



Cameroon Baptist Convention Health Services

The Local Capacity Initiative (LCI) Project

Traditional Leaders take Pivotal Role in Stampeding Home Deliveries in Communities

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Introduction

As the U.N. set the goal to reduce maternal mortality rates by 75 percent from 1990 to 2015, in Cameroon the rate only reduced by 18 percent from the benchmark year to 2013 (WHO 2013). And while some Cameroonian women face a much lower mortality rate – 350 maternal deaths per 100,000 live births, some women face a maternal mortality rate of 1,000 per 100,000 live births which is higher than sub-Saharan Africa’s overall range of 380 to 730 maternal deaths per 100,000 live births (WHO 2013). Still in 2016, Cameroon needed to have worked very hard to meet SDG number 3 which targets health and wellbeing.

Cameroon and the challenge of mother and child health

Several reasons were found to explain why Cameroon performed so low with MDG 4 and 5 indicators such as high rates of home deliveries (by unskilled persons using rudimentary equipment) and late or no attendance of Antenatal Clinics.

In response, CBCHB identified and trained some health care workers on better management of pregnant women especially in rural communities. This did not yield significant results as women continued to be delivered by Traditional Birth Attendants (TBA) at homes or in clandestine-often low quality health units. An assessment revealed that the problem of home deliveries could be better

addressed only by involving many more stakeholders.

It is in this light that through the Local Capacity Initiative (LCI), CBCHS decided to empower and engage traditional rulers to put in place and reinforce some traditional laws to encourage ANC uptake and facility-based deliveries in their respective communities.

LCI engages traditional leaders in the struggle to improve mother and child health indicators

In August 2016, the LCI team invited traditional leaders from the various districts covered by the project for a one-day training workshop on the importance of Mother and Child Health Care services. The training brought together some 54 Traditional Leaders from the 5 LCI implementing districts; Ako, Bafut, Benakuma, Mbengwi and Tubah Health Districts. At the training, the team used the opportunity to show Cameroon’s poor maternal and child health indicators and shared success stories of traditional leaders’ engagement from other African countries. After the presentations, the rulers brainstormed on ways to assist health care workers in the struggle to improve the poor mother and child health indicators in their communities.





Prof. Tih Pius Muffih presenting during the training of Traditional Leaders



The Fon of Kejom Ketinguh presiding over the VTC Meeting

One of the key achievements of the one-day training was that it acted as “an eye opener” to most traditional rulers who for the first time saw their influence beyond the usual scope. The rulers also pledged to share their learning with their council elders and quarter heads so that together they could find a solution to the problem.

Traditional leaders take action to improve mother and child health indicators in their communities

Barely a month after the training, traditional leaders in various LCI communities began holding meetings with their traditional councils to come up with resolutions obliging their residents to utilize health facilities in order to reduce home deliveries.

The traditional ruler of Kejom Ketinguh was one of the many traditional rulers who attended the training in Bamenda. He stated his commitment in these words:

“We will devise both carrot and stick strategies for our people. We will educate them on the importance of antenatal clinic, and dangers of home deliveries. Those who have ears will go but for the headstrong ones, we will find ways to force them to use health facilities.”

Like the ruler of Kejom Ketinguh, many others have held meetings with their quarter heads and traditional councils to make new roles and regulations and set up sensitization plans. In Kejom Ketinguh, the following points were adopted by the council:

- All quarter heads to send town criers to announce a date for a gathering where inhabitants will be informed about new traditional regulations.
- Quarter heads to intensify sensitization in their quarters by visiting social gatherings such as Njanji groups, Churches among others.
- Quarter heads will identify and report defaulters to the palace for sanctions.

Though this procedure was similar to most adopted by different communities, the sanction varied from community to community.

In Obang, Bafut health District, the sanctions were as follows:



Chief of Obang presiding over the VTC Meeting

- For women not attending ANC, they will provide 1 Goat, 1Bunch of Plantain, 1 Jug of Nkan (Traditional liquor)
- For any delivery at home, the person will be fined 2 Goats, 2 Bunches of Plantain, 2 Jugs of Nkan (Traditional liquor)
- For compounds without Toilets there will be a fine of 2 Goats, 2 Bunches of Plantain and 2 Jugs of Nkan (Traditional liquor)
- For compounds with unhygienic toilets, there will be a fine of 1 Goat, 1 Bunch of Plantain and 1 Jug of Nkan (Traditional liquor).
- Family heads or the perpetrators will pay the fines directly to the Palace.

Unlike in Obang, the ruler of Kejom Ketinguh together with his quarter heads agreed that each head quarter will define the fine to be paid by any defaulters and only recalcitrant subjects will be reported to the palace where a home arrest sanction will be passed on.

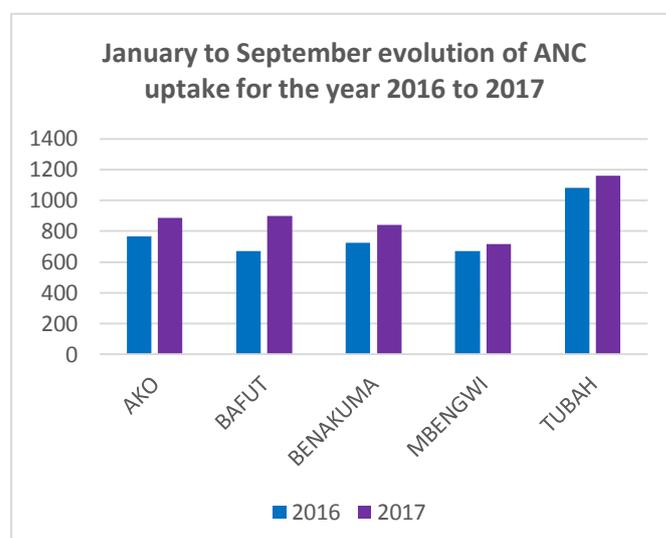
By December 2016, most of the rulers had already off lifted the bad cultural and traditional barriers to healthcare in their communities. Talking to the Fon of Berabe, he had this to say;

“After attending the LCI meeting in Bamenda, we called a general meeting involving all the 22 sub chiefs in Berabe Fandom. Other stakeholders present included all women leaders, youth leaders and all the notables. It is in this forum that all the decrees arrived at during the traditional council meetings were declared and well explained so as to make sure the information was well received” HRH Fon Mbamu Emmanuel.

Communities Embrace the Paradigm Shift in Mother and Child Healthcare Services

Barely one year after the training of traditional leaders and the off-liftmen of some bad practices; more women have been encouraged to embrace conventional healthcare as against traditional medicine.

Statistically, when comparing January to September 2016 and the same period in 2017; the district level services uptake has increased for 2017. This shows that, the traditional rulers all did



their part in ensuring that their communities own healthcare and take part in health system strengthening. This goes a long way to buttress the fact that without community participation, health systems are incomplete.

