

**REPORT OF COPAAP- BDF COLLABORATION IN THE FIGHT AGAINST  
HIV/AIDS IN BAMENDA. NORTH WEST PROVINCE OF CAMEROON**

**2005-2008**



**COMMUNITY MOBILISATION AND EMPOWERMENT AGAINST HIV/AIDS**

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## FOREWARD & ACKNOWLEDGEMENTS

The Part One of this report states in brief the purpose for which the Community Partnerships Against HIV/AIDS Programme (COPAAP) was created, and shows in annotated pictorial presentation how it has worked towards achieving its goal.

The Part Two focuses on activities that have been carried out using donations from the Dordrecht-Bamenda Foundation (DBF) of the Netherlands. The first donation was made in October 2005, and subsequent yearly donations have been made since then. The donation of 2005 was used to buy 2 motorcycles for the village AIDS control projects of 2 villages. The expenditure of this donation has been reported here such that it could be detached and filed in the relevant DBF 2005 annual or financial year report. The donation of November 2006 was disbursed in June 2007 to the Cultural and Development Associations (CUDA) of 2 villages as part-funding for their community income generating projects. COPAAP could have reported these disbursements made to the CUDAs as expenditure of the donation at the time the disbursements were made, and this might have been more convenient for DBF documentation. We however felt the obligation to ensure the full implementation of the projects, before reporting the expenditure. Unfortunately full implementation of the projects has taken up to 2008, overlapping the donations of 2007 and 2008. It will be seen in the report that the latter donations have been partially spent to provide additional needed support to the projects financed by the 2006 donation. We apologize for the inconvenience these overlaps may cause in the DBF book keeping and accounts. We shall give more attention to these matters in the future, as we select and finance projects.

We acknowledge donations and grants from other Organisations, (VSO, BHC, NAC, CARE, CCF...etc), in 2006, 2007, and 2008. These have been used on activities/projects which are quite distinct from those on which the DBF donations have been used. These activities/projects have been the subject of separate reports to the relevant donors but have been mentioned in Part One of this report for the information of DBF as a COPAAP partner.

We are particularly appreciative of the trust and confidence the Dordrecht-Bamenda Foundation Board of Directors has continued to show in COPAAP as evidenced by the yearly donations the DBF has accorded us since 2005.

The rest of the report deals with lessons COPAAP has learnt and the major challenges it is facing in the implementation of its programme of the empowerment of rural communities in the fight against HIV/AIDS. We have also dwelled a bit on areas of possible further collaboration between the Dordrecht-Bamenda Foundation and COPAAP. It is our fervent wish and hope that our collaboration gives birth, in the nearest future, to a working partnership that should last until the war against HIV/AIDS is won.

## PART ONE

### COPAAP

#### INTRODUCTION

- **The Communities Partnership Against AIDS Programme “COPAAP” is an NGO whose *mission* is to empower rural African communities in the fight against HIV and AIDS. The *goal* is to achieve universal access to all HIV and AIDS control and care services for peoples of rural communities.**
- Started work in 2001 and officially registered as an NGO under No. 0030/E.29/1111/VOL.8/APPB of 22<sup>nd</sup> August 2003
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- E-mail: [copaapcam@yahoo.com](mailto:copaapcam@yahoo.com).
- Website: [www.copaapcam.org](http://www.copaapcam.org)

## **THE MISSION AND GOAL OF COPAAP**

The mission of COPAAP is the Empowerment of Rural Communities In Cameroon with the goal of ensuring that they achieve universal access to all HIV/AIDS control services: education, diagnosis, care, treatment, and prevention.

### **The Need for Empowerment of Rural Communities In The Fight Against HIV and AIDS as the main strategy against HIV/AIDS.**

- 1.** Limited government resources: Financial, health personnel, and health infrastructure.
- 2.** Concentration of limited government resources and health infrastructure in the big towns.
- 3.** Low accessibility of health care services in the big towns to the rural population because of the very bad road infrastructure.