



The Integrated Development Foundation

Our mission, work, and experiences in

Community Health

January 2011



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Integrated Development Foundation



The Integrated Development Foundation (IDF) is a development organization located in the North West region of Cameroon, dedicated to improving the lives of the marginalised in the North West Region.

IDF's main activities fall within the areas of:

- Local Economic Development
- Community Health
- Women Empowerment
- Child Rights
- Capacity Building with Grassroots Organizations

About Us

Visit us online at:

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We look forward to hearing from you!



Our History

IDF was founded by a group of friends in January 1994 (it was also legalized in that year) in Bamenda. They realized that many funders focused solely on field work as a factor of development success and ignored the importance of organizational management and governance. Although, IDF started out with management training programs, IDF decided to participate more in project development and supervision based on its reputation for being well governed and managed.

Goal: To undertake and carry out actions throughout the world that will help to strengthen the less privileged urban and rural female and male populations of Cameroon through an integrated and sustainable development.

Vision: "To reduce inequality and marginalization among the male and female population of the North West Region by 10% between 2010 and 2015"

Mission: "To empower the male and female population of the North West Region to be able to take part actively and democratically in the development of their community, socially and economically with guiding principles of team work, quality, equity and social justice.

Objectives:

- Promotion of solidarity in the defence of the rights and in the economy of the marginalized male and female population.
- Contribute to the success of the strategies and policies put in place by Government to combat the spray of HIV/AIDS in the Region.
- Implementation of activities that can contribute to the amelioration of the sanitary, social, economic and environmental well being of the target populations.
- Promotion of the civil society organizations in the management of public policy.

Target population:

People living with HIV/AIDS, orphans and vulnerable children, youths especially single adolescent mothers, village and quarter development associations, groups and co-operatives.

Area of intervention: Primarily in the North West Region and focussing on the Mezam, Menchum and Bui Divisions. IDF's head office is located in Bamenda.

Integrated Development Foundation Community Health - HIV and AIDS



HIV and AIDS in Cameroon



The North West region of Cameroon has the highest regional prevalence rate of HIV and AIDS at 8.7%. Within the region, certain subdivisions suffers from prevalence rates above ten percent, where the situation has been further aggravated due to the social acceptance and high incidence of polygamy, early marriages and early pregnancies.

The Cameroon Government has taken many HIV and AIDS strategies since 1983 after the first case was identified in 1981. This was done in different phases and IDF has been present and active since the second phase. The first phase included mass awareness campaigns aimed at educating the population about the existence of the HIV and AIDS pandemic. This phase failed to have an impact on the prevalence rate which continued to rise.

A second phase was introduced which included awareness raising campaigns ensuring the population was conscious and convinced that the disease exists in addition to informing them about healthy and responsible behaviour. Notwithstanding the numerous awareness campaigns by all the actors, the prevalence rate continued to increase.

With financial support from the International Development Association and the World Bank Group, the third phase was launched in the form of a Multi Sectorial Project. It involved empowering local rural and urban communities and councils using a participatory process to enable them to encourage, adopt and monitor behaviour changes pertaining to HIV and AIDS. Numerous actors including IDF were trained as actors to carry out this activity which involved carrying out community diagnoses and developing action plans. Unfortunately this approach was not sufficient to curb the rising prevalence rate .

The last and most recent phase was the introduction of the home-based care approach in Cameroon which offering a solution to the challenges of low hospital attendance, illness care being provided by untrained family and associates and low health facility capacities.

What is IDF's history and experience in this domain?

IDF has been active for over a decade working towards improving the quality of life of those living with HIV/AIDS, reducing the stigma associated with the disease, and sensitizing the population about positive living and preventive measures.

In Phase 2, IDF was active in carrying out awareness raising campaigns with school teachers and in communities in the north west region. In Phase 3, IDF continued in its fight against HIV and AIDS by being trained by the Regional Technical Group to carryout community diagnoses and to help local councils and communities develop HIV and AIDS action plans. In Phase 4, IDF was among the first organizations in the North West Region to join the government program focused on providing home-based care to people living with HIV and AIDS through home visits and using community volunteers.

Through its community health programs, IDF has supported more than 1500 orphans and vulnerable children at various education levels; provided psychosocial , economic and educational support to infected women through close collaboration with savings and loans cooperatives and the ILO, VSO, and CARE; and provided HIV and AIDS education campaigns in 89 villages and 60 secondary schools. IDF also supported 36 communities in developing local action plans to fight HIV.

Cameroon Key HIV and AIDS Statistics from UNAIDS

Cameroon 2010 Population estimates
- Total (10 regions): 19.4 million
- North West region: 1.8 million

Over 560,000 Cameroonians were considered to be people living with HIV and AIDS - 520,000 were adults above 15 years of age, 330,000 were women above 15 years and 31,000 were children.

The number of deaths due to HIV in 2007 was estimated at 39 000.

The number of orphans due to HIV in 2007 was estimated at 300 000.

The National Demographic Survey in 2004 identified national prevalence at 5.5%, that is 6.8% for women and 4.2% for men.

- Prevalence pregnant women: 7.57%
- Prevalence in age 15-49: 5.32%
- Prevalence in sex workers: 36.7%
- 79% of all HIV infections are in subjects less than 40 years

The prevalence rate in the North West Region in 2004 was set at 8.7%, this was broken down at 11.9% women and 5.2% for men.

In 2007, the number of people needing ARVs was estimated at 180 000, however the number of people receiving ARVs was 46 000. In March 2010, the number of people in the North West region receiving antiretroviral treatment was estimated to be 14 696.

- 22 % of HIV positive pregnant women are receiving ARVs



Raising awareness with villages

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Integrated Development Foundation Community Health - HIV and AIDS



Raising Awareness

Description: IDF in partner with GTZ, and DED carried out awareness campaigns and trainings with communities and teachers in various localities in the North West Region.



Raising awareness in villages about HIV/AIDS

Project Context: In 2001, part of the government's approach to dealing with the HIV and AIDS pandemic was to carry out awareness raising and informative campaigns. The goal of this was to ensure the population was conscious and convinced that the disease existed in addition to informing them about healthy and responsible behaviour.

Activities:

- Four month awareness campaign with GTZ in 78 villages in the Menchum Division in 2001 reached 9 000 people.
- Workshop carried out along with GTZ to train secondary school teachers of Menchum Division in April 2002. 142 teachers were trained on generalities of HIV and AIDS along with how to integrate information into their teaching.
- Workshop carried out in 2002 with DED to train teachers at the Presbyterian and Baptist Secondary schools in the North West and South West provinces. This workshop was held at the Bamenda Pastoral Centre and covered the topic of how to introduce HIV/AIDS in school curricula.
- A three day mass awareness campaigns in the Ndamukong quarter in Bamenda in October 2001 with the GTZ.
- Awareness campaigns with secondary school students in the Mezam and Menchum divisions in April 2002. Around 43 000 students were informed about HIV/AIDS in over 60 schools.



Furu Awa (one of the villages) was so remote IDF needed to take a helicopter

Results and Impacts



Awareness campaign in Furu Awa

Participants of the awareness campaigns and training sessions expressed satisfaction with IDF's work. Participants identified the following impacts: less stigma, more self-esteem, they have hope, they learned about HIV and AIDS.

Project Information

Budget: 29 332 000(Menchum)
Dates and Duration: 2001
Location: Menchum Division, North west and South West regions, Bamenda
Partners: GTZ and DED

Difficulties Faced

- It is difficult to mobilise youths who usually think they know enough.
- Carrying out awareness campaigns in villages requires advanced planning to deal with the possibility of bad roads, no electricity and poor telephone connections.
- Culture and previous awareness campaigns can severely influence the mindset of the population.

Lessons Learned

- Awareness campaigns are most effectively carried out at the local level.
- There still exists doubt on the efficiency of condoms.
- It is necessary to take the culture of the people into consideration when development awareness campaigns.

Way Forward/Recommendations

- It is important to train peer educators to ensure that continuous training can occur in remote locations.
- Documenting the experience is important for future campaigns as for the purposes of learning.
- Continuous knowledge reinforcement of facilitators is integral to informing the people with the most accurate information.



Raising awareness through sport

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Participatory Process to Develop Local Action Plans

Description: As set out in a contract with the then Provincial Technical Group, IDF was trained as a facilitator to carry out community diagnoses in the North West Region and to help the localities develop community action plans addressing the impacts HIV/AIDS in their areas.

Project Context: After the awareness campaign focused approach failed to yield tangible effects on the HIV/AIDS rate in Cameroon. The Government decided to pursue a participatory approach involving local councils and organizations in developing their own action plans to deal with the HIV/AIDS Crisis. The aim of this approach was to mobilize and involve the rural and urban population in the fight against the pandemic at the local level so as to stimulate, adopt and monitor behavioral change.

Activities:

- IDF trained 1140 persons selected by their communities in carrying out a participatory diagnosis of their communities, collecting data, acquiring knowledge about HIV/AIDS, identifying vulnerability determinants, and providing care to people living with HIV/AIDS.
- IDF guided the trainees in reflection on options and solutions to fight HIV/AIDS in their communities.
- 38 communities developed action plans to address HIV/AIDS.
- IDF supported the communities in setting up a local committee to fight AIDS in each area.
- IDF also provided support for communities to prepare applications for funding for community projects, in addition to putting in place simple management procedures and accounting systems.

Results and Impacts: This project resulted in the 38 communities setting up local committees to fight HIV/AIDS locally and to a better understanding and awareness of the pandemic in those communities. In addition, IDF supported the communities in the elaboration of the filing for legalization for their associations and in obtaining the legal documents to ensure official recognition of each association. As a result of her efforts, IDF was nominated to be the NGO representative on the Provincial Committee of Fight against HIV/AIDS.

Project Information

Budget: 11.4 million francs CFA
Dates and Duration: 2002 to 2005
Location: 38 communities in the North West Region
Partners: International Development, World Bank Group, Provincial Technical Group and local councils

Lessons Learned

- Having people living with HIV/AIDS testify about their experience encourages people to declare and accept their status with ease and to wipe away stigma.
- In many rural communities people have few alternatives to drinking and sex to fill their free time which puts them at risk of HIV/AIDS.

Testimonies from participants:

"I never knew that using one blade on more than one patient was exposing my patients to HIV/AIDS if one person is infected, this workshop taught me a lot."

- Traditional Doctor

"I never knew that giving my baby to another woman who is infected with HIV to breastfeed can contaminate my baby."

- Nursing mother

"I was very ignorant about HIV/AIDS but after this workshop I will take an HIV test and also convinces others to take the test."

- Student



Developing local action plans



Mapping out communities and issues

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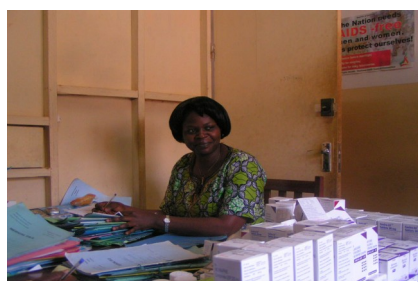


Home Based Care

Description: Home Based Care (HBC) provides comprehensive services in the home, including health and social services by formal and informal caregivers. HBC includes psychological, palliative and spiritual activities. IDF's role was to provide community relay agents (CRAs) who visit clients in their homes as well as to supervise the community work and act as a link between the community and the day hospital.

Project Context: In 2005 HBC was chosen by the Government as the latest approach to effectively combat HIV/AIDS and its impact since the first approaches did not yield significant impacts on the prevalence rate. IDF was selected through a competitive process in 2006 as the NGO to support the implementation of home based care in the North West Region.

Activities: CRAs were intended to carry out work in both the treatment centres as well as the community. Some of their activities were to include informing the community about health services offered at the treatment centre, carrying out home visits providing care and support, promoting family and community awareness of HIV and other diseases to increase prevention and reduce stigma, make referrals of clients to health units and social facilities, and empower clients in self care and positive living.



CRA working in pharmacy

However, due to a shortage of staff in the treatment centres CRAs carried out a variety of other activities in the treatment centres such as sorting files, registering and weighing clients, helping clients with the collection of drugs, assisting in giving out Bactrim, providing pre and post counselling to clients and positive clients, assisting disabled clients get around the treatment centre, giving information sessions and giving free testimonies.

Results and Impacts: The initial HBC program was able to reach on average over 7500 people living with HIV and AIDS each month and provided services such as carrying out prevention sessions, nutritional counseling sessions, therapeutic education sessions, educational talks, follow ups with patients, field visits, referrals, and pre and post test counseling.

There were a number of strengths that were identified in the HBC program. First, the practical talks and testimonies were seen to be quite effective as a practical, participatory approach to information about HIV. Second, CRAs were very helpful to the hospital staff in keeping clients arranged in the hall and helped maintain the smooth function of staff activities. Lastly, CRAs helped reduce the waiting time and enabled the provision of faster services.

A number of weaknesses were also identified and were seen to be significant impediments to continuing the program as it was initially conceived. First, there was no referral system in existence and community clients sent referred by CRAs did not get special treatment at the centres. Secondly, the activities in the community were criticized to be little given that CRAs spent more time at the treatment centres than on home visits. Lastly, the lags in the allowance system made it difficult for CRAs to travel for field work.

Project Information

Budget: 150000 francs CFA (per month for 36 months from MINSANTE) 150000 francs CFA (per month for 4 months from CARE)

Dates and Duration: 2006 to 2009

Location: Bamenda

Partners: MINSANTE, CARE

What is Home Based Care?

An approach that combines clinical services, nursing care, counseling and psycho spiritual care, and social support. It represents a continuum of care, from the health facility to the community, to the family, to the individual infected with HIV / AIDS, and back again. It includes the care given to sick and affected in their own homes and extends from the hospital or health facility to their home through family participation and community involvement. This is a collaborative effort between hospital, family and community. It include component such as physical, psychological and spiritual support.

Difficulties Faced

The initial Home-Based Care program had some weaknesses: in addition to those mentioned (on the left) the field work activity was not effectively performed and the area to cover by each CRAs was very large.

Way Forward/Recommendations

In light of the weaknesses in the HBC project as it was initially conceived, and the difficulties faced, IDF proposed an improved system. The new system involved using the services of well trained Community Volunteers (CVs) living in various quarters in order to deliver proximity and quality services to the clients.

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Developing a New Approach to Home Based Care

Project Context: The initial Home Based Care (HBC) program which was implemented in 2006 has a number of flaws, therefore in order to improve the quality of services received, IDF developed a new approach to the HBC program with the support of VSO.

Activities: Before the new approach to HBC was implemented IDF undertook a number of activities to ensure that it was well thought out and that the actors were well trained.

Given that the initial HBC program area of intervention was too large to be manageable, IDF carried out a mapping exercise to set a new area of intervention. In addition to setting the area of intervention, IDF also identified the relevant clients by going through client files from 2004 to 2008 at the Day Hospital and sorting out all the clients by quarter within IDF's area of intervention. This helped to determine the concentration of clients per quarter.



Community Volunteer Orientation

One of the weaknesses of the initial HBC program was that CRAs did not have enough time to spend on home visits, therefore IDF decided that there should be community volunteers who take on the home visit responsibility so the CRAs could continue their work in the treatment centres which was their strength. IDF identified community volunteers (CVs) with the help of Quarter heads, leaders of Associations of People Living with HIV and AIDS, and Support Groups and CRAs. The selection criteria used was based on their experience in HIV/AIDS and their ability to communicate.

The CVs were trained with technical assistance from VSO. Training for CVs is a continuous process since they cannot acquire all the knowledge and skills for effective Home Based Care in one training session. Monthly meetings include trainings, and trainings on specific topics are also carried out throughout the year.

In order to ensure that the quality of activities are consistent between and across CVs and clients, as well as to ensure that the objectives of the program are being met, IDF developed a monitoring and evaluation system with the support of VSO. This system ensures that the CVs record their activities and their impacts with their clients, thereby providing data for concrete analysis of the program impacts.



Swearing In Ceremony with CVs

The new approach received the approval of the Ministry of Public Health through the Regional Delegation of Public Health in Bamenda in April 2009 after extensive meetings. The event was launched with the Swearing-In ceremony of the CVs. After speeches by the Regional Delegation of Public Health, VSO, IDF

and other stakeholders, the CVs declared in the presence of all those present their readiness to work within the norms and principles laid down governing the programme.

Project Information

Budget: Financed internally

Dates and Duration: 2009

Location: Bamenda

Partners: VSO

Advantages of the new system:

- CVs are able to carry out frequent home visits with the clients due to their close proximity which will result in the possible increase in drug adherence, and reduce stigmatisation.
- Provision of effective and quality services to people living with HIV and AIDS as well as preventive education that will reduce discrimination and stigmatisation.
- Strengthened collaboration and partnership between community base services, Day Hospital and in-patient care.



Officials at Swearing in Ceremony

The Regional Delegate of Public Health praised IDF's work and initiative by saying "[IDF and its staff] are not only performant, they have stood the test of time and they have values of sustainability...If I had money I will pump into IDF. It is an opportunity and the right place for this to start and we have to throw our weight on this project. As the old doors are closing this is one of the new doors opening and we should be able to get in through it. And that if we focus on it, it will produce results that will serve into scaling up. I see it going very far, not only at the level of Bamenda, regional level, national level but even at the international level".

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The New Home Based Care Program

Description: The New Home Based Care (HBC) provides comprehensive services in the home, including health and social services by formal and informal caregivers. HBC includes psychological, palliative and spiritual activities. HBC is carried out by Community Volunteers (CVs) and Community Relay Agents (CRAs)

Project Context: After her experience with the initial HBC program developed by the government, IDF proposed a new system to address some of the difficulties that existed in the old system. Given that the role of a HBC program is to build a link between the community and Health Services, IDF's proposed system involved the community substantially. CVs were chosen within the quarters in the area of intervention and were paired with clients in those quarters to facilitate the ease of carrying out home visits. CRAs continued working both at the treatment centres and in the community but focused predominantly on improving the services at the treatment centres.



Community Volunteers for the HBC program

Activities: Under the new HBC program the following activities were carried out by CVs:



CV meeting with IDF staff

- Counseling
- Care and support
- Raising awareness with community members and clients on issues such as prevention and transmission of HIV
- Training family members on home based care
- Ensuring drug therapy adherence

CRAs carried out the following activities:

- Referring HIV clients to a community volunteer for follow-up
- Providing support to clients who need to visit the hospital
- Carrying out home visits to follow up hospital visits

IDF carried out the following activities:

- Coordinating monthly meetings for CVs
- Organizing training for CVs on malaria and prevention of mother to child transmission of HIV

Results and Impacts: The new HBC program has yielded positive results and has carried out a number of activities. As of August 2010, after 6 months of the program, over 1000 people had been reached through the work of the community volunteers and the relay agents. In November 2010, 118 people were identified as clients in the home based care program and received food baskets as part of IDF's World AIDS Day activities.

Project Information

Budget: 2 million CFA (VSO 2010)
Dates and Duration: 2006
Location: Bamenda
Partners: MINSANTE, VSO, DED, CARE

Difficulties Faced

The HBC program was suspended by the Cameroon government in 2010 due to budget constraints. This however, did not stop IDF from continuing its HBC activities. IDF recognized that the hospital staff would be overburdened and understaffed without the support from CRAs and CVs in this domain. Therefore IDF placed an international DED volunteer with the CTA to assist with filling three days a week over three months. IDF also encouraged CVs and CRAs to continue their work on a voluntary basis. CARE Cameroon provided 3.5 months of interim funding.

Lessons Learned

- Community volunteering on HIV/AIDS is welcomed by all the stakeholders involved in the fight against HIV/AIDS.
- Community home based care is the right way of mitigating the impact of the pandemic.
- No action can work properly if all the actors do not work hand in hand with the Government services.
- RDPH is at the centre of the process playing a role of technical adviser and backstopping.
- Civil society organizations are appreciated and valued by the RDPH.

Way Forward/Recommendations

IDF continues to strive towards building links between the health facilities and the community. IDF, with the support of VSO, is working on strengthening the relationship with the RDPH in order to work towards improving the quality of services clients.

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Integrated Development Foundation Community Health



Support to Orphans and Vulnerable Children with the Government of Cameroon

Description

With over 785,000 children in the north west region, many of IDF's beneficiaries are children. In 2006, IDF started working with the Ministry of Public Health (MINSANTE) and Plan Cameroon in the context of providing support to over 250 Orphans and Vulnerable Children (OVC) in the Menchum division.

Project Context

With MINSANTE and Plan, IDF carried out extensive research examining orphans and vulnerable children including their location, the factors which affect their vulnerability, their needs and the respect of their safety and rights. During an action research activity carried out by IDF in Menchum Division as a part of its work with the Government and Plan, more than 5,700 orphans and vulnerable children were identified. After undertaking the research to identify the OVCs, IDF helped the government in carrying out support and care activities.

Activities

Some of the activities carried out with the help of MINSANTE included providing:

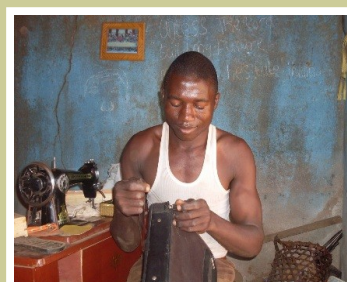
- Psychosocial support like counseling to children and to families or caregivers
- Education and training through the sponsorship of children in schools and vocational training and life skills development
- Nutrition education to children and their caregivers
- Medical issue awareness to ensure adherence to drug regimens prescribed at the hospitals
- Legal support to help link children with legal departments and human rights organizations and to help them obtain a birth certificate
- Economic empowerment for sustainability to caregivers through income generating activities
- Advocacy training to empower persons to fight for themselves and their rights
- Material support for necessities such as clothing, shoes etc

Results and Impacts

Through the provision of care and support to OVCs and their caregivers, families were encouraged to accept children who had lost their parents, and acceptance of HIV and AIDS was instilled in some people.



OVCs at school



An OVC learns a vocational trade thanks to support from IDF and the Government

Project Information

Budget: 3 803 750 francs
CFA(2007)

Dates and Duration: 2006 - 2009

Location:

Partners: Government of Cameroon (MINSANTE), Plan Cameroon

Volunteer Services Overseas (VSO) also helps OVCs

In 2009, recognizing that OVCs were significantly impacted by the HIV and AIDS pandemic, VSO started supporting IDF through capacity building in the area of HIV and AIDS. Through short term and long term international volunteer placements with IDF and small grants, VSO has helped IDF to build up the skills and knowledge of its community volunteers working with OVCs.

In 2010, OVCs were identified as a target group in the five year partnership agreement that was signed between IDF and VSO.



Visiting schools in Wum and supporting OVCs



Supporting OVCs

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Support to Orphans and Vulnerable Children with CARE

Description: In the framework of support to OVC, CARE Cameroon provided nutritional, educational and hygienic item support to children in Wum Central, Fungom and Mechum Valley sub divisions. IDF was the local based NGO that assisted with the delivery of the support.



Distributing school items to OVCs

Project Context: The HIV and AIDS pandemic has had many negative impacts on the North West region, one of the most significant impacts is the increased number of orphans and vulnerable children. The government provided care and support to these children until 2009 when funding was significantly reduced. In an effort to ensure the continued wellbeing of these children, CARE Cameroon with technical assistance from IDF (responsible to coordinate the deliveries) decided to provide Educational, Nutritional and Hygienic support to 430 OVC in Wum Central, Fungom, and Menchum valley selected using laid down criteria.



Rice being distributed to OVCs and their families in Wum

Activities: In December 2009, CARE provided nutritional support for OVCs and IDF delivered Rice, Beans and Groundnut Oil to promote healthy nutritional habits. IN May and June 2010, CARE provided educational and hygienic support consisting of exercise books, erasers, sharpeners, rulers, pencils, pens, arm boards, school bags, soap, toothbrush and toothpaste.

Results and Impacts:

- 343 orphans and vulnerable children in Wum received nutritional support.
- 430 orphans and vulnerable children in Wum received educational and hygienic support.
- The activities were carried out in an effort to promote healthy living and improved on the literacy level of the beneficiaries.
- The exercise was a commendable one. Children who benefited and their family will at least be able to eat good food thanks to the support.
- CARE should continue with the good work that they have been doing in trying to change as many lives as possible for the better.



OVCs collecting educational support items

Project Information

Budget: 1 200 000 francs CFA

Dates and Duration:

December 2009 (nutritional support)

May to June 2010 (educational and hygienic Support)

Location: Wum

Partners: CARE

Difficulties Faced

- More logistical organize needs to carried out to reduce unnecessary and excessive travel time, this will also help to ensure that the schedule of events is respected.
- Some parents or guardians do not have Identity Card and someone else had to sign for the collection of food for their children.
- Beneficiaries and stakeholders were not consulted on the nature of support.

Lessons Learned

- Due to the fact that beneficiaries were not consulted on the nature of support, other items were identified as higher priority such as payment of school fees.
- The physical presence of local authorities was a very good indicator of how important an exercise of this nature is.
- Technical preparation is a core to permit fast, accurate and easy results/output.

Way Forward/Recommendations

- During subsequent exercises like this, beneficiaries and all stakeholders should be consulted at the preparatory phase especially when determining what type of support should be given.
- Improved relation should be encouraged between CARE and the partner organization during subsequent exercises.

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World AIDS Day

Description: Since 1st December 2001 IDF has been participating actively in World AIDS Day activities in collaboration with the Regional Technical Group (RTG) and the co-sponsorship of VSO. IDF usually organized activities to promote awareness about HIV and AIDS as well as activities to support people living with HIV and AIDS.



IDF on World AIDS Day 2009



IDF Information Stand with the Governor

Project Context: Started on 1st December 1988, World AIDS Day is about raising money, increasing awareness, fighting prejudice and improving education. World AIDS Day is important in reminding people that HIV has not gone away, and that there are many things still to be done.

Activities: IDF has carried out activities in both Bamenda and Wum including:

- Descriptive stand: An information stand provides a background on IDF and its experiences in the domain of HIV and AIDS. This helps publicize IDF and its programs and bring it recognition.
- Information sessions to the public including presentations to the military.
- Posters and brochures: These are used as another way to raise awareness about the work IDF carries out in the area of HIV and AIDS as well as raises awareness among the population generally.
- Condom demonstrations: In order to educate people on how to use condoms correctly, IDF staff and volunteers carry out demonstrations using props.
- Public Testimonies: People living with HIV and AIDS speak publically about the disease and positive living as well as the impact IDF and its programs have had on their lives.
- Home Visits: Community volunteers and Community Relay Agents visit the homes of some of the most poor people living with HIV and AIDS and provide counseling support and cleaning services.



IDF Volunteers in Wum



18 year old OVC in Wum testifying about being a virgin

Project Information

Budget: 393 500 CFA (VSO 2010)

Dates and Duration: December 1

Location: Bamenda and Wum

Partners: VSO, RTG



World AIDS day in 2004

Lessons Learned

- Public testimonies are effective at moving the audience.
- The presence of heads of services indicate the value that they attach to HIV and AIDS.

Way Forward/Recommendations

- Early preparation is important, IDF should have up to date reference materials which can be used to create quick brochures and posters.
- Try to distribute food baskets on same day as world aids day activities as another way to raise awareness.
- Search for funding from sources other than VSO, reduce funding dependency on VSO.



Condom demonstrations on World AIDS Day



Volunteers helping clean the homes of people living with HIV

Results and Impacts: IDF consistently gets positive feedback on its World AIDS day activities from its staff, its community volunteers, the regional technical group and beneficiaries. IDF distributes condoms and brochures to ensure that the information about HIV and AIDS as well as IDF and its programs is spread to the community.

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AIDS Awareness with the Military

Description: The 2004 World AIDS Day theme was “Women, girls and HIV/AIDS”. In line with this theme, IDF carried out an awareness campaign with female military officers.

Project Context: Women are generally more vulnerable to HIV and AIDS and often the female population has a higher prevalence rate. Biologically women are twice more likely to become infected with HIV through unprotected intercourse than men. In many countries women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex. Women are put further at risk due to factors such as female genital mutilation, sexual harassment, violence against women and a lack of financial autonomy.



The female military learns about HIV and AIDS

Activities: IDF organized a presentation to the female military in Bamenda. Over 36 participants attended and included the colonel commander and the colonel of the hospital. Topics covered in the presentation included:

- What HIV and AIDS are? How they are transmitted?
- How HIV and AIDS can disproportionately impact women and girls?
- Preventive measures and practices.



IDF staff talks with the military about HIV

After the presentation, the female military participated in the parade through Bamenda. This walk was an opportunity for the military to show the public that the military was combating HIV and AIDS. After the parade there was also a volleyball match.

Results and Impacts: The participants indicated that they learned a lot about HIV and AIDS. The military has a large presence in Bamenda and it was important for it to show that it supports the fight against HIV and AIDS.

Project Information

Budget:

Dates and Duration: November and December 2004

Location: Bamenda

Partners: Provincial Technical Group

Difficulties Faced

- It was difficult to get time on the radio to discuss HIV and AIDS.

Lessons Learned

- The female military is interested and determined to reduce the rate of HIV and AIDS in the north west province.
- Despite the discussion on HIV and AIDS, less than 10 of the participants identified herself as someone who uses a condom during intercourse.

Way Forward

- Further work with military will continue to enhance their awareness about HIV and AIDS.



Ensuring that the military is aware about HIV/AIDS



Volleyball game with the military in Bamenda to raise awareness about HIV and AIDS

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Integrated Development Foundation Community Health



Food Baskets to People Living with HIV and AIDS

Description: To reinforce the counseling on proper nutrition the clients living with HIV and AIDS receive from community volunteers, IDF distributes food baskets once a year. This project promotes good feeding habits.

Project Context:

HIV and nutrition are intimately linked. HIV infection can lead to malnutrition, while poor diet can in turn speed the disease's progress. Because HIV and nutrition are so strongly linked, nutritional assistance plays a critical role in comprehensive care and support for people living with HIV and AIDS.

This may take the form of nutritional assessment, counselling, or food provision. Nutritional interventions can help manage symptoms, promote response to medical treatment, slow progression of the disease, and increase the quality of life by improving daily functioning.

In recognition of the link between HIV and nutrition, in 2009 IDF started delivering food baskets to people living with HIV and AIDS in Bamenda.

Activities:

- Food baskets containing food items such as rice, oil, milk and beans were put together by IDF staff.
- In 2009, 76 people living with HIV and AIDS were identified for the project through the community volunteers and the community relay agents. In 2010, this number increased to 118 beneficiaries.
- The food baskets were distributed at the British Council Hall and the event was presided over by the Regional Technical Group and the Regional Delegation of Social Affairs.

Results and Impacts: The clients who receive the food baskets are always very thankful and appreciative. The Regional Technical Group Director was very supportive of the project and highly commended IDF for its work with people living with HIV and AIDS and its role in the fight against the disease.



Project Information

Budget: 400 000 CFA (VSO 2010)

Dates and Duration: Annual event started in 2009

Location: Bamenda

Partners: VSO

Difficulties Faced

- Some of the recipients do not show up to collect their basket which requires CVs to carry out additional work to deliver the unclaimed baskets.
- CVs complained due to the fact that they carried out a lot of work such as informing all the recipients about the event but were not reimbursed.

Lessons Learned

- The MINAS and RTG were represented by the Delegate and the Regional Coordinator demonstrating the degree of importance they attach to the program.
- More than 90% of those invited respected the invitation and fully participated till the end of the program. This shows how dedicated and hard working the community volunteers are.

Way Forward/Recommendations

- The announced times should be adhered to in future food basket events.
- Stakeholders should be consulted on what activity to include during the planning phase.



VSO volunteer helping to distribute baskets in 2010



RTG director visiting the 2010 food basket delivery ceremony



IDF staff speaking at the 2010 Food Basket Distribution

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Integrated Development Foundation Community Health Partnership



Past and Present VSO Volunteers



Enid Birungi (Uganda) was a volunteer at IDF from September 2009 to July 2010. She was involved in the implementation of a monitoring and evaluation system and contributing to the elaboration of the IDF gender policy.



Catherine Shih (Canada) was an organizational development advisor with IDF from April 2010 to July 2011. She worked on activities including project proposal development, setting up an income generating activity, developing a website, and developing and implementing an information management system.

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Voluntary Service Overseas

VSO is the world's leading independent international development organisation that works through volunteers to fight poverty in developing countries. IDF and VSO started working together in the early 2000s.



5 Year Partnership Agreement

On April 8th 2010, IDF and VSO held a partnership meeting to identify the long term objectives of the partnership. This meeting covered a timeline of the VSO-IDF relationship, identification of areas of strategy, prioritization of activities and next steps. The agreement was signed officially on YYYY and will end on March 31, 2015. This partnership agreement commits to improving the quality of life for 500 people living with HIV and 400 children affected by AIDS in Mezam and Wum Divisions.

Visit with VSO Country Director

In March 2010, the VSO Country Director visited IDF in order to learn more about IDF and its programs and to discuss issues facing IDF in the context of its work. This meeting was highly productive and left the new country director feeling more informed about IDF's work. IDF hopes to have more opportunities to meet with VSO's country director.



VSO Country Director Visits IDF

Visit with VSO Programme Officer

In November 2010, IDF and the new Programme Development Officer (PDO) for the HIV and AIDS Programme in VSO met to discuss the way forward in the 5 year partnership. This meeting served as not only an informal introduction to IDF for the new PO but also as an opportunity to discuss future volunteer placements and funding.



Visit with VSO's HIV and AIDS Programme Officer

Integrated Development Foundation Community Health Partnership



Capacity Building with IDF Staff on Writing Grant Proposals

Being able to write successful grant proposals is important for any organization. VSO volunteers have been integral in empowering IDF staff with the skills to write proposals and letters of intent. Volunteers have also helped IDF develop training manuals, grant templates and potential funder lists to facilitate the writing of grants.



Catherine carries out a training on writing grant proposals and letters of intent

Monitoring and Evaluation (M&E)

With the help of VSO, IDF has invested a lot of time and effort into developing a monitoring and evaluation system to measure and ensure the continued impacts of its programs, particularly its HIV programs. A long term volunteer was placed with IDF to help develop the forms for tracking the data from IDF projects. M&E was also identified as a priority in its partnership agreement. IDF's M&E system is a work in progress and IDF is continually taking steps to improve it. The use and knowledge of EPI Info is an important tool in facilitating the success of IDF's M&E.



Enid carries out a training on M&E

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Activities with Voluntary Service Overseas

With the support of VSO, IDF has been able to carry out a number of activities including but not limited to:



- Participating in international days such as World AIDS Day and International Women's day
- Empowering community volunteers in areas such as malaria and prevention of mother to child transmission of HIV and AIDS
- Developing an information management system for hard copy resources (IDF library)
- Developing publicity materials for IDF and putting in place a website - www.idfbamenda.wordpress.com
- Participating in knowledge exchanges
- Attending workshops and capacity building sessions on topics such as mainstreaming gender,
- Developing a monitoring and evaluation system for IDF's projects and becoming proficient in Epi Info for data collection and analysis
- Gaining knowledge/skills in report writing, documentation & capitalisa-

Mainstreaming Gender

In 2010 one of VSO's focuses was mainstreaming gender. It carried out a gender sensitivity training workshop with all of its partners including IDF. As a result of this training IDF decided to mainstream gender sensitivity into its work by elaborating and implementing a gender policy and updating its existing policies to be gender sensitive. This policy was implemented in July 2010.



Elaborating IDF's Gender Policy



Epi Info Training at IDF

Epi Info Training

Epi Info is a statistical analysis program created by the Centre for Disease Control in the United States. This software enables organizations to analyze their epidemiological impacts and outcomes. In December 2010, and the first quarter of 2011, IDF staff and volunteers were trained on the use and application of EPI Info. This training was designed to facilitate the collection of data and the analysis and interpretation of collected data in the framework of monitoring and evaluating IDF's projects.

Building Capacity of Community Volunteers (CV)



Monthly CV meeting at IDF

IDF uses CVs to carry out a lot of its home based care and orphans and vulnerable children program. VSO provides support for capacity building with these CVs. With VSO support, IDF has been able to empower its CVs in areas such as malaria, prevention of mother to child transmission of HIV, proper nutrition, and drug adherence. CVs attend monthly meetings which include a capacity building component.



The Integrated Development Foundation

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