
External Shocks to Health Systems : The added value of Community Participation and Inclusion towards resilience



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BASEL

CONTEXT.

- ◆ Persistence conflicts in CAR have led to more than 250 000 refugees into Cameroon
- ◆ 70% of these refugees have settled in more than 308 villages
- ◆ Some villages saw their population double or triple
- ◆ This led to pressure over resources (health) which were already limited
- ◆ The UNHCR mobilised and led the humanitarian Assistance
- ◆ FAIRMED got the mandate of putting in place the CBHS in the affected districts.

GOAL

Strengthen access to care for refugee and host community

Affordability
Quality: Technically adequate
Acceptable
Geographical accessibility



Approach

Strengthening relationship between

- community (local and refugees),
- local government and
- the health sector

PHASES

- Phase 1 : Sensitization on the partnership
- Phase 2 : Preparation and legitimation of partnership
- Phase 3 : Development and monitoring

Tools for partnership building

- Tarification: balance affordable/sustainable
- Outreach: awareness of needs resulting in targeted outreach
- Accountability mechanisms between different stakeholders



RESULTS

- Effective co-management:
 - 46 functional partnerships with 35% refugees in 08 HD
 - 790 CHA trained
- Increased utilisation (consultation, delivery)
- Improved cost-recovery
- Performance monitoring:
 - 4/46 are star performers and can be weaned off from support
 - 24/46: intermediate category

CHALLENGES

Moving from crisis « camp-style » assistance to structural and developmental approaches: The community becomes the central actor, and not just a receiver.

- Limited resources
- Insecurity
- How good intentions can destroy systems: The role of some NGOs

Conclusion

Revitalizing community participation structures that guarantee true empowerment result in a more resilient health system. Despite an acute crisis with insecurity and sudden-over-population, we present considerable improvements in participatory decision making, management, local resource generation and utilization of health services.

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