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VSO Cameroon
legacy 1998-2014

VSO is the world’s leading independent international development organisation that works through volunteers to fight poverty in developing countries. VSO’s approach involves bringing people together to share skills, build capabilities, promote international understanding and action, and change lives to make the world a fairer place for all.

In 1997, VSO received requests from organisations in the then South West and North West provinces of Cameroon as well as the British High Commission (BHC) to start development programmes in the country. A VSO Consultant went on an exploration mission and it was decided that there was enough need and potential for placements in Cameroon. A programme was thus put in place and the VSO Cameroon Programme Office was opened in 1997.

From 1998 to 2012, VSO Cameroon operated in five goal areas: Health, HIV/AIDS, Education, Participation and Governance, Secure Livelihoods. It supported a group of international volunteers (IV) working with local partner organisations (government, non-governmental organizations, and local councils) to build their capacity and to support their service delivery to communities. Volunteers were based in five regions: the North, Far North, North West and the Model Forest areas of Dja and Mpomo (East) and Campo Ma’an (South). In June 2012, VSO Cameroon started implementing a new strategy which focused on Women empowerment, specifically in four key domains: women’s rights and participation, women’s economic power, women and girls’ education and literacy, and maternal health.

In October 2013, against the background of the shrinking budgets for international development aid, VSO International had to reassess their global development priorities and made the difficult decision to close a number of country programmes, including the Cameroon Programme.

VSO puts volunteers at the heart of tackling poverty. Since 1998, VSO has placed close to 400 international volunteers with partner organisations in Cameroon from various skill areas and backgrounds including doctors, midwives, project managers, education specialists, legal specialists, management & governance specialists social workers and community workers. National Volunteers also became part of VSO Cameroon’s strategy and to date, more than 200 local people have been mobilized to lead change within their communities with the support of International volunteers, VSO staff and national volunteering partners.

VSO International has worked in alliance with CUSO International (Canada) and they have worked together in Cameroon since 2007. Funding for VSO Cameroon comes from VSO UK through the Department for International Development (DFID) and through CUSO – from the Canadian International Development Agency (CIDA). funding has also come from the British High Commission in Yaoundé, the Dutch Embassy, the European Union, Natural Resource Canada and other external funders.

This photo book seeks to highlight the successes VSO Cameroon has recorded after 15 years of bringing people together to fight poverty. By harnessing the power of volunteers to empower communities to break out of poverty, VSO Cameroon is leaving behind a powerful legacy in the communities it has worked with over the years. Join us in celebrating 15 years of VSOs work in Cameroon.
Over the years VSO Cameroon has worked in various sectors in the field of development including Education, Participation and Governance, Health, HIV/AIDS, Secure Livelihoods and has recorded some great successes which have been compiled into case studies. These case studies give a glimpse of the development issue in question, the intervention that brought about change, how the change came about and who was involved. It also contains some significant change stories from beneficiaries themselves and opens our world into the realm of volunteering. Thanks to the amazing efforts of our national and international volunteers who have served in Cameroon, we are proud to showcase some of the inspiring stories of change which have contributed to our efforts at ending poverty globally.
Stories
Tackling HIV stigma in Cameroon

Around 600,000 people in Cameroon are living with HIV and AIDS, with women being particularly vulnerable. High mother to baby transmission rates mean that thousands of children in Cameroon are also living with the disease, although almost half of these children fail to turn up for treatment. VSO volunteer Paediatrician Tamara Bugembe is helping nurses improve care for mothers, children and babies in Bamenda Regional Hospital, northwest Cameroon, and increase awareness in the local area.
Shrouded in secrecy

Fabrice, a four year old boy living with HIV, was rushed into hospital in a severely malnourished condition. His relatives had no idea he was on antiretroviral drugs because his mother had been too ashamed to reveal her HIV status before she passed away. His family had been trying to treat him at home, but luckily someone who lived near the clinic knew about their visits and brought Fabrice in where he received treatment from VSO volunteer Tamara and local doctors in Bamenda.

Awareness of HIV and AIDS in Cameroon is poor, and many people fail to seek treatment for themselves or for their children because of the fear and stigma that surrounds the disease. Some people believe they can catch the virus by being friends with someone with HIV, or by sharing food, shaking hands or hugging them.

Speaking to parents directly

Fabrice is just one of the 48 per cent of HIV-positive children that fail to come back to the hospital for follow up treatment. Some parents live a long way from their nearest clinic, and others simply don’t realise that treatment needs to be long-term and regular.

“Most children stop coming to the clinic because of a change of carer, either after a parent passes away or if they move to a relative’s house,” says Tamara who conducted research with parents on why their children don’t return to the clinic. “All the work we do to stress the importance of treatment gets lost, so we’ve started to focus our efforts on educating the children themselves,” she adds.

A team of “myth busters”

Tamara and the hospital staff have also been visiting schools, universities, council offices and institutions across the region to challenge HIV myths and share the facts about HIV and AIDS, in the hope of changing attitudes and behaviour in the wider community.

“Some were sceptical and suspicious to start with, but most took a real interest and opened their ears to our message.” says Tamara.

From clinic to community

Tamara and the hospital staff are training some of their patients to become community educators or support-group leaders, to help dispel the fears and misconceptions surrounding HIV and AIDS that stop people coming forward for testing or treatment.
“Ordinary members of the community can help us reach a much wider audience, and can talk from personal experience in a way that will hopefully inspire more families to act and to speak out.” says Tamara.

Pregnant women are often reluctant to discover their HIV status because they believe there is nothing for them to do to help their babies. Fears of spiralling costs of treatment add to this problem. Reassuring women that tests and treatment for children are free, and that if they are HIV positive it doesn’t automatically mean their child will be, is helping encourage women to take the test and seek help.

By encouraging HIV testing for pregnant mothers, rates of mother to baby transmission at Bamenda Regional hospital have almost halved over two years.

**Improving hospital care and support services**

As well as working to change attitudes in the wider community, Tamara is assessing services at the hospital on offer to children and adults with HIV and AIDS, and is training nurses to provide care and support through counselling and drug treatment. She is sharing her extensive experience in paediatrics to train the few midwives that are at the hospital to keep babies born to HIV-positive mothers alive, as well as care for very sick and premature babies in the newborn baby unit.
Improving maternal healthcare in Cameroon

Debbie Stratford, midwife trainer

In Cameroon women have a one in 35 chance of dying during pregnancy and childbirth. UK midwife Debbie Stratford is training health workers in northwest Cameroon helping to decrease unacceptably high rates of maternal and infant mortality by 2015.
“I’m working at a midwifery school that’s been up and running for around 18 months in northwest Cameroon’s main referral hospital. It’s a flagship hospital, and we’re encouraging rural health centres to refer urgent cases to us – so I’m working to ensure it has excellent services that can deal with high risk patients.”

I was already a mother when I started my midwifery training. I was in my early thirties which worked out well, because midwifery can be complicated and requires social skills. I’ve mainly worked in an obstetric high-risk unit, but I’ve also done home births and worked in a midwifery led unit. I have experience running a labour ward, training staff and I’ve done lots of bereavement work - but mainly I’m a hands-on clinical midwife in an obstetric unit, so I’ve got a broad spectrum of experience.

When I first arrived in Cameroon, I was shocked to discover that infant and maternal mortality rates are growing at approximately two per cent each year in some parts of the country; much of that’s because there’s been little midwifery training in the country in recent years.

I’m working at a midwifery school that’s been up and running for around 18 months in northwest Cameroon’s main referral hospital. It’s a flagship hospital, and we’re encouraging rural health centres to refer urgent cases to us – so I’m working to ensure it has excellent services that can deal with high risk patients. There are approximately three thousand deliveries each year and at any one time, there are only ever two trained staff on duty; so there’s a huge need to train more midwives.

The majority of the staff I work with have had limited training in maternity care, so they haven’t had a chance to really develop their skills. Emergencies can often occur; and if you have no experience then your response, through no fault of your own, is going to be quite ineffective. Local health workers also have virtually no access to resources, guidelines, textbooks or internet access and there’s no way for them to practice and update their clinical skills, so our role as VSO volunteers is critical in equipping existing and future staff with the skills they need to deliver the care these women deserve.

Over the last few years lots of rural health centres have been built where I’m based, and I’m delivering practical training workshops to staff at 26 rural health centres during my VSO placement. The female patients I’ve met here generally have a very poor understanding of pregnancy, birth control and the implications of child birth on the family, so a lot of community education needs to happen.

Apart from training local health workers, I’ve also worked with the public health delegate, who’s in charge of all the health services in the region. Together we’re trying and develop a set of simple and straightforward clinical guidelines, as no national guidelines exist in Cameroon. It couldn’t be further from the reality of working as a midwife in developed countries where everybody works according to a national guideline policy. Even very experienced midwives around the world refer to them regularly, so we’re trying to develop something that is relevant to the local community, and takes into account the drugs and procedures that are possible locally. We’ll roll out training of the guidelines through workshops and we’ll really be encouraging staff to integrate them into their everyday way of thinking.

I’ve wanted to volunteer with VSO for a long time, but my family responsibilities have kept me busy until now. I’ve always been interested in supporting the development of midwifery internationally and the inequalities of maternal care around the world. I was also interested in understanding new cultures, and in the experience of working in a challenging situation, and, quite honestly, trying to see if there’s anything in a small way that I can do, as an individual, to improve the lives and the outcomes of women living in these difficult situations.

I’ve been able to handle the clinical side of volunteering well, and I’ve gained new skills too. I’ve been doing things like chairing meetings and engaging in formal dialogue with important people in order to get a project endorsed. I’m not used to working in an office, and whilst it’s challenging creating change in an environment where the vital work of midwives is sometimes not properly understood, it has given me new experiences.

VSO is very, very insistent that we are building capacity; that we are giving local people the skills they need to continue. So I really try and look at the long term, to make sure that years down the line, health workers will say ‘Yes, we’ve still got that information that VSO supplied us with,’ and we’re still ensuring the community has access to regular training. For me as a VSO volunteer – that’s the fundamental part of why I’m here. The key ingredient – is making sure that local people can deliver to the community in the best way that they know how.

The people here are lovely. The local staff are very welcoming and, of course there are differences in practice. I think I’m learning as much as I’m teaching. A really important aspect of being a VSO volunteer is that you always learn how these people are so resourceful, and what they do with so little is quite inspiring. So I really enjoy that side as well.

I really hope I’ll be leaving something valuable that is practical, achievable and sustainable. I’ve delivered the workshops, I’ll be mentoring and watching how local staff practice, and then I expect future VSO volunteer midwives will come and reinforce the message to keep that momentum going. Even when I’m gone, I hope the information I provide will leave a lasting legacy for other maternity workers to deliver that quality of service.

I’d definitely say volunteering is not for the faint-hearted. You need to be willing to learn and be adaptable and flexible. So if you feel those are your strengths, then volunteering is definitely a very rewarding experience. It is a real opportunity to use your initiative, skills and abilities as a clinician to try and think outside the box. It’s quite a challenge at times – but living in Cameroon is a real joy.

Professionally, I think I’m seriously going to appreciate all the things that we have in the UK. But I’ll also find it difficult, because back home we have so much, especially when such a small thing, like a pair of gloves that we take for granted could be so helpful. So I think that’s going to make me appreciate all the things we have and how lucky we are, and probably make me want to come back and volunteer again somewhere else!
Replacing rites with rights: amplifying the voice of Cameroon’s widows

Women living in rural parts of the developing world are disproportionately affected by marginalisation and poverty. In Cameroon, widows in particular suffer the risk of having their land grabbed, destitution, stigma and abuse. VSO works with partner MUSAB in Bamenda, north west Cameroon, to amplify the voices of disadvantaged women through advocacy and helps to facilitate their involvement in decision-making processes.
Replacing rites with rights:

After Lydia’s husband died, she was forced to undergo harmful cultural practices by others in her village. Her head was painfully shaved and she was forced to sleep on the floor for months. “I would get up in the morning and sit with those who came to mourn with me. I could not go out, I could not attend church, it was like you were not your own person,” she says.

Lydia’s experience is not an isolated case. Widows across parts of Cameroon are forced to stay at home, refused visitors, and in some cases, stripped of all their land and possessions.

Today Lydia Swiri Ndikum is one of 26 community advocates in her village in Chomba, northwest Cameroon. But she has suffered on her journey. She says, “I don’t want any other woman to be treated that way. I want this eradicated. Widows should be free to live their lives.”

Changing attitudes to eradicate harmful practices

Since 2008, VSO has worked in partnership with the Muslim Students’ Association of Bamenda (MUSAB) to eradicate these discriminatory and harmful practices. By empowering community members with basic advocacy skills and engaging traditional kings (fons) in the project, they’ve seen some real success.

The work involves heavy consultation with villagers, before a binding agreement that recognises the rights of widows is drawn up between community advocates and the fon. Much of the daily work to effect change is done by community advocates – women and men who have received training funded by VSO to support widows.

In Baba1, one district in the north west of Cameroon, the fon, Fuekemshi II became the first ruler to sign an agreement to protect widows in the region in May 2008 and support the project in its early stages. “If I hadn’t been interested, it would still be the way it was,” he says. “What we are trying to do is come out of the old … This is a culture that needs to be wiped out, and in this village, it’s changing fast,” he said.

VSO volunteer Christiane Bossé coordinates the implementation of the project in 5 fondoms (traditional kingdoms), and supports the project to raise awareness of its successes, which are not easily gained. “It’s a very gradual process,” she explains. “Even if the Fon has signed the agreement, there’s still often a lot of sensitisation and work that needs to happen.”

Empowering women even further

Volunteer Christiane Bossé has added a livelihoods dimension to the project in Baba1 by starting a cornmeal-grinding business, with all profits going towards supporting the advocacy group in their work on behalf of the widows of the community. “If, for example, a widow has a problem and she needs to go to the palace, she cannot go empty-handed and that costs money,” she explains.

Critically, the project engages not only women but also men who are passionate about representing the rights of widows. However, community advocate and widow Lydia believes it is the marginalised women for whom the greatest change is being felt, “The women had been suffering in silence and now they have found a voice.”

VSO is campaigning for increased involvement of women in decision making at all levels. We’re calling on the UK government to support publicly and advocate for women’s participation and influence to be a key aspect of the global development framework that replaces the Millennium Development Goals after 2015. To know more about the campaign go to www.vso.org.uk/womeninpower

“I don’t want any other woman to be treated that way.”

An effective model to change attitudes

Thanks to the initial success of the project, MUSAB and VSO are hoping to roll it out across the Northwest Region, and share best practice with other regions. It has been extended to five other fondoms, reaching approximately 8,000 widows. Volunteer Christiane says, “We’ve had real success so far and great impact, so we’re keen to scale up.”

The project was first started by Mallam, Executive President of MUSAB in 2008 in his own community, Baba1 where 80% of women are widows. Fully aware of the sensitivities involved in their efforts, he is setting his sights on targeting younger fons next, “Some of the younger fons have been to university,” he says. “They will see what we are presenting and understand why we are coming in. Some of these traditions have lasted more than 500 years.”
community
development at
Babessi council,
North West region

With VSO’s council Capacity
Building process at the
council of Babessi in the North
West Region of Cameroon,
community development has
now become the focus of the
council’s activities.
The council now uses a sectoral approach in drawing up its annual budget, with mandatory budget segments allocated for women empowerment, child protection, education and health. The percentage of the council budget allocated to community development increased from 10.48% in 2008 when VSO’s intervention started, to 39.48% in 2012. This makes the council a pioneer in poverty alleviation and community development in Cameroon. This has had dramatic impact on the wellbeing and access to basic services of the 72,000 inhabitants of the Babessi municipality, with many dozens of much needed community development projects and activities carried out across the council area over the past years. Babessi is situated in the North West region of Cameroon, one of the poorer regions of the country.

Development achievements in education

Lack of teachers in primary and secondary schools is a great problem throughout Cameroon and impedes access to quality education for vast numbers of Cameroonian children. In 2009, Babessi council started to invest in the education sector and recruited, for the first time, primary school teachers from the council budget. In that year, in the absence of any state employed teachers to fill the teaching gaps, 20 teachers were recruited locally—a novelty for Cameroon. In 2010, the council doubled its effort and recruited 40 teachers. In 2011, the council recruited 51 primary teachers. This significantly improved the quality of education through an improved pupil/teacher ratio: while in 2006/2007 there was one teacher for each 108 pupils, by 2011 this ratio had improved to one teacher per 62 pupils. In the school year of 2010-2011, the school exam results in Babessi’s communities clearly demonstrated the impact this had had: where the percentage of pupils passing the First School Leavers Exam was 57.68% in 2008/2009, this percentage had increased dramatically to 95.3% in 2010/2011.

The council’s shift towards addressing real community needs (such as recruiting teachers) was a direct result of the Strengthening the Council process that VSO had started implementing in Cameroon from 2008 onwards. The process is part of VSO Cameroon’s Participation & Governance program, designed to support decentralization and promote good governance in a country notorious for its high levels of corruption in all layers of society. The Strengthening the Council process was designed by VSO Cameroon as a comprehensive tool for participatory assessment of councils’ capacity needs, and to sensitize all key stakeholders in the council and the communities on the key pillars of good governance: participation, accountability and transparency.

The council started allocating a percentage of the council budget to the so called ‘Community Planned, Community Managed Program’, a program specifically designed by the VSO Institutional Development Adviser (volunteer Shamsul Akhtar from India) for the Cameroon local council context. Under this program, now widely known as ‘Small Money, BIG CHANGE’, the council provides micro funds for community managed projects that are chosen and managed by beneficiary committees from within the community. The secret to the success of the program are the clearly defined and easily understandable step-by-step guidelines for transparent, participatory and accountable decision making and management. Under the program a range of successful infrastructure projects (including wells, projects for piped drinking water and schools) have been completed with minimal funding from the council—and at dramatically lower cost than under ordinary council or state investment procedures. This is because communities are not only closely involved in the planning and implementation of the projects but also provide local materials and labor, as well as modest financial contributions. The beneficiary committees are also responsible for the further management of the project. This program is another novelty for Cameroon, where development interventions tend to face many challenges engaging local communities, and where a sense of the common good is often absent.

In the two years of the program’s implementation (2010 and 2011), 39 projects were accomplished in 22 communities, including construction of 12 stand taps, 9 wells, 2 water catchments, an extension of the pipe born water network, 5 primary school class rooms, construction of roofs over 2 classrooms, and 12 bridges connecting communities to hospitals and schools. These projects benefit a total number of 59,015 beneficiaries, including children and women, who now have access to safe drinking water, better school infrastructure, and increased access to their hospitals, schools, farm fields and markets.

The maximum Babessi Council has contributed to any one project is 500,000 fcfa, equating € 750, and council contributions do not exceed 50% of the total projects costs. The infrastructure projects carried out under this program have been implemented at up to 85% cheaper rates than under state investment schemes. As an example, the total input from the council for these 39 projects over 2010 and 2011 was 11.6 million Cameroonian franc (equivalent of approximately 15,000 pounds), whereas the community contributions were much higher and amounted to 17.7 million franc (equaling approximately 23,000 pounds), in labor, construction materials and small financial contributions. The total input from VSO over those two years has been the provision of one long term volunteer for the entire period and around 3000 pounds in total for financial support to trainings and workshops.
‘Small Money, BIG CHANGE’ Methodology

The program has a clear methodology with guidelines easily adopted and implemented by local community groups. Drawing on priorities set by community members, the council is responsible for selecting micro projects to take forward, provide funding and to support the committees to ensure that community projects are adequately carried out. Babessi Council made it a policy that each of its municipal councilors should have the responsibility to establish a beneficiary committee in their own constituency. This is to ensure that every community has the opportunity to be involved in the Small Money BIG CHANGE program and get micro fund support from their council for locally identified projects.

To ensure community representation, involvement and transparent management of funds, the councilors are required to follow 10 key guidelines and steps:

1. Agree on a name for the community
2. Form a ‘Beneficiary Committee’
3. The Beneficiary Committee should consist of 9 members, including the local councilor, at least 4 women, the most popular opposition leader, and should reflect a cross section of the community including a student, a farmer and a business man/woman
4. Select a Convener, Secretary and Treasurer—they will be the joint signatories for operation of the Committees funds. One of these three key positions should be filled by the opposition leader
5. Open a bank account (the bank should be nearby and legalized, and could be a cooperative or a credit house)
6. Fix a date and venue for a monthly beneficiary committee meeting
7. Make a realistic and manageable plan of action for the year. For a council micro fund submission, the Beneficiary Committees should provide a detailed project plan and budget, including materials and labor contributed by the community.
8. Decide on one priority activity for each month and decide on roles and responsibilities in implementation and monitoring
9. All financial transactions (collection and expenditure) should be published in various places within the community and a copy sent to the Council to ensure financial transparency.
10. Use a register for all meetings and decisions taken and attendance lists with signatures of all attendees.

This methodology and a series of supportive trainings have helped community groups in Babessi to identify, plan and manage their own development projects. Trainings provided by the VSO volunteer to acquaint them with transparency and accountability included sessions on how to do community needs assessments, understanding Participatory Planning and Budgeting processes, as well as project and financial planning, management and monitoring.

Small Money Big Change has had such success that many other mayors and their councils in areas elsewhere in Cameroon have shown their interest and decided to adopt the program. In fact, there is international interest as well: a visiting delegation from VSO Zambia’s Governance program, consisting of elected representatives of various Zambian municipal councils (partners of the VSO Zambia program), noted in 2011 that the delegation “would take home an important lesson to share with their communities: that it is not necessary to wait for the state to invest in a development project in a community; in Cameroon we saw that people can achieve a lot by themselves in ensuring their own development.”
Neonatal resuscitation training Bamenda

Jill King is a Paediatric doctor from Scotland, placed by Voluntary Services Oversees (VSO) to share her medical skills at the Bamenda Regional Hospital in the North West Region of Cameroon. Jill’s Paediatric training program made it possible for her to take a year away from her position as a Paediatric Registrar at the Royal Aberdeen Children’s Hospital to volunteer in Bamenda on a Royal College of Paediatrics and Child Health (RCPCH) Fellowship post.
Bamenda Regional Hospital is situated on a small hill overlooking the city, with expansive views to the large, volcanic mountains beyond. A series of single story buildings, the majority built in the 1950s, are spread out across the green-field site, with covered walkways cutting through the manicured grounds to link the wards and provide protection from the rains. The wards are simple, containing only basic equipment, metal beds, crumbling paintwork and mold growing on the damp walls and leaking roof.

In the children’s ward children line up to receive their treatment from the nurses, the crying mounting as they see the child in front of them receive their treatment and anticipate their own. There are no toys, or thoughts of distraction for painful procedures. The patients provide their own food and bed linen, and the parents or carers sleep on the floor underneath their child’s bed. Privacy is a luxury that is not available to most.

Jill works predominantly in the Nursery where her day is consumed by the simplest of tasks; keeping her tiny patients warm, hydrated and trying to fight off infection. On a typical day, Jill will consult and treat patients with anything from the common cold, to serious infections such as pneumonia, meningitis or malaria. Despite the many challenges, Jill is enthusiastic about her experience and really believes there is potential for things to change.

Jill decided to focus her efforts on developing and equipping resuscitation stations and training nurses and doctors on how to effectively revive a newborn baby because she had noticed a major issue in the hospital: infants were too often dying from birth asphyxia.

There was one particular day when Jill realized the main purpose of her placement. While Jill was doing the morning ward round in the Nursery a nurse from labour ward walked slowly into the nursery carrying a bundle, casually chatting with the nurse in the nursery as she came to put the bundle on the treatment table. Jill stopped what she was doing to go over and check the baby was okay. Inside the bundle of cold, wet towels was a small preterm baby who was very blue and not breathing. Jill immediately started to resuscitate the baby only to be told “Doc you need to wait until the family bring gloves” to which another mother promptly handed over a pair of gloves, and then she was handed an oxygen mask from the nurse in the nursery – a completely useless piece of equipment if a baby is not breathing. That same evening, on her final check on the Nursery before she left for the day, Jill arrived to find a nurse doing chest compressions on an older preterm baby who she had found in an incubator not breathing – an entirely pointless exercise if you do not also breathe for the baby. Jill had seen too many babies die this way during her short time at the hospital and decided this was a priority issue.

In 2011, the under 1 year mortality was 9.5%, with 28% of those deaths resulting from birth asphyxia. Jill discussed the issue with the nurses who explained they had never had any training on how to resuscitate a baby but were keen to learn.

In the Nursery, where approximately 70 newborns and infants are admitted each month and one nurse cares for between 30 to 40 infants at any one time; where equipment for management of children’s vital signs is non-existent; where a single oxygen tank must be split between multiple ailing infants; and where broken incubators have been fitted with electric bulbs to provide warmth on surprisingly cold Bamenda evenings, Jill went to work developing resuscitation stations and training workshops. The project was threefold. First she ensured the resuscitation stations were equipped with the necessary tools, including step-by-step instructional posters, ambu-bags with appropriately sized masks, oxygen tubing, oxygen face masks, naso-gastric tubes, syringes, gloves, suction catheters, a stethoscope and hats that Jill knitted herself to keep the preterm babies warm.

Next she held hands-on workshops where 15 nurses learned how to recognize a baby who needs resuscitation, how to manage a baby’s airway, how to provide bag-valve-mask ventilation, how to do chest compressions, how to manage when alone or with two people, and how to preempt and prepare for babies that may need resuscitation. In teams they practiced their acquired knowledge by going through scenarios and working with manikins. Finally, Jill developed a manual and refresher course to ensure the nurses would feel confident in their abilities when she left and so they would have the workshop components at their disposal for training new staff.

The training was so well received that she will be taking her course to a neighbouring hospital, Banso Baptist Hospital, where nurses from 8 affiliated rural health centers will also attend. Before Jill leaves in a month, over 60 nurses, midwives and doctors will have completed the training.

The results of the training were immediate and dramatic. Fewer newborns and infants were dying or suffering from the consequences of asphyxiation. The nurses and midwives were enthusiastic about their new knowledge and even tried to train those who had been unable to attend. The medical staff were bombarding her with questions and not just related to resuscitation. The staff were thirsty for knowledge which to Jill was a noticeable change in people’s attitudes. In a culture where medical staff are expected to have all the answers and where asking for help is seen as a sign of weakness, this attitudinal shift was hugely significant. For the first time, the medical staff felt they could ask questions and ask for help. “One of the most frustrating parts of my placement was that no one would ask for help,” Jill shared. “Sometimes I would just be checking in on the ward and I would find out there had been a death that could have been prevented if someone had just asked for help.”

Jill was encouraged when she saw the medical staff’s attitudes changing. However, after a few months she started to see the number of babies admitted with birth asphyxia creeping up again. Somewhat discouraged, Jill investigated and found a large number of the nurses in labour ward had been moved to other areas and there were new staff in their place. This is a common problem in government hospitals in Cameroon, where staff are frequently moved without any warning.

Despite the setback of having to encourage and train new nurses, a powerful moment for the Paediatrician from Scotland was when she saw history repeat itself – kind of... Jill went in one morning and found a nursing student at her door, “Doc they need you in the nursery!” she recalled. She rushed to the Nursery to find two nurses who had completed the training effectively resuscitating a newborn that had been brought in from Labour Ward. The nurses were at a resuscitation station. They were working together to provide effective resuscitation and “by the time I arrived, the baby had a good heart rate and gradually started breathing on its own. They were doing so well. They were using the skills perfectly while working as a team. And they were successful. They didn’t need me anymore.”

The Pediatrician from Scotland shared her skills, not only changing the lives of nurses who are more capable and confident in their jobs as a result but she was able to see the infants, mothers and families that will forever be grateful that their child’s life was saved by a professional Cameroonian medical team.

Jill is currently helping the hospital collect more thorough statistics on the causes of neonatal mortality. She is also looking to work with VSO to expand the training to other health centers in the area. She has fostered a partnership with Maternal and Childhealth Advocacy International (MCAl) to help provide the necessary resuscitation equipment.

Although Jill will be leaving Cameroon in a month, she is eager to see a train the trainer program be implemented so the Regional Hospital medical team can share their acquired knowledge with surrounding rural health centers where knowledge, skills and equipment.
Photography section
In Lomie in the East region, these Photovoice participants pose with fresh harvest-fish (top) and with fresh harvest-prawns (right). Due to overfishing and other poor fishing practices, their yields have dropped drastically over the years hence increasing the chances of extinction. This photograph was taken to call on their local council to implement policies that would protect this source of livelihoods and enforce already existing fishing laws.
This family in the Far North of Cameroon has just come back from their farm where they grow leeks and onions for local and national consumption. This picture was taken as part of a Photovoice project and shows their source of livelihoods that has potential to improve their wellbeing.
As part of a Photovoice project to identify some of the benefits of a VSO Maternal Health project in the North-West of Cameroon, this woman poses to depict a good state of health for herself and her baby thanks to improved Maternal Health services.

This picture of a two year old girl in Bamenda, North West Region of Cameroon was taken by her mother who was also a Photovoice participant.
Photovoice participant in Kribi, South region of Cameroon taking lessons on how to use photography to identify community development needs.
Two Photovoice participants in Kribi, South region of Cameroon taking lessons on how to identify community development needs using photography. The project was launched with a goal to improve active citizenship by allowing ordinary community members to be principal actors in local development through the use of images.

VSO staff Achille Momo and VSO M&E Volunteer Amanda Desadeleer facilitating a Photovoice workshop in Kribi, South region of Cameroon.
Primary school teachers in Maroua, Far North region participating in training on better pedagogic practices.
Women business owners in Maroua Far North region of Cameroon participating in training on better financial management.
A team of VSO staff from Cameroon and Ghana pose for a picture at the VSO office premises in Yaounde Cameroon in 2009.
Children of a primary school in a village in Far North region pose before their newly constructed school tap.
A group of volunteers from CIPO in Canada on a trip to Moulvoudaye in the Far North Region of Cameroon to kick off a women’s empowerment project. The International Committee of Projects Overseas (CIPO) is a student committee of the École Polytechnique de Montreal. As part of their visit to Cameroon, they set up a women’s centre for the promotion of female education and economic activities for women. In this picture they are demonstrating the site where the centre will be built.
Women’s empowerment centre set up by a team of CIPO volunteers from Canada. This centre now serves as a site for the promotion of female education and economic activities for women.
VSO International Volunteer Ruth Hall, training women in Moutourwa Far North Region of Cameroon to support their daughters to pursue an education.

VSO International Volunteer from Canada, Susan Piche and her husband Ghislain Plamondon pose with two other national volunteers on International Volunteering Day, December 2012.

During a VSO needs assessment workshop in Tubah council in the North West region of Cameroon, local community members identified opportunities for tourism within their municipality to bring in revenue to the council. This needs analysis led the council to earmark a budget line to improve the state of some touristic sites and this increased the influx of tourists.

During a VSO needs assessment workshop in the Tubah council of the North West region of Cameroon, local community members identified a gap in terms of infrastructural development in the municipality and called on their local council to earmark a budget line to address this problem.

VSO International Volunteer Ruth Hall, training women in Moutourwa Far North Region of Cameroon to support their daughters to pursue an education.
A group of women benefiting from a VSO income-generating project in Maroua, Far North region Cameroon pose with some of their crafts designed for sale.

VSO Focus Group Discussion with young girls on some of the challenges they face at school. In this picture, this girl does a presentation on the educational environment she envisages for herself.

Education stakeholders in Cameroon gather for an experience sharing workshop in Maroua, Far North Region of Cameroon. These stakeholders were meeting as part of a larger education project executed by VSO in partnership with the Dutch Turing Foundation.
Ndzerem Jane Frances, Kumbo businesswoman
SDF party, Kumbo district.
Facilitator Bih Pascaline, 27. Bamenda, COMINSUD ‘women’s empowerment’ project.

Bamenda, evening meeting with women interested in politics. Kisob Jacky Yenkong with pink Woman for Woman card.
COMINSUD ‘women’s empowerment’ project, Bamenda.

Note showing comparative numbers of men and women in local government, Kumbo district, women’s training, Ndu.
COMINSUD national volunteer, specialising in communications, Mirabel Ngong, Bamenda, COMINSUD ‘women’s empowerment’ project.
In the North and Far North Regions of Cameroon, young girls and boys are unable to register for public exams or further their education due to the lack of birth certificates which their parents failed to apply for at birth. A VSO birth certificate project was launched in 2011 in partnership with UNICEF and has provided this important document to hundreds of school-aged girls and boys in the region.
Ndu, Kumbo district, women’s training, carried out by Cominsud.
Christiane Bosse, CUSO volunteer with widows on a visit to Baba 1 with Musab, looking at Widow’s Rights.

Ngitop community, cominsud trainer Florence with Michelle Hain, VSO volunteer with COMINSUD: Community Initiative for Sustainable Development, a leading organisation in Cameroon’s Civil Society focusing on mobilising women, youth and minority candidates for legislative and municipal elections.
Kumbo district, Ngitop community. Sarah Koye Ngalla, school teacher, with Michelle Hain VSO volunteer with COMINSUD: Community Initiative for Sustainable Development, a leading organisation in Cameroon’s Civil Society focusing on mobilising women, youth and minority candidates for legislative and municipal elections.

Kumbo district, Leinyuy Adama, future aspirant councillor outside Islamic girls centre that is being built, with Michelle Hain, VSO volunteer with COMINSUD: Community Initiative for Sustainable Development, a leading organisation in Cameroon’s Civil Society focusing on mobilising women, youth and minority candidates for legislative and municipal elections.
Fatimatou, widow, at Baba 1 with MUSAB the Muslim Students’ Association in Bamenda, working on anti-discriminatory issues, particularly connected with widows and their rights.

Teresa Siri Ndukum, advocate with widow Mary Shiri at MUSAB (Muslim advocacy organisation) working on Widows Rights. Chomba.
Sarah Koye Ngalla, school teacher and community leader in Kumbo district, Ngitop community.
Neh Ade, seamstress - did not register so will not vote. She said she didn’t get the information about how to vote. Bamenda market.
Patu Bako, at MUSAB (Muslim advocacy organisation) working on Widows Rights. Musab office.

Helen Nain, grocery store owner, Bamenda.
This woman in the North West Region of Cameroon grows groundnuts on a yearly basis for national consumption. In this picture she pays one of her frequent visits to her farm to check on the quality of her crop.

This woman is in her sorghum farm preparing the land for another round of planting. She kicks off planting sorghum seedlings in September of each year and recently took a VSO training course on how to process her grains when it is not in season anymore.

Rice farming in Ndop in the North-West Region of Cameroon is the major farming activity for the majority of the population. Over the past few years the government in partnership with donors and aid agencies has provided training, grants and subsidies to encourage the production of high quality rice for both local and national consumption and exportation.
As part of a VSO project to encourage the use of bio-fertilizers, local farmers in the East region of Cameroon now have the capacity to grow several different crops on the same piece of land. In this picture, a local farmer demonstrates the impact of this new farming method through the production of a variety of high yielding crops of a small stretch of land.
A woman and her son on their way back from the field in a village in the North-West Region of Cameroon. It is planting season and she has just started using her skills gained through a VSO workshop on compost making to grow food which is the source of livelihoods for their family.

This woman from a small village in Bamenda, North West Region Cameroon poses with her two daughters and the livestock that, through the selling of their dairy produce and meat, helps her educate these daughters.

This mother of 5 children is just back from fetching water 5km on foot. This picture was taken as part of a Photovoice project to reveal some of the biggest challenges women face due to the absence or insufficiency of water close to their community.

This child poses by a newly-constructed bridge in a village in the North West of Cameroon thanks to the small money Big Change programme piloted by VSO volunteer Shamsul Akhtar.
In the South and East regions of Cameroon, communities depend on the forest for a majority of their daily needs including food, medication and fuel. In this picture, this woman has just come back from the forest where she harvested wood for cooking.

As part of the small money Big Change project implemented in the North West Region of Cameroon by VSO Volunteer Shamsul Akar, communities and councils collectively funded and managed the implementation of community development projects. In Babessi, one of such projects was the construction of a major bridge linking two parts of the village. In this picture, villagers pose on the bridge on the day it was being launched.

This is a locally consumed maggot which is harvested from decaying palm trees. It is fried and hooked unto brochettes. This woman who lives in a transit town with many travelers makes a livelihood out of this delicacy by selling to bus passengers in transit.

Millet is one of the major sources of nutrition in the Northern regions and a grain that can be processed into several secondary forms for food consumption. In this picture, this trader and millet farmer is preparing her produce for the market.

Manioc (an edible tuber) is the greatest source of revenue for women of the South and East regions of Cameroon and is consumed in several processed and secondary forms including the original tubers, in flour and paste form.
Female trader in a village in Lomie, East region of Cameroon demonstrating how she earns her living by harvesting a wild vegetable which is also a non-timber forest product. Here she sits in front of her home slicing the vegetable for sale.

This white powder is another secondary form of manioc called “Kumkum”. The manioc is ground into a smooth powder by hand which is very time consuming and tiring. This woman who is also a Photovoice participant took this picture as part of a market study research to request a grinding mill to facilitating this important task.

One of the secondary products of Manioc. This woman makes a living by transforming manioc into another highly demanded form known as baton

As part of a VSO market study research to create a value chain for manioc, this photograph was taken by a Photovoice participant to demonstrate a secondary form of manioc whose production process could be simplified through the use of machines.
This woman poses with her granddaughter in her compound in the North-West of Cameroon. Through a VSO capacity building training on arts and crafts work, she is now able to design works of art with local materials and sell to tourists and other suppliers.

After attending a series of training courses on basic business skills by VSO Volunteer George Harding, this woman was given a loan to start a doughnut business which she now sells to school children every morning.

This woman produces locally made doughnuts for sale in her neighborhood. As part of a VSO business skills training, she was able to develop a business plan and get a small loan to kick off the business. Within 3 months, she had completely paid back her loan.
Ngwe Marie Noel, nurse, student from the Florence Nightingale school with a new mother, Bamenda hospital.

Confidence, student nurse gives vitamin K injection to stop blood clotting, Bamenda hospital.

Premature triplet in incubator, Bamenda hospital.

Bea Charlotte, mother of twins, in the nursery, Bamenda hospital.
Ante natal class singing pregnancy song, Bamenda hospital.
Engaging men in maternal health issues in Cameroon in general has been a huge challenge for organizations working in this area. In this picture, this man helps his wife in caring for their new born baby. He also accompanied her to the health centre when she was in labour.

These two brothers work in a millet farm alongside their parents in their community, Far North of Cameroon.
Bamali. Simplic (25), Joyce (24) and baby 6 month old Chris Elliot Nuaghy, father took part in the workshop organised by Debbie Stratford VSO volunteer and NAFI. Ndop district.
Muslim infants school, Kumbo district.
Schoolboys, Ndop district.

Three sisters in Moutoruwa, Far North region pose for the camera in their compound. Their mother was a Photovoice participant.

Children in Lomie, East region of Cameroon.

8 year old girl and her younger sister pose for the camera after taking a swim in a lake far from home. This picture was taken to depict some of the challenges communities face when water is not available for consumption.
As part of the small money Big Change project, this picture of a newly constructed water point was taken by a community member to depict the benefits of the project in the life of the community.
This girl posing with her younger siblings is the first in her family to complete secondary school. Following a VSO education project in her community, she stood as an ambassador to advocate for girls education and has since then spurred several young girls to get back to school and started a community education programme for young girls forced into marriage.
Children back from school in a village in the North West region of Cameroon rush for their father who happens to be the camera person and a Photovoice participant.