



Cameroon Baptist Convention Health Board

Local Capacity Initiative

The Turning Point: Increased Community Engagement in the Tubah Health District

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Finge Health Care Pharmacy



Previous Pharmacy



Renovated Pharmacy

In the Tubah Health district, community members joined forces to improve quality of care at their local clinics. The LCI project led a training and provided capacity building with the aim of increasing community participation to build stronger local ownership of health care systems. This case study provides an example of how communities can advocate for and support sustainable health care services in resource poor settings of Cameroon.

Introduction

When the Cameroon Baptist Convention Health Board (CBCHB) began implementing the HIV Free (HIVF) Project in 2011, it soon became obvious that the Ante Natal Clinic/ Prevention of Mother To Child Transmission ANC/PMTCT uptake at some health districts in the northwest and southwest regions remained extremely low for reasons such as the lack of basic equipment and inadequate infrastructural development. To address this, in 2014, CBCHB submitted to CDC/PEPFAR, the Local Capacity Initiative project as a response to the challenges faced by such low performing health districts.

The LCI project is working in ten health districts, five in the northwest and five in the southwest regions of Cameroon. The Tubah Health District case study is part of LCI's ongoing efforts to document the impact of the LCI project to revitalize dialogue structures and strengthen community ownership and participation of local health systems.

An Unengaged Community

Across the 12 health facilities within the Tubah district, annual ANC uptake stood at 39.5% in 2013 which was lower than the national average of the same year which stood at 61.8% (World Bank, 2013). Some reasons that account for the low uptake were; the lack of basic equipment and inadequate infrastructural development in some health centers. Also, such communities lacked local support through dialogue structures which could enable these health facilities address the issues at stake.

LCI conducted a baseline assessment of major stakeholders in the Tubah district to assess their technical and organizational capacity. During this assessment the LCI project identified the absence of community engagement and participation as a key challenge since health care is view as a the government's responsibility. In addition, the Council, was unaware of its responsibility around dialogue structures and did not have an office or focal person for health matters.

Many of the health facilities in the Tubah Health District faced several challenges such as limited staff,



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inadequate equipment, and supplies that affected its day to day ability to address the community's health needs. This situation was reflected in Finge Health Center which faced similar challenges. The health center had only two staff, no pharmacy, no electricity to facilitate work at night, and lacked basic equipment/supplies like fridges and hospital beds. In addition, its dilapidated building was rundown and uncared for which contributed to a reduction in the number of persons in the community utilizing the services of the facility.

To address these, in 2014 the LCI project:

- Provided assistance in developing district level action plans from baseline assessment findings.
- Identified a member of Tubah's District Management Committee and one from the council to attend a training organized by CBCHB with technical support from APC. This training established the groundwork for participants to lead efforts in health improvement in their districts by providing them with applicable skills in Policy Advocacy Strategies.
- Trained selected members from each of the 12 Health Area Management Committees on community engagement. In this training participants began to understand their roles and responsibilities within the dialogue structure, developed tailored action plans to mobilize resources in their health area, and initiated sensitization and outreach efforts.
- Conducted monthly supervisory and capacity strengthening activities to committee members' capacities. This included checking the status of action plan implementation and providing identified assistance during coordination meetings.

These activities served as "eye opener" to most of the dialogue structure members who were unaware of their roles and responsibilities to support local health centers.

Mr. Angong Emmanuel, the chairman of the Ntehbang Health Center Management Committee did not hide his feelings. He stated:

"We were appointed to work, but I will confess that we barely knew our left from our right. We could not be effective not because we didn't want to work, but because we did not know what to do. Thanks to these trainings and regular supervisions, we now better know what we are called to do."

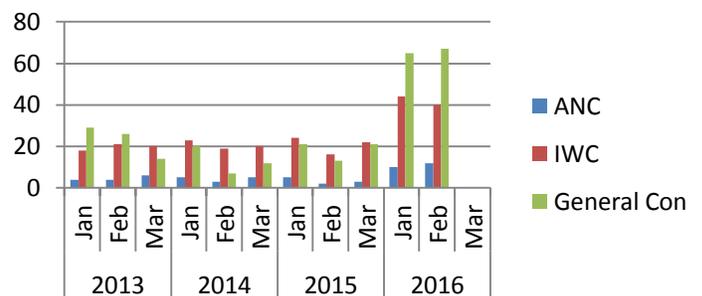
Through LCI support, the district was able to envision the possibilities of community supported and co-managed health care. In addition, they obtained skills in resource mobilization to support health care centers.

Results of LCI Support in the Tubah District

As a result of LCI's efforts, several health areas in the Tubah district mobilized resources and community support. LCI has provided the skills and motivation for communities to begin co-financing and co-managing their health system at the local level. Some examples of changes LCI has seen to date are:

- In the Finge Health Area, the Health Area

Increase in Service Uptake at Finge IHC



Management Committee has mobilized resources to create space for a pharmacy and pay the services of a pharmacy attendant (as seen on the first page). The pharmacy was renovated through



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direct donations by the community or fundraising efforts. Iron doors were donated by individuals to fortify the pharmacy and the main entrance into the facility. A fridge to preserve vaccines and other medications was donated by influential members of Finge community based in the South West Region. Individuals donated money to electrify the facility. In addition, other community members donated their time and expertise to paint and install the ceiling of the building to give a new face to the health center. Also, the Tubah District Management Committee Members successfully lobbied for the supply of drugs to the health facility. These changes in the health facility have impacted the community as seen in the uptake of services on the chart table below.

- The health center in Ntehbang Health Area used to be located in a small rented apartment. This was supposed to be temporary as an almost completed building for a new health center was abandoned for about two years due



Ntehbang New Health Center Building

to lack of government funds to complete the construction. The Management Team mobilized resources from the Council, and community leaders and other members donated cash and kind contributions to *complete new the building.*

- The Lih Health Area Management Committee mobilized resources to *build a sink in the labour room at the health center.* This is an initiative which the Chief of

Center, Mrs. Yewa Monique, considers “laudable” and of which she is “proud” Mrs. Yewa states:

“The LCI training taught us several things among which not to rely on vertical funding but for us to learn to work together with our community people to solve especially some critical health challenges that hinder us from accessing or providing quality health care to the people.”

For the first time the Tubah Council Mayor *appointed a Deputy Mayor to be responsible for all health issues.* Within this new role, the Deputy Mayor, Mrs. Ngwe Eunice, is to advise the council in budgeting and prioritizing health care activities. Mrs. Ngwe states:

“When I returned from the LCI training and shared my experience to the Lord Mayor, he then saw the need for one of his Deputies to be responsible for health activities. He then appointed me to the new position to manage health related issues within the municipality”.

The newly appointed Deputy In Charge of Health, Mrs. Ngwe Eunice, worked with her team to prioritize and budget for health care during the November 2015 Council Budgetary session. As a result, for the first time in the history of Tubah Council, a budgetary head was created to handle health related issues at the tune of 3.000.000Fr.CFA. This money is aimed at intentionally assisting health related activities in the Tubah Health area in the 2016 financial year.

These ongoing changes in Tubah Health District have increased the number of those utilizing the facility as well as the uptake of women who deliver in these facilities as indicated by the *increase* from 39.5% in 2013 to 50.8% in 2014 and 48.6% in 2015. It is therefore becoming clear that the LCI is contributing to the transformation of communities moving towards fully owning their health centers to define and support their health priorities. These initial successes recorded in Tubah Health district reflects those recorded in the nine other LCI districts in the Northwest and Southwest regions of Cameroon. These changes are a sign that access to and quality of



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health care could drastically improve if communities are well capacitated and engaged in co-management and co-financing of health care as envisioned by the National Health Policy on Dialogue Structures.

