

0. INTRODUCTION

The importance of life skills learning is highlighted directly and indirectly in a number of international agreements and conventions, including in the [Ottawa Charter on Health Promotion](#) (1986), the [Convention on the Rights of the Child](#) (1989), the [Jomtien World Conference on Education for All](#) (1990), the [International Conference on Population and Development](#) (1994), the [Dakar World Education Forum](#) (2000), the [UNGASS on HIV/AIDS](#) (2001), the [UNGASS on Children](#) (2002), the [World Youth Report](#) (2003 & 2005), the [World Program for Human Rights Education](#) (2004 and 2008), [Education in Emergencies, Chronic Crises and Early Reconstruction](#) (2004), [Education for Sustainable Development](#) (2005), the [UN Secretary General's Study on Violence Against Children](#) (2006), the [Commission on the Status of Women](#) (2007), and finally the [World Development Report](#) (2007) which identified “enhancing capabilities through life skills education” as one of three policy directions recommended to assist young people to develop and contribute to society.

Life skills approach help improve learning outcomes in a wide range of content areas, including HIV prevention, care and support, health promotion, violence reduction and peace building, sustainable development, human rights, gender equality and social and emotional learning.

A. SCOPE

This project will be implemented in 6 divisions (Fako, Meme, Lebialem, Manyu, Ndian And Kupe-Manengouba) of the South West region of Cameroon from now till 2020.

The first phase will concentrate in Fako Division, the activities will be replicated for the other divisions (Meme, Lebialem, Manyu, Ndian and Kupe-Manengouba), from 2014 to 2020.

B. COMPONENT

1. Capacity development on Care and support services

This will focus on Sex education, education support for Orphans and Vulnerable children, entrepreneurship skills for care givers, peer educators training

2. Sensitization

Peer educators moving to schools/communities

C. IMPLEMENTATION PLAN

Action Plan

Project Area	Year of Implementation
Fako	2013/2014
Meme	2015

Lebialem	2016
Ndian	2017
Manyu	2018
Kupe-Manengouba	2019
Final Evaluation and Monitoring, and reports to funders and partners.	2020

D. OUR RESPONSE TO HIV AND AIDS

In 2012, SODEIT reached out to more than 600 girl children and young women in 12 outreach sessions in the South West Region of Cameroon.

There is no cure for HIV, and a vaccine to prevent HIV has not yet been developed. Preventing new HIV infections is the most effective way to halt the epidemic. Key prevention actions include promoting responsible sexual behaviour, such as monogamy, a reduction in partners, and correct and consistent condom use; ensuring a safe blood supply; and treating STIs. In addition, providing VCT and ARV treatment is also important to ensure that people know their HIV status and to encourage PLHIV to prevent further spread of the virus.

Each recommended intervention—prevention, care and support, and treatment—has an important contribution to responding to HIV and AIDS. All interventions are needed to stem the HIV epidemic.

This project is a powerful social and economic tool that will enhance change brought about when girls have the opportunity to participate in socio-economic issues that affect their social development. There are 500 thousands adolescent girls living in poverty and risky situations in in Cameroon . By giving one of these girls an opportunity to Health life skills, you are halting the epidemic-HIV and AIDS. When girls have safe places to meet, education, legal protection, health care, and access to training and job skills, they can thrive. And if they thrive, everyone around them thrives too.

There are many ways to help. Send a girl to school. Help fight her STDs. Give her a microloan and help her solve the social, economic & environmental problems she faces through entrepreneurship.

E. HIV AND AIDS IMPACT ON SOCIOECONOMIC DEVELOPMENT

HIV and AIDS affect Cameroon's socioeconomic development in many ways.

Impact on the Health Sector

- Increased allocation of health sector resources to AIDS care and treatment. HIV and AIDS programme expenses absorb a major part of the national health budget. Costs for AIDS patients will increase as more patients have access to care and treatment.

- Reduction of hospitals' capacity to accept new patients because many beds are occupied by AIDS patients.
- Increased demand for qualified health professionals who care for AIDS patients and support the national treatment programme, shifting personnel from other preventive care and other disease responses.
- Loss of skilled health workers due to HIV-related illness.

Impact on the Education Sector

- Loss of teachers and greater absenteeism among teachers due to HIV-related illness.
- Decreased public financing of education due to the increased funding needed for the fight against HIV.
- Increased levels of poverty at the family level, and less resources available for children's education due to household income loss.

Impact on Enterprises

- Loss of professional and technical personnel and qualified workers due to HIV-related illness.
- Increased production costs associated with the need to provide care and treatment for sick workers.
- Declines in worker productivity.

Impact on Women and Girls

- Women and girls are particularly vulnerable to HIV.
- Women are at higher risk for HIV infection for biological and socioeconomic reasons and the power differential between women and men.
- Certain socio-cultural practices increase the risk of transmission such as use of vaginal drying agents that may create lesions, increasing the probability of HIV transmission.
- Women and girls are more likely to care for HIV-positive family members and thus have an additional workload.

The School and Community HIV and AIDS Education Program

- Disseminates basic information on HIV and AIDS, and prevention methods;
- Advocates behaviour change as appropriate to reduce exposure to the disease;
- Prepares and distributes educational material on HIV & AIDS;
- Trains and certifies Peer health educators and volunteers;
- Sensitizes people through lectures, role-plays, videos, etc.

The Orphan and Vulnerable Children Care Project

Using an initial grant from the Hope for Children UK, Social Development International (SODEIT) started an orphan care program in 2007 called "Children Walk to School Now

Project” (CWSCNP). The project has received subsequent funding from the GlobalGiving donors through Help Children Stay in School for a Year. SODEIT identifies and registers AIDS orphans and other vulnerable children and supports them through their foster parents by subsidizing their education, feeding and health care. The program also raises awareness in communities on the role of foster parents in meeting the needs of chosen children (orphans) and the importance of protecting their legal rights. SODEIT has identified over 1600 orphans and supported over 300. The name of the program and the method of giving support to families were determined with input from the first group of volunteers that were selected and trained. The Project:

- Identifies and registers orphans, especially AIDS orphans.
- Raises funds to support these children education through their foster parents.
- Trains foster parents or caregivers on basic care-giving skills and the legal rights of orphans.
- Helps caregivers obtain micro loans for businesses.
- Encourages communities to assist in caring for orphans

YEARLY BUDGET (Exchange rates: US \$1 = 500 FCFA)

Main activities	Units	Units cost (CFA Frs)	Total (CFA Frs)	Total US\$
A) IEC Materials production				
- Flyer	2000	250	500 000	1 000
- Posters	200	1 000	200 000	400
- Banners	10	50,000	500 000	1 000
- HIV and AIDS Booklets	1 000	1 000	1 000 000	2 000
Sub total			2 200 000	4 400
B) Peer and Nurse Educators training workshop				
- Hiring of hall	1	30,000	30,000	60
- Training materials for 72 participants (manuals, files, Note pad, pens, condoms, pencils)	Lump sum	Lump sum	250,000	500
- Audio and sound system	Lump sum	Lump sum	75,000	150
- Transport fair for 4 facilitators	4	10,000	40,000	80
- Honorarium and materials preparation for 4 facilitators x 7days	4	100,000	400,000	800
- Coffee break for participants x 7days	72	800	403,200	806
- Lunch break for participants x 7days	72	1500	756,000	1 512
Sub total			1,954,200	3 908
C) Community Education/sensitization				
- Transportation and honorarium of community mobilisers	12	40,000	480,000	960
- HIV AIDS Booklets and condoms distribution, education and sensitization for 6 subdivisions	Lump sum	Lump sum	600,000	1 200
Sub Total			1 080 000	2 160
D) Care givers/Support services workshops				
- Hiring of hall (2times)	2	30,000	60 000	120
- Training materials (manuals, files, note pad, pens, pencils)	Lump sum	Lump sum	200 000	400
- Audio visual and sound system	Lump sum	Lump sum	75 000	150

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- Honorarium and materials preparation for 4 facilitators x 7days	4	100,000	400 000	800
- Coffee break for 50 participants x 4days	50	800	160 000	320
- Lunch break for 50 participants x 4days	50	1,500	300 000	600
Sub Total			1 195 000	2 390
E) Orphans pupils and Students Educational Support				
School fees for 50 orphans pupils	50	15,000	750,000	1 500
School fees support for 50 secondary school orphans	50	15,000	750,000	1 500
Exercise Books for 100 children (50pupils and 50 students)	Lump sum	Lump sum	500,000	1 000
Sub total			2 000 000	4 000
F) Administration/Reporting				
Stationary, photocopies, and Administrative charges	Lump sum	Lump sum	100,000	200
Pictures, reporting and volunteer coordinator stipend	Lump sum	Lump sum	200,000	400
Sub total			300,000	600
Grand total (A+B+C+D +E+F)			8 740 000	\$17 480

LET'S work in Partnership in GETTING TO ZERO,
ZERO NEW HIV INFECTIONS;
ZERO DISCRIMINATION and;
ZERO AIDS RELATED DEATHS.

(UNAIDS 2013)