of the health pyramid (central, intermediate and peripheral) with the full participation of all stakeholders.

Central level

At the central level, the structures in charge of planning and programming of health sector administrations will ensure the development of planning tools to implement NHDP interventions. The orientations of the PNDS resulting from the HSS are translated into Programmes, Actions and Activities in the Strategic Performance Frameworks of the health

sector administrations.. Activities are detailed in terms of tasks and budgets on a three-yearly basis through Medium-Term Expenditure Frameworks (MTEFs). Each year, the health sector administrations draw up a budgeted annual work plan (PTAB), which should form the basis for drawing up quarterly work plans (business plans)..

The coordination mechanisms at this level will rely on the management and dialogue platforms of the different health sector administrations.

Deconcentrated levels

At the decentralized level of the health pyramid, each regulatory structure of the health sector should develop its document of contextualization and operationalization of the NHDP according to the one health logic. These are the District Health Development Plan (DHDP) at the peripheral level and the Consolidated Regional Health Development Plan (CRDP) at the intermediate level. The aim is to combine the efforts of all stakeholders for more efficiency in the implementation of interventions. These documents must then be broken down into AWP. It should be noted that, as part of the health system strengthening project, Ministry of Health actors have adopted the performance-based financing approach for the implementation of NHDP interventions. Health structures at all levels of the pyramid are expected to draw up a performance contract with a business plan for the implementation of their activities. ²

To ensure efficiency, two entities will ensure the coordination and monitoring and evaluation of the implementation of the HSS and the NHDP at the decentralized level. These are: the Regional Committee for Coordination and Monitoring and Evaluation of HSS Implementation (CORECSES) for the regional level and the Operational Committee for Coordination and Monitoring and Evaluation of HSS Implementation (COCSES) for the peripheral level.

- ***Intermediate level***

The regional delegations will have to ensure the coordination and monitoring and evaluation of the implementation of the HSS and the NHDP in their respective areas of competence through the PRCDS. This multisectoral document should allow PRSPs and their partners (partner administrations, DTCs, CSOs and TFPs), to have a common health monitoring and monitoring and evaluation framework for the region: this is the Regional Committee for Coordination and Monitoring and Evaluation of the implementation of HSS (CORECSES). It should be set up and chaired by the Governor of the region pending the effectiveness of the

guidelines of the law on decentralization, which grants the President of the Region the mandate to develop health and social action in their DTCs. Its main missions will be:

- (i) the validation of Regional Consolidated Health Development Plan (RCHDP) with all stakeholders under the coordination and supervision of ST/HSS;
- (ii) multisectoral coordination and monitoring of the implementation of the NHDP 2021-2025 at the regional level;
- (iii) validation of the RCHDP integrated Monitoring and Evaluation plan and the RDPH multisectoral monitoring dashboard.

The Regional Delegate of Public Health (RDPH) will act as Technical Secretary of this committee. The Technical Secretariat of CORECSES (ST/CORECSES) will also ensure:

- (i) the compilation of data at the decentralized level for each strategic axis;
- (ii) feedback from the regional level to health districts and,
- (iii) validation and consolidation of HD progress reports.

For the sake of efficiency, the ST/CORECSES in collaboration with the Regional Delegation of Public Health will have to provide technical support to the Health Districts in the development of their Health Development Plans (HDPs), their AWP and the monitoring dashboards of these AWP by ensuring that the activities proposed in the different HDs and AWP of the HD are coherent and convergent towards the achievement of the objectives of the NHDP.

All other key actors of the existing multisectoral thematic subcommittees in the region will be integrated into the regional committee for the coordination and monitoring of HSS implementation. The Chief of the RDPH Care Monitoring Brigade will work in synergy with the RFHP and the regional coordinators of priority programmes to this end. A text of the hierarchy will specify the provisions inherent to the organization; the functioning and missions of CORECSES.

- *Peripheral level*

The District Health Development Plan will allow the district management team to bring together all the actors of the health sector around a single working and monitoring and evaluation platform, considering the orientations of the General Code of the DTCs. To this end, the Operational Committee for Coordination and Monitoring and Evaluation of the Implementation of the HSS (COCSES) should be set up and chaired by the Divisional and Sub-Divisional Officers pending the effectiveness of the guidelines of the law on decentralization,

which gives mayors the mandate to develop health and social action in their communes. The Head of the Health District (HDs) will act as technical secretary of this committee. The mission of the Technical Secretariat of COCSES (ST/COCSES) will be to develop the DHDP and AWP while ensuring that these two documents are aligned with the NHDP. The same applies to the the DHDP follow-up plan, which will have to be anchored in the IEMP program. It will also ensure the operational monitoring of the indicators included in the HDs multisectoral scoreboard. In addition, it will periodically transmit information on the monitoring and evaluation indicators of its AWP/DHDP to CORECSES. The ST/COCSES in collaboration with the District Health Service will mainly ensure the consolidation of the AWP of the health areas as well as the organization of supervision missions and multisectoral coordination meetings in the HD. The Head of Health Office (HHO) of the DHS will work in synergy with CSOs and local actors.

Table I: Coordination structures for the implementation of the NHDP

LEVEL OF INTERVENTION	ORGANS/STRUCTURES AND FREQUENCY OF MEETINGS	COMPOSITION	
INTERMINISTERIAL	<p>NATIONAL COMMITTEE FOR MONITORING AND EVALUATION OF THE IMPLEMENTATION OF THE NATIONAL DEVELOPMENT STRATEGY 2020-2030 (NCME/NDS30)</p> <p>Meeting frequency: Semi-annual</p>	<p>President: Minister in charge of Planning</p> <p>Members:</p> <ul style="list-style-type: none"> - SG of ministerial departments - President of the Technical Committee for Monitoring the Programmes - SG National Commission for the Promotion of Bilingualism and Multiculturalism - PS of the Human Rights Commission of Cameroon - 02 representatives of the PM's services - the Director General of Planning and Regional Development (MINEPAT) - the Director General of Economy and Public Investment Planning of the Ministry in charge of public investment programming 	<p>Members:</p> <ul style="list-style-type: none"> - Director General of the Budget of the Ministry in charge of Finance - Director General of Taxes of the Ministry in charge of Finance - Director General of Customs of the Ministry in charge of Finance - Director General of the National Institute of Statistics - DG of BUCREP - the SP of the Technical Committee for Monitoring the Programmes - PS of the National Council of Decentralization; - 05 DTC representatives - 03 representatives of representative organizations of the private sector - 05 representatives of civil society
	<p>TECHNICAL COORDINATION UNIT</p> <p>Frequency of meetings: Quarterly</p>	<p>President: Director General of Planning and Regional Development (MINEPAT)</p> <p>Technical Coordinator: Head of the Division of Strategic Planning and Forecast Division</p> <p>Members:</p> <ul style="list-style-type: none"> 01 PM Service Representative - Director of Spatial Planning and Development of 	<ul style="list-style-type: none"> - Director of North-South Cooperation and Multilateral Organizations of the Ministry in charge of Technical Cooperation; - Head of Division and Forecasting and Preparation of Programs and Projects of the Ministry in charge of public investment programming - Head of Division of Economic Analysis and Policies at the Ministry

LEVEL OF INTERVENTION		ORGANS/STRUCTURES AND FREQUENCY OF MEETINGS	COMPOSITION	
			<p>Border Areas of the Ministry in charge of Spatial Planning</p> <ul style="list-style-type: none"> - Head of Division of Demographic Analysis and Migration of the Ministry in charge of spatial Planning - Director of Infrastructure and Support for Regional and Local Development of the Ministry in charge of Spatial Planning 	<p>in charge of the Economy;</p> <ul style="list-style-type: none"> - Head of the Forecasting Division of the Ministry in charge of Finance; - Head of the Budgetary Reform Division of the Ministry of Finance; - Head of Department of Statistical Coordination of Cooperation and Research of the NIS - Head of Department of Economic Syntheses of the NIS
		<p>SUBCOMMITTEE ON HEALTH</p> <p>Frequency of meetings: Quarterly</p>	<p>President: SG MOHMOH</p> <p>Members: SG MINEPAT, MINFI, MINESUP, MINDEF, DGSN, MINRESI, MINJUSTICE, MINAS, MINEE, MINEPDED, MINTSS, MINPROFF, MINSEP</p>	<p>Representing LANACOME, CENAME, ONSP, IMPM, CNPS, private sector, OSC, ONMC, OANC, ONCDC, ONPMS and ONOC.</p> <p>Rapporteurs: ST/HSS (Technical Secretariat of the Health Sectoral Sub-Commission) DPPS representative at MINEPAT</p>
		<p>Technical Secretariat of the Health Sector (ST/HSS)</p>	<p>COORDINATOR: Public Health Expert</p>	<p>TECHNICAL STAFF: (i) a statistician; (ii) an accountant; (iii) a planning expert, (iv) a monitoring and evaluation expert; (v) Computer engineer; (vi) an expert in health economics; (vii) public finance expert; (viii) two public health physicians (epidemiology/health system option).</p>
MINISTERIAL	Central level	<p>Management Dialogue Platform</p> <p>Frequency of meetings: Quarterly</p>	<p>President: Minister Vice President: SG Members Program Managers Responsible for actions</p>	<p>Rapporteurs Director of Financial Resources Head of Division of Studies and Projects</p>

LEVEL OF INTERVENTION		ORGANS/STRUCTURES AND FREQUENCY OF MEETINGS	COMPOSITION
			Coordinator of Management Control Management controllers HSS Technical Secretariat Other members Head of the Monitoring Unit
	Regional level	CORECSES Frequency of meetings: Quarterly	PRESIDENT: Governor TECHNICAL SECRETARIAT : RDPH MEMBERS: Regional Delegates of partner ministries at MOHMOH, (MINAS, MINPROFF, MINEDUB, MINESEC, MINADER, MINEPIA, MINEE, MINEPDED, MINJEC, MINTSS, MINSEP); responsible for the prison infirmary at the regional level; manager of the RFHP; Representative of the Regional CSO Platform
	Operational level	COCSES Frequency of meetings: Quarterly	PRESIDENT: Prefect/Sub-Prefect TECHNICAL SECRETARIAT : Head of Service of the Health District; MEMBERS : (i) President of COSADI; (ii) Members of the ECD; (iii) divisional delegates of partner ministries; (iv) members of the District Framework Team; (v) heads of the DTCs and Civil society Organizations affiliated to the regional CSO platform.

CHAPTER 4: MONITORING AND EVALUATION TOOLS OF THE NHDP

The main tools recommended for monitoring and evaluating the implementation of the 2021-2025 NHDP includes: the operational matrix of indicators, the performance framework, and the dashboard.

4.1. OPERATIONAL MATRIX OF INDICATORS

The operational matrix for monitoring and evaluation is a table that summarizes the performance indicators of the NHDP 2021-2025. It makes it possible to explain the method of calculation and to specify the content of each indicator. All actors (at all levels) involved in the M&E of the NHDP will therefore have a reference system to which they can use.

Seven criteria are used to describe each indicator in this matrix, namely: (i) the title of the indicator; (ii) its purpose ; (iii) its method of calculation; (iv) the method of data collection; (v) data collectors ; (vi) the source of data collection; (vii) the frequency of data collection.

Impact indicators will be used to assess the long-term impact of health actions on populations. The outcome indicators will make it possible to assess, in the mid-term, the progress made in the use of health care services and the changes in behavior observed. The outcome and impact indicators therefore form the framework of the monitoring and evaluation performance framework of the NHDP. Finally, direct output indicators will ensure the level of implementation of planned interventions.

Table II : Operational matrix of monitoring and evaluation indicators of the NHDP 2021-2025

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
STRATEGIC AXIS 1: HEALTH PROMOTION							
Performance indicators of the strategic axis							
% of households using improved toilets	Access to adequate sanitation and hygiene services	Numerator: Number of households using improved toilets Denominator: total number of households in the study population	DHS MICS	Central	Investigations	Every 5 years	NIS
% of women aged 15-49 who are overweight	The tendency of 15-49 year old women to be overweight	Numerator: Number of overweight women aged 15 to 49. Denominator: total number of women aged 15-49 surveyed	DHS	Central	Investigations	Every 5 years	NIS MOH
Tobacco consumption rate	Level of exposure to tobacco in adolescents	Numerator: Number of people aged 15 and over who consume tobacco Denominator: Total number of persons aged 15 and over	DHS	Central	Inquiry	Every 5 years	NIS MOH
Prevalence of tobacco use among those over 15 years of age (SDG 3.a.1)							
Proportion of companies subject to the obligation to have an established and functional Health and Safety Committee (HSC)	the level of application of occupational safety measures for the prevention of occupational diseases and accidents at work	Numerator: Number of companies subject to the obligation to have an established and functional Health and Safety Committee (HSC) Denominator: Total number of undertakings subject to the obligation	MINTSS Annual Report	Central	Routine collection	Annual	MINTSS

¹ The assignment of an indicator to a given level of the health pyramid took into account two criteria: (i) the ease for the level of the pyramid to inform this indicator with regard to its missions; and (ii) its ability to take corrective action to improve this indicator if its value is lower than expected on the one hand, or to identify strategies for maintaining this value at its best level, if it is satisfactory on the other hand.

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Chronic malnutrition rates among children under 5 years (SDG 2.2.1)	the extent of chronic malnutrition among children under 5 years	Numerator: Number of children aged 0 to 5 years whose weight-for-age index is less than 2 Z scores. Denominator: total number of children aged 0-5 surveyed	DHIS-2	Operational	Routine	Monthly	MOH
Strategic sub-axis 1.1: Institutional, community and coordination capacities in the field of health promotion							
Performance indicators of the strategic sub-axis							
Proportion of HD with a functional COSADI*	the functionality of operational-level dialogue structures	Numerator: Number of HD with a functional COSADI Denominator : Total HD	Semi-annual follow-up reports on the PRCDs DRSP	Regional	Exploitation of documents	Biannual	MOH
Monitoring indicators of the strategic sub-axis							
Ratio of CHWs per Inhabitant ²	Availability in health districts of qualified multi-purpose CHWs for community-based ART delivery	Numerator: Total number of multipurpose CHWs Denominator: Total population	HD Quarterly Reports	Operational	Exploitation of documents	Quarterly	MOH
Community MAR completeness rate	The availability and completeness of the transmission of Community MARS	Numerator: Total number of complete Community MARS entered in DHIS2 in a period Denominator: Number of community AMRs expected over the same period	MAR of the HD	Operational	Exploitation of documents	Monthly	MOH

² The standard is one ASC per 1000 inhabitants, and an area must have a minimum population of 5000 people

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Proportion of health districts reporting community MAR	Implementation of community-based health care and services activities	Numerator: Number of HDs that populate the community MAR Denominator : Total HDs	Semi-annual follow-up reports on the CRHDP	Regional	Exploitation of documents	Biannual	MOH
Proportion of DTC budget allocated to HFs as part of decentralization ³	capacity of DPCs to engage in addressing population health issues	Numerator : CPC budget allocated to HFs Denominator : Total DTC Budget	COGEDI Annual Report	Operational	Exploitation of documents	Annual	MOH
Proportion of RFHP budget allocated in support of COSADI	The capacity of the RFHP to support the functioning of the COSADI	Numerator : Amount of RFHP budget allocated in support of COSADI Denominator : Total RFHP Budget	RFHP Annual Report	Regional	Exploitation of documents	Annual	MOH
Strategic sub-axis 1.2: Living environment of the population							
Performance indicators of the strategic sub-axis							
Proportion of households that use solid combustible as primary energy source for cooking	the level of household exposure to toxic substances contained in solid combustible smoke	Numerator: Number of households that use solid combustible as primary energy source for cooking Denominator: Total number of households targeted	MICS, DHS	Central	Inquiry	Every 3 to 5 years	MINEPDED NIS
Proportion of households with access to safe drinking water	the segment of the population with access to drinking water	Numerator: Number of households with access to safe drinking water. Denominator: Total number of households identified	DHS, MICS, ECAM	Central	Survey, study	Every 3 to 5 years	MINEE NIS

³ Indicator formulated to capture the information sought by the NSD30 on Percentage of DPCs with autonomy in the financial and physical management of their FOSA

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Mortality rates due to unsafe water, poor sanitation and poor hygiene (access to adequate WASH services) (SDG 3.9.2.)	Mortality due to water-borne diseases	Numerator: Number of deaths due to water-borne diseases in a given time period Denominator: Total number of deaths recorded during the same period	DHIS-2 Activity reports	Operational	Routine system	Monthly	MOH
Monitoring indicators of the strategic sub-axis							
Proportion of HDs implementing CLTS	community involvement in the implementation of basic hygiene and sanitation interventions	Numerator: Total HDs implementing CLTS Denominator: Total number of HDs	Annual monitoring reports of the CRHDP MOH Annual Performance Report	Regional	Exploitation of documents	Annual	MOH
Frequency of fatal and non-fatal occupational accidents (SDG 8.8.1)	Mortality and morbidity due to occupational accidents	Numerator: Number of fatal and non-fatal occupational accidents over a given period Denominator: Total number of days in the period	MINTSS Reports	Central	Exploitation of documents	Annual	MINTSS
Daily production capacity (m3/day)	The volume of water the country can make available per day	Counting	MINEE Annual Report	Central	Exploitation of documents	Annual	MINEE
Drinking water supply rate (%)	the percentage of households connected to the drinking water supply network	Numerator: Number of households connected to the drinking water supply system Denominator: total number of households	MINEE Annual Report	Central	Exploitation of documents	Annual	MINEE

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Proportion of households living in decent housing	the level of access of populations to decent housing	Numerator: Number of households living in decent housing Denominator: Total number of households surveyed	MINHDU Annual Performance Report MINEPDED	Central	Exploitation of documents	Annual	MINEPDED MINHDU
Proportion of households with access to sanitation	Availability of urban sanitation systems	Numerator: Number of urban households with sanitation Denominator: Total number of urban households surveyed	MINEPDED Annual Performance Report MINHDU	Central	Exploitation of documents	Annual	MINEPDED MINHDU
Proportion of municipal refuse regularly collected and adequately disposed of out of total municipal refuse generated (SDG 11.6.1)	The country's capacity to combat refuse pollution	Numerator: Number of refuse regularly collected and properly disposed of in urban areas Denominator: Total number of refuse generated in urban areas	MINEPDED Annual Performance Report	Central	Exploitation of documents	Annual	MINEPDED MINHDU
Sewage management infrastructure service rate	the percentage of households connected to the liquid sewerage network (sewerage, wastewater treatment plant)	Numerator: Number of households connected to the sewerage system Denominator: total number of households	MINEE Annual Performance Report	Central	Exploitation of documents	Annual	MINEE
% of vulnerable people who have adopted a climate change resilience mechanism	the resilience of vulnerable people to climate change	Numerator: Number of vulnerable people who have adopted a climate change resilience mechanism Denominator: Total number of vulnerable persons surveyed	MINEPDED Annual Performance Report	Central	Exploitation of documents	Annual	MINEPDED

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Strategic sub-axis 1.3: Strengthening healthy skills of individuals and communities							
Performance indicators of the strategic sub-axis							
Prevalence of pregnancies among adolescents aged 15-19 years	The effectiveness of the measures put in place to prevent the occurrence of adolescents pregnancies	Numerator: Number of pregnant girls aged 15-19 Denominator: Total number of girls aged 15-19	MINESEC Reports MICS DHS	Operational	Exploitation of documents	Quarterly	MOH MINESEC
Prevalence of smoking among individuals aged 15 years and older	The extent of tobacco exposure of persons aged 15 years and older	Numerator: Number of persons aged 15 years and over who consume tobacco Denominator: Total number of persons aged 15 and over	World Health Statistics, WHO, HPD, GATS	Central	WHO report, surveys	Every 3 to 5 years	MOH
Monitoring indicators of the strategic sub-axis							
% of HDs with a nutritionist	The availability of nutritionists in quantity and quality at the operational level	Numerator: Number of HDs with a least nutritionist Denominator: Total number of health districts	Annual monitoring reports of the PRCDs	Regional	Exploitation of documents	Annual	MOH
Prevalence of food insecurity (SDG 2.1.2)	The effectiveness of food safety measures put in place by public authorities	Numerator : Number of people at risk of food insecurity Denominator: Total population	MINADER Annual Reports	Central	Exploitation of documents	Annual	MINADER
Operational Nutrient and Food Access Price Support Facility (NDS30)	Availability of a mechanism that promotes people's access to nutrients	/	MINCOMME RCE Annual Report	Central	Exploitation of documents	Annual	MINCOMME RCE

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Average price of nutrients and infant foods as a percentage of GDP/inhabitant (NDS)	Availability of a mechanism that promotes infants' access to nutrients	/	MINCOMME RCE Annual Report	Central	Exploitation of documents	Annual	MINCOMME RCE
Application and usage rate of Codex standards NDS	Level of ownership of CODEX standards by stakeholders	Numerator : Number of CODEX standards used or in application Denominator : Total number of CODEX standards	MINCOMME RCE Annual Report	Central	Exploitation of documents	Annual	MINCOMME RCE
Proportion of targets reached during sensitization activities on the fight against drug use in schools and extracurricular settings	sensitization campaigns in and out of school settings	Numerator : Number of targets reached during sensitization activities on the fight against drug use in schools and extracurricular Denominator : Total target population	MINAS Annual Reports	Central	Exploitation of documents	Annual	MINAS
Variation rate of change in the number of road traffic accidents due to man or equipment in a year	Changes in the number of PVAs attributable to humans or equipment in a year	Numerator : total number of road traffic accidents due to man or equipment in the previous year minus the total number of road traffic accidents caused by man or equipment Denominator : total number of road traffic accidents caused by man or equipment	MINT ACTIVITY REPORT Gendarmerie	Central	EXPLOITATION OF DOCUMENTS	ANNUAL	MINT Gendarmerie
Road traffic mortality rate (SDG 3.6.1)	Lethality related to road accidents	Numerator : Number of deaths due to road accidents Denominator : Total number of accidents	MINDEF Annual Report	Central	Exploitation of documents	Annual	MINDEF

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
Ratio of volunteer physical educators per 100,000 inhabitants	the availability of qualified human resources to supervise the practice of physical and sports activities	Numerator: Number of volunteer physical educators X 100,000 Denominator: Total population	MINSEP Annual Report	Central	Exploitation of documents	Annual	MINSEP
Proportion of schools with potable water supply	Exposure of students to water-borne disease in primary and secondary schools	Numerator: Number of schools with a source of potable water supply Denominator: Total number of schools in the HD	CDS Annual Reports	Operational	Exploitation of documents	Annual	MOH
Strategic Sub-axis 1.4: Essential Family Practices, Family Planning, Adolescent Health Promotion and Postabortion Care							
Performance indicators of the strategic sub-axis							
Modern contraceptive prevalence rates among women of childbearing age (15-49 years) (SDG 3.7.1.)	the proportion of women of childbearing age (15 to 49 years) who are married or in a couple and whose FP needs are met by modern contraceptive methods	Numerator: Number of sexually active women of childbearing age (15-49 years) who use or whose partner uses a modern contraceptive method Denominator: Total number of women of childbearing age (15-49 years)	RMA du DS	Operational	Routine	Monthly	MOH
Proportion of unmet FP needs	the system's ability to make contraceptives available to women currently in unions who no longer want to have children and those who want to wait one or more years before having another child	Numerator: Number of married or union women aged 15 to 49 who want to space their births or limit the number of children but who are not currently using a modern method of contraception Denominator : Total number of married or union women aged 15-49 who are fertile and want	MOH MICS DHS	Central and Regional	Survey, study	Every 3 years for MICS 5 years for DHS	MOH

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
		to space their births or limit the number of children					
Adolescent fertility rate 15-19 per 1,000 adolescent girls (SDG 3.7.2)	The ability of adolescent girls aged 15 to 19 to contribute to population growth	Numerator: Number of newborns recorded during the year by adolescent girls aged 15 to 19 Denominator: Number of adolescent girls aged 15 to 19	DHIS 2	Operational	Routine	Monthly	MOH
Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting (SDG 5.3.2)	Extent of cultural practices harmful to health	Numerator: Number of girls and women aged 15-49 who underwent female genital mutilation or cutting Denominator: Total number of girls and women aged 15-49	MINPROFF report MOH	Central	Study	Every 5 years	MINPROFF MOH
Proportion of women aged 20-24 who are married or in a couple before the age of 15 or 18 (SDG 5.3.1)	Extent of the problem of early marriage	Numerator: Number of women aged 20 to 24 who were married or in a couple before the age of 15 or 18 Denominator : Total number of girls and women aged 20-24	MINPROFF report	Central	Study	Every 5 years	MINPROFF
Proportion of women and girls aged 15 years and older who have been in a couple who have experienced physical, sexual or psychological violence inflicted in the past 12	Extent of violence against women	Numerator: Number of women and girls aged 15 and over who have experienced physical, sexual or psychological violence in the past 12 months by their current or former partner	MINPROFF report	Central	Study	Every 5 years	MINPROFF

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ¹	Collection method	Periodicity	Responsible administration
months by their current or former partner (SDG 5.2.1.)		Denominator : Total number of women aged 15 and over					
Monitoring indicators of the strategic sub-axis							
% of HFS (IHC, MHC,DH) that offers ANC specific services	country coverage in ANC specific services	Numerator : Number of HFs (IHC, MHC, DH) that offers ANC specific services Denominator : Total number of HFs in the HDs	DHIS2	Operational	Exploitation of documents	Monthly	MOH
% of HDs with at least one functional FP structure dedicated to adolescents and youths	availability of adolescent-friendly FP services	Numerator : Number of HDs with at least one functional FP structure dedicated to adolescents and youths Denominator : Total number of HDs surveyed	MINPROFF Annual Report MOH	Operational	Exploitation of documents	Annual	MOH
Proportion of DHs with technical staff trained in EFP *	availability of technical staff trained in EFP	Numerator : Number of DHs with technical staff trained in EFP Denominator : Total number of DHs and their equivalents surveyed	Annual monitoring reports of the PRCDS	Regional	Exploitation of documents	Annual	MOH
Number of female survivors receiving at least one of the following cares: medical, psychosocial, legal and judicial, economic	level of community engagement in EFP adoption	Number of annual cases of survivors receiving at least one of the following cares: medical, psychosocial, legal and judicial, economic	MINPROFF Annual Report	Central	Exploitation of documents	Annual	MINPROFF

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁴	Collection method	Periodicity	Responsible structure
STRATEGIC AXIS 2: DISEASE PREVENTION							
Performance indicators of the strategic axis							
Prevalence of high blood pressure (hypertension) in people aged 15 to 49 years	The extent of hypertension in people aged 15 to 49 years The proportion of people aged 15 to 49 years with systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mm Hg	Numerator: Number of people aged 15 to 49 with hypertension Denominator : Total number of persons aged 15 to 49	Investigation report	Central	DHS Survey	Every 5 years	MOH
Malaria prevalence rate among children under 5 years of age (NDS30)	Measures the level of infectivity of malaria in children under 5 years of age	Numerator: Number of children under 5 years of age who have had symptoms of malaria or have tested positive for malaria Denominator: Total number of children under 5 years	NMCP Reports DHIS2	Central Operational	Exploitation of documents	Annual Monthly	MOH
% of HIV-infected pregnant women receiving ART	the system's ability to manage ARTs in HIV positive pregnant women	Numerator: Total number of HIV-positive pregnant women on ART Denominator: Total number of HIV-positive pregnant women	HIV-RSDP, CNLS, DSF Reports RMA	operational	Use of routine CNLS data (document review)	Monthly	MOH

⁴ The assignment of an indicator to a given level of the health pyramid took into account two criteria: (i) the ease for the level of the pyramid to inform this indicator with regard to its missions; and (ii) its ability to take corrective action to improve this indicator if its value is lower than expected on the one hand, or to identify strategies for maintaining this value at its best level, if it is satisfactory on the other hand.

Strategic Sub-axis 2.1: Prevention of Communicable Diseases									
Performance indicators of the strategic sub-axis									
HIV prevalence	Measures the level of spread of HIV in the general population				DHS	Central	Survey, study	Every 5 years	MOH
HIV incidence	Appreciates the magnitude of new HIV infections	Numerator: Number of HIV+ people Denominator: Total population	HIV-DSP, DHS	Operational	Survey, study Exploitation of routine CNLS data	Every 5 years Monthly	MOH		
% of children 0-5 years sleeping under LLIN.	Exposure of children under 5 years of age to malaria	Numerator: Number of new HIV cases during the period assessed Denominator: total population at risk during the same period	HIV-DSP, DHS DHIS-2	Operational	EDS Post-campaign-LLIN survey	Every 5 years	MOH		
Incidence of viral hepatitis B per 100,000 inhabitants (SDG 3.3.4)	the level of spread of viral hepatitis B in the general population	Numerator: Total number of children aged 0-5 surveyed who spent the previous night under LLIN Denominator: Total number of children under 5 years of age surveyed	DHS, MICS	Operational	Serological survey, study Leveraging routine FOSEA data	Every 5 years Monthly	MOH		

Coverage of preventive chemotherapy for onchocerciasis (CDTI coverage)	the ability of the system to prevent the occurrence of onchocerciasis and its complications	Numerator: Number of people who received preventive treatment Denominator : Total population at risk	DLMEP Report, Oncho Programs	Central	Exploitation of documents	Annual	MOH
Incidence of tuberculosis (SDG 3.3.2.)	Number of new microscopy-positive TB cases and relapses over a given period	Numerator : Number of new TB cases and relapses over a given period Denominator : Total population at risk targeted over the same period	PNLTB reports, DLMEP DHIS-2	Regional	Survey, Review, Monitoring Leveraging routine FOSA data	Annual Monthly	MOH
Monitoring indicators of the strategic sub-axis							
Percentage of long-lasting insecticide-treated nets (LLINs) distributed among those planned	Coverage of the population in LLINs	Numerator: Number of long-lasting insecticide-treated nets distributed to the population in mass or routine campaigns Denominator : Number of long-lasting insecticide-treated nets planned	PNLP reports, DLMEP	Regional	Survey, Review, Monitoring	Annual	MOH
Number of people for whom interventions on neglected tropical diseases are needed (SDG 3.3.5)	Population at risk of Neglected Tropical Disease (NTD)	Counting	SD MTN Reports	Central	Exploitation of documents	Annual	MOH
Malaria incidence per 1,000 inhabitants (SDG 3.3.3)	New cases of malaria	Numerator: Number of new malaria cases Denominator: Total population	DHS, MICS, PNLN Reports RMA	Central Operational	Exploitation of documents	Annual Monthly	MOH

SPC coverage rate in target regions	SPC coverage in target regions	Numerator: Number of people who received preventive treatment during the SPC campaign Denominator: Target population	NMCP Report DS Reports	Central Operational	Exploitation of documents	Annual Monthly	MOH
Number of youths mobilized, sensitized and equipped with the necessary skills for their greater participation in the STI/HIV/AIDS response in youth	Involvement of youths in the fight against STIs/AIDS	Counting	MINJEC Reports	Central	Exploitation of documents	Annual	MINJEC
Prevalence rate of communicable diseases in prisons	Coverage of health interventions in prisons	Numerator: Number of inmates with communicable diseases Denominator: Total inmate population	MINJUSTICE Report	Central Regional Operational	Exploitation of documents	Annual	MINJUSTICE
Proportion of pupils dewormed	Prevention of helminthiasis in schools	Numerator: Number of pupils dewormed in the HD Denominator: Total number of pupils in HD	CDS Annual Reports	Operational	Exploitation of documents	Annual	MINEDUB MOH
Strategic sub-axis 2.2: Surveillance and response to EPDs, zoonoses and public health events							
Performance indicators of the strategic sub-axis							

Proportion of HDs with confirmed measles outbreaks that have organized a response according to national guidelines							Operational	Exploitation of epidemiological surveillance reports	Weekly Monthly	MOH
Proportion of measles outbreaks reported and investigated	Measures the institutional capacity of the health system to conduct measles epidemiological surveillance	Numerator: Number of measles outbreaks reported and investigated Denominator: Total number of measles outbreaks reported	DLMEP, EPI reports AEM Notification Sheet, AECM Report	Operational	Exploitation of epidemiological surveillance reports	Weekly Monthly	MOH			
Proportion of target population having received all EPI vaccines (SDG 3.b.1)	Immunization of the population	Numerator: Number of target individuals who have received all EPI vaccines Denominator: Total target population	ENP Report	Central	Exploitation of documents	Annual	MOH			
Monitoring indicators of the strategic sub-axis										
Vaccination coverage with reference antigen (Penta3) (NDSSND30) <i>Immunization coverage rate (% of children aged 12-23 months) (SND30)</i>	Measures the level of immunization of children 0-11 months of age against vaccine-preventable diseases	Numerator: Number of children aged 0-11 months who received penta 3 for a given period Denominator: Number of children under 0-11 months expected for the same period	RMA	Operational Regional Central	Exploitation of documents	Monthly	MOH			

Measles immunization coverage among children 12-23 months (SDG 3.8.1.a)	The level of immunization of children 0-11 months of age	Numerator: Number of children aged 12-23 months vaccinated against Rubella Measles over a given period Denominator : Number of children aged 12-23 months expected during a given period See Appendix	ENP Reports RMA	Regional District Central	Exploitation of documents	Monthly	MOH
Index of key capacities required according to the International Health Regulations (IHR) (SDG 3.d.1)	System ability to detect, assess, rapidly report events and respond to public health risks of national and international concern		NPHO Report	Central	Exploitation of documents	Annual	MOH
Strategic Sub-Axis 2.3: RMNCAH and PMTCT							
Performance indicators of the strategic sub-axis							
Coverage rate in ANC 4	Use of ANC services	Numerator Total number of pregnant women who had at least 04 antenatal consultations Denominator: Number of pregnant women received at ANC1	RMA	District Regional National;	Exploitation of documents	Annual	MOH
Mother-to-child transmission rate of HIV at 6 weeks	system capacity to prevent mother-to-child transmission of HIV	Numerator: Total number of HIV-infected children born to HIV-positive mothers Denominator : Total number of children born to HIV-positive mothers	CNLS Reports DFS RMA	District Regional National	Exploitation of documents	Monthly	MOH
Proportion of low birth weight infants (weight less than 2500 grams)	the nutritional status of the mother	Numerator: Number of newborns less than 2500g at birth Denominator : Total number of newborns	MICS surveys RMA	District Regional Central	Exploitation of documents	Annual Monthly	MOH

Monitoring indicators of the strategic sub-axis												
Proportion of HD that delivers SONUC according to standards (9 functions) ^(a)	The availability of the SONUC service offered in DH (availability of the 9 complete SONUC functions)	Numerator : Number of DHs that offer all 9 SONUC functions Denominator: Total DHs	DSF Report	Regional Central	Study Exploitation of documents	Annual	MOH					
Proportion of pregnant women who received at least 3 doses of IPT during pregnancy (% IPT 3)	the system's ability to prevent malaria in pregnant women	Numerator: Number of pregnant women who received at least 3 doses of IPT during pregnancy in a given period. Denominator: Number of pregnant women who consulted in ANC during the same period	RMA, NMCP report	Operational	NMCP supervision	Monthly, Annual	MOH					
Number of people reached during sensitization campaigns on the prevention of disability and disabling diseases in children	Cover sensitization campaigns on the prevention of disability and disabling diseases in children	Counting	MINAS Report	Central	Exploitation of documents	Annual	MINAS					
Strategic Sub-axis 2.4: Prevention of Non-communicable Diseases												
Performance indicators of the strategic sub-axis												
Prevalence of Type 2 Diabetes in Adults 18 Years of Age and above	the level of spread of type 2 diabetes	Numerator: Number of people aged 18 years and above with moderate hyperglycemia (defined as fasting blood glucose value between 110mg/dl and 126mg/dl)	Investigation reports RMA	Central Regional Operational	Inquiry	3 to 5 years	MOH					

Mortality rates from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (SDG 3.4.1)	Contribution of cardiovascular disease, cancer, diabetes or chronic respiratory disease to mortality	Denominator : Total population aged 18 years and above	RMA	Central Regional Operational	Exploitation of documents	Monthly	MOH
Monitoring indicators of the strategic sub-axis							
Proportion of DHs which have organized at least one annual NCD prevention and screening campaign (hypertension, diabetes, cancers, etc.)	DHs capacity to deliver NCD prevention service	Numerator : Number of DHs which conducted at least one annual NCD prevention campaign Denominator : Total DHs	DRSP Reports	Regional	Exploitation of documents	Annual	MOH
Hospital prevalence of hypertension	The extent of hypertension in people over 15 years of age in hospital settings the proportion of people aged 15 to 49 years with systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mm Hg diagnosed in a hospital setting	Numerator : Number of people aged 15 years and above diagnosed with hypertension in hospital settings Denominator : Total number of persons aged 15 and above	MAR	Operational	Exploitation of documents	Monthly	MOH
Proportion of military personnel who returned from a special operation	Capacity of the health system to provide care for military personnel sent to operation	Numerator : Number of military personnel who returned from a operation in a given period and received counselling and assistance					MINDEF

and received psychological assistance and support		Denominator: Total number of military personnel sent to operation in a given period							
Incidence of cervical cancer	the extent of cervical cancer in the total female population	Numerator: Number of new cases of cervical cancer Denominator: Total female population	Studies, Surveys DHS NapCPN Report	Regional Central	Exploitation of documents	Annual	MOH		

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
STRATEGIC AXIS 3: CASE MANAGEMENT							
Performance indicators of the strategic axis							
Peri-operational deaths rate in 4th category hospitals	the quality of the management of clinical-surgical cases in 4 th category hospitals	Numerator: Number of people who died in the ward or post-operative in a 4 th category health facilities Denominator: Total number of clinical-surgical cases admitted to a 4 th category health facilities	MAR of HD	District Regional Central	Use of registers and activity reports of HD and similar	Quarterly	MOH
Maternal mortality ratio (SDG 3.1.1)	Estimated number of deaths of women as a result of pregnancy	Numerator: Number of deaths of women related to pregnancy, childbirth or within 42 days of the end of pregnancy in a given period Denominator: Total number of newborns registered during the same period	Commerce DHS, DSF, PLMNI MARS	District Regional Central	Investigations Use of monthly reports	Every 5 years Monthly	MOH
Infant mortality rate	the probability of a child dying before reaching one year	Numerator: The number of children born alive and who died before one year within a given period. Denominator: Total number of live births registered during the same period	Commerce DHS, DSF, PLMNI MAR	District Regional Central	Investigations Use of monthly reports	Every 5 years Monthly	MOH

⁵ The assignment of an indicator to a given level of the health pyramid took into account two criteria: (i) the ease for the level of the pyramid to inform this indicator with regard to its missions; and (ii) its ability to take corrective action to improve this indicator if its value is lower than expected on the one hand, or to identify strategies for maintaining this value at its best level, if it is satisfactory on the other hand.

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Neonatal mortality rate (SDG 3.2.2)	the probability of a newborn dying before 28 days	Numerator: Number of newborn deaths in the first 28 days of life Denominator: Total number of registered live births	Commerce DHS, DSF, PLMNI MAR	District Regional Central	Investigations Use of monthly reports	Every 5 years Monthly	MOH
Infant and child mortality rate (SDG 3.2.1)	the probability of a child dying before the age of five years	Numerator: Number of deaths of live births aged 0 to 59 months in a given period Denominator: Number of children aged 0-59 months recorded during the same period	Commerce DHS, DSF, PLMNI MAR	District Regional Central	Investigations Use of monthly reports	Every 5 years Monthly	MOH
Direct intra-hospital obstetric case fatality rate	the quality of care for pregnant women in HFs	Numerator: Number of patients who died in hospital from a complication of pregnancy during a period of time Denominator: Total number of pregnant women admitted to HFs during the same period	Commerce DHS, DSF, PLMNI MAR	District Regional Central	Investigations Use of monthly reports	Every 5 years Monthly	MOH
Malaria-specific mortality rate in children under 5 years of age	The effectiveness of malaria prevention and management in children under 5 years of age	Numerator: Number of under-5 years deaths from malaria within a given period Denominator: Total number of children under 5 years with malaria during the same period	NMCP Report, DLMEP MAR	District Regional Central	Investigations Use of monthly reports	Monthly	MOH

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Strategic sub-axis 3.1: Curative management of communicable and non-communicable diseases							
Performance indicators of the strategic sub-axis							
Therapeutic success rate of bacilloscopy-positive tuberculosis patients	the quality of the case management of tuberculosis	Numerator : Number of new bacilloscopy-positive tuberculosis cases treated and cured Denominator : Total number of bacilloscopy positive tuberculosis under treatment	PNLTB Report MAR	Regional District central	Use of data	Monthly	MOH
Proportion of Buruli ulcer cases cured without complications	the ability to diagnose Buruli ulcer cases early	Numerator : number of Buruli ulcer cases cured without complications in a given period Denominator : Total number of Buruli ulcer cases treated during the same period	Commerce PNL2LUB DL MEP MAR	Regional District central	Use of data	Annual	MOH
Monitoring indicators of the strategic sub-axis							
Proportion of DHs that has a diabetes case management unit	The ability of DHs to properly manage diabetes cases	Numerator : Number of DHs with diabetes units Denominator : Total number DHs	Reports of District Heads	District Regional	Use of data	Quarterly	MOH
Proportion of hypertension cases managed in DHs according to protocols	the capacity of the health system to properly manage hypertension cases	Numerator : Number of cases of hypertension diagnosed and managed in DHs according to protocols for a given period of time Denominator : Total number of cases of hypertension diagnosed during the same period	Routine data (DHIS-2)	Operational Regional	Use of reports	Quarterly	MOH

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Proportion of RH with a sickle cell care unit	the system's ability to manage sickle cell cases	Numerator : HR number with a sickle cell care unit Denominator : Total RH	DRSP Report	Regional	Exploitation of documents	Biannual	MOH
Coverage of therapeutic interventions (pharmacological, psychosocial, detoxification and aftercare services) for substance use disorders (SDG 3.5. 1)	System Capacity to Manage Substance Use Disorders	Numerator : Number of regions with a substance use disorder unit Denominator : Total number of regions	DPS Report, CNLD	Regional Central	Exploitation of documents	Annual	MOH
% of older persons receiving health and psychosocial assistance	Capacity of the system to provide health and psychosocial support to older persons	Numerator : Number of targeted people aged 60 and over receiving health and psychosocial assistance Denominator : Total number of people aged 60 and over targeted	MINAS Annual Activity Report	DRSP MINAS	Exploitation of documents	Annual Biannual	MINAS
% of Indigenous population sensitized on the contours of modern and traditional medicine	Capacity of the system to engage Indigenous population in modern medicine	Numerator : Number of indigenous population sensitized on the contours of modern and traditional medicine for a given period Denominator : Total number of Indigenous population targeted during the same period	MINAS Annual Activity Report SDC Activity Report	Operational Regional	Exploitation of documents	Annual	MINAS
Strategic sub-axis 3.2: Maternal, neonatal, infant and adolescent conditions							
Performance indicators of the strategic sub-axis							

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Proportion of newborns who received postnatal care within 48 hours of birth	Provision of postnatal care services	Numerator: Number of newborns who received postnatal care within 48 hours of birth (regardless of place of delivery) Denominator: Total number of newborns registered during the period evaluated	Reports DS, DRSP, DSF, PLMI, MICS, DHS MAR	DS Regions Central	Routine data mining	Monthly	MOH
Proportion of births attended by skilled health personnel (SDG 3.1.2)	Quality of use of HFs by pregnant women for childbirth	Numerator : Number of deliveries attended by skilled health personnel Denominator: Total number of deliveries expected	Reports DS, DRSP, DSF, PLMI, MICS, DHS MAR	DS Regions Central	Routine data mining	Monthly	MOH
Proportion of obstetric fistula cases repaired	Availability of care and services for obstetric fistula	Numerator: Number of fistula cases repaired Denominator: Total number of cases detected	PRSP, DSF, PLMI Reports MAR	Region	Routine data mining	Biannual	MOH
Caesarean delivery rate	the system's capability to manage obstetric emergencies	Numerator: Total number of caesarean deliveries performed Denominator: Total number of deliveries performed by HFs	DSF reports, PLMI MAR	Districts Regions Central	Routine data mining	Monthly	MOH
Percentage of Pregnant Women diagnosed with syphilis in ANC and receiving treatment according to the norms*	Integrated care for pregnant women	Numerator: Total number of pregnant women diagnosed with syphilis in ANC and receiving treatment according to norms Denominator: Total number of Pregnant Women diagnosed with syphilis in ANC	DSF reports, PLMI	Districts Regions Central	Routine data mining	Quarterly	MOH
Strategic Sub-Axis 3.3: Public Health Emergencies and Events							

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Performance indicators of the strategic sub-axis							
Proportion of public health emergencies for which the Incident Management System has been activated at the national level	System responsiveness to emergency risks and public health events	Numerator: Total number of public health emergencies for which the Incident Management System has been activated at the national level Denominator: Total number of public health emergencies recorded	DLMEP Reports DRSP	Regional	Routine data mining	Quarterly	MOH
Proportion of District Hospitals offering blood transfusion according to standards	System capacity to manage public health emergencies	Numerator: Number of District Hospital Hospitals offering blood transfusion according to standards Denominator: Total number of DHs	DRSP Reports	Regional	Routine data mining	Quarterly	MOH
Monitoring indicators of the strategic sub-axis							
Proportion of DHs with a medicalized ambulance and with a functional referral and counter referral system	Functionality of the referral and counter referral system	Numerator: number of DHs with a medicalized ambulance and with a functional referral and counter referral system Denominator: Total number of DHs	DRSP Reports	Regional	Supervision, document review	Quarterly	MOH
Proportion of Regional Emergency Operations Centers that have at least 80% of the required HHR	System capacity to manage public health emergencies	Numerator: Total number of Emergency Operations Centers in regions that have at least 80% of the required HHR Denominator: Total number of Emergency Operations Centers	DLMEP DRSP Reports	Regional	Routine data mining	Quarterly	MOH
Strategic sub-axis 3.4: Disability care							
Performance indicators of the strategic sub-axis							

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Collection level ⁵	Collection method	Periodicity	Responsible administration
Proportion of cataract patients who recovered visual acuity greater than 3/10 one week after surgery	The system's ability to repair correctable visual impairments	Numerator: Number of cataract patients who recovered visual acuity greater than 3/10 one week after surgery Denominator: Total number of cataract cases undergoing repair surgery	DLMEP Report	Central	Inquiry	Annual	MOH
Monitoring indicators of the strategic sub-axis							
Percentage of RHs that have simplified protocols for the management of mental illness cases	The system's ability to manage mental illness cases according to standards	Numerator: Number of RHs with simplified protocols for the management of mental illness Denominator: Total number of RHs	Reports DRSP DPS, DLMEP) MINAS	Regional	Exploitation of documents	Annual	MOH
Number of persons with disabilities managed in rehabilitation center	Care for people with disabilities	Counting	MINAS Annual Activity Report	Central	Exploitation of documents	Annual	MINAS

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection		Collection level	Collection method	Periodicity	Responsible administration
STRATEGIC AXIS 4: STRENGTHENING THE HEALTH SYSTEM								
Performance indicators of the strategic axis								
Proportion of HDs that have reached the consolidation phase ^(a)	Appreciates the evolution of HDs towards their empowerment. Also assesses the capacity of districts to deliver quality MPA and CPA (According to standards)	Numerator: number of HDs that have reached the consolidation phase over the period evaluated Denominator: total number of HDs assessed during the same period	DRSP Reports	Regional	Study Exploitation of documents	Annual	MOH	
Strategic sub-axis 4.1: Health financing								
Performance indicators of the strategic sub-axis								
% of health expenditure borne by households	An appraisal of the burden of health expenditure borne by households	Numerator: Total health expenditure borne by households. Denominator: Total health expenditure	CNS reports, WHO	Central	Inquiry	Every 5 years	MOH	
Proportion of population covered by a social protection mechanism in health	Measures the level of adherence of populations to disease risk sharing mechanisms	Numerator: Population covered by a disease risk sharing mechanism Denominator: Target population	Annual reports: MOH, SUCAM, MINTSS, MINFI, MINEPAT	Central	Inquiry Study Exploitation of documents	Annual	MINTSS	

Percentage of households in the poorest quintile with health coverage (NDS30)	Coverage of poor populations in the face of risks of impoverishment due to health-related expenditure	Numerator: Number of households in the poorest quintile with health coverage Denominator: Total number of households in the poorest quintile	Study, ECAM, DHS, MICS UHC Implementation Report	National	Inquiry Exploitation of documents	Every 5 years	MOH NIS
Catastrophic expenditure ratio (SDG 3.8.2)	Exposure of populations to the risk of impoverishment due to health-related expenditure	Numerator: Number of households exposed to catastrophic expenditures Denominator: Total number of households	Study, ECAM, DHS, MICS UHC Implementation Report	National	Inquiry Exploitation of documents	Every 5 years	MOH NIS
Monitoring indicators of the strategic sub-axis							
Proportion of national budget allocated to health (NDS30)	political will to address population health issues as a priority	Numerator : Amount of the State Budget allocated to health Denominator: Overall state budget	Finance Act, Regulations Act	Central	Use of reports	Annual	MINFI
Rate of implementation of budgeted activities in programme budget	The ability of the system to implement scheduled interventions	Numerator : Number of technical activities carried out Denominator: Total number of budgeted technical activities	MOH Annual Report	Central	Use of reports	Annual	MOH

Budgetary expenditure rate at MOH	System's ability to consume its allocated resources	Numerator : Amount of budget consumed by MOH Denominator : Total budget of the MOH	MOH Annual Report	Central	Use of reports	Annual	
Percentage of people enrolled in UHC	An appraisal of the level of adherence of populations to the disease risk sharing mechanism	Numerator : Number of people enrolled in UHC Denominator : Total number of people targeted by UHC	Activity reports	Central	Exploitation of documents	Annual	
Proportion of Health Districts' DTC budget allocated to HFs	DTC participation in health financing	Numerator : Amount allocated by the DTC to HFs of the Health District Denominator : Total DTCs Budget	MOH Activity Report	Operational	Exploitation of documents	Annual	
Social security coverage rate for informal and rural workers	Protection of informal and rural workers from risks	Numerator : Number of informal and rural workers covered for at least three (03) risks Denominator : Total Labour Force	Activity report of MINTSS	Central	Exploitation of documents	Annual	MINTSS
Proportion of mutual social security companies covering at least three (03) risks	The level of social security coverage	Numerator : Number of social security schemes covering at least three (03) risks Denominator : Total number of social security schemes	Activity report of MINTSS	Central	Exploitation of documents	Annual	MINTSS

Performance indicators of the strategic sub-axis									
Proportion of DHs and their equivalence built to standards	The availability of quality infrastructures	Numerator : number of DHs and their equivalence built according to standards Denominator : Total number of DHs and their equivalence	SSD Annual Reports	Operational	Inquiry	Annual			
Monitoring indicators of the strategic sub-axis									
Percentage of training 1st and 2nd category HFIs with a technical platform raised to at least 50% (NDS30)	Quality of the technical platforms of the 1st and 2nd category HFIs	Numerator : Number of training courses 1st and 2nd category HFIs with a technical platform raised to at least 50% Denominator : Total number of 1st and 2nd category health facilities targeted for rehabilitation	MOH Reports	Central	Use of reports	Annual			
Percentage of 3rd category health facilities with a technical platform raised to at least 50% (SND30)	Quality of the technical platforms of the 3rd category Hospitals	Numerator : 3rd category hospitals with a technical platform raised to at least 50% Denominator : total number of 3rd category hospitals targeted for rehabilitation	DRSP Reports MOH	Regional	Use of reports	Annual			
Proportion of HDs with a standard built Health District Service	The availability of quality infrastructures	Numerator : Number HDs with a standard built Health District Service Denominator : Total number of HDs	DRSP reports, EPD MOH	Regional	Exploitation of documents	Annual			

<p>Proportion of regional blood transfusion centres built at targeted sites</p>	<p>The availability of specialized and approved blood transfusion facilities</p>	<p>Numerator: number of regional blood transfusion centres built Denominator: Total number of planned regional blood transfusion centres</p>	<p>MOH Activity Reports (CNTS)</p>	<p>Central</p>	<p>Exploitation of documents</p>	<p>Annual</p>
<p>% of HFs providing MHP that have obtained a community satisfaction score>=80%</p>	<p>Capacity of HFs delivering MPA to meet community demands</p>	<p>Numerator: Number of HFs providing MHP that have obtained a community satisfaction score>=80% Denominator: Total number HFs offering MPH in the HD</p>	<p>SD Activity Reports</p>	<p>Operational Regional Central</p>	<p>Exploitation of documents</p>	<p>Quarterly</p>
<p>% of HFs providing MHP that have obtained a technical quality score>=80%</p>	<p>Capacity of HFs delivering CPA to meet community demands</p>	<p>Numerator: Number of HFs providing MHP that have obtained a technical quality score>=80% Denominator: Total number HFs offering MHP in the HD</p>	<p>SD Activity Reports</p>	<p>Operational Regional Central</p>	<p>Exploitation of documents</p>	<p>Quarterly</p>
<p>% of HFs providing MHP that have obtained a technical quality score>=80%</p>	<p>Quality level of HFs that deliver the MPA</p>	<p>Numerator: Number of HFs providing MHP that have obtained a technical quality score>=80% Denominator: Total number of HFs offering the MHP in the HD</p>	<p>Activity reports</p>	<p>Operational Regional Central</p>	<p>Exploitation of documents</p>	<p>Quarterly</p>
<p>% of HFs providing CHP that have obtained a community satisfaction score>=80%</p>	<p>Quality level of HFs that deliver the CHP</p>	<p>Numerator: Number of HFs providing CHP that have obtained a community satisfaction score>=80% Denominator: number of DH and their equivalence</p>	<p>DS Activity Reports</p>	<p>Operational Regional Central</p>	<p>Exploitation of documents</p>	<p>Quarterly</p>

Proportion of HFs delivering that issue the full MHP	Full implementation of the MHP	Numerator: Number of DHs delivering that issue the full MHP Denominator: number of DH and their equivalence	DS activity reports	Operational Regional Central	Exploitation of documents	Quarterly	
Proportion of primary health facilities (ICS and MACs) that issue the full AMP	Completeness of the MAP	Numerator: Number of front-line health facilities (ICS and CMAs) that issue the full MAP Denominator: Total number of primary health facilities (ICS and MAC)	DS Activity Reports	Operational	Exploitation of documents	Quarterly	
Proportion of hospitals in 1 st , 2nd, 3rd and 4th category with an emergency services according to standards	Availability of compliant emergency services	Numerator: Number of hospitals in 1 st , 2nd, 3rd and 4th category with an emergency services according to standards Denominator: total number of hospitals in 1 st , 2nd, 3rd and 4th category	Activity reports	Operational Regional Central	Exploitation of documents	Quarterly	
Number of patients treated in military health structures and facilities	Contribution of the Ministry of Defence to case management	Counting	MINDEF Annual Report	Central	Exploitation of documents	Quarterly	

Proportion of school infirmaries with a first-aid kit according to standards	Availability of first aid kits in schools	Numerator: Number of school infirmaries with a standard first aid kit Denominator: Total number of schools	Commerce MINESEC MINEDUB	Central	Exploitation of documents	Quarterly	
Strategic Sub-Axis 4.3: Drugs and Other Pharmaceutical Products							
Performance indicators of the strategic sub-axis							
Proportion of health facilities that have a basic package of essential drugs that are available and affordable in a sustainable manner (SDG 3.b.3)	Capacity of the system to make essential drugs available and accessible in the long term	Numerator: Number of HFs without stock-outs of more than 3 months of essential tracer drugs Denominator: Total number of HFs	MOH Report	Operational Regional Central	Study	Quarterly	
Proportion of street drugs in the total supply of medicines (NDS30)	The extent of the phenomenon of street medication and illicit trafficking in pharmaceuticals	Numerator: Estimated amount of street drugs Denominator: Total available supply of medicines	MOH Study Report	Central	Study	Annual	
Proportion of traditional medicines in total supply of drugs (NDS30)	Contribution of traditional medicines to the total supply of drugs	Numerator: Traditional medicine supply available Denominator: Total available supply of drugs	MOH Report	Central	Study	Quarterly	
Monitoring indicators of the strategic sub-axis							
Proportion of laboratories networked through National Laboratory Network (RENALAB).	Prioritization of laboratories and quality of laboratory services to users	Numerator: number of laboratories affiliated to RENALAB Denominator: Total number of laboratories listed	MOH Report	Central	Literature review	Annual	

Proportion of blood transfusion needs met DHs	Availability of blood and blood products	Numerator: Number of blood bags transfused in the DH Denominator: Estimated total need for blood bags over the same period in the DH	RMA, MOH Activity Reports (CNTS, DPML, CNLS)	Regional Central	Exploitation of documents	Annual	
Average number of days of stock-outs of essential tracer drugs in RFHP	The availability of essential tracer drugs	Numerator: Total number of days of stock-outs of essential tracer drugs for the reporting period (90 days or 30 days) Denominator: Total number of days of availability for the period considered (90 days or 30 days) X the total number of essential tracer drugs	Annual follow-up reports of PRCDs/PRSP	Central Regional Operational	Exploitation of documents	Annual	
Performance indicators of the strategic sub-axis							
Proportion of physicians per inhabitant	Coverage of physician requirement per inhabitant	Numerator: total number of operational physicians Denominator: Total population	MOH Report (HRD)	Central	Exploitation of documents	Annual	
Medical density ratio (Personal number / population) per 1000 inhabitants (SND30)							

Health workforce density and distribution (SDG 3.C.1)	Density of health care workers per inhabitant	Numerator: total number of care-givers Denominator: Total population	MOH Report (HRD)	Regional Central	Exploitation of documents	Annual	
Monitoring indicators of the strategic sub-axis							
Percentage of HD with at least 50% of required technical staff ^(a)	the level of coverage of HHR in the health facilities in HDs	Numerator: number of HDs with at least 50% of the required technical staff Denominator: Total number of HD	Monitoring reports MOH (PRCDS, HRD)	Regional Operational	Exploitation of documents	Annual	
Percentage of regions with a consolidated HHR workforce file	The availability of working-level HHR. The ability of RDPH to regularly review the status of HHR in the regions.	Numerator: Number of regions with consolidated HHR workforce data including those in the private, traditional and health sub-sectors. Denominator: Total number of RDPH	SSD Reports DRSP	Operational	Exploitation of documents	Annual	
Proportion of students trained in human and animal health	The increase in HHR	Numerator: Number of students trained in human and animal health Denominator: Total number of students admitted to Higher Education	MINESUP Report	Exploitation of documents	Annual	Regional	
Performance indicators of the strategic sub-axis							
Timeliness rate of entry of MAR in DHIS2	the system's ability to ensure the availability of HFs data	Numerator: Number of MAR entered on time in DHIS2 Denominator: Number of MAR expected over the period	MOH Report	Regional Operational	Exploitation of documents	Monthly	

MAR completeness rate in DHIS2	availability and completeness of MAR transmission	Numerator: Total number of complete MARs entered in DHIS2 in a period Denominator: Total Number of expected MARs during the same period	MOH Report	Regional Operational	Exploitation of documents	Monthly	
Proportion of research results restituted	the system's ability to share research results	Numerator: Number of research projects authorized by the ethics committee and whose results have been restituted Denominator: Total number of research projects authorized by the ethics committee	DROS activity report	Central	Exploitation of documents	Annual	
Monitoring indicators of the strategic sub-axis							
Completeness rate of annual monitoring reports of the NHDP	Availability and completeness of NHDP monitoring reports	Numerator: Number of NHDP monitoring indicators filled Denominator: Total number of indicators for monitoring the NHPD	NHDP activity report	Central Regional Operational	Exploitation of documents	Annual	
Percentage of authorized research projects with published results	the system's ability to share research results	Numerator: Number of research projects authorized by the ethics committee and whose results have been published Denominator: Total number of research projects authorized by the ethics committee	DROS activity report	Central	Exploitation of documents	Annual	

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Structure in charge of collection	Collection level ⁶	Collection method	Periodicity
STRATEGIC AXIS 5: GOVERNANCE & STRATEGIC STEERING							
Performance indicators of the strategic axis							
Rate of achievement of HSS 2020-2030 targets	Progress in achieving HSS objectives	Numerator: Number of objectives whose targets were achieved during the period Denominator: Total number of targets set for the period	SSS/NHDP Evaluation Report	ST/SSS and its dismembersments	CENTRAL REGIONAL DISTRICT	EXPLOITATION OF DOCUMENTS STUDIES	ST/SSS report
Strategic sub-axis 5.1: Governance							
Performance indicators of the strategic sub-axis							
Proportion of budget allocated to programmatic priorities	Taking into account programmatic priorities during the budgeting of health sector interventions	Numerator: amount of budget allocated to the priorities of the NHDP 2021-2025 for the period Denominator: total amount expected to finance the priorities of the 2021-2025 NHDP for the period	-Finance Act and Regulations Act -Annual reports of health sector administrations	ST/SSS FPRD	CENTRAL	EXPLOITATION OF DOCUMENTS	Annual
Monitoring indicators of the strategic sub-axis							

⁶ The assignment of an indicator to a given level of the health pyramid took into account two criteria: (i) the ease for the level of the pyramid to inform this indicator with regard to its missions; and (ii) its ability to take corrective action to improve this indicator if its value is lower than expected on the one hand, or to identify strategies for maintaining this value at its best level, if it is satisfactory on the other hand.

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Structure in charge of collection	Collection level ⁶	Collection method	Periodicity
Proportion of regions with functional CHRDP coordination and monitoring and evaluation bodies*	Functionality of HSS coordination and monitoring and evaluation bodies at the regional level	Numerator: Number of regions that have a functional CHRDP coordination and monitoring and evaluation body Denominator: Total number of regions	Annual report Health Sectoral Subcommittee	ST/SSS	Central	Exploitation of documents	Annual
Proportion of health districts with functional DHDP coordination and monitoring and evaluation bodies*	Functionality of HSS coordination and monitoring and evaluation bodies at the operational level	Numerator: Number of health districts that have functional DHDP coordination and monitoring and evaluation bodies Denominator: Total number HDS	Annual report Health Sectoral Subcommittee	ST/SSS	Central	Exploitation of documents	Annual
Proportion of HDS with a four wheel drive vehicle for supervision	The availability of logistics for the improvement of working conditions	Numerator: Number of HDS with a four wheel drive vehicle for supervision Denominator: Total number of HDS	MOH	DRSP	Regional	Use of reports	Annual
Proportion of structures audited per year	the quality of management of health structures	Numerator: Number of structures audited per year Denominator: Total number of Structures of MOH	MOH	IG	Central	Use of reports	Biannual
Strategic sub-axis 5.2: Strategic management							
Performance indicators of the strategic sub-axis							

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Structure in charge of collection	Collection level ⁶	Collection method	Periodicity
Rate of completion of inspection (central level) and integrated supervision (RDPH and HD) missions	Monitoring of the level of implementation of the activities included in the NHDP by the central level, the RDPH and the HDs	Numerator: Number of inspection and integrated supervision engagements conducted in a given period Denominator: Total number of inspection and integrated supervision missions planned during the same period	DS reports, DRSP IG	Regional Central Operational		Use of reports	ANNUAL
Monitoring indicators of the strategic sub-axis							
% of planning, programming and budgeting documents produced on time	Ability to ensure timely availability of NHDP operationalization documents	Numerator: Number of planning, programming and budgeting documents produced on time by the competent structure Denominator: Total number of planning, programming and budgeting documents expected in the structure	MOH Reports	DEP/CPP ST/SSS FPRD	CENTRAL	Use of reports	ANNUAL
Proportion of RDPHs who have completed the performance monitoring dashboard projected in the NHDP	The completeness of the NHDP dashboards	Numerator: Number of RDPHs that have completely filled in the NHDP dashboard Denominator: Total number of RDPHs	MOH Reports	ST/SSS	Regional	Document review,	Annual
Proportion of HDs who completed the performance monitoring NHDP dashboard	The completeness of the NHDP dashboards	Numerator: Number of HDs who completed the performance monitoring NHDP dashboard Denominator: Total number of HDs	MOH Reports	ST/SSS	Regional	Document review,	Annual

Indicator label	What does this indicator measure?	How is it calculated?	Sources collection	Structure in charge of collection	Collection level ⁶	Collection method	Periodicity
Availability of an annual report of the health sector or thematic review	Performance of the healthcare sector	/	MOH Reports	ST/SSS	Central	Document review,	Annual
Proportion of priority health technical directorates and health programmes whose AWP are linked to the NHDP	Strategic alignment of technical directorates with the orientations of the NHDP	Numerator: Number of technical health directorates and priority health programs whose AWP are linked to the NHDP Denominator: Total number of technical directorates	MOH Reports	ST/SSS	Central	Document review,	Annual
Proportion of meeting sessions of the Monitoring Committees for Conventions and Contracts	Monitoring the implementation of conventions and contracts	Numerator: Number of sessions of the committees monitoring conventions and performance contracts held Denominator: Total number of meetings of the Monitoring Committees of planned conventions and implementation contracts	MOH Reports	DCOOP	Central	Document review,	Annual
Level of achievement of National Compact objectives	Level of pooling of resources for the implementation of the NHDP Level of commitment of partners for joint funding of the NHDP	Numerator: Number of TFPs that met their commitments under the National conventions and contracts Denominator: Number of signatory partners of the National conventions and contracts	MOH Reports (DRSP)	MOH (DCOOP, DAJC)	Use of reports	Annual	

4.2. PERFORMANCE FRAMEWORK

In view of resource and institutional capacity constraints, a list of 41 key health system indicators validated by stakeholders, was drawn up. These indicators will make it possible, on the one hand, to periodically monitor the progress made by strategic axes and to assess the level of performance or achievement of the objectives of the NHDPs on the other hand. The following performance framework presents for each indicator, its baseline value when data are available, and projects a desired performance evolution (desirable scenario).

Table III : NHDP Performance Framework

	Base value	2025 Targets
STRATEGIC AXIS 1: PROMOTION OF HEALTH AND NUTRITION		
% of households using improved toilets	57.9% (DHS 2018 page 36)	75%
% of women aged 15-49 who are overweight	13.6% (DHS 2018-Page 252)	20%
Tobacco consumption rate (tobacco smokers)	4.3% (DHS 2018 Page xxxix)	3%
Proportion of companies subject to the obligation to have an established and functional Health and Safety Committee (HSC)	25% (MINTSS 2021)	40%
Malnutrition rate among children under 5 years	11% (DHS 2018 Page 221)	5%
Strategic sub-axis 1.1: Institutional, community and coordination capacities in the field of health promotion		
Proportion of HDs with functional COSADI	94.2% (CDMT MOH 2021-2023 Page 24)	95%
Strategic sub-axis 1.2: Living environment of the population		
Proportion of households that use solid fuel as their primary source of household energy for cooking	78% (DHS 2018 Page 19)	50%
Proportion of households with access to safe drinking water	79% (DHS 2018 Page 13)	90%
Mortality rates due to unsafe water, poor sanitation and poor hygiene (access to inadequate WASH services) (SDG 3.9.2.)	45.2 per 100,000 population in 2019 (World Health Statistics)	25 per 100,000 population
Strategic sub-axis 1.3: Strengthening healthy skills of individuals and communities		
Prevalence of pregnancies among adolescents aged 15-19 years	24% DHS 2018 Page 105	17%
Prevalence of smoking among individuals aged 15 years and older	4,3% (DHS 2018 Page xxxix)	2%
Chronic malnutrition rate among pregnant and lactating women (NDS30)	39,4% (DHS 2018 page 252)	20%
Proxy 1: Prevalence of anemia in pregnant women Proxy 2: Prevalence of anemia in lactating women	39,9% (DHS 2018 page 252)	20%
Strategic Sub-axis 1.4: Essential Family Practices, Family Planning, Adolescent Health Promotion and Postabortion Care		
Modern contraceptive prevalence rates among women of childbearing age (15-49 years) (SDG 3.7.1.)	15% (DHS 2018 Page 129)	30%
Proportion of unmet FP needs	23% (DHS 2018 Page 129)	13%
Adolescent fertility rate 15-19 per 1,000 adolescent girls (SDG 3.7.2)	24% (DHS 2018 Page 105)	15%
Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting (SDG 5.3.2)	ND (See MINPROFF)	To reduce

Proportion of women aged 20-24 who are married or in a couple before the age of 15 or 18 (SDG 5.3.1)	Before the age of 15: 10.7% Before the age of 18 years: 29.8% (DHS 2018 Page 92)	Before the age of 15: 8% Before the age of 18 years: 20%
Proportion of women and girls aged 15 years and older who have been in a couple who have experienced physical, sexual or psychological violence inflicted in the past 12 months by their current or former partner (SDG 5.2.1.)	31.5% (DHS 2018 P 410)	25%
STRATEGIC AXIS 2: DISEASE PREVENTION		
Prevalence of hypertension in people aged 15 to 49 years	H: 68.4% F: 53.8% DHS 2018 Page 433 and 434	H: 27% F: 27%
% Child under 5 years sleeping under treated nets	59,8% (EPC MILDA 2018)	90%
% of HIV-infected pregnant women receiving ART	63.91% (CNLS Annual Report 2020)	95%
Strategic Sub-axis 2.1: Prevention of Communicable Diseases		
HIV incidence	40000 INS-Columbia University, CAMPHIA 2017	1,7‰
HIV prevalence	2,70% DHS 2018 Page 321	3,7%
Prevalence of viral hepatitis B	8,30% INS-Columbia University, CAMPHIA 2017	6%
Coverage of preventive chemotherapy for onchocerciasis (CDTI coverage)	81,00% MTEF 2021-2023 Page 20	86%
Incidence of TB	194 new cases per 100,000 population ⁷	1,7‰
Strategic sub-axis 2.2: Surveillance and response to diseases with epidemic potential, zoonosis and public health events		
Proportion of HDs with confirmed measles outbreaks that have organized a response according to national guidelines	55% ENP CWG	90%
Proportion of measles outbreaks reported and investigated	61% ENP CWG	90%
Proportion of target population having received all EPI vaccines (SDG 3.b.1) Proxy: Proportion of children who received all basic vaccines	52% DHS 2018 Page 195	90%
Strategic Sub-Axis 2.3: RMNCAH and PMTCT		
Coverage rate in ANC 4	65% DHS 2018 Page 167	95%
Mother-to-child transmission rate of HIV (proportion of HIV-positive exposed children)	3,00% MTEF 2021-2023 Page 20	1%
Proportion of low birth weight infants (weight less than 2500 grams)	7% DHS 2018 P 196	5%

⁷ Global TB Report, 2018 cited by 100 key health indicators in Cameroon in 2019-Focus on the SDGs Page 60

Strategic Sub-axis 2.4: Prevention of Non-communicable Diseases		
Prevalence of Type 2 Diabetes in Adults 18 Years of Age and Older	2,85% Calculated from 2018 DHS data Page 435 and 436	1%
Mortality rates from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (SDG 3.4.1)	22% in 2019 (Country profile of non-communicable diseases in Cameroon)	18%
STRATEGIC AXIS 3: CASE MANAGEMENT		
Perioperational deaths rate in 4th category hospitals	20% (Monitoring report of the 100 key health indicators in Cameroon in 2019-Focus on the SDGs Page 110)	10%
Maternal mortality ratio	406/100 000 NV (DHS 2018 Page xxxix)	300 / 100 000
Infant mortality rate	48/1000 live births (DHS 2018 page 157)	36/1 000
Neonatal mortality rate	28/1000 live births (DHS 2018 page 157)	17/1000
Infant and child mortality rate	79/1000 live births (DHS 2018 Page 157)	62/1000
Direct intra-hospital obstetric case fatality rate	107 Deaths per 100,000 deliveries (Monitoring report of the 100 key health indicators in Cameroon in 2019-Focus on the SDGs Page 110)	96 deaths per 100,000 deliveries
Malaria-specific mortality rate in children under 5 years of age	35,7% SNIS (DHIS-2)	24%
Rate of births attended to by skilled personnel (NDS30)	69% DHS 2018 Page 185	95%
Strategic sub-axis 3.1: Curative management of communicable and non-communicable diseases		
Therapeutic success rate of bacilloscopy-positive tuberculosis patients	86% PNLT 2020	89%
Proportion of Buruli ulcer cases cured without complications	82% MTEF 2021-2023 Page 32	98%
Strategic sub-axis 3.2: Maternal, neonatal, infant and adolescent conditions and health		
Proportion of newborns who received postnatal care within 48 hours of birth	60,4% DHS 2018 Page 190	90%
Proportion of obstetric fistula cases repaired	9%	25%
Caesarean delivery rate	3,5% DHS Page 186	8%
Strategic Sub-Axis 3.3: Public Health Emergencies and Events		
Proportion of public health emergencies for which the Incident Management System has been activated at the national level	77%	86%
Proportion of District Hospitals offering blood transfusion according to standards	10%	60%
Strategic sub-axis 3.4: Disability care		

Proportion of cataract patients who recovered visual acuity greater than 3/10 one week after surgery	AD	100%
STRATEGIC AXIS 4: STRENGTHENING THE HEALTH SYSTEM		
Proportion of HDs that have reached the consolidation phase	5%	80%
Strategic sub-axis 4.1: Health financing		
% of health expenditure borne by households	52%	30%
Proportion of population covered by a disease risk sharing mechanism	20%	60%
Percentage of households in the poorest quintile with health coverage	ND	50%
Catastrophic expenditure ratio (SDG 3.8.2)	1.4 (Seuil 40% - ECAM4)	To reduce
Strategic sub-axis 4.2: Care and service provision		
Proportion of HDs that have reached the consolidation phase	5%	80%
Proportion of HDs built to standards	ND	100%
Strategic Sub-Axis 4.3: Drugs and Other Pharmaceutical Products		
Proportion of health facilities that have a basic package of essential drugs that are available and affordable in a sustainable manner (SDG 3.b.3)	ND	100%
Proportion of street drugs in the total supply of drugs (NDS30)	ND	0%
Proportion of traditional medicines in total supply of drugs(NDS30)	ND	25%
Strategic Sub-axis 4.4: Health Human Resources		
Proportion of physicians per inhabitant	ND	1/10. 000 HBT
Health workforce density and distribution (SDG 3.C.2) Medical density ratio (Personal number / population) per 1000 inhabitants (SND30)	27,6/10.000 Hab (Rapport SDI/HFA 2019)	To increase
Strategic sub-axis 4.5: Health Information and Health Research		
Timeliness rate of MAR in DHIS2	56,6% DHIS -2	80%
MAR completeness rate in DHIS2	80% CDMT-2021-2023 Page 29	80%
Proportion of research results restituted	70% CDMT-2021-2023 Page 29	60%
Percentage of authorized research projects with published results	90% in 2020 CSP MOH	100%
STRATEGIC AXIS 5: GOVERNANCE & STRATEGIC STEERING		
Rate of achievement of HSS 2020-2030 targets	32% (NHDP Evaluation Report 2016-2020)	80%
Strategic sub-axis 5.1: Governance		

Proportion of budget allocated to programmatic priorities	0%	100%
Attrition rate of resources allocated to working-level structures	ND	0%
Strategic sub-axis 5.2: Strategic management		
Rate of completeness of inspection (central level) and integrated supervision (RDPH and HD) missions	ND	100%

4.3. MONITORING OF DIRECT IMPLEMENTATION INDICATORS

Beyond their relevance to the main orientations of the NHDP, the direct output indicators were selected according to a realistic principle of feasibility (relevance, availability, sustainability, and periodicity of sources). These indicators will be monitored at all levels of the health pyramid through a dashboard.

Indeed, the dashboard is a tool that will provide the manager with a synthetic view of the situation and trends in the indicators (see annexes). The latter will be quickly informed of the level of achievement of the projected targets and will be able to make consequential decisions. In other words, the dashboard will find the answers to the following 3 key questions: Where are we today? Where do we want to go? How can we easily achieve the projected results?

Table IV : IEMP monitoring indicators

SPECIFIC OBJECTIVES	TARGETS
STRATEGIC AREA 1 : HEALTH PROMOTION AND NUTRITION	
Sub-strategic axis 1.1 Institutional and community capacity and coordination for health promotion	
Specific Objective 1.1 : Strengthen institutional capacities, coordination and community participation in health promotion communauté dans le domaine de la promotion de la santé	Increase the proportion of HD with functional DHC from 94.2% to 95%
	Increase the ratio of CHW per inhabitants to 1 per 1000 inhabitants
	Achieve a Community MAR completeness rate of 100%
	Improve the proportion of the CTD budget allocated to FOSA within the framework of decentralization
	Improve by 30% 35% the rate of access of indigenous populations to basic social services (notably health) and to public life

	Improve the proportion of the FRPS budget allocated to support COSADI
Sub-strategic axis 1.2 : Living environment of the populations	
Specific Objective: 1.2 Improving the living environment of populations	Increase the percentage of households using improved toilets from 57.9% to 75%
	Reduce the proportion of households that use solid fuel as their primary source of domestic energy for cooking from 78% to 50%
	Improve the proportion of households with access to drinking water by increasing it from 79% to 90%
	Reduce the mortality rate attributable to unsafe water, sanitation system deficiencies and lack of hygiene (access to inadequate WASH services) (SDG 3.9.2.) by 45.2 per 100,000 inhabitants at 25 per 100,000 inhabitants
	Increase the proportion of health districts implementing Community-Led Total (CLTS) from 55% to 75%
	Improve the proportion of subject companies with a Health and Safety Committee (HSC) installed and functional from 25% to 40%
	Reduce the number of work accidents (fatal and non-fatal) from 684 to 382
	Improve the proportion of households living in decent housing from 35% to 35.5%
	Improve the proportion of households with access to a sanitation system from 2.5% to 3%
	Improve daily water production capacity by increasing it from 1,100,000m ³ /day to 1,600,000m ³ /day
	Increase the drinking water supply rate from 47% to 55%
	Increase the service rate of improved on-site sanitation infrastructure from 45% to 61%
	Increase the quantity of municipal solid waste disposed of adequately from 7,000 to 11,000 tonnes
	Reduce the percentage of people vulnerable to climate change from 1.3% to 1%
Sub-strategic axis 1.3: Strengthening health-promoting skills	
Sub-strategic axis 1.3 : Develop health promotion actions in in order to strengthen health promoting skills for individuals and communities	Reduce the prevalence of teenage pregnancies from 24% to 17%
	Reduce the prevalence of smoking among subjects aged 15 and over from 4.3% to 2%
	Reduce the chronic malnutrition rate of pregnant or lactating women from 39.4% to 20%
	Reduce the prevalence of food insecurity from 10 to 7%
	Increase from 50 to 70% the proportion of targets reached during awareness activities on the fight against drug consumption in school and out-of-school settings
	Reduce the number of deaths due to road accidents from 473 to 385

	Ensure the availability of a source of drinking water in 100% of educational establishments
	Reduce the chronic malnutrition rate among children under 5 years old from 29% to 26%
Sub-strategic axis 1.4 : Essential Family Practices and Family Planning, Promotion of adolescent health and Post-Abortion Care	
Specific Objective 1.4 : Lead out families to adopt essential family practices including family planning and birth registration	Improve modern contraceptive prevalence among women of childbearing age by increasing it from 15% to 30%
	Reduce the proportion of unmet FP needs from 23% to 13%
	Reduce the fertility rate among adolescent girls aged 15 to 19 from 24% to 15% per 1,000 adolescent girls
	Reduce the proportion of women aged 20 to 24 married or in a relationship before the age of 15 from 10.7% to 8%
	Reduce the proportion of women aged 20 to 24 married or in a relationship before the age of 18 from 29.8% to 20%
	Reduce from 31.5% to 25% the proportion of women and girls aged 15 or over who have lived as a couple who are victims of physical, sexual or psychological violence inflicted during the previous 12 months by their current partner or a former partner
	Reduce from 15 to 10% the proportion of children who have suffered at least one form of violence or abuse
	Ensure the establishment of a birth certificate for at least 95% of registered live births
AXE STRATEGIQUE 2 : DISEASE PREVENTION DE LA MALADIE	
Sub-strategic axis 2.1 : Prevention of communicable diseases	
Specific Objective 2.1 : reduce the incidence/prevalence of the main communicable diseases (HIV, malaria and tuberculosis) and eliminate some NTDs (lymphatic filariasis and HAT)	Reduce HIV incidence from 40,000 to 1.7‰
	Reduce HIV prevalence from 2.70% to 3.7%
	Reduce the prevalence of viral hepatitis B from 8.30% to 6%
	Increase coverage of preventive chemotherapy for onchocerciasis from 81% to 86%
	Reduce the prevalence rate of malaria in children under 5 years old from 24% to 16%
	Increase the % of pregnant women infected with HIV and on ART from 63.91% to 95%
	Reduce the prevalence rate of communicable diseases in prisons from 20% to 14%
	Reduce the incidence of TPM+ tuberculosis from 194 new cases per 100,000 inhabitants to 1.7%
Ensure the deworming of 100% of school-age children	
Sub-strategic axis 2.2: EPDs and public health events, surveillance and response to epidemic-prone diseases, zoonosis and public health events	
	Improve the proportion of measles epidemics notified and investigated from 61% to 90%

Specific Objective 2.2 : Reduce the risks of occurrence of major public health events and epidemic-prone diseases including zoonosis	Increase the proportion of the target population having received all the vaccines provided for by the national program from 52% to 90%
	Increase vaccination coverage with the reference antigen (Penta3) from 88% to 95%
	Improve vaccination coverage in RR1 from 73.9% to 85%
	Improve the Index of main capacities required according to the International Health Regulations (IHR) from 40% to 100%
Sub-strategic axis 2.3 : Maternal, Newborn, Child and Adolescent Health and PMTCT	
Specific Objective 2.3 : Increase the coverage of high-impact prevention interventions for the mother, newborn and child targets	Increase the ANC 4 coverage rate from 65% to 95%
	Reduce the rate of HIV transmission from mother to child from 3% to 1% (proportion of children exposed to HIV)
	Reduce the proportion of newborns weighing less than 2500 g from 7% to 5%
	Improve by 50% the proportion of pregnant women having received at least 3 doses of IPT during their pregnancy (% IPT3)
	Bring 100% of HD and assimilated DS to offer CESOM according to standards (9 functions)
Sub-strategic axis 2.4 : Prevention of non communicable diseases	
Specific Objective 2.4 : Reduce the incidence/prevalence of the main non communicable diseases	Reduce the prevalence of type 2 diabetes in adults aged 18 and over from 2.85% to 1%
	Reduce the mortality rate attributable to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases from 22% to 18%
	Reduce hospital prevalence of hypertension by 25%
	Reduce the incidence of cervical cancer from 21% to 12%
	Ensure 100% support and psychological assistance for soldiers returning from a SPO
	Reduce from 21 to 12% the percentage of targets reached during awareness campaigns on the prevention of disability and disabling illnesses in children
CASE MANAGEMENT	
Sub-strategic axis 3.1 : Curative management of communicable and non communicable diseases	
Specific Objective 3.1 : Ensure a curative management according to standards of the main communicable and non-communicable diseases as well as their complications	Increase the therapeutic success rate of smear-positive tuberculosis patients from 86% to 89%
	Reduce the specific mortality rate of malaria in children under 5 years old from 35.7 to 24%
	Improve the proportion of Buruli ulcer cases cured without complications from 82% to 98%
	Reduce the perioperative mortality rate from 20% to 10% in 4th category hospitals
	Reduce the direct intra-hospital obstetric fatality rate from 107 deaths per 100,000 to 96 deaths per 100,000

	Increase the percentage of elderly people who benefit from health and psychosocial assistance from 8,000 to 25,000
Sub-strategic axis 3.2 : Maternal, newborn, child and adolescent conditions	
Specific Objective3.2 : Ensure an overall management according to standards of the maternal, newborn, child and adolescent health issues at the community level	Improve from 60.4% to 90% the proportion of newborns who received postnatal care within 48 hours of birth
	Improve the proportion of repaired obstetric fistula cases from 9% to 25%
	Improve the cesarean delivery rate from 3.5% to 8%
	Reduce the maternal mortality rate from 406 to 300/100,000 NV
	Reduce the neonatal mortality rate from 28/1000NV to 17/1000 NV
	Reduce the infant mortality rate from 48/1000NV to 36/1000NV
	Reduce the infant and child mortality rate from 80/1000NV to 62/1000NV
	Increase from 35% to 100% the percentage of pregnant women diagnosed with syphilis in CPN and who receive treatment according to the standards
	Improve the proportion of deliveries attended by qualified personnel from 61.3% to 75%
	Increase the proportion of live births resulting in a birth declaration to 100%
Sub-strategic axis 3.3 : Emergencies and public health events	
Specific Objective3.3 : Ensure the management of medical and surgical emergencies, and public health events, according to standard operating procedures (SOPs)	Increase from 77% to 100% the proportion of public health emergencies for which the Incident Management System has been activated at the national level
	Increase the proportion of District Hospitals offering blood transfusion according to standards from 10% to 60%
	Achieve a proportion of 100% of DS with a medical ambulance and whose referral versus referral system is functional
	Achieve a 100% proportion of Regional Emergency Operations Centers that have the required HRS
Sub-strategic axis 3.4 : Management of Disability	
Specific Objective 3.4 : Reduce the proportion of the population with at least one correctable disability	Proportion of patients suffering from cataract and having regained visual acuity greater than 3/10 one week after surgical intervention
	Number of disabled people cared for in functional rehabilitation centers
AXE STRATEGIQUE 4: RENFORCEMENT DU SYSTEME DE SANTE	
Lead out 75% of HD to reach the consolidation phase	
Sub-strategic axis 4.1 : Health Financing	
reduce out-of-pocket payments from households	Reduce the proportion of health expenses borne by households from 52% to 30%
	Improve the rate of people covered by a social health protection mechanism from 20% to 60%

through equitable and sustainable financing policy	Increase the proportion of the health budget in the national budget to 15% (SND30)
	Increase from 45% to 65% the proportion of mutual social security companies covering at least three (03) risks
	Increase from 22.7% to 23% the proportion of the employed active population covered for at least three (03) risks
Sub-strategic axis 4.2 : Healthcare and service provision	
Ensure the harmonious development of infrastructure, equipment and the availability of healthcare and service packages according to standards in category 3, 4, 5 and 6 health facilities	Achieve a proportion of 100% of DHs built according to standards
	Achieve a percentage of 100% Health District Services built according to standards
	Increase to 100% the percentage of DH who deliver the full CAP
	Improve the number of patients cured in military medical structures from 253,478 patients to 260,000
	Increase from 20% to 33% the proportion of front-line health establishments (IHC and MHC) which deliver the complete MAP
Sub-strategic axis 4.3 : Drugs and other pharmaceutical products	
Increase the availability and use of quality drugs and pharmaceutical products in all HDs	Improve to 100% the proportion of health facilities that have a basic set of essential medicines available and affordable in a sustainable manner
	Reduce the share of street drugs in the total drug supply to 0%
	Increase the share of traditional medicines in the total supply of medicines to 25%
Sub-strategic axis 4.4 : Human Resources for Health	
Augmenter, selon les besoins priorisés, la disponibilité des RHS Increase the availability of HRH according to prioritized needs	Improve from 52% to 60% the percentage of health structures equipped with at least 50% of human resources according to standards
	Change the Number of medical doctors per inhabitant to 1 per 10,000 inhabitants
	Improve the number of students trained per year in human and animal health from 4,400 to 5,000
Sub-strategic axis 4.5 : Health Information and Research in Health	
Ensure the development of research in health and the availability of quality health information for decision-making based on evidence at all levels of the health pyramid	Increase the MAR promptness rate in DHIS2 from 56.6% to 80%
	Increase the MAR completeness rate in DHIS2 to 80%
	Improve the proportion of search results that have been returned from 70% to 80%
	Improve the percentage of authorized research projects whose results have been published from 90% to 100%
	Increase to at least 70% the proportion of deaths occurring in health care settings that have been declared to the competent Civil Status Center
	Increase to at least 70% the proportion of deaths whose cause has been identified and documented
AXE STRATEGIQUE 5 : GOVERNANCE AND STRATEGIC STEERING	
Improve the rate of achievement of the 2020-2030 HSS objectives by increasing it from 32% to 80%	

Sub-strategic axis 5.1 : Gouvernance	
Specific Objective5.1: Improve governance in the sector through the strengthening of standardization, regulation and accountability	Improve the rate of achievement of the 2020-2030 HSS objectives from 32% to 80%
	Increase the proportion of the budget allocated to programmatic priorities from 0% to 100%
	Reduce by 50% the rate of loss of resources allocated to operational level structures
	Audit and control at least 60% of health structures per year
Sub-strategic axis 5.2 : Strategic steering	
Specific Objective5.2: Reinforce planning, supervision, coordination as well as strategic and health surveillance at all levels of the health pyramid	Improve the rate of completion of inspection missions (central level) and integrated supervision (RDPH and HD) to 100%
	Get 100% of DRSP to fill in the projected performance monitoring dashboard in the NHDP
	Produce 01 annual health sector review report
	Ensure the linkage 100% of the AWP of health sector structures to the NHDP

CHAPTER 5: MONITORING AND EVALUATION MECHANISMS

5.1. MONITORING OF THE NHDP

MONITORING OF THE NHDP AT THE CENTRAL LEVEL

Monitoring of the implementation of the NHDP will align with the projected progress of the HSS Performance Framework 2020-2030. Under the supervision of the technical coordination unit of the NCMENSE/NSD30, the sectoral health sub-committee will ensure the coordination, monitoring and evaluation of the NHDP at all levels of the health pyramid. Its action will be articulated around the following 3 interventions:

- supervision (joint, thematic, and general);
- the biannual/annual sectoral or thematic review.
- technical and logistic support to MOH sub-committees and thematic groups.

The purpose of the joint monitoring mission will be to monitor the process of implementing the NHDP in the field. It will involve MOH experts, Technical and Financial Partners and possibly partner ministries if necessary. This supervision will focus on direct output indicators. At the end of the supervision, a plan for monitoring the implementation of the agreed operational recommendations will be drawn up in a participatory manner. The implementation of this plan will be monitored by CORECSES. The use of appropriate software will make it easier to monitor performance.

The calculated indicators will be analyzed and discussed during sectoral or thematic reviews organized by TS/HSS. During these reviews, performance will be analyzed, and dashboards disseminated. Problems, weaknesses or bottlenecks will be identified, and corrective actions recommended.

MONITORING OF THE NHDP AT THE REGIONAL LEVEL

At the regional level, the monitoring of the implementation of the NHDP will be carried out through: (i) routine and multisectoral coordination meetings organized by CORECSES; (ii) decentralized monitoring in health districts; (iii) joint supervision; (iv) quarterly review and validation of data from health districts, regional hospitals, and their equivalence.

MONITORING OF THE NHDP AT THE OPERATIONAL LEVEL

COCSES will monitor the implementation of the NHDP at the operational level. It will be chaired by the Senior Divisioner officer and will work under the technical leadership of the District Manager. Its members will come from partner administrations including: the president of COSADI, members of the District Framework Team, heads of DTCs and civil society organizations affiliated to the regional platform of CSOs, Divisional delegates of partner ministries. They will participate in monitoring the implementation of the NHDP through the following main interventions:

- Integrated supervision. At the end of each supervision, a follow-up plan for the recommendations will be developed in a participatory manner.
- Decentralized monitoring.
- Meetings to coordinate and monitor the implementation of interventions (multisectoral coordination).

The monitoring of the NHDP at the operational level will focus mainly on monitoring the implementation of the various DHDPs.

5.2. PROCESS FOR EVALUATING THE IMPLEMENTATION OF THE NHDP

The TS/HSS will lead, in accordance with its missions, the evaluation process of the implementation of the National Health Development Plan under the supervision of the health sector sub-committee of the NCME/NSD30 and with the participation of other actors involved in the health sector.

The evaluation of the NHDP will focus on quantitative and qualitative aspects and will be carried out through an interactive process through two interventions (Fig. 1):

- monitoring of interventions.
- the final evaluation.

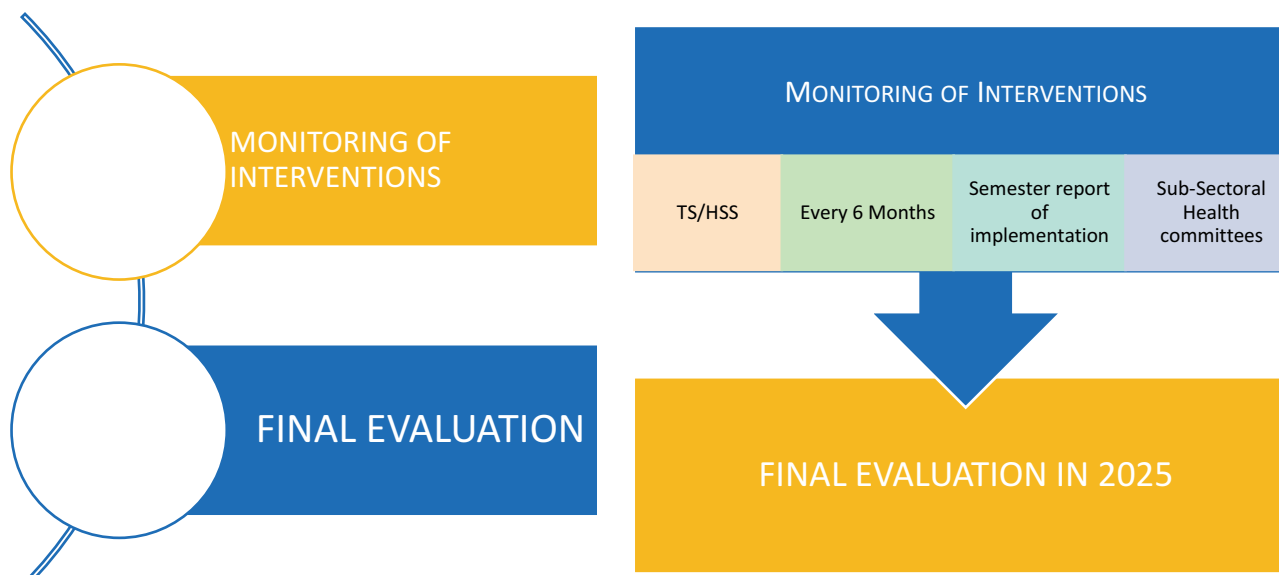


Figure 1: How to evaluate the NHDP

EVALUATION TEAM

The implementation of the NHDP will be evaluated by the TS/HSS, which will mobilize a group of experts for: baseline surveys, monitoring of interventions, mid-term evaluation and final evaluation. They will work under the supervision of the health sectoral sub-committee of the NMEC/NSD30.

MODALITIES FOR EVALUATING THE NHDP

The evaluation of the implementation of the NHDP will consist of 2 components: (i) the monitoring of the progress made in the implementation of the NHDP, (ii) the final evaluation.

- *Monitoring progress in the implementation of the NHDP*

Monitoring progress is a sequential evaluation of interventions that will aim to measure the monitoring process in the implementation of the NHDP; this will make it possible to anticipate problems or bottlenecks to reframe the implementation of the 2021-2025 NHDP on the progress forecasts set by the HSS 2020-2030 performance framework.

The objective will be to measure the level of achievement of the targets of the 2021-2025 NHDP indicators by component, subcomponent, and intervention. The results obtained will be discussed during the sessions of the NMEC/NSD30 sectoral health sub-commissions. Specific monitoring tools will be developed by TS/HSS based on the IMEP performance framework.

NB: For the basic IMEP data that could not be completed, appropriate surveys and studies will be carried out promptly at the beginning of the implementation of the NHDP to obtain the baseline data necessary for the effective evaluation of the NHDP.

- ***Final evaluation of the implementation of the NHDP***

The final evaluation of the implementation of the NHDP will be carried out in 2025. This will be a comprehensive, national assessment conducted by the TS/HSS team. This evaluation will make it possible to assess the performance gaps before the development of the second NHDP (NHDP 2026-2030).

6.2.3. Evaluation schedule

Table V: Evaluation schedule

Evaluation criteria	Frequency	Year	Data source	Collection site
Monitoring	Every six months (Semester)	2021 2022 2023 2024 2025	Rapid survey, studies and baseline surveys, Decentralised monitoring, routine coordination, multi-sector coordination	Health Districts, Regions, technical departments, partner ministries
Evaluation	Yearly (Annual)	2021 2022 2023 2024 2025	Rapid survey, studies and baseline surveys, six-month reviews, sequential evaluation, multi-sector coordination Supervision and monitoring	Central level, Health District, Region, thematic programme, technical department, partner ministries
Final evaluation	After 60 months	2025	National surveys: ECAM, DHS, MICS, etc.	Central level

5.3. DETAILED BUDGET PER INTERVENTION

Table VI : Detailed budget by intervention and year

Pyramid level	Interventions / Activities	2021	2022	2023	2024	2025
Central level	Support for the development and monitoring and evaluation of the AWP/DHDP/CRDP	24 800 000	578 000 000	124 800 000	124 800 000	124 800 000
	Technical and logistic support to thematic groups	10 000 000	56 000 000	56 000 000	56 000 000	56 000 000
	Basic Studies and Surveys	250 000 000	250 000 000	250 000 000	250 000 000	250 000 000
	Health Sector Sub-commission Coordination meetings	10 000 000	20 000 000	20 000 000	20 000 000	20 000 000
	Follow-up meetings on reforms and regulatory texts	10 200 000	10 200 000	10 200 000	10 200 000	10 200 000
	Data reviews and validation	45 000 000	45 000 000	45 000 000	45 000 000	90 000 000
	Sectoral Reviews			80 000 000		90 000 000
	Thematic reviews	35 000 000	35 000 000	35 000 000	35 000 000	70 000 000
	Follow-up of the implementation of the AWP and Yearly Performance Projects (YPP)		60 000 000	60 000 000	60 000 000	60 000 000
	Joint General Supervision	40 000 000	40 000 000	40 000 000	40 000 000	40 000 000
Total Central Level		425 000 000	1 094 200 000	721 000 000	641 000 000	811 000 000
Regional level	Regional coordination meetings (Review and validation of data at the regional level)	78 952 000	78 952 000	78 952 000	78 952 000	78 952 000
	Regional sectoral reviews			150 000 000		150 000 000
	Regional thematic reviews		70 000 000	70 000 000	70 000 000	70 000 000
	Follow-up of the implementation of the AWP and Yearly Performance Projects (YPP) (regional and district)		80 000 000	80 000 000	80 000 000	80 000 000
	Joint supervision at the regional level	37 800 000	37 800 000	37 800 000	7 800 000	37 800 000
Total Regional level		116 752 000	266 752 000	416 752 000	266 752 000	416 752 000
Operational level	Decentralized monitoring		378 000 000	378 000 000	378 000 000	378 000 000
	District Coordination Meetings (Data Review and Validation)	266 680 000	168 540 000	168 540 000	168 540 000	168 540 000
	Follow-up of the implementation of the AWP and Yearly Performance Projects (YPP) (district and health area)		189 000 000	189 000 000	189 000 000	189 000 000
Total operational level		266 680 000	910 540 000	910 540 000	910 540 000	910 540 000
Grand Total		808 432 000	2 271 492 000	2 048 292 000	1 818 292 000	2 138 292 000

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BIBLIOGRAPHY

1. National Institute of Statistics (INS) and ICF. International. 2012. Cameroon Demographic and Health and Multiple Indicator Survey 2011. Calverton, Maryland, USA: INS and ICF International.
2. National Institute of Statistics, 2nd survey on the monitoring of public expenditure and the level of satisfaction of beneficiaries in the education and health sectors in Cameroon (PETS 2): Main report, health component. 2010.
3. National Institute of Statistics, 5th Multiple Indicator Survey (MICS 5): Preliminary report. 2015.
4. MOH, SNIS Rapid Survey in the Far North Region (ERSEN). 2014.
5. MOH, National Health Development Plan 2011-2015.
6. MOH, National Health Development Plan 2016-2020.
7. MOH, Health Sector Strategy 2001-2015.
8. MOH, Health Sector Strategy 2016-2027.

¹ Cf. Article 2 and 3 of Decree No. 2021/1541/PM of 23 March 2021 on the establishment, organization and functioning of the National Monitoring and Evaluation Committee for the implementation of the NSD30

² An approach that advocates the federation of the efforts of health sector actors for greater efficiency through a plan, a budget and a single monitoring and evaluation framework
Health Sector Strategy 2020-2030

National Health Development Plan (NHDP) 2016-2020

National Health Development Plan (NHDP) 2021-2025

Integrated Monitoring and Evaluation Plan (IESP) 2021-2025

Cameroon's National Strategic Plan for Malaria Control 2019-2023

Medium-Term Expenditure Framework (MTEF 2022-2024)

National Strategic Plan for Cancer Prevention and Control (PSNPL_Ca) 2020-2024

National Strategic Plan to Combat HIV, AIDS and STIs 2018-2022

Operational Plan for the Implementation of the National Health Financing Strategy for Universal Health Coverage 2018-2020

National Strategic Plan 2020-2024 of the National Tuberculosis Control Program PSN 2020-2024

National Social Protection Policy (PNPS) in Cameroon

Strategic Performance Framework of the Ministry of Public Health 2022-2030

Cameroon Population-based HIV Impact Assessment

National Digital Health Strategic Plan

Cameroon's COVID-19 Response Strategy and Economic and Social Resilience

Statistical Yearbook of Cameroon, year 2017

2019 Activity Report of the National Malaria Control Program

Monitoring report of the 100 key health indicators in Cameroon in 2019 & Focus SDG

National Development Strategy 2020-2030

National Covid-19 Deployment and Vaccination Plan

investissement_SRMNEA file

Nutrition Landscape Information System (NLIS)

Demographic Health Survey 2018

Final evaluation report of the National Health Development Plan (NHDP) 2016-2020

Human Development Report 2020

PNLP Activity Report 2019 and 2020

National Multi-Risk Preparedness and Response Plan for USPs in Cameroon 2022-2024

National Social Protection Policy (PNPS)

RAPPORT_MTN_2017

Finance Laws

National Strategic Plan 2021-2025 for Community Health in Cameroon