



# Cameroon Baptist Convention Health Board

## Local Capacity Initiative

### Co-financing and Co-management of healthcare begins to thrive in Bafut Health District

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*A woman in labor examined by a skilled healthcare professional*

The Bafut Health District had a shortage of healthcare staff in their health centers. In response to this, the District Health Management Committee worked to strategize and lobby for the more health care service providers in their health facilities. In collaboration with the Bafut Council, 20 staff across 13 health facilities were recruited. With the increased availability of healthcare staff, Bafut Health District has seen an increase in the utilization of the health facilities by communities.

#### Introduction

The Bafut Health District is in the Northwest Region. It covers a surface area of 420 square kilometers with a population of about 120,000 that is spread across 54 villages. The vast nature and remoteness of the district makes healthcare service delivery difficult.

*“Access to health is always very difficult because of the means of movement because some of the health facilities are found in very remote areas like Mundum II”*

- Mayor of Bafut, Langsi Abel Ngwasoh

Six medical doctors and about 20 nurses serve the entire district’s health care needs in

14 health areas with 15 health centers and one hospital. Bafut faces “*an acute shortage of staff*”. The Doctor-population ratio in Bafut is one doctor to more than 20,000 people which is significantly lower than the nationwide average of 1 doctor per 10,000 people according to the District Medical Officer (DMO) for Bafut, Dr Fozao Adolph.

In addition, there is a pattern of healthcare personnel refusing to report for their post and work in Bafut’s remote health facilities. This greatly contributed to poor healthcare services provided to the people of Bafut Health District. According to the District Medical Officer (DMO),

*“the district lacks staff both in quality and quantity”, a situation that affects both healthcare service delivery and uptake. We realized that*



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*lack of personnel contributed to low consultations in some health units”.*

Some health centers only have one healthcare professional and this results to low utilization of facilities within the health district.

*“... especially in those remote areas. At times when people are posted here, everybody wants to work around the center where he/she can easily move up to town. People hardly want to go to the suburbs to work there.”*

- Mayor Langsi

The intervention of the council through the LCI the Mayor adds is to salvage this situation, for the council always supports maternal and child health activities.

### Supporting Bafut to Identify Local Solutions for Community Led Health Care

In order to support the Bafut Health District to plan and advocate for appropriate staffing of the health facilities in their community, the LCI project has provided technical support to community leaders to take responsibility, address, and champion the health needs of their people.

LCI was launched in Bafut on August 12, 2014 and a training of trainers conducted to capacitate community stakeholders on taking ownership and managing healthcare in their communities on November 7-9, 2014.

Eleven participants, including the Divisional Officer (DO), District Management committee (DMC) members, the Mayor, religious leaders and other stakeholders, participated in the training. The training focused on the importance of co-financing and co-managing healthcare services in the district and each District was charged with the responsibility of strategic planning based on their needs, and by November 19<sup>th</sup>, the Bafut DMC drew their action plans as directed in the training.

In turn, these participants trained other community stakeholders and a subset of those participants was selected as Supervisors. The Supervisors' roles were task to work with the community to ensure the implementation and successful completion of the District Health Management Committee's action plan.

The Bafut district's strategic action plan initially aimed at sensitizing communities on the importance of ANC attendance but due to the problem of lack of or shortage of personnel, the district decided to rethink the focus of the action plan.

To address this, LCI facilitated a conversation about reorienting the action plan to address one of the root causes. The District Health Management Committee brainstormed strategies to address this problem. They unanimously agreed to compose an appeal letter addressed to the Mayor of Bafut Council stating the need expressed by some health units:



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*“We, the District Management Team of the Bafut Health District are soliciting for assistance from the council following the need expressed by some of the health units and following our strategic plan for 2015 that we should endeavor to appeal to the council to assist the health units through the District in this aspect which is so demanding in the whole district”.*

The appeal letter released on 28 January 2015, had five signatories amongst them the DMO who is the overseer of the activities of the other four LCI Supervisors who all are also executive members of the District Health Management Team.

### Results of LCI Support

About a month later in a correspondence dated 23 February 2015, the Mayor of Bafut council Abel Ngwasoh Langsi reacted, requesting to know the names of the health centers in need and their staffing situation. Demonstrating their commitment, the District Management Team responded two days later. The document detailed the staffing situation of some 13 health centers which needed to be upgraded, including the need for 20 additional staff -- 5 lab technicians, 8 nurses, 6 cleaners and a yardman.

This finally met a positive reaction from the Mayor on May 28, 2015 when five of the requested staff were posted to Bafut, a lab technician, three nurses and a nurse assistant.

This staff has been serving till date. (February 2017)

Through the continuous lobbying of the Health Area Management Committee (HAMC) 5 additional staff were employed. While the LCI paid their salary for four months, it initiated and Income Generating Activities which enabled the HAMC to sustain the 5 staff throughout the years. Healthcare provision in the Mbakong, Tingoh, Mankwi, Mundum II and Nchum Integrated Health Centers have been upgraded thanks to the input of these additional healthcare professionals; who are occasionally called up when there are any emergencies even on nonworking days.

According to the Chief of Center for Mbakong IHC Mr Fon Hardy, the lab technician is always available to provide needed services thereby increasing access and the uptake of health services by the population.



*Lab technician in Mbakong carrying out tests on a pregnant woman*



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*“... the way they attend to us now is very good. We succeed to have all our lab test here now....”*

-Ubrin Kaah, a pregnant woman in labour who trekked for two days to arrive at the hospital.

The DMO for Bafut has used this initiative to applaud the services of the Local Capacity Initiative. The LCI activities he notes, “have also gone a long way to increase ANC uptake with more and more women turning up for services. The integrated ANC outreach organized by the LCI was also a means of resolving the problem of shortage of staff at facilities and reaching out to these women, with the resulting consequence of increased ANC uptake as demonstrated in the table below.”



*Beds purchased with community funds for post-natal women in Tingoh IHC*

As more pregnant women turn up to facilities, gaps are being filled to give them quality attention. Tingoh IHC whose women lacked post-natal beds has as a result, mobilized funds from the community and purchased two beds to accommodate their women after delivery. It should be noted that the women used to lie on the floor when there were no beds in the facility.

The example of Bafut has been appraised and shared with other LCI stakeholders as a promising practice that other District Health Management Committees can emulate.

