

Identifying Challenges in the Disability Community in Bamenda and Its Surrounding Areas

Community Needs Assessment By
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According to United Nations and World Health Organization, there are about one billion persons with disability in the world. According to the Peace Corps Act, ninety-five percent of persons with disability are the poorest of poor. The act also states, "Peace Corps shall be administered so as to give particular attention to programs, projects, and activities which tend to integrate disabled people into the national economies of developing countries, thus improving their status and assisting the total development effort." Thus, as a health volunteer in Bamenda, the capital city of the Northwest region, Cameroon, my service will focus on the population of persons with disability. The overall rate of persons with disability in the Northwest region is estimated to be in the range of 6.9%¹ or 10.5%². Persons with disabilities include people with mobility impairment, visual impairment, hearing loss, intellectual disability and mental disability.

In order to identify which issue needs the most attention and understand how to solve problems in a community, I have conducted research in Bamenda and its surrounding areas which include Bali, Bambili, and Bafut. I am using various methods to help me identify what are the biggest issues relating to health in the disability community. I created a survey that helps me acquire the basic profile of people and find out if people with disabilities are able to access healthcare facilities, acquire resources to help improve their quality of life as persons with disability, access water and food and get an education. I conducted the survey by interviewing each individual one-on-one in their home, at their workplace, at disability related club meetings, schools, and a rehabilitation center. While my survey had mostly multiple choice answers, I took notes. Because my Pidgin English, the primary language of Bamenda, is still not proficient, I had one person from my community such as my counterpart, Ruth Acheinegeh, or my work supervisor from Coordinating Unit of Association for Persons with Disabilities, Samuel



¹ Cockburn, Lynn. The Prevalence of Impairments and Disabilities in the North West Region, Cameroon and the Impact on Quality Of Life for People with Disabilities. June 2011.

² <http://disabilitycentre.lshtm.ac.uk/files/2014/12/Cameroon-Country-Report.pdf>

Nyingcho, accompany me so that if the person whom I interviewed struggled to understand what I said, the person who accompanied me could translate what I say. The people who accompanied me also helped me locate persons with disability. I interviewed a total of 150 persons with disability. Nyingcho and Acheinegeh both helped me identify persons with disabilities by visiting their homes and support groups for persons with disabilities. Besides conducting surveys and interviews, I have also been acquiring research studies from a professor at University of Toronto, Dr. Lynn Cockburn, who focuses her research on persons with disability in Northwest. I also attended a presentation conducted by a research fellow in Disability and Global Health, Islay Mactaggart, at London School of Hygiene & Tropical Medicine who just completed her thesis on people with disability in the Northwest to learn about her research results. Their information has been helpful giving me a background of what issues exist in Bamenda. However, as I conducted interviews, I have been finding some very surprising information that makes me realize that persons with disability is one of the most vulnerable population when facing health-related issues and also that some of the disabilities could have been easily prevented or treated.

My report is being shared with the members of my host organization, Coordinating Unit of Association for Persons with Disability, various disability related organizations throughout the Northwest region, local government officials and people who have an interest in working on projects that involve improving the lives of persons with disability. The purpose of sharing my report is to create awareness about the challenges that persons with disability face and decide with the disability community which projects should be carried out during my service. As part of Peace Corps' third goal which is to educate Americans about the culture and lifestyle of volunteers' host countries, I am also regularly sharing my findings on my blog at <http://blog.rachelchaikof.com>.

Bamenda

Bamenda, the third largest city in Cameroon and known as the most scenic city, is nestled in the mountains in the southern part of the Northwest region, one of Cameroon's ten regions. Because of the high elevation, the climate is cool year round. There are two seasons, rainy season which runs from March until November and dry season which runs from November until March. Because Bamenda is located in one of the two Anglophone regions, most people speak primarily Pidgin English and also grammar English. However, I have often encountered people who primarily speak French as French is one of the official languages of the country.

Bamenda, which has six neighborhoods, is a bustling city with over 500,000 living there. The roads are constantly congested with cars and also motorcycles and taxis which is the primary means of public transportation in the city. Bamenda is a vibrant community of very ambitious people who strive to work hard and make good money. Because Bamenda is the capital city of the Northwest region, it offers numerous shops, banks and restaurants.

Transportation

While Bamenda offers easy access to transportation as there is an ample number of motorcycles and taxis, transportation is actually often not very accessible to many persons with disability. Taxis

primarily service the main roads and often do not go door-to-door. This means that people with a mobility disability or visual impairment who want to be dropped off at a specific place such as their home which is usually not on the main roads, have to pay extra fees. When people with mobility disability or visual impairment want to go to a place from their home, they are still forced to walk with great difficulty and pain or somehow move themselves to the main road to flag a taxi. While one research study reports that transportation is a major issue for persons with disability³, a number of persons with disability did confirm to me that transportation is a serious issue for them. They said that when taxi drivers see them with wheelchairs or crutches, they will pass by them instead of stopping because they do not want to take the time to assist them in getting in the car and also handling their devices. They also face being asked to pay a higher price.

When interviewing one deaf student at Difitronics Secondary School for the Deaf, she pulled out cards from her pocket. These cards had writings of places in the city. She explained to me that her biggest barrier is communicating with taxi and motorcycle drivers and telling them where she wants to go. Many taxi and motorcycle drivers are illiterate and can't always read the name of places. Many other deaf people who I interviewed raised the same concerns.

One day at the Coordinating Unit of Association for Persons with Disability office, I saw a woman crawling in through the door. I wanted to drop my jaw. I immediately blurted out loud to my work supervisor, "This woman is crawling in!" As the woman continued to crawl in, I noticed that she was wearing knee pads and wearing slip-on shoes on her hands. As soon as she sat down by pushing herself up onto a chair, we introduced ourselves to each other. She was the most vibrant, bubbly and friendly woman. She was always smiling and seemed to have so much energy. She came from a town called Ndu about four hours outside of the Northwest for a meeting with a handful of other persons with disability from other parts of the Northwest. I asked her why she doesn't have a wheelchair. She said that she does have a wheelchair and also a tricycle but prefers to crawl most of the time because taxi drivers will not offer her a ride or charge a much higher fare for wheelchair users because the drivers have to take the time to help the person get in the car and put the wheelchair in the trunk. So, she find that crawling gives her the freedom to be able to take taxis as often as persons without disability and at the same price as them. A few other persons with disability did note to me that they can't use their wheelchair or tricycle as often as they are in the same situation as the woman.



³ Kiani, Shirin. Women with disabilities in the North West province of Cameroon: resilient and deserving of greater attention. *Disability & Society*. 01 June 2009.

The most ideal solution to solving the transportation situation would certainly be replacing all taxis with the same design as taxis that are used in the United Kingdom. The taxis in the United Kingdom are designed in a way that wheelchair users can easily roll into the car without any assistance from the driver. Obviously, this solution sadly would not work in Cameroon for the time being due to financial reasons. In the meantime, offering education to public transportation drivers about the importance of accepting persons with disability may be the most viable solution in helping persons with disability acquire transportation.

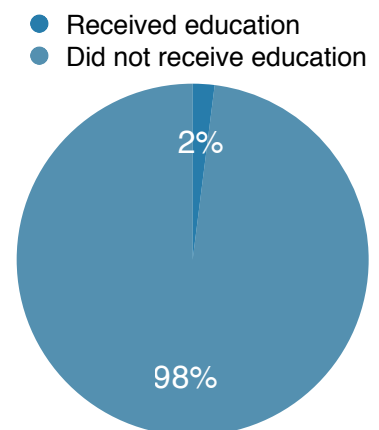
Electricity and Communication Access

Electricity is widely accessible in Bamenda and so are cellphones. In fact, many people often like to say that cellphones are far more accessible than water in town. While electricity exists, power outages do still occur often in Bamenda. However, internet access is greatly unequal in Bamenda. The BBC recently reported that Cameroon has the greatest inequality in internet access⁴. While one could purchase internet access cheaply, the speed is very slow and does not allow people to access a number of websites with ease. If one wants to be able to do video conference calls, watch movies, and visit all website pages with ease, they have to pay a very high and unaffordable price for the top speed. Internet access is very important for persons with disability as it can break so many barriers for them. People with visual impairments do not have to wait for the Braille version or never be left out of reading news when they have access to the internet. When they go to an online news site, they can just click on "Text to Speech" and have the computer read the text to them. This is the same for books downloaded from the internet. Because deaf and hard of hearing cannot understand the radio and so are left out of hearing news, having access to internet means that they can still have access to the latest current events by being able to read articles. Most importantly, internet allows persons with disability connect with other persons with disability through social media channels and websites offering message boards and mailing lists and share their experiences, tips and obstacles relating to living with disability and ask questions about issues they face and learn from others about how they handled the issues.

Education

According to various reports, only 2% of all persons with disability in Cameroon have received formal education. Research studies state that there are various reasons for the low percentage. Many roads are not paved and muddy. The terrains are hilly and in many regions, it's mountainous. This means that those with mobility impairments face the challenge of moving their bodies on these landscapes. As a result, those with mobility impairment face the challenge of getting to schools.

For those with hearing loss, they face the difficulty of hearing

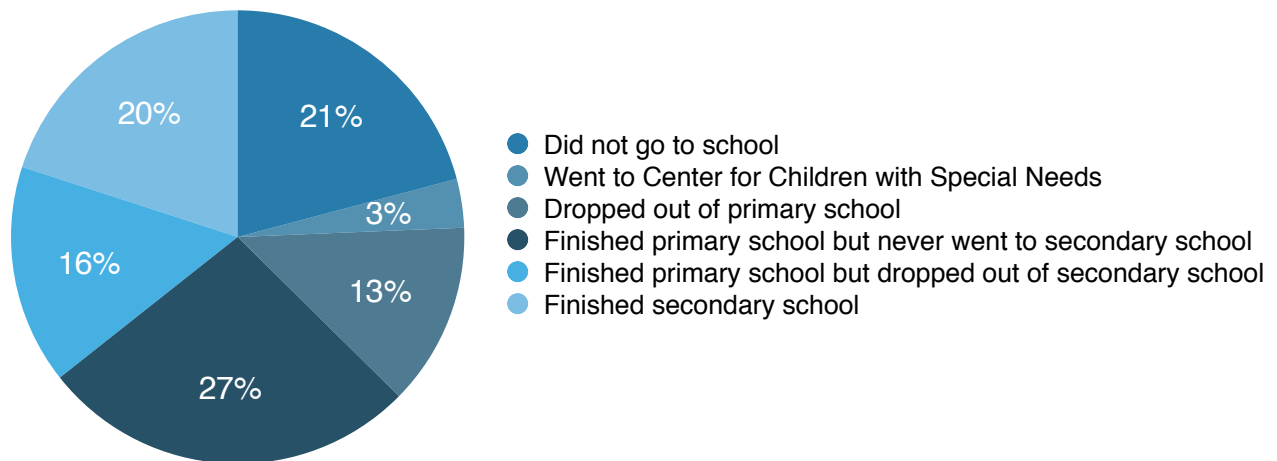


⁴ <http://www.bbc.com/news/technology-30432487>

well in a classroom or lecture hall due to noises coming through windows that have no glass and lack of facilities such as microphone system. Also, people who are deaf and communicate in sign language have to have an interpreter or go to a school for the deaf. The availability of hearing aids is extremely limited. Even if they are available for sale, most Cameroonians are unable to afford them. Cochlear implants, a technology that allows deaf people to hear, are unavailable in the country.

People with disabilities face stigmatization and discrimination. Many persons with disabilities don't go to school because their parents think that it's a bad investment and they will never be able to work. Parents think they can't contribute to the society.

From my findings in the Community Needs Assessment, 24 persons with disability did not go to school. Four of them went to Center for Children with Special Needs in Bambili, a village just outside of Bamenda instead. This center offers education in independent living and life skills. An additional 15 persons with disability dropped out of primary school. Six of those who dropped out of primary school continued their education by going to Center for Children with Special Needs. An additional 49 persons with disability finished primary school. Thirty-one of them never went to secondary school. Then an additional eighteen persons with disability finished primary school and went to secondary school but did not complete secondary school. Then twenty-three persons with disability finished secondary school. Six of them continued their education by attending a professional school such as a training school to become a teacher. One is currently in a university. Four have a bachelors degree and two of them also have a masters degree. Twenty-one persons with disability whom I interviewed are currently in secondary school. Eighteen of them are at Difitronics Secondary School for the Deaf. Three of them are at Morning Star Catholic School for the Deaf and Hard of Hearing.



Sixty-two persons with disability reported that their grade level was average while 11 others reported that their grade level was below average and 43 reported that their grade level was above average.

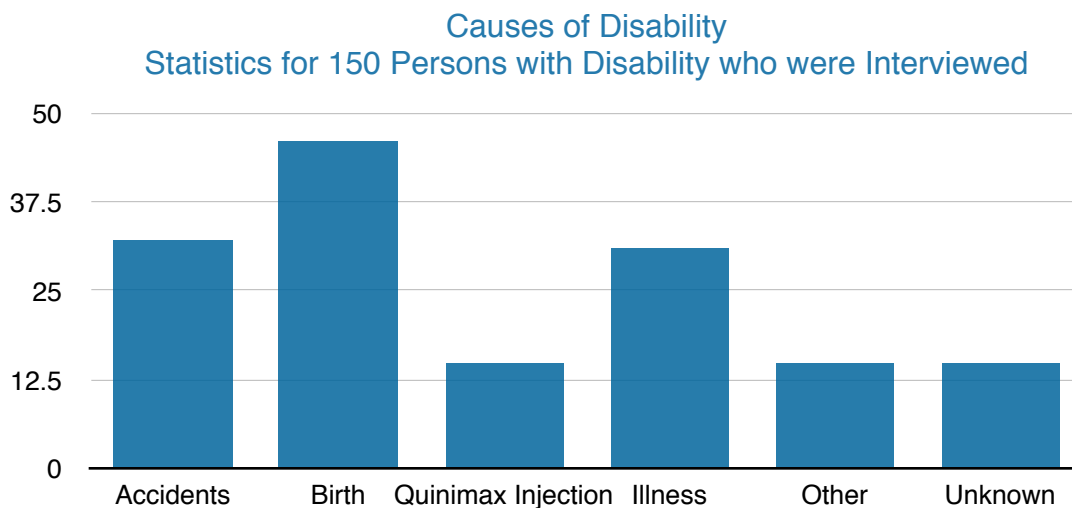
Because a very small percentage of persons with disability receive formal education, it is reasonable to say that a very small number of persons with disability would be literate. While my findings may not be a true reflection of the disability population in Cameroon, it still does show that a huge

number cannot read. Forty-two persons with disability reported that they cannot read. However, a number claimed that it is primarily because they have visual impairments and have no access to Braille. An additional 19 persons with disability reported that they can read a little. Three parents of children with disability reported that their children have not yet started reading as they are under five years old. Thus, about half of persons with disability whom I interviewed reported that they can read well.

Health Assessment

Only one percent of all Cameroonians have health insurance coverage. The government provides almost no support for healthcare. Therefore, most pay out of pocket for their healthcare. The general population of Cameroon typically acquire funding for their healthcare through their salary, savings and loans. About 30% of the poorest Cameroonians and about 20% of the lower middle class Cameroonians have to sell their goods or animals to be able to afford healthcare.⁵

This situation, lack of access to good quality healthcare, leads to a higher number of people becoming disabled. As mentioned earlier, 95 percent of persons with disability are among the poorest of the poor. For this reason, when people face accidents, become injured and are unable to afford healthcare, they become disabled. According to my survey results, 32 out of 150 persons with disability whom I interviewed became disabled as a result of an accident. Many were hit by taxis or motorcycles. One fell into a well. A bamboo tree fell on another person. An additional 15 persons with disability became disabled as a result of Quinimax injection. While my survey results shows that 136 out of 150 persons with disability received medical attention for their disability, 127 of them saw a private doctor or went to a hospital. Some of them also saw a traditional doctor, a professional who usually does not have the right credentials to treat medical issues and who provides false information. For example, a number of persons with disability who went to a traditional doctor have been told that their disability was caused by witchcraft or spirituality.



⁵ The percentage came from a presentation on health system in Cameroon that was conducted during my Peace Corps training.

While many were able to see a doctor, they likely didn't receive enough attention to be able to recover to their fullest potential. I spoke to a gentleman who came from a village in the Northwest and had a mobility disability. He was in an accident many years ago. He was unable to use one of his legs for four years and had to walk with crutches. He couldn't get water from the pump by himself and had to let his wives do it for him. Today, he gets water by himself with no assistance as he can walk well without crutches. The only issue he has with his leg is that it doesn't bend as well as it used to. I asked him why he is able to walk again. He told me that it was because he had numerous operations and didn't give up until his leg was fixed. He was able to have the operations because he had the financial means. This is an example where money unfortunately plays a role in how well people are able to access good quality healthcare.

Only 76 have heard of medical rehabilitation which leads to another conclusion why many persons with disability may have never recovered fully from accidents. Medical rehabilitation is a crucial part of recovery from accidents as it helps humans regain the use of their disabled body parts. There is one medical rehabilitation center called St. Josephs' Adult and Children Home, located in Bafut, about 30 minutes from Bamenda by car. There are often taxis waiting by Ntarinkon neighborhood that will transport people to Bafut.

Seventy-five persons with disability reported that they have heard of assistive device service. Assistive device service is a place where persons with disability can obtain devices to aid their disabled body parts such as wheelchairs, crutches, hearing aids, and glasses. Fifty-one persons with disability do not use any assistive devices primarily because they have no financial means or are unaware of how they can access them. Even for those who already have an assistive device, some are using the incorrect device. For example, 10 out of 34 visually impaired persons whom I interviewed use a walking stick instead of a white cane to help them navigate. It's also important to note that 2 of them actually also have a mobility disability.



Thirty-one persons with disability whom I interviewed reported that they became disabled from an illness. Seven acquired mobility disability from polio and an additional six acquired deafness from meningitis. These two diseases, meningitis and polio are now preventable by vaccines. The rest do not know the name of illness that caused their disability. However, that I have met some who became disabled from polio or meningitis confirms the importance of educating the community about vaccination.

As for general overall health issues, all persons with disability whom I interviewed except for three persons with disability have visited a hospital, traditional doctor or community health clinic for other health related issues including malaria, prenatal care, birth, vaccination, severe diarrhea, malnutrition, and infection. 106 persons with disability reported that they have visited a healthcare facility for malaria. This concludes that like the general population of persons without disability, malaria is an epidemic in the disability community.

When I conducted interviews, I surveyed persons with disability about their understanding relating to HIV/AIDS. The results show that HIV/AIDS is a very concerning issue in the disability community. While 110 persons with disability reported that they have received education on HIV/AIDS, 65 persons with disability reported that they do know what treatment option exists for people living with HIV/AIDS, which is anti-retroviral drug. Eighty-six persons with disability out of 150 whom I interviewed answered correctly when asked how one can prevent HIV/AIDS. One gentleman with hearing loss pointed out that he cannot attend workshops on HIV/AIDS because they do not accommodate his disability to ensure that he can receive the information. In other words, when a workshop is conducted verbally, people with hearing loss cannot be educated unless they are provided with written information. This means that when conducting workshops on HIV/AIDS, we need to ensure that all persons with disability are provided with equal access to information. Moreover, those with mobility disability still face inaccessibility to workshops when they do not have appropriate devices to help them move and/or unable to find a taxi or motorcycle driver who will accommodate their needs to transport them to the workshops.

According to other sources, persons with disability also are often not included in workshops relating to HIV/AIDS because they are falsely assumed not to be sexually active. It's important to note that many persons with disability have been denied by healthcare workers to get testing for HIV/AIDS and counseling and support not only because of stigmatization but also because of the false belief that they cannot contract with the illness. Persons with disability are just as or more vulnerable to HIV/AIDS as the general population not only because they are sexually active, but also because many people living with HIV/AIDS falsely believe that if they have sex with a virgin or a person with physical disability or mental disability, they will become HIV/AIDS-free.

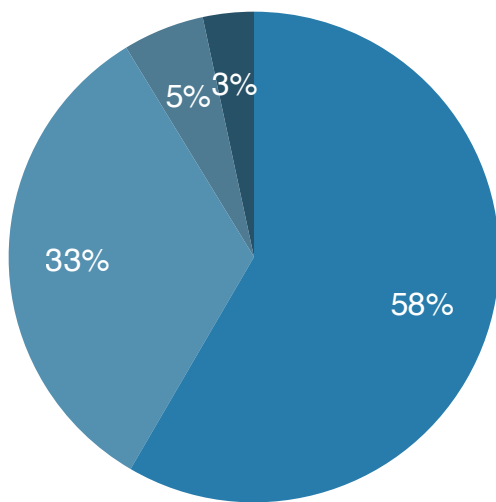
Women's Issues

According to a report by Shirin Kiani, marriage is one of the greatest challenges in the population of women with disability.⁶ The majority of women with disability are not married in the Northwest

⁶ Kiani, S. 01 June 2009

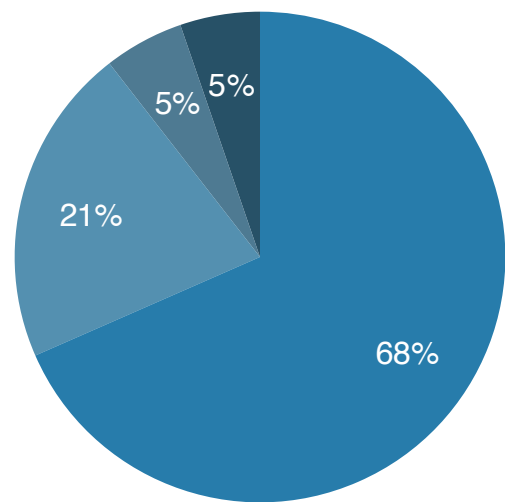
region - Kiani states that only 5% of all women with disability are married. According to the cultural standards in Cameroon, women are expected to do household chores and therefore, if women are unable to do household work, men are more reluctant to marry them. One 35-year-old woman who is a wheelchair user said that she would like to be married but cannot find a man who is willing to accept her inability to do household chores. According to my survey results, 39 women out of 58 women are single who have never once been married. One has to keep in mind that many of those women in the survey results who are already married didn't become disabled until after they were married. Meanwhile, 50% of men with disability are married according to Kiani⁷. According to my survey results, 58% of men with disability are single. Men with disability have a higher marriage rate primarily because in Cameroonian culture, they are not expected to be able to do household work. My results also show that while 20 women with disability have children, 8 women with disability had children out of wedlock. Six of them are still single while the other two are currently in a relationship.

Relationship Status for 150 Persons with Disabilities Interviewed - Males and Females



- Single
- Married
- In a Relationship
- Widow

Relationship Status - Females Only



- Single
- Married
- In a Relationship
- Widow

Educating men about gender inequality is one way to help remove women's barriers in marriage, and this can be done by hosting a Men as Partners workshop for the disability community. A Men as Partners workshop brings both genders together to discuss inequality issues together and share their feelings about how they are being treated based on their gender differences. The goal of the workshop is to help each other bring a greater understanding about how they can be better treated as genders in society.

⁷ Ibid.

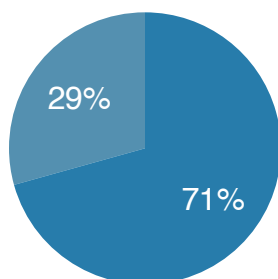
Food Security

Bamenda offers ample access to a wide variety of food. Open air markets, which are often crowded, are found in various neighborhoods in Bamenda and are normally open six days a week. Open air markets offer a number of fruits and vegetables such as tomatoes, green beans, carrots, onions, avocados, pineapples, oranges and garlic, beans, meat such as beef and chicken, and also fish. There are also supermarkets which sell food cans, cookies, cereals and milk powder. There are also various boulangeries which offers a wide variety of fresh breads, cakes and beignets. However, many persons with all types of disabilities, including those who have mobility challenges, visual impairments and hearing loss face challenges of acquiring food. Sixty-two persons with disability out of 150 reported that they cannot shop for food because of their disability. Another 23 persons with disability reported that they can go to the local markets but need assistance.

People who have mobility disability have difficulty going to markets due to bad streets. Many streets are not paved and have many rocks and mud. Even if taxis exist in the town, many chauffeurs will not give them a ride. As a result, they have to go to markets that are the closest to home and food is sometimes more expensive. Moreover, even if they have transportation access to the markets, many markets are not accessible to persons with disability. Some people with mobility disability report that the pathways at the markets are too narrow for them to navigate with their wheelchair or tricycle. Those who use crutches or walking sticks still face challenges because they find that maneuvering through the crowds is difficult.

When I interviewed a mother of a 24-year-old deaf son, she told me that her son struggles to shop for food. She explained to me that he can't communicate with vendors to negotiate the price and ask how much food he wants to buy. Her son uses no amplification devices and doesn't speak but communicates in American Sign Language. Price tags do not exist on food except in a very few number of shops. Asking the vendors verbally is required to find out how much people want to pay and negotiate the price.

On the other hand, when interviewing many students at another school for the deaf, some said that they can still shop for food on their own as long as they have paper and pen to be able to write what they want to say. However, they said that writing on the paper still poses problems as many vendors are illiterate. Some others who have their parents shop for food simply because it's their parents' responsibility said that they still do not have the confidence to shop for food on their own.



- Do not eat a well-balanced diet
- Do eat a well-balanced diet

According to my interviews, 71% percent of persons with disability reported that they do not eat a well-balanced diet, which means that they do not eat all the necessary ingredients to maintain their health. They were asked how often each week they eat vitamins and minerals which include fruits and vegetables, carbohydrates which include yams, cassavas, and spaghetti, and proteins which includes meat, eggs and fish. As expected, almost everyone said they

eat carbohydrates everyday as they are plentiful and cheap in the Northwest region. The majority said they rarely eat fruits and vegetables and also meat due to the high cost.

Water Access

While Bamenda is considered to be a modern city in Cameroon, many homes do not have indoor plumbing. This is the same for many parts of the Northwest – there are many homes in the region that do have indoor plumbing but there are also many that do not have indoor plumbing. Those who do not have indoor plumbing access water by going to public taps, wells, streams or lakes.

My findings from the Community Needs Assessment have shown that water access is a pressing issue in the disability community. Many of those with mobility disability can't walk to the water pump, public tap, or well. Many can't carry buckets or jugs as they need both of their hands to hold the crutches or maneuver their wheelchairs. Even those who are visually impaired face the obstacle too. They need to use one of their hands to hold the white cane or walking stick. Some visually impaired persons have also mentioned that they just simply can't navigate to the water site or they face the risk of falling into wells. As a result, most persons who have mobility disability or are visually impaired have their family members get water for them or pay someone to get water.

According to the statistics, a majority of those with mobility disability and/or visually impairment cannot get water. To be exact, 74 out of 116 people who have mobility disability or visual impairment cannot get water or need assistance. Only 30 out of 116 who have mobility disability or visual impairment have indoor plumbing. Another 12 do not have indoor plumbing but can still get water without assistance.

Because I found this issue to be very pressing, I started a dialogue with my work partners. Through a connection of a professor at University of Toronto, Dr. Lynn Cockburn, I met a gentleman named Gabriel who completed his Masters in the UK and did a thesis on water and disability. I would like to quote what he said, "There is a difference between access and accessibility. There may be access to water, but is it accessible to persons with disability?" Putting direct water access into all homes would certainly be the most ideal solution. However, it would take decades before we can finally see every home having direct water access in Bamenda, even if we put a huge amount of energy and effort into pleading with the government. Thus, Gabriel and I focused on discussing how we can improve the current water access by making it more accessible for persons with disability so that they can enjoy better access now while waiting to finally get direct water access. Examples include building a ramp by the well or pump where there may be steps to get to the pump or a wall around the well to prevent those who are blind from falling into the well.

I also met a gentleman named Farmer Tantoh who is an Ashoka Fellow and specializes in improving access to good quality water for the general population. It's important to note that he does not have any disability. We had a discussion about how getting water is a huge obstacle for persons with disability, especially during dry season when water is more limited than ever. We talked about how the councils should perhaps improve access to water by sending out trucks loaded with water jugs and delivering them to the homes of persons with disability. In all honesty, I was not satisfied with this idea because it still requires reaching out to the government and making this initiative a reality

would still take a long time. We have to keep in mind that the governmental system in Cameroon is bureaucratic.

While Farmer Tantoh shared information with me about improving access to safe and clean water to prevent maladies such as Typhoid Fever, he didn't have much to say about making water more accessible to persons with disability. The issue just never really occurred to him until he heard my concerns and saw one particular moment shortly after our conversation. He invited Hilda Bih, a wheelchair user who is known as a journalist for Cameroon's own radio station, CRTV, and I to one of his water project sites in a village, Bafut, located just outside of Bamenda. Once we arrived at the water site, we immediately noticed a major problem. Hilda could not get down to the water site as a wheelchair user. We were standing next to a huge deep crater. The water faucet which we would call the community tap was located at the bottom of the crater. The only way to get to the bottom was to take the stairs which were beautifully constructed with concrete. Hilda had to stay behind at the top and miss the opportunity to see the community tap and also the whole system of how the water reaches the faucet. While it was unfortunate that Hilda couldn't come down the stairs, it was an opportunity for Farmer Tantoh to finally think about ensuring that water access is accessible to persons with disability when working on future water access projects. It also led us to discuss how we can improve the water site we were visiting. He shared that he recently received some private funding and will use the funds to implement a solar pump to bring the water to a faucet at the top of the hill so that all persons with disability and also elders with limited mobility can access water.

A few days later, Farmer Tantoh was generous enough to invite me to see another water project that he is currently working on. He took me to an area in Bamenda called Kwen. Once we arrived by motorcycle to the community which was packed with poorly constructed homes, Farmer Tantoh led me up poorly built stairs and then up through very rocky steep hills. There were were a couple moments when I had to place my hands on the rocks as I climbed up the steep hills to ensure I didn't slip and fall. Then we walked through a winding path to get to the water site. It was like hiking on a mountain. Once we arrived at the site, I noticed how there was no water faucet but a pipe with water continually spilling out from a spring. So much water was being wasted. This is why Farmer Tantoh is after all choosing to help fix the infrastructure of this water site. He explained to me that he is working with the people in the community to construct a new system including a new faucet so that water could be stored underground when the faucet is not turned on. This is an especially important fix because during the dry season, water dries up easily and so storing water is crucial so that when there is no water coming out of the spring, they can still get water from storage.

However, in all honesty, I was more depressed by the accessibility to the water site than water being wasted. In my mind, I kept saying, "Wow! Wow! Wow! No wonder so many people with disability say they can't get water." I was fully realizing for the first time how pressing this issue is for the disability community. In fact, I said to Farmer Tantoh, "Getting to this water site is concerning not only for persons with disability but for all persons without disability. Imagine during rainy season when the path is muddy and rocks are slippery. Can you bet how many people have likely fallen on this path?" Farmer Tantoh agreed and said, "I'm sure many have fallen and gotten hurt." Then I mentioned to him that I'm sure some people may have become disabled as a result of falling on the pathway. Not to mention, all the people who get water are carrying big jugs and buckets that hold gallons of water. Walking on steep and slippery hills with heavy buckets and jugs is not only challenging but also very dangerous.

I also learned that people come from homes as far as at least one kilometer to this particular water site because the water is clean and water is often available when water is out at other sites. I met a gentleman at the water site who lived about a kilometer from the water site and was carrying two six gallon jugs of water. I sat for about 15 minutes at the water site to observe. It was about 9 AM in the morning, and it was very busy. There were a number of people waiting for their turn to get water.



A few months later, Farmer Tantoh received approval from the council in Kwen to build a faucet at the bottom of the hill so that no one has to worry about climbing up the steep hill and risking themselves from falling and injuring themselves and also persons with disability can access water.

Conclusion

Conducting the research was like opening a Pandora's Box. By conversing with over 150 persons with disability in the Northwest region, I learned that there is a very long way to go in improving the lives of persons with disability. Because I felt so overwhelmed by the number of issues that I discovered, I struggled to decide on which issue to focus first.

I decided which issue to focus on by assessing the availability of support and resources which included funding and which area of issues the community was most interested in collaborating with

me. The community's interest was especially important because I wanted to ensure that the project would be sustainable by having them able to continue to maintain it long after I leave Cameroon in two years. I also examined which issue could be most realistically solvable within two years.

As a result, the issues I choose to focus on are HIV/AIDS and women's issues. Peace Corps offers a number of trainings relating to HIV/AIDS throughout the service, which means that I am best equipped to educate people about HIV/AIDS. Also, according to Lynn Cockburn, persons with disability in the Northwest have been trying to start a support group for persons with disability living with HIV/AIDS for the past few years. A support group for them still does not exist. Therefore, I intend to assist persons with disability living with HIV/AIDS in starting a support group and see it running successfully before my service is over. I also plan to conduct workshops on HIV/AIDS to persons with disability at their monthly association meetings and also conduct workshops for health care workers on giving extra attention to persons with disability.

Ruth Acheinegeh was recently awarded a grant from Mobility International USA and USAID to conduct a training for women with disability on how to be empowered to advocate for their rights for improved quality of life. She traveled to the United States for two weeks to receive training on how to set up the program. When she returns from the United States, she and I will collaborate to set up the program and invite women throughout the Northwest region to attend the training. The training will include education on disability rights, self-esteem, and sexual reproductive health.

While HIV/AIDS and women's issues are my two main projects, I am also doing various small projects including conducting workshops on malaria and nutrition at disability association meetings and talking on the radio weekly with Hilda Bih about various disability issues in Cameroon. I am also working with Farmer Tantoh to improve water access by providing him education about the needs of persons with disability and assessing which areas need improved access.

As two years is a short time to solve issues, I hope to see meaningful and positive results at the end of my service which will end in October or November 2016.