Document up-dated in May 2009

Country: Central African Republic

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget App. by Board: USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
CAF	4	2006-2015	2006-2011	3,163,000	**First Submitted**: 05.10.07 **App. W conditions**: n.a. **Not approved**: n.a. **Resubmitted**: n.a. **First Approval**: 28.11.07	1,893,000	29.04.08

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

In the face of the serious health problems currently faced principal goals are to:

- Strengthen capacity through health reform which re-organises the health system to make it less top-heavy, have greater intersectoral collaboration, & utilise a more rational use of human and financial resources;
- Combat illnesses and managing emergency or catastrophic situations;
- Promote reproductive health to the public;
- Promote an environment that is conducive to good health.

Proposal Goals

To bring about health reform in order to increase service provision and the use of quality health care services including vaccination. Particular focus is on the reduction of infant- juvenile and maternal mortality rates in. emphasis will also be the most vulnerable and the poorest.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Upgrading Health Districts (HD) and Health Posts so as to make then operational with adequate staffing and resources ; • Redefine, develop and formalise the roles, responsibilities, and jurisdiction HDs in the Target Regions so as to ensure greater access to quality care and a more efficient referral system;	• Rationalization of Health Care financing

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Insufficient financing of the Health care system; • Poor Operational capacity in the Health Districts→insufficiency in services provided; • Over-complexity of the HD organization→ duplication, inefficiencies & an administrative division of responsibilities versus Health related one; • Absence of universally applied organizational and operational norms; poor delineation of jurisdiction and responsibility.	• Preparing, developing and introducing the new organisational plans & structures; • Establishment of a 'basket fund' in the Target Regions	168,000	4.9
Human Resource Development/Performance Management. • Qualitative and quantitative lack of human resources in health care provision in clinical facilities; • Low motivation levels due to poor salaries & wages, irregular or absent supervision, unclear career paths, little re-training	• Training/freshener courses for the personnel of the HCs and HPs; • Training of the management teams of the Health Districts in the management of primary Health Care; • Hiring and paying of subcontracted health workers favouring the supported HDs; • Payment of performance bonuses in the supported HDs; • Training the personnel of the HDHs; • Training of the Regional Management Teams for planning, monitoring, evaluation and information management,	682,000	19.8
Drugs, Equipment, Supplies, Facilities • The "near absence of State financing for Health Care facilities" negative affects infrastructure and supplies, & the maintenance of the cold chain & other health facilities/services.	• Upgrade of the Health Centres [HCs] and Health Posts [HPs]: vehicles, computer equipment; • Provision of the HCs and HPs with stock material, medicine and specific products; • Provision of the HCs that have been built or upgraded with cold chain supplies; • Provisioning of the 5 HDs with essential medicines; • Provisioning of HDHs with medical supplies;	1,605,000	46.6
Monitoring and Evaluation	• Supervisory assistance to the DMTs for the supervision of the HCs and HPs; • Supervisory assistance and annual national reviews	372,000	10.8
Overheads [Management costs = 246,960; M&E support = 200,000; External Audit = 60,000; Tech support = 110,000]		616, 960	17.9
TOTALS		3,443,960	100.00

***** These figures are based on the Budgets provided by the country.***

Health financing Gap: Not stated

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Health financing Gap: None specified

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values	Final Targets 2011	Expected Source of Data/Information
Outcomes/Outputs:			
• National DTP3 coverage (%);	45.6%(2005)	80%	
• Number / % of districts achieving ≥80% DTP3 coverage;	5(2005)	100%	Data sources:
• Under five mortality rate (per 1000);	176 (2007)	140	• EPI Annual Report;
• Rate for childbirth assisted by qualified personnel;	53.4%(2007)	70%	• Multi-indicator Survey;
• # of HDs where at least 70% of the population has access to health care services within a 5 Km radius;	n.a (2008)	5(10%)	• Situation report for targeted HDs
• Maternal mortality rate[1] (per 100 000 live births);	1355(2003)	20% reduction	• General Household Census;
• % of Health Centres that have been upgrade and/or built;	n.a.	60 HCs/ HP upgraded/ built	• Annual Implementation reports.
• # of persons who received training in the Health Centres;	n.a.	100 HC workers	
• # of HD managers to have received training in primary care management;	n.a.	20(2008)	
• % of Health Centres who have received at least 6 official visits in the course of the past year, in which a quantified control checklist was used.	n.a.	All HCs supervised 4/p.a.	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: The Director of the Research and Planning Office; National Steering Committee.

Channelling/Management of funds: For receipt of funds a special A/C opened – co-signed by WHO & MOH. Funds disbursed on the basis of plans drawn up and approved by the National Steering Committee. UNICEF handles purchases; for medicines, lines of credit opened for Health Care institutions registered in the Medical Purchasing Unit. Auditing as required by GAVI.

Strategies proposed for sustainability of activities: Funds released as a result of debt relief & improved management of taxation plus support from donor agencies expected to facilitate continuing support of activities.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: UNICEF, UNFPA, WHO, EU, French Cooperation

ii) *Proposal Management*: UNICEF, UNFPA, WHO, EU, French Cooperation

iii) *Proposal Implementation:* None indicated

Other Financial Support for HSS: [2008-2011] US$37.46m received from WHO, EU., UNICEF, UNFPA, WB., French Devt. Agency, Arab Bank for Econ. Devt. in Africa.