



Cameroon Baptist Convention Health Board

Local Capacity Initiative

REVISION OF POLICIES ON DIALOGUE STRUCTURES: A GATEWAY TO BETTER HEALTHCARE

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Working session to review draft revised DS

In the frame work of Local Capacity Initiation (LCI) Project, the CBCHS developed a policy advocacy strategic plan to better strengthen health dialogue structures, district teams and other key stakeholders through capacity development program and supervision to improve health financing and management at the local level at 10 targeted health districts in the SW and NWR of Cameroon.

Introduction

Prior to the inception of the LCI activities in its 10 implementing Health Districts in the NW and SW Regions of Cameroon, the dialogue structures faced numerous challenges. These dialogues structures lacked the capacity to supervise and coordinate health activities in collaboration with health personnel. As a result of the dormant nature of these dialogue structures; communities were not involved in the co-management and co-financing of health

issues and didn't feel responsible or accountable for the insufficiencies in their health systems. Thus most health facilities witnessed regular stock-outs of drugs and laboratory consumables due to weak monitoring and poor management of stocks in the health facilities. To make matters worse, policies governing dialogue structures were not fully operational; there did not address how funding, supervision, and interaction with other structures should be carried out.



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LCI interventions

In order to address the above mentioned loopholes, in 2016, the LCI Team worked with the regional teams in the NW and SW Regions to lay down modalities for the creation and functioning of dialogue structures at all levels. A meeting was organized to revise the election criteria and modalities. This enabled the LCI project team to come up with new upgraded documents that harmonized terms of mandates in both regions, encouraged participation of youths, women and other minorities. Other innovations of this document included;

- A term of mandate was dropped from 5 to 3 years; renewable once in order to align with the mandate at the level of the regional funds.
- Minimum educational level was brought in so as to encourage meritocracy.

It was from this backdrop that elections were systematically carried out at all district levels in both regions following the revised criteria. The aim of these elections was to select new vibrant members in various communities to revitalize community participation. Statistics of elections in the 10 LCI implementing Health Districts were as followed;

	No. of elected committee	No of elected committee rep
Health District	37	296
Health Area	344	1840
Hospital Management committee	38	148



Some high moments of election

Result of the revision of policy guide

- The fallouts of this readjustment did not tarry to start bearing its fruits as the intentional renewal of DS led to the reinstatement of vibrant DS members in the 10 LCI Health Districts across NW and SW Regions,
- This process enabled the setting-up of metrics tolls to better evaluate the



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functioning Dialogue Structures. This guide facilitates coordination, harmonization, and the optimization of interventions at all levels.

led to an evaluation of community participation in 10 regions of Cameroon. This team came up with a pragmatic roadmap for the entire country to;



- I. Ensure a systematic and harmonized Renewal of all health dialogue structures at regional, district and area levels following an upgraded modalities and framework.
- II. Strengthen the coordination, monitoring and evaluation of health dialogue structures in Cameroon.

- The newly installed DS members have shown their commitment and efficacy in the utilization of resources, and accountability at all levels. They have also taken the lead in defining their own quality health care and are living no stone unturned to work towards its accomplishment through local resource mobilization.
- This remarkable improvement in the functioning of DS in most HD in the NW and SW Regions culminated in to a national consultative session on dialogue structure strengthening in Yaoundé. This meeting which was co-organized by the CBCHB-LCI team,



Tool kits For DS management

Through the actions of Local Capacity Initiatives, not only has the LCI 10 implementing health districts benefitted to revitalize its DS, but the snowball effects has ripple down to sway changes at the national level through the countrywide



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harmonization process of dialogue
structures.

