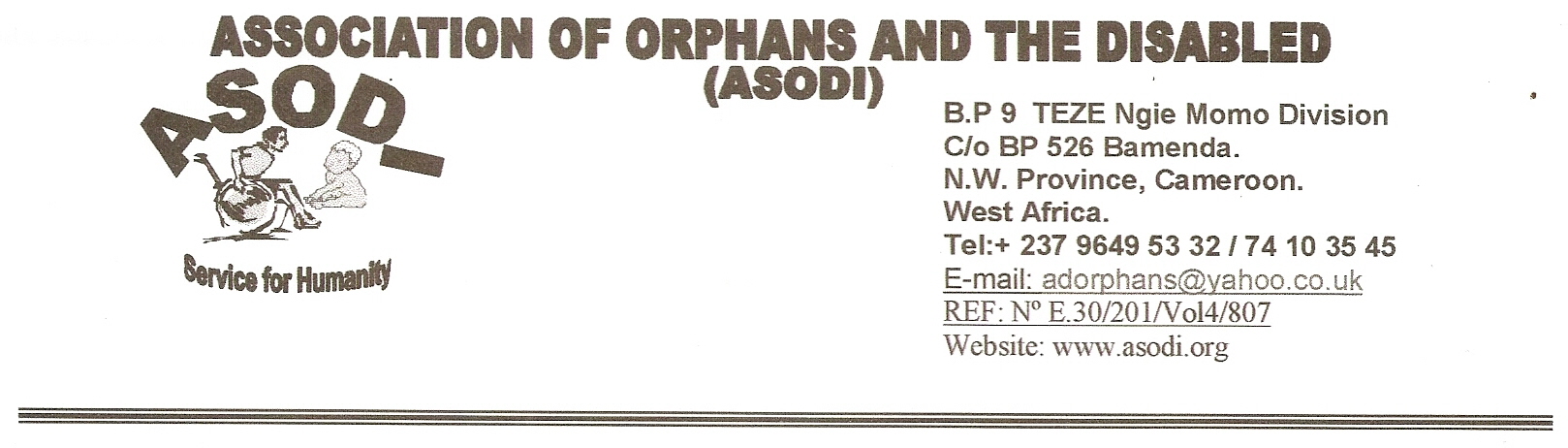
**THE ASSOCIATION OF ORPHANS AND THE DISABLED (ASODI)**



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C/o BP 1838 Yaounde

N.W. Region, Cameroon

West Africa

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REF : N°E.30/201/Vo14/807

Website : [www.asodi.org](http://www.asodi.org)

Head office Teze-Ngie Momo Division

N.W. Region.Cameroon,

Pilot office Yaounde Cameroon.

Our ref;ASODI/015/2013/TNWR/CMR

**THE IMPLEMENTATION OF A LABORATORY/ECHOCARDIOGRAPHY/ULTRASOUND CENTER IN YAOUNDE CAMEROON, CENTRAL AFRICA.**

1. **BACKGROUND and RATIONALE:**

Cameroon is one of the countries found in central Africa. It is the largest populated country in the sub region and the most peaceful with a population of about 19.4 million people. It is made of savanna and the forest regions with about 250 tribes. A greater part of the population in Cameroon lives in the rural areas, practising subsistence agriculture. French and English are the official languages of the Country.

Seventy one percent of the population is literate although most people ( about 60 percent) live below the poverty line that is below a U.S dollar per day and do not even have enough money to take care of their hospital needs.

The center and littoral regions are the most populated regions, with Douala the headquarters of the littoral region having over three million inhabitants. The regions have numerous industries and they harbor all government ministries.

Most patients from the other regions move to the Centere and Littoral Regions for specialist/ palliative care as the Center Region harbors the largest hospitals where patient diagnosis/ care is more effective than in the other eight regions .

The Center Region is the home for most if not all the diplomatic officers and is the first stop of call for them to hand in their credentials.

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The infant mortality/mother–child mortality rate would be about 30-40% reduced if we embark more on free infant/child-mother lab test so that the above groups of people can do all their tests on time when need be. Careful observations that we have made for the past 12 years confirm that this is one of the major setbacks in these groups of people and contributes to the delivery at homes and /low antenatal clinics in Cameroon thus, increase in child/maternal mortality. This shows the need for the putting up of a community laboratory in Yaounde to ensure quick and affordable laboratory diagnosis to the less privileged substratum of the local population.

**2) ASODI’s ACCOMPLISHMENTS**

The Association of Orphans and the Disabled (ASODI) has been supporting orphans, epilepsy patients and the disabled since 1999. More than 2,500 orphans, 2,000 epilepsy patients and 350 disabled persons have had support from the organization’s program. The target groups of people are supported through the provision of books, school fees in both primary and secondary schools, sponsorship in private vocational training centers, establishment of birth certificates, provision of foodstuff while the foster parents provide part of feeding, lodging and medication when necessary..The neurocysticercosis research project sponsored by sick kids hospital Toronto Canada which we carried out to know if it is the cause of epilepsy in Ngie is another mile stone as the paper has been accepted for publication in the European journal of epilepsy .

Continuing this initiative after primary school level is critical as approximately 150 students are either in vocational training or in a secondary school in Ngie. Ngie is one of the subdivisions that make up Momo division. It is south west of the North-West Region and has a population of about 50.000 inhabitants..

ASODI on her own and with external funding has been able to place orphans and disabled in tailoring, carpentry, hairdressing, secondary school, goat rearing and has given out free Phenobarbital drugs to over 2000 epilepsy patients in the North-West Region for the past five years and the initiative is ungoing.

ASODI has been able to secure funding from donors like the Catholic relief services, regional technical group against HIV/AIDS, individuals, sponsorship project in Primary and secondary schools in Ngie Momo Division North West Region being sponsored by some Christians from St. John's Presbyterian church Los Angeles California USA piloted by a group called Hearts for Cameroon.

Here the project shall involve pregnant women, infants, children and even adult laboratory tests.

**3) PROBLEM STATEMENT:**

The high rate of infant/child mortality is as a result of poverty which keep most of the women at home to put to birth without attending antenatal clinic so as to get themselves screened for any diseases/complications that could be harmful to the baby and themselves during child birth. The rural woman who is the principal person with little income suffers most in this case as her life and that of the unborn baby relies on the hands of the traditional birth attendant who will not even detect any diseases/complications that will occur during child birth.

looking at this situation and other minor illnesses which the people cannot afford to treat them due to poverty, we carried out a survey in which we came out in a participatory manner to put up for the pilot phase a community laboratory that could take care of the lab tests for all these people free of charge and tax the rest of the population averagely for the present lab tests rates are too high for the ordinary woman with very meager income to afford during pregnancy and as a result most of them 35% go through pregnancy without seeing a doctor nor carrying out any screening to know if they carry some diseases that can terminate the pregnancy or take away the life of the mother during birth.

This result in either many women dying after putting to birth and leaving the number of orphans on the increase or the child dies pre term, after birth or a few months after birth.

Insert table for mortality here.

**4) STATEMENT OF NEEDS**

As stated by WHO infant/child and maternal mortality rate are some of the yard sticks used to measure the quality of health care for a country, a high/increase in the number of the afore-mention rate in Cameroon implies the quality of care is declining and needs the services of every sector, private, public and civil society to bring up initiatives with which this can be ameliorated. It is against this back drop that we are coming up with this project after careful studies to see how we can begin the fight, as we will carry out periodic trainings to health personnel in every sector along side the expansion of this initiative to other nine regions as time goes on towards curbing the situation. Mothers who will find it hard or have a history of difficult deliveries of primigravidas will be examined by the echocardiography machine and they will also be attended to in their homes by the laboratory. Their vital signs will be taken to make sure that they are not prone to having cardiovascular diseases like hypertension, diabetes which can lead to pre eclampsia and eclampsia.

The infant mortality which stands at 650/1000 is relatively too high compare to what obtains in other countries. We therefore seek to bring it down in this project to about 550/1000 per year.

**5) PLANNED PROJECT ACTIVITIES:**

**-** Identification of the problem which is poverty and high fare of lab test.

- Project write up and reviewing.

**-** The purchasing of equipment for the lab and setting up of the laboratory/ recruitment &short training to workers&printing of cards to be used for the centre.

**-** Media/church/meeting Announcements.

**- Launching of the centre’s activities officially**

**-Carrying out of day to day activities at the centre**

- Readjustments, monthly evaluations, meetings .

**6) PROGRAM GOALS AND TARGETS:** The Overall Objective is to support pregnant women children/infants, in free laboratory tests and moderate payment for the rest of the population.

**-** As more women can do their pregnancy tests free of charge and diseases are detected early and treated, the number of child/maternal mortality is reduced and more lives are saved. This is the ultimate goal of the project to reduce infant/maternal mortality to as low as 20-10% in the next ten to twenty years as this will contribute to the economic growth of Cameroon.

**7) SUSTAINABILITY OF THE PROJECT:**

**The project will be sustained by the 50% charge that will be asked from attendees/patients who are not pregnant women nor infants and of course the councils that will send their health personnel for periodic training shall contribute financially for their registration and training so that the local health centre personnel who left school long ago and do nor revise/update their skills will do so and apply it to the field.**

**The project will be further sustained by the putting in place of a nursing training school and a community specialized hospital within the second and third years of the implementation of this project. This will carry on the dream of the laboratory and get it bigger as the fallouts from the payment of patients’ consultations/management of diseases and other tests/operations at the hospital together with the fees from the nursing training school will help to push activities of the laboratory and get them sustained.**

**8) PART B: FULL APPLICATION FORM:**

**1. ACTION:** Our community Lab for the eradication of child/maternal mortality.

**1.1. TITLE:** ASODI's , Our Lab to be situated in Melen Yaounde , CAMEROON.

**1.2 LOCATION(S):** Behind the post newspaper Melen Centre Region of Cameroon.

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**9) 1.3. SUMMARY**

|  |  |
| --- | --- |
| **Total Duration of Action** | **72 Months - FIRST FACE and others to follow in their years.** |
| Objectives | Overall Objective:  The Overall Objective is to support infants/pregnant mothers in helping eradicating infant/child mortality.  Specific Objectives:  - Carry out free lab/ultrasound tests to about 1000 pregnant women/infants/mother free of charge.  -Carry out lab tests to 1000 other members of the public at 50% reduction rate.  . |
| Target Groups | Pregnant women, infants and other members of the public. |
| Final Beneficiaries | Pregnant women, infants and the Cameroon Nation. |
| Estimated | At the end of each month, an estimated total of 1000 infants/pregnant women, and an estimated further number of 1000 members of the public would have been attended to. |
| Main Activities | Drawing of blood,lab tests,individual counseling. |
| Contact Details | AMBANIBE JEROME AKENECK, PRESIDENT  Care of B.P. 26526 Central Hospital Yaoundé  Centre Region of CAMEROON  E:mail: adorphans@yahoo.co.uk Tel : 00(237) 96 49 53 32 or 00(237) 74 10 35 45.  Website : [www.asodi.org](http://www.asodi.org). |

**10) 1.5. OBJECTIVE/Goal:**

The overall objective/goal of the project is to reduce infant/maternal mortality rate in Cameroon and save more lives that will eventually increase the working population in the country which will contribute economically to the growth of Cameroon.

**-** Increase community awareness the importance to tests during pregnancy so as to detect any complications/eradicate any disease.

**-** Increase the number of children born and save the lives of pregnant women that would have been in danger if not attended to.

Target group members in three, five and seven years respectively.

**-** Reduce the number of infants from over 650 who die each year to about 300 or less and 500 mothers who die while giving birth to 200 per year.

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**11) EXPECTED OUTPUT:**

The following are the expected outputs:

**-** Reduction of the target population from at least 650 to 550 or less every year.

**-** Increase awareness in the testing free of mothers during pregnancy.

**-** The infants/pregnant mothers will be able to participate in advocacy for the improvement of Government policies towards their plight.

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A number of activities have been proposed for the achievement of the expected results- they include:

Identification of infants/pregnant mothers in all hospitals in Yaounde.

Development of the centre (purchase and installation of equipment)

Carrying out Lab tests every day and evaluation with reports.

12) IMPLEMENTATION PLAN OF THE ACTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **PERIOD** | **ESTIMATED COST** | **ANY RISK** | **PERSON INCHARGE** |
| Engaging fully for an apartmental renting | One week | See budget | All measures have been put in place to take care of renting from an authentic place. | ASODI’s team of workers |
| Purchasing,Cleaning, and tidying up of the place | Two days | In the budget | There will be a team of technicians to ensure the smooth running of this. | ASODI’s technician/ Volunteers |
| Installation of the equipment | one week | It is in the budget | The ASODI’s team will ensure a one hundred percent of this. | - |
| Recruitment/interview for the workers | 2 weeks | It is in the budget | - | - |
| Retraining of the newly recruited workers | 3 weeks | It is in the budget | Properly taken care of. | ASODI,and team from MINSANTE |
| Sensitization of the public ,proper launching of the program and lab tests | 1 week,2days,and five years etc. | See the budget for more details | Taken care of by competent authorities envolve. | ASODI’s staff/partners,MINSANTE. |

**13) 1.8 METHODOLOGY**

The project will be executed in a participatory manner with the direct beneficiaries, their relatives, community sensitized and served through blood collection and tests and practical works. After specific amount of time, there will be monthly evaluation.

**14) 1.9.** **DURATION OF PROJECT**

The Project will run for four years for the first face and then continue to perpetuity.

**15) LOGICAL FRAMEWORK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Narrative summary** | **Objectively verifiable Indicators** | **Means of Verification** | **Risks and assumption** |
| **GOAL:**  Reduction of infant/maternal mortality in Cameroon. | The number of infant. maternal mortality in the centre region and Cameroon should reduce by 30% in the first three years of he project. | Hospital statistics, community reports through surveys) | Possible increase in the infant/maternal mortality rate as a result of many untreated diseases and proper treatment in the target groups. |
| **PURPOSE**  The infants and pregnant mothers fall among the vulnerable groups of people who do not always have the money for lab tests which are too high for them to afford. | About 1000 infants/pregnant mothers will be identified and tests carried out for them free of charge. | The Lab  Records | A lack of free lab tests to these people will result in more lives loss. |
| **OUTPUT**  Free drawing of blood, giving out of lab results,  Counseling on the etiology of the disease, free training to other laboratory technicians in the suburbs on how to carry out similar exercises. | Free meetings with the beneficiaries, quarterly reports, evaluation reports and adjustment of the program. | Receipts  Records | Increase in the number of deaths in infants and pregnant mothers.  Possible increase of poverty in the areas of focus. |
| **ACTIVITIES**  - Community mobilization and identification of beneficiaries/purchase of equipment .  - Development of the centre  - Equipping the centre and recruitment of staff/training on the management of the centre.  - The official launch of the project.  - proper drawing of blood and other lab tests carried out.. | - Mobilization and identification/purchase of equipment.  - Evaluation meetings with project partners | Receipts (explain further for all three)  Records  Fields visits | .Increase in the number of deaths in the target population.  Increase in the ways to prevent the etiology of the deaths.  Possible increase of poverty in the areas of focus. |
| **I** |  |  |  |

**16) DEPARTMENTS AT THE CENTRE**

**There will be the Laboratory department, administrative offices, and the echocardiography/ultrasound department. There will also be a department for biomedical research of diseases.**

**DOCUMENTATION UNIT:**

Trained personnel will work on developing documents, scanning documents, and be responsible for faxing; Research will also be carried out on the internet.

**17) 2. CAPACITY TO MANAGE AND IMPLEMENT ACTION**

ASODI on her own and sorting for expert partners with specialists like paracitologists ,immunologists , in other domains will join has to make this dream come to reality.

ASODI has been able to secure funding from donors like the Catholic Relief Services, Regional Technical Group Against HIV/AIDS, individuals, members of the Sick Kids hospital Toronto Canada with which we carried out a biomedical research study on neurocystcercosis as a cause of epilepsy and is currently running an Orphan sponsorship project in Primary and secondary schools in Ngie Momo Division North West Region being sponsored by some Christians from St. John's Presbyterian church Los Angeles California USA piloted by a group called Hearts for Cameroon.

**18) 3. EXPECTED SOURCES OF INCOME**

We are soliciting funds from the partners of Japan with any other organization that we are sending this project to for funding.

**19) 4. EXPERIENCE OF SIMILAR ACTION**

Over the years, ASODI has been providing embroidery trainings, dressmaking training, goat rearing trainings, hairdressing trainings, carpentry trainings and computer software training to orphans and the disabled persons in Ngie sub Division. Momo North West Region.

This group (ASODI) has also been sponsoring orphans in secondary schools in Ngie Momo Division North West Region Cameroon and providing school needs to over 2500 primary School orphans and providing health needs to 2000 people living with epilepsy in the North West Region for 5 years now. All these sponsored by St. John’s U.S.A. catholic and her own funds from members, Blood view foundation centre and the neurologic department of Sick Kids hospital Toronto Canada in the Biomedical research study in the 19Villages that make up Ngie subdivision.

This has however been so helpful to the target groups of people.

**20) PARTNERS OF THE APPLICANT PARTICIPATING IN THE ACTION**

Six other organizations working in partnership with ASODI shall work with us at the level of the grassroots and the potential partners in this project will also constitute our new found partners and the 361 local councils in Cameroon .

**21) LIST OF MANAGEMENT BOARD/DIRECTORATE OF OUR INSTITUTION.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **NAMES** | **PROFESSION** | **FUNCTION** |
| 1 | Ambanibe Jerome Akeneck | MPH student,Nursing / Social Work | President |
| 2 | Ms Ano Evelyne | MTN Technician | Financial Secretary |
| 3 | Fon Atughap Justin | Clan head (Ngie) | Treasurer |
| 4 | Awarimbi Calvin | Farmer | Epilepsy Coordinator |
| 5 | Abaaba Aloysisus | Accountant | Orphan Coordinator |
| 6 | Ofembe Cornelius | Businessman | Secretary |
| 7 | Akofei Abraham | Commercial Technician | Office Secretary |
| 8 | Feigwo Geofrey | Teaching | Upper ngie main Coordinator |
| 9 | Mr Bruno Mbah | Councillor | Widikum Coordinator |
| 10 | Onya Montesque | Social Worker | Njikwa Coordinator |
| 11 | Angwafor Samuel | Dr from Ministry of public health | Volunteer medical Off. |
|  |  |  |  |
| ALL ARE CAMEROONIAN CITIZENS | | | |

**22) THE APPLICANT**

**IDENTITY**

THE Association of Orphans and the Disabled (ASODI) is a non-governmental Organization that supports vulnerable groups such as Orphans and the Disables and assist the entire population in health projects.

**PROFILE**

The Association of Orphans and the Disabled (ASODI) was founded in 1999 and legalized in March 2003 by the Government of Cameroon.

It constitutes the following:

The General Assembly, made up of the President, Secretary, Treasurer, Financial Secretary, Advicers, Medical Volunteers, Coordinators and Beneficiaries.

**CATEGORY**

Laboratory with other sectors involved.

**SECTOR(S)**

ASODI supports these specific groups: orphans, epilepsy patients and the disabled. It is a non-governmental organization that seeks to address the health needs of the above category of persons.

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**23) CAPACITY TO MANAGE ACTION**

For the past 6 years, ASODI has been able to supply school needs, medication, nutrition, shelter to over 2000 orphans in primary schools in Ngie. It canvases for funds, utilizes them for the benefit of these children. It has also been able to start a sponsorship program on 80 orphans in secondary school in Ngie, 30 other orphans/Disables are still in the various training vocationally. Money got over these years has also been used in other ways including the purchase of 25 goats for rearing by the orphans in Ngie, and also in biomedical research that done in partnership with a Canadian group.

With this judicious management of resources, ASODI deems it necessary to come up with a laboratory where it shall be easy for it to manage actions, as they shall be concentrated. Proper accountability as in the previous actions enumerated above and the ploughing back of fallouts for the benefits of the recipients shall be properly implemented.

**EXPERIENCE BY SECTOR**

Haven carried out similar health projects and still carrying these out in the North West Region and in various parts of the Division for 14 years, it is apparent that the concentration of this project shall enable us to perform well in all the sectors herein for it is the same procedure that shall be used in the recruitment of trainees and the proper management of resources till perpetuity.

**24) EXPERIENCE BY GEOGRAPHICAL AREA REGION.**

ASODI has been operating in Cameroon since inception in 1999, with the same climate all over the Country and two seasons; Wet/ Rainy season and dry/hot season. These two seasons, with the savanna and forest region form the geographical feature of this Region.

Nb;The estimate below shows the budget for the project to be run for four years.

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|  |  |  |
| --- | --- | --- |
| ITEMS | QUTY | PRIZE IN CFA |
| Biochemistry Analyzer AE 600N | 1 | 2.500.000 |
| Carbol Fuchsin Powder | 500gm | 50.000 |
| Crystal Violet Powder | 500gm | 45.000 |
| Iodine Crystals | 500gm | 50.000 |
| Potassium Iodide Crystal | 500gm | 55.000 |
| Potassium Cyanide | 500gm | 60.000 |
| Potassium ferocyanide | 500gm | 55.000 |
| Small Electronic scale | 1 | 250.000 |
| Con. Glacier Acetic Acid | 1000ml | 25.000 |
| Methylene Blue Powder | 250gm | 20.000 |
| Sodium Citrate salt | 500gm | 25.000 |
| EDTA Powder | 500gm | 25.000 |
| 20 lit Hot Air Oven | 1 | 30.0000 |
| Automatic micro pipettes (10 – 50 ul) | 1 | 20.0000 |
| Automatic micro pipette(100 – 1000ul) | 1 | 25.0000 |
| Micro pipette tips ( yellow and blue tips ) | 1pk each | 50.000 |
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|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  | 3.285.000 |

|  |  |
| --- | --- |
| ITEMS | AMOUNT |
| Microscope | 900.000 |
| Centrifuge | 300.000 |
| Counting Chamber | 25000 |
| Heamoglobinometer | 50000 |
| Sahli pipette | 8000 |
| Westergreen /pipette | 60000 |
| Grouping Tile | 5000 |
| Slides/cover slips | 25000 |
| Touniquette | 2500 |
| Glass tubes For Blood collection 10mls | 20000 |
| 5mls EDTA Tubes | 10000 |
| Cotton | 2500 |
| Alcool 70% | 5000 |
| 3 Trays | 8000 |
| Desposible pepittes | 6000 |
| Spirit lamp | 15000 |
| Gas Bottle / Cooker | 45000 |
| 2 Pots | 6000 |
| 4 bowls and 3 buckets | 10000 |
| Giemsa Stain | 15000 |
| Gential violet | 10000 |
| Lugols Iodine | 10000 |
| Aceton | 10000 |
| Fuchsin | 10000 |
| Wire loop | 15000 |
| Combi 2 and 11 | 20000 |
| Turks Fluid | 10000 |
| EDTA | 15000 |
| Sodium Citrate | 15000 |
| ASLO | 18000 |
| Rheumatoid Factor | 18000 |
| VDRL | 6000 |
| TPHA | 25000 |
| H-pylori | 35000 |
| Pregnancy test | 20000 |
| Chlamydia | 120000 |
| PSA | 50000 |
| Grouping Sera | 18000 |
| ESR pump | 15000 |
| Measuring Cylinder | 30000 |
| 4 Lagers | 10000 |
| Rocking Tiles | 18500 |
| Syringes 5mls/2mls | 10000 |
| Glucometer( One Touch) | 45000 |
| Landcets 2pks | 6000 |
| Gloves  2pks | 6000 |
| Others | 20000 |
| TOTAL | 2.116.000 |

**25) ESTIMATED BUDGET.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Item** | **Unit Price** | **Quantity Required** | **Total per Item** |
|  |  |  |  |  |
| **1** | Coordinator of project salary per month | **300.000** | **1** | 14.400.000FCFA |
| **2** | Medical Doctor/Immunologist | **400.000** | **1** | 19.200.000FCFA |
| **3** | Lab equipment lump sum | **200.000** | **See list** | 2.000.000FCFA |
| **4** | Lab reagents | 3.28.5000 | **See list** | 3.2.85.000FCFA |
| **5** | Stationery for the project lump sum | **1.500.000** | **-** | 1.500.000FCFA |
| **6** | 3 office chairs | **350.000** | **3** | 350.000FCFA |
| **7** | 1o Benches for the patients | **2.000.000** | **10** | 2.000.000FCFA |
| **8** | 1 second handed 4 wheel HILUX Car | **8.000.000** | **1** | 8.000.000FCFA |
| **9** | Fueling and maintenance of the car for four years | **2.000.000** | **1** | 2.000.000FCFA |
| **10** | Rents for the office | **250.000** | **1** | 12.000.000FCFA |
| **11** | Echo/ultrasound machine mark GE Marquette case 8000 stress system W/T 2000 Treadmill | **4.250.000** | **1** | 4.250.000FCFA |
| **12** | Unforeseen contingences | **1.500.000** |  | 1.500.000FCFA |
| **13** | Salary for the driver &cleaner | **100.000** | **2** | 9.600.000FCFA |
| **14** | Lab top (high performance) | **1.000.000** | **2** | 2.000.000FCFA |
|  | **TOTAL** |  |  | **82.085.000FCFA** |

**Eighty two million and eighty five thousand francs CFA.**

**26) ORGANIGRAM OF ASODI**

**GENERAL ASSEMBLY**

**BOARD MEMBERS/EXECUTIVE**

**PRESIDENT**

**ASODI’s MEDICAL VOLUNTEERS EXPERTS NETWORK OF**

**ORGANISATION**

**COORDINATOR COORDINATOR COORDINATORS COORDINATORS**

**27) BENEFICIARIES**

**NB; The project will start from infants through pregnant mothers and get up to the entire population in Cameroon.**

**28) PERSPECTIVES OF THE PROJECT**

**FUTURE PROJECTS TO BACK THIS ONE UP ARE A NURSING TRAINING SCHOOL, COMMUNITY SPECIALISTS HOSPITAL, PHARMACEUTICAL FIRM AND TELEMEDICINE CENTRE.**