

PDBBW 729

Project Authorization

Country: Republic of Cameroon

Project Name: Reform of the Health Delivery System

Project Number: ~~XXXXXXXXXX~~

1. Pursuant to Section 103 of the Foreign Assistance Act of 1961, as amended, and Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, I hereby authorize the Reform of the Health Delivery System for the Republic of Cameroon, "Cooperating Country", involving planned obligations of not to exceed 2,600,000 in grant funds over the life-of-project, subject to the availability of funds in accordance with A.I.D. OYB/allotment process. The current PACD of the project is three years, from the date of initial obligation.

Date: 2/30/90

Jay P. Johnson  
Jay P. Johnson, Director  
USAID/Cameroon

## PROJECT DESCRIPTION

### I. Project description

The Reform of Health Delivery System Project is one in which AID will provide a three year funding for an unsolicited proposal from CARE and Save the Children Federation (SCF) to strengthen community based primary Health Care services in the Far North Province of Cameroon. The project directly supports the Social Dimension of Adjustment (SDA) program designed to ameliorate hardships caused by the latter. The project also directly serves several U.S. interests:

- 1) it is a direct U.S. contribution to the SDA program that will have people level impact (PLI).
- 2) it supports the privatization of medical care by working through the PVO's.
- 3) it supports both U.S. and local PVO development.
- 4) because the project will work on a cost recovery basis it will support similar USAID initiatives in the health area.
- 5) because family planning services will be offered as part of the total health care package it will support the expansion of family planning in Cameroon.

#### 1. Project Goal

This project is meant to reduce overall child and maternal mortality in selected areas of Far North Province in northern Cameroon by developing the following program areas:

Child Survival  
Health Care Financing  
Program Management and Coordination  
Health Planning Services Delivery

A brief discription of how each of these areas are to be developed is listed below:

A. Child Survival Activities: The joint project will target the following Child Survival Interventions:

#### 1. Immunizations

By July 1994, the project will assure 80% coverage of children under 1 year of age and women of childbearing age in the project areas. The program will be expanded to cover the distribution of vitamin A capsules.

#### 2. Oral Rehydration Therapy

By July 1994, the project will assure that 60% of families in the target areas will receive training in home management of diarrhea and have regular access to ORS packets through pro-pharmacies. The project will provide training to health personnel and assist in the development of modest ORT corners in each health centre. The impact of the program will be improved by building on CARE's social marketing experience and SCF's training background.

### 3. Malaria control

By July 1994, the project will assure that 60% of families will receive training in home management of malaria suspect fevers and have regular access to medication. The project will assist in the development of self-sustaining pro-pharmacies to provide the basic medicines for malaria prophylaxis for pregnant women, and early and effective treatment for suspect cases.

### 4. Family planning

KAP activities will be introduced in year one of the project. Services will be introduced in year two. By the end of year 3 our goal is to have 5% acceptors among mothers using the health centres.

### B. Health Care Financing and Sustainability

The proposed project will focus on two aspects of cost recovery and health care financing to promote sustainable community based health programs; co-financing of preventive health services, and pro-pharmacies.

1. Co-Financing of preventive health services. The project will introduce cost recovery system for health services.

2. Pro-Pharmacies: The most important factor limiting the effectiveness of presently available health services is the shortage of basic medicines. The project will develop a community based system (Pro-Pharmacies) for obtaining a limited number of basic medicines. Development of the Pro-Pharmacies will include training in basic book-keeping, inventory control, correct dosage, and health education.

### C. Program Management and Coordination

CARE and SCF have each worked in the Far North Province for over ten years. They have found that the foundation for sustainable development in this area has proven to be the organization of consortiums of all groups involved in the delivery of community health activities.

By July 1994 a consortium of primary health care delivery agencies will be established in each division of the Far North Province. They will meet regularly 6 to 12 times a year to discuss common issues. Representatives of the consortium will meet on a provincial level 2 to 3 times a year, with more frequent meetings in the first couple of years. This structure will assist in determining training needs to improve project design and management, and adopt policies on health financing and other issues to assure uniform policies throughout the province.

### D. Health and Management Information System

The principal objectives of the information system are:

- document the actual impact of the program on the health status and mortality of children under 5, and maternal mortality.
- maximize community participation (coverage) and identify special at-risk group.

- develop tools to effectively plan, manage the limited resources available, and evaluate impact.

CARE and SCF use a health strategy which involves a family enrollment, or census of all community members to ensure equity of service delivery and the education of the persons most responsible for each child's health. The heart of the information system is individual registration (family enrollment), and home based records for children under 5 (road-to-health cards) and women of childbearing age (15 - 49 years). The project will develop manual systems to assist program management and quantify effectiveness at the community level, the health centre level and at the sub-district (arrondissement) level. The program will focus on developing information systems that are simple and do not require an inordinate amount of the project's resources.

## 2. Project objectives

USAID accepts the basic concepts presented in the unsolicited proposal as follows:

- develop planning, management and supervision capabilities of public and private health providers in primary health care through training sessions such as seminars, in service workshops and technical assistance, and reinforcement of health information system.
- support the MOH and NGOs in their delivery of more comprehensive and effective primary health care to underserved rural areas through training of Community Health Workers (CHW), traditional Birth Attendants (TBA) and Community Development Agents (CDA), and improving Expanded Program for Immunization (EPI) coverage.
- strengthen community ownership of Primary Health Care (PHC) and sustainability by training and supporting the health communities in

The following MOH and WHO priority PHC interventions will be implemented:

- |        |   |
|--------|---|
| Year 1 | - Expanded Program for Immunization.<br>- Prenatal care and Family Planning.                                |
| Year 2 | - Control of diarrheal disease/ORT and safe water supply.<br>- Growth monitoring and nutrition counselling. |
| Year 3 | - Control of endemic diseases, especially malaria.  |

CARE will develop training manuals and courses for community level workers, and SCF will direct its efforts to the management and technical training of district health centre personnel, and production of training manuals for the supervisory level. The provincial training courses and activities will be the responsibility of the Primary Health Program Support Unit (PHPSU).

The project is to achieve the following specific benchmarks, divided up between SAVE and CARE according to their expertise and experience:

### I. Outputs in Planning, Management & Supervision of PHC

1. PHPSU officer will be operational in supporting MOH primary health care programs.

2. Report of baseline survey including information on population, health resources, and status of PHC programs.
3. Training program and manual of Planning, Management and Supervision (PMS) of Primary Health Care (PHC) for provincial and sub-division health personnel.
4. PHC program plans developed by sub-divisional and provincial consortium (health committee).
5. Protocols for supervision of CHWs and TBAs.
6. Plans for supervision of community PHC by health centre staff.
7. Health management information system reports and procedures for analyzing data for planning and management by MOH.
8. Program for health village self-sufficiency (CARE only).
9. Operation research studies with implications & recommendations for projects.

## II. Primary Health Care Delivery System Reform

30% of the population in the target areas will have ready access to the five Primary Health Care services.

### A. Technical training of health personnel Outputs

1. 30% health personnel trained in technical aspects of EPI.
2. 30% health personnel trained in technical aspects of Control of Diarrheal Diseases ORT.
3. 30% health personnel trained in technical aspects of growth monitoring and nutrition counselling.
4. 30% health personnel trained in technical aspects of prenatal care and family planning.
5. 30% health personnel trained in technical aspects of the control of malaria and other endemic diseases.
6. Training materials developed or adapted and integrated into the PHC training programs and teaching equipment distributed.

### B. Outputs of the Expanded Program for Immunization

1. Training program in the PMS of EPI for public and private health care personnel.
2. Training program in the technical aspects of EPI for public and private health care providers.
3. EPI component in the training of CHWs and community health committees in the support of EPI activities.
4. Immunization program plans (Provincial and sub-divisional) for each year of funding period to reach outlying areas.
5. Protocol for the procurement and maintenance of vaccines and essential supplies.
6. 45% Children 1 year old will be vaccinated according to EPI recommendations in the Mayo Danay, Kaele, Mayo Sava and Mayo Tsanaga divisions.

### C Outputs of Prenatal Care and Family Planning Program

1. Training program for public and private health care providers in the PMS of prenatal care and family planning service delivery.
2. Standardized training program and manual for TBAs.

2. Report of baseline survey including information on population, health resources, and status of PHC programs.
3. Training program and manual of Planning, Management and Supervision (PMS) of Primary Health Care (PHC) for provincial and sub-division health personnel.
4. PHC program plans developed by sub-divisional and provincial consortium (health committee).
5. Protocols for supervision of CHWs and TBAs.
6. Plans for supervision of community PHC by health centre staff.
7. Health management information system reports and procedures for analyzing data for planning and management by MOH.
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### C. Outputs of Prenatal Care and Family Planning Program

1. Training program for public and private health care providers in the PMS of prenatal care and family planning service delivery.
2. Standardized training program and manual for TBAs.

3. Protocol TBA standards of care.
4. Training manual for public and private health care professionals in family planning.
5. Supply and distribution of contraceptives and other essential medicines to health centres and communities, and procedure manual for the supply system.
6. 10% of health centres provide health education for mothers in prenatal care and family planning.
7. 40% pregnant women vaccinated with two doses of tatanus toxoid vaccine in the of Mayo Danay, Kaele, Mayo Sava and Mayo Tsanaga divisions.
8. 10% of Women of Childbearing age (15 to 45 years) residing in the target areas will practise some form of family planning during the year (contraceptive prevalence rate)

D. Control of Diarrheal Disease-ORT and Safe Water Supply Outputs.

1. Training programs in PMS of CDD program for public and private health care providers established.
2. Training programs for CHWs, TBAs, public and private health care providers in the technical aspects of the control of diarrheal disease-ORT established.
3. Procedure manual for the supply of ORS written and distributed.
4. Reference and training material which reinforces the utilization of the MOH referral system distributed.
5. Forty percent of health facilities have staffed rehydration units.
6. Health education program for mothers in the control of diarrheal disease, ORS, hygiene, and sanitation of water supply established.
7. Cost-recovery plan for the sale of ORS packet operating.
8. 40-60 wells constructed.
9. Procedure manual for well maintenance program written and distributed.

ORANIZATION ISSUES

1. Background

One of the principal objectives of the proposal is to develop and maintain effective communication and collaboration between public and private agencies involved with the delivery of primary health care services. It is the purpose of this chapter to set out the specific details pertinent to the Grant, and also to establish the spirit of creative and successful collaboration between USAID, CARE International, Save the Children Federation and indigenous Cameroonian PVO's.

2. Prime Recipient

For the purposes of the Grant, the Cameroon Field Office of the Save the Children Federation Inc. through the PHPSU office in Maroua will serve as the Prime Recipient for the Cameroon Offices of CARE International. As primary recipient of the grant, responsibility for assuring the proper use of all Federal funds received and disbursed rests with SCF.

Transfer of Funds. SCF assumes the responsibility of procuring a letter of credit from USAID which will represent the total amount obligated to

the grant. SCF assumes the responsibility of transferring the total amount budgeted for each 12 months of operations to CARE International no less than 45 days before the project date for start of the 12 month's activities. SCF will not retain any part of the funds budgeted to CARE for activities outlined in this proposal as indirect costs.

CARE International, by accepting a subagreement from Save the Children, agrees to fully accept and comply with all Federal Regulations pertinent to grant (Mandatory Standard Provisions of AID Handbook 13 of March 30, 1989 and OMB Circular A-122).

### 3. Financial Records and Report, and Inventory.

For the purposes of this grant, CARE International and Save the Children will maintain books, records, documents and other evidence in accordance with the grantee's usual accounting procedures to sufficiently substantiate charges to the grant as per mandatory standard provisions for U.S., Non-governmental Grantees. Financial reports of grant expenditures shall be submitted to USAID Cameroon on a quarterly basis as per "Optional Standard Provisions for U.S., Non-governmental Grantees Payment-Letter of Credit" provisions. CARE International and Save the Children will maintain an inventory of all equipment purchased using Grant funds. The inventory will be jointly verified twice a year. Copies of the Finance Reports will be forwarded to USAID on a Quarterly basis. Detailed records of individual expenditures and a recent inventory will be available to USAID upon written request.

Access to records. Pursuant to AID Handbook 13 (page no. 4C-28), CARE International and SCF agree to allow USAID, the Controller General of the United States or any duly authorized representative access to any books, documents, papers or records which are directly pertinent to the specific program detailed herein for the purposes of making audits, examinations, excerpts and transcripts.

4. Financial Plan

<u>Category</u>	<u>A.I.D.'s Contribution</u>	
	<u>U.S. dollar Costs</u> (0/1/90-7/31/93)	<u>Local Currency*</u>
Technical Assistance/Pers	\$ 247,000	\$ 204,000
Travel	\$ 16,000	\$ 132,000
Other Direct Costs	\$ 96,000	\$ 225,000
Supplies and Materials	\$ 35,000	\$ 15,534
Equipment/Capital Assets	\$ 134,000	\$ 38,500
Consultancy	\$ 110,000	\$ 228,000
Evaluation	\$ -0-	\$ 24,000
Subrecipients	\$ 178,000	\$ 783,500
Overhead	\$ 332,466	\$ -0-
<b>Total</b>	<b>\$1,080,466</b>	<b>\$1,519,534</b>

\* Local Currency expenditures are represented in U.S. dollars.

5. Cost Sharing/Matching Grants

The following represents the Grantee's financial plan for cost sharing/matching grants:

CARE International	
Community Water Supply	\$ 450,000
Save the Children Fed.	
Community Water Supply	\$ 70,000
Doukoula Impact Area PHC	35,000
Government of Cameroon	
Ministry of Public Health	\$ 225,000
Ministry of Agriculture/DCD	\$ 180,000
Technical Assistance	
SNV (Dutch Technical Assistance	\$ 90,000
- Peace Corps	\$ 30,000
Other Donor Agencies	\$ 75,000
<b>Total Matching Contributions</b>	<b>\$1,155,000</b>

For the purposes of the Grant, USAID will allow the following as part of the total match;

MOH Personnel. The input value of work provided by GORC/MOH and GORC/MOAg (Community Development) will be allowed rather than actual time sheets and wage statements.

Community Water Supply. Project inputs for community water supply are allowed as a match for Child Survival activities. Non-Federal funding and in-kind support for Community Water Supply will be allowed as part of the match.

Doukoula Impact Area. Non-Federal funding and in-kind support to community health activities in the Save the Children Doukoula Impact Area will be allowed as part of the match.

Significant changes in match are not foreseen for the second and third year of the grant but modification will be allowed when USAID is notified in writing. Reporting on Cost Sharing will take place annually and will include a projection for the following year. Calculation of the total amount of the match will be applied to the three year life of the grant and not each individual year.

It should be noted that the proposed match is considerably larger than the required match. Efforts will be made to secure additional non-Federal funding to permit additional training and expanded project support.