The Impact of Local Capacity Initiative (LCI) on Dialogue Structures in Bangem, Konye, Eyumojojck, Wabane and Ekondo-Titi Health Districts of the Southwest Region

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Background:
- Dialogue structures are very important links between the health system and community.
- They are made up of community representatives elected by their community members, representatives of health related sectors, supervisory authority and local administration.
- Their duties include sensitization, health promotion, disease prevention, resource mobilization for health in the community, identifying health problems, enhancing outreach activities, encouraging community to use health facilities, participating in the management of health services.
- This has not been the case in the five LCI health districts due to limited knowledge on their roles and responsibilities, limited resources, irregularity in meetings making the Dialogue Structures dormant.
- This write up shows efforts made by CBCH in collaboration with the SW Regional Delegation of Public Health and the SW Special Fund for Health Promotion through the LCI of the HIV Free SW project to organized and strengthen Dialogue Structures in these districts enabling them to take an active part in leading, supporting, co-financing and co-managing health programs for the good of the community members in particular and the health system as a whole.

Methodology:
- A baseline Survey was conducted in the five districts to assess the functioning of DS
- Stakeholders were mobilized to take ownership of ANC/PMTCT services to ensure sustainability through training workshops and regular feedback meetings.
- Regional meetings were held to discuss the need for the revitalization of DS.
- Elections were conducted in the five districts to re-organize the DS.
- Capacity building workshops were organized for elected DS members in the five districts on good governance, co-financing and co-management.
- DS members & District teams organized annual health fairs to show case services in their various health facilities.

Results:
- District and Health Area Management Committees were reconstituted.
- A Total of 200 district and health area management committee members were elected in the five health districts.
- Trained and active DS Members at district and health area levels.
- Several ongoing Income Generating Activities initiated by the members.
- Committees in the five districts hold regular meetings.
- Increased collaboration between health facilities and the community.
- Local Councils paying several health personnel to work in health facilities which lacked personnel.

Immediate Outputs:
- Adequate training of DS members has enabled them to initiate income generating projects in the communities.
- Some community engaged health personnel are being supported financially with income generated from these projects (Afap & Ajayukndip, Eyumojojck Health District).
- Water has been connected to some health facilities using income generated (Ndilbsi in Bangem Health District).
- With the initiation of outreach activities, organization of health fairs, sensitization workshops on usage of health facilities, mobilized by Dialogue structures there has been and increase in ANC/PMTCT uptake, though not in all the five districts.

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Lesson learned:
➤ Dialogue Structures can be actively involved in the promotion of health services in communities leading to increased uptake if well mobilized trained and supervised.

Challenges:
➤ Due to difficult terrain, many women from Wabane continue to seek care out of the district either in Dschang or Batibo health districts.

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• The DMOs and district teams
• The Elites, traditional rulers and community actors in the various districts

Recommendation:
➤ We appeal for the extension of LCI activities to other districts.