THE DECENTRALIZATION AND COMMUNITY HEALTH AT *MBANG FULBE* IN THE DISTRICT OF NGANHA, ADAMAWA, CAMEROON

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ABSTRACT

Following the issue given by World Health Organisation (WHO), Cameroon is committed since 1970 like many other southern Sahara African countries in the process of permanent health in its system which was involved in a critical phase at the beginning of 1980, a period troubled by economic crisis. In other to reach the goal "*Santé pour Tous à l'an 2000*", Cameroon choosed to make its basic health, an essential strategy according to the Alma-Ata 1978 conference's resolutions. The real economic crisis which slows down the economic indicators and made Cameroon the poorest African country between 1985 and 1993, appears like the reason why new strategies research were encouraged in every domain, state attributions were transferred to territorial collectivities and public institutions in other to enable them to have their own judicial power and financial autonomy. This article analyses the impact of that decentralization in the public health domain which needs a great implication of the *Mbang-Fulbé* community to the amelioration of its health.

Keywords: Decentralization, Health, Community Health, Sub-division

INTRODUCTION

Since 1960, when the Cameroon became independent, the promotion of health (PH) is not sufficiently implemented, despite the existence of a ministerial body that has the load. With the great economic crisis that occurred between 1985 and 1993, this country found itself obliged to firmly adhere to the logic of the decisions of the Alma-Ata conference of 1978. It is now a question of involving all the components of society in solving health problems, hence

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decentralization. It is the place of the transfer of competences in matters of Health, which should at the same time be accompanied by a transfer of financial resources, from the Ministry of public health to local communities. Decentralization is often seen theoretically as an important factor of democracy and accountability. Unfortunately, the case studies show that this is far from being obvious in practice and that it is essential to take into account the context and the power in place[i]. According to an observation that we have made in the field, it generally appears that decentralization in the health sector has significant limits because, if it were necessary to take stock of the transfer of health skills to local authorities, no doubt, the points for improvement would be far more numerous than the strong points[ii]. The *Mbang Foulbé* village, which is the site of this study, cannot be an exception. The problems of community health are sufficiently perceptible there, and these receive particular attention. This article therefore aims to lift a veil on the issue of decentralization and community health in *Mbang foulbé,* while questioning the motives which constitute a brake or better, a limit to its accomplishment.

I- PRESENTATION OF THE STUDY AREA

The *Mbang Fulbe* village is located in the commune of *Nganha*, department of Vina, located in the Adamawa region of Cameroon. More precisely, to locate it geographically, we can locate this village of 28,443 inhabitants between 7 ° 26'00 " North and 13 ° 56'00 " East[iii].

Map of the location of the village of *Mbang fulbé*

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II- CONCEPTUAL FRAMEWORK

To better and more clearly define the contours of this subject, it is necessary not only to grasp the concepts whose understanding requires a clear definition, but also to make them operational in our context. So, a few concepts caught our attention. These include the terms Decentralization, Health, Community health and District.

The **decentralization** is a transfer of powers from the State to the legal entities of public law distinct from him. They have more or less autonomy, depending on the degree of decentralization and their own budget[iv].

And they remain under the supervision of the State, the supervisory authority. Decentralization is a system of administration in which decision-making power is exercised both by the State and by autonomous legal persons subject to the control, by the principle of legality, of the state authorities. In other words, decentralization consists in the transfer of powers from the State to

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communities or institutions different from it and benefiting, under its supervision, from a certain autonomy of management.

Given that decentralization rhymes with autonomy, these conditions are three in number:

> - Material autonomy : the decentralized structure enjoys legal personality ; it has its own assets and affairs, most often qualified as local affairs as opposed to national affairs managed by the State ;
> - Organic autonomy: the affairs of the decentralized structure are managed by bodies specific to this decentralized structure;
> - Functional autonomy: the decentralized structure manages its affairs more or less freely[v].

This triple autonomy differs from independence: the decentralized structure remains under the supervision of the State, under the name of legality control or sometimes guardianship[vi]. A distinction is thus made between territorial decentralization which applies to local authorities and technical or functional decentralization, concerning specialized institutions with legal personality such as public establishments.

The **Health** and defined by the WHO (World Health Organization) as a state of complete wellness, including physical, mental, social, environmental ... So health is not only the fact of be sick or have a disability. It is a relative notion, felt by each individual. No real measure can measure health, since health is the fact of satisfying all its needs (emotional, nutritional, relational, health ...). In medicine, health is the absence of disease.

The **Community Health** is an area of public health that involves actual participation of the community to improve health: reflection on the needs, priorities; implementation, management and evaluation of activities. Community health occurs when the members of a community, geographic or social, reflect together on their health problems, express priority needs and actively participate in setting up and carrying out the activities best suited to meet these priorities[vii].

> *A community [in this field of public health] is a group of individuals who live together in specific conditions of social organization and cohesion. These members are linked to varying degrees by common political, economic, social*

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> *and cultural characteristics as well as by common interests and aspirations, including in matters of health. Communities vary widely in size and socio-economic profile, from clusters of isolated rural farms to more structured villages, towns and urban districts*[viii].

A health action will be said to be community-based when it concerns a community which takes up the problem at hand, whether it comes from experts or not, internal or external to the community. Community health approaches therefore try to understand the health problems of the territory with all the actors concerned, namely those who work (professionals), those who militate (elected officials, associations) and those who live (s inhabitants) on this territory.
A **district** is an administrative division of certain French-speaking countries.

The term is also used in French to translate generic names of equivalent territorial subdivisions in other non-French-speaking countries.

In French - speaking countries, a district is either an administrative subdivision of a larger territorial entity (for example a department), or a subdivision of a sufficiently large city

II- PROBLEM AND PROBLEMATIC

Cameroon, like many sub-Saharan Africa (ASA) countries, has not yet grasped the importance of health promotion (PH). According to Houeto[ix], this situation constitutes a real paradox because it is the region of the world which presents the least satisfactory health indicators. This is explained in particular by the new nature of the concept of PH, the role of colonization in the current situation of health systems and that of international organizations in African public policies. Also, the Ottawa Charter (OC), reference document of the PH, was developed without much African participation. It was only in 2009 in Nairobi, at the 7th conference that several African countries including Cameroon, participate in a meeting of the PH. Today, Cameroon, like some countries of the ASA, is timidly beginning to stand out by setting up health structures and programs with a PH component. However, much remains to be done, especially in terms of public policies and university training[x].

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As far as *Mbang foulbé*, which is the subject of this study, is concerned, the situation in terms of SP is and remains all the more serious as the community (decentralized structure) finds itself obliged to take control of its own destiny. It must, face endless problems encountered by the populations, react, hence, the establishment of a community health program, any way must find an ending, weather happy or unhappy it is. In reality, what are the problems facing community health in the village of *Mbang foulbé*? Is there a possibility to correct the situation? If yes, what should be done?

In a locality located in the Adamawa region of Cameroon, community health efforts face obstacles of several kinds. How to understand that methods which elsewhere also have significant results have something else here? It is in this article to lift a veil pan on the thorny issue of community health at *Mbang Fulani* to understand what are the limits.

IV - THEORETICAL AND METHODOLOGICAL APPROACH

To better understand the contours of this work, we have placed it in a well-defined theoretical framework. This is the theory of Decentralization.

This theory of decentralization is based on the principle that to initiate local and participative development, it is necessary to grant a certain power to local communities recognized by the constitution or by law[xi]. By decentralization is meant redistribution of administrative powers from the central state to other authorities or local authorities. It derives from a system of administrative organization and management by which the State grants to other entities legally recognized by the constitution or by law, legal personality, administrative, financial and management autonomy[xii].

For Le Roy, decentralization is a form of institutional organization which consists in having the proper affairs of a territorial or local authority managed by elected deliberative bodies. Through the process of legal personality, decision-making powers, justified by the existence of its own affairs, are recognized by administrative entities other than the central State. For this author, decentralization has the effect of bringing the political decision closer to the territory where it is registered and the population to which it is addressed. It consists in recognizing

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within the national community smaller communities having their own interests, not contradictory to the national interest, but distinct from it. To ensure this decentralization, these communities should be given the legal, administrative and financial means to express and manage their interests through the body of an autonomous representation, while respecting the framework of a unitary State. This theory allows us to understand the merits or better, the importance of Decentralization in a social system and above all, in matters of health with battle horse, the bringing together of populations public power and their implication in the management of its problems.

A precise methodology was adopted for the development of this article. We carried out a field survey and this was done in several stages which we cannot avoid presenting here.

We started by consulting the written sources. This phase was an opportunity for us to visit the libraries of the University of Ngaoundéré, the Faculty of Arts, Letters and Human Sciences of the University of Ngaoundéré, the Economics and Society Laboratory of the History Department of the Faculty of Arts, Letters and Human Sciences of the University of Ngaoundéré, of the African Center for Knowledge Sharing (CAPS), and of the African Center for Research in Social Sciences (CARS), where we have read documents dealing with or , approaching our theme in general. In addition, we have used electronic sources through sites like Google and Wikipedia.

Second, we made a direct observation. It is an essential step in a research. It must mean, the fact of going to the field of study to see, observe and better engage on the ground as "actor". It was an opportunity for us to go and see on the field what is happening there and which is related to our subject. To observe means to examine carefully, to consider carefully to study. The term attention which appears in this definition translates a judgment on a fact, a practice, a state of things. Thus, the observation that we have made about of decentralization and community health at *Mbang Fulani*, we helped to lift a veil pan on the realities that stand in the way people manage their own health problems in this context. Furthermore, this observation also gave us the opportunity not to go out of our subject matter. We scanned, analyzed and conducted our investigations on community health issues. This is how this observation helped us to read and understand our subject.

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We have then after the first two stage s, proceed to the collection of oral sources through interviews. In *Mbang foulbé*, we interviewed 33 people, among whom 05 town hall officers, 20 village residents, 02 community health workers, 01 village chief and 05 patients met at the community health center.

V - BENCHMARKS OF COMMUNITY HEALTH

Community health approach is characterized by a bundle of interdependent and complementary benchmarks. Some of these benchmarks particularly refer to the whole of health promotion (the first 3), others are specific to the community strategy (the next 4) and the last is centred on the methodology.

The community approach aims to promote access to services and resources that promote health, that is to say, to make effective the conditions and possibilities for access to health (information, prevention, rights, screening, health facilities ...). This possibility implies accessibility of health services at geographic, cultural and financial level. It is part of a double movement: not only from users (residents) to health facilities but also from health professionals to residents.
The European Secretariat for Community Health Practices (SEPSAC), an international association created in 1986, aims to forge links to develop innovative health practices. He developed a list of the main benchmarks of community health approaches.

Benchmarks for a health promotion approach

1. Take a comprehensive and positive approach to health

The approach takes into account and integrates in addition to the dimensions and parameters of the health field (educational, preventive, curative) those of the social, economic, environmental and cultural field.

2. Act on the determinants of health

The approach acts on the determinants of health which are the source of health problems (housing, environment, education, culture, employment, etc.).

3. Work across sectors for health promotion

It aims at the participation of all the actors concerned (specialists, professionals, administrators, etc.), thus promoting institutional and professional de compartmentalization, associating all the

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sectors concerned for taking into account overall health. The project must promote the diversification and increase of partners and the sectors involved; it must also ensure that the roles and places of each of these partners are defined and clarified for the sake of transdisciplinary.

Specific benchmarks for the community strategy

Concerning a community

It concerns a community, defined as a group of people with a common sense of belonging (residents, professionals, elected officials, institutions). The community can be defined according to its geographic space, and / or its characteristics and / or its common interest and / or its common problematic situation.

Encourage the involvement of all the players concerned in a co-construction process

The process promotes the creation of a context that allows and encourages co-construction and the involvement of all stakeholders (residents, professionals, elected officials, institutions) in the different stages of the process (diagnosis, taking initiative, decision, evaluation and evolution). This context guarantees the recognition of the legitimacy of competences and the capacity to act of citizens.

Foster a context of sharing, power and knowledge

The approach aims to set up relationships where the specificity of each actor (professionals, institutions, politicians, residents, users) is recognized. These relationships are based on a sharing of knowledge and powers.

Enhance and pool community resources

It seeks to identify, stimulate and mobilize the resources of each individual and collective actor by recognizing their specificity and their complementarity.

A methodological benchmark

Have a planning approach through a shared, evolving and permanent evaluation

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The approach refers to a built action plan, developed from a needs approach, their prioritization, the search for the best use of resources, the most suitable strategies, accompanied by an evaluation process. Permanent based on a mode of consultation and participation of interested parties[xiii].

VI - PROBLEMS OF COMMUNITY HEALTH IN *MBANG FULBÉ*

In reality, community health problems in Cameroon in general, and more particularly in *Mbang foulbé* in the Adamawa region, are largely linked to living conditions, mentalities and, also and above all, to the culture which itself, strongly marks the life of the populations while conditioning their behaviour vis-à-vis access to care. Thus, these problems can be subdivided into two categories. We then have structural problems on the one hand and individual problems on the other.

A- Structural problems

Observation, reading and the various interviews carried out in the field reveal a myriad of flaws or better, limits on the structural level with regard to community health in *Mbang foulbé*. Is decentralization synonymous with the resignation of the state? We are witnessing here as a form of abandonment of the population in the face of their destiny. You have to take care of yourself at all costs, and even at all costs. An essentially under-educated population faces drinking water problems, in a world where the scarcity of health centers is notorious. Even if there is one, community, access to care remains reserved for a reduced number of individuals. From the questionable training of community health workers already in very insignificant numbers, passing by the quality of the technical platform to the disastrous management of the small means intended for PH and even that of the available human resource, we are witnessing a theatricality. We are there in an in vitro behaviour manufacturing laboratory, where resourcefulness would occupy a special place. In addition to all of the above, there are individual problems.

B- Individual problems

If Man is the measure of all things and that of all that is worth nothing beats Man, it is just and legitimate that the latter is placed at the center of all concerns in a society. Raymond Boudon thus has a good game of reintroducing Man, excluded by holism, in the understanding of

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societal phenomena. He thinks that the aggregation of individuals' behaviours has either laudable or perverse effects. In this context, there are inevitably perverse effects.

In truth, the population of *Mbang foulbé* is experiencing a mentality crisis or better, a lack of noble values with regard to under-schooling. Insanitary conditions supremely reign. There are problems with pollution, be it water or air. The almost non-existence of latrines means that people defecate everywhere in nature, and very often even, not far from homes and in the only stream that is used for everything. In addition to these behaviours, there is the management of all kinds of waste, which accentuates pollution.

It also appears that the dominant Fulani culture in this village, strongly confused with the Muslim religion, is also a factor limiting the success of the community PH. Elements of said culture such as *pullaku*[xiv] whose most noticeable elements here are the *semtende*[xv] and the *munyal*[xvi] considerably reduced attendance at the community health center. "I should not expose my problems on the street. If I come to you to lay down my problems even regarding my health, I become a child in your eyes and I lose all consideration"[xvii]. It has thus been found that individuals have difficulty going to the health center for fear of letting others know that they are sick. Consultations and PH become complicated, especially when it is a question of an opposite gender.

CONCLUSION

At the end of this reflection which aimed to lift a veil on the issue of decentralization and community health in *Mbang fulbé*, it is good to say that the approach of interdisciplinary that we have adopted has allowed to achieve the expected results. The mastery of the contours of our subject is the thread of the use of Garfinkel's theory of decentralization and ethnomethodology. In addition to the rudiments acquired during readings in the various centers, the observation which we made on the ground allowed us to reach some conclusions. In truth, community health in *Mbang foulbé* faces many kinds of problems. Generally, they are structural and also, individual. On the one hand, the lack of infrastructure, the inadequate technical platform, under-schooling, training and even the management of human resources are striking facts. On the other hand, behaviours, mentalities, representations, customs and even culture, are elements which influence individuals and therefore condition their access to health.

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