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IMPROVEMENT OF THE HEALTH OF THE POPULATION OF NGAMBÉ-TIKAR, IN THE CENTER PROVINCE OF CAMEROON

NAVTI Foundation Canada

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INTRODUCTION

The fight against HIV-AIDS is a very strong issue these days and many are the means employed to overcome this social scourge. However, despite these means, it seems that the AIDS virus continues to grow worldwide.

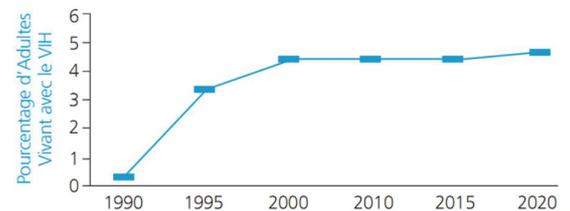
In Cameroon, in 2009, the prevalence rate was 5.1% and thus remains still high in 2010; 7 300 babies were born HIV-positive because of the mother to child transmission, 7 youth HIV-positive aged between 15 and 24 on 10 (70%) are young women.

Regarding forecasts, the National Committee for the Fight against AIDS in Cameroon foresees that the impact of AIDS in 2020 will continue to be significant (see diagram below) and that the number of orphans under 18 years old with AIDS will reach 349 000.

NAVTI Foundation Canada presents throughout this document, its HIV / AIDS and health care project in the Ngambé-Tikar region in Cameroon.

Figure 1: Prevalence of HIV among adults

Prévalence du VIH parmi les adultes, 15-49 ans, 1990-2020



Source: Projections du Modèle d'Impact du SIDA pour le Cameroun, 2010

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ESTIMATED BUDGET

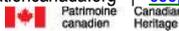
| BUDGET CATEGORY | DESCRIPTON OF ITEMS | NUMBER | UNIT PRICE | TOTAL |
|---|---|--------|------------|----------|
| EQUIPMENTS | Construction of a health center and consultation | 1 | 20 000\$ | 20 000\$ |
| | Electricity generator | 1 | 2 000\$ | 2 000\$ |
| MATERIALS | Educational materials on HIV/AIDS | 1 | 3 000\$ | 3 000\$ |
| TRAINING AND WORKSHOPS ON HIV/AIDS PREVENTION | Awareness and training from nearby schools and villages | 20 | 200\$ | 4 000\$ |
| TRANSPORT | Ambulance | 1 | 14 000\$ | 14 000\$ |
| STAFF | Local employees | 2 | 2 400\$ | 4 800\$ |
| TOTAL | | | | 50 800\$ |
| ADMINISTRATIVE FEES | | | | 2 200\$ |
| GRAND TOTAL | | | | 53 000\$ |

FORECAST DIVISION OF BUDGET

| DONORS/SPONSORS | AMOUNT | CUMULATIVE | PERCENTAGE | Pending | Confirmed |
|-------------------------------------|------------------|------------------|------------------|---------|-----------|
| Fondation internationale Roncalli | 12 824\$ | - | 24% | | X |
| La Korrigane – Brasserie artisanale | 1 323,75\$ | 14 147,75\$ | 2% | | X |
| To be determined | To be determined | To be determined | To be determined | | |
| To be determined | To be determined | To be determined | To be determined | | |
| To be determined | To be determined | To be determined | To be determined | | |
| TOTAL | 53 000\$ | 53 000\$ | 100% | | |

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1. Context and justification of the initiative

1.1 A general observation on HIV/AIDS

When the first case of a human retrovirus is discovered in the US in 1980, no one seemed ready to measure the magnitude of the rapid development and the impact of this discovery on the world. No one seemed to understand the importance of the means that would be used to fight against this scourge. For example, we were estimating the amount of 14.9 billion dollars for the actual costs related to the fight against HIV/AIDS in 2006, the amount of 18.1 billion for 2007 and the amount of 22.1 billion for 2008. However, in 2010, we recorded a total of 60 million people infected since the epidemic began and more than 30 million people died for reasons related to AIDS.

Today, after more than 25 years of fighting, it seems that the number of AIDS infections stabilized worldwide, according to the latest UNAIDS report (2010). The number of people living with HIV worldwide fell from 36.1 million in 2000 to 33,300,000 in 2009. However, we are still registering nearly 2.6 million new infections and 1.8 million deaths due to AIDS.

Sub-Saharan Africa remains the most affected region by the epidemic. Although, between 2001 and 2009, HIV incidence has decreased by over 25%, we are identifying there the major part of all new HIV infections, nearly 69%. This region is regrouping almost two thirds of the world's HIV-positive and AIDS patients and we are estimating at 1.8 million, the number of people infected in 2009, which is far less than the estimated number of 2.2 million people newly infected HIV in 2001. This trend reflects on a combination of several factors among which the impact of prevention efforts to HIV/AIDS.

According to UNAIDS (2010), the change in behavior is the main cause of promising decline in the number of new infections in sub-Saharan Africa. The significant decrease in the incidence of HIV/ AIDS is associated with a positive trend of major behavioral indicators, including the increase use of the condom, the rising age of first sexual intercourse and the decline the number of people with multiple partners.

Despite the importance of the prevention component in the fight against HIV/AIDS, prevention investments represent only 22% of all AIDS expenditure. Even with the existing resources, one of the main obstacles to strengthen the effects of the response to the epidemic is due to the reluctance of planners and implementers to focus on prevention efforts where the impact is greatest.

In Cameroon, since the detection of the first cases in 1985, the government has continued to work tirelessly in the fight against the pandemic of the century. In fact, in 1986, the Cameroon government created the National Committee for the Fight against AIDS (CNLS) and the National Strategic Program for the Fight against AIDS (NAP). The two bodies, were supposed to support the various aspects of the disease, from prevention to providing antiretroviral drugs to people infected. After nearly 25 years of fighting, it seems that "The growing rate of HIV/AIDS in Cameroon is like a wound that does not heal." Public and parapublic societies were involved to put a stop to the spread of this virus. But satisfactory results have yet to be visible in Cameroon. According to the CNLS, the prevalence rate of HIV/AIDS in Cameroon is 5.1% in 2009, and it is estimated that 550,000 people are living with HIV/AIDS.

Given all these considerations, sensitive to the problem of AIDS in Cameroon, NAVTI Foundation Cameroon and NAVTI Foundation Canada, in their mission of cooperation, set themselves the objective of preventing HIV/AIDS in their areas of action, and are submitting this initiative, aimed at the prevention of HIV/AIDS in the region of Ngambé-Tikar in Cameroon.

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1.2 Establishment of the issue

1.2.1 The village of Ngambé-Tikar in Cameroon

Cameroon is a country located in Sub-Saharan Africa which spans 475,400 km² and has over 19.7 million inhabitants in 2011. It is composed of 10 regions amongst which the center, where is the political capital Yaounde, who had an estimated population of around 1.7 million inhabitants in 2002. Although the official languages are French and English, Cameroon has more than 200 dialects including the "Tikar" practiced by the people of Ngambé-Tikar in department of Mbam-et-Kim, in the central region.

Ngambé-Tikar commune covers an area of 7200 km² and has a population of about 18,000 souls. The commune is composed of four major centers where the population is concentrated: Ngambé-Tikar, Kong, Nditam and Gah, to which we must add the pygmies camps of Mbonde by Nditam, of Ngoumé, of Gah and of Yah by Ngambé-Tikar. It is the last town named that interest this initiative.

The population of this village is estimated at approximately 5,000, with a concentration of 95% of pygmies. Their main source of life is based on family farming and hunting. Few people in the region have the opportunity to work as laborers in wood companies present in this forest region. More than 96% live in houses with Matt roof and no zinc. There is no electricity in Ngambé-Tikar and alcohol consumption is still the most common activity. The official language in the region is French. Polygamy and infidelity in marriage are very common there.

1.2.2 NAVTI Foundation Cameroon

NAVTI, which means "to repair" in Lamnso, is a non-profit, non-political, charitable and development organization, who has its headquarter in the town of Kumbo in Cameroon. It has two partners abroad: NAVTI Foundation Hong Kong and NAVTI Foundation Canada. The latter division is responsible for recruiting, training and sending interns to Cameroon to help NAVTI Foundation Cameroon to reach its goal. In fact, the mission of this organization is to work as the central pivot of rural development within the region and help groups achieve self-sufficiency and sustainability. It also deals with the prevention of HIV/AIDS.

Thus, the interns sent by NAVTI Foundation Canada are not only responsible for educating the local population about the prevention of HIV/AIDS and the ways that this virus is being transmitted, but also how to live with the disease.

The main scope of the organization covers about 420 000 people, who are suffering from the unavailability of a good road network for the transportation of goods, inadequate schools, a lack of drinkable water and electricity and a high level of poverty.

Faced with the high prevalence of HIV/AIDS in Cameroon, NAVTI Foundation Cameroon drafted a HIV/AIDS initiative, which focuses on prevention, which consisted in the creation and restoration of health clubs in the schools of Kumbo, Bui division, as well as seminars. The NGO is therefore currently planning to expand its area of action through a prevention of HIV/AIDS initiative in the village of Ngambé-Tikar.

It was in 2009 that NAVTI Foundation Cameroon discovered the village of Ngambé-Tikar, after some villagers have heard of health projects carried out by NGOs in the Northwest region (in the villages of Nseh and Malunguri). After they have sought assistance from NAVTI Foundation Cameroon, a team made a field visit and found the presence of a government health center

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which was malfunctioning and five pygmy villages that lacked healthcare and provision of health. So NAVTI Foundation Cameroon began to make monthly visits there and later their frequency became weekly.

These visits enabled the organization to realize that to date, the education of the population of this village on the ways of transmission and prevention of HIV/AIDS have been neglected and that less than one third of the population was considered at risk. Yet, having access to a comprehensive service against HIV/AIDS and information on reproductive health should not be a luxury, but a necessity. So there has to be a continuity with the granting of care for infections and preventing new infections, in order to contain the pandemic.

1.2.3 Relevance of the initiative

AIDS is an issue that mobilizes the entire international community, this is why the fight against HIV/AIDS was made part of the Millennium Development Goals (MDGs). It has a considerable impact on the economic development of a country because it influences the availability rate of the workforce. By 2020, four Sub-Saharan African countries will see a reduction in their workforce by over 30% compared to what it would have been without the epidemic.

14 countries will suffer a decrease between 10 and 30% while 18 countries will see a decrease of 10%. Among the frequently cited reasons for the high percentage of HIV/AIDS infections in Sub-Saharan Africa, poverty is the most common, with the corollary, the deterioration of the health system.

According to the PRSP (2003), the health system in Cameroon had gone downhill. This appears to be explained by the fiscal contractions, leading to:

- √ Stopping the construction and acquisition of health equipment facilities;
- √ Stopping the recruitment of health personnel in the public service;
- √ The lack of health personnel in quantity and quality.

Furthermore, the staff is poorly distributed throughout the country and has a low yield due to the drastic drop in salaries of State employees.

As a result, key performance indicator ratios deteriorated compared with the standards of the World Health Organization (WHO): one doctor for 10,000 inhabitants (against 1 for 3000) and one nurse for every 2,250 inhabitants (against 1 for 1,000).

Our project aims to educate people of Ngambé-Tikar on HIV/AIDS, which appears essential to curb the development of the disease and to ensure the longevity, the economic development of the region and ultimately that of the country. The project will also promote access to basic health care for these people who were once excluded from the health system.

1.2.4 Donors

Given the overall objective of the initiative and the problems to which it intends to provide a solution, it meets the priorities of several donors. Concerning the particular case of the International Roncalli Foundation, the initiative has two main characteristics which will join the priorities of the generally funded projects by the Foundation: The initiative is conducted in an underdeveloped country and is part of their health sector.

As mentioned above, AIDS is a global issue that affects all organizations, those of civil society to those of governments. As part of the Millennium Development Goals and considering its impact on development and economic growth, the issue mobilizes the attention of the United Nations through their UNAIDS department, which to achieve its mission, finances initiative

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that are fighting HIV/AIDS. We can think of, for example, the 100 000\$ grant from UNAIDS to Nairobi to fund innovative ways to fight against AIDS.

This initiative can also be financed by the State of Cameroon, to which the fight against HIV/AIDS is a focal point of the reduction of poverty which is included in both the Strategy Paper for Growth and Employment. This would enable the Cameroon state to extend its area of action and inform more people about the risks of infection. It would also allow local people that were previously excluded from the health system, to have access to care and, therefore, this initiative could affect the mortality rate in the area. The initiative also coincides with the missions of NAVTI Foundation Cameroon and Canada.

NAVTI Foundation Cameroon has a northern partner in Canada going by the name of NAVTI Foundation Canada which, in this initiative has a role of raising funds and mediates between the NAVTI Foundation Cameroon and the donors.

NAVTI Foundation Canada being a major partner in this initiative, has also the responsibility to elaborate the document explaining this initiative and seek funding for its activities. The Canadian government, through its many intergovernmental agencies such as the Canadian Agency for International Development, could also provide and a substantial contribution. Ultimately, the project aims to improve the living conditions of the people of a poor country, which fits perfectly with CIDA's mission: "Lead Canada's international effort to help people living in poverty". In addition, CIDA has a health sector in its program, through which it provides funds to finance various health initiative in developing countries. We can cite as an example the Rapid Funding for HIV/AIDS through which the amount of 2.1 million \$ was awarded to the Government of Tanzania. The initiative could also be supported by other donors such as foundations whose mission is directly being the fight against the AIDS pandemic and more indirectly the struggle against poverty.

2. Formulation of the initiative

In response to the contextualization of the initiative in the previous section, it is now possible to proceed to its formulation through the implementation of its logical framework and its evaluation of anticipated risks. It will be possible to observe that the use of the logical framework allows to summarize concisely and to diagram the initiative with its essentials elements. Also, the analysis of anticipated risks will allow us to formulate the potential risks that will curb the achievement of the initiative objectives and activities so has to ensure mitigation.

2.1 Logical framework

Health conditions and access to medical facilities in Cameroon are limited, particularly in the region of Ngambé-Tikar, and have the effect of exposing the population strongly to HIV/AIDS. The risk of contamination is highly due to a lack of medical infrastructure, but also because of lack of awareness and education on the issue. The implementation of this initiative aims therefore to improve the health conditions of the population with HIV/AIDS through two goals. Achieving these goals will be pursued by conducting a series of activities divided into three components: construction and operation of a health center, education and information seminars on HIV/AIDS, the management and operation mechanisms of the initiative.

Table 1 : Logical Framework

| SUMMARY GOAL OF THE INITIATIVE | EXPECTED RESULTS IMPACTS | PERFORMANCE INDICATORS | ASSUMPTIONS RISKS |
|--|---|---|--|
| Improved health conditions among people living in Ngambé-Tikar, in Cameroon. | Health conditions are improved and health care is accessible to all target groups | Mortality rate linked to health problems or other diseases in the region Ngambé-Tikar | Mortality rate linked to health problems or other diseases increases |

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| OBJECTIVES OF THE INITIATIVE | | EFFECTS | |
|---|--|---|---|
| 1. Develop a functional health center that provides HIV/AIDS support services, primary health care and clinical consultation. | A functional health center is developed in the village of Ngambé-Tikar and primarily offers support services on HIV/AIDS, but also primary health care and clinical consultations. | <ul style="list-style-type: none"> ✓ Number of consultations registered at the health center; ✓ Number of people affected by aids that have received treatment; | <ul style="list-style-type: none"> ✓ The stigmatization of HIV/AIDS limits the number of people who visit the health center; ✓ The population of Ngambé-Tikar are not confident with modern medicine; |
| 2. Raise awareness of the population of the village of Ngambé-Tikar, and those surrounding, on the modes of transmission and the prevention of HIV/AIDS | A larger part of the population is aware of the HIV/AIDS issue and its prevention methods. | <ul style="list-style-type: none"> ✓ Number of participants present at the awareness activities ✓ New knowledge acquired through seminars on transmission and HIV/AIDS prevention | <ul style="list-style-type: none"> ✓ The population is indifferent and does not participate to the awareness activities on HIV/AIDS that are organized; |
| COMPONENT #1: DEVELOPMENT OF AN HEALTH CENTER | | | |
| ACTIVITIES | OUTPUTS | PERFORMANCE INDICATOR | ASSUMPTIONS RISKS |
| 1.1 Build a health center in the village of Ngambé-Tikar that will provide primary health care and HIV/AIDS support service | Construction of health center in Ngambé-Tikar which provides primary health care and HIV/AIDS support services | <ul style="list-style-type: none"> ✓ The center meets the predetermined standards (dimensions, separation, quality of construction, etc.); ✓ Construction respects the time table and the budget; | <ul style="list-style-type: none"> ✓ The weather (rainy season) delays construction; ✓ Influential people oppose the construction - unable to acquire the necessary permits; |
| 1.2. Purchase materials and equipment for the operation of the health center | The material and equipment for the health center's operation is purchased and delivered to the center | <ul style="list-style-type: none"> ✓ The delivery is conformed to the order and respects the deadlines; ✓ The materials and equipment are functional; | <ul style="list-style-type: none"> ✓ The material/equipment supplied is not functional: defective, broken or damaged in transit; ✓ The material/equipment is not delivered because of theft, corruption or transportation problems (customs); |
| 1.3 Hire three nurses to working full-time at the Ngambé-Tikar health center | Three nurses are hired and are working full-time at the Ngambé-Tikar health center | <ul style="list-style-type: none"> ✓ Number of nurses hired; | <ul style="list-style-type: none"> ✓ There are no nurses with the required skills that apply for the position; ✓ High turnover of permanent staff; |
| 1.4. Provide free basic health care and HIV/AIDS support services | An HIV/AIDS free testing service is offered at the center | <ul style="list-style-type: none"> ✓ Number of people screened; ✓ Number of registered consultation at the health center; | <ul style="list-style-type: none"> ✓ Few people come to take a screening test |
| 1.5 Establishment of a committee of local volunteers to help the health center in its day to day operations, its funding and its public outreach activities | A committee of local volunteers is set up and they are helping with the day to day operations, the funding and the outreach activities of the health center | <ul style="list-style-type: none"> ✓ The number of people who joined the committee; ✓ The amounts of money and donations collected by the committee; ✓ The number of | <ul style="list-style-type: none"> ✓ Lack of involvement from the local population; ✓ The only people who want to get involved do not have the skills required for the tasks; |

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| | | | |
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| | | volunteers recruited by the committee for each activity; | |
| COMPONENT #2: AWARENESS AND INFORMATION ON HIV/AIDS | | | |
| 2.1 Conduct a public awareness campaign through the distribution of pamphlets and posters on HIV/AIDS in primary and secondary schools and in the public places of the town of Ngambé-Tikar and those nearby. | An awareness campaign by distributing pamphlets and posters on HIV/ AIDS in schools and in public places in the region, is realized. | <ul style="list-style-type: none"> √ Number of deployed posters; √ Number of pamphlets distributed; | <ul style="list-style-type: none"> √ The pamphlets are not read and the posters are ignored; |
| 2.2. Develop and hold discussion seminars on HIV/AIDS prevention methods and the myths surrounding this disease with students, teachers and parents of primary and secondary schools and villages in the Ngambé-Tikar region. | Discussion seminars on ways of preventing HIV/AIDS and on the surrounding myths are developed and maintained with students, parents and teachers of primary and secondary schools and villages in the region Ngambé-Tikar. | <ul style="list-style-type: none"> √ The number of seminars organized; √ Participation rate in each seminar; √ The degree of learning of seminar participants; | <ul style="list-style-type: none"> √ Some schools Management do not accept the holding of seminars in their establishments; √ The Seminars participation rate is low; |
| 2.3. Offer prenatal and postnatal classes and educational sessions on The transmission from mother to child of HIV/AIDS for pregnant women at the health center of Ngambé-Tikar | Prenatal and postnatal classes and education sessions are offered to pregnant women at the health center | <ul style="list-style-type: none"> √ Number of classes and sessions organized; √ Participation rates in classes and meetings; | <ul style="list-style-type: none"> √ The participation rate is low; √ Women enrolled in classes do not attend them regularly; |
| COMPONENT #3: MANAGEMENT AND OPERATING MECHANISMS OF THE INITIATIVE | | | |
| 3.1. Make quarterly monitoring | Progress reports are written | <ul style="list-style-type: none"> √ The existence of progress reports; √ The finding of differences between the realization of the initiative and its initial planning; | |
| 3.2. Write a mid-term evaluation | A mid-term evaluation report making mention of the initiative results and recommendations for the further implementation of the initiative is established | <ul style="list-style-type: none"> √ The existence of a mid-term evaluation; | |
| 3.3. Write an assessment upon the completion of the initiative which would allow a conclusion on the initiative level of success | A final evaluation report is prepared. The results and changes observed make it possible to conclude on the initiative level of success. | <ul style="list-style-type: none"> √ The existence of a final report upon the completion of the initiative; √ The final results obtained; √ Changes generated since the development of the initiative; | |

2.2 Analysis of anticipated risks

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As mentioned above, the analysis of anticipated risks allows us to formulate the potential risks that may affect the realization of the goal, the objectives and the initiative activities and also provide us with mitigation measures. The risk assumptions that were made in the logical framework are listed in the table below. The realization of an initiative never goes as planned, hence the importance to conduct such an exercise.

Tableau 2 : Anticipated risks

| RISKY EVENTS | RISK LEVEL | ALTERNATIVE PLAN | TRIGGERS | ACCOUNTABLE |
|--|------------|--|---|--|
| GOAL OF THE INITIATIVE | | | | |
| The mortality rate linked to health problems or other diseases increases | LOW | <ul style="list-style-type: none"> √ Increase the duration and frequency of the awareness campaigns; √ Supporting the initiative of a large advertising campaign on the services offered and the HIV/AIDS activities taking place at the health center and in the region; √ Initiate discussions and integrate the stakeholders; | <ul style="list-style-type: none"> √ Performance indicators (Mortality rate, prevalence rate of HIV/AIDS and diseases); | Chief project manager |
| OBJECTIVES OF THE INITIATIVE | | | | |
| 1. The stigmatization of HIV/AIDS limits the number of people who visit the health center; The population of Ngambé-Tikar are not confident with modern medicine; | HIGH | <ul style="list-style-type: none"> √ Implement and strengthen the concept of confidentiality for all records in the minds of patients at the health center; √ The committee or influential people involved in the community are speaking directly with the residents to convince them to get tested; √ Intensify the message, during the seminars, on the consequences of the disease when a person does not receive the necessary treatment; | <ul style="list-style-type: none"> √ Increased visits to receive basic health care, but decreased services in HIV/AIDS; √ Behavior or discourse in the community; | <ul style="list-style-type: none"> √ Trainers; √ Nurses; √ Health care center coordinator; |
| 2. The population is indifferent and does not participate to the awareness activities on HIV/AIDS that are organized; | MEDIUM | <ul style="list-style-type: none"> √ Planning seminars at rallies in villages to reach the most reluctant people; √ Request the support of local authorities and important figures of the community to support the cause and reinforce the importance that people | <ul style="list-style-type: none"> √ Attendance list; √ Behavior or discourse in the community; | <ul style="list-style-type: none"> √ Chief project manager; √ Health care center coordinator; √ Trainers; |

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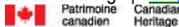
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| COMPONENT #1: DEVELOPMENT OF AN HEALTH CENTER | | | | |
|--|-----------------|--|--|---|
| There are problems in transporting the material and equipment (theft, corruption, breakage, transport problems) | MEDIUM | <ul style="list-style-type: none"> √ Establish a written contract; √ Know the legal procedures in the country so has to be able to use them if necessary; √ Having insurance that covers loss; | <ul style="list-style-type: none"> √ Complaints/Comments of users; √ The material is not delivered on time; | <ul style="list-style-type: none"> √ NAVTI Foundation Cameroon; √ Chief project manager; |
| There are problems with the quality and functionality when purchasing hardware/equipment for the health center | MEDIUM | <ul style="list-style-type: none"> √ Establish a written contract and learning the legal procedures in the country so has to be able to use them if necessary; √ Purchase of new equipment; | <ul style="list-style-type: none"> √ Repair cost; √ Complaints/Comments of users; | <ul style="list-style-type: none"> √ NAVTI Foundation Cameroon; √ Chief project manager; |
| There is a problem with the few number of people coming for a screening test | HIGH | <ul style="list-style-type: none"> √ Redirect seminars and emphasize on the benefits of screening and treatment; | <ul style="list-style-type: none"> √ Number of people screened | <ul style="list-style-type: none"> √ Nurses; √ Trainers; √ Health care center coordinator; |
| There is a problem with a high turnover of permanent staff | HIGH | <ul style="list-style-type: none"> √ Trying to renegotiate the contract; √ Collect the reasons for leaving and trying to cope with them with the next employee; √ Review the salaries upward if the cost of living has increased; | <ul style="list-style-type: none"> √ Frequent resigning of staff members; | <ul style="list-style-type: none"> √ Chief project manager |
| There is a problem with the lack of involvement from the Ngambé-Tikar population | MEDIUM | <ul style="list-style-type: none"> √ Provide per diem and pay expenses during daily activities; √ Provide non-monetary compensation (free health care); | <ul style="list-style-type: none"> √ The number of people recruited in the committee; √ Implementation of activities; | <ul style="list-style-type: none"> √ Health care center coordinator; |
| There is a problem with the only people who want to be involved in the committee do not have the required skills for the task at hand. | WEAK/ MEDIUM | <ul style="list-style-type: none"> √ Provide and pay some training; √ Employ a part-time person for the more specialized tasks; | <ul style="list-style-type: none"> The performance indicators (amount raised, collected donations, quality of the organized activities) | <ul style="list-style-type: none"> √ Health care center coordinator; |
| COMPONENT #2: AWARENESS AND INFORMATION ON HIV/AIDS | | | | |

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| There is a problem with the seminars low participation rate, especially those organized within the community | MEDIUM | <ul style="list-style-type: none"> √ Increasing the attractiveness of seminars: offering incentives like free meals; √ Asking influential people to promote the seminars; √ Inviting public figures the more frequently possible during the seminars (traditional leader, politicians); | <ul style="list-style-type: none"> √ Registration list; √ Attendance list; | <ul style="list-style-type: none"> √ Health care center coordinator; √ Trainers; |
| There is a problem with the condom distribution campaign, people are uncomfortable and are refusing them | MEDIUM | <ul style="list-style-type: none"> √ Include condoms inside each pamphlet that are distributed at the seminars; √ Provide free condoms and an accessible way to the health center (eg in a basket on a table); | <ul style="list-style-type: none"> √ Number of condoms distributed; √ Behavior of the population; | <ul style="list-style-type: none"> √ Health care center coordinator; √ Trainers; |
| There is a problem with the low participation rate of pregnant woman to the prenatal/postnatal classes and education sessions at the health center | WEAK | <ul style="list-style-type: none"> √ Targeting pregnant women who are not registered and invite them personally to attend classes; √ Provide a schedule that works for women; | <ul style="list-style-type: none"> √ Registration list; √ Attendance list; | <ul style="list-style-type: none"> √ Health care center coordinator; √ Trainers; |
| There is a problem with the regular low attendance rate of pregnant women to classes or education sessions | MEDIUM | <ul style="list-style-type: none"> √ Visit the women personally to understand the reasons for their absence and try to find a solution with her; √ Make sure to follow up with the participants; √ Reduce the number of meetings, but extend their duration; | <ul style="list-style-type: none"> √ Attendance list; | <ul style="list-style-type: none"> √ Health care center coordinator; √ Trainers; |

3. Feasibility study of the initiative

After having presented the logical framework and the likely risks of this initiative, we will realize feasibility study of our initiative by first, assessing the overall feasibility, then presenting the various stakeholders and beneficiaries, and finally, we will conclude with the presentation of the initiative sustainability strategy.

3.1 Overall assessment of the feasibility

3.1.1 The technical and organizational feasibility

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HIV/AIDS prevention, as we pointed out in previous sections, is one of the focus of NAVTI Foundation Cameroon's mission. This organization has developed, for the past five years, in its own HIV/AIDS program, a strong expertise in the organization and the implementation of information, awareness and education of the population on the theme of HIV and other STIs. In fact, NAVTI Foundation Cameroon, which has been established for several years in the area of Kumbo, has worked not only for the creation and renovation of "HIV/AIDS clubs" in several high schools of the region, but has also helped organize many seminars to promote awareness and education campaigns among the youth and the elders of this region.

NAVTI Foundation Canada also has many antecedents of cooperation with international organizations as well as with multinationals (such as with Staples Lebourgneuf that pledged to provide school supplies to young Cameroonian students) who brings them support through the donation of equipment, medicines etc., for the realization of some of the various activities of NAVTI Foundation Canada's initiatives.

Furthermore, NAVTI Foundation Cameroon also has a significant expertise in the construction of health centers. In fact, the organization implemented a health center providing local population with the provision of basic health care, drug distribution and also access to free testing for HIV/AIDS in the village of Nseh. This experience will no doubt be greatly helpful for the realization of this new project in the village of Ngambé-Tikar.

The implementation of this initiative to prevent HIV/AIDS in Ngambé-Tikar is an extension of the organization's activities in a new region. In this case, the central region will therefore benefit from a technical standpoint, of much knowledge and resources acquired by NAVTI Foundation Cameroon in similar past initiatives. Access to necessary material resources, primarily to facilitate the realization of campaigns and sensitization seminars (brochures, flyers, etc.), will allow to some extent, to be facilitated by the network of cooperation already in place between NAVTI Foundation Canada and other partners and donor organizations (mainly drug donations) with concerns on the topic of health in general and HIV/AIDS in particular. Furthermore, note that in order to acquire adequate material resources for the construction of the health center, the NGO provides its activities in the selection of a qualified contractor to ensure the realization of the health center. The organization then intends to implement the procedures enabling it to obtain the necessary permissions for the launch of the construction of the health center.

3.1.2 Geographical feasibility

Ngambé-Tikar commune in which the initiative will be implemented is part of a large area called the Tikar plains. Located about 220 km from the capital Yaounde, this forest region is still heavily underdeveloped and does not benefit from advances in terms of important infrastructure. In fact, "Project of Great Hope" identified as the principal means of communication and transport in the region: walking, cycling, motorcycles and bush taxis.

Despite the still limited number of public transport in the region, the road development is gradual. Although still in development, the existing road network contributes to facilitating access to this region, which is an important economic hub for the country through the forest exploitation that takes place there.

Thus, despite a lack of an adequate transportation system to access the area, the routing of equipment and personnel needed for this initiative remains feasible due to the existence of a passable road network. In addition, since the initiative will develop a motorcycle and an ATV, for travel to the region and its surroundings, as part of its various campaigns, the presence of the said road network in the region will help facilitate these movements. However, the exact location of the health center is to be defined. In fact, the Southern partner is planning on several trips to the region by November so as to establish contact with the population and thus to identify a space for the construction of the health center.

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3.1.3 Political and legal feasibility

The initiative on HIV/AIDS prevention fits perfectly with the aspirations of the political circles in the context of improving health and the fight against AIDS. In fact, with a estimated prevalence rate of 5.1% in Cameroon, its government has set a goal of reducing the prevalence rate in the coming years by ways of consultations with public, parapublic (CNLS; NACP) and civil society organizations. Thus, the initiative established by NAVTI Foundation Cameroon will be getting the support of the authorities, as it fits perfectly in the center of the government concerns on health. Also, despite a volatile political climate due to recent elections, Cameroon's stability suggests there is little chance of socio-political disturbances that might prevent the realization of the initiative.

Furthermore, given that one of the activities of this initiative will require the construction of a building, the stakeholders should learn the governing rules concerning land to make sure to fulfill the conditions required in order to obtain building permits. For this purpose, the initiatives provides, a budget that incorporates costs associated with obtaining these administrative documents.

3.1.4 Social and cultural feasibility

Socio-culturally, certain characteristics of the population of the Ngambé-Tikar region could hamper the development of the initiative. Among them are:

- √ From the preponderance of cultural practices encouraging polygamy and infidelity;
- √ From the conservative and introverted behavior of pygmies who are a major part of the target population that could be reluctant to face the initiative;
- √ From the strong influence of religious authorities etc.;

Even if those features are taking an important place in the life of the target population, NAVTI Foundation Cameroon is providing several strategies that will allow initiative's managers to cope with these difficulties.

This will include communicating intensely with the population on the benefits of the initiative, which needs to consult and involve the public early in the initiative. In this context the management committee to be formed largely with volunteer members of the community will be a starting point for the involvement of the population. In addition, the cooperation and involvement of religious authorities will ensure the support of these influential entities in the community. In fact, the religious sphere in the region of Ngambé Tikar are mainly consisting of Muslims. Therefore, brakes related to rules of Catholicism (including condom use) are less present. Furthermore, the involvement of religious leaders in the project is less complex and more beneficial for the initiative.

3.1.5 Financial feasibility

Financially, NAVTI Foundation Canada, like the majority of other Non-Governmental Organisations, realizes its initiative thanks to the support offered by multiple donors and sponsors.

In fact, NAVTI Fondation Canada, has received funding from several donors for previous initiative. In addition, a new fundraising campaign was launched by NAVTI Foundation Canada in 2011 to collect money from all those wishing to participate in the realization of its mission. Moreover, the NAVTI Foundation Canada's many partnerships, like the one with the Bachelor integrated international studies and modern languages program from Lavan University obtained in January 2010 and one with Staples Lebourgneuf obtained in December 2009, allow the organization to eliminate significant costs through

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volunteers and donations of equipment of all kinds of supplies (school supplies, materials for awareness campaigns, drug donations etc.) that were offered through these partnerships.

Note also that the organization has now taken steps with the exploration of potential donors that could fund this initiative. So NAVTI Foundation Canada will be able through different operations presented above to meet the financial requirements that will arise in the implementation of the initiative.

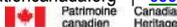
3.2 Stakeholders of the initiative

The table below summarizes the initiative stakeholders, while presenting their role in the initiative, their level of influence and the management strategies of these groups, which can be adopted to ensure the initiative success.

| Identification of the stakeholder | Key need or interest | Probable behavior and level of influence | Management strategy of stakeholder |
|--|--|--|---|
| Main stakeholders | | | |
| NAVTI Foundation Canada | √ Management and implementation of the initiative (search for funding; selecting and sending volunteers); | √ Using its expertise, its past realization and its partners to raise funds and involve volunteers who are essential to the realization of the initiative; | √ Reporting the status of the funds collected and obtained partnerships; |
| NAVTI Foundation Cameroun (Southern partner) | √ Initiative implementation in the field; | √ Perform all activities necessary for completion of the initiative; | √ Follow up and evaluation of the implementation of the different initiative phases; |
| Traditionals leaders | √ Bodies able to mobilize and bring together local people; | √ Encourage people to attend awareness seminars; | √ Involved and negotiate with the authorities throughout the initiative duration; |
| Donors & Sponsors | √ Support the fundraising of the initiative; √ Interest in achieving its mission which gives them greater influence on the international scene; | √ Provide funding for the initiative and request information on the developments on the implementation of the initiative and the use of funds; | √ Collaborate and provide follow up reports on the initiative implementation while respecting the criteria set by donors; |
| The Health center coordinator (a nurse) | √ Monitor health center's activities; √ Compensation to be offered; | √ Perform his task in accordance with the requirements if all the means he needs were offered to him; | √ Bring all the equipment he needs and demand follow up reports on the center's operations; |
| Nurses | √ Essential to the center's operation; √ Have an interest in the compensation that would result; | √ Fulfill their task if all conditions are met and the contract terms are met; | √ Train and provide them with all the necessary equipment for effective management of the center |
| Volunteers (interns) | √ Useful for carrying out awareness campaigns and seminars; | √ Perform their role as educators and public outreach through various mobile campaigns. Ensure the distribution of condoms and flyers; | √ Involve them sufficiently in the initiative and encourage their active participation; |

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SECONDARY STAKEHOLDERS

| | | | |
|--|---|---|--|
| Partners & donors (non governmental organizations) | √ Support for the implementation of initiative activities through donations of medicines and materials required during awareness campaigns; | √ Commit to make donations of various kinds and respect this commitment; | √ Sufficiently involve them in the initiative and encourage their active participation; |
| Cameroonian government (public administrations) | √ Grant the necessary authorizations for the construction of the health center, and establishes labor standards to be met; | √ Support the initiative's activities as part with their health improvement goals, including the fight against HIV/AIDS in the country; | √ Collaborate and make sure to maintain the legal documents up to date; √ Transmit their major achievements of the initiative (which will make possible negotiations to help the Government); |
| The faculty (professors and directors of schools Ngambé-Tikar) | √ Need their approval for the planning of awareness sessions in schools; | √ Gather the students and motivate them to participate in various seminars; | √ Involve them in the realization of certain initiative activities; |

3.3 Sustainability strategy

The nature of this initiative will produce long-term effects. This implies to ensure continuity in the initiative activities after its ending. Concerning the awareness and education component of populations to safer sexual behavior, it would be desirable to conduct a train the trainer program that will prepare volunteer in schools in particular. This was done as part of the AIDS program in the region where Mbui "HIV/AIDS clubs" have been established in schools. These clubs are made up of students trained by the project to be peer educators. Thus, they take ownership of the initiative and continues thereafter by performing activities and awareness campaigns among the different schools of the region. This option will indeed be contemplated for the sustainability of the initiative.

Regarding the current operation of the health center (payment of staff, repair costs), the provision of care against HIV/AIDS and other basic care (maternity care, laboratory etc.), it will be necessary to ensure a sufficient continuously autofunding. To this end, NAVTI Foundation Cameroon planned three approaches to ensure the financial longevity of the initiative. Initially, the organization the health center will generate funds through the services it will offer to the public. In fact, customers, except for the poorer, will have to pay a relatively lower amount of money than what is required in hospitals in order to help ensure a good part of the operational costs of the health center. The second approach to ensure the viability of the initiative is that NAVTI Foundation Cameroon will provide financial ressources when and if necessary by its own means. This scenario will only be implemented if there is a critical shortage of operational funds from the health center. The third approach of NAVTI Foundation Cameroon plans to appeal to the Cameroon government for possible assistance with the initiative. This scenario is quite plausible for, as mentioned earlier, the initiative meets the objectives of the Cameroon government. Therefore, it can only try to encourage this initiative by helping to ensure its survival and continued development.

The latter approach might be implemented through the local advisory committee that will be established under this initiative. In addition to performing its work with the Cameroon government when it will prove necessary, the management committee will ensure the involvement of the local population and thus contribute to the sustainability of the initiative through the participation of the population in the volunteer jobs available. This strategy will thus have the immediate effect to facilitate the withdrawal of the NGO without affecting the continuation of the initiative.

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4. The initiative planning

After having defined the initiative, conducted its formulation and showing its feasibility, we will develop its implementation plan. First of all, we will plan the chronology of the initiative activities, estimate their costs, and allocate human resources for their implementation.

4.1 The technical dimension planning

As it appears in the logical framework, the initiative includes three major components. The first two are part of its operational aspects and the last one is related to its management and follow up. Ultimately, the implementation of these activities should enable the project to achieve its results, objectives and purpose. In this section, we will describe all the activities identified in the logical framework and then work to establish a splitting structure that will show how these contribute to achieving the goal and the impact of the initiative.

4.1.1 Description of the initiative activities

Component 1 : Building and operational health center

The first component includes all activities whose implementation contributes directly or indirectly to the construction and operation of the health center. They are :

Activity 1.1 : Construction of the health center

One of the initiative goals is to provide the Ngambé-Tikar village, a health center to help its residents and those from surrounding villages to receive basic health care and treatment against HIV/AIDS. The health center that the initiative plans to build will include various rooms which will serve as consultation room, an office for the coordinator center, a pharmacy and a local initiative for discussion seminars. A local construction contractor will be hired to perform construction work on the land that will be purchased by the initiative and after obtaining permission from the competent authorities.

Activity 1.2 : Procure material and equipment necessary to the health center operation

This activity refers to the acquisition of all the material and resources necessary for the functioning of the health center. This includes the purchase of instruments and basic medical equipment (stethoscopes, medical scissors, medical bed, syringes, gowns, etc.), office supplies and equipment (chairs, medicine cabinets, stationery, etc.), a generator to power the energy, a drive vehicle that will serve both the movement of members of the initiative team and the transport of patients from the surrounding villages, a motorcycle to perform displacements that are inaccessible by car.

Activity 1.3 : Hire 3 nurses

It is with a call for candidacy which will be written and published by the initiative coordinator that three qualified nurses will be recruited for the provision of health care services. One of these nurses will assume the center coordinator function.

Activity 1.4 : Provide basic health care and free screening for HIV/AIDS services

This activity is linked to the functioning of the health center and will be realized on a continuously basis as soon as it is operational. It will be integrated in the nurses tasks that will be recruited by the initiative. In addition to providing basic health care, the health center will also provide free testing service for HIV/AIDS to people of Ngambé-Tikar and surrounding villages in order to inform them of their status and to limit the spread of the disease. In fact, it was proven that a major cause of the

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spread of the disease in the region is due to the lack of information given to people on their HIV status. Thus, a significant number of people are infected without their knowledge and therefore constitute a potential source of disease transmission to other people.

Activity 1.5 : Create an administrative committee

An advisory committee consisting of five to ten local members, will be created. The selection of its members will be approved by the village authorities during meetings to be organized for this purpose. Once created, the committee objectives will be to help the health center achieving some of its current operations such as research funding, mobilizing people to participate in the awareness campaign and seminars, the sensitization of pregnant women so they would accept screening tests for HIV/AIDS. The committee members and their immediate families will receive health care and free medicines as form of compensation for their services.

Component 2 : Awareness and informations on HIV/AIDS

This component is the second part of the initiative. It aims to both inform local residents (Ngambé Tikar and surrounding villages) on HIV/AIDS and its ways of transmission and awareness on means of prevention. It includes the following activities:

Activity 2.1 : Conduct an awareness campaign by distributing pamphlets and posters on HIV/AIDS

The awareness campaign will be mainly on the distribution of pamphlets, condoms and the placard in schools, other public places Ngambé-Tikar and other surrounding villages. These activities will be held once a month and will be realized closely with the village authorities and the school administration. Volunteers responsible for these awareness activities will also go door to door to distribute various awareness tools in families.

Activity 2.2 : Develop and hold seminars on HIV/AIDS prevention methods

Twenty seminars are planned in the initiative schedule. They will be held, in schools, community centers, and will then be transferred to the health center as soon as it is operational. Their goal is to raise awareness, train, and educate the villagers about the risks and dangers of HIV/AIDS, through different topics to be discussed as the ways of transmission, prevention methods, the transmission of HIV/AIDS from mother to child, the importance of getting tested in order to receive treatment. These seminars will be held once a week (every Monday) and will be led by the Canadian interns.

Activity 2.3 : Offer prenatal and postnatal classes and awareness sessions on mother-to-child transmission of HIV/AIDS for pregnant women at the health center

The purpose of this activity is to monitor the health of pregnant women, from the beginning to the end of their pregnancy, to ensure they are not HIV/AIDS infected and do not transmit the virus to their infants. This will be monitored by the nurses who will offer them a range of services including free HIV screening tests, prenatal care, childbirth and post-natal care, child care for their babies, advice on family planning and training sessions on HIV/AIDS from mother to child. Pregnant women will be received by the health center coordinator in a group, once a month, to attend briefings specifically on the transmission of the AIDS virus from mother to child.

Component 3 : The management of the initiative

This last component is related to the initiative management activities, starting from its launch date until the establishment of the final evaluation report.

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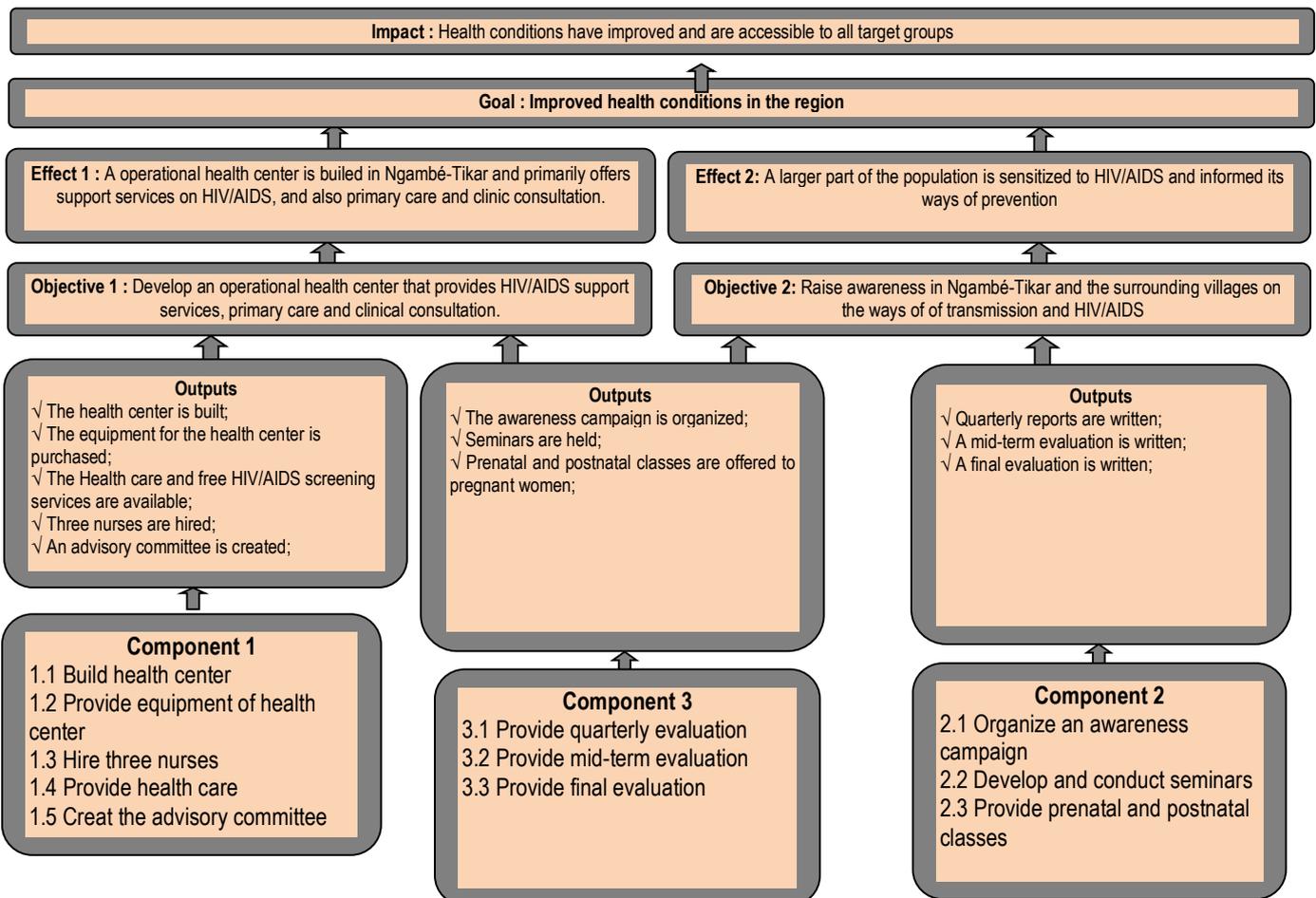
Activity 3.1: Provide quarterly follow up

Quarterly follow up is planned for this initiative. The project manager will take care of this activity and thus, prepare every three months a report explaining the level of achievement of each initiative activity, variances and adjustments to be made to the initiative's progress.

Activity 3.2 et 3.3 : Provide a mid-term evaluation and a final evaluation

Two evaluations will be conducted by an external person who will be hired for the initiative. The mid-term evaluation will mention the results of the project and recommendations for the further implementation of the initiative; in the final evaluation of the initiative, the report will show whether the results and observed changes will allow to provide a conclusion on the level of success of the initiative. The structure below shows graphically how all the activities mentioned above will contribute to achieve the ultimate outcome of the initiative which is to reduce the prevalence rate of HIV/AIDS in Ngambé-Tikar and in the surrounding villages.

B – Labor split structure



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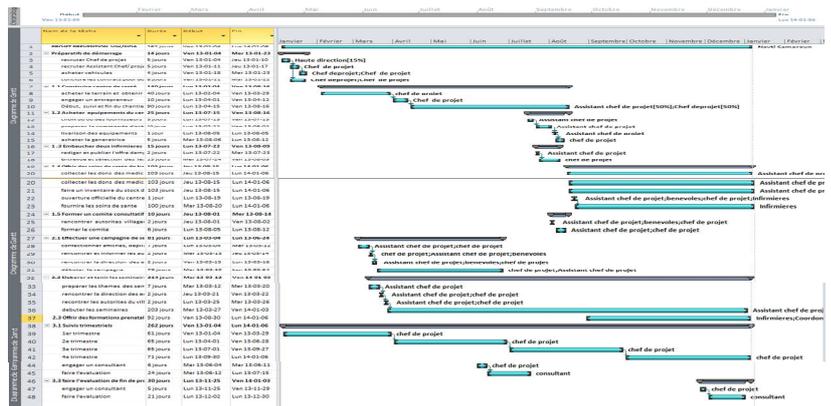
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4.2 The schedule dimension planning

A- The sequence of activities

The Gantt chart below shows how the various initiative activities will take place in time. The initiative will officially begin on January 4, 2013 and will end one year later, on January 6, 2014. The first step will be to recruit a project manager and assistant, procure vehicles (a 4x4 and a motorcycle) and concluding contracts of drug donations with NGO partners. This step will take three weeks. It is only when the construction of the health center will be advanced that the initiative will recruit three nurses to complete the team, which would correspond to August 9, 2013, about seven and a half months after the launch of the initiative. After this step, at the beginning of February 2013, the construction of health center, (land purchase, process of obtaining the building permit, hire a contractor and construction of the center) will be conducted. The actual construction of the health center will not start until April 15, 2013 and will end four months later, on August 16 2013. The center will officially open on August 19, 2013, and will start its operation that are related to providing of basic health care, screenings for HIV/AIDS, prenatal and postnatal classes, awareness sessions on the transmission of HIV/AIDS from mother to child and seminars.



In the early March 2013, two Canadian interns will be sent to the initiative site by NAVTI Foundation Canada. They will join the initiative team for a period of four months. It will also be at this time that will start the awareness campaign and seminars. Interns will have the task of providing and distributing flyers, to put in place posters in public places and animate seminars. In the initiative schedule, it is expected that the awareness campaign ends with the end of the stay of Canadian interns. However, seminars will continue until the end of the initiative. It is important to note that on the twenty seminars planned by the initiative, fifteen will be conducted, on a weekly basis by the interns. Of these fifteen seminars, ten will take place in the other five surrounding villages next to Ngambé-Tikar. As for the other five seminars, they will be held once a month at Ngambé-Tikar, following the departure of Canadian interns, and will be led by the coordinator of the health center.

B – Allocation of ressources

The team conducting this initiative is composed of a project manager, an assistant to the project manager, a supervisor and a coordinator (one of three nurses) to the health center, three nurses and two Canadian interns. In addition to these human ressources, the initiative will use the services of a local contractor to build the health center and of a consultant to conduct the mid-term and final evaluations.

The project manager is responsible for the team, it is he who directs all of the initiative activities to ensure that they are proceeding as planned, and according to the timetable and the available material, human and financial ressources. It is also the one in contact with NAVTI Foudation Cameroon and Canada, the two lead organizations accountable for the initiative, to which he transmits the quarterly, mid-term and final evaluation of the initiative for which he is responsible for drafting. He is assisted by an assistant supervisor who is the man in the field. In addition to assisting his superior in some administrative



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tasks, he will be responsible for supervising and coordinating all activities of the awareness campaign and seminars. It is he who will provide all the necessary logistics to ensure the success of these activities. He will, at the beginning of each seminar, ensure that there is enough of pamphlets, posters and condoms ; he will contact the schools administration and the villages authorities to obtain their agreement to organize seminars in schools and community centers. He will also be responsible to supervise the interns responsible for providing seminars and attempt to resolve any issues that may arise during these activities.

As for the health center coordinator, its role will be to coordinate all of the health center operations in order to ensure proper operation in terms of providing basic health care, free screening of HIV/AIDS, distributing antiretroviral drugs, providing prenatal and postnatal classes for pregnant women. He will be assisted in these by the two other nurses.

The table for ressources allocation below shows in more detail tasks and activities of everyone involved in the initiative.

Table 4 : Allocation of ressources

| ACTIVITIES | | RESSOURCES | | | | | | | | DURATION | |
|--|-----|-----------------|------------------------------|---------------------------|--------|------------|------------|---------|--------------------------|----------|----------|
| COMPONENT | 1 : | Project manager | Assistant to project manager | Health center coordinator | Nurses | Contractor | Counsellor | Interns | NAVTI Fondation Cameroun | Début | Fin |
| Initiative preparation | | | | | | | | | | 13-01-04 | 13-01-23 |
| Hire chief coordinator | | | | | | | | | | 13-01-04 | 13-01-10 |
| Hire assistant to chief c. | | | | | | | | | | 13-01-11 | 13-01-17 |
| Procure vehicles | | | | | | | | | | 13-01-18 | 13-01-23 |
| Signed drugs donations contracts | | | | | | | | | | 13-01-11 | 13-01-22 |
| 1.1 Build health center | | | | | | | | | | 13-02-04 | 13-08-16 |
| Purchase land and obtain building permit | | | | | | | | | | 13-02-04 | 13-03-29 |
| Hire local contractor | | | | | | | | | | 13-04-01 | 13-04-12 |
| Start, follow-up and end of the construction site | | | | | | | | | | 13-04-15 | 13-08-16 |
| 1.2 Procure equipments for Health center | | | | | | | | | | 13-07-15 | 13-08-16 |
| Choosing suppliers | | | | | | | | | | 13-07-15 | 13-07-19 |
| Preparing purchase order | | | | | | | | | | 13-07-22 | 13-08-02 |
| Equipment delivery | | | | | | | | | | 13-08-05 | 13-08-05 |
| Procure generator | | | | | | | | | | 13-01-15 | 13-01-21 |
| 1.3 Hire two nurses | | | | | | | | | | 13-07-22 | 13-08-09 |
| Write & publish job offer | | | | | | | | | | 13-07-22 | 13-07-23 |
| Interview and selection of candidates | | | | | | | | | | 13-07-24 | 13-08-09 |
| 1.4 Provide basic health care and a free HIV/AIDS screening | | | | | | | | | | 13-08-15 | 14-01-06 |
| Collect drug donations | | | | | | | | | | 13-08-15 | 14-01-06 |

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|---|------|------|------|------|-----|-----|-----|-----|--|-----------------|-----------------|
| Inventory drug stock | | | | | | | | | | 13-08-15 | 14-01-06 |
| Official opening of health center | | | | | | | | | | 13-08-19 | 13-08-19 |
| Supply health care | | | | | | | | | | 13-08-20 | 14-01-06 |
| 1.5 Create administrative committee | | | | | | | | | | 13-08-01 | 13-08-14 |
| Meet villages authorities | | | | | | | | | | 13-08-01 | 13-08-02 |
| Create committee | | | | | | | | | | 13-08-05 | 13-08-12 |
| COMPONENT 2 : Awareness campaigns and seminars | | | | | | | | | | | |
| 2.1 Realize awareness campaign | | | | | | | | | | 13-03-04 | 13-06-24 |
| Make posters and flyers | | | | | | | | | | 13-03-05 | 13-03-12 |
| Meet other villages authorities | | | | | | | | | | 13-03-13 | 13-03-14 |
| Meet schools administrations | | | | | | | | | | 13-03-15 | 13-03-18 |
| Begin campaign | | | | | | | | | | 13-03-19 | 13-06-24 |
| 2.2 Develop and conduct seminars | | | | | | | | | | 13-03-12 | 14-01-03 |
| Prepare themes | | | | | | | | | | 13-03-12 | 13-03-20 |
| Meet villages authorities | | | | | | | | | | 13-03-21 | 13-03-22 |
| Meet schools administrations | | | | | | | | | | 13-03-25 | 13-03-26 |
| Begin seminars | | | | | | | | | | 13-03-27 | 14-01-03 |
| 2.3 Procure prenatales & postnatales classes | | | | | | | | | | 13-08-30 | 14-01-06 |
| COMPONENT 3 : Initiative management | | | | | | | | | | | |
| 3.1 Quaterly follow up | | | | | | | | | | 13-01-04 | 14-01-06 |
| 3.2 Mid-term evaluation | | | | | | | | | | 13-06-04 | 13-07-15 |
| Hire consutant | | | | | | | | | | 13-06-04 | 13-06-11 |
| Write evaluation | | | | | | | | | | 13-06-12 | 13-07-15 |
| 3.3 Final evaluation | | | | | | | | | | 13-11-25 | 14-01-03 |
| Hire consultant | | | | | | | | | | L13-11-25 | 13-11-29 |
| Write evaluation | | | | | | | | | | 13-12-02 | 13-12-30 |
| % of time allocated by resource | 100% | 100% | 100% | 100% | 50% | 25% | 75% | 15% | | 13-01-04 | 14-01-06 |

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4.3 Cost planning

As presented in the logical framework, the various initiative activities are generating costs for the following : human resources, the acquisition of materials and equipment at the health center, the purchase of vehicles and the realization of the campaign and seminars.

The budget grand total for this initiative is 97 639.5 Canadian dollars. The organization behind the project, NAVTI Foundation Cameroon, has 25% of this amount and hope to find, before the date set for the start of operations, a Canadian donor, who will agree to fund the remaining 75%.

The total budget is based on the three components as follows: the share allocated to the activities of the first component (setting-up of the health center) is 51 820\$, representing 53% the budget. The total amount required for the achievement of the second component (seminars and awareness) is 18 000\$ Canadian dollars, or 18.43% of the budget, and finally, the last component devoted to project management represents 23.73% of the budget, which is 23 170 Canadian dollars. These three components together represent 99.49% of the total budget. The remaining 4.76% will be used to cover unforeseen expenses that arise during the project. The project's financial information is presented based on the activities and resources in the following tables:

Table 5 : Budget per activities

| Activities | Number of unit | Unit cost | Cost in Canadian \$ | Justification |
|--|----------------|-----------|---------------------|--|
| COMPONENT 1 : Establishments of Health center | | | 51 820\$ | |
| 1.1 Buil Health Center | | | 22 450\$ | |
| Procure land | 1 | 2 000\$ | 2 000\$ | |
| Obtain construction permit | 1 | 400\$ | 400\$ | Lump sum of 400\$ to cover expenses related to obtaining the building permit |
| Hire local consultant | 1 | 50\$ | 50\$ | Lump sum of 50\$ to cover recruitment costs |
| Allocated amount to building health center | 1 | 20 000\$ | 20 000\$ | The contractor will receive a budget of 20,000\$ to build the health center |
| Construction follow-up | 1 | 0\$ | 0\$ | Part of project manager's job |
| 1.2 Procure health center equipments | | | 23 470\$ | |
| Choosing supplier | 1 | 50\$ | 50\$ | |
| Prepare order | 1 | 0\$ | 0\$ | Part of assistant project manager's job |
| Procuring generator | 1 | 2 000\$ | 2 000\$ | |
| Procuring 4X4 vehicule | 1 | 14 000\$ | 14 000\$ | |
| Procuring motorcycle | 1 | 2 000\$ | 2 000\$ | |
| Reception of equipment | 120 | 45\$ | 5 400\$ | Average cost of 45\$ per device |
| 1.3 Hire three nurses | | | 50\$ | |
| Write and publish job offer | 1 | 50\$ | 50\$ | 50\$ for the publication of the vacancy |
| Interview and selection of candidates | 1 | 0\$ | 0\$ | Part of project manager's job |
| 1.4 Provide basic health care and free HIV/AIDS screening | | | 5 600\$ | |
| Collect drugs donations | 12 | 0\$ | 0\$ | See fuel costs section |
| Inventory of drugs and material | 1 | 0\$ | 0\$ | Part of Health center coordinator's job |
| Official opening of health care center | 1 | 100\$ | 100\$ | |
| Monthly salary : Health center coordinator | 1 | 500\$ | 2 500\$ | 5 months after the hired of nurses |
| Monthly salary : nurses | 2 | 300\$ | 3 000\$ | |

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|--|-------|---------|-----------------|--|
| 1.5 Create administrative committee | | | 250\$ | |
| Meet village authorities | 1 | 100\$ | 100\$ | cost of 100\$ for the logistics at the meeting |
| Restauration | 1 | 100\$ | 100\$ | |
| Creation of committee | 1 | 50\$ | 50\$ | |
| COMPONENT 2 : AWARENESS CAMPAIGN & SEMINARS | | | 18 000\$ | |
| 2.1 Realize an awareness campaign | | | 5500\$ | |
| Make pamphlets and posters | 1 000 | 5\$ | 5 000\$ | fixed cost of 5\$ per 1000 posters and flyers |
| Meet village authority | 1 | 100\$ | 100\$ | Cost of 100\$ |
| Restauration | 1 | 100\$ | 100\$ | |
| Meet with schools administrations | 1 | 100\$ | 100\$ | |
| Refreshments | 1 | 100\$ | 100\$ | |
| Official lunching campaign ceremony | 1 | 100\$ | 100\$ | |
| 2.2 Develop and conduct seminars | | | 12 500\$ | |
| Prepare themes | 1 | 0 | 0\$ | Part of chief project manager's job |
| Meet village authority | 1 | 100\$ | 100\$ | There will be 20 seminars but only one meeting with the authorities before the start of this activity at the cost of 100\$ |
| Restauration | 1 | 100\$ | 100\$ | |
| Meet with schools administrations | 1 | 100\$ | 100\$ | |
| Refreshments | 1 | 100\$ | 100\$ | |
| Official lunching seminars ceremony | 1 | 100\$ | 100\$ | |
| Salary assitant project manager | 1 | 1 000\$ | 12 000\$ | Monthly salary of 1 000\$ |
| 2.3 Offer prenatal and postnatal training | 0 | 0\$ | 0\$ | Nurses salary |
| COMPONENT 23: Initiative management | | | 23 170\$ | |
| Costs related to the project manager, assistant and consultant recruitment | 3 | 50\$ | 150\$ | Cost of 50\$ for each human ressource recruitment |
| Project manager salary | 1 | 1 300\$ | 15 600\$ | Monthly salary of 1300\$ |
| Animator | 2 | 0\$ | 0\$ | Animators are volunteer |
| Consultant fees | 1 | 1 200\$ | 2 400\$ | 2 evaluations costing 1 200\$ each |
| 3.2 Quaterly follow-up | 4 | 200\$ | 800\$ | Cost of 200\$ for each quaterly follow-up |
| 3.3 Mid-term evaluation | 1 | 0\$ | 0\$ | See consultant salary |
| 3.4 Final evaluation | 1 | 0\$ | 0\$ | |
| Miscellaneous | | | 4 220\$ | |
| Fees linked to contracts signatures and drugs donations | 1 | 120\$ | 120\$ | Cost of 120\$ for drugs donations ans contract signatures |
| Office supplies | 100 | 5\$ | 500\$ | |
| Car, motocycle and generator maintenance | 1 | 50\$ | 600\$ | Cost of 50\$ per month for vehicul maintenance |
| Gaz fee (car, motocycle et generator) | 1 | 200 | 1 200 | Cost of 200\$ per month for pour gaz fees |
| Office cost | 12 | 150\$ | 1800\$ | Montly office cost : 150\$ |
| Total direct cost | | | 92 990\$ | |
| Indirect costs / Unforseen fees (5%) | | | 4 649.5\$ | |
| Total cost of initiative | | | 97 639.5 | |

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Table 6 : Budget per ressources

| Ressources | COST IN CANADIAN DOLLARS | PERCENTAGE |
|-----------------------------------|--------------------------|-------------|
| Salaries | 35 500\$ | 36.35% |
| Health center construction | 22 450\$ | 23 % |
| Health center equipment | 7 470\$ | 7.65% |
| Awareness campaign and seminairas | 6 000\$ | 6.14% |
| Transport | 16 000\$ | 16.38% |
| Miscellaneous expenses | 5 570\$ | 5.70% |
| Unforeseen expenses | 4 649.5\$ | 4.76% |
| Total cost of initiative | 97 639.5\$ | 100% |

5. Initiative managment

5.1 Initiative managment structure

Although having a potentially large scale impact, this initiative is characterized by the simplicity of its hierarchical structure. The initiative team will be limited and communication between members will be much easier. The project manager, in constant liaison with NAVTI Foundation Cameroon, will be on top of the operational hierarchy. His assistant, which will be referred as supervisor, will be the person in the field and will have the crucial function and responsibility of the operations in the targeted region. Finally, health center coordinator will ensure the medical aspects.

The health center supervisor and coordinator will work closely in the field, under the project manager, who will be based in Yaounde, but will make the necessary visits in the targeted region. The role of each team member will be clear and precise. Canadian interns will mainly be supervised by the supervisor, who will act as local facilitator. They will report hierarchically to both the project manager (as the representative of NAVTI Foundation Cameroon) and NAVTI Foundation Canada and will write their reports to both organizations.

The overall initiative approach is minimalist in hierarchical levels. This feature will be achieved through increased speed of decision making and maximized efficiency in the field.

The initiative will have two committees. The executive committee, responsible for the strategic direction of the initiative and its follow-up will consist of members of NAVTI Foundation Cameroon and the project manager. The advisory committee will consist of members of the Ngambé-Tikar community and they will be the spokesman of local interests and aspirations. They will play an important role in the initiative by making suggestions that reflect the local reality in addition to facilitating the two components of the initiative. This advisory committee will be largely linked to the health center Coordinator and will also work with the supervisor when their abilities or influences will be desirable. Their contributions will be communicated to the project manager.

The partnership between NAVTI Foundation Canada and NAVTI Foundation Cameroon will ensure the viability of the strategic decisions making taken in Cameroon by providing the necessary funds.

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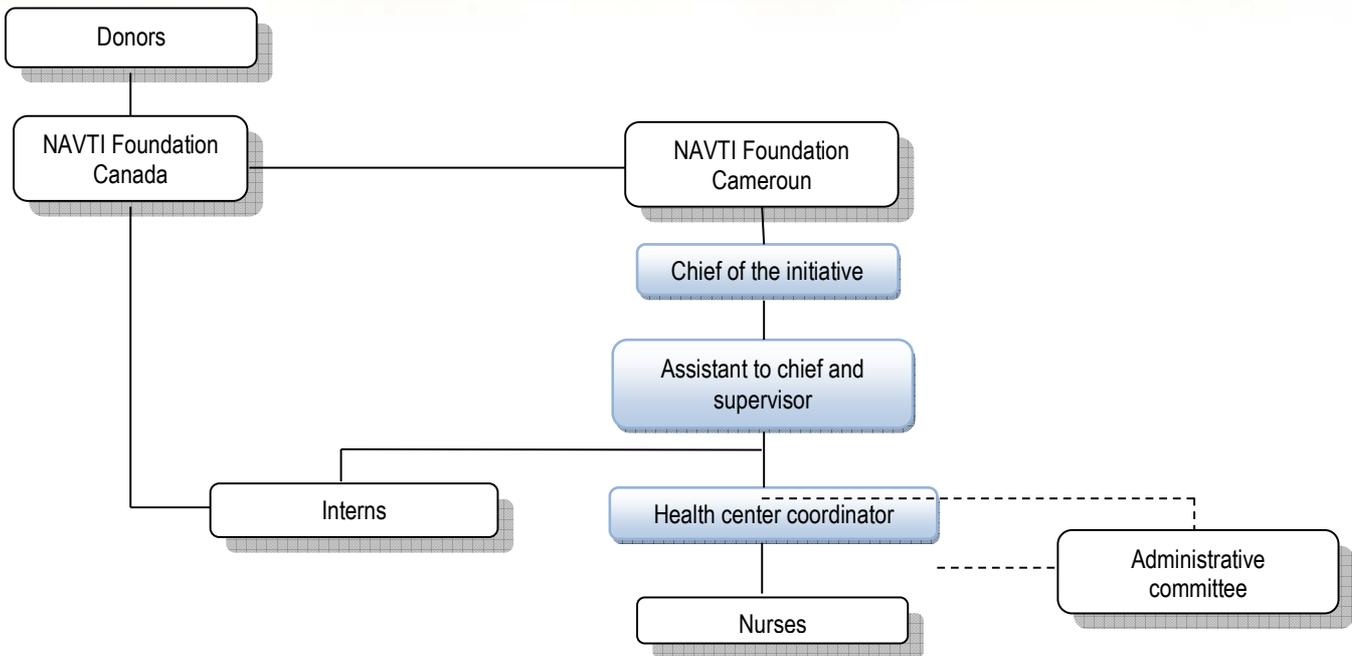
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Figure 2 : Organizational chart



5.2 Mandate of the different actors and committees

Table 7 : Roles and responsibilities management structure members

| Elements of management structure | Composition | Roles and responsibilities |
|----------------------------------|--|---|
| Strategic partners | NAVTI Foundation Canada | <ul style="list-style-type: none"> √ Select, train and send the interns; √ Ensure initiative fundraising; |
| | NAVTI Foundation Cameroun | <ul style="list-style-type: none"> √ Provide high effective and participatory management to the initiative; √ Manage funds; √ Recruit project manager; |
| Administrative committee | <ul style="list-style-type: none"> - NAVTI Foundation Cameroun - Project manager | <ul style="list-style-type: none"> √ Take decisions related to the realization of the goals; √ Ensure regular follow-up of the project and redirect the operations if necessary; |
| Initiative team | Initiative chief | <ul style="list-style-type: none"> √ Direct the activities according to schedule, technical specifications and costs; √ Manager connections between NAVTI Foundation Canada and Cameroon; √ Writing quarterly and final reports; |
| | Assistant to the initiative chief | <ul style="list-style-type: none"> √ Administrative tasks directly related to field |



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| | /Supervisor | activities; ✓ Responsible for the logistics of the awareness; campaign and seminars; ✓ Management of Canadian interns; |
| | Health center coordinator | ✓ Coordinate health center operations; ✓ Provide adequate inventory of drugs and medical equipment; ✓ Maintain up to date a register of care provided; ✓ Ensure the confidentiality of medical records; ✓ Establish prenatal and postnatal classes; ✓ Facilitate the seminars after the departure of Canadian interns; |
| Administrative committee | ✓ Five to ten individuals of the Ngambé-Tikar community, including an influential person with honorary title; ✓ Ensure women representation on the committee (at least one third of members); | ✓ Provide concrete and local contribution to the initiative; ✓ Facilitate the implementation of activities; ✓ Suggesting ways of adequate health center managements (required medical expenses, exemption for the poor, opening hours, ...); |
| Animators | ✓ Two Canadian interns; ✓ Three nurses (one of them is the Coordinator of the health center); | ✓ Prepare and lead seminars; ✓ Adapt seminars to target groups; ✓ Write a report after each seminar; ✓ Write monthly and a final reports for NAVTI Canada and Cameroon; |

5.3 Follow-up and evaluation

Needed Information for follow-up and adequate evaluation will be largely related to records kept by the health center supervisor and coordinator. These records will increase the objectivity of the results of the analysis. The supervisor will record:

- ✓ attendance at seminars;
- ✓ an estimate of the proportion of men and women attending the seminars;
- ✓ duration of seminars and, in particular, the duration of the question period;
- ✓ number of pamphlets distributed in each seminar;
- ✓ the results of post-seminars questionnaires/surveys;
- ✓ progress in the construction of the health center, especially the schedule delays;
- ✓ all other pertinent information;

The health center coordinator will record :

- ✓ details of medical consultations, according to the standards of his profession;

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- √ condoms and pamphlets distributed;
- √ tests and results of HIV/AIDS screening, according to the standards of his profession;
- √ all drugs entering and leaving the health center (detailed inventory);
- √ epidemiological data at fixed time periods (for comparative purposes);
- √ any other information deemed relevant;

The project manager, will help his team prepare the lists of data to enter for each team member, according to the activities they will be affected. The records containing the data will be preserved for future reference when drafting quarterly and final reports.

The project manager will be responsible for drafting the quarterly reports. This work will be facilitated by an improved communication inherent to small project teams as well as an up to date register. The reports should mention the realization or absence of hypothetical risks identified in project planning. These reports and an analysis of observed differences, if any, will be subject to NAVTI Foundation Cameroon. The performance will be evaluated and adjustments to planning will be conducted as needed. The reports will be sent to NAVTI Foundation Canada to consult on the initiative's progress.

Canadian interns will also have to write weekly reports, after each seminar, to be presented at NAVTI NAVTI Foundation Cameroon and Canada. These reports will include the methods used to communicate information, the degree of involvement or interest of the participants, the activities or approaches that cause a greater receptivity of participants (to be included in future seminars) positive or negative comments from participants after the seminar and any other information deemed relevant to the success of subsequent seminars. Interns will prepare an internship report to be handed over to NAVTI Foundation Cameroon and Canada. This report will be very useful for futur trainees who will return to the region after the end of this initiative.

A proven external evaluator will conduct a mid and final initiative evaluation. They will be hired locally to reduce costs and they will benefit from extensive data collected by members of the initiative team and interns.

After the health enter construction, and considering its importance in the budget, a mid-term evaluation will be conducted. It will be based on the framework for the measuring performance indicators established in the project planning. The observed differences, if any, will be analyzed by the administrative committee which will establish adequate measures to redirect the initiative towards its goals.

The final report will assess the impact of activities carried out by comparing them with the impacts that were designed at the beginning of the initiative. The recommendations will be crucial for future initiatives. This report will be submitted to NAVTI Foundation Cameroon, Canada and to the donors.

Table 8 : Measurement Framework project performance indicators

| Initiative title : HIV/AIDS prevention in Ngambé-Tikar | | | Project Manager to recruit | | Budget : 97 639.50\$ Duration : one year | |
|---|---|-------------------------------|------------------------------------|-------------------------------------|---|---------------------------|
| Expected results | Indicators | Data Source | Targets | Data collection technique | Frequency | Responsible |
| IMPACTS | | | | | | |
| Health conditions are improved and health care is accessible to all target groups | Mortality rate linked to health problems or other diseases in the region Ngambé-Tikar | Health center medical reports | 50% reduction of endemic treatable | Compare the number of cases treated | √ Initiative end; √ annually; | Health center coordinator |

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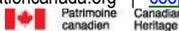


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| | | | | between periods of time data | | |
| EFFECTS | | | | | | |
| A functional health center is developed in the village of Ngambé-Tikar and primarily offers support services on HIV/AIDS, but also primary health care and clinical consultations. | <ul style="list-style-type: none"> ✓ Number of consultations registered at the health center; ✓ Number of people affected by aids that have received treatment; | <ul style="list-style-type: none"> ✓ Health center register; | <ul style="list-style-type: none"> ✓ Gradual increase of consultations; ✓ Number of successful treatments; | <ul style="list-style-type: none"> ✓ Periodic quantitative analysis of the health center register | <ul style="list-style-type: none"> ✓ initiative end; ✓ annually; | Health enter coordinator |
| A larger part of the population is aware of the HIV/AIDS issue and its prevention methods. | <ul style="list-style-type: none"> ✓ Number of participants present at the awareness activities ✓ New knowledge acquired through seminars on transmission and HIV/AIDS prevention | <ul style="list-style-type: none"> ✓ Polls on the knowledge of ways of HIV/AIDS transmission and prevention; | <ul style="list-style-type: none"> ✓ A well informed 75% of the targeted population | <ul style="list-style-type: none"> ✓ Polls; ✓ Questionnaires; | <ul style="list-style-type: none"> ✓ After each seminar ✓ Initiative end | <ul style="list-style-type: none"> ✓ Health enter coordinator; ✓ Supervisor; |
| OUTPUTS | | | | | | |
| COMPONENT #1: DEVELOPMENT OF AN HEALTH CENTER | | | | | | |
| Construction of health center in Ngambé-Tikar which provides primary health care and HIV/AIDS support services | <ul style="list-style-type: none"> ✓ The center meets the predetermined standards (dimensions, separation, quality of construction, etc.); ✓ Construction respects the time table and the budget; | <ul style="list-style-type: none"> ✓ Construction Contractor and Supervisor inspections | <ul style="list-style-type: none"> ✓ 100% Functional | <ul style="list-style-type: none"> ✓ Inspections and regular monitoring | <ul style="list-style-type: none"> ✓ During and at the end of construction | <ul style="list-style-type: none"> ✓ Initiative chief; |
| The material and equipment for the health center's operation is purchased and delivered to the center | <ul style="list-style-type: none"> ✓ The delivery is conformed to the order and respects the deadlines; ✓ The materials and equipment are functional; | <ul style="list-style-type: none"> ✓ Health center Coordinator advice | <ul style="list-style-type: none"> ✓ 100% Functional | <ul style="list-style-type: none"> ✓ Inspections and regular monitoring | <ul style="list-style-type: none"> ✓ Before the health center opening | <ul style="list-style-type: none"> ✓ Health enter coordinator; |
| Three nurses are hired and are working full-time at the Ngambé-Tikar health center | <ul style="list-style-type: none"> ✓ Number of nurses hired; | <ul style="list-style-type: none"> ✓ Previous Employers ✓ Teachers | <ul style="list-style-type: none"> ✓ Proven Skills | <ul style="list-style-type: none"> ✓ Curriculum vitae; ✓ Diplômes; ✓ Verified Experience; | <ul style="list-style-type: none"> ✓ At the end of the construction | <ul style="list-style-type: none"> ✓ Initiative chief; |
| An HIV/AIDS free testing service is offered at the center | <ul style="list-style-type: none"> ✓ Number of people screened; ✓ Number of registered consultation at the health center; | <ul style="list-style-type: none"> ✓ Health center register | <ul style="list-style-type: none"> ✓ Gradual increase of screenings | <ul style="list-style-type: none"> ✓ Quantitative comparisons at frequencies of time data | <ul style="list-style-type: none"> ✓ Monthly | <ul style="list-style-type: none"> ✓ Health enter coordinator; |

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| A committee of local volunteers is set up and they are helping with the day to day operations, the funding and the outreach activities of the health center | <ul style="list-style-type: none"> ✓ The number of people who joined the committee; ✓ The amounts of money and donations collected by the committee; ✓ The number of volunteers recruited by the committee for each activity; | <ul style="list-style-type: none"> ✓ Committee meeting minutes; | <ul style="list-style-type: none"> ✓ 5 to 10 members dedicated to the community; ✓ Monthly meeting; | <ul style="list-style-type: none"> ✓ Data analysis of committee Meeting minutes; | <ul style="list-style-type: none"> ✓ Mid-term evaluation ✓ Initiative end; | <ul style="list-style-type: none"> ✓ Health enter coordinator; ✓ Supervisor; |
|---|--|--|---|---|--|--|

COMPONENT 2 : AWARENESS AND INFORMATION ON HIV/AIDS

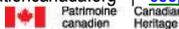
| | | | | | | |
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| An awareness campaign by distributing pamphlets and posters on HIV/ AIDS in schools and in public places in the region, is realized. | <ul style="list-style-type: none"> ✓ Number of deployed posters; ✓ Number of pamphlets distributed; | <ul style="list-style-type: none"> ✓ Work report; ✓ Inspection; | <ul style="list-style-type: none"> ✓ Posters are exhibited in 100% of public places; | <ul style="list-style-type: none"> ✓ Inspections; | <ul style="list-style-type: none"> ✓ Monthly; | <ul style="list-style-type: none"> ✓ Supervisor; |
| Discussion seminars on ways of preventing HIV/AIDS and on the surrounding myths are developed and maintained with students, parents and teachers of primary and secondary schools and villages in the region Ngambé-Tikar. | <ul style="list-style-type: none"> ✓ The number of seminars organized; ✓ Participation rate in each seminar; ✓ The degree of learning of seminar participants; | <ul style="list-style-type: none"> ✓ Registry supervisor; ✓ Interns reports; | <ul style="list-style-type: none"> ✓ 100% of targeted students; ✓ 50% of adults; ✓ 75% of adults in surrounded villages; | <ul style="list-style-type: none"> ✓ Record number of attendees at each seminar; ✓ Post-seminars Questionnaires; ✓ Analysis of supervisor register; | <ul style="list-style-type: none"> ✓ After each seminar; | <ul style="list-style-type: none"> ✓ Supervisor; |
| Prenatal and postnatal classes and education sessions are offered to pregnant women at the health center | <ul style="list-style-type: none"> ✓ Number of classes and sessions organized; ✓ Participation rates in classes and meetings; | <ul style="list-style-type: none"> ✓ Health center register; | <ul style="list-style-type: none"> ✓ 75% of pregnant women; | <ul style="list-style-type: none"> ✓ Attendance at each classes; ✓ Variances in attendance from a classe to another; | <ul style="list-style-type: none"> ✓ Quaterly; | <ul style="list-style-type: none"> ✓ Health enter coordinator; |

COMPONENT 3 : GESTION ET MÉCANISMES DE FONCTIONNEMENT DU PROJET

| | | | | | | |
|-------------------------------------|--|---|---|---|--|--|
| Progress reports are written | <ul style="list-style-type: none"> ✓ The existence of progress reports; ✓ The finding of differences between the realization of the initiative and its initial planning; | <ul style="list-style-type: none"> ✓ Initiative chief; ✓ Supervisor; ✓ Health center coordonator | <ul style="list-style-type: none"> ✓ All targets are 100% reached; | <ul style="list-style-type: none"> ✓ Analysis of the health center coordinator and supervisor records; | <ul style="list-style-type: none"> ✓ Quaterly ✓ After each seminars; | <ul style="list-style-type: none"> ✓ Initiative chief; ✓ Supervisor ✓ Interns |
| A mid-term evaluation report making | <ul style="list-style-type: none"> ✓ The existence of a mid- | <ul style="list-style-type: none"> ✓ Initiative | <ul style="list-style-type: none"> ✓ All targets | <ul style="list-style-type: none"> ✓ Analysis | <ul style="list-style-type: none"> ✓ Mid-term; | <ul style="list-style-type: none"> ✓ Consultant; |

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| | | | | | | |
|--|---|--|--|---|--|---|
| mention of the initiative results and recommendations for the further implementation of the initiative is established | term evaluation; | chief; √ Supervisor; √ Health center coordonator; √ Interns; | are 100% reached; | of the health center coordinator and supervisor records; | | |
| A final evaluation report is prepared. The results and changes observed make it possible to conclude on the initiative level of success. | <ul style="list-style-type: none"> √ The existence of a final report upon the completion of the initiative; √ The final results obtained; √ Changes generated since the development of the initiative; | <ul style="list-style-type: none"> √ Initiative chief; √ Supervisor; √ Health center coordonator; √ Interns; | <ul style="list-style-type: none"> √ All targets are 100% reached; √ Changes allowed the reach of all targets; | <ul style="list-style-type: none"> √ Analysis of the health center coordinator and supervisor records; | <ul style="list-style-type: none"> √ At the end ; | <ul style="list-style-type: none"> √ Consultant; |

5.4 End of initiative and future considerations

The final report written by the evaluator and the project manager, and the recommendations to be attached to it will end this initiative in the Ngambé-Tikar region. The health center's activities will be provided by NAVTI Foundation Cameroon. NAVTI Foundation Canada, will continue the funding for the initiative's sustainability. Interns will be assigned to hold new seminars in subsequent initiatives. All the actors of these projects will greatly benefit from the gained experience during the initial activities. The lack of statistics on HIV/AIDS in the Ngambé-Tikar region will be addressed in a scientific way by comparing the data acquired by the health center over time. Interference in the prevalence of this pandemic can be made by comparing infection rates of other sexually transmitted diseases on a time scale. A reduction of these infections involve an increased use of condoms and, by interference, decreased transmission of HIV/AIDS. Accurate data on the pandemic will also be collected and infected people receive treatment. An awareness campaign, weither its about HIV/AIDS or any other disease, must be intensive and sustained over time in order to make a difference. Initial entry of NAVTI Foundation Canada in Ngambé-Tikar region and its long-term efforts will help achieve the goal of the current initiative which is to improve health conditions of the population by HIV/AIDS prevention.

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FOOTER NOTES

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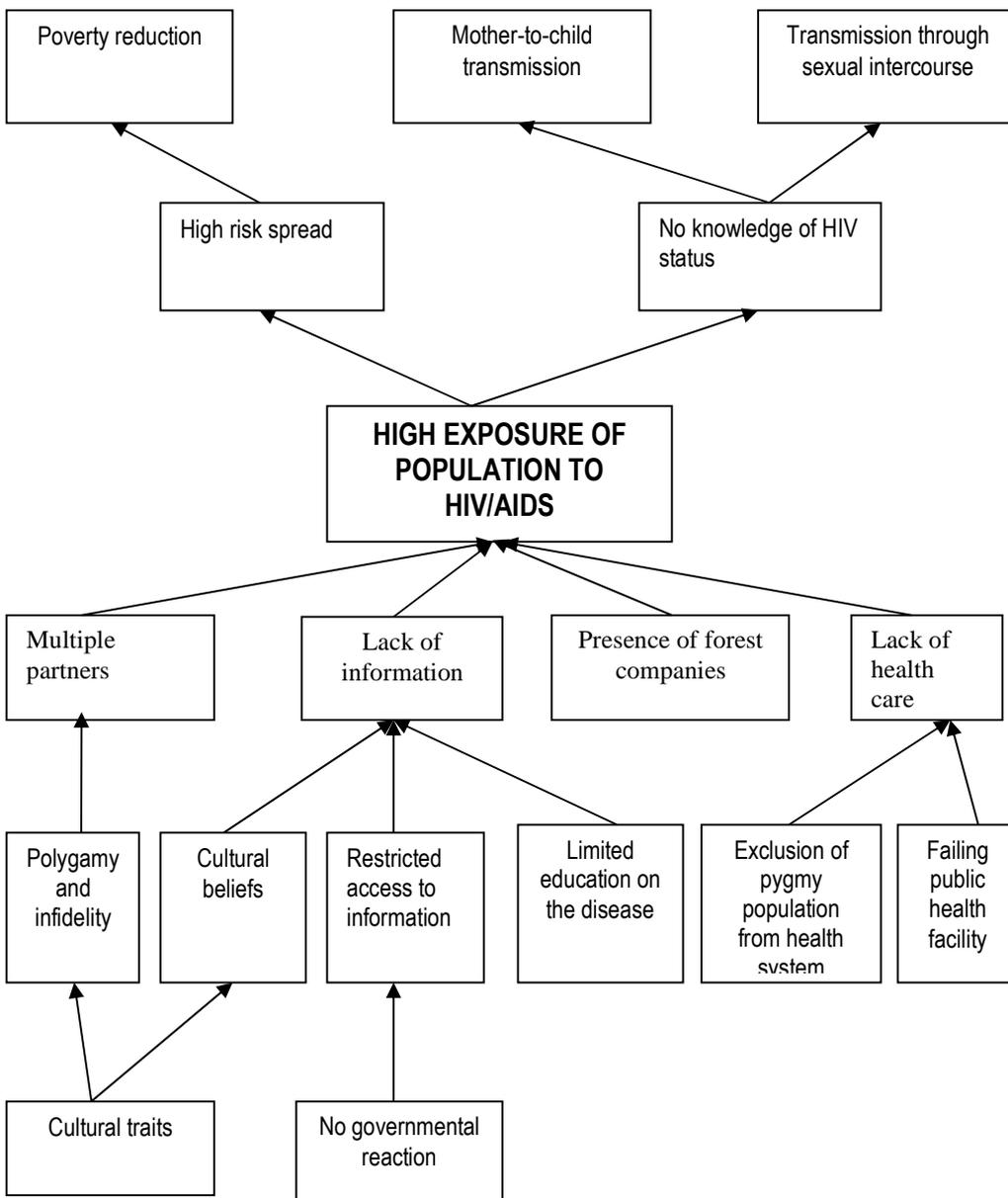
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ANNEXE 1

Annexe 1: TREE PROBLEM



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