



## LCI Trained community representative making the difference in the Tubah Health District

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### Introduction

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It is estimated that over 75 percent of health facilities in Cameroon are managed by the government. The state has the herculean task of building, equipping, staffing, and providing running credits for the management of these health facilities. This has made most citizens to believe that the state is solely responsible for the financing and management of those health facilities.

Government's inability to fully satisfy the people's expectations has led to many facilities suffering many ills-leading sometimes to the abandonment of health facilities due to lack of resources and poor utilization. The consequence has been that the people are left with no other option than turn to charlatans for treatment or travel miles away to access health care services.

Bambui Integrated Health Center is a facility in Tubah Health District which had been in this state of depreciation as a result of the aforementioned factors, since creation until when the LCI project commenced.

### Bambui IHC; prior to LCI intervention

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Bambui IHC was created in 2010 and since then the health center was hosted in a rented apartment. As plans for the construction of a permanent structure delayed, the administration began facing challenges with paying their rents and motivating the volunteers who were recruited. The Chief of Center, Audu Hawa explains:

*"We started renting a five room apartment since 2010. They expected us to pay 25,000Fcfca monthly but at some point we couldn't generate the money anymore from our activities and so, we were asked to leave after being threatened with a court order."*

In desperation, the health center staff called on the four quarter heads from communities covered by the facility to step in since the facility was practically at the verge of being shut down.

The quarter heads concerted and offered their community hall to host the health center. Although it was a mud block building, the new structure at least helped to host the health center services and to serve it from shutting down completely. The chief of



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center described the new health center building in these words:

*“It was an earth building with mud floor, no ceiling... it looked more like a quack’s consultation room than a health facility (...) This outlook negatively affected the utilization of the health center since people preferred to travel far off distances or stay back home than to come to the facility.”*

### Outcome of LCI intervention

Bambui IHC is found in Tubah Health District (HD); one of the five HDs covered by the LCI project in the Northwest region. During the training for community leaders and different stakeholders, two community representatives from the district were identified and trained on advocacy strategies and charged to lead efforts towards the improvement of healthcare delivery in the HD.



Mr. Gemuh George during a sensitization campaign

The training acted as a catalyst as the community representatives. Mr. Gemuh George; a district management committee member who was one of the two members trained began to work with the different

stakeholders in Tubah subdivision to ensure that there is improvement in health infrastructure within the district/subdivision.

Mr. Gemuh specifically:

- Sensitized/educated all stakeholders on their role in health and own the health facility.
- Mobilized community members to take action and;
- Ensured everyone on the dialogue structure understood their various roles well.

As a result of the reawakening that followed, the dialogue structure in Tubah HD embarked on a special fundraising campaign for the renovation of the new Bambui IHC structure. The outcome is that the floor of the building was cemented, the wall painted and a ceiling placed. The structure received a new facelift as the CoC attest;

*“Our health center now looks like a health center.”*

Similar change was also noticed in the number of persons using the facility.

In next door Kejom Keku IHC; also found in Tubah HD, Mr. Gemuh and team at the district also undertook similar successful fundraising move that resulted in the construction of a new toilet at that health center.

These examples from Tubah HD speak to many improvements in health care infrastructure and human resources at a number of facilities in the ten HDs covered by the LCI project in the Northwest and Southwest regions owing to increased



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community engagements in health care financing and management. The immediate results have been improved quality of services, facility utilization as a result of

stronger community involvement and participation in line with the country's policies.

