



# Cameroon Baptist Convention Health Board

## Local Capacity Initiative

### The People of Finge-Northwest Region of Cameroon now have Access to Better Healthcare after LCI Interventions

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#### Introduction

The Finge health center began operating in early 2000 and was raised to an Integrated Health Center by ministerial decree on August 13, 2012. Despite the people's high expectations, it did not take long for the euphoria to die down as the government did not continue with infrastructural development as the people had expected. The people knew government will provide the infrastructure, equipment, supplies, as well as running credit for day to day activities.

Hence, the Integrated Health Center remained in the provisionary structure the community had provided. The building was dilapidating; small and had neither electricity nor basic health care equipment for essential procedures. There is no doubt, this greatly affected facility use as this client explains *"the health center is nauseating and I feel that one could get more infections than be cured"*.

In similar feeling of frustration, the COC-Bobga Bridget adds;

*"Working conditions are terrible, the environment is dirty. Sometimes I use my*

*phone light in the night to conduct deliveries due to lack of electricity or kerosene in the bush lamp. Worse, we do not have a pharmacy to dispense medication nor a fridge to store medication and vaccines. These make most inhabitants to stay back home or travel far off distances to seek for quality health care services. As we stayed back waiting for the government to do*



*something, we were literally dying."*

*Finge health center now has a fridge for storage of vaccines and other commodities*

#### LCI interventions

The coming of CBCHS' Local Capacity Initiative (LCI) in Tubah Health District and Finge Health Area in particular, marked the beginning of a new dawn for the people.



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- The LCI trained health dialogue structure members from all 12 Health Areas including Finge on community engagement and participation so that they would play their respective roles and responsibilities within the dialogue structure and join forces with the state to co-manage and co-finance the health system.
- Project staff again conducted regular follow up visits to support the communities/ health dialogue structures to perform well.
- A pharmacy room was demarcated and renovated

The building was electrified, painted, roofed among other innovations done to give a new face to the health center.

These changes have not left the inhabitants indifferent as proven by the following statistics (See table).

Motivated by this ownership and this new turn of events, the COC expressed her gratitude to the LCI for the initiative *“we were dying in the midst of plenty as a result of our ignorance. I am so grateful to the LCI initiators and sponsors”*.

## Changes in the Finge Health Center

With the knowledge gained from the training, coaching and mentorship, the Finge health committee began a fundraising move to mobilize resources to improve on their facility. The committee worked with the Fon and other key elites to ensure larger commitment, involvement and participation sending out appeal letters, conducting door to door collection of support/donations.

## Better Waiting Space for IWCS

These actions resulted in the following:

- Donation of two iron doors to fortify the pharmacy and main entrance in the health center
- Donation of a fridge to preserve vaccines and other medications



*Cross Section of Breastfeeding Mothers at Postnatal Clinic in Finge*

This Finge testimony is one of several among the health facilities in the ten health districts of the NWR and SWR where LCI interventions are ongoing. The people of Finge are now happy and proud of their own health center. Although the health center still has huge needs among which that of a



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befitting labor room and more staff, it is clear that center looks much better today than it was months back; thus offering possibilities to hundreds of people in this rural community to access better healthcare services. These changes would not have been possible without the financial support of the US President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Diseases Control and Prevention (CDC).

