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SENSITIZATION CAMPAIGN ON STI/HIV/AIDS IN THE  
MENCHUM DIVISION NORTH WEST REGION CAMEROON  
FROM 2ND OF JUNE TO THE 4TH OF SEPTEMBER 2001

## **SUMMARY REPORT**

September 2001

Urban and Rural Animation, Participative Research Action, Feasibility Studies, Diagnostic,  
Training

## **Introduction**

In partnership with GTZ, IDF carried out a sensitization campaign on sexually transmitted infection (STI), HIV and AIDS in Menchum Division North West Region from 2nd of June to 4th of September 2001.

Menchum Division with its capital Wum is made up of four sub-divisions with a population of 134 906 inhabitants. Its relief is rich enough to even been exploited in the production of electricity. The climate differs; cold in the highlands and heat in the plains. The populations mostly live of food farming, commercial trees, fishing, local drafts and cattle rearing. There are some social infrastructures but the divisional roads are very poor, slippery terrain rendering them impracticable during the raining season. There are a few numbers, poor equipped and not easily accessible health centers, which encourages the consultation of native doctors.

Sexually transmitted diseases are very common due to bad sexual behaviors, ignorance regarding AIDS, STI and the use of condom. Because of this as shown in the statistics, the rate of the spread of AIDS, unwanted pregnancies among teenager is high; so is the number of orphans, lonely parents because of AIDS an its killing effects. However, there was no sensitization campaign. Aware of it, GTZ had supported IDF to sensitize the whole population, deep inside in the villages with difficult access.

## **Background of the sensitization campaign.**

During one of its intervention in the Menchum division under the framework of a program to reinforce the capacity of rice grower of rural organizations developed by the Ministry of Agriculture, IDF realized that when these people earn more money, they think only of getting more sexual partners. That sexual behavior is the reason of the rapid increasing rate of STI/HIV/AIDS. That inclined IDF to take deep actions and to look for GTZ help in order to integrate sensitizations among its program for these farmers and the whole Menchum division.

## **Strategic Intervention used**

### a) Preparatory phase

In order to have the location of all the villages in Menchum Division, they had to contact Administrative authorities and technical services for collection of all useful data concerning the Division.

### b) Matching the information

The information received helped to create the most recent map of Menchum Division in which all the villages, towns, head offices, roads, health centers and the sub-divisions' boundaries were reproduced.

The map helped to produce a detailed program distributed according to the villages of the four sub-divisions.

c) Final meeting with GTZ

After having elaborated the action plan, IDF sent the information to GTZ who on his part validated the program, signed the contract to take off the project.

## **Sensitization campaign proper**

It was done following the pattern given by GTZ with some modification from IDF in each village of the four sub-divisions: Menchum Valley (18 villages/19 sessions); Wum Central (24 villages/27 sessions); Fungom (21 villages/21 sessions); Furu-awa (15 villages/16 sessions). Each session has seven steps:

- ❖ Step 1, the content.
  - There, the resource person who generally introduced the session will start by given right information concerning AIDS; the difference between a HIV carrier person and an AIDS patient. The common mode of transmission which is through sex; the rapid rate of contamination, 15 000 people every day world wide. Since there is neither cure nor vaccine, only anti-retroviral drugs to prolong the life, prevention is the only ways to escape, by being faithful to one partner, abstain if not married or at least use condoms; for mother to child transmission, it has been explained that the mother has to be followed up in the hospital during the pregnancy and not give breast to the child. STI were known even if people did not know more about AIDS.
- ❖ Step 2, Questions and answers session
  - There, the participants were allowed to ask any kind of questions to get the right information. Generally, the questions were based on the use of condoms, sexual practices, transmission of HIV/AIDS, treatment of AIDS, the right of an HIV carrier, the care of AIDS patients, the origin of AIDS, family sexual life and some general questions like “what can we do to people who have the germ and yet go around spreading it”.
- ❖ Step 3: testimonies from people living with HIV
  - Among the team for the sensitization, were some HIV carriers who gave personal experience in their testimonies and even advise to not reject people who are HIV carrier. In some village, people sympathized with them till the extent of crying; but in others, more among the young, people were saying they have being paid for that and were just lying.
- ❖ Step 4: Demonstration on how to use the condom

- This session was also participative since people were asked among the crowd to come and show how to use the condom. After, people were shown how to properly use the condom and verify the quality is good. Generally, many people were interested by that session a part of some villages where women were ashamed and even covered their faces.
- ❖ Step 5: Distribution of materials on AIDS to the population
  - Condoms, brochures related to HIV/AIDS/STI were distributed after each session to the population. So, materials distributed in Menchum Valley was 3720; 4685 in Wum central; 3962 in Fungom; 3221 in Furu-awa; which makes a total of 15588.
- ❖ Step 6: informal discussions
  - All kind of questions were asked and discussed.
- ❖ Steps 7: food
  - Food was shared with the village.

## **Results obtained, analysis and comments**

The results were at the image of the preparation, motivation and the dynamism which motivated the whole team. In short, the success varied from 104% to 127%; more sessions, more participants than expected; more villages covered than expected.

## **Lesson learned**

Before reaching the villages, a good contact with the local authorities is useful and advisable to gather the population. It is also important to be aware of their culture to not find in trouble because of misunderstandings; also it will help to know how to reach and touch the whole population i.e. men, women and youth.

## **Difficulties encountered**

- Difficult terrain  
Once the whole team met with an accident because of the slippery road.
- The sensitization made by the Baptist church made it difficult to explain the use of condom; people were just pretending, while in fact they really needed it.
- At time there were no food at all even to buy.
- The need of interpreters since the target population was illiterate.

## **Ways forward**

- More sensitization should be done in that area and world wide;

- Video reportage has to be done in order to make know to all the situation so as to incline to actions.
- Deepen knowledge on some of their cultural behavior so as to reduce the impact.
- Repeat the experience so as to validate and capitalize the methodology.

## **Conclusion**

Being a pilot project, the whole sensitization has been a success and need to be evaluated so as to strengthen the method applied.