

MVCT IN MBU (statistics)

AGE DISTRIBUTION	0-20 vrs	21- 30 vrs	31- 50 vrs	46+ vrs
Number of tested cases	41	108	98	140
Number of positive cases	2	22	13	4
Percentage of positive cases	5%	20 %	13%	3%

■ Number of tested cases
■ Number of positive cases

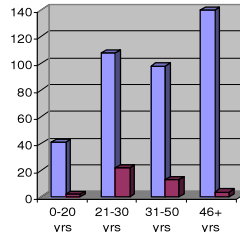


Figure 12 HIV statistics for Mbu village in 2005

EXPENDITURE FOR MOTORCYCLE TO MBU VILLAGE.

Date	Description	Amount(Euro)	Amount (FCFA)
24/11/05	Purchase of motorcvcle		380.000
	Registration		25.000
	Insurance		17.500
	Deliverv in Mbu		50.000
Total			472.500

THE AWING VILLAGE AIDS PROGRAM

The Awing village, which also received a motorcycle from the 2005 D-BF donation, is situated about 35 km from Bamenda. Only 4 WD vehicles can go to this village for most of the year. It has a population of about 40000. The main activity is farming, and most of the population live below the poverty line.

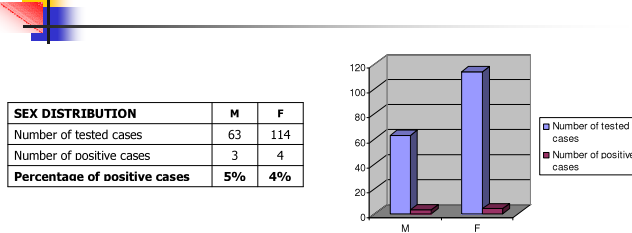


Figure 13 Awing village Cultural and Development Association general assembly receive the DBF donated motorcycle



Figure 14 Mass VCT for HIV in Awing village

MVCT IN AWING 2nd FEB 2004 (statistics)



HIV prevalence in Awing is probably the same as for Mbu village, although the results of screening in 2004 show a lower figure. The samples for the screening exercises may not be representative of the village.

EXPENDITURE FOR MOTORCYCLE TO AWING VILLAGE.

Date	Description	Amount(Euro)	Amount (FCFA)
	Purchase of motorcvcle		380.000
	Registration		25.000
	Insurance		17.500
	Deliverv cost in Awing		50.000
Total			472.500

2006 BDF FUNDING

In November 2006 COPAAP received 2 cheques for **812.852 and 787.148 francs CFA** from BDF to support community income generating projects for AIDS control programmes in COPAAP partner villages. The COPAAP partner villages in the Santa Sub-Division were requested to send in project proposals for consideration. In June 2007 two acceptable proposals, from Akum and Niong respectively were chosen for funding support of **750.000 FCFA each**. The cheques were issued to the presidents of the cultural and development associations of each of the villages, and were cashed the same month.

To assist the 2 villages develop their projects, a part time expert was hired in May 2007 to work with the villages for 2 months. During the implementation of the projects, which were both grinding mill projects, the villages encountered many difficulties with getting electricity supply to their projects. This necessitated the contracting of a facilitator to ensure these projects had the appropriate electricity connections. It took about a year for one of the villages to get connection, while the second village, Niong is only now (December 2008) getting electricity connected.

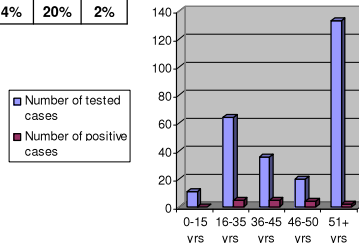
THE AKUM MILLS PROJECT FINANCED BY THE DORDRECHT-BAMENDA FOUNDATION

Akum Village

Akum is a village with a population of about 15000, situated about 10 km from Bamenda, on the Bamenda- Bafoussam highway. The main activity is subsistence farming, but a good number of the villagers indulge in trading with passengers that pass through the village. The village is situated on a busy highway. A busy daily market, where alcohol is sold and consumed freely, is probably a contributory factor to the relatively high prevalence of HIV/AIDS in the village.

MVCT IN AKUM ON 17TH JUNE. 2006 (statistics)

AGE DISTRIBUTION	0-15 vrs	16-35 vrs	36-45 vrs	46-50 vrs	51+ vrs
Number of tested cases	11	64	36	20	133
Number of positive cases	0	5	5	4	2
Percentage of positive cases	0%	8%	14%	20%	2%



The Akum village HIV/AIDS control programme has got trained community leaders, trained community health volunteers (CHVs), and an equipped village AIDS control centre (VACC). Their community health volunteers are fairly busy: carrying out sensitisation, education, counselling, and facilitating testing for HIV, as well as care and treatment of PLWHIV. The programme is still lacking in sustainable funding for the subsidy of services, the motivation of volunteers, and for the support of people living with, or affected by HIV. It is hoped that the Akum mills project will go some way towards solving the problem of sustainable funding for the Akum programme.



Figure 15 Akum village assemble at the launching of their HIV/AIDS control project



Akum community health volunteers take a picture with their Fon, after receiving their diplomas.



Figure 16 Working session between CARE Cameroon, COPAAP, and Community health volunteers in Akum VACC. This was upgraded to a VACC with funding through CARE