

# Empowering Communities to Participate in and Own the Health System for Better Performance

Written by: Divine N. Ngange and Delphine Fri and Alphonse Abanda

## Introduction

By 2014, most of the health areas in the North West Region were plagued by low services uptake. Despite this low community participation in healthcare activities, it never bothered the management committee to investigate the problems and see what exactly was the cause. The many issues plaguing health facilities can be seen as the factors responsible for the low services uptake in health facilities. The community members saw health facilities as being owned by the government; hence, for them it didn't matter much whether or not the health facilities were understaffed, unclean and unequipped. This therefore was a big hindrance to their use of the facility as most potential users went home frustrated by the low services delivery. Problems faced by the facilities included acute shortage of clinical personnel, equipment, expired or near expired drugs (since most of them were not well conserved).

Meanwhile, the management committees were very inactive in nature given their ignorance of their roles and responsibilities. Their inactive nature can be attributed to their lack of skills and resources for effective functioning in the health system.

## LCI Interventions Strategies

After careful analyses of the problems faced by health facilities, the LCI implemented some fast-track strategies targeting the problems discovered in the health areas. With PEPFAR funds, the Local Capacity Initiative (LCI) invested into Community Outreach Activities which are been carried out after sensitization and mobilizations are done in the community. The outreach is done by a delegation health services providers.



*Cross Section of Participants at Mayor's Forum*

Meanwhile in September 2017, the LCI organized a forum on local health financing by municipal councils. The forum ended with 7 of the 10 councils of LCI implementing districts taking a commitment to intentionally adopt health system financing in their annual budgets. They also agreed to train local hygiene and sanitation inspectors who will work with the Health Area Management Committees in ensuring proper hygiene and sanitation in the communities.

The Fon of Zimaburu testifies; *“... we the fons were very ignorant of the things that cause so many maternal and infant mortalities in the community. After the training we received in Bamenda, I called my traditional council and together we came out with laws stopping home deliveries and encouraging all the pregnant women to go for ANC’s very early...”*

## **Community Participation and Health System Strengthening by Stakeholders**

Barely few months after their fresh elections and training in Bamenda by the LCI, the Dialogue Structures at both district and health area levels were now organizing monthly meetings. During health area management committee meetings, all the problems faced by the health facility are discussed and solved. Meanwhile, the

district team also meets regularly to oversee and supervise health area activities.

*“I have been working in this health area for the past 12 years; was there during the revitalization of Dialogue Structures. Before the coming of the LCI, they never understood their roles and responsibilities in the health system. But today, they all know what is expected of them, holding monthly management meetings and keeping the health center and its surroundings clean.”* The COC for Abongshie Integrated Health Center – Mrs. Ngikwi Victorine.

After so much of lobbying with the municipal authorities for support by the management committees, at least 4 municipal councils have employed some staff to work in their health facilities. Benakuma Council supported with 8 staff, and Bafut employed 6 staff while Ako and Tubah employed 5 staff each.

For the traditional leaders, some new laws were enacted in consultation with the traditional councils targeting community health welfare. According to the laws, all pregnant women are expected to go for ANC with their partners and all home deliveries prohibited. Meanwhile, as of today, some 10 people in the 5 implementing districts defaulted this law and were fined. The fines were effectively followed up and upon payment, all money realized was put into the health system.