

Republic of Cameroon

North West Regional Fund for Health Promotion PIG

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Strategic Plan 2015 – 2017

Draft Version 03

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Abbreviations

AFD	Agence Française du Développement
AGM	Annual General Meeting
CBMHIS	Community Based Micro Health Insurance Schemes
CENAME	Centre Nationale d'Achats de Médicaments Essentiels
CGA	Constituent General Assembly
DMO	District Medical Officer
GIZ	German International Cooperation
GTZ	German Technical Cooperation
CBHI	Community - Based Micro Health Insurance
CC	Control Committee
GTZ	German Technical Cooperation
GA	General Assembly
GIZ	German International Cooperation
HIV/AIDS	Human Immune Virus / Acquired Immune Deficiency Syndrome
INN	International Non Proprietary Names
KFW	German Development Bank
MC	Management Committee
MDG	Millennium Development Goals
MHC	Medicalised Health Centre
MDGs	Millennium Development Goals
MHOs	Mutual Health Organisations
MINSANTE	Ministry of Public Health
MUHCOOPS	Mutual Health Cooperative Society
NWRFHP	North West Regional Fund for Health Promotion
PBF	Performance Based Financing
PHC	Primary Health Care
PIG	Public Interest Group
PLWHA	People Living with HIV AIDS
SWOT	Strength, Weaknesses, Opportunities and Threats
WHO	World Health Organisation
UNICEF	United Nations Children Fund
UNDP	United Nations Development Program

Forward

We are pleased to present the North West Regional Fund for Health Promotion (NWRFHP) Strategic Plan for the next three years 2015 – 2017. This document outlines the strategies which the organisation intends to use to improve the health outcomes of the population of the North West region of Cameroon. It is a culmination of recent developments in line with the new status as a Public Interest Group, intensive research, discussions/interviews and consultation with all stakeholders in and out of the North West region. In this process, the stakeholders were asked to provide feedback on a range of possible strategies to enhance the effectiveness of the services offered by NWRFHP to contribute in improving the health status and reduce inequalities in the population.

It is the desire of the General Assembly through the Management Committee (MC) to have the highest possible level of health and quality of life for the population. In order to achieve this, the combined efforts of the staff, health personnel in the health institutions, public service health administrators, dialogue structures (communities) and technical/financial members/partners is a prerequisite. In this light, the General Assembly calls on all stakeholders to give the necessary support to realise the objectives set thereby contributing in the realisation of the 2001 – 2015 Health Sector Strategy of the government of Cameroon and meeting up with the United Nations Millennium Development Goals (MDGs) in the health sector.

It is our sincere hope that this strategic document becomes the single most important point of reference for the formulation of programmes, service design and delivery, resource mobilisation and health care financing, as it embodies our dream for a better health care delivery system for all the people of the North West region. We look forward to progress being made towards the attainment of stated objectives and improvement in the health of our population.

Mr. Makoge Ivo Charles

President

General Assembly

Acknowledgement

The North West Regional Fund for Health Promotion Strategic Plan (2015 – 2017) is the product of a complex process of intensive consultations, teamwork on specific assignments, detailed studies and information gathering. Heads of health institutions, Dialogue Structure Leaders, District Medical Officers, members of the Management Committee, traditional authorities, the staff, Pharmacy Attendants and other stakeholders were all involved in the process. We are very grateful to everyone who contributed to the successful development of this strategic plan.

The concerted effort of all the staff is acknowledged. Their efforts in field investigation and putting together vital pieces of information, comments, criticisms and suggestions have not gone unnoticed. We appreciate the contribution of Mr. Shaibu Babayo Mr. Atanjang Godlove, Mr. Njah Godfred, Mr. Mbalinga Jonas and Mr. Bonekeh John who are current and former dialogue structure leaders.

The opinion of District Medical Officers like Dr. Ndah Emmanuel, Dr. Leuteu Petri Landry, Dr. Yota Daniel and Dr. Fomeh Gilbert Nsoh and heads of health facilities like Dr. Kwa Joseph, Mr. Komupah Peter and Mrs. Mbah nee Fokabo Rose are appreciated. Gratitude also goes to the Mayor of Mbengwi, Mrs. Tebe Beatrice and that of Ndu, Mr. Buhnyui Emmanuel for their input. In addition, the participation of Pharmacy Attendants gave great insight into the development of the Strategic Plan. We are therefore highly indebted to Gana Lilian, Mbah Patricia, Odrana Bermirla, Kongla Belinda and Limbih Emah for their contributions.

The input of members of the technical committee made up of Professor Tih Pius, Dr. Tayong, Dr. Ndiforchu Victor, Mr. Daki Francis and Mr. Makoge Ivo Charles are invaluable. This gave the document its strategic direction.

Mr. Fondoh Richard

Administrator

1. INTRODUCTION

The North West Regional Fund for Health Promotion (NWRFHPP) simply referred to as the Fund started in 1987 as a Primary Health Care Essential Medicines programme in line with a national framework of re-orientation of Primary Health Care (PHC) to create a self-sustaining mechanism (revolving drug fund) to ensure a constant supply of quality essential medicines recommended by African ministers of health in Bamako, Mali in 1987. The structure was known then as North West Pro-Pharmacy. In 1991, in line with the law on associations in Cameroon, it became the North West Provincial Special Fund for Health.

Considering the willingness of the major partners of the Fund to ensure better health for the population by improving the performance of the health system in the regions, it was transformed into..... its present status to support the Ministry of Public Health in the mobilisation and management of resources for health care delivery especially in the management and distribution of medicines and other pharmaceutical products; enhancing the quality of health care provision; developing financing mechanisms; and carrying out other health care promotion activities.

In compliance with its constituent agreement approved by Prime Ministerial order No. 005/CAB/PM of January 21, 2013, a Constituent General Assembly was held in December, 2013 to put in place the Management Committee and adopt the Internal Rules and Regulations and Organisational Chart. With these developments, it is necessary to come out with a strategic plan which will guide the future development of the Fund. This entails carrying out a thorough analysis of the Funds new structure (with the old one in mind), governance, programs/services, members/partners and resources (financial, human, technical and material) to define an ideal future for the organisation. This is to develop core strategies necessary for preparing and monitoring consistent and meaningful annual operating plans and budgets. In other words, it is to clarify where the Fund wants to go and how to get there step by step.

This strategic plan translates the Funds mission into actionable and measurable objectives and strategies. The plan will also provide direction for both long and short-term decision-making by the Management Committee and senior leadership to fulfil the mission of the Fund and make choices among competing demands for capital investment, philanthropy, facilities, and human resources.

2. ORGANIZATIONAL PROFILE

2.1. Brief history of the NWRFHP PIG

The North West Regional Fund for Health Promotion PIG is a public corporate dialogue structure set up by a constituent agreement of the state, the technical/financial partners and the North West community on June 11, 2012 in line with law no. 2010/023 of December 2010 to define the status of Public Interest Groups in Cameroon. This agreement transformed the North West Provincial Special Fund for Health set up in 1987 and registered under law no. 90/53 relating to freedom of associations into its new status.

North West Regional Fund for Health Promotion started in November 1987 as the North West Pro-pharmacy due to the failure of previous drug programs. On June 6, 1991 it became North West Provincial Special Fund for Health. The initial investment capital of the NWRFHP was contributed by the North West community (11%), the government of Cameroon (25%) and the German Technical Cooperation (64%) capital was estimated at 200 million Francs CFA.

2.2. Situational analysis

The North West Regional Fund for Health Promotion today have legal personality and financial autonomy governed by law no.2010/023 of December 21, 2010 to lay down the status of Public Interest Groups in Cameroon. The organization and functioning of the NWRFHP consist of the General Assembly (GA), the Management Committee (MC) and the staff headed by an administrator. The GA is the deliberative and steering organ comprising of representatives from all parties without their number exceeding 36 i.e. the state, the decentralized structures (councils), the community through the dialogue structures and the financial and technical partners. Another important management organ of the NWRFHP is the MC which is the governing and management body comprising of 12 persons representing the state, technical and financial partners and the community.

In order to accomplish its mission, the Constituent General Assembly (CGA) of December 2013 adopted 03 operational and functional structures under an Administrator.

These sections are;

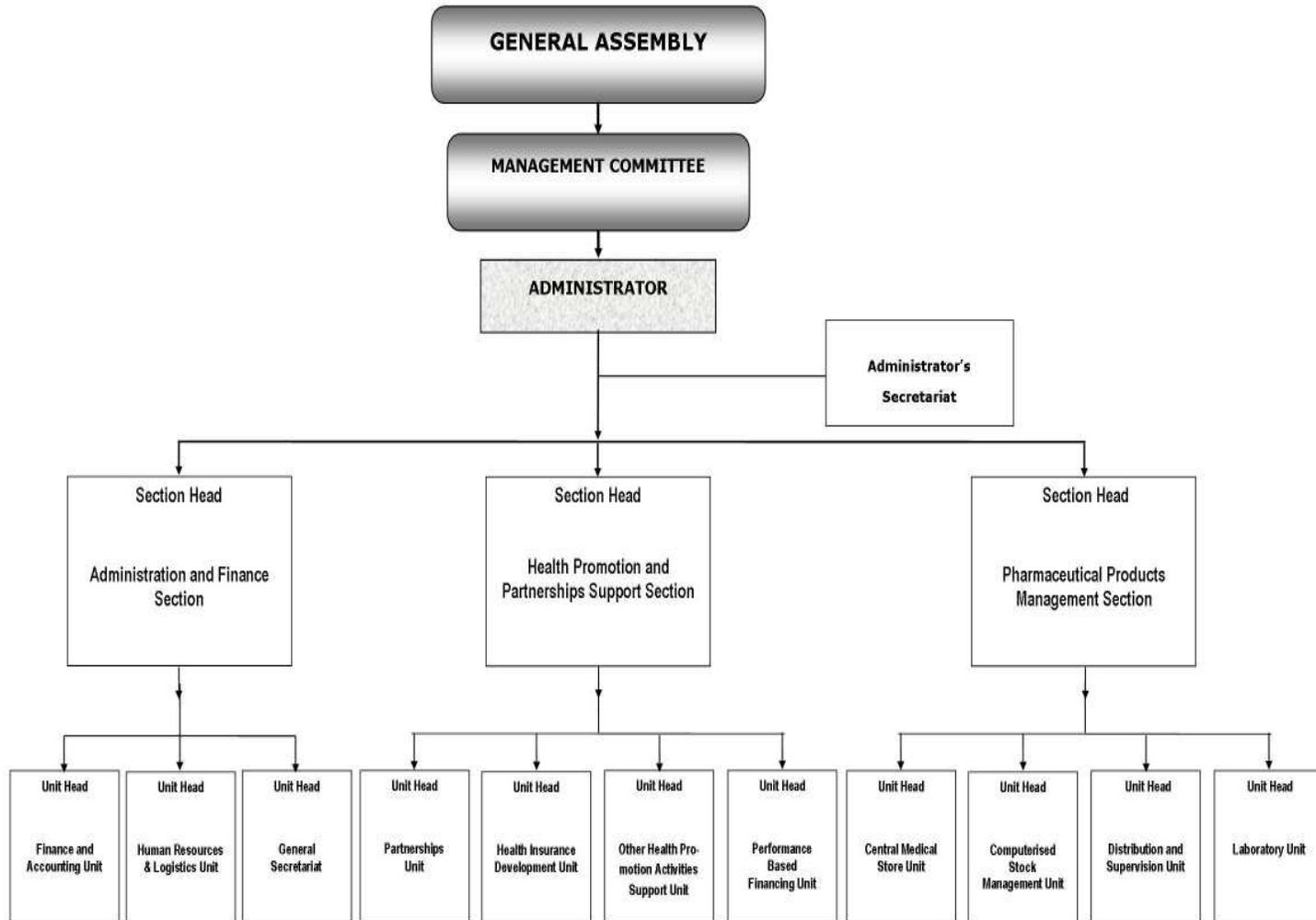
- The Administration and Finance Section comprising of the Finance and Accounting unit and the Human Resource and Logistics Unit;
- The Health Promotion and Partnership Support Section comprising of the Partnership Unit, the Health Insurance Development Unit and the Performance Based Financing Unit;
- The Pharmaceutical Products Management Section comprising of the central medical store, the Computerized Stock Management Unit and the Distribution and Supervision Unit.

As at December 2013, the North West Regional Fund for Health Promotion PIG (NWRFHP PIG) manages a central medical store, 196 community pharmacies, obstetric kits in 30 remote communities and technical assistance to 03 Mutual Health Organisations. It is supported by staff strength of 34 in the regional office and 230 community employed Pharmacy Attendants. Its main building in the regional headquarters in Bamenda with 300 million FCFA houses the central medicine store and all the administrative offices. In 2012 another drug store (warehouse) worth 15 million FCFA was constructed in Nkambe 170 km away from Bamenda. Although it has not yet been put into use it is a potential for decentralisation of the central medicine store and easing the distribution of medicine in far off Donga Mantung division. Other assets of the NWRFHP include 06 drug distribution vans, 02 vehicles for the promotion of CBMHIS and 01 vehicle for the circulation of the administrator. In addition, it managed a technology unit for the repairs of health unit equipment which was leased out to Presbyterian Church in Cameroon, on condition that it would not charge high rates for the repairs of the said equipment.

The annual operational budget of the NWRFHP for the purchase and distribution of drugs and other pharmaceutical products is averagely estimated at 800 million francs. Any excess revenue over expenditures is said to be a surplus earned by the NWRFHP. This surplus which has been averagely 300 million francs every year is distributed to various expenditures and provisions. This includes payment of salaries, building construction, training for community representative, assistance to national Vaccination campaigns, purchase of health unit equipment such as fridges, purchase of drug distribution and district Supervision vehicles and training of drug prescribers. Some of the salient projects of NWRFHP over the years are;

- 30,000,000 FCFA paid out to health districts for the organisation of meetings and supervision of health care services
- Construction of its head office worth 300,000,000 FCFA in Bamenda
- 84,916,000 FCFA paid out since the inception of the NWRFHPP for the involvement of dialogue structures in the supervision of health care services
- 238,873,799 FCFA spent for the provision of maternity beds, pit latrines, electricity, water and biomedical equipment for some health units
- Support national immunisation programs with a cash value of 4,500,000 FCFA and use of the organisations vehicles for the campaign
- Donate 08 four wheel drive vehicles to district health services worth 53,000,000 FCFA
- Donate fridges to some health institutions
- Support to the promotion of CBMHIS worth 30,000,000 FCFA as the NWRFHPP contribution to GIZ support
- Manages obstetric kits in 30 remote communities with the support of GIZ

2.3. Organisational Structure of the NWRFHP PIG, Bamenda



2.4. SWOT Analysis of the NWRFHP PIG

The investigations carried out to develop this Strategic Plan led to the establishment of the strengths, weaknesses, opportunities and threats (SWOT Analysis) of the Fund.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Availability of essential medicines at CENAME. 2. Dialogue structures already put in place. 3. Availability of basic infrastructure (building, vehicles) to function. 4. Supervision, collaboration and support from the state and technical/financial partners (GIZ). 5. Well defined operational and functional structures. 6. Surplus from the drug revolving fund for administrative expenses. 7. Monopoly in the supply of drugs to community pharmacies in public health institutions. 	<ol style="list-style-type: none"> 1. Low capacity of dialogue structures to effectively participate in health activities in their communities. 2. Improper management, distribution and supervision of medicines leading to frequent stock out of some essential medicines. 3. No measures to promote development of staff using on the job and off the job techniques for improved job performance. 4. Limited number of technical and financial partners (GIZ alone for over 20 years). 5. No health promotion activities especially for prevention/ management of chronic diseases. 6. Limited resource mobilisation capacity to scale up medicines management and distribution and engage in other health promotion activities. 7. Limited capacity of the staff (numbers and capabilities) to produce the required outcomes. 8. No effective communication system to keep all stakeholders informed of the activities of the Fund. 9. Limited participation and ownership of the programs of the Fund by the health personnel. 10. Inadequate training and low amelioration of Pharmacy Attendants in the community pharmacies.

Opportunities	Threats
<ol style="list-style-type: none"> 1. Exemption from taxes by the state. 2. Possibility of ordering drugs from CENAME and other supplies with payments after distribution to community pharmacies. 3. Rent-free buildings in government health institutions for community pharmacies. 4. Increase in the number of potential technical and financial partners with the setting up of the new structure of the Fund as a Public Interest Group (GIZ, KFW, AFD, World Bank, USAID, etc.) and the possibility of new partners in future. 5. Authorization to import drugs that are not available at the National Drug Supply Centre (CENAME). 	<ol style="list-style-type: none"> 1. Withdrawal of support to the health sector in Cameroon by GIZ which has been a major partner for over 20 years at the end of 2014. 2. Frequent transfer of District Medical Officers and Chiefs of Health Centres.. 3. Difficulty in withdrawing reserves in foreign banks. 4. Difficulty in recovering money from defunct banks. 5. Continuous illicit sale of drugs by medical staff and unidentified persons by the roadside. 6. Unavailability of some medicines on the Essential Drug List. 7. Inaccessibility of some health institutions/community pharmacies especially during the wet season. 8. Malpractices by Pharmacy Attendants such as increase in medicine prices, no issuance of receipts, embezzlement, etc. 9. Ignorance of the population of the ill effects of the use of drugs of doubtful quality from unauthorised sources and improper prescription by some health staff.

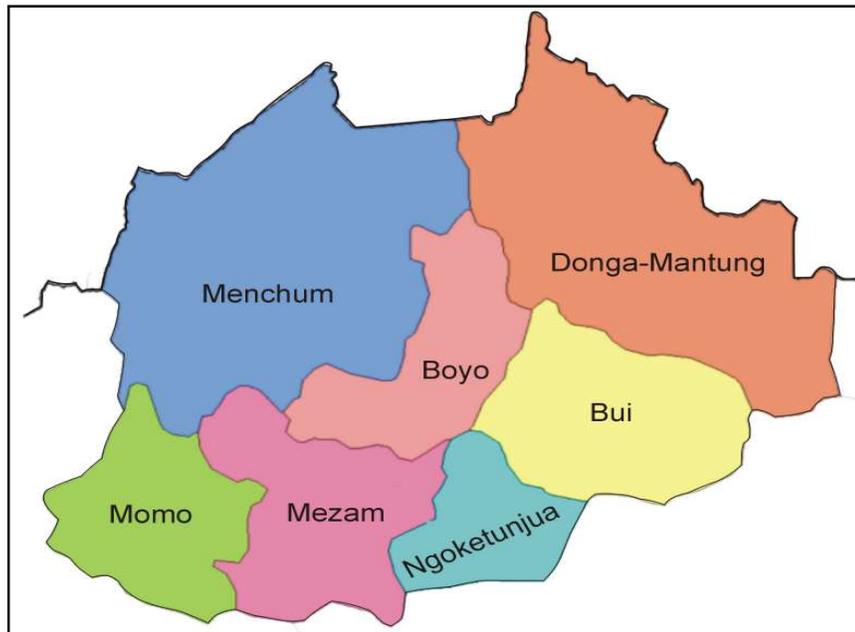
3. CATCHMENT PROFILE

The NWRFP PIG carries its activities in the North West region of Cameroon situated on latitude 6 degrees North of the Equator and longitude 10 degrees East of the Greenwich Meridian covering an area of 18,100 km² with a population of 1.9 million inhabitants. Administratively, this region is divided into 07 divisions and 34 subdivisions corresponding to 34 council areas. In the health domain, it is divided into 19 Health Districts and 226 Health Areas. The region has 01 Regional Hospital at the regional headquarters, Bamenda, 16 District Hospitals, 22 Medicalised Health Centres (MHC), 181 public Integrated Health Centres, 82 private health centres and 17 private pharmacies. The population/public Integrated Health Centre ratio is 11,931, Medicalised Health Centre ratio is 98,157, District Hospital ratio is 134,967 and District Health Service ratio is 119,970.

The physical environment of the North West region is dominantly grassland with forest in a few localities. The epidemiology of the region reveals the major causes of morbidity and mortality are malaria, hypertension, acute respiratory infections, diarrheal, malnutrition, HIV/AIDS, tuberculosis and injuries. As at the national level, life expectancy at birth stands at 53 years with a maternal mortality rate of 1,000 per 100,000 live births, neonatal mortality rate of 40 per 1,000; infant mortality rate of 82 per 1,000 live births while under five mortality rate is 131 per 1,000 live births. These high rates are as a result of uncontrolled environmental determinants of health, poor infrastructure and limited human resources.

The North West region of Cameroon





4. METHODOLOGY

A participatory methodology was adopted to develop this strategic plan in order that the staff and key stakeholders of the Fund should appropriate/own it. This comprised of exploitation of basic documents/texts of the state, Ministry of Public Health and NWRFP; administration of questionnaires to 30 staff of NWRFP and interviews with 10 dialogue structure members, 05 District Medical Officers, 05 directors of District Hospitals, 10 Chief of Health Centres, 04 Mayors and 04 traditional authorities. This made it possible for an analysis of the Fund and its environment as it is at the moment and how it may develop in the future. This was done at an internal level as well as an external level to identify all opportunities and threats of the external environment as well as the strengths and weaknesses of the Fund.

This analysis was useful in defining parameters to be measured, target values for those parameters, policy, and performance measurements, compare measured results to the pre-defined standard and make necessary changes. This also led to the establishment of baselines against which performance shall be measured after 03 years. All these led to the definition of the Funds strategic vision by setting the basis for performance standards, decision making, planning, monitoring and resource mobilisation and allocation in line with the mission agreed on by all parties to the Constituent Agreement of June 11, 2012. A draft of the final document was presented to the staff and a technical committee of the Management Committee for input and then presented to the Management Committee.

5. VISION

Sustainable quality and affordable health care for the population of North West region.

6. OUR CORE VALUES

In order to continuously improve its services to the population, the Fund upholds values, beliefs and attitudes that shape and influence behaviour in the organisation (staff, management committee, dialogue structures). These 06 core principles define the culture of the Fund.

Collaboration: Improving and sustaining performance depend on everyone in the system as a team (team work).

Communication: Effective communication within and between all levels; community, staff, technical and financial partners, to increase awareness on the mission and programs and demonstrate the impact of the services and value of the Fund to the population.

Openness: Transparent performance, monitoring and reporting is essential to make sure the facts are known and acknowledged even if at times this may be uncomfortable.

Respect: The role of every one engaged in improving performance is valued.

Partnership: Partnership in providing access and equity to health care services is important for the fund to maximise the involvement of a range of resources from diverse non-governmental organisations, the state and the communities through dialogue structures for meaningful and sustainable program development with the required outcomes.

Outcome focused: Performance based decision making for programs and services are a priority to the Fund.

7. MISSION

To assist the Ministry of Health in promoting access to health care for the population of the North West region through the improvement of the performance of the health system

8. GOALS

The NWRFP shall strive to:

1. Strengthen the organizational capacity of the Fund to enhance the quality of health care provision.
2. Ensure access to safe, effective, affordable and good quality medicines, medical consumables and diagnostic materials at all levels of health care on the basis of health needs.
3. Contribute in reducing financial barrier to access to quality health care through Community Based Micro Health Insurance Schemes (CBMHIS).
4. Promote sustainable sanitation and proper hygienic conditions to fight preventable diseases especially in vulnerable communities
5. Strengthen community participation to accelerate reduction in maternal and new-born morbidity and mortality
6. Reinforce community participation in the prevention of the spread of HIV AIDS and management of People Living with HIV AIDS to ensure consistency and continuity of care
7. Mobilize financial and technical resources for the programs/activities of the fund.
8. Ensure good governance and transparency through a sound financial and human resource management system.
9. Facilitate the decentralisation of the health system in order to improve on access to quality health care.

9. OBJECTIVES AND STRATEGIES

Goal 01: Strengthen the organizational capacity of the Fund to enhance the quality of health care provision.

Organizational capacity building is the strengthening of internal organizational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organizational, team and individual performance. It is a long term continual process that involves all stakeholders to tackle problems related to policy and method of development while considering the potential, limits and needs of the population. In its strong desire to grow, the organizational capacity

objective of the Fund is focused on activities that strengthen the knowledge, abilities, skills and behaviour of the staff and improvement in its structure and processes to enable it meet its mission in a measurable and sustainable way.

In its development, the Fund had some obstacles that inhibited it from realizing its mission. Some of these obstacles included the lack of a strategic direction, insufficient staff (numbers and capacity), insufficient participation of dialogue structures in the management of health facilities and health promotion, inadequate involvement of the medical health personnel in the activities of the Fund and limited financial sources to effectively realize its activities/programmes.

These short comings led to a restructuring of the Fund between 2010 and 2013 to give it a new organizational structure, new programs/sections and a broad base for financial and material assistance i.e. the French Agency for Development (AFD), the World Bank and KfW joining GIZ as technical and financial partners. It now set the strategies below to enhance sustainability, ownership, improved organizational services and products and a sense of common purpose.

Objectives and strategies to achieve the goal

Objectives	Strategies
1. Ensure strategic yearly leadership at every level of the Fund.	1.1. Create an environment that allows time for the staff to understand and appropriate the vision, mission and core values of the Fund.
	1.2. Develop strategies to engage, mobilize and inspire staff to implement assigned tasks.
	1.3. Advocate for the Fund and communicate this message in a practical way that will suit a wide audience.
	1.4. Effectively draw on a wide range of skills/expertise from different disciplines and sectors to enable the development of innovative interventions.
	1.5. Develop policies and procedures that enable consistent, quality reporting and communication.
	1.6. Develop management and governance structure with evolved, shared and transparent decision making particularly in relation to resource allocation.
	1.7. Appropriate resource allocation to ensure availability of the necessary operational equipment and facilities which enhance the implementation of plans of action.

2. Initiate and sustain effective involvement of all the partners for the realization of the mission and objectives of the Fund.	2.1. Develop a shared vision for the collective partnership and articulating measurable objectives and strategies agreed on by all partners. This will involve identifying the role of each partner in fulfilling these tasks and building continual quality improvement process within the partnership planning.
	2.2. Regularly identify and re-evaluate the level of operation of action plans and partnerships.
	2.3. Encourage partners to extend their goals to embrace and value programs of the Fund.
	2.4. Supporting a person or persons from within the partnership to bring together key stakeholders to facilitate the development of shared goals and agreements, given expectations and commitments of all partners and tasks.
	2.5. Ensuring effective communication and information sharing among partners through regular and timely circulation of action notes and contact lists, e.g. using communication strategies to inform the broader community and stakeholders in positive and consistent way.
3. Ensure maintenance and continuous infrastructural development	3.1. Acquire 02 delivery vans
	3.2. Acquire 03 vehicles to facilitate the implementation of the PBF program
	3.3. Acquire 02 vehicles to facilitate the implementation of the hygiene and sanitation as well as the maternal and neonatal health care program.
	3.4. Ensure proper maintenance of all existing infrastructure
4. Undertake information systems quality improvement and dissemination quarterly.	4.1. Implement reporting systems accurately to identify the role, time taken and type of action undertaken by staff.
	4.2. Plan evaluation using a mix of methods and resources as part of the planning process
	4.3. Plan and evaluate strategies that measure process, impact and outcomes systematically.
	4.4. Implement dissemination strategies to effectively communicate the findings from evaluation processes
	4.5. Establish processes to integrate findings into future planning cycles.
	4.6. Information and evidence-based resources are available and accessible to support program management.
5. Involve the community through quarterly dialogue structures meetings.	5.1. Organise transparent elections to select community representatives at the end of their present mandate.
	5.2. Support the participation of dialogue structures in health institution, area and district management committees.
	5.3. Facilitate the participation of community representatives in the management structures of the Fund (management committee, general assembly).
	5.4. Build the capacity of dialogue structure leaders at all levels.
	5.5. Support/facilitate the participation of dialogue structures in health promotion activities at the level of their respective communities.
	5.6. Facilitate experience sharing visits within and out of the North West region.

6. Ensure the participation of health personnel in the implementation of the activities of the Fund.	6.1. Negotiate and sign a partnership agreement with all public and faith based health units working with the Fund.
	6.2. Involve heads of public health institutions in the supervision of community pharmacies.
	6.3. Develop in collaboration with the health staff clear criteria for the payment of bonuses/incentives to health institution/staff.
	6.4. Involve health institution/medical staff in the promotion of micro health insurance schemes in their respective health institutions.
	6.5. Involvement of health institutions in other health promotion activities supported by the Fund.
7. Ensure proper monthly monitoring and evaluation of activities by key staff.	7.1. Identification of outcomes.
	7.2. Description of activities and resources needed to achieve outcomes.
	7.3. Identification of the outcomes that will contribute to/reduce risk.
	7.4. Identification of resources and capacities needed to successfully implement monitoring and evaluation activities.
	7.5. Development of monitoring and evaluation plans.

Goal 02: Ensure access to safe, effective, affordable and good quality medicines, medical consumables and diagnostic materials at all levels of health care on the basis of health needs.

The primary objective of the North West Regional Fund for Health Promotion PIG known as North West Pro-Pharmacy at inception was to improve on the chronic shortages of medicines in public health institutions/centres. This was in compliance with the Bamako Initiative adopted by African Health Ministers in 1987 to implement strategies designed to increase the availability of essential drugs and other health services for Sub-Saharan Africa. The initial capital investment was donated by the German Technical Cooperation (GTZ) now the German International Cooperation (GIZ) and the government of Cameroon. This has remained one of the major activities of the Fund with medicines made available to the population at the cost recovery price.

Since creation in 1987, the Fund has been an effective self-sustaining medicine supply system and promoting community participation in providing health care. It has succeeded to maintain a regular supply of most essential medicines in pharmacies in public health facilities. Specifically, it has strongly improved on geographical equity and access to medicines and medical consumables which are usually considered affordable by users. Nevertheless, this has not been without drawbacks. There has been frequent shortage of medicines in community pharmacies, illicit sale of

medicines by the health staff and continuous purchase of drugs of doubtful quality from roadside vendors. This situation has been compounded by limited financial and material resources by the Fund to increase supplies.

In view of the above short comings, the Fund plans to reduce medicine shortages to 10% and the quantity of those expiring on the shelves of pharmacies to 1% by 2017 with the strategies below:

Objectives and strategies to achieve the goal

Objectives	Strategies
<p>1. To rationally choose medicines annually from the national drug list to satisfy the health needs of the majority of the population.</p>	1.1. Medicines are listed using generic or International Non-Proprietary Names (INN).
	1.2. Medicines/laboratory reagents and consumables are selected based on the health needs of the majority of the population.
	1.3. Medicines have substantial safety and risk/benefit ratio with sufficient accumulated scientific data.
	1.4. Drug formulations containing more than one active ingredient are avoided unless the clinical condition justifies the use of more than one drug in a fixed combination.
	1.5. When two or more drugs are therapeutically equivalent or several drugs are available for the same indication, preference shall be given to products with the most scientific and clinical data, most favourable pharmacokinetic properties, best cost advantage, best patient compliance and most stable pharmaceutical form for which appropriate storage facilities exist.
<p>2. To provide up to 80% medicines to the population on the basis of relevant information, need and available resources.</p>	2.1. Procurement of drugs shall be restricted to drugs registered on the Essential drug list.
	2.2. Procurement shall be by International Non Proprietary Name (INN) or generic names only.
	2.3. Procurement of drugs shall be by open, competitive tender and shall be conducted in a transparent manner with the advice of the Pharmaceutical Products Management Section of the Fund.
	2.4. Procurement of drugs shall be based on accurate quantification of medicine requirements by the Pharmaceutical Products Management Section of the Fund.
	2.5. Procurement and receipt procedures shall ensure that drugs supplied are of good quality.
	2.6. In order to keep prices low and undertake adequate quality control, medicines shall as much as possible, be purchased in bulk;
	2.7. Medicines procured shall be subjected to quality control before distribution to community pharmacies.

3. To ensure 100% stock security and maintenance of the quality of medicines throughout their shelf life.	3.1. Ensure that suitably located, constructed and equipped storage facilities exist both at the level of the central medical store and community pharmacies.
	3.2. Community Pharmacies are properly managed to ensure that they do not expire or deteriorate on the shelf.
	3.3. Any stock of expired or deteriorated drugs shall be officially destroyed within 01 year
	3.4. Ensure that the central medical store at the Fund has a Quality Control Laboratory where basic tests are undertaken to determine the quality of medicines received or supplied.
	3.5. Regular checks on the quality of stored drugs undertaken to ensure that they do not deteriorate under storage conditions.
	3.6. Adequate mechanisms are put in place to ensure that the temperature in all medicine storage facilities is maintained at not more than 25° C for the sustenance of the shelf life of medicines.
	3.7. Provide appropriate cold storage for the maintenance of the shelf life of such medicines and biological products.
	3.8. Maintain and efficiently manage the central computerised inventory control system in the central medical store for effective medicine management.
4. Ensure 90% availability of medicine at all time in community pharmacies.	4.1. Ensure that medicines/laboratory reagents and consumables supplied to community pharmacies are based on expressed need (pull system).
	4.2. Ensure that all drugs/laboratory reagents prescribed /distributed through community pharmacies are channelled through the North West Regional Fund for Health Promotion.
	4.3. Provided adequate security for drug/laboratory storage areas and, in particular, for narcotic medicines.
	4.4. Create incentives for Pharmacy Attendants to establish practices in the communities in order to promote rational medicine distribution and uses. i.e. ensure that the right medicines are used for the right indications in the right dose and dosage form for the right duration.
	4.5. Distribute laboratory reagents in at least 05 laboratories to pilot the same experience like medicine distribution in community pharmacies.
5. Take appropriate action to ensure the medicines distributed are of the right quality at least 95% of the time.	5.1. Collaborate with national regulatory authorities to establish effective mechanisms for inspection of drugs /laboratory reagents in community pharmacies and the central medical store.
	5.2. Collaborate with national regulatory authorities to monitor and enforce effective compliance with quality assurance provisions by manufacturers of imported and locally produced drugs to ensure that patients and consumers receive only safe, efficacious and good quality medicines.
6. Ensure that all health personnel and consumers receive adequate information on rational medicine use.	6.1. Provide unbiased, scientifically validated drug information to promote rational prescribing, dispensing and use of medicines.
	6.2. Develop educational strategies and programmes directed at the public on appropriate use of medicines.

Gaol 03: Contribute in reducing financial barrier to access to quality health care through Community Based Micro Health Insurance Schemes (CBMHIS).

In Cameroon, the Ministry of Public Health (MINSANTE) in its 2001- 2015 health sector strategic plan set to cover the health care services of 40% of the population by 2015 through community based micro health insurance. It aims to create at least 01 MHO in about 200 health districts in the country to improve access to health care services and offer protection against catastrophic health care cost especially for those living in rural areas and those employed in the urban informal sector who are exposed to the risk of diseases, poverty, falling social and health budgets by the state, inefficient use of resources, and inadequate and poor quality health care services. In the framework of the government's objective, the German International Cooperation (GIZ) since 2007 has been assisting the NWRFHPIG to support 08 communities to set up micro health insurance schemes.

An evaluation of these schemes done in 2010 revealed that the schemes were facing some problems that threatened their sustainability. This led to a restructuring process started in 2011 comprised of promoting deep animation/insurance education to reinforce the social base of the schemes; improve attractiveness of the insurance product; tackling adverse selection; improving partnership with service providers through a dynamic contracting process and strengthening management abilities in 03 schemes. These schemes are now functioning well but still need support to fully attain sustainability and autonomy.

Unfortunately GIZ has decided to stop its support to the health sector in Cameroon. The Fund needs financial assistance to continue supporting the restructured schemes and to restructure 03 other schemes to increase coverage in the concerned communities from 04% to 20% by 2017. The following strategies shall be undertaken by the Fund to achieve this objective.

Objectives and strategies to achieve the goal

Objectives	Strategies
<p>1. Assist 03 communities to restructure their community based micro health insurance schemes (CBMHIS).</p>	<p>1.1. Conduct interviews and focus group discussions to integrate the views of the population in the design of community based micro health insurance schemes (CBMHIS).</p>
	<p>1.2. Carry out cost study in potential partner health institutions to define contributions and benefit package.</p>
	<p>1.3. Definition of the scheme in collaboration with members (organization of constituent general assemblies).</p>
	<p>1.4. Capacity building of elected officials, staff and major stakeholders.</p>
	<p>1.5. Material support for the efficient management of the schemes.</p>
	<p>1.6. Technical assistance in the establishment of partnership agreements with health institutions.</p>
	<p>1.7. Technical assistance in the development of strategic plans by the CBMHIS.</p>
<p>2. Ensure the sustainability of 06 restructured CBMHIS.</p>	<p>2.1. Support social marketing to increase penetration rate by 20% in various CBMHIS communities.</p>
	<p>2.2. Support internal functioning through advisory services on the improvements of products and services.</p>
	<p>2.3. Continuous capacity building of officials and other stakeholders.</p>
	<p>2.4. Lobbying and advocacy for legislation on CBMHIS in Cameroon.</p>
	<p>2.5. Conduct action research and devise new strategies/products for CBMHIS development.</p>
	<p>2.6. Monitoring and evaluation of activities.</p>
	<p>2.7. Support the setting up of a network of CBMHIS in the North West.</p>
<p>3. Contribute in improving health care delivery in all districts through CBMHIS.</p>	<p>3.1. Support in the negotiation and signing of contracts with partner health institutions.</p>
	<p>3.2. Verification of health care bills from health units to ensure quality of care, respect of partnership agreements and national policies.</p>
	<p>3.3. Capacity of health personnel on the management of collaboration with CBMHIS.</p>
	<p>3.4. Action research to define norms and standards to improve the quality of care offered to members of CBMHIS.</p>
	<p>3.5. Lobbying and advocacy for the appropriation of CBMHIS by the health personnel.</p>

Goal 04: Promote sustainable sanitation and proper hygienic conditions to fight preventable diseases especially in vulnerable communities

A safe and sustainable water supply, basic sanitation and good hygiene are fundamental for a healthy, productive and dignified life. This is why there is urgency for action considering that 2.6 million people worldwide are without access to any improved sanitation leading to 2.2 million deaths annually and mostly children under the age of five. The United Nations, during the Millennium Summit in New York in 2000 and the World Summit on Sustainable Development in Johannesburg in 2002, developed a series of Millennium Development Goals (MDGs) aiming to achieve poverty eradication and sustainable development. The specific target set for the provision of water supply and sanitation services is to halve the proportion of people without access to safe drinking water and basic sanitation by 2015. The government of Cameroon in its 2008-2015 action plan targets access rates of 80% and 60% for drinking water and sanitation respectively in 2015.

According to a Joint Monitoring Programme of WHO/UNICEF and the UNDP Human Development Report (2006), the progress towards meeting the MDG sanitation target is however much too slow, with an enormous gap existing between the intended coverage and today's reality especially in Sub-Sahara Africa and parts of Asia. The reasons for this are numerous. A major issue is the fact that sanitation rarely receives the required attention and priority by politicians and civil society alike despite its key importance for a society. Political will has been largely lacking when it comes to placing sanitation high on the international development agenda.

In Cameroon in general and the North West region in particular illnesses linked to unsafe water, and poor hygiene is cholera, diarrhoea, acute respiratory infections and malaria which are the leading causes of death (Odile T, 2012). The water, sanitation and hygiene programme is new in the NWRFP and needs technical and financial support for its development and implementation

Objectives and strategies to achieve the goal

Objectives	Strategies
1. Improve sanitation and hygiene conditions in 10 schools in vulnerable communities.	1.1. Build the capacity of 1000 teachers and 2000 leaders of health and environmental clubs on proper hygienic behaviours in school and community.
	1.2. Improve the menstrual hygiene of young girls through capacity building of female teachers.

	1.3. Improve drainage and toilet facilities
	1.4. Assist schools to construct modern facilities in which food is sold to school children during break.
	1.5. Provide waste can/dust bins in the classrooms and school environment particularly in urban schools.
2. Forge partnership with 03 councils to improve sanitation and hygiene conditions in rural markets and entire communities.	2.1. Collaborate with 03 rural councils to institute a proper waste management system
	2.2. Partner with 03 councils to provide modern toilet facilities in 06 rural markets
	2.3. Build the capacity of council staff and dialogue structure leaders on how to improve community and household sanitation and hygiene
3. Raise awareness on sustainable sanitation and appropriate hygienic practices in all health areas	3.1. Develop posters and brochures
	3.2. Collaborate with community radios to disseminate messages
	3.3. Mobilise of resources to carry out programs, projects and health activities
	3.4. Encourage self-help groups to collaborate in the dissemination of messages to enhance the wellbeing of the communities
	3.5. Strengthen social networks for participation in program planning and management
	3.6. Promote the spirit of partnership (collaboration, team work, confidence, cordiality, togetherness) between the state and the community in the dissemination of messages.
	3.7. Create and coordinate volunteer programs and training opportunities for volunteer staff to participate in awareness creation.
	3.8. Advocate for a combination of individuals, peer and social action designed to gain political commitment, policy support, structural change, social acceptance and system support for health related laws and regulations.
4. Collaborate with all health institutions in infrastructural development and the proper disposal of waste.	4.1. Build the capacity of health staff on proper disposal of waste.
	4.2. Sensitise patients and care takers on the proper disposal of waste.
	4.3. Provision of modern toilet facilities in 10 health units.
	4.4. Provision of 100 beds and mattresses to 20 rural health centres.
	4.5. Collaborate with the community and the state to provide modern wards in 02 health institutions.

Goal 05: Strengthen community participation to accelerate reduction in maternal and new-born morbidity and mortality.

Maternal mortality ratio and neonatal rate trends have remained unacceptably high in Sub Saharan Africa despite government efforts leading to fears that MDGs 4 and 5 of (45) maternal deaths per 100,000 live births, and (7) neonatal, (15) infant, and

(23) under-five per 1,000 live births, respectively might not be met in the region. In Cameroon in general and the North West region in particular maternal mortality rate stands at 100 per 100,000 live births, neonatal mortality at 40 per 1,000 and infant mortality rate of 82 per 1,000 live births while under five mortality rate is 131 per 1,000 live births.

This high maternal and new born mortality rates are related to unsafe maternal and new born health practices. A significant percentage of these deaths occur after delivery; this preventable mortality is in part due to women giving birth without proper care (40%). Most maternal deaths occur during labour and delivery, or within the first 48 hours thereafter. Access to reproductive health facilities is limited in rural communities and as a result, many women and new-borns die from pregnancy, childbirth, and postpartum complications. Puerperal infections have remained a major cause of maternal mortality, partly due to poorly observed rules of cleanliness and an unhygienic delivery environment. Most new born deaths occur during the first week of life as a result of sepsis, birth asphyxia, birth injuries, complications of prematurity and low birth weight and birth defects. In order to accelerate reduction in maternal and new born morbidity and mortality, it is necessary to strengthen community participation by taking an active role in maternal and neonatal health care. This is aimed at increasing institutional deliveries, improve knowledge and practices regarding key common behaviours in the area of mother and child health that saves lives and provision of services to the most vulnerable populations in hard to reach communities. This is a new programme of the NWRFP which requires technical and financial assistance

Objectives and strategies to achieve the goal

Objectives	Strategies
1. Collaborate with health staff in all Medicalised Health Centre to improve essential obstetric care	1.1. Ensure access to continuing medical education and updates in essential obstetric care.
	1.2. Promote positive attitude and good interpersonal skills.
	1.3. Support supervision and feedback.
	1.4. Ensure commitment to improving care.
	1.5. Promote regular meetings to discuss client care.
	1.6. Ensure availability of drugs, equipment and supplies for basic essential obstetric care facilities.

2. Improve the capacity of health personnel to reduce deaths related to child birth.	2.1. Train midwives on proper management of infection and sepsis; (pre) eclampsia; prolonged and obstructed labour; abortion; and haemorrhage
	2.2. Train heads of health institutions on the respect of the general standard of care and human rights
3. Establish maternal and new-born care centres in 30 vulnerable communities each serving 4,000 people	3.1. Promote prenatal health centre visits and deliver key messages
	3.2. Carry out neonatal and post natal home visits within the first three days of life
	3.3. Promote breastfeeding counselling and new-born care
	3.4. Develop awareness raising materials on reproductive health
	3.5. Organise activities for students on safe sexual habits
	3.6. Promote training and information sessions to reduce abortions as a means of contraception
	3.7. Undertake monthly monitoring of growth and development for children fewer than 02 and their mothers.
	3.8. Ensure community care management of diarrhoea, pneumonia and malnutrition and surveillance of maternal mortality and of children under 05 years of age
	3.9. Address the special nutritional needs of pregnant women
	3.10. Participation in vaccination and immunisation programs organised by the Ministry of Public Health.
4. Improve maternal and neonatal care in emergency situations in remote/inaccessible health areas through obstetric kits in all Medicalised Health Centres.	4.1. Select localities/ health areas with difficult access to health units.
	4.2. Ensure the presence of obstetric kits and related items in selected communities.
	4.3. Ensure the obstetric drug kit and the emergency outreach drug box is used in conjunction with the obstetric kit.
	4.4. Ensure monthly checks especially of content and expiring date of drugs.
	4.5. Restock and check the obstetric kit after use, as soon as practicable.

Goal 06: Reinforce community participation in the prevention of the spread of HIV/AIDS and management of People Living with HIV AIDS to ensure consistency and continuity of care.

Thirty years after the discovery of AIDS, the infection has continued to grow. WHO identifies it as a global pandemic as approximately 34 million are infected in the World today and each year nearly 3 million new cases are diagnosed. Nearly 40% HIV infected persons are found in sub-Saharan Africa. The Cameroon National AIDS Control Committee estimates that there 560,000 People Living with HIV AIDS in Cameroon with a prevalence rate of 5.1%. The major mode of infection is through

unprotected sexual intercourse. Also, multiple sexual partners and non-use of condoms increase the risk of the HIV transmission.

The North West region has the highest HIV prevalence rate of 8.7 compared to 8.6% in the east, 8.3% in the Centre, 8% in the South West and below 2% in the 03 northern regions of Adamawa, North and Extreme North. Many factors have contributed to the high prevalence rate in the region amongst which are multiple sexual partners, low rate of use of condoms, low status of women, harmful cultural practices and high frequency of cross border migration. Although many attempts are being made to stop the spread of this pandemic, it is necessary to complement these efforts by reinforcing action at the level of individuals and the community for a positive change in behaviour.

The North West Regional Fund for Health Promotion has been active in the fight against the spread of HIV and the management of People Living with HIV AIDS. This has been limited to the storage and distribution of anti-retroviral drugs subsidised by the state (free) and support to PLWHA who are members of CBMHIS for opportunistic infections and biological follow up. The NWRFP intends to scale up and expand this program to reduce the trend of HIV prevalence in the region to below 5% by 2017.

Objectives and strategies to achieve the goal

Objectives	Strategies
1. Reach 1,000,000 people with HIV prevention messages to enable them take action and change behaviour	1.1. Develop posters, brochures and booklets on prevention of HIV infection.
	1.2. Carry out awareness creation in in schools, work places and social groups especially Mutual Health Organisation Solidarity Groups.
	1.3. Collaborate with the written and audio visual press to design and broadcast messages.
	1.4. Build capacity of young girls and mothers on the dangers of unprotected sex especially during home visits.
	1.5. Provide male and female condoms to the sexually active population.
2. Ensure consistency and continuity of care for 3000 PLWHA and 5,000 orphans through CBMHIS for opportunistic infection and biological follow up.	2.1. Cover cost for opportunistic infections and biological follow up of PLWHA with external support
	2.2. Cover cost of ordinary illnesses OF PLWHA through the funds of CBMHIS
	2.3. Enrol orphans left behind by HIV AIDS victims into CBMHIS with external funds.
	2.4. Cover cost of ordinary illnesses of orphans through the funds of CBMHIS.

	2.5. Improve accessibility to screening tests.
	2.6. Ensure the biological follow up of PLWHA.
	2.7. Ensure psychosocial support.
	2.8. Organise community follow up and home based care for PLWHA.
	2.9. Improve adherence to treatment.
	2.10. Diffuse positive information on treatment.
3. Encourage peer influence and the role of PLWHA in the management of HIV AIDS through expert patients and in collaboration with the association of PLWHA	3.1. Ensure sharing of information, education and communication between persons who share the same life or face the same problem with the resultant goal of positive change of behaviour.
	3.2. Empowerment of PLWHA in rural and vulnerable communities to undertake economic activities to improve nutrition.
	3.3. Ensure consistency and continuity in taking antiretroviral drugs.
	3.4. Highlight the importance of HIV screening and the consequences of discrimination.
	3.5. Encourage PLWHA to join their association.
	3.6. Prevent secondary infection.
	3.7. Provide psychosocial support to persons infected and affected by HIV AIDS.
4. Monitor and follow up evaluation of adherence on ARV.	4.1. Ensure adherence to ARVs through visits to homes and treatment centres.
	4.2. Promote safe sex through the use of condoms.
	4.3. Reduce the spread of HIV through by redefining activities.
	4.4. Sensitise all PLWHA in support groups or associations.

Goal 07: Mobilize financial, technical and material resources for the programs/activities of the fund.

The NWRFP continue to need financial, technical and material resources for its programmes/projects to be effective and sustainable. At inception, the primary activity of the Fund was the management and distribution of essential drugs to community pharmacies at affordable cost. The initial/seed capital for this activity was donated by the German Technical Cooperation (GTZ) with the government of Cameroon and the North West community provided infrastructure and personnel. The initial capital was estimated at 200 million Francs CFA. Today, the Fund has a capital investment of over 01 billion francs CFA. GIZ for over 20 years has been the

main financial and technical partner providing funds and technical advice to programs such as the promotion of CBMHIS and obstetric kits in 30 remote communities amongst others. Unfortunately, the GIZ has ended its support to the health sector in Cameroon.

The government of Cameroon has also been a major financial and technical partner to the Fund. In addition to its supervisory role, MINSANTE has been contributing to the human resource development of the Fund through staff and the payment of their salaries, water and electricity. This enormously contributes to the human resource strength of the Fund. In addition, it has been contributing to the development of its infrastructure especially the construction of its main office in Bamenda and the hosting of its community pharmacies in its health units (office space). Although these subventions from the state continue to remain an important source of technical and material assistance, other forms of assistance especially financial, remain uncertain and unpredictable for a continuous implementation of the programs/projects of the Fund.

Since inception the administrative expenses of the Fund have been from the surplus of its management and distribution of drugs to the population through the community pharmacies. Although this surplus has been able to sustain the major administrative expenses, it has been insufficient to enable the Fund to single-handedly carry out other health promotion activities. Also, the Fund has been restructured with new programs/activities. It therefore needs financial, technical and material resources to scale up its drug management and distribution system and implement health promotion activities and other primary health care financing programs. It wishes to implement the following strategies to mobilise the required resources for its new programs and to scale up existing programs.

Objectives and strategies to achieve the goal

Objectives	Strategies
1. Ensure the Strategic Plan is clearly understood by all stakeholders.	1.1. Organise working sessions with health personnel, dialogue structure leaders and staff.
	1.2. Present the strategic plan of the Fund to technical and financial partners (members).
2. Raise funds for at least 03 programs by the end of 2016.	2.1. Identify the role of each partner in sponsoring the programs of the Fund and building continual quality improvement process within the partnership planning.

	2.2. Develop concept notes and proposals for non-members of the Fund.
	2.3. Development of new programs/activities in collaboration with the technical and financial partners of the Fund.
	2.4. Engage and involve donors as partners/members of the Fund.
3. Maintain donor relationship based on shared values.	3.1. Regularly identify and re-evaluate the level of operation of partnerships.
	3.2. Encourage partners to extend their goals to embrace and value programs of the Fund.
	3.3. Support person or persons from within the partnership to bring together key stakeholders to facilitate the development of shared goals and agreements, given expectations and commitments of all partners and tasks.
4. Mobilise 30% of required resources locally to instil a sense of ownership of programmes/projects by the community thereby increasing sustainability.	4.1. Identify and prioritize the resources needed to implement particular activities/projects.
	4.2. Identify local actors that have access to these resources by conducting a local resources assessment.
	4.3. Choose the people/institutions that have the resources needed and are most likely to be interested in the activities of the Fund and approach them first.
	4.4. Develop strategies that focus on the priorities of those individuals and organisations chosen.

Goal 08: Ensure good governance and transparency through a sound financial and human resource management system.

Although a lot of effort has been made to put in place a sound financial and human resource management system in the Fund, there is still need to continuously update and modernise it to meet the challenges of a rapidly changing and competitive world. There is need to develop the necessary understanding and confidence to make full use of financial and human resource management tools in order to make effective and efficient use of resources to achieve objectives and fulfil commitments to stakeholders. This will also enable the Fund to be more accountable to donors and other stakeholders to gain their respect, confidence and therefore the advantage in competition for increasing scarce resources and preparing itself for long term financial and human resource sustainability.

This requires considering how the Fund is financed in the medium and long term by ensuring good and clear financial and human resource management policies to make a significant difference compared to the present situation. There is therefore need to develop a financial and human resource management system that incorporates principles of good practices such as consistency, accountability, transparency and integrity.

Objectives and strategies to achieve the goal

Objectives	Strategies
<p>1. Institutionalise sound policies for the recruitment, selection, performance, training, morale, job satisfaction and development of all staff</p>	1.1. Promote development of staff using on the job and off the job techniques for improved job performance.
	1.2. Institute various motivating initiatives to boost staff morale, willingness to work and job satisfaction.
	1.3. Prepare and adopt personnel policies that meet staff and organisational objectives.
	1.4. Establish an effective supervisory system that will ensure optimal staff performance and overall programme effectiveness.
	1.5. Proactively assess staff needs and the organisations human resource management systems effectiveness.
<p>2. Ensure appropriate and transparent allocation of resources in line with the operational plans of the Fund</p>	2.1. Establish core positions or responsibilities to support program development and leadership within the Fund.
	2.2. Access to appropriate expertise and allocation of resources is provided when required.
	2.3. Ensure tools and models, such as investment matrices, cost-benefit analyses and guidelines on effective interventions, are used to inform decision making on resource allocation.
	2.4. Clerical and administrative support, equipment, offices and meeting spaces are made available for program activities.
	2.5. Carry out an analysis of proceeds and explanation of any eventual budgetary gaps on the basis of the Funds strategic plan.
	2.6. Coordinate preparation and production of annual financial statements.
	2.7. Carry out analysis of the Fund needs and preparation of strategic guidelines according to administrative, accounting, financial and legal obligations.
<p>3. Provide opportunities for staff are to promote and showcase their achievements to management</p>	3.1. Disseminate information about graduate and post graduate studies relevant to programs of the Fund and support for participation provided.
	3.2. Ensure senior staff participates in development of short course skills courses, conferences, workshops and in-service programs relevant to the Funds programs.
	3.3. Promote access to specialist advice and support through networks and consultancies.
	3.4. Tasks are incorporated into regular performance appraisal or performance management systems using established indicators where possible.
	3.5. Develop specific performance management guidelines for use by section heads for work conducted by their staff.
	3.6. Conduct organizational and staff audits periodically to identify particular skills and gaps.

Goal 09: Facilitate the decentralization of the health system in order to improve access to quality health care by the population.

The Health Sector Strategic Plan 2001-2015 is based on the health needs assessment and underpinned by national and global values found in the Law N°96/03 of 04 January 1996 on the Health Sector Framework and fundamental principles of international institutions especially the UN Millennium Development Goals (MDGs). It reflects the will of the Cameroonian Government to guarantee sustainable universal access to quality health care and services through the amelioration of health care delivery and financing of demand (use). Its five major axes are health system strengthening, the vulgarization of the implementation of the minimum and complementary health packages in the Health Districts, the development of an operational referral system, strengthening partnership in the sector and stimulation of demand.

In a bid to strengthen the health system, the Cameroon government initiated reforms in the functioning of its health sector in the areas of decentralization and viability of health districts, health information system and contracting in both health care provision and use (supply and demand).

The Performance Based Financing (PBF) initiative is aimed at increasing health care provision. This initiative addresses the second strategic axe of the health strategic development plan concerning issues related to quality health care delivery at the operational level (health centres and district hospitals) of the health pyramid. At the centre of the interventions are found activities that cover the minimum health package within the health centre and the complementary health package at the level of the district hospital.

This PBF initiative is aimed at equally contributing to the human resource development, amelioration of the health coverage and the reduction of transmissible diseases related to morbidity and mortality. In an indirect way, the introduction of PBF will reinforce human resource management in diverse aspects especially in the health districts concerned. Finally, equity considerations will be taken into accounts notably access to health care for the poor and vulnerable and the hard-to-reach.

This program was initiated in the North West region in 2012, piloted by a consortium AEDES/IRESKO and sponsored by the World Bank. The World Bank becoming a

partner of the NWRFP in 2013 and in collaboration with the Ministry of Public Health plans to transfer the management of the program to the NWRFP in 2015.

The Fund shall continue its implementation with the following strategies/activities;

Objectives and strategies to achieve the goal

Objectives	Strategies
<p>1. To improve on the use of health services in general but more especially in certain vulnerable groups like the poor, women, children and people living with HIV/AIDS in all health areas</p>	1.1. Sign contracts with health facilities to whom are paid subsidies based on the services provided as agreed upon in the contract.
	1.2. Verifies the conformity of the quantities declared by the health facility on the reimbursement form sent to the Fund.
	1.3. Verify the technical quality of the care and services provided by the health facilities.
	1.4. Verify the authenticity of the patients recorded by the health facilities, which is the effective contact of the patient with the health facility and use.
	1.5. Sub- contract the verification of the perceived quality of care by the beneficiaries to a community based organisation selected locally in the health district.
<p>2. To ameliorate the quality of health services in all health areas.</p>	2.1. Delegate certain responsibilities to frontline health care providers in both the public and private sector.
	2.2. Ensure that the contracted health institutions respect the public service mission confided on to them.
	2.3. Establish a long lasting, solid and secured relation between the three types of actors.
	2.4. Encourage the involvement of autonomous bodies and local institutions to secure good governance.
	2.5. Build on the principle of segregation of duties within the regulation, health care provision and purchasing function
<p>3. To motivate health staff to work in the most peripheral/remote health facilities.</p>	3.1. Payment of subsidies in line with the respective indicators to contracted health facilities.
	3.2. Define modalities of using subsidies as well as the internal distribution of the staff performance allowances.
	3.3. Preview sanctions for staff who do not respect the terms of the agreement of collaboration.
	3.4. Terminate contracts with health facilities who bridge some terms in the agreement of collaboration.
<p>4. To strengthen the management capacity, autonomy and the organization of all health structures.</p>	4.1. Stimulate a collective response to public health problems through the involvement of dialogue structures (Health Area Management Committee) and community based organisations.
	4.2. Involve district health services to play their primary role of planning and coordination of activities at the health district level and the support and supervision of the health facilities within its area of jurisdiction.

5. To ensure that the health staff acquires greater responsibility and accountability to their patients as well as take into consideration their points of view in the seeking of solutions to their health problems.	5.1. Define a minimum threshold of quality standards that must be reached before the health facility is paid any subventions.
	5.2. Define of a minimum adequate level of quality standard that places the health facility eligible for a Quality Bonus.
	5.3. Ensure non-payment of the indicators that did not attain the minimum quality standard threshold.
	5.4. Pay a Quality bonus calculated as a proportion of the quality score obtained as well as taking in to consideration the perceived quality assessment from the community verification.

10. BUDGET ESTIMATE

10.1. Summary of estimated cost to achieve objectives

Objective	Estimated cost
Administrative/statutory expenses	
Salaries and allowances	80,000,000
Sub Total	80,000,000
Goal 01: To strengthen the organizational capacity of the Fund to enhance the quality of health care provision.	
1. Ensure strategic leadership at every level of the Fund.	10,000,000
2. Ensure continuous infrastructural development.	100,000,000
3. Initiate and sustain effective involvement with partners for the realization of the objectives of the Fund.	10,000,000
4. Undertake information systems quality improvement and dissemination.	10,000,000
5. Involvement of the community through dialogue structures.	90,000,000
6. Ensure the participation of health personnel in the activities of the Fund.	15,000,000
7. Ensure proper monitoring and evaluation of activities.	20,000,000
Sub total	255,000,000
Goal 02: To ensure access to safe, effective, affordable and good quality medicines, medical consumables and diagnostic materials at all levels of health care on the basis of health needs.	
1. To rationally choose medicines from the national drug list to satisfy the health needs of the majority of the population.	00
2. To provide drugs to the population on the basis of relevant information, need and available resources.	1,300,000,000

3. To ensure stock security and maintenance of the quality of medicines throughout their shelf life.	15,000,000
4. Ensure rational medicine distribution to community pharmacies to ensure availability.	150,000,000
5. Take appropriate action to ensure the medicines distributed are of the right quality.	3,000,000
6. Ensure that all health personnel and consumers receive adequate information in rational medicine use.	2,000,000
Sub total	1,470,000,000
Goal 03: Contribute in reducing financial barrier to access to quality health care through Community Based Micro Health Insurance Schemes (CBMHIS) for the population of the North West Region.	
1. Assist 03 communities to restructure their community based micro health insurance schemes (CBMHIS).	60,000,000
2. Ensure the sustainability of restructured CBMHIS known as Mutual Health Cooperative Societies (MUHCOOPS).	15,000,000
3. Contribute in improving health care delivery through CBMHIS.	10,000,000
Sub total	85,000,000
Goal 04: Promote sustainable sanitation and proper hygienic conditions to fight preventable diseases especially in vulnerable communities.	
1. Improve sanitation and hygiene conditions in 10 schools in vulnerable communities.	80,000,000
2. Forge partnership with 03 councils to improve sanitation and hygiene conditions in rural markets and entire communities.	100,000,000
3. Raise awareness on sustainable sanitation and appropriate hygienic practices.	10,000,000
4. Collaborate with all health institutions in infrastructural development and the proper disposal of waste.	15,000,000
Sub total	205,000,000
Goal 05: Strengthen community participation to accelerate reduction in maternal and new-born morbidity and mortality.	
1. Collaborate with health staff in all health institutions to improve essential obstetric care.	60,000,000
2. Improve the capacity of health personnel to reduce deaths related to child birth.	40,000,000
3. Establish maternal and new-born care centres in 30 vulnerable communities each serving 4,000 people.	200,000,000
4. Improve maternal and neonatal care in emergency situations in remote/inaccessible health areas through obstetric kits.	300,000,000
Sub total	600,000,000

Goal 06: Reinforce community participation in the prevention of the spread of HIV AIDS and management of People Living with HIV AIDS to ensure consistency and continuity of care.	
1. Reach 1000,000 people with HIV prevention messages to enable them take action and change behaviour.	10,000,000
2. Ensure consistency and continuity of care for 3000 PLWHA and 5,000 orphans through CBMHIS for opportunistic infection and biological follow up.	100,000,000
3. Encourage peer influence and the role of PLWHA in the management of HIV AIDS through expert patients and in collaboration with the association of PLWHA.	20,000,000
4. Monitoring and follow up evaluation of adherence on ARV.	9,000,000
Sub total	139,000,000
Goal 07: Mobilize financial, technical and material resources for the programs/activities of the fund.	
1. Ensure the Strategic Plan is clearly understood by all stakeholders.	4,000,000
2. Fundraising.	5,000,000
3. Maintaining donor relationship based on shared values.	00
4. Mobilise local resources to instil a sense of ownership of programmes/projects by the community thereby increasing sustainability.	5,000,000
Sub total	14,000,000
Goal 08: To ensure good governance and transparency through a sound financial and human resource management system.	
1. Institutionalise sound policies for the recruitment, selection, performance, training, morale, job satisfaction and development of all staff.	10,000,000
2. Ensure appropriate and transparent allocation of resources in line with the operational plans of the Fund.	00
3. Opportunities for staff are provided to promote and showcase their achievements to management.	2,000,000
Sub total	12,000,000
Goal 09: To facilitate the decentralization of the health system in order to improve access to quality health care by the population.	
1. To improve the use of health services in general but more especially in certain vulnerable groups like the poor, women, children and people living with HIV/AIDS;	//
2. To ameliorate the quality of health services.	//
3. To motivate health staff to work in the most peripheral/remote health facilities.	//
4. To strengthen the management capacity, autonomy and the organization of health structures.	//

5. To ensure that the health staff acquires greater responsibility and accountability to their patients as well as take into consideration their points of view in the seeking of solutions to their health problems.		//
	Sub total	600,000,000
	Reserves	300,000,000
	General Total	3,760,000,000

10.2. Sources of funds

Source of Funds	Amount	Percentage
Operation capital (revolving drug fund)	800,000,000	37.30% (Contribution NWRFP)
Surpluses for 03 years	600,000,000	
Assistance from technical and financial partners	2,360,000,000	62.70%
Total	3,760,000,000	100.00%

10.3. Annual distribution of required funds

Year	Amount	Percentage
2015	880,000,000	30.00%
2016	1,036,000,000	35.00%
2017	1,036,000,000	35.00%
Total	2,960,000,000	100.00%

11. CONSULTED TEXTS/DOCUMENTS

AEDES/IRESKO (2012): Performance Based Financing Implementation Procedure Manual.

Decree No. 5/CAB/PM of January 21, 2013 to approve the constituent agreement of the North West Regional Fund for Health Promotion.

GTZ (2006): Recensement des Mutuelles d'assurance Sante au Cameroun

Law No. 2010/023 of December 21, 2010 to define the status of Public Interest Group

MINSANTE/GIZ/NWRFHP (2012): Constituent Agreement of Public Interest Group (PIG) referred to as the North West Regional Fund for Health Promotion

MINSANTE (2006): Health Sector Strategic Plan 2006 – 2015; Yaoundé

NWRFHP: Annual Activity Reports for the Period 2010 – 2013.

NWRFHP: Annual Budgets for the Period 2010 – 2013.

NWRFHP: Minutes of Management Committee Meetings for the Period 2010 – 2013.

NWRFHP: Minutes of Inter regional Meetings between the North West, Littoral and South West Regional Funds for Health for the Period 2010 – 2013.

NWRFHP (2013): Manual on Organisation/Procedures and Internal Rules and Regulations; Bamenda.

NWRFHP (2013): Resolution No.02: Creation, Organisation and Functioning of Operational and Functional Structures; Bamenda.

NWRFHP (2013): Resolution No.03 to Lay Down Internal Regulations of the North West Regional Fund for Health Promotion; Bamenda.

NWRFHP/GIZ/Epos Health Management (2013): Restructuring of Mutual Health Organisations Supported by GIZ in Cameroon 2011 – 2012; Bamenda.

NWRFHP/GIZ (2010): Situational Analysis of North West Mutual Health Organisations Bamenda.

NWRFHP/GIZ/RDPH (2010): Primary Health Care. A Guide for Dialogue structures; Bamenda