

Health System Strengthening Programme Evaluation

Cameroon

Gavi provided funding for Cameroon's health system strengthening (HSS) programme from 2007-2012 but the grant was extended and reprogramming of the HSS grant was done but no formal evaluation had been conducted. The 2015 HSS support evaluation was commissioned by Gavi and conducted by Institute for Health Metrics and Evaluation (IHME) and Institut de Formation et de Recherche Démographiques (IFORD).

BACKGROUND

Recognising that achieving immunisation coverage is dependent upon strong service systems the Gavi Board took the first steps to widen Gavi support to HSS in 2005.

Countries are encouraged to use Gavi HSS funding to target the "bottlenecks" or barriers in the health system that impede progress in improving the provision of and demand for immunisation and other maternal and child health (MCH) services.

Cameroon's HSS programme focused on three key areas:

- I. Demand generation
- II. Service provision
- III. Governance and Leadership

OBJECTIVES

The evaluation assessed performance related to the achievement of the planned objectives in Cameroon's HSS support proposal, including:

- Influence of the social and political context in the country on the implementation of activities and its impact on the achievement of the objectives
- To identify the strengths and difficulties encountered and their causes in order to propose improvements to the design and implementation of HSS II.

METHODOLOGY

Findings are based on both qualitative and quantitative data collected through document review, key informant interviews (KIIs) and field visits.

KEY FINDINGS

- Proposal poorly designed program to meet the HSS window opportunity as there was not HSS specific exercise, activities selected from SHS had no clear link with vaccine coverage, limited implication on EPI and weak budget and implementation timelines

- Delay in the HSS process and expenditure deviated from the forecasts were followed by and investigation and suspension of HSS funds
 - o HSS grant was implemented by the Technical Secretariat without supervision
 - o Lack of clear management norms
 - Almost 60% of activities implemented outside of the original plan
 - Three years of irregularities
 - o Difficulty in showing an effect on vaccine coverage
 - o Birth of planning and coordination culture in Cameroon
 - o Evaluation of Gavi's fund management in Cameroon
 - Highlighted irregularities and the lack of control over finances
 - Suspension of HSS funds
- Well-conceived reprogramming of HSS grant in 2013 reflected a serious implication of Cameroon towards improving the EPI and vaccine coverage
 - o Interruption of the sectoral approach with HSS suspension
 - o Recognition of the committed irregularities by the country
 - o MOU signed by Gavi and the country
 - Attribution of HSS financial management to WHO
 - o Excessive effort to identify bottlenecks
 - o Better selection of activities based on the identified bottlenecks
- Efficiency and Sustainability : The reprogramming saw an improvement in the efficiency of expenditure (planned vs actual) and this came with a high cost of implementation. The embargo of funds in the WHO financial system halted implementation activities and led to four month delay
- Delay in the implementation of planned activities in a complicated context (delays in designation of team, embargo at WHO, Polio epidemic)
- High management costs affecting the efficiency
- Average achievement of activities' indicators but remarkable growth in vaccine coverage and reduction in under-5 mortality close to the Millennium Development Goal. Almost identical resources were deployed in both categories of districts so was the distribution in the health centers/facilities.

RESULTS ON KEY INDICATORS :

The country has not been able to achieve the set targets in vaccine coverage and under-5 mortality

Gavi was helpful in proposal development and responsive to questions about the proposal process.

The lack of involvement of CSOs in the team developing the proposal may have contributed to the proposal not including funding for their activities which focused on supporting community agents.

Involving decentralized territorial collectives, NGOs, and associations in the pursuit of HSS activities is a sustainability strategy; these organizations are a likely source of future financial and technical support.

HSS activities were partially successful in improving access, quality, and equity of immunization and other services by hiring and deploying health staff to areas poorly served by trained health personnel, providing vehicles and motorbikes, and renovating health facilities.

A positive outcome of a second reprogramming, which focused on specific components of the immunization programme, was that all of the MoPH Departments and the immunization programme began participating in supervision, monitoring, and training.

RECOMMENDATIONS

The Ministry of Health

- Involve all partners and levels of the health system in the design of HSS, identify key stakeholders, and define their roles at the design stage
- Create a realistic timeline taking into account the process of submission, approval, and disbursement of funds
- Distinguish in the HSS application areas and activities that should be funded through the HSS and those that should be by other funds or partners
- The selection of activities should take into account efficiency, sustainability, and the catalytic role of the HSS
- It is up to MinSanté to decide whether WHO should continue in its current role, or remain in its role as a partner providing technical assistance

WHO and Health Partners

- Transfer WHO's HSS expertise in the finalization of the financial management manuals to help the country to maintain and strengthen the culture of accountability created through the implementation of the reprogrammed HSS
- HSS funds should be devoted solely to its implementation in order to ensure optimum efficiency
- We encourage the system of meetings and bulletins set up to monitor the reprogrammed HSS. In this system, the partners could offer technical assistance in the monitoring of activities and verification of the implementation on the ground
- We cannot advise on a geographical designation to certain partners for the implementation of activities
- Key actors should be clearly identified and their role well-defined at the stage of HSS design

GAVI

- Contribute to the discussion on the choice of HSS activities, or at least domains of the health system, to target during the development of proposals
- Clarify the purpose of the HSS support: is it intended only for EPI activities, or strengthening the health system globally? This distinction would have broad implications on the program design to the extent of the domains to target and activities to chose
- Clearly define the steps to be followed by countries in case of delay or division of disbursements in the guidelines and framework of applications
- Help countries to reflect the catalytic role of HSS in their application
- Ensure that the countries know the procedures to follow in financial management and implementation of HSS

Gavi should provide training and support on procurement to the entire HSS support team and clear rules and regulations for procurement of goods are necessary to ensure transparency.

Provision of a manual of procedures about how to implement Gavi HSS activities is essential.

Include a risk mitigation plan in future HSS proposals.

Increase the involvement of regional, district, and community level staff to instill a greater sense of ownership of the HSS activities at different levels of the health system.

Expand the NGO mapping activity to include information on how the intervention domains by the partners are addressed geographically.

Convene a joint meeting with key ICC members prior to implementation of future HSS activities and work to align donor support.

The report's final recommendations help inform the country and Gavi Board regarding future HSS proposals from the country.
