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Colonialism and the Development of Social Infrastructures in Bamenda

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Abstract: The German annexation of Cameroon on July 12, 1884 marked the official beginning of German administration in Cameroon. The annexation of the coast was followed by a rapid expansion and consolidation into the interior. The desire to bring together the coast and the interior landed the Germans in Bali in 1889 and later Bamenda where they stationed their administrative headquarter of the Bamenda Grassfields in 1902. The establishment of the colonial machinery necessitated the provision of basic social infrastructures such as schools, health facilities, postal services, and a good road communication network to facilitate the functioning of the colonial agenda in Bamenda and within other parts of the Grassfields. When the British took over in 1916, they improved and expanded the social infrastructures that the German left behind. This paper based on archival, secondary sources and the authors' observation attempts a survey on the development of social infrastructures in Bamenda within the colonial context. The paper concludes that the presence of the colonialists and colonialism masterminded the development of social infrastructures in Bamenda, with primary basis for the effective implementation and smooth functioning of the colonial agenda and produced incidental outcomes that laid the foundations for the present day Bamenda urban space.

Keywords: Bamenda, Colonialism, Development, Incidental Outcomes, Social Infrastructure.

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INTRODUCTION

Bamenda, located some over 366km from Yaounde (political capital of Cameroon) is the capital city of the North West region of Cameroon. It evolved as the capital of the German administrative unit of the Western Grassfields and developed to become the biggest, most populous, major economic and capital city in the North West Region and even within Anglophone Cameroon. The Germans annexation of the Cameroon coast on July 12, 1884 with the signing of what became known as the Germano-Duala treaty marked the official beginning of the German colonial administration in Cameroon. The Germans upon the annexation of the coast embarked on a rapid expansion into the interior to consolidate and expand both their commercial and economic activities along the coastal areas. They were faced with a fundamental problem that was their unfamiliarity with the interior especially Bamenda in particular and the Bamenda Grassfields in general, which hitherto the exploratory trips of Dr. Eugen Zintgraff from 1888, had not been visited by any German. With the objective get to the Adamawa area, Zintgraff's exploratory mission landed him in the Bamenda Grassfields (Che-Mfombong: 1982). He embarked on his trip from Duala in 1888 and in January 1889, he arrived Bali in the Bamenda Grassfields. Zintgraff was welcomed in Bali and during his stay there, he contracted a blood pact with Fon Galega I of Bali-Nyonga whose intention was to secure direct trading contacts with the Germans. Marked by the friendly intimacy of the Fon of Bali, Zintgraff made Bali the headquarters of the future German administration of the Western Grassfields (Chilver: 1967). This choice of Bali as the German administrative headquarters in the Western Grassfields was concluded on August 23, 1891, following the signing of a treaty of protection with Fon Galega I and Zintgraff.

In 1902, the Germans transferred the administrative station from Bali to the hills of Mendankwe in Bamenda with the erection of a military fort which became known as the "Station". This was influenced by the central position of Bamenda that facilitated the recruitment and protection of labour from the surrounding ethnic villages (Che-Mfombong, 1982). Again, the German colonizers were attracted by the strategic position of the hilltop with its steep descent into the valley down the low lands and decided to build their military fort on the promontory (Van de Berg: 1992). The Germans from the Bamenda military station set out to subjugate all the villages and chiefdoms of the Bamenda Grassfields. By 1906, they had subjugated all the chiefdoms of the Bamenda Grassland and brought them under German administration (Adig & Nfi: 2017). With the total control of the Bamenda area and the erection of an administrative unit in Bamenda, there was the need for the implementation of the colonial administrative machinery in Bamenda. In order for the colonial administrators to have a smooth and effective functioning of the colonial administration, there was the need for the necessary social infrastructures.

Following the outbreak of the First World War, the German administration in Bamenda was halted with the attack of Cunliffe, a British General and the Germans were defeated in October 1915. The British Major Crookenden took over the command of the military station. On March 4, 1916 General Charles Dobell commander of British troops

and Joseph Aymerich commanding officer of the French troops concluded a military accord which ended the Anglo-French condominium in Cameroon and Cameroon was partitioned between Britain and France. Bamenda became part of the British portion of the Southern Cameroons and G.S. Podevin replaced Crookenden as the first British civil administrator in Bamenda (Adig: 2012). This therefore marked the beginning of the British Colonial administration in Bamenda. At the end of the war campaign in Cameroon and in Bamenda in particular, the existing social infrastructures had been destroyed. The British upon taking over the administration had the task to rehabilitate the existing ones, expand others and construct new social infrastructures such as roads, health structures, schools, post offices and postal services to ease and effect administration. The provision or expansion of social infrastructures was for diverse reasons that were not for the direct benefit of the locals but was to serve the needs of the colonial machinery. The resultant outcomes were therefore at best incidental benefits to the indigenes, as they were not the primary basis for the creation and development of the social infrastructures. However, these social infrastructures laid the foundation for the expansion and further development of other social structures to meet the needs of the rapidly growing and expanding Bamenda urban space since independence in 1961. The study lays emphasis though not restricted the health, communication infrastructures and the provision of pipe borne water.

Health Infrastructure

Prior to the arrival of the Europeans and the introduction of Western medicines in Cameroon and Bamenda in particular, the indigenes source of medical care was indigenous medicine. The early European missionaries, explorers and traders were the first set of people to introduce western health care services in Cameroon. The introduction of western medicines in Cameroon and Bamenda in particular was the first step towards the development of western styled health infrastructure. But it was during the German colonial administration that there was the formal introduction of western medical health care services in Cameroon though they were mostly stationed along the coastal areas (Nehtegha: 2014). The adoption of health policies in Cameroon by the Germans was based on a number of reasons that made the creation of health units and hospitals inevitable most especially in the coastal areas where the German plantations were located. The impossibility of employing white men as labourers in the plantations, for road and railway constructions, porters and carriers and for the exploitation of natural resources necessitated the use of locals. More to that, one of the provisions of the German colonial health policy required the colonial administration to keep the indigenes (workers/labourers) healthy. In fact, the workers at the coast in Victoria and Buea in the plantations especially and on rail projects regularly received quinine against malaria and vaccines against small pox administered by German doctors in order to avoid the broke out of epidemics and to keep the workers healthy for the required labour force (Ruddin:1968). Again, there was the need by the German colonial administration to address the decreasing population of the interior that was being seriously affected; decreasing drastically due to high mortality and low fertility rates. This problem was further compounded by the heavy population exodus of especially the strongest men for plantation and railroad constructions at the coast. The presence of diseases such as malaria, black water fever, smallpox, sleeping sickness, leprosy, dysentery, pneumonia and other skin diseases which did not only affect the locals but as well the colonial administrators needed medical attention. The fear of being infected forced the colonial administration to tend to curative and provide health care services (Ibid). Thus, it was for these reasons that several health measures such as the construction of hospitals, dispensaries and health centres more precisely in the coastal plantation areas were undertaken by the German administration to curb health related problems. The Germans set out to open hospitals in Bamenda but their plans were disrupted with the outbreak of the First World War following the attack by the British and French troops. In fact, they had turned their attention in dealing with infectious diseases and epidemics and thus employed a strategy of mobile hospitals.¹ Again, during the period before the outbreak of the First World War, the Germans were busy fighting wars of subjugation and pacifying the country. In Bamenda and the Grassfields in general they faced stiff resistance from the various ethnic groups (Chilver: 1966, Chilver & Fanso: 1996). Reasons why by the time the Germans were ousted from Cameroon, they had not build any medical structures in Bamenda.

When the British took over in 1916, they were more pragmatic in the development of health infrastructure in Bamenda. At the very beginning of their rule in 1916, a health post was set up at the Bamenda station and hosted by the old German structures² with Dr. C.G Grey as the first medical officer (Ngoh: 2002). By 20th February 1924 when the Cameroons Province was being administered as an integral of the Southern Province of Nigeria, the construction of a medical station in Bamenda was already being completed at Station.³ The location of the medical post at the military fort at Station was to easily attend to the health needs of the military and other British colonial officials who all resided at station. It should be underscored that, the creation of a health unit in Bamenda was first to ensure the health conditions of the whites and by extension secure a healthy labour force for the exploitation of wealth for the “mother” nation. That is

¹ Doctors and medical practitioners for the most part moved from village to village carrying out vaccination campaigns on the indigenes

² NAB, File No. Cb(1918)1, Bamenda Annual Report.

³ Annual Report on the Southern Provinces for the Year 1927

why in the early years of British administration, most of the medical reports paid much attention on the accounts of the health of the Europeans and with little or no emphasis on that of the indigenes.⁴

The present building that is today hosting the Legal Department and the court of First Instance of Bamenda sheltered the lone medical unit in Bamenda until 1927. It was in 1928 that the construction of a planned hospital below the escarpment of the Station hill was completed. In spite of the construction of a new hospital in Bamenda, its services were inadequate to serve the medical needs of the Bamenda people. This could have been due to the fast growing population of the town as it welcomed migrants from other surrounding villages, French Cameroon and the Igbos from Nigeria. Added to this is the fact that it was the most vibrant commercial centre in the entire Bamenda Grassfields. Furthermore, the relocation of the site of the hospital downtown from Station could have been for greater accessibility to medical care by the indigenes as the Station was mostly inhabited by colonial officials. Due to the small nature of the hospital, the Bamenda NA in 1932 raised the sum of four hundred pounds for the construction of an isolation section of twenty beds.⁵

The hospital grew and expanded with the passage of time as more construction work was done at the hospital. It was inaugurated as the Bamenda General Hospital on 5th April, 1956 by His Excellency Sir James Robertson, Governor General of the Federation of Nigeria. Since then till date, the succeeding governments after the British have been expanding the size of the hospital to meet the ever growing medical demands of the Bamenda population in particular and those of the Bamenda Grassfields in general. A leprosy settlement was also created in Bafreng, presentday Banja. The site was later moved to Bingo.⁶ Public health in Bamenda in particular and the Bamenda province in general during the British rule was part of the greater West African Medical Service (WAMS) created in 1902 as a prolongation of the colonial service by the colonial government to deal with medical problems in Nigeria. These services were extended to the Cameroons (Mokake: 2011).

The indigenes of Bamenda like those of the entire Cameroons were regulated medically by health ordinances such as the Public Health Ordinance of 1917, Midwives Ordinance of 1930, Medical Practitioners and Dentists Ordinance of 1934, private hospital Ordinance of 1945 among other ordinances (Ibid). Despite all these ordinances, there existed only one medical unit or hospital in Bamenda. Throughout the British colonial administration, there was a protracted shortage of medical accommodation in Bamenda because government efforts in medical care and infrastructural development were marked by a retarded tempo during the next decades after they took over administration in Cameroon (Maynard: 2004). This is explained by the fact that, the Labour Ordinance and Regulations promulgation of 1927 prohibited the construction of another hospital in Bamenda as it outlined that “as such where the government operated a hospital however small in space and bed number, no other agency was allowed to open another institution.”⁷

Perhaps, the colonial administrative intension that restricted the creation of other health units or hospitals in areas where a hospital already existed was to ensure a fair distribution of medical units in other parts of the Bamenda Grassfields. This explains why in the entire Bamenda Grassfields, other hospitals and health units, were constructed by the mission agencies. That is the Roman Catholics, Basel Mission and North American Baptist (Maynard: 2004) and where found in other places of the Bamenda Grassfields such as Bali, Mbingo in Belo, Kumbo, Bafut and Acha in Mbengwi. Again, the problem of inadequate finance was a serious impediment to the establishment of other hospitals in Bamenda. The British argued that the territory was not financially capable to provide incentives that could attract doctors.⁸ The colonial administration claimed that, the fact that the administration provided dispensaries, trained rural health staff, subsidized work done at hospitals rendered the colonial administration incapable of establishing other hospitals in Bamenda.⁹ To curb the problem of finance, the colonial administration requested the locals to pay hospital fees for medical services rendered as a means to raise revenue for health expansion. Despite the payment of hospitals fees, there was hardly enough finance for the creation of another hospital in Bamenda (Nehtegha: 2014). Again, the none creation of another hospital in Bamenda could have been as a result of her policy of Indirect Rule. This policy left almost everything about colonial life and development in the hands of the Native Authorities (NA) (Eyoungeta & Brain: 1974). The NAs were charged with various aspects of rural development among which included health while the colonial administration was responsible developments in towns and urban areas. Unfortunately Bamenda was an urban area and more particularly the fastest growing town in the Bamenda Grassfields. Therefore, NAs were more concentrated in developing remote rural areas while Bamenda was left to the administration that did little to improve health infrastructure.

⁴ NAB, File No. Sc/1916/1, Sc/1920/1, Medical Quarterly and Yearly Reports, Bamenda Division.

⁵ NAB, File No. Cb/1932, Annual Report, Bamenda Division.

⁶ RAB, File No. B.99/Volume III

⁷ NAB, File No. Sc/a (1927) 1, Miscellaneous Medical Correspondences, Victoria Division, 45.

⁸ NAB, File No: Sca/1938/1, training of Medical Students by Native Administration.

⁹ NAB, File No. Cb/1958/1, Annual Report, Bamenda Province.

The resultant effect of the inadequate provision of medical infrastructure in Bamenda was the continued growth and expansion of indigenous medicine. Despite the German and British aggressions against indigenous medicine, the Bamenda people did not detach themselves from their traditional medical practices and their practitioners. The fact that there existed only one medical post in Bamenda made it impossible for all the medical needs of the Bamenda people to be met. More to that, the British did not put in any major efforts to prohibit traditional medicine, in spite of the fact that it was held in scorn. Thus because of the timid nature in which the British invested in the health sector, they did not disapprove the use of traditional practices since they could not provide the Bamenda people with adequate health services (Nfi: 2014). This eased the survival of traditional medicine and its healers in Bamenda which made Bamenda and the entire Bamenda Grassfields in general to become very reputed as a centre of traditional medical practices, herbalists or “native” doctors (Ibid).

Education

At the early years of German colonial administration in Cameroon, the government was reluctant to get involved in education and therefore education was left in the hands of the German business class. In fact, the German government staged a nonchalant attitude towards the creation of schools especially during the first years of German administration (Ruddin: 1968). Reason why by the end of World War I, which was followed by the ousting of the Germans from Cameroon, no school had been opened in Bamenda. The first government school in the entire Bamenda Grasslands was opened at the heart of the administrative area at the hilltop area in 1916. The Government school up station remained the only government primary institution in the Bamenda Grassfields until the dawn of independence in 1961. Its first headmaster was a Nigerian by name R.R. Umo (O’neil: 1991). The school was attended by pupils from the surrounding villages of Mendankwe, Mankon, Nkwen and other villages. It produced graduates who grew to become prominent figures in Cameroon’s history such as John Ngu Foncha and Solomon Tandeng Muna (both of whom evolved as classroom teachers to become prominent politicians in Cameroon history and top ranking officials of Cameroon). The school is still in existence today.

Apart from government efforts or involvements in education, mission agencies were also vital components in the development and expansion of education in Cameroon and Bamenda in particular. The introduction and creation of schools was envisaged by the missionaries as a means of evangelisation. It was expected that every adherent would be able to read and understand the Bible. In fact, schools were centres for the moulding of catechists, teachers, pastors, priests, Christians, artisans to aid the colonial administration and the mission agencies. Fon Ndefru, the Fon of Mankon together with Pa Martin Atang had solicited Mgr Rogan that a Parish to open in Mankon. It was therefore in this light that the Catholic Church with the collaboration of the Fon of Mankon Fon Ndefru who in November 1930 allocated a building for the Catholic mission to be able to open a school in Mankon. The land for the school was donated by the Fon at a place that was called Ntaah Satan otherwise “Satan’s Hill”. It was for the construction of a church and school. Father Woodman reported by the end of 1935, there were 70 pupils in school (O’Neil: 1991). The first effort towards the building of a permanent structure for the school was done by Rev Father Woodman in March 1937. The mission school at Bande was transferred to Mankon and by 1944; Father Mathew Nabben who had replaced Father Woodman in 1941 completed the construction of the Standard V building. Most of the teachers were the missions officials themselves. Included among the first batch of pupils who completed their primary education and were recruited as pupil teachers were Paul Nketi, who completed standard VI in 1938, John Gana Fomban, Ndamukong Gabriel Ndanjong and Peter Akor Robert (Ibid).

Road Development

Due to the central place that roads occupy in communication, especially for the movement of goods and services, the colonialist found it imperative that the road network in Bamenda be expanded and improved. Pre-colonial communication within and around Bamenda as most if not all parts of Cameroon was mostly through footpaths (Nkwi: 2011). The construction of roads and motor ways during the colonial period was for the easy exploitation of human and natural resources. In fact, it was to ease the transportation of resources mostly from the interiors to the coasts for exportation to European metropole (Rodney: 2005). As underscored by Nkwi, the introduction of roads during the colonial period brought in new dimensions to mobility especially as communication was hitherto done by trekking on footpaths. In fact, he intimates that “roads were the novel way, the new path in a literally and symbolic sense... symbolized newness and development (Nkwi: 2011). This is justified by the adage that “where a road passes, development follows.” With the start of the German rule, roads were of administrative, commercial and military necessity (Ruddin: 1968). Therefore, with the presence of the German administrative center at Station in Bamenda, coupled with the military fort, roads were of prime importance for the easy movement of the colonial officials to and from Abakpa¹⁰ below the station slop. Roads were also important to ease military patrols that were executed especially during the conquest wars and punitive expeditions

¹⁰Abakpa also called Abakwa, was a township that developed below the slopes of the Station hill at the plains of Mankon in a palce called Ntambag whose population was made up of mostly Hausas-Fulani settlers from Nigeria, Mankon indigenes and other locals

By 1889 with the arrival of the Germans in the Bamenda area, the first phase of roads constructed were either horse-drawn carts or motor cycles and as such the roads were always very narrow and could not sustain any heavy form of traffic (Nkwi: 2011). When the British took over, the roads and road network in general were improved upon, bridges and culverts constructed and deviations made in certain parts of Bamenda to make them more accessible (Ibid). In fact, the British colonial government held the construction of roads and the expansion of existing roads left by the Germans as primordial. The British intention of road construction was to deal with the weaknesses of the carrier (or porter) system and to reduce the colonial administrative cost as most as possible (Ibid). To demonstrate the important place which roads occupied in the social advancement of Bamenda in particular and the entire province in general, the D.O for Bamenda Province G.H. Findlay in 1925 noted that; "...roads were vectors of social development and commercial development..."¹¹ To the D.O, roads were therefore of paramount importance especially for economic purposes as they facilitated the transportation of the needed labour force in the plantations at the coasts from the Bamenda Grassfields and raw materials to the coast and to Nigeria.

In Bamenda like in other parts of British Southern Cameroons, road construction was at first mostly in the hands of the Native Authorities (N.A) under the Fon(s) who were in charge of supplying labour for construction. However, the Public Works Department took care of bridges and large trunk roads. The N.As recruited supervisors for supervision and made sure that no labourer boycotted road construction. This was done by imposing fines on those who absented road works.¹² This thus gives a picture that road construction was not only enforced by the colonial administration but was a communal activity in which everybody was obliged to participate. In the middle of August 1917, the work of remarking and constructing the road up the Station hill from Abakpa or the Hausa settlement (present day Old Town quarter through Ayaba Street, Veterinary Junction to Miss Ngeng Junction) to Up Station was commenced. A big challenge that was faced during its construction was the rocky nature of the terrain that made work difficult. Nonetheless, its construction took five months and was completed by December 1917. It was because the upper portion near the fort required no deal of attention as it had been completed by the Germans before they were ousted from Cameroon. Again, it was also due to the effective collaboration of the indigenes.¹³ In a statement by the Resident of the Cameroon Province in 1929, he presented the readiness and commitment of the people of Bamenda to road construction insinuating that, "there has been an immense enthusiasm for road construction since the first motor vehicle arrived Bamenda two years ago....Among the Bamenda Grassland tribes, there is no particular objection to head loads, but this is fully balanced by the eagerness of an intelligent virile people to have their share of the good things in a world which is beginning to open for them..."¹⁴ This paints a picture of how involved the indigenes were in regards to road construction. The above stretch of road remained the only stretch leading to the Administrative head quarter at Station Bamenda throughout the colonial period and for many years after the independence of Cameroon until recent years and it laid the foundation of the present road leading to Up Station from down town Bamenda passing through Ngeng Junction as it was only improved upon and tarred.

The Veterinary Junction remained the major junction that linked the Administrative quarters at Station to Sonac Street, Old Town (Abakpa) and the Commercial hub (Commercial Avenue) of the town and the Grassfields in general. It had the largest concentration of the population along this axis (Kuma et al: 2020). It is from this axis that other major roads linking other parts of the Bamenda Grassfields were developed, for example, the Bamenda-Njinikom-Kom road whose construction started in 1928 (Nkwi:2011). Also, within this axis, other major present day commercial centres like Mobile Nkwen and other vibrant quarters in Bamenda like Ntamulung Quarter which emerged in the late 1920s and expanded during the post-colonial dispensation (Dingbobga: 2008). This road axis was therefore the foundation for future and emerging urban development.

By 1937, there had been the construction of 190 miles of road within Bamenda and in other parts of the region. Most portions of the roads had been constructed for the most part by the Germans with unlimited supply of labour and were afterwards maintained and expanded by the British under the Roads and Rivers Ordinance.¹⁵ Bridges and culverts were constructed with tree logs, planks and stones. Unfortunately, the structures rarely survived two wet seasons. A few

from surrounding villages of the Ngemba clan. It later on saw an influx of other settlers from surrounding villages like Kom, Nso, Bum, Nkambe, Wum, Bali, Meta and French Cameroonians and Eastern Nigerians during the British colonial rule due to the trading opportunities that it offered. In fact Abakpa was the business hub of the Grassfields during the colonial era and therefore explains why the small Abakpa area was/is the nucleus of the present City of Bamenda. For more on this, see Fombe Lawrence, "The Bamenda Urban Space-Evolution and Organisation" (Post Graduate Diploma in Geography, University of Yaounde, October 1983), 15-17. Also, Adri Van den Berg, *Women in Bamenda*, 11-19, Christopher Awambeng, *Evolution and Growth of Urban Centres in the North West Province (Cameroon) : Cave Studies (Bamenda, Kumbo, Mbengwi, Nkambe, Wum)*. Berne: European Academic Publishers, 1991.) 5.

¹¹ NAB, File No. Rc/a (1925)1, Future Development of Nigeria: Propaganda for road development, Cameroons Province.

¹² NAB, File, No. Ba(1923)2, Report to the League of Nation.

¹³ NAB, File No. Cb(1916)10, Bamenda Division. Annual Report 1916-1917 by G.S. Podevin, D.O.

¹⁴ NAB, File, No. Rc/a(1929)1, Native Authority Roads. Tour of the Resident in Cameroon.

¹⁵ NAB, File, No.Rc/b(1937)2, Road System, Bamenda Division.

bridges around the town were constructed using mortar or cement and concrete mortar. Most of the bridges were often very narrow and low and usually suffered damages especially during heavy rainfalls. A good number of them were constructed in area like Mugheb-Nkwen, Ayaba-Abakpa, Ngeng, Bafreng (around the present Mile Two area).¹⁶ Most if not all the roads in the town were dug by hand and was through coordinated community labour schemes. For example, the Old Bon Street leading to JT Ndikum Street (where the present Central Police Station is found in Old Town) was dug manually by the inhabitants of Abakpa. From the present Santa Park area at Commercial Avenue, a long street was opened leading into Hausa quarter. Both Muslims and Christians took part in most of the road construction projects around the present Old Town Quarter. They formed work parties that concentrated on digging the main roads within the present Old Town (Abakpa). Women cooked food and served the men at work during break hours (Nyinchieh: 2016). These roads (the street from the present Santa Park through Water Side leading to the Central police Station at Old Town) were the basis from which other roads within the town developed especially in Abakpa. They acted as the source from which tributary roads within Bamenda developed. This stretch of road leads to the present day Ayaba Street¹⁷ and to Commercial Avenue¹⁸. In fact, it was thanks to the present Santa Park outlet that the present Commercial Avenue emerged. It is the commercial hub of Bamenda and the entire Grassfields.

Post and Telecommunication

Following the establishment of the German colonial administration, they introduced a new a system of sending and receiving messages to ease the functioning of colonial agenda. The Germans initiated the postal system in Cameroon during the early years of their administration (Maddocks: 1916). However, they had not constructed any permanent post office structure in Bamenda. By the time they were forced out of Cameroon at the end of the First World War (Ngora & Musah: 2020). The system made use of messengers and relay runners in the dispatching and distribution of mails. The mails often transported into or from Bamenda were mostly administrative mails that mostly served colonial officials and administrative bodies during the early years of its establishment (Ngoran: 2017).

When the British took over, they introduced new communication technologies through the “Modernization Project (Nwki & Mirjam: 2014). The outcome of the project was to make the interior (Bamenda and environs) more accessible and administration more efficient. The British proceeded with the enhancement of communication by transforming flag post huts into permanent post houses (Ibid). The establishment of the relay runner system and the use of messengers laid the foundation for the functioning of the post and telegraph communication system (Ngoran: 2017). The British colonial administration the Southern Cameroons (Bamenda included) put in place a postal system that was known as the Royal Mail (Ibid). The first postal post in Bamenda was instituted to function as a sub post office and its services were officially opened to the public on 10 February 1919.¹⁹ This was just a temporary office and its functioning was handicapped by the inability of protecting its instruments.²⁰ Due to the importance of communication within the colonial administrative chain, the construction of a semi-permanent post office in Bamenda began in 1924 and was completed in 1925.²¹ It was located at the Station hill in the old German fort and was constructed of mud and stones.²² The building harboured the post office until 1956 when a new building was constructed down town along the Commercial Avenue Street (Ngoran: 2017). The post office operated two services; the mail service and the telegraphic service (Ngoran & Musah: 2020). The mail service was responsible for the delivery of mails by any means of transportation; by foot or the use of bicycles. Mails for dispatch were dropped in pillar boxes that were stationed in different corners of the town and were regularly collected by the post messengers. The telegraphic service of the Bamenda post office included a means of sending information or messages through a coded transmission known as Morse Code (Ngoran: 2017). The first telegraphic line in Bamenda from Nchang (Mamfe) was completed on 8 February 1919 (Ngoran & Musah: 2020). The services of the post office in Bamenda helped the population of Bamenda and its environs in keeping contacts and sustaining family ties with their kith and kin, most of whom had migrated to the distant coastal towns in search of jobs and livelihood in the plantations. This building is still standing in Bamenda at Commercial Avenue behind the ceremonial ground and it is hosting the British Library.

Pipe Borne Water

Throughout the colonial period, the provision of pipe borne water in Bamenda remained a serious menace. During the early years of the British administration, the only existence of pipe borne water supply in Bamenda was at the administrative Station area and more precisely at the administrative quarters.²³ The population fetched water from

¹⁶ NAB, File, No. NW/Se/a/1954/1, p.20.

¹⁷ Ayabastreet stretches from the Present day Veterinary Junction to the Bridge leading to the Metropolitan St Joseph’s Cathedral.

¹⁸ Commercial Avenue is the main commercial Centre of the city where most business shops, the main market and financial institutions a found. It stretches from the City Chemist Round About to T-junction.

¹⁹ NAB, File No, Cb1919/1, file no 53/1920B, Annual report 1919 Bamenda Division.

²⁰ NAB, File No. Cb1921/1, file no 520/22, Bamenda division annual report 1921.

²¹ NAB, File No.Cb1925/1, file no 1568, Bamenda Division annual report 1925.

²² NAB, File No.Cb1924/2, Quaterly reports on the Bamenda Division, Cameroons Province March 1924-September 1927.

²³ NAB, File No. Rd(1950)2, water Supply Bamenda.

flowing streams and rivers like Ayaba stream which flowed down from the Station hills behind the presentday Ayaba Hotel, Mezam river as well as Mugheb stream in the Nkwen area. Later on, pipe born water was made available in the township area for sanitary measures.²⁴ Few water points were constructed by the NA and sanitary overseers in the township area were responsible to see that they were properly used by the population. The first feasible action towards the provision of pipe borne water in Bamenda by the British colonial administration was in 1944. The works department of the Bamenda NA was assigned a contract in January 1944 for the supply of pipe borne water to the Bamenda hospital at the cost of 150 pounds. The project was completed in April 1944.²⁵ It was in 1945 that the project to supply the entire Bamenda township area with Pipe borne water earmarked at the cost of 4000 pounds and was to be completed in 1947.²⁶ The project was never realized.

The unavailability of good and reliable water supply in Bamenda was a serious challenge not only to the colonial officials. It retarded to efficiency and productivity of some government structures. In a memorandum written on 13 November 1950 to the Commissioner of the Cameroons in Buea, the Ag Resident of the Bamenda Province illuminated that one of the most difficult problems with the new general hospital at Bamenda was the question of good and reliable water supply.²⁷ He noted that to curb the problem at first, the intention was to put a temporary supply of water based on a near-by stream from which water was to be pumped to the hospital by means of a hydram. At its conception, the plan was faced with an inevitable challenge as there was no sufficient head water to pump it to the level of the hospital. It was on this handicap that the scheme was abandoned and plans were drawn up for the installation of a pipe borne water supply from streams flowing on the top of the Bamenda plateau to be taken down to the new hospital while supplying Abakpa en route.²⁸

This scheme was comprehensive as it covered Abakpa, the general hospital and all houses built on the roads around Abakpa and the Azire area. It is imperative to note that by this time the people of Abakpa obtained water from surrounding streams, which the Resident in his memo claimed, were contaminated. To him, it was desired that the people of Bamenda be provided water supply as soon as possible. To make his proposal alluring to the mind of the Commissioner, the Resident went further intimating in the following words that; “from consultations that I have already had with some of the influential people in Abakpa, I do not think that there is any doubt that they will welcome such an innovation and will be quite prepared to pay a water rate for the privilege of having a pure supply.”²⁹ The Resident pressed on by indicating that the provincial engineer was able to take readings of the volume of water flowing from the various streams on the Bamenda plateau over a few years. The readings indicated that there was more than sufficient water at all times of the year to supply water to the administrative Station, the whole of Abakpa and the general hospital. The resident further pointed out that, the stream known as Voussa which flew over the cliff at the North-eastern end could supply all the needs of the people living down town below the escarpment throughout the year.³⁰

Regardless of the elaborate recommendations that were made by the Ag. Resident of the Bamenda province, the scheme was not approved entirely. It was only a Rural Water Supply scheme for Mankon-Abakpa that was approved by the Secretary for Development, Eastern Province Mr. Wetherell from the Regional allocation under the Colonial Development and Welfare Plan for urban water supply. This was because expenditure for such funds was not available.³¹ Water supply in Abakpa and the township in 1954 cost 3000pounds as estimated, but in 1956, the executive council approved 4000 pounds for water supplies, wells and village water points in Bamenda Division.³² Upon the construction and supply of pipe borne water in Bamenda and in respect of the Water Works Ordinance Order of 1956 as the date of commencement, annual levies in respect of every tenancy of water rates were demanded.³³ It was paid by the administrative services, the Bamenda prison and other components of the district area. The district officer for Bamenda was the appointed authority for the collection of water rates. The rates were for maintenance works, chlorination of the water tanks and other works on the supply. This practice continued until date as tenants of pipe borne water in Bamenda continue to pay water bills.

²⁴ RAB, File No. B.99/ Volume III, Annual Medical Sanitary Report 1993, p.9.

²⁵ NAB, File No. Rb(1940)2, Mamfe-Bamenda NA works Department monthly reports.

²⁶ Ibid.

²⁷ NAB, File No. Rd(1950)2, water Supply Bamenda.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² RAB, Nw/Se/a 1954.1, p.49.

³³ Ibid.

CONCLUSION

This study has demonstrated that, the German annexation of the coast and her eventual presence in Bamenda especially and the Bamenda Grassland at large marked the creation of the present Bamenda city. The establishment of the German military fort and administrative post at the top of the escarpment required the presence of colonial officials both during the German period and later during the British mandate and trusteeship eras. For the effective implantation of the colonial machinery, there was the need for the provision of basic social infrastructures within Bamenda. Though not of prime importance to the indigenes and for Bamenda in the context of the colonialists, these infrastructures however laid the necessary foundations for the present Bamenda town. Thus, there is no gain saying that colonialism instituted and accelerated the development of basic social infrastructures in Bamenda with the collaboration of the indigenes. However, it is difficult to refute the fact that development policies were adopted and implemented by the colonial administrations and therefore does not leaves much to be desired about the colonialists and the intended provision of basic of infrastructural development in Bamenda. Especially as the *raison d'être* for the piloting of the so-called development projects were due to challenges that the colonial administration faced in effectively establishing the colonial machinery. One is therefore tempted to conclude that infrastructural development in Bamenda within the colonial context was largely contingent as they were a means to an end, rather than an end in themselves.

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