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Socio-Economic Effects of HIV and AIDS in the Development Organizations of Donga-Mantung Division

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Abstract: Numerous efforts put in place in Cameroon to address the high prevalence rate of HIV/AIDS have yielded several successes in its prevention and mitigation and thus the drop of prevalence rates from 5.5% to 4.3% to 3.1% and to 2.7% from 2004 through 2018, respectively. Notwithstanding, the face of the pandemic had changed from emergency condition in intervention strategies to a long term response that focuses on development. This study titled **"**Socio-economic effects of HIV and AIDS in the Development Organizations of Donga-Mantung Division**"** set out to investigate the interplay of the socio economic effects of HIV/AIDS in the development agents of the division and their environments. The institutions were grouped in to four; Health Institutions, Agricultural Institutions, Credit and Loans Institutions and Network and Partnership Institutions. The communities in this division do not only have one of the highest prevalence rates in the nation (11% in rural areas and urban centres 22% as shown by results of 2011 DHS of Ndu Sub- Division) but are also plagued with high gender issues. In spite of Cameroon's participation and signatories in international and regional alliances on HIV/AIDS and gender consideration to bring the nation to emergence by 2035, policies to mainstream HIV/AIDS and gender at district and sub-district levels still remain vague and ineffective from researcher's investigations. The research question was to find out the extent of the Socio-economic effects of HIV/AIDS in Development Organizations in Donga-Mantung division. Quantitative data was collected using questionnaires as well as focus group discussion guides with employees and members of the host communities. Four sampling techniques were used; random, systematic, cluster and stratified which led to a selection of a sample of 255 respondents from the development institutions and 350 from the host environment. Data collected was analysed and the results were as follows; there is a significant socio-economic effect of HIV/AIDS in the development organisations of Donga-Mantung division (57%) and the activities of development organizations affect the host environments negatively and positively. The conclusions reached at, was that internally in development organizations, the socio-economic effects of HIV/AIDS was high with higher social effects (72%) than economic effects (24%). One of the reasons for these is resulting from a lack of HIV/AIDS and Gender mainstreaming. Externally, the activities of development organisations were decreasing the incidence of HIV/AIDS at the same rate they were increasing the disease in their host environments. Hence the recommendation was that proper mainstreaming of gender and HIV/AIDS needs to be done within the organisations as well as without in their host *environments.*

Keywords: Socio-Economic, HIV/AIDS, Development Organizations

INTRODUCTION

The 1990s saw a substantial increase in the number of people infected with HIV and dying of AIDS. Between 1996 and 2001 more than 3 million people were infected with HIV every year (1). After 2001, the number of new infections began to decline and in 2010, new infections have declined by 31%, from 2.1 million to 1.5 million in 2020.

The number of AIDS related- deaths increased throughout the 1990s and reached a pick in 2005, 2006 when in both years close to 2 million people died. Since then the annual number of deaths from AIDS declined as well and was since halved (2). 2017 was the first year in which fewer than 1 million people died from AIDS.

Globally, in 2016, there were an estimated 17.8 million women living with HIV (15 years and older), constituting 52% of all adults living with HIV (4). Young women and adolescent girls aged 15 – 24 were particularly affected 2010, new infections have declined by 31% , from 2.1 million to 1.5 million in 2020 (4). Globally in 2016, they were an estimated 2.4 million adolescent girls and young women living with HIV, constituting 61% of all young people living with HIV (4). In 2016, of the total 1.7 million new HIV infections among adults globally, 790,000 or 48% were among women and 59% of new HIV infections among young persons aged 15-24 in 2016 occurred among adolescent girls and young women (4).

There were significant regional differences in both the new HIV infections among women in the proportion of women living with HIV as opposed to men and the gaps are even more notable among young women (aged 15-24) versus young men (2). In Sub-Saharan Africa, women comprised 56% of new infections among adults (15 years and older); and the propotion was higher among women aged 15-24, who made up 67% of new infections among young people (4).

In 2015, Cameroon was known to be the second Country most affected by the virus in the West and Central African regions with new infections estimated at 45,091(37,355- 53,057) (5).

For women and men, HIV prevalence had a peak with age 35-39 for women and age 45-49 for men. Cameroon also records significant regional differences: HIV AND AIDS is highest in the South Region (7.2%), East Region (6.3%), and North West Region (6.3%). HIV and AIDS was lowest in the Extreme North Region (1.2%) and North Region (2.4%) (6).

In the North West Region of Cameroon, the prevalence in 2011 was 6.3%- one of the highest in the nation. The gender trend in this region has been also quite high as shown by DHS survey in 2004.This trend though had reduced with the general trend of reduction of the HIV/AIDS prevalence in the nation (from 5.5% in 2004 to 3.4% in 2011 to 2.7% in 2018). However, this is now expected to have shut higher in the North West Region because of the Anglophone Crisis due to the fact that, many have been displaced and the disorder found in conflict situations has laid a fertile ground for an increase in prevalence in this region especially among the females who are more exposed to sexual vices. Confirming this, the Presbyterian Church in Cameroon's Conference in Buea, held on the 2nd of December, 2019 reported in their survey on Gender- based Violence, the situation in the two Anglophone Regions of Cameroon is critical because of the armed conflicts going on in the regions (9). Again Hilton Kimeng reporting in Cameroon Tribune says,

as the challenges of displaced people increase and become more complex by the day, there's an important need for a concerted action by government, humanitarian agencies, donors and other partners to provide life-saving assistance to more Gender- based Violence victims of the conflict (10).

The implications are the risk factors increasing susceptibility to HIV infections and vulnerability to the impacts of AIDS especially to the young girls of this area are on the increase especially among the young girls of these regions.

Donga-Mantung Division found in the North West Region of Cameroon is not exempted from the negative impacts of the disease in her community since the North West Region records one of the highest prevalence in the nation. Looking at the prevalence rate of the epidemic in the Northwest region (6.3%) and in some areas in Donga-Mantung Division recorded by the District Hospitals in Nkambe and Ndu, the gender disparity can be seen in the example recorded in Nkambe District Hospital in 2015 figures recorded for HIV and AIDS. The trend showed high female prevalence which ran throughout the year in this community steering up the need to mainstream gender and HIV and AIDS in development agencies and their host communities in the fight against HIV and AIDS in the division. A similar trend follows records from the Ndu district hospital. This trend as well showed a higher female rate with female recording figures up to three times higher than males. This high feminization of HIV and AIDS seen at all levels: global, regional, national and community levels call for response strategies that can go a long way to mitigate the high prevalence among this group. HIV and AIDS has been discovered not to be a solely health problem but has impacts in all sectors of

society thus the necessity for a gender perspective being mainstreamed into a broad based and multisectorial response (11).

The affected country governments and civil society have also been critical to the response. These and other efforts work toward achieving major global HIV and AIDS goals that have been set through:

The SDGs adopted in 2015, aiming to end the AIDS epidemic by 2030 under the SDG 3, which is to "ensure healthy lives and promote well- being for all at all ages." The SDGs are the successor to the MDGs which include an HIV target under MDG 6: to halt and begin to reverse the spread of HIV by 2015 and achieve access to universal treatment for HIV/AIDS by 2010. As of 2015, the AIDS -related targets of MDGs were met (3).

The Socio-Economic Impacts of HIV/AIDS in the Development Organizations

Holden says organizations which have good internal monitoring systems are better able to assess the impacts that AIDS is having on them and so are able to make more accurate predictions about the likely future impacts of AIDS (85). The impacts of HIV/AIDS will be looking at the social and the economic impacts of HIV and AIDS on the development agencies in the organizations and some external impacts on the host environments. Within the organizations, this directly implies assessing the social and economic arm of sustainable development in the institutions as affected by HIV and AIDS. This is divided into three: direct costs, indirect costs and systematic costs.

Quoting UNESCO/UNAIDS, NACC also reports, "16% of the workforce in the working environment in Cameroon has been affected by the pandemic" (28). This sets back the economic and the social progress of the nation. The above narrative was once true in the nation. This might have changed in the nation as a whole and consequently in Donga- Mantung Division with the drop in prevalence to 3.4% (31) and even further but the furture of this and its' impacts on enterprises and work place remains bleak with so many crises in the nation and especially in the area of studies. However, the need to curb HIV/AIDS for the fear of such impacts springing up again and even more urgent where areas in the division that not long ago had high prevalence rate of about 18% with some areas having prevalence even up to 22% (120). Presently, vulnerability and susceptibility are likely on the increase due to the prolonged Anglophone Crisis and the new Corona Virus which left those with compromised systems more vulnerable. Assessing the social and economic arm of sustainable development in the institutions as affected by HIV and AIDS, the three areas involved are, direct costs, indirect costs and systematic costs.

The National Response to HIV/AIDS- NACC

Cameroon as a nation in the most affected continent of the world has not been spared the devastating effects of HIV/AIDS thus her fight against the pandemic as she joined the rest of the world. Faced with the challenges, the state has taken initiatives to limit its spread especially among the high risk groups like the women, youths, etc. The government's efforts to fight this disease culminated in the setting up of the National AIDS Control Committee (NACC). From the diagnosis of the first HIV/AIDS case in Cameroon in 1986 and seeing the number of new cases of HIV infected persons were on an increase, NACC was a welcomed answer from the government. In the absence of a cure, and looking for a solution, the National AIDS Control Program was put in place throughout the national territory in 1986 to fight the pandemic. This initiative was very timid from its inception until 1998, when the action was carried out on a short and middle term basis. This was then elaborated and put in place by the Ministry of Public Health by Decision No. 209/D/MSP/CAB of 12th December 1998 reorganizing the fight against AIDS (139). In an effort to enlarge the fight and extend it to other sectors, a Multi sect oral National Strategy was developed on a long-term basis, with an interval of five years. This led to a strategic planning process within the framework of intensification and extension of the national response leading to the development of the first National HIV/AIDS Control Strategic Plan from 2000-2005, the second from 2006-2010 and the third from 2011 to 2015, the fourth from 2016 to 2020 and the fifth 2021-2023. For the next three years, the NSP 2021-2023, aims to reduce the HIV incidence, the HIV related morbidity and mortality and the socio-economic burden of the disease on the country's

development (140). This plan is in line with the SDGs to end HIV epidemic by 2030 and bring together the government and various stakeholders in achieving this goal (140).

The nation's fight against AIDS which is now more organized is based on the management, research and training of both medical and paramedical staff on methods of controlling the spread of AIDS and care for the infected and affected. With this, NACC became institutionalized and the Central Technical Group (CTG) where its activities are planned and executed was put in place with the assistance of the World Bank and with the existence of the Central Technical Group, NACC's operation came into the limelight. To better combat the menace of HIV/AIDS, the AIDS Control Program has set up strategies based on a Multi-sector approach and decentralization. The aim is to involve all sectors and actors of the nation in the fight against AIDS for a complete and adequate targeting of interventions. Thus, the following are involved at the national level to this end:

Private and Para public companies; national associations and nongovernmental organization; religious denomination; ministries which currently have sector plans and focal points specialized in HIV/AIDS issues; bi-and multilateral co-operation missions; international associations and nongovernmental organization; and the United Nations System (28).

The overall objectives mainly corresponded to impact indicators, namely the reduction of HIV transmission and the reduction of the impacts on AIDS (28). In the framework of 2016 for example, in order to reach the UNAIDS 90-90-90 HIV treatment targets by 2020: ensuring that 90% of PLHIV know their status, 90% who know their status are on antiretroviral therapy and 90% of people on antiretroviral therapy achieve viral suppression (141). In this framework, Ministry of Public health gave new strategic guidelines for Cameroon – the systematic implementation of HIV testing and counselling at all entry points in health facilities (141).

Statement of Problem

Those involved in the fight against HIV and AIDS see it as a crosscutting issue and a shared responsibility by all. At the beginning of the HIV and AIDS epidemic in the early 1980s, it was considered a health issue to be addressed by interventions from the health sector. However, there has been a conceptual shift from the narrow biomedical paradigm focusing on individual behavior and the medical aspect of the epidemic to a major threat to development and economic growth in affected countries like Cameroon and affected communities like Donga- Mantung Division. Mainstreaming gender and HIV and AIDS for sustainable Development in Donga-Mantung Division stems from this paradigm shift of handling the fight.

Looking at the nation of Cameroon and the trend of HIV and AIDS as seen from the background above, the high feminization of the disease calls for additional target strategies to mitigate its spread especially amongst such groups of high risk, specifically the female gender thus mainstreaming gender and HIV and AIDS. The mainstreaming of HIV and ADS in the work is due to the fact that mainstreaming HIV and AIDS goes along with gender mainstreaming (18). However, the smooth functioning of these tools in Cameroon's institutions of development have had hitches especially in development institutions in Donga-Mantung Division.

The movements for the empowerment and autonomy of women in Cameroon and the improvement of their political, social, economic and health status have come a long way but is still far from reaching its intended destination (21).Cameroon has made key strides toward gender equality and women's empowerment through major international commitments. and Njikem says,

These include the conventions on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Declaration and Platform for Action, the Declaration of Heads of State and Government of African Union on Equality between Women and Men and the Sustainable Development Goals (21).

However, though it is well known these international and regional commitments take precedence over Cameroon's laws, customs and traditions, Njikem again noted, the preference for customary laws

remains and means that discrimination against women continues in Cameroon, especially in rural areas (21).

In the global movement of the gender approach, the state has put in place a policy called National Gender Policy. One may believe that this policy is a tool for planning and implementing government initiatives to promote equality and equity between the sexes in all socio-economic, political or cultural domains. Mefire et al in their publication in 2017 say,

"Among the instruments Cameroon signed, there are, treaties, conventions, covenants, and declarations, promoting the principals of equality and non-discrimination between women and men in different areas of social life, including education, health, the economy and employment" (19).

It is in this perspective that Cameroon's national policy documents have incorporated resolutions and recommendations resulting from international meetings on women's issues. The National Gender Policy Document 2011-2020 listed the international conferences Cameroon has taken part in, on women's issues; United Nations, 2000, 1995, 1994, 1993, 1992, 1985, 1980 and 1975 (22). This normative framework has influenced the design of the national policies for advancement of women in Cameroon.

In 1997, Cameroon developed and adopted its first policy paper on the advancement of women, defining government priorities and strategies related to this goal. This document was the policy statement associated with the National Action Plan for the Integration of Women in Development (19). Mefire et al also noted the seven lines of action emerging from this document stem from twelve points of the Beijing recommendations:

"improving the living conditions of women, improving the legal status of women, the valorization of female human resources in all sectors of development, effective participation of women in decision making, protection and the promotion of the girl child, the fight towards violence against women and improving the institutional framework for effective ration of women in development" (19).

In 2002, the National Declaration of Population Policy was up dated following the International Conference on Population and Development of 1994 and the Mellinium Development Summit in September 2000 (19). It enshrines gender issues as development issues. In addition, it aims to make universal quality primary education, promote functional literacy for people of both sexes and reduce gender disparity in all sectors of economic and social development (22). In 2003, Cameroon adopted the Poverty Reduction Strategic Document and its revision in 2009 resulted in the adoption of the Growth and Employment Strategic Paper (22). On this last, the guide lines on equality between women and men are prioritised in the areas of health, education, industry and services, to name a few. For the government, of Cameroon, the Growth and Employment Strategic Paper is the foundation supporting all development activities including the main directions of the Gender Policy (22).

The NGPD is seen as a foundation guiding and reference document for government intervention in the field of promoting equality and gender equity (19). Its development is part of the measures Cameroonian authorities implemented in the context of strengthening and modernizing the institutional mechanism for the advancement of women.

The document's purpose is to promote an egalitarian and equitable society between men and women in order to ensure sustainable development. Its overall objective is to contribute to the systematic elimination of inequalities between women and men at all levels of social life (22). The NGPD has seven strategic areas of intervention. These are:

The promotion of equality and access for girls, boys, women and men to education, training and information; improving women's access to health services, especially for reproductive health, promoting equal opportunities and opportunities between women and men in economic and employment; promoting a favourable cultural environment for women's right; strengthening the participation and representation of women in public life and decision- making ; strengthening

institutional frameworks to promote gender issues; improving national legislation on the promotion and protection of women's rights (22).

Each of these axes match to specific operational objectives and implementation strategies (22).

The question is, in what manner does the NGPD fit into the social reality of Cameroon? First of all, according to Mefire et al, there is an absence of knowledge and the awareness about the NGPD by women's associations as seen by their research on ASMA DLA; an association controlling over a hundred women's group in Douala (19). This means, women's associations and their member's associations are uninformed of the existence of NGPD thus no activity initiated by these associations for the benefit of members and their communities is influenced by the guide lines or action plan defined within the document. The implication also as stated by the above article is that, very few or no officials of women's group participate in the information sessions by various bodies of the state responsible for the vulgarization of NGPD and its programs (22).This reality could be explained by the fact that the associative culture in Cameroon is mostly found in a paradigm, which is a struggle for daily life.

Indeed, women's associations, as explained by the research, usually have solidarity within the groups as an objective: to help each woman face life's challenges in relation to her activities. For the Cameroonian woman, the daily life's struggle is so worrying and hard that the intellectual, political and projection of a document becomes minor. The 8th of March illustrates this as the majority of women in Cameroon recall this day, which has been devoted to women although they know very little about what the day signifies. Many of them see the day simply as, "Women's day" rather than a true "International Day for women's rights".

Secondly, Melfire et al found out there is a denial of the NGPD by Political Parties. In most cases the main actions of political parties revolve around the elections because they are more devoted to gaining power (19). Gender issues then require very little priority. In fact, very few foresee in their program a framework relating to women's issues. To these parties, the advertising of a state's document by opposing parties is synonymous to supporting the regime in power. To this effect Mefire et al says, the NGPC is part of the documents that bind the Cameroonian State to International institutions consequently, its denial becomes a pitfall for its vulgarization and its implementation (19).

Thirdly, study also show a lack of coordination in the State's competent Central and Decentralized Service and the dissemination of the NGPD. Beyond the government that designed the NGPD- quite rich in content, the administrations involved in social development such as MINPROFF and MINAS work without harmony and without coherence, consequently, their central and decentralized services do not act as tools and instruments for the vulgarization of the NGPD. There is a disconnection thus revealing the document is only known within the management's services or the department's services who designed it. This implies, if the director and his principal collaborators on the project are not there, it will take long for their replacements to catch up. Furthermore, departmental service chiefs and regional representatives of the relevant ministries do not have great knowledge of the policy document thus the question on their ability to conduct this policy on the field (19). Even among the women in positions of influence in Cameroon, many do not know that there is a national gender policy. If the existence of the NGPD is unknown to the female population, what about the male, who is also a relay?

It is not an over statement to say this national policy document is more theoretical than practical, the reason Mefire et al say it's a text occupying ministries' drawers and cupboards (19). The concern applies even to many of such documents as the GESP, the Integration of Women in Development Policy, the National Population Policy, Poverty Reduction Strategy Paper, etc. The research also shows all the managerial staff did not possess copies of the document nor did other ministers, governors and executive directors.

The dynamics in which the National Gender Policy of Cameroon handled does not guarantee its social appropriation and its implementation. Indeed the women's associations lacked Knowledge and awareness of this policy document as seen above. Political parties which should relay the

dissemination and implantation of measures taken by the Cameroon State (That bind the State to international institutions), do not take it into consideration and the majority of the Central and Decentralized State Services' managers and hierarchy who are tools and instruments of publisizing national policy documents have a limited knowledge of the NGPC. Many do not even have a copy.

At the national level, Government is the entry point to Mainstreaming gender, (23), same for HIV and AIDS and sustainable development. In reviewing the National Development Plan for the National Gender Policy, it was discovered that, government was committed to the Beijing Declaration and Global Regional Platform for Action, (1995) prescribing inter alia, Gender Mainstreaming in Development Policy, Programs and Projects as well as the Pre- MDGs and the present Sustainable Development Goals. However, implementation becomes the limitation.

Currently in the Growth and Employment Strategy Paper (GESP, 2009) which is the main public policy document and reference framework for the development of all sectors of the economy, expected to lead Cameroon into an emerging country by 2035, gender related issues are just briefly spelt out and given a cursory treatment. Gender issues are thus routinely assigned mainly to the key country gender unit and National Women's Empowerment and the Family (MINPROFF), rather than making it a cross cutting issue for all sectors. In the whole of GESP, gender is scantily mentioned in page 76(3.3.4, 267 and 270).

267, "For women empowerment, the government will continue to raise awareness of parents and the community especially in rural areas with many traditional customs bottle necks in order to enable the girl child to enjoy the same condition. In the same connection, the community will ensure fair representation of girls in all sectors concerning vocational training, higher education and access to jobs" (24).

270, "Special focus will be put on conditions conducive to women empowerment and their best contribution to socio-economic development as well as on the supervision structures. The State will foster the initiation and training of women in appropriate farming techniques capable of reducing the onerous nature of their tasks and improve their outputs and ability to market their produce. In addition, social support will be provided to struggling women and children" (24).

As stated above, Cameroon has made key strides toward gender equality and women's empowerment through major international commitments but has not respected the order of international and regional commitments taking precedence over Cameroon's laws, customs and traditions. To this as seen above, Njikem again noted, the preference for customary laws remains and means that discrimination against women continues in Cameroon, especially in rural areas (21). The Cameroonian woman represents 52% of the total population and contributes 75% of the agricultural work and produce 80% of the country's food (25)

Despite the many different languages and cultures, in Cameroon, one of the common aspect relating to all is the high premium attached to the local traditions. This widely affects the Cameroonian woman as traditional laws and customs do not give the woman the free place to equality and equity. Not with standing, the Cameroonian constitution however, upholds the principle of gender equality but there are several obstacles obstructing its achievement (legal, social, religious, economic, cultural, etc,) (25), In addition, the dual system of law (French and English) which coexist with customary law- highly patriarchal, futher makes it difficult for equality to be considered between the two genders as stipulated by the treaties signed by Cameroon.

In the review of the Beijing +15, where Cameroon is in the implementation, Gender Empowerment and Development also says,

"there is no legal definition of discrimination that exists and some aspects of the law are prejudicial to women. Violence and discrimination against women remain at high levels with the law not imposing effective penalties against the perpetrators of gender-based violence and spousal abuse. In practice, women also suffer from discrimination in access to different aspects of life; education, political participation, decision making, bank loans, etc." (25),

Furthermore, persistence of gender discriminatory provisions in several laws and the discriminatory customary law as well as the prejudices and stereotypical attitudes concerning the role of women and men in the family and society are open doors for continuous violence on the woman. These however, are based on the notion of the superiority of men and the subordination of the woman, promoted by most cultural and religious practices. In addition, the low socio-economic status of most women, which is for example manifested by the high illiteracy rate among women, few women as entrepreneurs and low representation of women in decision-making positions, have left women more vulnerable to violence at the public and private levels in the nation.

Mainstreaming gender in the Strategic Plan as observed at the three levels below has serious problems;

- Macro level for developers and designers or government. At this level, gender sensitive budgeting with a series of measures designed to ensure that public funds benefit women as well as men.
- Meso level- for service providers and organizations. At this level, gender issues are in their policies, in provision of expertise, skills and knowledge of staff and funding allocations.
- Micro level- for recipients of services. At this level, there is need to analyze the impact of planned activities on both men and women and create scope to promote more equity between them.

There are critical gender issues in Cameroon: At Macro levels, there are gender irresponsive policies and programs. There are also persistent powerful patriarchal systems. These affect customs, traditional norms, laws and practices, high levels of gender inequalities in access to control over resources such as education, economic opportunities, other productive resources etc. There is an existence of dual legal system and selective domestication of international conventions and instruments that Cameroon has signed. More so, whatever has been selected from international convention instruments concerning mainstreaming gender are not followed up through monitoring and evaluation from national to sect oral, to regional, to divisional and district levels.

These considerations therefore mean some of the most important strategies in handling the fight against HIV/AIDS are undermined and neglected from the macro level to the meso and consequently micro levels in the nation. These no doubt affect sustainable development particularly, the economic and social aspects of sustainable development. With this, the high susceptibility of HIV, the high vulnerability of the impacts of AIDS, the feminization of the disease in the nation, specifically in Donga- Mantung Division- a highly patriarchal community are obvious. There is therefore no doubt, gender issues have contributed to the high feminization of the disease as Musa Dube says, HIV/AIDS is an epidemic within other social epidemics of injustice thus where there's poverty, gender inequality, human rights violations, child abuse, racism, agism, … HIV/AIDS stigma, HIV/AIDS strives. (26).

Concerning the mainstreaming of HIV/AIDS as an instrument to fight the disease, the first government intervention in Cameroon came by the creation of the National AIDS Control Committee (NACC) in 1986, to coordinate AIDS programs nationally (27).

The first Strategic Plan for Cameroon covered 2000–2005. This plan included the strategies for the prevention of the transmission of STI/AIDS with emphasis on women of child bearing ages, prevention of mother-to-child transmission and the prevention of HIV transmission through blood (27).

The management of already infected cases were enabled through the enhancing of access to treatment and care and programmes to protect and promote the rights of PLWHA were some of the strategies (27).

Furthermore, the promotion of research as well as strategies for the coordination of the program throughout the national territory was established and implemented (27).

The second national Strategic Plan for 2006–2010 focused on six aspects: Universal access to HIV prevention in targeted groups; Universal access to treatment for adults and children living with HIV; Protection and support to AIDS orphans and vulnerable children (OVC); Involvement of all stakeholders in the fight against HIV and AIDS; Epidemiological surveillance and research promotion

as well as the reinforcement and coordination and management of the programme; partnerships and the monitoring and evaluation of its implementation (28).

The third national Strategic Plan for 2011- 2015 focused on seven aspects:

reduce the prevalence in the general population and in the high risk groups, ameliorate the quality of lives of those living with HIV, reduction of the socio-economic impact of the disease on those living with it, orphans and vulnerable and those affected, reinforce social mobilization and appropriate all actors in the fight, reinforcement of the health system of the community, reinforce access to strategic information and an adequate utilization for decision making and amelioration of interventions and reinforcing the coordination, the mobilization of resources, and the national response (29).

The fourth National Strategic Plan for 2014- 2017: the main objective is to reduce morbidity and mortality linked to HIV and other sexually transmitted diseases and stop its socio- economic impact on the development of the nation in 2017 (30). There were five target strategies to meet up with in the plan: prevention, care of PLWHIVA, the cross transversal nature of the disease (gender and human rights), monitoring and evaluation, coordination, and financing of NSP (30).

The vision of the National Strategic Plan is to have a Cameroon free of any new infections, without deaths from the pandemic and without discrimination linked to AIDS by 2017 thus, the vulnerable communities are at the centre of the response (30). The government promises a firm engagement and looks forward to consolidate; an environment of good governance, the principle of the "Three Ones", effectively considering gender in the fight, and human right and the reduction of stigmatization and the discrimination towards PLWHA (30)

Gender however has been mentioned in the policy document but gender mainstreaming as an intervention strategy has not been mentioned nor HIV/AIDS mainstreaming. In the policy documents from the first to the fourth Strategic Plans, gender mainstreaming and HIV/AIDS mainstreaming interventions are not mentioned and even when any of them is mentioned, details are not spelt out. The percentage of resource allocated to activities benefiting women and men (gender sensitive budgets) are also not spelt out.

There are many institutions and organizations that are involved in the implementation of HIV/AIDS programs in the country however, few have attempted to mainstream gender and HIV/AIDS. Gender and HIV/AIDS Focal Points have been appointed in all ministries and regions throughout the country but these are not effective in their positions as from interviews with them.

Currently the programs implemented are; Prevention of Mother to Child Transmission (PMTCT), the Community AIDS Education, Tuberculosis (TB) Control, Orphan Care (Chosen Children Programme-CCP), Support Groups, Care and Treatment, Youth Network for Health, Palliative Care, Adopt a Health Care Worker, Extended Forum for Care (Contact Tracing), Women's Health Programme, Nutrition Improvement Programme (NIP) and The New Life Club.

(20). These are no doubt so important to mitigate the pandemic but sustainable solutions are necessary for sustainable development thus mainstreaming gender and HIV/AIDS in development agencies.

Research Question

What are the Socio-economic effects of HIV and AIDS in the Development Organizations of Donga-Mantung Division?

Research Objective

To assess the Socio-economic effects of HIV and AIDS in the Development Organizations of Donga-Mantung Division,

Research Hypothesis

There are significant socio-economic effects of HIV and AIDS in the Development Organizations of Donga- Mantung Division.

METHODOLOGY

The Study area is made up of the division and three sub divisions chosen at random under it. Donga-Mantung division has five sub divisions but three are involved in the work. The institutions involved in the work are twelve: Three health institutions, three agricultural institutions, three credit and loans' institutions and three network and partnership institutions. These institutions were also chosen at random from the three sub- divisions. The study area and the institutions or development organizations have been discussed further, below.

Donga- Mantung Division is one of the Divisions of the North West Region of Cameroon. The Region covers an area of 4,279 km2 and as of 2001, had a population of 337, 533 (144). The capital city is Nkambe. It is one of the seven divisions of the North West Region of Cameroon (Boyo, Bui, Donga-Mantung, Menchum, Mezam, Momo, Ngoketunjia). Donga- Mantung Division is divided into five Sub Divisions; Ako, Misaje, Ndu, Nkambe and Nwa Sub Divisions. The research covered, three of the Sub Divisions (Ndu, Nkambe and Misaje) of Donga Mantung Division. Figure 6 below represents the seven divisions of the Northwest Region of Cameroon: Menchum, Boyo, Donga-Mantung, Bui, Momo, Mezam and Ngokitunja.

Organizations Involved in Studies

The Development Organizations involved in this work were grouped into four- the health institutions, the agricultural institutions, the credit and loans institutions and the network and partnership institutions. Their host environments were the Sub- divisions in which they are found- Ndu, Nkambe and Misaje Sub divisions. The development agencies could also be seen as Faith Based Organisation, Government Institutions, Private organization, Community Based Organisation or Village Development Association, Civil Society Organisations, Multilateral Coorporation and non-Governmental Organisations which could also be considered as Civil Society Organisations. However, the work collected data and analysed based on the different development arms as seen on the tables below especially the four groups- health, agriculture, credit and loans and network and partnership organisations.

Study Design

The design of the research was a mixed method: the use of both qualitative and quantitative research methods to collect data, analyze and interpret. The quantitative study included the cross sectional study of this research and the use of simple statistical tools such as absolute and relative frequencies, use of tables, graphs, ratios, percentages and simplified correlation analysis to analyze and interpret data collected. The qualitative included the Focus Group Discussion, questionnaires, Structured Interview Guides, Participant Observation, etc. The two methods had advantages that were useful in researcher's work and both had weaknesses that balanced each other when used together. More so, attempts to arrive at a more complete answer to the research questions or objectives of this work were found in the mixed approach. It has been conceptualized in the light of the frameworks of the Multi-sectoral Intervention Framework under which, Cameroon's National Strategic Framework for the fight against HIV and AIDS and sexually transmitted infection 2014 – 2017 has been organized. Taking a Multisectoral Approach gives the reason a Multisectoral response should be used in HIV/AIDS. This is due to the fact that HIV/AIDS is not just a health issue, but is affected by and impacts on every aspect of life. This framework involves both horizontal (government, business and Civil Society Organizations) and vertical (at international, national and community levels). This ties with the research which has different actors in development in the survey.

"Every level of society should be involved and partnerships need to be developed between ministries responsible for different sectors, and between them and the Private Sector, Civil Society Organizations, communities and People Living with HIV/AIDS. Different partners bring different strengths and experiences of partnership development and best practice in Multisectoral responses need to be shared" (30).

Table 1: Socio-Economic Impacts of HIV/AIDS in Development Organizations

DIRECT COST	INDIRECT COSTS	SYSTEMATIC COSTS
Benefits package • Health care • Health insurance • Disability insurance • Pension fund • Death benefits • Funeral expenses	Absenteeism • Sick leave • Other leave taken by sick employees(formal and informal) • Compassionate leave • Attending funerals • Leave to care for dependents with AIDS	Loss of workplace cohesion • Reduction in morale and motivation • Disruption of schedules and work teams • Breakdown of workplace discipline(unauthorized absences, theft)
Recruitment • Costs of advertising and interviewing • Costs of productivity of vacant post	Sickness • Reduce performance of individuals, due to HIV/AIDS sickness while working	Employee attributes Reduction in average levels of skill; performances, institutional memory, and experience of employees
Training • Induction • In-service and on-the-job training costs	Management resources Manager' time and effort responding to work place impact	Quality of employment Cumulative costs reduce the quality of the workplace environment and reputation of the organisations

SOURCE: Adapted from Barnett and Whiteside

This directly implies assessing the social and economic pillars of sustainable development in the institutions as affected by HIV and AIDS. This section of the work was divided into three: direct costs, indirect costs and systematic costs. The socio-economic costs according to Barnett and Whiteside could be direct, indirect or systematic costs. The direct costs came from the benefit package, recruitment and training with their indicators as seen on table 5 above. The indirect costs on table 5 were costs coming from absenteeism, sickness and management resources and systematic costs were costs from loss of workplace cohesion, employee attributes and quality of employment. All of these were applied to the development institutions in the research in Donga-Mantung Division to get the socio-economic costs of HIV/AIDS in the organizations.

Data was also collected from the workers of institutions concerned in the research viz the indicators on tables below. A simple answer of agree, neutral or disagreed was required for each indicator. This data enabled researchers to analyse and obtain the direct costs, indirect costs and systematic costs. These were costs linked to HIV and AIDS in the development institutions.

Secondly, employees' view concerning HIV and AIDS at Work was also assessed through questions to enable researchers know employees knowledge of HIV/AIDS and questions were asked that would also help the research work asses employees' knowledge interacting with each other at work with HIV/AIDS in view.

Tools Used For Data Collection

Qualitative and quantitative data collection instruments were used. The basic data collection tools comprised of questionnaires, Focus Group Discussions and Participant Observation.

Sampling Techniques

Fundamentally, four sampling techniques were used to collect primary source data for the study: Random, systematic, cluster and stratified. First, key socio-economic institutions and organizations found in the division were randomly selected. Secondly, within each institution chosen, the systematic sampling techniques were used to administer questionnaires to respondents. The Systematic Sampling Technique was also used to select respondents from management staff for the administration of Structured Interview Guide. Thirdly, the cluster sampling technique was used to select the different organizations spread across the three sub divisions of Donga- Mantung Division. Finally, the stratified

sampling technique was used to select men and women for the various Focus Group Discussions that were conducted during the study.

The Study Population

For questionnaires filled in the development institutions: internal mainstreaming, in Ndu Sub-Division, a hundred workers (100) filled the questionnaire in CTE, 08 filled from CTE Health Centre, 20 workers in Baptist Health Centre, 17 workers in Ndu District Hospital, 11workers in BAPCCUL Ndu. In Mbawrong Community Based Organization still found in Ndu Sub- Division, 14workers from GHAPE staff filled the questionnaire, 4workers from GP-DERUDEP, 6 members of Community Based Council. In Nkambe Sub- Division, 30 workers of Nkambe District Hospital responded to the questionnaire, 9 workers of Nkambe Town Cooperative Union, 9 workers of BAPCCUL Nkambe. In Misaje Sub- Division, Ndumbu cattle ranch, 23 workers filled the questionnaire and from BOFAS that did road construction in the whole of Donga- Mantung Division, O4 filled the questionnaire. A total of 255 workers filled questionnaires for internal mainstreaming gender in the development organizations in three Sub- Divisions in Donga- Mantung Division and 350 respondents were involved from the environments of the development agents all making a total of 605 respondents.

The total population of Donga-Mantung Division is 337,533 and the land surface is 4,279 km2 (144). The population of Ndu is 85, 045 with a total land surface of 1,625km2 (120). The population of Nkambe is 170,000 (145). The population of Misaje 40,000 with a total land surface of 46,068 km2 (147). The total population of these sub divisions is 295,048, that is more than two third of the total population is found in these three sub divisions. This, research therefore, is a good opportunity to assess mainstreaming gender and HIV/AIDS for sustainable development in the division. Just a population of 42,485 people out of 337,533 cover the two sub divisions not included in the work thus the findings of the work reflects the situation of the whole division or almost. The absence of assessment from two sub divisions therefore will not greatly distort the overall sample opinion.

Sample Size

The research included individuals, households, communities and institutions. Respondents were workers in organizations or institutions and in the communities, FGDs of widows and women, youths, children from 15 to 18 years, workers in institutions in groups of 6 to 12 carried on discussions with the goal to fulfill the objectives of the research. The selection of respondents were based on the various sampling techniques viz. random, systematic, and stratified and cluster. The selected development institutions ; the Government District Hospitals, the Cameroon Baptist Convention Health Board, the Cameroon Tea Estate, the Mbawrong agricultural project, the Dumbu Cattle Ranch and the CAMCCUL Credit and Loan Institutions, the network and partnership institutions, etc are the main economic and social organizations found in this division. In general, a simple random sampling method was use as the population was uniform or had common characteristics in all cases. The researchers also proceeded to systematically select respondents in collecting data in some cases and a stratified sampling technique in the FGDs and questionnaire was also used.

Data Management

The data collected was interpreted and analysed, findings brought out etc. This was treated in relation to the research problem, objectives of the study and hypothesis formulated to guide the findings.

FINDINGS

Findings are presented according to the research question under investigation.

Socio-Economic Impacts of HIV/AIDS in the Development Organizations

According to Barnett and Whiteside (107) the socio-economic impacts of HIV/AIDS on institutions can be categorised into direct, indirect and systematic costs.

Direct Costs

This was made up of indicators showing: benefits package, recruitment and training costs. These costs are expected to be incurred directly in any institution working with people. Direct costs are represented in table 7 below.

Table2: Direct Costs Incurred in Development Institutions

Variable	Disagreed (%)	Neutral (%)	Agree (%)
Benefit Package (n=255)			
Health Care Benefits	173 (67.84)	2 (0.78)	80 (31.37)
Health Insurance	252 (98.82)	3 (1.18)	0(0)
Disability Insurance	255(100)	0(0)	0(0)
Pension Fund	68 (26.67)	60 (23.52)	127 (49.80)
Death Benefits	140 (54.9)	10 (3.92)	105 (41.18)
Funeral expenses	140 (54.90)	10 (3.92)	105 (41.18)
Mean of Benefit package	**171.33 (67.19)**	**14.17 (5.56)**	**69.5 (27.25 3)**
Recuitment Cost (n=255)			
Advertisement and interviews	250 (98.04)	0(0)	5 (1.96)
Productivity of Vacant Posts	204 (80)	13 (5.10)	38(14.90)
Mean of Recruitment Costs	**227 (89.02)**	**6.5 (2.55)**	**21.5 (8.43)**
Training Costs (n=255)			
Induction	150 (58.82)	50 (19.61)	55 (21.57)
Inservice & on-the-job training	75 (29.41)	50 (19.61)	130 (50.98)
Mean of Training costs	**112.5(44.12)**	**50 (19.61)**	**92.5 (36.27)**
Summary of Direct costs			
Mean of Benefit Package	171.33 (67.18)	14.17 (5.56)	69.5 (27.25)
Mean of Recruitment Costs	227 (89.02)	6.5 (2.55)	21.5 (8.43)
Mean of Training costs	112.5 (44.12)	50 (19.61)	92.5 (36.27)
Total of the means	**170 (67)**	**24 (9)**	**61 (24)**

Source: Researchers' Field Survey

I. Benefits Package Indicators

The benefit package indicators are made up of; health care, health insurance, disability insurance, pension fund, death benefits and funeral expenses.

- **Health Care Benefits**

As seen from table 2, the development organizations on health care benefits, the responses given by workers showed, 68% disagreements establishments cared for health of their workers, 01% were neutral and 31% agreed to this fact. Of all respondents, only 31% had health care while the majority, 68% had no health care. This finding therefore shows that development organisations covered in Donga- Mantung Division do not carter for the health of their employees. This practice and negligence of development agencies is in contradiction to Cameroonian Labour Code.

- **Health Insurance**

The absence of heath care policies for workers in most development agencies invariably means the absence of health insurance as 99% of the respondents said there was no health insurance from table 2.

- **Disability Insurance**

Equally, as there was no health insurance, there's also, the complete absence of disability insurance for disable employees of the development agencies as 100% of them stated on table 2.

- **Pension Fund**

The survey showed that 50% of the people agreed on the availability of a pension fund while 27% of respondents denied its existence and 23% were neutral. This was confirmed in FGDs with CTE workers, many of the workers- the labourers in particular, disagreed in the existence of the pension fund for workers in their institution. Some of the partnership institutions like GHAPE also did not have a pension fund scheme for their workers.

- **Death Benefits**

These benefits accrue to employees because of the death of an immediate family member.

Analysis of data collected showed that 55% of respondents disagreed that death benefits were available for employees while 41% of respondents agreed and 04% were neutral.

- **Funeral Expenses**

The availability of death benefit show there is a funeral cost to which all respondents agreed 41% while 55% disagreed and 04% were neutral.

❖ **Mean Summary of Responses Relating to Benefits Package**

The arithmetic mean of benefit package relating to direct cost shows far above average disagreement of 67% and 27% agreement only.

II. Recruitment Costs

As seen from table 2 above, recruitment costs have two main components: costs of advertising and interviewing and costs to productivity of vacant posts.

- **Costs of Advertising and Interviewing**

From responses, by employees in the development organizations of Donga/Mantung Division, 98% of respondents disagreed these costs existed in their institutions and 2% said the costs existed.

When workers die from AIDS especially workers occupying strategic positions in the organizations, the cost of this will not be limited to death benefits and funeral expenses, the cost of advertising the job or vacant position left by the death and interviewing for recruitments are additional costs. Usually, finding the right employee takes a bit of work, and there is a cost to this. Notwithstanding, it is believed, the right person will bring new ideas and help the organization grow. (154). However, this cost was almost non-existent.

- **Costs to Productivity of Vacant Posts**

When a post is vacant due to death or critical condition of ill health, productivity suffers especially if the job was highly specialized. 80% of the respondents disagreed to this fact, 05% were neutral 15% agreed that productivity suffers such setbacks from deaths.

❖ **Mean Summary of Recruitment Costs**

This is made up of the average of costs of advertising and interviewing and costs of productivity of vacant posts. From table 2 above, the development organizations of this community disagreed up to 89% that recruitment costs existed, 03% were neutral while 08% agreed recruitment cost exists in the development organizations. The costs of advertising and interviewing as seen above is almost non-existent especially in large institutions like CTE, where most of the workers were labourers thus getting them from a large population of low educated or illiterate masses was not a problem. The costs of productivity of vacant posts was also low meaning the work in most development organisations was not so specialized thus easy for workers to fit in, in case of absences or even death. Lastly, considering the fact that, the development agencies were not so many, with many seeking for work, it would be easy to replace those who are not there with little or no cost.

III. Training

Training costs include the actual materials created or utilized for training and time spent in each training module or conference. As seen on table 2 above, training cost is an indicator under direct costs. It could be an induction training cost or an in-service and on the job training costs.

- **Induction Costs**

The survey from the table shows that 59% of the respondents disagreed induction costs existed in development organizations while 21% agreed on the existence of induction costs and 20% were neutral.

- **In-service and On- the Job Training Costs**

Training is needed for new recruits in every job. The time, money and energy training might take differ depending on the job but no new recruits become experts. All these put into training increase direct costs thus outputs Costs. Responses from questionnaire as shown by table 2 above showed 51% agreed to this cost in their institutions while 29% disagreed and 20% were neutral.

- **Mean Summary of Training Costs**

This was made up of the average of induction costs and in-service and on- the job training costs. The results are found on the table 1 above. The mean summary showed 44% of respondents disagreed while 36% agreed and 20% were neutral.

- **The Mean Cumulative of Direct Costs**

The mean cumulative of direct costs was made up of the average of the benefits package, the recruitment costs and the training costs. As seen from table 1, the agree variable was 24%, neutral was 09% and disagree was 67%.

Indirect Costs

This was made up of indicators showing absenteeism, sickness and Management resources.

I. Absenteeism

According to Barnett and Whiteside Framework, this includes sick leave, compassionate leave, time-off to attend funerals, annual holiday leave, and unofficial leave (107). The ranking of the five types of leaves showed clearly that funeral leave ranked first with 57% of workers followed by annual leave with 19% of respondents, the next was sick leave which ranked third position with 15% than compassionate and unofficial leaves were the least with 08% and 01% respectively. Not granting annual leave to workers is contradictory to the regulation of International Labour Organization regulations and Cameroon Labour Code. 57% for funeral leave is above average, indicative of high level of deaths in the study area with AIDS being one of the causes of deaths.

Table 3: Mean Summary of Absenteeism

Types of Absenteeism by Ranking (n=255)	Absences (%)
Funeral leave	146 (57)
Annual leave	48 (19)
Sick leave	38 (15)
Compassionate leave	20 (8)
Unofficial leave	03 (1)

Source: Field Work of Researcher (2018)

Absenteeism in development agencies in Donga-Mantung was a common phenomenon among workers and falls under indirect costs. Absenteeism of one kind or the other was a common happening in the development organizations thus scored a 100% under the agreed variable. Other costs that were indirect included sickness, and management level of efforts. Responses as to the existence of these costs are represented in table 4 below:

Table 4: Response Showing Indirect Costs Exist

Variable	Disagreed (%)	Neutral (%)	Agree (%)
Absenteeism	0 (0)	0 (0)	255 (100)
Sickness	77 (30.20)	25 (9.80)	153 (60)
Management Level of Efforts (MLOE)	64 (25.10)	38 (14.90)	153 (60)
Mean of Indirect Costs	**47 (18.43)**	**21 (8.24)**	**187(73.33)**

Source: Field Work of Researcher (2018)

II. Sickness

This indicator also includes reduced performance of individuals due to HIV and AIDS sickness, while in active service. This was not common in small institutions like the credit and loans co-operatives, the network and partnership organisations and even the health organisations. This means the relative frequency seen on table 4 under the agreed variable (60%) comes from bigger institutions such as the agricultural institutions- CTE Ndu, Mbawrong CBO and Dumbu Cattle Ranch. The survey portrays that 60% productivity was affected because of sicknesses of workers or sickness of their loved ones, while 30% of them disagreed and 10% were neutral. Undoubtedly, workers are infected and affected by HIV/AIDS thus affecting productivity.

III. Manager's Time and Resources or Management Level of Effort

Manager's time and efforts responding to work place impacts are manager's time and resources spent. These can reduce manager's effectiveness at work place, thus reducing productivity (85). As to management's level of efforts increasing due to increasing problems relating to suspected HIV and AIDS affecting workers, table 4 above shows 60% of respondents agreed to this, while 25% disagreed and 15% were neutral about this.

- **Mean Summary of Indirect Costs**

73% of respondents agreed there was an indirect cost, while neutral was 8% and disagreed18%. The direct costs was 24% which was quite low compared to the indirect costs of 73%. It's likely that when people are not motivated at work by getting direct benefits (such as health care, health insurance, disability care, pension fund, death benefits etc all under benefit package) they become demotivated and this will weigh on the indirect cost of the institution. This might lead to increase in absenteeism, and even when this is avoided for fear of losing work, motivation for hard work is reduced and those present even when they are sick, cannot perform to their maximum. All of these weigh on management's level of effort which will keep increasing as indirect costs increase. This was seen especially at CTE and Dumbu Cattle Ranch as workers were so disgruntle and at every little opportunity to express themselves, they said nothing good about their institutions. In the FGDs, with the CTE workers, so much disgruntlement was expressed due to lack of motivation. Eventually, the costs that are avoided by the institutions are hitched on the indirect costs.

Systematic Costs

This is made up of indicators that show loss of work place cohesion, reduction in employee attributes and quality of employment is reduced. Findings in systematic costs are summarized on table 5 below:

Table 5: Responses on Systematic Costs

Variable	Disagreed (%)	Neutral (%)	Agree (%)
Loss of Workplace Cohesion			
Reduction in Morales/Motivation	51 (20)	48 (18.82)	156 (61.18)
Disruption of Schedules and Work teams	61 (23.92)	0 (0)	194 (76.08)
Breakdown of work discipline	51 (20)	26 (10.20)	178 (69.80)
Mean of Loss of workplace Cohesion	**54.33 (21.31)**	**24.67 (9.67)**	**176 (69.02)**
Reduction in Employee Attribute	25 (9.8)	25 (9.80)	205 (80.39)
Quality of Employment Reduced	51 (20)	26(10.20)	178 (69.80)
Mean of Systematic Costs	**43.44 (17.04)**	**25.22 (9.89)**	**186.33 (73.07)**

I. Loss of Workplace Cohesion

As seen from the table, this is made up of reduction in moral and motivation, disruption of schedules and work teams, breakdown of workplace discipline (unauthorized absences, thefts etc)

➢ Reduction in Morals & Motivation

Collected field data shows 61% of respondents agreed to the fact that workers get discouraged or demotivated when their colleagues are sick or when any of them die while 20% of the respondents disagreed they experience this phenomenon and 19% however where indifferent. This high rate of reduction in morals and motivation due to either sickness or loss of co-workers can affect output negatively. This is because co-workers are emotionally involved in the lives of each other. One person's sickness or difficulty will affect the whole work place. The more sick people there are in an organization or the more co-workers are loss, the more reduction in motivation and morals will be found at work place.

➢ Disruption of Schedules and Work Teams

76% of respondents agreed there has been disruption of schedules and work teams amongst them caused by a colleague’s sickness or absence. None was neutral to this occurrence and 24% disagreed such occurrences did not exist. Disruption in work teams can also lead to reduction in output thus the indicator of 76% agreement is a cause for concern.

➢ Break down of Work Discipline

Generally, there is a breakdown in work discipline in crises. Data from this survey has revealed that 70% of respondents have agreed that there is breakdown of work discipline due to HIV/AIDS issues such as arranging for funerals, visiting sick collegues, having family members sick, etc. Only 20% disagreed to breakdown of work discipline while 10% were neutral.

In a work place where nearly AIDS burdens everyone in some way, the organization is affected, especially in breakdown of discipline. This is because many staff members earn up spending their time on AIDS related issue, for example, organizing visits and care for the sick: solving problems related to affected families, dealing with legal issues, arranging for funerals etc. This also ends up affecting productivity.

❖ Mean of Loss Of Workplace Cohesion

The mean of loss of workplace cohesion, made up of average of reduction in morals/motivation, disruption of schedules and work teams and breakdown of workplace discipline, was 69% agree, 10% neutral and 21% disagree.

II. Reduced Employee Attributes

Findings from this research showed that 80% of respondents agreed there was reduction in employee attributes, while 10% were neutral and the other 10% disagreed of a general reduction in average levels of skills, performance, institutional memory and experience of employees. Instead of a better and increasing employee attributes, sickness and death caused by AIDS in development organizations

can lead to reduction in average levels of skills, which come from poor performance. The beautiful institutional memory that kept the motivation of high performance takes a fading image. With bad memories building up in employees, the work place experience cannot remain the same as it used to be with sickness and death of colleagues. However, these too build a gradual reduction in output quality and quantity.

III. Quality of Employment Reduced

The respondents had an agreement responses of 70% under this indicator, while neutral was 10% and disagreed scored 17%. The quality of work place environment and reputation of the organization is greatly reduced.

- **Mean of Systematic Costs**

In respect to systematic costs on table 5, the key elements such as loss of work place cohesion, employee attributes and quality of employment gave an average of, 73% in agreement, that their agencies incurred systematic costs while 17% of them disagreed and 10% of respondents were neutral.

Table 6: Cumulative Summary of Direct, Indirect and Systematic Costs

	Direct Costs		Indirect Costs		Systematic Costs	
Response variable	**Absolute Frequency**	**Relative Frequency %**	**Absolute Frequency**	**Relative Frequency %**	**Absolut Frequency**	**Relative Frequency %**
Disagree	170	67	48	19	43	17
Neutral	24	09	21	08	26	10
Agree	61	24	186	73	186	73
Total	**255**	**100**	**255**	**100**	**255**	**100**

Source: Researcher's Field Work 2018

- **Mean Summary of Direct Costs, Indirect Costs and Systematic Costs (Scio-Economic)**

In relation to three main costs namely direct (24%), indirect (73%) and systematic (73%) in the development organizations in Donga and Mantung Division, there is a remarkable difference between direct and indirect costs and between direct and systematic costs. However, there is no difference between indirect costs and systematic costs. The differences shall be underscored and reasons why they exist explained. Furthermore, the implications for development shall be discussed and recommendations will be made later on.

Respondents were asked with regards to direct costs, elements such as benefits package, recruitment and training costs accruing to their development organizations. 67% of them disagreed with this assertion, while only 23% agreed and 10% of them were neutral. On the other hand, respondents to indirect costs such as absenteeism, sickness and manager's time and efforts responding to work place impacts, 80% of respondents agreed, while only 15% disagreed and 05% were neutral. It should be noted that the high rate of agreement applies mostly to workers of Cameroon Tea Estate Ndu and workers of the Dumbu Cattle Ranch, which are the biggest employers in the division.

In Focus Group Discussions, with workers of CTE, it was discovered that CTE has no policy on leave of any nature for workers, even maternity leave for women. Women and men lose their jobs when they put to birth or are absent from work for three days. .They also are not registered with the National Social Insurance Corporation for pension and maternity leave. In the Dumbu Cattle Ranch, workers complained of very long distances to the ranch, lack of health facilities, and other benefits.

Finally, in respect to systematic costs, key elements such as loss of work place cohesion, employee attributes and quality of employment, 73% of respondents agreed, that their agencies incurred costs already cited, 17% of them disagreed and 10% of respondents were neutral.

The implication that big agencies like CTE and Dumbu Cattle Ranch do not want to substantially spend on workers' welfare in direct costs has led to high percentages of indirect costs of 73% and 73% for systematic costs in their organizations. Additionally, the culture of the people expects that they do

not work on loss of dear ones thus absenteeism because of deaths and sickness is a common phenomenon in bigger development organizations in the study area.

Indirect costs and systematic costs are social costs, which are seen to increase as development agencies spend less in direct costs towards welfare of workers. The danger in high social costs are manifestations like strikes and other social unrests which CTE especially and to a lesser extent Dumbu cattle ranch have and are suffering from in times of social unrest such as what is going on in the NW and SW regions of Cameroon. Due to the fact that workers are disgruntled, it is easy for these same workers to organize looting and burning down of the structures, organize kidnappings of management staff and halt work in development organizations as they pay no allegiance to the organizations to which they are employed or have once been employed in. Instead, many of these workers harbour bitterness, grudges, vengeance instead of good memories which can lead to sustainability of the development organizations.

FGD at the Cameroon Tea Estate (CTE) Ndu

There were two FGDs in the Cameroon Tea Estate at Ndu; one at the Centre Section and the other at the Factory.

I. FGD at the Center Section

The group discussion was made up of twelve (12) workers; eight women 67% and four men (33%).

The objective of the FGD was, to examine the existing initiatives to implement mainstreaming HIV and AIDS and gender in the Cameroon Tea Estate Ndu. The discussions went on as below:

- **On the definition of HIV and AIDS**

The purpose of the question was to find out if workers had a basic knowledge of the disease. Most said it is a deadly disease that is mostly sexually transmitted. They all- 100% could not really bring out what each letter of these two acronyms stand for but could explain the symptoms of the disease.

- **On how it is transmitted**

This question was to help researchers' assess, if workers know how the disease is transmitted. They were able to identify the following ways through which HIV is transmitted. A 100% of them agreed sex is the greatest route of transmission in their community. They all also agreed breastfeeding of children; blood transfusion and injections were lesser routes of contamination. The workers were aware of the means of transmission and even the greatest means of transmission found in their society.

- **On the ways of prevention**

This question was to test if workers know the means of prevention of the HIV infection. 60% said, have one sexual partner you are sure of and use a condom if not sure and 40% were for abstinence. They were also aware of simple prevention measures.

- **On whether Organization Provides Workers with Condoms or Advise on faithfulness to One's Partner or Abstinence**

This question was to asses if Organization provides workers with the above information. These are the basic requirements in mainstreaming HIV and AIDS in organizations. About condom distribution, 100% of the respondents said the organization does not distribute free condoms to them unless one goes to the health unit and even there, distribution of condoms was not consistent.

- **On where they learnt of the disease**

This was to help the research team asses the awareness raised by organization or network and partner groups. Three (25%) said in church in the women's meeting. Four (33%) talked of the Baptist Health Centre when they went to consult. Three (25%) talked of their meeting houses in the community and Two (17%) said in the CTE Health unit. It should be noted that in the church, meeting houses and

community, the workers said those who brought the message to them where from the Baptist Health Centre.

From sources of information above it was noted, the organization does not sensitize its' workers on HIV and AIDS except through their health unit which is open to the public as a government imposition. The Baptist Health Centre is the highest organization sensitizing workers on HIV and AIDS in the locality. Holden says in AIDS on the Agenda, "For almost all organizations, the first step taken in internal mainstreaming is the most obvious one: HIV/AIDS awareness training for staff, presenting basic facts about HIV transmission" (85).

- **On Health Unit taking Care of the Sick in the CTE**

This question was going to help researchers know if the health unit of the CTE was meeting up with some of the health needs of their workers. This was also going to be an indicator those sick from AIDS related diseases were catered for. A 100% of the participants agreed to the fact that health unit had fallen but was being revived mostly by the government. They all also agreed to this explanation by one of them- that most of the time, the health unit lacks medication and nurses to meet up with those health challenges of those sick so the workers of the institution looked for care elsewhere.100% of them said medication even if available, was not free or subsidized. Considering the responses from the respondents, HIV and AIDS was not mainstreamed in the Organization. This was one of the policies of government to curb the disease thus aligning with sustainable development Goal number three of "Good Health and Well Being" (161).

- **On whether the Organization Contributes to Empowering Women and Changing Unequal Gender Relations Among Workers**

All the women (100%) said CTE, to an extent contributes to empowering women. 50% of the men saw it in same light with the women: that contribution was to a small extent due to the reasons given by respondents below;

- Women have no maternity leave or leave of any kind;
- They all work same long hours with men even if pregnant and sometimes on all the seven days of the week;
- Paid on how much work was done whether, pregnant, sick, woman or man;
- No free treatment for sick workers even though payment was low;
- Go on retirement at 60 years even when laborers strength seems to have been sapped by the tedious work that weighs them down;
- Many women fear to conceive because it would mean losing their jobs since they can't afford the strength to keep up with demands of the work when pregnant;
- Payment is little- 200 frs/kilo weight of tea harvested.

Even though there were many women working in the organization, they were treated same with men no matter the condition under which they were found (pregnant or child birth). From all that was said above, the implication is, children are neglected as women and men try to put in more hours working even on Sundays. Family cohesion is affected negatively, which foster more susceptibility to HIV infection and vulnerability to the impacts of AIDS. The women also face discrimination when pregnant or taking their roles of motherhood thus human right in this not respected in the organization: ILO Convention no. 183 provides 14 weeks of paid maternity leave. It prevents the exposure of a pregnant woman or nursing mother to work that can be harmful to her health and that of her baby (162).

One can understand why the indirect and systematic costs (Social Costs) of institutions of Donga/Mantung are high while direct costs (Economic Cost) was not much as seen from the socio-economic costs of the institutions in internal mainstreaming above. When an institution avoids direct costs which weigh more on finances (insurance, healthcare, disability cost, etc.), motivation is affected

and other costs weighing on the social costs go up. CTE is the highest employer of people in Donga-Mantung Division and when most of the workers are disgruntle or lack motivation, it becomes very dangerous to the sustainability of the institution because with the least opportunity, the workers themselves will bring down the institution in diverse ways. An example can be taken from many organizations during this period of the Anglophone Crisis.

- **On Organizations' Policy on Gender**

100% of the workers say, this does not exist. Looking at the above complains by workers, the organization would likely have no clear policy on gender. The number of women in this section was almost equal to the number of men or even higher but this was not due to any proper policy on gender. Some other reason was surely responsible for gender equity in number of women compared to number of men. The section leader and the CTE manager in another FGD said, the women work harder in tea harvest than the men do thus equity or even more women being employed was on the basis of who can do the work not on respect of gender balance.

- **On whether Organization uses Gender Disaggregated Data and Information in its' Monitoring, Evaluation and Strategic Planning**

The number of women were more than the number of men in this section: 26 (52%) women, 24 (48%) men. 100% of the women in the FGD said, the disaggregated data used by CTE in employment as seen in this section, was to make more wealth not as a result of monitoring, evaluation and strategic planning to keep gender balance.

- **On Communication with external stakeholders involved in gender work such as networks, policymakers and donors**

A 100% of the respondents said they knew nothing of CTE's communication with external stakeholders involved in gender work such as networks, policy makers and donors. Even women's day was not respected by CTE and this to them was a sign management was ignorant about opinions of external stakeholders on gender issues. Seeing CTE does not respect national gender policy it means international gender policy that is introduced through the national arm of gender, is not respected. Ignorance to what gender is all about especially by managers and heads of CTE had led to lack of dynamic leadership to communicate a vision of an organization committed to true gender concerns that goes a long way to curb HIV/AIDS and promote sustainable development. This is in line with Kristine St- Pierre who says, "Effective leadership involves having a clear vision and a strong strategy for implementing change. In the case of gender equality, this means developing a gender mainstreaming strategy with clear objectives that identify considerations as cross-cutting and non-negotiable" (163). This goes a long way to curb HIV/AIDS and promote development that is sustaianabe.

In the Focus Group Discussion, with workers of CTE, it was discovered that CTE had no policy on leave of any nature for workers even maternity leave for women. Women lose their jobs when they put to birth or were absent from work for three days. They also were not registered with the National Social Insurance Corporation for Pension and Maternity leave. Even the Ndu council was not benefiting from the taxes of CTE as these taxes were paid to Douala municipality. In the Dumbu Cattle Ranch, workers complained of very long distances to the ranch, lack of health facilities, and other benefits.

The fact that big agencies like CTE and Dumbu Cattle Ranch did not want to substantially spend on their workers' welfare in direct costs, led to high percentages of indirect costs of 73% and 73% for systematic costs in the organizations. Additionally, the culture of the people expect that they do not work when they lose a loved one. Absenteeism because of deaths and sickness was a common phenomenon in bigger development organizations in the study area. With such hard measures in treatment of people, there's every reason for the rise in training costs which could be directly related to layoffs because of absenteeism or workers leaving because they were dissatisfied with the bad

treatment they were given at work. This was confirmed in some of the FGDs in the host environments of the development organizations.

Indirect costs and systematic costs were social costs which were seen to increase as development agencies spend less in direct costs (economic costs) towards welfare of workers. The danger in high social costs are manifestations like strikes and other social unrests. Development organizations such as CTE especially and to a lesser extent Dumbu cattle ranch have and are suffering from these social unrests in the ongoing Anglophone Crisis in the NW and SW regions of Cameroon. Due to the fact that workers were disgruntled, it's easy for these same workers to organize luting and burning down of the structures, kidnappings of management staff and halting of work in development organizations as they paid no allegiance to these organizations to which they were employed or had once been employed in. Instead, many of these workers harbored bitterness, grudges, vengeance instead of good memories which could lead to the sustainability of the development organizations in development. These conditions nurtured an atmosphere of increase susceptibility to HIV infection and increase vulnerability to the impacts of AIDS with increase of development problems that hampered sustainable development.

These findings answer the first specific research question: What are the Socio-economic effects of HIV and AIDS in the Development Organizations of Donga-Mantung Division?

It also validates the first hypothesis which says, 'There is a significant socio-economic effect of HIV and AIDS in the development Organizations of Donga- mantung Division. In direct costs which deal with the economic costs, the significance was far less than it was for social costs which was almost three times more. This is the reason why HIV and AIDS mainstreaming is needed in development institutions in the division. The hypothesis, 'There is a significant socio-economic effect of HIV and AIDS in the development organizations of Donga-Mantung Division' has also been validated, with the social effects weighing by far more than the economic effects.

The Socio-Economic Impacts of HIV/AIDS on the Host Community

The negative socio-economic effects internally in the development agencies will also reflect negatively on the host environments of the development agents.

The Impact on the Health

The demand for care for those living with HIV and AIDS especially those already sick in the host environment has been on the increase in this area. Moreso, because those who had been on anti retroviral drugs with the Anglophone Crisis have been neglected. This is due to the fact that many found it difficult to access their treatment centers with some centers located in the development organizations. Many deaths in the area have come from lack of access to care as many nurses and doctors in this zone rekoned. However, with lack of proper follow up and care, many infected get critical by the time they succeed to reach the hospital. This means, health workers usually are overwhelmed with critical cases needing intensive care due to ruptures in keeping up with medication for those who are sick and many new cases show up too late. This has led to those working, having an increase work load yet lacking access to reach out to patients who also most of the time lack access to get to their treatment centers or hospital late thus increasing their chances of dead. At a time, NACC recorded 30% bed occupancy in some areas of the nation (28). This would mean more and more of the

hospital beds are occupied by those sick or dying from HIV/AIDS related illnesses. With the coming of Covid 19, the complication was even greater especially in this area because those sick with AIDS, with already greatly compromised immune systems are prune to the coronavirus and when attacked, can hardly survive from the attack thus creating more problems to a fragile health system that is poorly equipped to stand such a test. Before the crisis, many suffering from this disease came to the hospital only in the later stage of the illness thus reducing their chances of recovery. However, with the introduction of tracking patients who visited hospitals and health centers in the locality, most who were positive were identified before the critical stage of the illness thus ensuring survival from follow up and treatment. With the Anglophone crisis, it has been difficult tracking or following up identified cases. Worse of all, access to drugs is threatened as some Treatment Centers lack the drugs from the blockage of roads caused by the crisis. Deaths have increased so much that it is difficult to differentiate what people are dying from since accessing the hospitals have not been easy. Research however, had proven HIV/AIDS related diseases and deaths thrive in such conditions as caused by the crisis (85). From Donga-Mantung Division, the area of research, most patients use to move to Banso Baptist hospital or Shisong Catholic Hospital for treatments from different sicknesses and diseases but this is very difficult now as access to these hospitals have become very difficult.

Health Care Expense and Funeral Costs on Households in the Communities

The emotional strain on the household members and major strain on household resources from care offered to AIDS patients from infected households is a reality in this community. This has affected the women both young and old more since women are the care takers. Loss of income, additional care-related expenses, the reduced time given to work and mounting medical fees, has pushed affected households deeper and deeper into poverty.

The financial burden of death is also considerable, with some families spending so much of their total monthly income on funeral programs which had been the case especially before the ease of access provided by government in getting the anti retrovirals. Apart from the financial burden, providing home based care has imposed demands on the physical, mental and general health of carers- mostly family and friends. The risk for carers have increased due to reduction in support by a home-based carer from a health organization. From information from the health staff in Donga- Mantung Division before the crisis, HIV/AIDS workers from especially the Baptist Health Centers programmed Home Care follow up with especially those very sick who could not move to Treatment Centers or the hospitals because of the critical condition in which they found themselves.

In affected households, three main coping strategies were adopted- savings were used up, assets were sold or assistance is received from other households. In the division as elsewhere, the burden of coping rests with women as carers, income earners and housekeepers when family members are ill.

Older people are also heavily affected by the epidemic as many have to care for their sick children (who are youths) and are often left to look after orphaned grand children. Older people who are left to care for the sick face the burden of providing financial, emotional and psychological care at a time they are expected to receive support from their dying children. This situation becomes almost impossible to cope with thus pushing these families into more danger of more people getting infected as factors promoting vulnerability are forced on these families due to the condition in which they find themselves. Many of such situations in the division might have abated tremendously with the drop of national prevalence from 5.5 to 4.1 and a further drop to 3.1% and 2.7% in 2018 (8). However, from every indication, the prevalence is up again with the Anglophone Crisis and the economic and social crisis that have come with it in this division. Kimeng in his write up says violence against women has increased in this area with many young girls reporting rape or violence against them (10). To most, survival is outside and staying around as a youth is synonymous to death for the male child and rape for the girl child. Most who have moved out as IDPs are living in deplorable conditions with a higher vulnerability and susceptibility to HIV/AIDS exposure than they had ever experienced. Many young girls who are IDPs have suffered from rape as Kimeng Hilton's report from investigations in the Western Region of Cameroon shows (10).

The Impact on the Education Sector in the Communities

Some of the impacts of the HIV/AIDS are seen especially on the girl child who is not just removed from school to care for parent or family members who are sick but some are also living with the virus. Many unable to afford school fees and school needs: this is peculiar with those who have lost one or both parents because of AIDS. Studies have shown that young people with little or no education are more likely to contact HIV than those who have completed primary schools (135).

The Impact on Households

The toll of HIV/AIDS on households is severe in some households in Donga- Mantung division. Some infected who are single parents or married, when they die, their children are sent to relatives or parents for care and upbringing. A study in rural South Africa found out that, households in which an adult had died from AIDS were more likely to dissolve than those in which no dead had occurred (136).

Household income diminishes in most families affected by death of one or both parents. Some children who have lost one or both parents to AIDS have been forced to leave school and some whose parents or relations are sick do same either due to lack of income to go on with school or because they become care takers of the loved one. Such a switch has had serious repercussions for those involved in this community. For example, many of the children who have been forced to abandon their education

and in many cases women, have been obliged to turn to sex work. This has led to high risk of HIV transmission which further has exacerbated the situation.

Some households as concerns basic necessities in this community have witnessed a serious fall in the standard of living because of HIV/AIDS expenses on a family member who was sick and the probable death of this family member. This fall in income experienced by many families in this community has led to families cutting down on expenditures on food items with some very poor families being unable to afford food.

In other households, the HIV/AIDS has affected the food production thus diminishing the agricultural output. The dead of a male in especially the Mbowrong Farming Community has meant, the reduction of cash crops such as coffer, cocoa (in Mbaw Plain), tea (with some private small holders of tea plantation), etc, while the dead of a female reduces the production of grain, vegetables, yams, and other crops necessary for household survival.

Also, in this community, youths who were sick in town and dying, were brought back to their old relatives who most times are too weak to combine caring for the sick and going to the farm thus agricultural out put is reduced which means reduction of food for household consumption. With the Anglophone crisis, this narrative has gotten worse.

Though prevalence has dropped, the disease has not been eradicated yet, as has been the greatest target in the fight. The implication is, the impacts of HIV/AIDS especially in Donga –Mantung Division, the study area, is surely not decreasing as factors that increase vulnerability and susceptibility still remain high especially in this community and in their development institutions as seen above.

The Impact on the Children in the Community

This epidemic has caused many children to lose their parents or guidance in this community as seen by a FGD in the Bonsha quarter in this study. These children take on more responsibility to earn an income, produce food and care for the family members especially the girl child.

It is harder for these children to access adequate nutrition, basic health care, housing and clothing. In Donga –Mantung Division, there are known cases where children had lost both parents to AIDS. Most of these children move to stay with their grand mothers. Most of the grand mothers are widows mostly from the ages of 50 years and above. Some of the children had lost one parent and in most cases, the father. Statistics by Nsangha et al showed that out of 1,200,000 orphans in Cameroonin 2010, 300,000 of them (25%) were AIDS orphans (137). It's easy for these orphan children to lead lose lives in order to meet up with the pressures of life; some easily become sex workers, others drug addicts, some alcoholics, etc as the homes get more fragile with the lost of a parent or both.

The Impact on Life Expectancy in the Communities

Though much has been done to curb the prevalenc of the disease, It still remains a threat to life expectancy in the nation of Cameroon at large and to Donga- Mantung Division in particular. In the face of its impact and challenges to the human social and economic development and a menace on the future of the nation, the government of Cameroon has embarked on a National fight against HIV /AIDS as one of their national priorities. The policy relies on government documents especially the GESP and the 2035 Vision for the emergence of the nation by 2035 (138).

The socio-economics effects of HIV/AIDS both in development institutions and their host environments in the division when carefully examined as seen above, is calling for serious intervention measures using every method that is available. The SDG number 3, the GESP and 2035 Visions for the emergence of the nation by 2035 might just be a dream that will never come true considering other health complications that seems to look for compromised systems to increase death on the population thus affecting sustainable development in the development organizations in the division, region and the nation as a whole. With the inevitable attack of complicated diseases like the recent Covid-19 that targeted more the fragile systems, the socio-economic effects of HIV/AIDS still remain a high treat to the development agencies and their environment if not handled urgently to pre-empt the future.

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