

Project Plan For Healthcare Development in Crisis ravaged Anglophone Cameroon Regions

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BACKGROUND:

The Anglophone crisis, which started from legal and educational anger in 2016, quickly escalated into a secessionist political conflict that continues to threaten the unity of the country, and has exacerbated into a complex emergency. This insecurity has caused the closure of many health facilities. Many hospitals and health centers (especially in the rural areas) have been attacked and torched. Others have been abandoned because their staff are afraid of being kidnapped or caught in the crossfire. As of December 2018, an estimated 34% of health facilities in both southwest and northwest regions were not functioning. The few that are left are often poorly equipped and under pressure to treat the influx of the sick. Limited access to adequate health care exacerbates the suffering of the Anglophone population and IDPs.

Title of Project: How to improve Healthcare Outcomes for Displaced Persons in the crisis ravaged Anglophone Cameroon Region.

Project Overview:

The main aim of this project is to address the critical challenges and scarcity facing the healthcare sectors in the Anglophone regions of Cameroon, particularly in the context of ongoing social unrest, infrastructure deficits, and resource constraints. The project will focus on improving access to quality healthcare services, and fostering long-term sustainable development of healthcare facilities for these communities.

Objectives:

Health:

- Improve access to quality healthcare in both rural and urban areas especially for IDPs of the Anglophone regions.
 - Strengthen local health systems, with a focus on maternal and child health, infectious disease prevention, and mental health for underprivileged persons.
 - Enhance health education and raise awareness about preventive healthcare practices for all.
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Scope:

1. Geographic Focus:

- The South-West regions of Cameroon especially, Koupe Manengouba, Manyu, Ndian and Lebialem (Anglophone Cameroon).

2. Target Population:

- Communities affected by the ongoing crisis, internally displaced persons (IDPs), rural populations, women, and children.
- School-age children, teachers, and healthcare providers.

- **Key Components:**

Health Component:

A. Health Clinics and Hospitals Infrastructure:

- **Objective:** To refurbish or build new health clinics and strengthen existing hospital infrastructure.
- **Activities:**
 - Conduct needs assessment and mapping of health facilities.
 - Renovate or build new health facilities in under served areas.
 - Provide essential medical equipment and supplies.
 - Ensure consistent provision of electricity, water, and sanitation services in healthcare centers.

B. Healthcare Personnel Capacity Building:

- **Objective:** To improve the skills of healthcare professionals.
- **Activities:**
 - Organize training and workshops for doctors, nurses, and community health workers.
 - Provide continuous medical education programs (focused on maternal and child health, infectious diseases, mental health, etc.).
 - Train community health workers for outreach and public health education campaigns.

C. Health Awareness Campaigns:

- **Objective:** Raise awareness about key health issues like maternal and child health, malaria, HIV/AIDS, and mental health.
- **Activities:**
 - Conduct public health campaigns through media (radio, TV, social media, community radio) and community outreach.
 - Promote vaccination programs and preventive healthcare practices (e.g., sanitation, family planning, nutrition).
 - Distribute health education materials (flyers, posters, pamphlets) in English and French languages.

D. Mental Health Support:

- **Objective:** Address the mental health needs of individuals impacted by the ongoing conflict and displacement.
 - **Activities:**
 - Provide psychological support services and counseling, focusing on trauma and PTSD.
 - Develop and implement community-based mental health programs.
 - Train healthcare providers in identifying and treating mental health disorders.
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Implementation Timeline:

The project will be implemented over a period of 3 years.

Phase	Timeline	Key Activities
Phase 1: Planning & Needs Assessment	Months 1-3	Conduct needs assessments for healthcare sectors. Establish local partnerships. Define key performance indicators (KPIs).
Phase 2: Infrastructure Development	Months 4-12	Begin renovations and construction of healthcare facilities. Procure supplies and equipment.
Phase 3: Capacity Building & Training	Months 6-18	Train healthcare workers. Start awareness campaigns.
Phase 4: Community Outreach & Engagement	Months 6-24	Implement community engagement activities and parent workshops.
Phase 5: Monitoring & Evaluation	Months 12-36	Ongoing monitoring, feedback collection, and assessment of impact.
Phase 6: Sustainability Planning	Months 30-36	Develop long-term sustainability strategies for the healthcare systems.

Estimated Budget:

The estimated budget will be divided across several key categories:

Category	Estimated Cost (USD)
Health Clinics & Infrastructure	\$1.2 million
Healthcare Personnel Training	\$400,000
Health Awareness Campaigns	\$300,000
Monitoring & Evaluation	\$100,000
Community Engagement	\$100,000
Total	\$2.1 million

Note: These are indicative figures and will require further refinement based on assessments on-the-ground.

Monitoring & Evaluation (M&E):

A comprehensive M&E framework will be developed to assess the project's progress and impact.

- **Key Performance Indicators (KPIs):**

- Number of healthcare facilities renovated/built.
- Percentage increase in immunization rates and reduction in maternal and child mortality.
- Community satisfaction and involvement in healthcare services.

- **Data Collection Methods:**

- Surveys, interviews, and focus group discussions.
- Routine data collection from, healthcare clinics, and community centers.
- Feedback from beneficiaries (parents, healthcare workers).

- **Periodic Reviews:**

- Quarterly and annual performance reviews.
 - Mid-term evaluation to adjust strategies if needed.
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Sustainability Plan:

1. **Government & Local Involvement:**

- Collaborate with local governments to ensure that healthcare initiatives are aligned with national policies and sustainable.
- Build local capacity so that the communities can manage and maintain facilities and services after the project's conclusion.

2. **Partnerships with other NGOs and Donors:**

- Develop strategic partnerships with local and international NGOs for technical assistance and funding.

3. **Community Ownership:**

- Foster ownership at the community level by involving local stakeholders in decision-making processes and project implementation.

4. **Capacity Strengthening:**

- Build local leadership and capacity in healthcare to ensure that services are maintained beyond the project's life cycle.
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Risk Management:

1. Political Instability:

- Risk: Conflict and unrest may disrupt project implementation.
- Mitigation: Develop contingency plans, collaborate with local actors, and ensure security for staff and infrastructure.

2. Limited Funding:

- Risk: Securing sufficient funding may be challenging.
- Mitigation: Diversify funding sources through partnerships with international donors, foundations, and private sector support.

3. Cultural Barriers:

- Risk: Cultural norms may impact the success of health and education interventions.
 - Mitigation: Conduct community consultations and ensure that interventions are culturally sensitive.
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Conclusion:

This project will have a significant positive impact on the healthcare outcomes in conflict ravaged Anglophone Cameroon. By addressing infrastructure gaps, building local capacity, and raising awareness, it will help create more resilient and self-sufficient communities in the region.