

## Life Abundant Programme in Cameroon

(Cameroon Baptist Convention Health Board working in partnership with the North American Baptist Conference)

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It began as the vision of a missionary nurse. Its purpose is to enable underserved communities through their local Cameroon Baptist Convention churches to share abundant life (wholistic well-being) within the context of their environment, culture and Christian beliefs.

### How it began

As the director of Nursing Services of our major mission hospital and simultaneously a tutor in the School of Nursing in past years, I often reflected on why patients, their care-givers, and national hospital staff and students did not practice better levels of hygiene and sanitation after many years of teaching. Having lived as an "MK" in the same area as a child, and knowing that healthful living had been modeled on an every-day basis by missionaries as well as taught in the schools and churches, it was frustrating to realize that the impact had been limited. While some were clean, well-dressed people who bathed frequently, it seemed that there was at the same time evidence that toilets were few and/or often not used or poorly maintained.

Handwashing, done by passing a basin of water around from person to person at times of group meals, was performed as a token symbol of fellowship, but otherwise was often not practiced. It was clear that real understanding was lacking and basic attitudes had not been truly changed, resulting in inadequately changed practice.

Furthermore, patients were brought to the hospital too late, only to die on arrival. This was done not only by those living great distances but those living a stone's throw from the hospital doors. Patients absconded from the wards (usually in the night) to get further treatment from witch doctors when their healing seemed too slow. To see students "freeze" in the middle of a role-play on the first aid care of a convulsing epileptic patient, fearful that touching the foaming saliva would give them the disease (even though the pathophysiology had already been discussed), showed the reality of unchanged worldviews and the need for culturally sensitive teaching within the context of daily living.

On weekends when there was opportunity to visit outlying churches, especially the small ones in remote villages, my heart would ache as I saw that though Christ was named and God was worshipped, most often other gods were also included and invoked for their blessings and protection. Most of these small churches had only well-meaning church helpers (laymen with little or no Bible training) serving as pastors. The people had not been able to learn adequately and just could not understand.

In this situation, I strongly believed that sincere, committed Christians had the highest potential for being the healthiest of human beings as well as being the most effective healers...simply because Christ is in them. So, as all of these realities pressed on my heart and mind, it is not surprising that God gave me a vision of the local church being the ideal place from which streams of healing could flow to the surrounding community.

For the majority of churches this would mean enabling them through discipleship, leadership development beginning with awareness training, and resources so that they could become the

"spearheads" bringing true health to their own people. Though highly skilled and specialized treatment of physical illness such as surgery could not be done in the church, the vast majority of sickness and health problems could be more comprehensively and appropriately addressed than in a traditional missionary hospital.

### Program Organization

The Life Abundant Program (LAP) in Cameroon began in 1979 with one missionary nurse (myself) assisted by a national male interpreter working in 4 villages about 3-4 hours apart when traveling by foot. It now assists 44 villages in an area of approx. 8500 sq. miles, including remote areas accessible only by 4-wheel drive vehicles, foot or helicopter. About 20 different tribes and languages are included. The overall purpose is to enable underserved communities through their local Cameroon Baptist Convention churches to share abundant life (wholistic well-being) within the context of their environment, culture, and Christian beliefs.

There are 2 levels of responsibility in LAP although they are cross-trained to do each other's tasks when necessary. (See appendix A for diagram of relationships)

1. Central administrative staff
2. Area staff who are decentralized and include area coordinators, field assistants, and staff of Integrated Health Centres

Both of these levels relate to village workers who are not truly "staff" of LAP, but are workers helping their respective villages and receiving minimal remuneration from the village. These workers include the village health committee, Life Abundant Promoters (VHW's) and Trained Birth Attendants (TBA's).

The central level has the primary responsibility for overall administration, educational planning and allocation of resources for appropriate utilization. As humanly possible and with the help of the Holy Spirit, anyone hired as a LAP staff person is a committed, growing Christian and his or her immediate family is also. All participate as role models and consistently support the work in prayer.

Area staff members are hard working, faithful and committed persons. For cost and work effectiveness, they live in their geographical work areas because they are the ones who directly interact with and enable the communities to "get the work done". In matters of major program planning and decision making, both levels meet together in person or by use of the radio communication system.

The Area Coordinators and their Field Assistants function where the "tire meets the tarmac". They are nationals and know the culture "from the inside out". They are often away from their families for long stretches of time in order to spend time with villagers, whom they routinely visit every three months. Three of them are in areas which mean days of trekking in difficult terrain to reach respective villages. Tribal differences, food availability, and economic factors require these individuals to be very adaptable.

Each Area Coordinator is a special and unique individual with a commitment to spiritual and physical health. SG is an example. He's a short, stocky but agile, "up-beat" man with a grown family. After completing primary school he was accepted into ward auxiliary in-service training in our Baptist general/leprosy hospital in 1965, learning injections and sterile procedures. Being a quick learner and efficient worker, he was soon moved into the Operating Room where he worked for 18 years, becoming skilled to give spinal anesthesia and to close abdominal cases. During this time he became an active Boys Brigade leader in the local area. He then did three years of Bible College, followed by qualifying as a Nurse Aide (LPN + equivalent).

Since coming to LAP he has taken a 2-year community health course in Nigeria. His wife is an RN and is Chief of Post (COP) of one of our Integrated Health Centres. He has a gift of evangelism, an "African Billy Graham". The couple have been a strong model of Christian marriage and family life. Having come through some hurdles themselves, they have held staff and church weekly seminars in their home on Christian family life.

For the past 10 years, working in a predominantly Islamic area, he has effectively and steadily worked with integrity and love, ministering to, teaching, and challenging the people around him. Seven villages in the area where he is presently working can testify to his role in enabling them to have more abundant life...physically and spiritually.

### **Approach to Integration**

LAP staff workers make no apologies for who they are, and give the people an honest description of their beliefs and commitments before starting village work whether in a Christian, Muslim or pagan village. They are available to be of help, but make it very clear in a non-Christian village that if the people do not want to accept them "as they are", they had better find someone else to help. LAP workers do not only come to bring medicines, but to better health in a much broader way.

Village activities are chosen in accordance with village life style, cognitive thinking styles and educational levels. They are done as a part of outreach by the local church. A Bible Reading Schedule and an easy-to-learn inductive question outline has been designed by a staff member for semi-literate people. With no more than 3 or 4 verses each day, the interested person can realistically commit to daily Bible reading and to leading an inductive Bible Study Discussion group using these tools. Bible reading schedules may be sold at a small cost.

Other activities include the Bible Study/Prayer groups which have been started, structured around the inductive Bible study question outline. Short seminars titled after Bible characters (Barnabas, Abraham, and Andrew) are held on Sundays and fit into the usual Sunday morning schedule. The Area Coordinator or Field Assistant may be the guest preacher in the local church. Films are sometimes shown in the market square, or at school and may be accompanied by preaching.

Yearly village health fairs are arranged and coordinated by the Village Health Committee with the local church utilizing the opportunity for evangelism as well as being involved in the health and life of the community. (LAP staff demonstrate, involving the community for the first one, and thereafter the community does its own.) It is usually a day long event during which blood pressures may be checked. Demonstrations may be included on such subjects as nutrition, oral rehydration drink (ORT) and handwashing. Dramas and games are often included and lead to discussion on such topics as AIDS, alcoholism, and family life.

To meet the spiritual needs of staff members, a LAP prayer calendar is distributed every 6 months, noting needs of individual LAP Health Centres, Staff members, Village Health Workers, Village LAP committees, administrative needs, Cameroon Baptist Convention needs, national and world concerns. All staff as well as local pastors receive these. Prayer days with Bible study are scheduled twice a year for central and area staff. The health centres are encouraged to have their own. Central and area staff members have prayer partners and make needs known on a weekly LAP radio communication time. Frequent audible prayer is a part of all activities. It serves as a constant reminder that God is in charge and helps keep words and life congruent.

### **Problems Encountered**

As expatriates, we often do not know the best way to solve interpersonal relationship conflicts and may even cause problems. To avoid problems, the national Area Coordinators and Field Assistants take the lead in 98% of the dialogue involved in working with communities while ex-patriate personnel provide support, over-all guidelines and encouragement

Spiritual follow-up in the villages after films, seminars, and preaching is sometimes difficult due to the distances which staff members must travel and the fact that so many pastors are untrained lay people. LAP would like to teach more local pastors in counseling and discipleship.

Transportation costs and salaries of area coordinators initially were funded by the Cameroon Baptist Convention Health Board. The salaries have gradually become the responsibility of the Integrated Health Centres in each area where the coordinator serves. Transportation costs still receive assistance from external funding (by Bread for the World) and a portion of these may also be included in the Integrated Health Centres' budgets, where appropriate. However, the villages are becoming more self-sufficient. Ignorance and misunderstanding have been a problem. Sometimes the funds at hand (intended for purchase of re-supply of medicines) become diverted to personal needs. LAP has been strengthening its efforts for adequate conscientization of each village so that true community-determined health care happens.

## **Results**

Although the present-day description of the LAP is somewhat different than that of the original proposal, the basic purpose, beliefs and philosophy of ministry have not changed. One exception is that today ministry may be carried out in a village where no church exists, but where it can be identified as an outreach of a nearby local church or of the larger Christian community in Cameroon. Even Muslim villages are seeking to be involved in the program.

There have been both positive spiritual and physical outcomes. Local churches have been strengthened, often coming to renewed life and maturing. Local Christians have recognized spiritual illness, repented and recommitted themselves to the Lord, bringing unity to the local congregation. Nationals have been brought to Christ and there is discipleship taking place through inductive Bible study and prayer groups. Several Muslim communities have welcomed LAP because of the reputation for having medicine that really works because God is behind it.

Village people are gradually experiencing changes in their attitudes and beliefs as they actively initiate and participate in health care for themselves, enabling them to solve their real health problems, not just symptoms. Several existing Dispensary/Maternities have become Integrated Health Centres, meaning that they go out into the immediate community with immunizations, "under-fives" care for children and programs for community sanitation. They may extend outreach to other villages.

Contagious diseases have decreased with the immunizations. Some villages show marked changes in the cleanliness, happiness and vitality of babies and toddlers, their mothers and their families. A decrease in IMR and MMR is documented as well.

Another result is in the lives of national health care/medical workers. Change has been seen as curative oriented medical staff have developed preventative, culturally sensitive, and spiritually concerned attitudes and practice.

## **Lessons Learned**

### *1. Prayer is important!*

Just as personal Bible study and prayer are vital for the individual, so prayer is essential for ministry. The "tyranny of the urgent" is alive and well and although it may be easy to work in the spirit of prayer, we have learned to take time for audible prayer. We have learned to stop, literally, before entering a new, Muslim, pagan or problematic village to ask God for insight, discernment, wisdom as we relate to people and for His blessing on them. We bathe in prayer individuals, families, villages, workers and staff, and church and government leaders on all levels, as well as problems.

### *2. Participative management creates real teamwork and joint ownership of values, beliefs, goals and objectives.*

It may be difficult for some to do administration in this way, but team involvement means that the task is truly shared.

### *3. "Practice what you preach" is more than mere words.*

The LAP central and area staff teach by word, demonstration, and lifestyle! We and our families, based on proven experience and belief, use mosquito nets, boil our water, and wash our hands frequently.

### *4. The work will be only as successful as the quality of the workers, whether on the top, middle or lower levels of responsibility.*

For example, when individuals are chosen to be Village Health Workers who do not meet at least 90% of the qualifications, it is almost prognostic that there will be failure of health care efforts in that village.

### *5. Decentralization means each village can focus on its own needs, facilitating local sustainability and meaningfulness.*

The needs are real, and the people respond and actively participate in a partnership with LAP staff as they begin to live more abundant lives.

## **For More Information:**

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