

A.I.D. EVALUATION SUMMARY - PART I

FP-ABG-041

IDENTIFICATION DATA

82673

<b>A. Reporting AID Unit:</b>  Mission or AID/W Office: USAID/Cameroon (ES#: )	<b>B. Was Evaluation Scheduled In Current Annual Evaluation Plan?</b>  Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/>  Evaluation Plan Submission Date: FY__ Q__	<b>C. Evaluation Timing</b>  Interim <input type="checkbox"/> Final <input checked="" type="checkbox"/> Ex-Post <input type="checkbox"/> Other <input type="checkbox"/>
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**D. Activity or Activities Evaluated** (List the following information for project(s), or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project/Program Title	First PROAG or Equivalent (FY)	Most Recent FACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated To Date (000)
631-0072	Reform of the Health Delivery System (RHDS)	1990	4/30/94	3,100	3,100

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director		
Action(s) Required   See attached table	Name of Officer Responsible For Action	Date Action To Be Completed
	(Attach extra sheet	if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: (Month) (Date) (Year)

G. Approvals Of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	Richard Greene	Dr. Rene Owona	Thomas Crawford	Peter Benedict
Signature	<i>Richard Greene</i>	<i>[Signature]</i>	<i>Thomas Crawford</i>	<i>Peter Benedict</i>
Date	5/11/93	05/26/93	5/18/93	5/26/93

## ACTION DECISIONS APPROVED BY MISSION

Actions Required	Action Agent	Date to Complete
1. Create at least two functional health districts around functional reference hospitals and health centers.	RHDS MOPH	Apr 94
2. In conjunction with MOPH, CIM and other donors, formulate and implement an action plan for establishing the provincial depot while continuing to use the SAVE/CARE mini-depot to resupply health centers. Improve the operation of current drug distribution and inventory control system as follows: <ul style="list-style-type: none"> <li>• Revise the journal to include daily drug consumption.</li> <li>• Update stock cards daily for better control.</li> <li>• Phase in use of the Qmax-Qmin reordering system.</li> </ul>	MOPH CIM RHDS USAID	Apr 94
3. Modify the accounting system as follows to eliminate major weaknesses. Improve compliance with financial management procedures through more effective supervision. <ul style="list-style-type: none"> <li>• Assure daily reconciliation of cash and receipts.</li> <li>• Improve cash handling practices.</li> </ul>	RHDS	Aug 93
4. RHDS should reinforce supervision with continuing education while giving priority to training pilot health district teams.	RHDS MOPH	Dec 93
5. Enhance the HIS system to permit and encourage health center analysis of information.	RHDS	Dec 93
6. Simplify the supervision protocols by using "supervision by exception."	RHDS MOPH CIM	Dec 93
7. RHDS should diversify its methods of IEC, community dialogue and outreach.	RHDS	Feb 94
8. RHDS should further improve vaccination coverage by clarifying reporting, monitoring and logistics procedures as follows: <ul style="list-style-type: none"> <li>• analyze different strategies to optimize coverage</li> <li>• establish a supply of refrigerator spare parts</li> <li>• teach health center nurses to graph vaccination coverage</li> <li>• help the MOPH develop a strategy for transport of vaccines</li> </ul>	RHDS MOPH	Dec 93
9. RHDS should reinforce IEC and family planning at prenatal clinics and district hospitals.	RHDS NFHP	Feb 94
10. RHDS should continue to promote home solutions for treatment of diarrhea and search for ways to improve access to clean water.	RHDS	Aug 93
11. RHDS should take a more assertive role in seeking opportunities for in-country and out-of-country visits to other projects and in obtaining technical assistance.	RHDS	Dec 93
12. RHDS and the Provincial Delegation should encourage coordination of partnerships within the health district, by provincial commissions, and by quarterly PHC reviews.	RHDS MOPH	July 93
13. RHDS should reassess its current and extended resource allocation to maximize the percentage of resources invested in health systems (health districts and health centers).	RHDS	June 93

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**ABSTRACT**

**H. Evaluation Abstract (Do not exceed the space provided)**

The aim of the Reform of the Health Delivery System (RHDS) Project is to reduce infant, child, and maternal mortality in four administrative divisions of the Far North Province of Cameroon by strengthening the health system to provide effective and sustainable services to women and children. The project strategy is to implement the Ministry of Public Health (MOPH) Reorientation of Primary Health Care (RPHC) program which is based on the community co-financing and co-management of health facilities, with the government, and the full integration of health services. The project is jointly implemented by the MOPH and a PVO consortium consisting of Save the Children (STC) and CARE. The final evaluation was conducted by John Snow Inc. from April 15 to May 4, 1993 on the basis of a review of project documents; interviews with representatives of the grantees, the MOPH, and community health committees; and visits to five project-assisted, two church-supported, and one non-assisted health centers. The purpose was to assess achievements to date and the overall capability of STC and CARE to implement and institutionalize the MOPH's RPHC program in the Far North Province.

**The major findings and conclusions:**

The RHDS Project got off to a slow start due to changes in key project personnel, poor coordination between STC and CARE, a project revision to align it with the RPHC, a lack of a clear definition of health districts, confusion and delay in the procurement of medicines, one cholera and two meningitis epidemics, and the lack of an MOPH delegate for much of 1992. During the past year, however, project personnel have resolved most of these problems and established twelve functional community co-financed and co-managed health centers. The comparison between project-assisted and non-assisted health centers is dramatic. STC and CARE have demonstrated their capability to implement the MOPH's RPHC strategy.

Major recommendations include creating at least two functional health districts to decentralize health planning and management below the level of the province; modifying the accounting and drug distribution systems to improve internal controls; simplifying existing supervision protocols; streamlining the health information system to permit analysis of data by health center staff; and diversifying methods of information dissemination, community dialogue, and outreach.

**COSTS**

1. Evaluation Costs				
1. Evaluation Team:		Contract No. OR TDY Person/Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Name	Affiliation/Title	Contract No.		
Frank Baer	John Snow Inc.	PDC-5929-1-00-0109-00.	37,000	PD&S
Art Lagace	John Snow Inc.	Delivery Order No. 27		
2. Mission/Office Professional staff Person-Days (Estimate): <u>6</u>		3. Borrower/Grantee Professional Staff Staff Person-Days (Estimate): <u>11</u>		

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**A.I.D. EVALUATION SUMMARY - PART II**

**SUMMARY**

**J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided).**

Address the following items:

- Purpose of activity evaluated
- Purpose of evaluation and methodology used
- Findings and conclusions
- Principle recommendations
- Lessons learned

Mission or Office:  
USAID/Cameroon

Date This Summary Prepared:  
5/5/93

Title And Date Of Full Evaluation Report:  
Evaluation of the Reform of the Health Delivery System Project

In 1990, USAID approved a three-year \$2.6 million Operational Program Grant to Save the Children (STC) and CARE to strengthen the capacities of public, private, and community health services to deliver primary health care (PHC) to mothers and children in the Far North Province. This grant is referred to as the Reform of the Health Delivery System (RHDS) Project. At its inception, the project's strategy was to reduce infant, child, and maternal mortality by delivering key child survival services in a centrally-managed, vertical fashion with emphasis on the implementation of a health information system involving family enrollment of target populations.

However, in 1990, as STC and CARE were developing their program, the MOPH was finalizing a new national PHC policy called the Reorientation of Primary Health Care (RPHC). This program is based on the following principles: community co-financing and co-management of health facilities, with the government; decentralization of health planning and management to the health district; and the full integration of preventive, promotive, and curative services. This new program was designed to address three major problems in the national health care system: lack of health financing due to the country's worsening economic crisis; poorly functioning health management systems; and inadequate community participation in the provision of basic services. In 1991, the MOPH, STC, CARE, and USAID redesigned the RHDS Project to reflect the MOPH's new PHC approach.

USAID/Cameroon engaged John Snow Inc. to conduct the project's final evaluation from April 15-May 4, 1993. The purpose of the evaluation was to assess project achievements to date and the overall capability of STC and CARE to implement and institutionalize the MOPH's RPHC program in the Far North Province. The evaluation methodology consisted of reviews of implementation, policy, research, and training documents; interviews with representatives of the MOPH, the grantees, USAID and community health committees; and field visits to five project-assisted, two church-supported, and one non-assisted health centers.

**Overall Findings and Conclusions:** The evaluation team found that the project got off to a slow start due to changes in key project personnel, poor coordination between STC and CARE, a project revision to align it with RPHC, a lack of a clear definition of health districts, confusion and delay in the procurement of medicines, one cholera and two meningitis epidemics, and the lack of an MOPH delegate for much of 1992. During the past year, however, the project has resolved most of these problems and established twelve functional community co-financed and co-managed health centers. The comparison between project-assisted and non-assisted health centers is dramatic. STC and CARE have demonstrated their capability to implement the MOPH's RPHC strategy in the Far North Province.

**Specific Finding and Major Recommendations:**

**1. Health Centers and Health Districts:**

**Findings:** Twelve operational community co-managed, co-financed health centers have been assisted by the project. The direct contact and supervision by the project with health centers, though justified given the circumstances, have created the impression that these health centers are part of a STC or CARE program, rather than part of a health district system. There are currently no functional health districts in the Far North, but there are several functional hospitals which could quickly become operational as health districts. The project should place a priority on the creation of functional health districts, before assisting additional health centers.

**Recommendation:** Create at least two functional health districts around functional reference hospitals and health centers.

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2. Provincial Depot and Logistics:

Findings: Delays have been encountered in the establishment of the provincial drug depot and in obtaining an initial stock of drugs for the health centers. As an interim measure, a STC/CARE mini-depot has been established to supply project-assisted health centers. Health committees of health centers served by the STC-CARE mini-depot are quite content with the current availability of medicines.

Recommendations: In conjunction with MOPH, and other donors, formulate and implement an action plan for establishing the provincial depot while continuing to use the STC/CARE mini-depot to resupply health centers. Improve the operation of the current drug distribution and inventory control system.

3. Cost Recovery:

Findings: There is a cost recovery system operating in 12 community co-managed, co-financed health centers. Health center management committees are very active. A fee schedule has been introduced and a financial management system (which includes but is not limited to the accounting system) is in place, but contains deficiencies in financial planning, inadequate internal controls, and lack of compliance with accounting procedures.

Recommendation: Modify the accounting system to eliminate major weaknesses and to improve compliance with financial management procedures through more effective supervision.

4. Training and Continuing Education:

Findings: The project has done a good job at providing the basic training required in the principles and practice of primary health care, co-financing and co-management. However, in-service training during supervision visits should be strengthened.

Recommendation: The project should reinforce supervision with continuing education while giving priority to training pilot health district teams.

5. Health Information System (HIS):

Findings: A standardized HIS is operating in 12 health centers. Baseline data has been collected and used effectively. A family registration system is in place; however, it is not updated regularly. Monthly reporting compliance appears excellent. The monthly activities form is overly detailed. Obvious errors in reporting and inconsistencies with supervision reports are not always resolved.

Recommendation: Streamline the HIS system to permit and encourage analysis of information by health center personnel.

6. Supervision System:

Findings: Project staff are using supervision protocols to supervise the health centers on a regular basis. While the technical approach used in the protocols is sound, the system is overly complicated and could be streamlined by using a strategy of "supervision by exception." Supervision is perceived as supervision/control rather than as a supervision/training.

Recommendation: Simplify the supervision protocols by using a "supervision by exception approach."

7. Information, Education, and Communication (IEC) and Community Dialogue:

Findings: The project has successfully transmitted to the population the concepts and techniques of community co-financing and co-management, and mobilized community health committees to manage health centers. The project needs to use IEC to enlarge the definition of the RPHC program beyond the sale of medicines. IEC techniques at the health center and during outreach visits appear to be too heavily dependent on flip-charts.

Recommendation: The project should diversify its methods of IEC, community dialogue, and outreach.

(See continuation)

**8. Immunization:**

**Findings:** The project has significantly improved maintenance of the cold chain and the delivery of vaccinations through a mix of fixed and outreach sites. All health centers have established monthly objectives for vaccinations; however, most centers are including children from outside their health area in their reports.

**Recommendation:** The project should further improve vaccination coverage by clarifying reporting, monitoring, and logistics procedures.

**9. Maternal Care and Family Planning:**

**Findings:** There is an excellent participation in pre-natal clinics in almost all health centers. The project needs to use the popularity of pre-natal care as an opportunity to provide the other elements of maternal and child health, and family planning.

**Recommendation:** The project should reinforce IEC and family planning at pre-natal clinics and district hospitals.

**10. Endemic Disease Control and Water/Sanitation:**

**Findings:** The number of cases of diarrhea seen at health centers varies from 2-3 to 30-35 per month. This variation is due to the preference for treatment at home using a sugar-salt solution (SSS). Treatment protocols appear to be respected at health centers. Several health centers do not have good access to water because of dry wells. Every health center should have a good source of water and a latrine.

**Recommendations:** The project should continue to promote home solutions for treatment of diarrhea and search for ways to improve access to clean water.

**11. Technical Assistance:**

**Findings:** The technical capability of project directors is quite good but needs to be complemented with help in specific areas. Neither STC nor CARE have provided sufficient short-term technical assistance to the project nor arranged observation visits for project staff to other primary health care programs.

**Recommendation:** The project should take a more assertive role in seeking opportunities for in-country and out-of-country visits to other projects, and in obtaining technical assistance.

**12. Coordination of Partnerships:**

**Findings:** The project's internal and external collaboration has improved remarkably during the past year. The coordination consortium originally established under the project made other potential partner agencies hesitant to participate and was perceived as a second provincial health delegation. Project personnel and the Provincial Health Delegation have adopted a "commission" approach for coordination which appears to be functional. Given the renewed focus on health districts, it is important to recognize that a great deal of coordination must be encouraged at that level.

**Recommendation:** Project personnel and the Provincial Health Delegation should encourage coordination of partnerships within the health district, by provincial commissions, and by quarterly primary health care reviews.

**13. Allocation of Project Resources:**

**Findings:** The original RHDS Project proposal was primarily to implement selected child survival interventions rather than health system development. Only about 10% of the original budget (excluding local salaries) went to health system development. The project should prepare an action plan and revised budget to take into account the priority to create two functional health districts, and re-examine whether project resources will be sufficient to realize the objective of 30 functional health centers by the end of the project.

**Recommendation:** The project should reassess its current and extended resource allocation to maximize the percentage of resources invested in health systems (health districts and health centers).

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### ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Evaluation of the Reform of the Health Delivery System Project (RHDS), May 1993, John Snow Inc.

### COMMENTS

L. Comments By Mission, A.I.D./W Office and Borrower/Grantee On Full Report

USAID/Cameroon feels that the evaluation report is of high quality and responsive to the scope of work. The evaluation team was particularly thorough in addressing the following issues: the overall effectiveness of project-assisted health centers; the functioning of the project's medical supply logistics system; the quality of the supervision and health information systems; the effectiveness of information, education, and communication efforts; and the quality and effectiveness of the technical assistance and project coordination provided by STC and CARE.

USAID/Cameroon believes that all of the evaluation team's recommendations are sound and capable of being implemented in the Far North Province. However, several recommended actions (e.g, encourage an operations research approach by the health center, experiment with non-monetary strategies to motivate health personnel) are so comprehensive as to make their achievement difficult within the year which remains in the life of the present project.

Similar to the Mission, the Ministry of Public Health (MOPH) feels that the evaluation report is of high quality and endorses its major recommendations. The MOPH is particularly supportive of the team's recommendations to develop pilot health districts and to work with other donors to develop a provincial medical supply logistics system for the Far North Province.