



**REPORT OF THE TRAINING SEMINAR
ON PROJECT MANAGEMENT BY THE
ASSOCIATION FOR EQUALITY AND
WELL-BEING (ASEBE)
FROM 09 TO 12 MARCH 2021**



stiftung
nord-süd
brücken



Du 09 au 12
mars
2021

L'association ASEBE, en partenariat
avec l'ONG allemande Stiftung
Nord-Süd Brücken et l'association
TEFA, organise :



Design by Cdatagrid

un Séminaire

de formation

*au Carrefour Tsimi, Yaoundé
dès 09h*

THÈME :

- Jour 1 et 2 : Management des projets (Quelques notions sur la coopération internationale en droit humanitaire)
- Jour 3 : Traitement et gestion des eaux usées et contaminées
- Jour 4 : Les principes et fondamentaux de la santé communautaire



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REPORT OF THE TRAINING SEMINAR ON PROJECT MANAGEMENT
BY THE ASSOCIATION FOR EQUALITY AND WELL-BEING (ASEBE)

DAY 1: March 09, 2021

09H: Opening address President Fondateur of the Association for Equity and Well-being (Asebe)

**«OPENING SPEECH OF THE TRAINING SEMINAR ORGANIZED BY THE
ASSOCIATION FOR EQUALITY AND WELL-BEING (ASEBE) FROM 09 TO 12
MARCH 2021**

Distinguished guests

Dear leader of civil society

Dear members of the Association for Equality and Well-being (ASEBE),

It is with great pleasure that we meet again today in this party room on the occasion of the training, information and mobilization seminar organized by the Association for Equality and Well-being (ASEBE) as part of the implementation of the " Share a smile " project in the municipality of Mbankomo, department of Mefou and Akono. Already thanks to the effort and determination of all, we are called to this seminar to strengthen the capacities of the men and women in charge of the development of others. By taking the option of focusing our first activities on our human resources, we are making this Maxim by Jean Bodin our own.

"There is no wealth except men"

Ladies and Gentlemen, dear participants,

This seminar is an initiative of ASEBE jointly funded by two partners, Stiftung Nord-Süd-Brücken and Technology For Africa (TEFA). This meeting will give us the opportunity to familiarize ourselves with the concepts of project management, community health and waste and contaminated water management. Today's ceremony appears as the expression of a new dynamic of a youth aware of the issues that are theirs in that it reflects our firm desire to fully assume our leadership in the options of transformation and social economy . .

My thanks and gratitude go to all those who participated in the organization of this seminar. Individuals, patrons, companies.

Ladies and gentlemen,

This educational and methodological approach will give us the means to read the coherence that articulates the various challenges facing the vulnerable populations of the locality of Ongot. The success of the work and the task which are ours depends on a good appropriation of the themes which will be developed here by handpicked experts.

Ladies and gentlemen,

Allow me to conclude my remarks today, by sharing with you, the intimate conviction that is mine, namely that a better world is possible if each individual in different places and places take concrete actions to positively impact around self. This is the meaning of everything we do. Thus, united in the planned action, and supported by all of our partners, we will manage to share this smile with the inhabitants of the Ongot village.

I will end with these words: Giving is a more lasting pleasure than receiving, because whoever gives is the one who remembers the longest.

ASEBE their joy our joy!

Thank you for your kind attention”.



09H 10: Enter in terms of facilitator M. MOUNCHILI AOUDOU

❖ PRESENTATION OF THE EXPECTATIONS AND FEARS OF THE PARTICIPANTS

As a result of 17 participants for the first seminar day with a variety of profiles, which revolved around the medical field, community health, engineering, law, environment; the expectations of the participants ranged between

- learn and know more about project management
- To be able, for the participants at the end of this seminar, to write and personally manage a project
- receive techniques and practices in order to be able to manage a project
- receive concrete and practical examples from the facilitator in order to come out with a fairly panoramic and practical vision of project management
- the training session must be as practical as possible in order to get out of the theories from the books.

As fears swirled around

- respecting the deadlines and the allotted time in order to complete the session properly;
- The concentration of both the participants and the facilitator;
- The fear of not exhausting the concept as the field of project management is so vast;
- fear of staying frozen only on the practice, which would not be of much use.

❖ PRESENTATION OF THE FACILITATOR

10:25 am: This training session was provided by Mr. MOUNCHILI AOUDOU

10:29: Presentation of participants

10:45 am: 1 MODULE

CLARIFICATION OF CONCEPTS

1) PROJECT

What is a project?

- a) An initiative to change the world?
- b) An initiative that helps build the capacities of young people over a period of 03 years?
- c) An initiative to eradicate poverty on earth?

Define a project as an initiative to change the world comes as a very generic and comprehensive definition; to define the project as an initiative aimed at eradicating poverty on earth would be akin to utopia.

This is how it was decided that a project is indeed an initiative allowing the capacity building of young people over a period of 03 years. Insofar as a project involves a vision, a team and is made for a fixed period.

What are the characteristics of a project?

- a) Activities (set of initiatives that take place once);
- b) Planning (knowing how long the project will be carried out);
- c) A unique result;
- d) A start date and an end date;
- e) Need to form a team for the project, that is to say find specialists in his team in order to set up this project.

2) TEAM

A team for a project is must to be diversified because the project manager is not able to do everything alone, so it must be surrounded by competent and qualified.

3) VISION

It signifies what one wants to achieve, that is to say to describe the problem at the level of the context, insofar as a project brings a solution to a given and existing problem.

- How to determine the objectives of a project?

Both there is the overall goal and specific goals. Specific objectives must be SMART i.e. Specific-Measurable-Achievable -Realistic -Time bound.

- Each project has a budget

By budget is meant a judicious financial moderation of a project. There are 6 steps to create a simple project budget:

- Define objectives;
- Develop a strategic plan;
- Define income;
- Determine the fixed cost;
- Provide for unforeseen events to manage emergency situations (in general 5% of the global budget is provided for unforeseen events);
- Monitor the budget.

Case study: “Digital *skills training for 100 internally displaced youth*”.

- What is a manager?

The manager does several things, he manages the project, manages time...

11:20 am: END OF THE 1ST MODULE / QUESTION AND ANSWER PHASE

QP: How to understand the term context at the global level?

RF: We are just referring to what has been written by others insofar as we cannot travel around the world to gauge the impact of the project abroad. But at the national level, it is imperative to go into the field in order to touch the realities of the area in which the project wishes to be implemented.

11:30 a.m. BREAK

12:05 p.m. 2nd MODULE

UNDERSTANDING THE HUMANITARIAN PROGRAMMING CYCLE

Planning a project is a process that must be inclusive and transparent. It is done in 06 steps:

- Needs assessment or analysis: who understands where? (In the field), when? (Before the drafting of the project) and by whom? (A well-determined team);
- Strategic planning, that is to say involving all stakeholders including members of the targeted community, partners in the field, donor partners;
- Resource mobilization, Is once the activities are known, we determine what is needed;
- The implementation of the team / monitoring is responsible for the progress of the project and verifies the effectiveness of the project and its results;
- Review / evaluation, which is an inclusive process is the community, partners and the project team.

1:00 p.m.: 3rd MODULE

NEEDS A NALYSIS / SITUATIONAL ANALYSIS

Thus, to carry out an analysis, it is absolutely necessary to take into account the needs of the project on the ground. These needs are both internal to the organization and external to the field. To this end, two (02) tools are used to carry out a situational analysis. These are PESTEL (Political- Economic- Social- Technologic- Legal) and SWOT (Strength- Weakness- Opportunity- Threat) which highlights the internal strengths and weaknesses of the organization and external opportunities and threats. to the organization. These two (02) were therefore combined for this case study.

Thus it was determined by the participants, the elements that would promote and prevent the education of the girl in our Cameroonian context in order to make it a real practical case. What came out in the table below.

12.34 p.m.: PRACTICE

«THE EDUCATION OF THE YOUNG GIRL»

OPPORTUNITIES

P policy	E economic	S social	T technologies	E ecological	L equals
<ul style="list-style-type: none"> - Ministry in charge of education ; - Free primary school education ; - Promotion of equality at school ; - The state encourages non-state actors to manage education - Empowerment of young women 	<ul style="list-style-type: none"> - the availability of state or NGO scholarships is a factor (the merit scholarship) -the practice of agriculture (80% of the population) -some young people self-finance their activities for their education 	<ul style="list-style-type: none"> - Improve f which develops educational activities which promote the education of young girls; Civil society associations that work to promote the education of vulnerable young girls , -Identify the IOs that work in the direction 	<ul style="list-style-type: none"> -electricity, internet access, virtual education 	<ul style="list-style-type: none"> -access to water (provision of water points favors their time for their education) -fertile land and allow the development of agriculture 	<ul style="list-style-type: none"> - legal framework favorable to the education of children (the Cameroonian constitution) ; - ICs ratified by Cameroon, the Maputo Protocol, the UDHR ; -the IOs that work for

THE THREATS

P policy	E economic	S social	Technologies	E ecological	Legal
<ul style="list-style-type: none"> -the effective non-application of the texts of the policy on free schooling -Low investment in the ministries of education 	<ul style="list-style-type: none"> -parents' incomes are seasonal and insufficient 	<ul style="list-style-type: none"> - Gender discrimination when it comes to choosing who to send to school , - Multidimensional sexual harassment of the young girl in school environment ; -rites and customs which demean women (widowhood, 	<ul style="list-style-type: none"> -low access to the internet, in particular E-learning ; -digital skills gap 	<ul style="list-style-type: none"> -drought, access to water, climate change 	<ul style="list-style-type: none"> - ignorance and non-application of relevant texts for the education of the young girl ; -the diversion of projects / money laundering

		excision, breast ironing) which prevents the education of young girls ; - reluctance of some parents to access ICT for girls, - Parental control (prohibition of access to the telephone) , -Religious reluctance ; -the false beliefs about literate women - embezzlement -presence of armed conflicts which lead to internally displaced persons			
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Thus, once the analysis is done, we can orient the objectives and determine how we intend to achieve them.

2:30 p.m.: END OF THE SESSION

DAY 2: March 10, 2021

9am: MODULE 4

RESOURCE MOBILIZATION

It is important to know what is meant by a resource. Thus, a resource is understood as any element that would contribute to the setting up of a project.

There are 04 types of resources for this purpose, in particular:

- Financial resources (donations, legacies, subsidies, IGA);
- Human resources (people from the organization, people from the community);

- Material resources (equipment, etc.);
- The intangibles (the reputation of the organization, the credibility of the project, the time of all the staff of the organization).

It must be said that intangibles make it easier to have the first three resources, because all these resources are definitely complementary for the implementation of the project.

It was therefore important to present the main stages of resource mobilization.

Step 1: Where are we?

- Analyze the context, is identify the strengths, weaknesses, opportunities and threats of the project;
- Analyze sources of income.

E Step 2: Mobilization of Pre -requisites

You must necessarily:

- A strategic planning (to include a resource mobilization plan and know how to handle);
- Have a budget;
- An annual report of the activities already carried out (details on the resources managed by year and how it was managed)
- Communication tools on the project to be finalized (set up Copts social networks such as Facebook, Twitter, Instagram, website, flyers etc.);
- Develop a database of sources of income.

A question-and- answer session from participants to the facilitator followed

Step 3: Develop a Resource Mobilization Strategy

- Grants (some organizations make calls for applications for aid);
- Earned income (AGR);
- Special events (charity galas);
- Members' contributions;
- Cooperation of partners (local and international);

- Fundraising on the internet (Go Fund Be);
- Collection of coins (church and mosques);
- Fundraising by SMS

Step 4: Development of a Fundraising Policy Document

This document must be inclusive and transparent, it must inform its staff and donors about the costs of the entire project. It also specifies the sources which grant the funds because it happens that in certain cases, there are partners who do not wish to co-finance a project with certain types of partners.

❖ FINANCIAL SUSTAINABILITY

Financial sustainability is part of the sustainability of the organization and the projects it implements. It therefore has a link with the organization's continued ability to manage its resources. Thus, an organization which does not diversify its sources of income is led to disappear.

This point was discussed enough in the room so that both the facilitator and the participants had a question-and-answer exchange.

QF: What makes a project sustainable?

RP: The project must be innovative, it must be SMART, it must respect the objectives of sustainable development, the resources must be continuous and the community must engage alongside the project leaders, the organization must be able to build loyalty donors, the project must also be in the same direction as the orientations of the donor.

RF: What makes a project sustainable requires a fairly clear strategic orientation, knowledge of its environment (the field, potential partners, etc.), being able to attract, lead and manage a competent team, have adequate financial infrastructure (headquarters of the organization) in which case the donor could one day stop its collaboration and the organization could thus find itself in difficulty, to demonstrate its effectiveness; and gain the support and commitment of the community in its activities.

QP: If it is necessary to ensure the sustainability of a project, is it not the organization seeking to perpetuate the problem so that its project is viable for a long time?

RF:

❖ **WHAT MAKES AN ORGANIZATION OR A PROJECT FINANCED SUSTAINABLE?**

She / he will have to:

- Have more than one source of income (donations, bequests, subsidies, IGAs, etc.), that is to say constantly pursue the mobilization of resources;
- Regularly carry out strategic plans, that is to say identify new projects, and develop initiatives to provide solutions;
- Have a good image;
- Be clear with respect to its values is to say, if the organization promotes gender equality within its staff, this policy of equality must be effective;
- Be financially autonomous, that is to say that the organization needs a strategy to ensure the mobilization of resources.

❖ **ACHIEVE FINANCIAL AUTONOMY?**

Financial autonomy does not necessarily require that a project or an organization be 100% funded, but rather that the organization is not dependent on a single source of income. Its sources of revenue must be plural.

❖ **HOW TO ACHIEVE FINANCIAL AUTONOMY?**

The best way to achieve financial independence is to develop a strategy to increase your sources of income.

11:30 a.m.: BREAK

12H: MODULE 5

MONITORING AND EVALUATION (M & E)

This point gave rise to an enriching exchange between the participants and the facilitator.

QF: Who is responsible for M& E? Who are the stakeholders?

PR: External actors or a member of the project team

QF: Why do we evaluate and monitor a project?

RP: A project is followed because it is necessary to know the good progress in order to know if there is or not a problem during the project in order to solve it quickly; because it is necessary to ensure whether the chronogram of activities has been respected. A project is evaluated because it is necessary to know whether it has achieved the set goal; whether the activities carried out made it possible to provide a solution to the problem concerned.

QF: When does monitoring and evaluation start?

PR: monitoring begins from day one or even before the start of the project; and the evaluation begins at the base (base evaluation).

Monitoring and evaluation are often used in the development and humanitarian field. They intervene at various times and with divergent interests. Indeed, monitoring lasts throughout the duration of the project, while evaluation consists in having an overall image of the project. In other words, monitoring is continuous evaluation, while evaluation examines the relevance, effectiveness and efficiency of activities carried out in the field.

M&E is carried out by a variety of actors who can be:

- Donors;
- The implementing body (monitoring / evaluation experts within large international organizations: M and E experts, etc.);
- The external entities: this is often asked by the donor for the credibility of the evaluation report, because the entity outside e has no incentive to cheat and it also brings an outside perspective to the project and solutions for better make.

❖ **WHY ORGANIZE THE IMPLEMENTATION MONITORING**

There are three (03) main reasons that justify the monitoring of implementation, namely:

- It provides detailed information on progress and delays;
- It helps to determine if the deliverables of results are achieved and if the deadlines are respected;
- It informs the decision on the corrective / remedial activities to be taken as quickly as possible.

❖ **EVALUATION HELPS IN SEVERAL AREAS**

- Identify and isolate errors;
- Highlight the successes of the project and promote them;
- Provide recommendations and solutions to the manager and implementation teams to verify transparency.

❖ **HOW COVID-19 IMPACTS MONITORING AND EVALUATION?**

Much of the M& E takes place on the ground, so with the emergency measures taken to tackle Covid-19:

- Containment leads to videoconference meetings with large groups;
- Social distancing measures do not sufficiently allow visits to the field for the evaluation of the project;
 - ❖ M&E experts are recruited by partners to carry out the work impartially and transparently.

❖ **HOW HAVE ORGANIZATIONS ADAPTED THEIR ACTIVITIES TO THE CONTEXT OF COVID-19?**

HUMANITARIAN PRINCIPLES AND APPROACHES " DO NO HARM " (DO NO HARM)

The " Do No Harm " is not a principle but rather an approach which allows to be attentive to the potential negative effects that the project may have on the community. Thus four (04) principles guide humanitarian action, namely:

- **HUMANITY** : We must alleviate humanitarian suffering wherever it is. The objective of humanitarian action is to protect life and health and to guarantee respect for human beings.

NEUTRALITY: Actors must not take sides during hostilities or engage in polemics of a political, racial, religious or ideological nature.

IMPARTIALITY: The humanitarian action should be taken only on the basis of needs, giving priority to the most urgent cases of distress. This without making a distinction between nationalities, races, genders, religions, beliefs, classes or public opinions.

INDEPENDENCE: Humanitarian action must be independent of any political, economic, military or other aim in the areas where it is implemented.

WHY RESPECT HUMANITARIAN PRINCIPLES?

Adherence to humanitarian principles is a means by which humanitarians gain the ACCESS and ACCEPTANCE of the community for which they work.

❖ DO NO HARM

It is an intervention approach that advocates the sensitivity of development projects and humanitarian projects to conflicts that can negatively impact their results. In the image, it is represented a humanitarian worker offering the bricks to the inhabitants of a disaster. Except that next to him is an inhabitant of the area who sells him these same homemade bricks. It is therefore noted that the Do No Harm principle is not respected in a humanitarian work cannot encroach on the work and the life of the premises of the rescued area.

❖ WHY BE SENSITIVE TO CONFLICT?

Quite simply because conflicts cause serious human suffering. Thus, humanitarian aid (development cooperation and humanitarian interventions) always has positive (and sometimes negative) effects on the dynamics of conflicts.

❖ HOW TO APPLY THE “DO NO HARM” IN SEVEN (07) STEPS?

Step 1: Understand the context of the conflict

Step 2: Analyze the dividers and the voltage sources

Step 3: Analyze connectors and local capacities for peace (CLP)

Step 4: Analyze the aid project

QP: Are there organizations that practice “Do No Harm”? Are there organizations that do no harm?

RF: Each organization should already be aware that their actions can be negative and take this into account in the development of its project.

2 p.m.: MODULE 7:

SHARING OF EXPERIENCES AND QUESTIONS-ANSWERS

QP: Why are there more organizations, the problems persist? Particularly with regard to famine, it lasts over time.

RF: many new factors should be taken into account such as the increase in conflicts in Cameroon, which leads to the abandonment of homes by local populations to seek refuge elsewhere....

2:30 p.m. . . . : END OF THE SESSION

DAY 3: March 11, 2021

09H: Presentation of the Facilitator Mr. Benoit BISSOHON G BISSOHONG, Coordinator
“TREIZE DEGRÉS A L'OMBRE”

9:10 am: Presentation of the participants.

A question from the facilitator to the participants to set the scene.

QF: Are you for or against the coronavirus vaccine?

RP1: «I am against the vaccine because the vaccine is too early»;

RP2: «I am against the vaccine because it is nothing but business»;

RP3: «I am against the vaccine because the recipes of grandmother must be privileged»;

Which resulted in a wave of three participants against this coronavirus vaccine and showed more than enough what people think of the vaccine. However, there have been mixed opinions on this issue.

RP4: " I am for the vaccination in itself because it is an act of immune defense, but what concerns the vaccine against the coronavirus, it is not reassuring insofar as there is a mismanagement of this pandemic by the WHO in the world " ;

RP5: " I am for the vaccination in itself but against the coronavirus vaccine because there is too much ambiguity on this subject and we are now witnessing three (03) kinds of vaccines of which the world and c 'is the network war ' .

Another question from the facilitator helped move the subject forward.

QF: What do you think of Monsignor Samuel Kelda's initiative? How to understand that this situation lacks rallying? Why does Cameroon not support this initiative like some African countries like Madagascar and Tanzania which have made their own medication against the coronavirus and categorically refuse the vaccine?

RP1: «Because Cameroon is too dependent»;

RP2: «Because the initiative of Monsignor Kelda heals instead of preventing»;

RP3: «In fact the pr o Haggard Coronavirus is actually a political issue."

RF: “Community health makes everyone involved in public health, so Monsignor Kelda is an actor strictly speaking and should be supported by the State of Cameroon. Health is indeed a lobbying process and if Monsignor Kelda’s initiative had been taken into consideration, this would have made Cameroon more credible in the eyes of the world. This was in fact a missed opportunity by Cameroon because this solution would have put on the table of the world and each country could have had the latitude to opt for the Cameroonian solution of Mgr. Kelda”.

❖ SUMMARY

- Trends & estimates;
- What is health and Community health?
- 03 levels of institutional anchoring;
- Tough competition anyway ...;
- The CHW: A central player in community health;
- Where does Community health take place? ;
- Guiding principles;
- What at the end? ;
- Staging (theatrical piece).

The objective of this presentation is theoretical and practical so that at the end of this exchange each participant can claim to be an expert in community health.

❖ TRENDS & ESTIMATES

- The Cameroon will account not less than 5,000 associations and NGOs, including almost half exercised end in the health field;
- 1/3 of these associations and NGOs in the health sector do not have a legal existence, many only exist in the cases;
- Associations and health NGOs in Cameroon are born like mushrooms: we remember the 2000s with HIV / AIDS and all recently with the Coronavirus;
- HIV / AIDS, malaria, tuberculosis, more recently Covid-19 are no longer found in the missions of these associations ;
- As they are born, so they also disappear, once funding ends and opportunities become scarce
- However, the place of these Community Associations and NGOs does not suffer from any dispute in our health landscape.

❖ HOW DO YOU UNDERSTAND THESE TRENDS & ESTIMATES?

QF: What do you think can be the benefits of the health sector?

RP: This is an area that everyone agrees on as it is a fairly sensitive and visible subject.

QF: Why don't most of these associations have a legal existence?

RP: The legalization process is long, the administrators who support these undeclared associations, the mentalities that encourage ease and the system in place lax.

QF: Why are these associations born like mushrooms?

RF: Because a lot of money is injected there with a lot of calls for candidates, suddenly, people took the opportunity to create organizations. Thus, the human being is no longer that much at the center of the concerns of these multiple associations but rather money and this exacerbates the difficulties encountered by our health system.

QF: Why do these associations disappear once the funding ends?

RF: This is because these associations do not have a real vision or real long-term projects for their associations, so more money, and more association.

In short, this is an area that lacks seriousness and as a result, many organizations brew several billion and play with the health of populations. However, community health is very important despite its various shortcomings.

❖ **WHAT IS HEALTH / WHO?**

RP: «Health is a complete state of physical, moral well-being ».

According to the WHO, health is a complete state of physical, mental and social well-being, and is not just the absence of disease or infirmity. Health is "one of the fundamental rights of every human being, whatever their race, religion, political opinions, economic or social condition". It implies the satisfaction of all basic human needs, whether they are be emotional, health, nutritional, social or cultural.

❖ **WHAT IS COMMUNITY HEALTH?**

According to the WHO, community health is the process by which members of a community, geographic or social, aware of their belonging to the same group ... reflect together on the problems of their health, express their priority needs and actively participate in setting up, running and evaluating the activities best suited to meeting these priorities.

In other words, community health goes from an observation of a problem (individually or jointly), this person represents himself as a solution and together with the community it takes place. It is therefore before the hospital therapeutic process. Community health is a situation where your neighbor can take charge of you.

This participatory vision of health is enshrined in the WHO constitution and stipulates that: "Enlightened public opinion and active cooperation on the part of the public are of the utmost importance for improving the health of populations».

QP: Is community health a new term?

RP: It is an area of health that involves the community to improve a health problem.

RF: Community health is not a new term because it has existed since 1978 (we will study it in the next point). Public health has several segments: clinical health, laboratory research, community health etc.

❖ UNDERSTANDING COMMUNITY HEALTH SUPPOSED TO INTEGRATING AT LEAST 03 LEVELS OF INSTITUTIONAL ANCHORING...

1) Community health is internationally recognized

It is the Declaration of ALMA-ATA of September 12, 1978 which drives community participation through Primary Health Care (PHC). The populations by this principle, were themselves called to solve their health problems. **Article 4 states** that: "Every human being has the right and the duty to participate individually and collectively in the planning and implementation of the health care intended for him».

Taking Malaria as an example, it emerged that Cameroon has nearly 2,000 to 3,000 deaths per year, which is why it is important for the community to organize itself to deal with this devastating disease.

Thus **article 6** provides that: "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and techniques, made universally accessible

to all individuals and to all. Families in the community with their full participation and at a cost that the community and the country can assume at all stages of their development in a spirit of self-responsibility and self-determination ...”

2) Community health is recognized regionally in Africa.

The Ministers of Health and Representatives of Member States, non-governmental organizations, civil societies, bilateral and multilateral agencies, meeting in Addis Ababa (from 20 to 22 November 2006) on the occasion of the International Conference, undertake at:

- (a) Empower communities and strengthen community management structures, consumer activities and links with health service delivery systems;
- b) Refine approaches for community engagement and participation in the planning, delivery and self-monitoring of health care interventions;

3) Community health also enjoys national recognition

Cameroon, a country where universal access to quality health services for all social strata is guaranteed by 2035 with the full participation of the communities.

To the facilitator to specify that the foundation of community health in Cameroon lies in the Health Sector Strategy (SSS) 2016-2027, with the full participation of all. Indeed, it is the bible of health policies in Cameroon whose providers know the content and if everyone applies it at their level, things will happen for the best.

❖ A RUSH COMPETITION EVEN ...

Since the 1970s, a divide has existed between the proposing countries. On the one hand, a health strategy based on collective approaches to health, emphasizing prevention and accompanied by “basic” medical care accessible to all. And, on the other hand, the countries which have massively funded highly technological medicine, leaving little room for prevention.

QP: Is community health not integrated into universal health coverage?

RF: No, because community health is an approach, a single contained element; while universal health coverage is a mechanism, a package where there are 147 interventions including community health and 111 under intervention.

QP: Isn't it the lack of technology that would maintain community health in third world countries?

RF: The great powers already have a fairly high level that no longer allows them to solve their health problems with low incomes.

QP: Do the “rich” also have community health problems?

RF: Health in fact concerns everyone but everyone at their own level

11:30 a.m : BREAK

12H: RESUME

❖ CHW: A CENTRAL ACTOR IN COMMUNITY HEALTH

The link between the "formal" health system and the community is made through a "community health worker" whose roles and responsibilities vary from one country to another These ASCs have a central role in coordinating the implementation of a minimum package of preventive, promotional and curative activities at the community level. So they have activities.

The activities of the AUC:

- Offer an IEC / BCC benefit ;
- Raise awareness, detect & detect simple cases of disease ;
- Offer simple services (distribution of LLINs) ;
- Offer more specific services (injections) ;
- Management of malaria in children under 5 years old).

The Profile of CHWs:

- Be a resident of the Community (male or female) ;
- aged 18 and over ;

- The involvement of women is strongly encouraged ;
- Have a level of education greater than or equal to CEP ;
- An ability to perform calculations is desirable as is communication skills.

It is up to the facilitator to specify that Cameroon has a document that clearly explains the role and activities of CHWs as well as the procedures. Noting thus that community health constitutes the set of primary health care that can be resolved by the community.

QF: Do you want to be ASC?

RP: Yes if there are accompanying measures.

QP: ASC is this a job? Paid by whom?

RF: Yes, being an ASC is a profession, but the guidelines recommend that you first have a main and remunerated activity. The job of ASC is therefore done during his free time because the related remuneration is in itself just a motivation, i.e. 40,000 FCFA of support costs depending on the service. CHWs who work on other diseases do not have an enviable status, but it must be done because social recognition is at stake.

QP: Are there CHWs in Cameroon?

RF: Yes, in Cameroon there are over 5,000 ASCs.

❖ **WHERE DOES COMMUNITY HEALTH OPERATE?**

According to the pyramid presented, community health operates at the central level (Ministry of Public Health, CHUs, large health facilities, etc.). At the intermediate level (regional health delegations), at the peripheral level (health districts, district hospitals, etc.). This is how the ASC acts at the peripheral level insofar as each district is attached to a health district and a health era.

❖ **GUIDING PRINCIPLE**

Community health is an integral part of public health. It is at the heart of the health promotion strategy. Its specificity is to be population and not individual by implementing a global vision and proximity.

The photo shows a CHW during the Expanded Program on Immunization.

❖ WHAT TO REMEMBER FROM FINISH

Community health comes down to the finish of community-based surveillance. It is this that enables the effective reporting of unusual events or changes in the health status of residents of a community and, most importantly, gives communities the opportunity to be heard.

It is up to the facilitator to specify that the opinions of the CHWs are collected when necessary at the time of decision-making. CHWs are attached to organizations that work with health districts and during calls for applications from these organizations, members can apply and then get trained as CHWs.

12:54 PM: END OF THE EXHIBITION

QP: If you want to be an ASC, do you have to wait for the call for tenders?

RF: This is an individual procedure and the term ASC is used when you are already a member of a health organization working with a district.

QP: If we identify a social problem and want to solve it, are there any special regulations in so far as we are not professional?

RF: Insofar as you have noticed a social problem, to resolve it, it will be done in a chain in the community. (You talk about it with a friend in the community, then with the community leader etc. until you come up with the solution and implement it).

QP: Is traditional medicine part of community health?

RF: No, because traditional medicine is a separate branch of public health in general.

1:00 p.m.: GROUP SESSION: PRACTICAL SECTION OF COMMUNITY HEALTH

Participants were divided into three (03) groups and had to work on a community health problem of their choice. It is a session which took place in 20 minutes for the work and 05 minutes per group for the restitution to the assembly of this work.

Facilitator s instructions:

- identify a health problem and;
- find a solution to this problem as well as the actors and their role.

GROUP 1

Problem: Waste management in the gutters

Restitution of work

Vision: Reduce the pollution rate

Causes:

- Inadequate garbage bins;
- Poor infrastructure (roads, development of refuse disposal sites);
- Monopolization of waste management by Hickam (lack of competition);
- unconsciousness of the populations on the risks incurred.

Events:

- Unauthorized deposit of garbage;
- Clogged channels;
- Polluted water points;
- Odora, Visual pollution etc.

Conséquences :

- Water-borne diseases such as typhoid, cholera, malaria etc.
- Skin infections

Cooperative planning:

- Head of the district;
- The town hall;
- Religious leaders;
- Association leaders.

The implementation of the resolution of the problem:

- Sensitize the population on garbage collection;
- Organize manual work sessions (cleaning of waterways and ditches etc.);
- Organize seminars on the treatment and recovery of waste;
- Creation of a composting company;
- Development of refuse disposal sites;
- Distribution of garbage bags and mosquito nets in households;
- Deposit of garbage bins in public places.

Work strategies:

- Adopt the means of transporting garbage (use a tricycle instead of a dumpster);
- Establish partnerships with organizations / companies that recycle plastics.

GROUP 2

Problem: Depigmentation of the skin

Contextual situation:

- On an observation made, then the comprehensive sharing with neighbors;

- Then we look for the causes which are: the complex, globalization, acculturation, social networks, TV series, appearance, lack of self-confidence ...

The consequences:

- Skin diseases;
- There cancerigen diseases are;
- The devaluation of the black race;
- The weakening of the immune system.

Common vision: curb the rate of depigmentation in young people and bring those who do to understand the dangers that arise and give up

Planning cooperative:

- Head of district.
- Mobilize stakeholders (Leader s community s, elites of the area, religious leader, health worker ... etc.);
- Organize focus groups.

Work strategies:

- Awareness on risks and dangers in an agent health;
- Organization of art workshops and fashion shows;
- Area campaigns promoting black;
- Mobilization of funds with gala matches, charity galas etc. ...

GROUP 3

Issue: Gender-based violence

Restitution of work

Causes

- Contempt for women;

- The whole dependence of the wife of her husband.

Consequences

- Training of future abusers (child boys of violent men);
- Frustration girl's women beat or future training are woman rebels;
- Sometimes death of the abused woman.

Types of Gender-Based Violence (GBV)

- Violence s social art;
- Violence s physical s (caning, beatings, assault etc.);
- moral violence (Traumatisme frustration to woman

Work strategy

- Sensitize are girls, boys, women and men on the choice of the marriage issue;
- Educated F / G, and F / G on the choice of their partners, while presenting them in a concrete way the consequences of GBV;
- Encourage women and young girl to empower and putting on foot IGA (Activities Generating Revenues).

Cooperative planning

- The institutions such as CAREC (Circle of Friends Chantal Biwa), who struggle for recovery and empowerment of women;
- The RENATA (National Network of Aunties) who fight against violence against women;
- The structure of protection such as the police etc ... In charge of the security and integrity of every citizen.

APPRECIATIONS

According to the facilitator, the work was carried out very well, except that a problem had to be chosen (especially with regard to group 1) which is closely in line with community health.

The idea of community health is not to solve the problem in the future but rather in the present. That's what he wanted to see in the presentation.

Problems such as teenage pregnancies, masturbation among young people should also be mentioned, as these constitute serious community health problems which it would be important to address.

2:30 p.m: END OF THE SESSION

DAY 4: March 12, 2021

09H: Presentation of the facilitator Mr. FODJO POKAM Maurice Ulrich, Engineer in Water Engineering

9:10 am: Presentation of the participants.

9:30 a.m.: Beginning of the session

❖ SUMMARY

- General;
- Characterization of wastewater;
- Regulations;
- Risks associated with wastewater;
- Compliance;
- Collect wastewater;
- Purify wastewater;
- Promote the treatment;
- Conclusion.

❖ GENERAL

1) Definition

Sanitize: Make healthy. That is to say, eliminate any product, substance or waste likely to harm human health and their environment.

It is up to the facilitator to explain this definition to the assembly. In other words, sanitation is not about removing our waste from our proximity; but to eliminate their nuisances for the good of all.

Thus, the com sanitation takes 2 inseparable parts namely:

- Wastewater collection and wastewater treatment.

The collection and transport of wastewater provided by the sewerage network allow all the pollution to reach the treatment site. While the treatment of wastewater ensures a quality of discharge acceptable to the natural environment.

2) The situation

Worldwide: More than 2.6 billion people live without access to sanitation.

In Africa: In 2010, 39% of the population did not have access to drinking water and 70% did not have access to sanitation. To these official figures, we must add the poor functioning of existing networks and treatments.

In Cameroon: In 2012, only 6.8% of the overall population had a flush; 81.2% used either basic latrines or improved latrines while 12% of the population did not have a defined system.

In Yaoundé: The sanitation master plan which dates from May 1993 was not implemented in September 2002. This lack of monitoring has contributed to the emergence of various types of sanitation systems depending on the typology of the system. 'habitat.

Thus, Yaoundé does not have a general sanitation network. Individual sanitation works are used by 98% of households in the city, for which 66% use basic latrines made up of an unsealed sump; 32% septic tanks and 6% improved latrines.

With regard to the treatment works, 11 treatment plants are inoperative out of 13 built.

3) The incidence

“Untreated wastewater is a weapon of mass destruction endangering our health, our planet and our economy”.

On health: Domestic wastewater and that of industries once released into nature promote the development of many diseases: Cholera, Dysentery, Typhoid, Bilharzia,

Contamination can occur by:

- contact (swimming);
- Consumption of contaminated products (fish, vegetables watered by this water, etc.);
- Consumption of spring water, wells, groundwater contaminated by wastewater;
- Bites of disease vectors developed in these waters.

4) The consequences

It is relatively easy to provide access to potable water. This is not true for repairing the damage of untreated water.

The African backwardness is an opportunity not to have to use and amortize technologies which are much less effective than the new ones. Today, it is cheaper and easier to decentralize services and use new positive energy sanitation technologies to simultaneously solve the problems of water, certain organic solid waste and energy.

❖ THE CHARACTERIZATION OF WASTEWATER

Facilitator to ask participants the question

QF: What do you think is wastewater?

RP: It is water used by men.

RF: Indeed, it is water used by humans and which contains bacteria that are toxic to humans. We therefore distinguish between industrial, agricultural (water runoff), domestic wastewater, etc.

1) The physical and organoleptic parameters:

Temperature, Suspended Materials, Color, Turbidity.

2) Chemical parameters

- PH;
- Conductivity;
- dissolved O₂, saturation rate;
- Chemical Oxygen Demand (COD);
- Biochemical Oxygen Demand (BOD);
- Nitrogen;
- Nitrate;
- Ammonia Cal nitrogen;
- Phosphorus;
- Sulphate .

3) L are parameters Bacteriological

- Faecal coliforms;
- Faecal streptococci;
- Clostridium sulfito-reducing.

QP: Are these parameters used for all types of wastewater?

RP: These parameters apply to all types of water

RF: All wastewater is treatable and analyzable.

QP: To what can we attribute the power of self-purification, to the water itself or to the soil?

RF: Self-purification is the water that flows alone because the rock layer acts as a filter. For example, lakes have a self-purifying power.

QP: Can urine be considered drinking water?

RF: No.

RP: Urine is certainly water, but it can be taken as drinkable.

4) Treatment Method

The complete wastewater treatment line can be schematically divided into two channels:

- The water sector in which the water is free of all pollutants before it is released into the natural environment (Pretreatment, Primary, Secondary, Tertiary Treatment);
- The sludge sector in which the residues generated by the water sector are treated and dehydrated before disposal (Treatment of sludge from primary and secondary treatment).

❖ REGULATIONS

- **The Law of January 18, 1996 including in the Constitution:** “everyone has the right to a healthy environment”;

- **L oi 98/005 of 14 April 1998** which we recall here, Articles 4 and 6.

Article 4 : Spills, flows, jets, infiltration, burial, spreading, direct or indirect deposits in water of any solid, liquid or gaseous matter and in particular industrial, agricultural or atomic waste liable to :

- alter the quality of surface or underground water or sea water within the territorial limits;
- harm public health and the aquatic or underwater flora and fauna;
- call into question the economic and tourist development of the regions.

Article 6: Any natural or legal person, owner of an installation likely to cause water pollution must take all necessary measures to limit or eliminate the effects.

- **Decree n ° 2001/165 / PM of May 8, 2001** specifies the methods of protecting surface water and groundwater against pollution. We quote, here, articles 5, 6, 7 and 16.

- **Law 2004/018 of July 22, 2004**, which concerns the transfer by the State to communities of powers to communities including in particular (Art. 16).

For the facilitator to clarify that the bottom waters are waters rich in salmonella.

QP: Regarding the coloring of the water that everyone can observe, is it due to the geology of Cameroon?

RF: The coloration should be between 3 and 10 and it depends on the type of device. It is the coloring that is not visible to the naked eye.

QP: Ongot? Will the water in the area be analyzed during the descent?

RF: When you want to offer a water point in a locality, it is imperative to always analyze the water in the area. If the parameters are not satisfactory, there are several types of treatment depending on the element being analyzed. After that, we therefore propose a processing system adapted to what has been found.

QP: «If I collect water rich in fecal coliforms, I water my vegetable field, will the population be infected as a result of their consumption of these products?

RF: Yes because the vegetables will be infected with bacteria and the populations will be infected with these bacteria.

QP: Is the wastewater treatment process the same as the sludge?

RF: No, sludge should not be discharged with certain elements.

1) Health risks associated with the use of wastewater

The Cholera

It is an acute intestinal infection caused by ingestion of water or food contaminated with the bacillus *Vibrio cholera*. It causes profuse, painless diarrhea which can quickly lead to severe dehydration and death if treatment is not administered promptly.

Typhoid and paratyphoid fevers

These are infections caused by bacteria (*Salmonella typhi* and *Salmonella paratyphi*) that are transmitted when you swallow food or water contaminated with stool .

The Malaria

It is an infectious parasitic disease transmitted by mosquitoes which reproduce in fresh water or sometimes in brackish water etc. Its symptoms are fever, chills, headache, muscle pain, fatigue, nausea and vomiting, diarrhea, anemia and jaundice. Seizures, coma, severe anemia, and kidney failure can also occur.

the fluorosis

It is the ingestion of excess fluoride, especially the long term ingestion of large amounts, can cause fluorosis which damages teeth and bones.

Schistosomiasis

It is a water - borne disease considered to be the second most important parasitic infection after malaria, in terms of public health and economic impact. The signs that follow infection are a rash or itchy skin.

It is caused by the three main species of flatworms, namely *Schistosoma haematobium*, *S. japonicum*, and *S. mansoni*.

The cattle and buffalo can be important reservoir hosts. The larvae develop in freshwater gastropods, and humans are infected when they enter larval infested waters for domestic, occupational and recreational purposes, and the larvae penetrate their skin.

❖ COMPLIANCE

The scheme is simple:

- Collect wastewater;
- Purify this water before discharge;
- Promote treatment.

Collect wastewater

The objective is to collect the excreta of users to eliminate the risk of contamination. The means are as follows:

- Connect users to a sanitation network which will transport these discharges to a purification installation: **Collective sanitation;**
- Treat these discharges as soon as they are sent to the user: On-site **sanitation;**
- Provide users with an installation (or several) which collect their excreta and either treat them or evacuate them: **Semi-collective sanitation.**

Regarding **collective sanitation**, the selection criteria are:

- imposed by the sanitation plan;
- The user can be connected to a sanitation network;
- The nature of the soil does not allow autonomous sanitation.

The advantages are:

- Discharges are evacuated as soon as they are emitted;
- The user has no maintenance constraints;
- The service is provided by professionals.

The disadvantages are:

- Necessity of the permanence of the distribution;
- cost of the service;
- The user must respect the imposed requirements;
- sealing of the collection network (losses, entry of parasitic clear water, etc.).

Conformity:

- It results from the respect of the rules of art as regards design and realization of the works;
- It results from the conformity of the users' connections to the collection network;
- It requires users to comply with regulations concerning substances not to be discharged into the sewerage network;
- It is maintained by regular maintenance of existing structures.

With respect to **the Sanitation No Collective (ANC)**, the selection criteria are:

- imposed by the sanitation plan;
- The user cannot be connected;
- The nature of the soil is compatible with autonomous sanitation.
- Discharges are evacuated and treated as soon as they are emitted;
- The cost of the service is less expensive;
- An interruption in distribution is less serious.

The disadvantages:

- need for maintenance and regular monitoring;
- Preliminary studies are necessary (nature of the soil, permeability, proximity to the water table, etc.);
- The choice of the purification technique depends on the nature of the soil;
- Validation and control must be carried out by an approved service.

Conformity:

- It results from compliance with the material requirements for the design and construction of on-site sanitation systems;
- It results from the conformity of the evacuation and treatment of waste matter;
- It is maintained by regular maintenance and control of approved sanitation devices.

Regarding **semi-collective sanitation**, the selection criteria are:

- imposed by the sanitation plan;
- The user cannot be connected;
- The nature of the soil is not compatible with autonomous sanitation.

Benefits:

- Discharges are evacuated and treated as soon as they are emitted;
- The cost of the service is less expensive;
- An interruption in distribution is less serious;
- Separation and recovery of discharges is possible.

The inconvenient:

- Users move to these devices;
- need for maintenance and regular control.

Conformity:

- It results from the respect of the rules of the art and the material prescriptions of design and realization of the work to be carried out;
- It results from the respect by the users of the imposed regulations;
- It is maintained by regular maintenance and control of the sanitation devices implemented.

QP: Would it be easy for households to opt for collective sanitation?

RF: Not really! To the extent that new neighborhoods are born every day and then it would almost difficult to be always in sync.

QP: Does this infiltration have an impact on the wells?

RF: Yes, because if a well is placed downstream, the infiltration will go down again and the soapy materials have an impact on our waterways.

❖ TREAT WASTEWATER

NB: The facilitator clarified that there are 13 water purification stations in Yaoundé, of which only two are functioning. Also several types of purification.

Goals:

- Obtain an effluent acceptable to the receiving environment;
- Guarantee a quality of rejection in accordance with quality requirements.

Means:

- Wastewater treatment plant «activated sludge»;
- Decanters Digesters;
- Bacterial beds;
- Infiltration basins;

- Lagoons for microphytes and macrophytes;
- Beds planted with reeds.

1) The Choice of the treatment process

The choice of the process results from a preliminary study involving many parameters which must be taken into account. It is not "out of fashion».

The parameters to be taken into account are:

- Pollution load (hydraulic and organic);
- The availability and reliability of the power supply;
- The rejection levels to be respected;
- Technical needs and required skills;
- Acceptability by users: participation in costs;
- The nature of the soils;
- Investment and operating costs;
- The disposal or recovery channels for by-products (refusal of grids, sand, grease, sludge, etc.)
- Control of the by-product recovery channels.

2) The characteristics of the different processes

Wastewater treatment plants «activated sludge»:

Principle: The bacteria responsible for purification colonize the MeS contained in the effluent forming a «floc» which allows the separation of treated water from sludge.

The Advantages:

- Very good performance in eliminating carbon, nitrogen and phosphorus pollution;
- Flexible process, it allows to adapt to load variations;
- Easy processing control;
- Possibility of recovery of soil amendments, anaerobic digestion.

Disadvantages:

- Reserved for the treatment of discharges of a large population $\geq 5,000$ EqH (Inhabitant Equivalent);
- Important and constant energy needs;
- Need for competent staff;
- Significant investment and operating costs;
- Significant production of by-products (sludge)

Decanters - Digesters (Septic tanks)

Principle: The settling part eliminates suspended matter; the digestion part anaerobically eliminates part of the carbon pollution.

Benefits:

- Process not using electrical energy;
- Process applicable to any type of sanitation;
- Possibility of recovery of soil amendments;
- Requires little technicality.

The inconvenient:

- Poor purification performance (30% of BOD, 60% MeS);
- Requires additional treatment (bacterial bed, infiltration basin);
- Not very effective in the presence of clear parasitic water (rainwater): risk of leaching.

Beds planted with reeds

Principle: Reeds have the property of capturing oxygen from the air through the leaves and restoring it to the roots. In addition, their size makes it possible, by their catch in the winds, to facilitate filtration.

The Advantages:

- Processes not using electrical energy;
- Procedures applicable to any type of sanitation;

- Good purification performance;
- Provide significant sludge storage capacity;
- Possibility of recovering sludge;
- Require little technicality.

The Disadvantages:

- Requires precise sizing (risk of saturation);
- Requires well respected operating conditions;
- Not very effective in the presence of clear parasitic water (rainwater): risk of leaching.

Conformity:

- It results from compliance with the rules of the art and sizing in terms of design and execution of the works to be carried out;
- It results from the respect by the uses of the imposed regulations;
- It is maintained by regular maintenance and control of purification devices by a qualified workforce.

QP: What type of treatment does the Biyem-Assi station in Yaoundé use?

RF: Activated sludge.

QP: Are there places with ready-to-use substrates?

RF: Some structures compose based.

❖ VALUING THE TREATMENT

NB: For the facilitator to specify that the valuation depends on the type of treatment it needs.

Goals:

- Minimize the investment and operating costs of the purification process;
- Take into account that the costs of non-treatment will always be higher than those of treatment.

Means:

- Define the purification process which, with equal and verified performance, makes it possible, on the one hand, to minimize costs and, on the other hand, to enhance the value of by-products ;
- Optimize the operation and the process to reduce operating costs;
- Ensure the sustainability of the recovery sector over the long term.

1) Define the purification process

Selection criteria:

- Type of sanitation;
- Loads to be treated (hydraulic and organic);
- Quantification of parasitic water;
- Level of rejection required;
- Reliability of the power supply;
- Nature of the soil;
- Available area;
- The possibilities of valuation.

QP: Can an individual open a treatment plant for the management of his waste?

RF: No, he must have authorization from the municipality, or a group of individuals can meet with the municipality to create one.

2) Optimize the purification process

Objective: To reduce operating costs.

Means:

- Maintain operating conditions suitable for the incoming load;
- Control the consumption of reagents and energy;
- Use procedures that allow operating expenses to be eliminated.

3) Ensure the sustainability of the valuation

What can we value?

- The sands collected from the pretreatments;
- Biological sludge resulting from the treatment;
- Proteins from duckweed;
- Fish reared in specific basins;
- Treated water

4) Benefits of recycling treated water

❖ CONCLUSION

The respect of the law of April 14, 1998 concerning the protection of the quality of water and the environment and consequently of the health protection of the inhabitants, requires the establishment of a sanitation plan.

This sanitation plan must take into account the specificities of the area concerned, its habitat and the availability of water and energy. It must be accompanied by sensitization of the population and training of the personnel of the Sanitation Service to be created.

The Sanitary Regulations established by the municipality must be distributed to users for implementation. Thus, the choice of a purification process must obey relevant criteria, the main one being the receiving environment.

Once the process has been defined, the possibilities of reducing operating and recovery costs must be studied, implemented and maintained.

2:00 p.m: END OF THE SESSION

2:05 p.m: Closing speech by the Founding President of the Association for Equality and Well-being (ASEBE).

**" CLOSING SPEECH OF THE TRAINING SEMINAR ORGANIZED BY
THE ASSOCIATION FOR EQUALITY AND WELL-BEING (ASEBE) FROM 09 TO 12
MARCH 2021**

❖ Distinguished guests

Dear leader of civil society

Dear members of the Association for Equality and Well-being (ASEBE),

The moment that brings us together again this evening is the opportunity to take stock of the Training Seminar on project management, community health and water treatment in which you kindly participated. I believe I am not betraying the feeling of the greatest number by affirming that these four days of initiation and reflection were a real success.

❖ Ladies and gentlemen,

On Tuesday March 9, 2021, we proceeded in these same places, to the official opening of the work of the training seminar of ASEBE volunteers. For a week, you harnessed yourself, with great interest and diligence, to follow the trainings of our handpicked experts. The evaluation of the experts which are made as well as the various comments resulting from your meetings testify to the seriousness which characterized the work. You are now very familiar with these different instruments of community mobilization and animation which will undoubtedly open up new perspectives for you in understanding and carrying out your daily tasks and responsibilities.

I am delighted with the oh so eloquent results you have achieved at the end of your work, which I could not doubt in view of the quality of the participants that you are. I also note and with great satisfaction that the workshop led to the commitment of each of the participants to act more to impact in their respective communities.

❖ Ladies and Gentlemen, dear participants,

You are now trained in the various techniques mentioned above, I urge you to put this knowledge into practice, to cultivate the sense of a job well done and that of integrity in order to achieve our common goal of sharing a smile wherever the need will be felt.

This seminar is an initiative of ASEBE funded by our partner TechEnergy For Africa (TEFA eV) to whom we say a big thank you.

We also thank all the service providers who submitted and made this event possible, in particular:

- Cdata grid
- Gamma Forever

- **DIMIC print**
- **Galaxy SM**
- **Siantou Broadcasting**
- **TANTETA Ets**

I will end my address by reiterating to all of you my sincere thanks for your active participation in this seminar. Be examples in your respective communities and embody the change you want to see.

Thank you for your kind attention.
ASEBE their joy our joy! " .



2.10 p.m: Delivery of participation certificates.

2:30 p.m: END OF THE SEMINAR.



APPENDICES 1

LIST OF PARTICIPANTS IN THE TRAINING SEMINAR FROM 09 TO 12 MARCH 2021 FROM 9 AM TO 2:30 PM

	Participants	Quality	Day 1	Day 2	Day 3	Day 4
1	Mr. BAGFEUGUE Lemana Abel	Trainee	P	P	P	P
2	Mr. Rim to kOUNG Stéphane	Participant	P	P	P	P
3	Miss Ndigai Angelle	participant e	P	P	P	P
4	Miss Essobat Ariane	participant e	P	P	P	AT
5	Miss Reena LONTSI	participant e	P	P	P	P
6	Miss Ange Gaëlle Ndassie	Participant	P	P	P	P
7	Miss Tchana Raissa	Participant	P	P	P	AT
8	Miss Bile Oyono Jossy	Participant	P	P	P	P
9	Mr. Enyegue Mama Ferdinand	Participant	P	P	P	P
10	Miss Limoteu Carine	Participant	P	P	P	P
11	Miss SIGHE Fotsing Vanina	Trainee	P	P	P	P
12	Mrs Tchoumi Laurelle	Reporter	P	P	P	P
13	Mr. Rim to kOUNG Stéphane	Participant	P	P	P	P
14	Miss Ndigai Angelle	Participant	P	P	P	P
15	Mrs Mkong Puzzle Shieh	Trainee	P	P	P	P

P : Present A : Absent



APPENDIX 2

LIST OF PARTICIPANTS IN THE TRAINING SEMINAR FROM 9TH TO 12TH MARCH 2021 FROM 9AM TO 2:30 PM

A- Participants

- 1- Mr. Rim to kOUNG Stéphane
- 2- Miss Ndigai Angelle
- 3- Miss Essobat Ariane
- 4- Miss Reena LONTSI
- 5- Miss Ange Gaëlle Ndassie
- 6- Miss Tchana Raissa
- 7- Miss Bile Oyono Jossy
- 8- Mr. Enyegue Mama Ferdinand
- 9- Mr. Tchouta Ulrich Ghislain
- 10- Miss Limoteu Carine

B- Technical team of the seminar

- 1- Ms. Tchoumi Laurelle: Rapporteur
- 2- Mr. Thierry NDIMI: President of the Organizing Committee / Founding President ASEBE
- 3- Miss Gabrielle Soh: Organizing committee
- 4- Miss Myriam Ghomsi: Organizing committee
- 5- Miss Dagkam Nganou Danielle:
- 6- Mr. Lemana Abel:
- 7- Miss SIGHE Fotsing Vanina: