



SODEIT Community and Public Health - Peer Health Education Program in Cameroon

PEER HEALTH EDUCATION IN CAMEROON (PHEC)

About Our Program

Peer Health Educators in Cameroon - PHEC creates culturally relevant and research-based stories and tools to inspire people to drive healthy changes to policies, systems, and environments for children and families to thrive in the midst of challenges. This is an innovative, evidence-based peer health education model.

Our approach is a peer-to-peer program that allows students to teach each other about health problems, prevention, and how to access local health resources toward reducing obesity, school violence, and gender based violence, depression, sexuality and reproductive health issues. We do not separate nutrition, alcohol and drugs from mental health, all of these things are much intertwined and leads to Reproductive and sexuality issues in schools, communities and peers educational outcomes. "Positive peer pressure" is a key in delivering accurate, reliable health information, to empower people in making their own healthy choices with support of their peers.

Our Program seeks to empower students to adopt healthy lifestyles and prevention of disease using peer-led discussions in class and community hall. High school students in the junior and senior classes get trained as peer health educators (PHEs) to conduct interactive discussion sessions with their freshmen class peers and junior school classes.

These discussion sessions are based on a comprehensive health curriculum with these topics:

- Sexuality, Reproductive Health Services information
- Relationships - Sexual Health Education and Intimate Partner Violence & Sexual Assault Prevention
- Gender Based and School Violence
- Nutrition, Exercise & Obesity
- Peer Health Educators Training
- STDs/HIV
- Alcohol/Substance, Tobacco & Other Drugs Use Safety
- Mental Health and Wellness
- How To Be Healthy

When students are aware of these health issues, they are able to help themselves, help each other, provide support, they are able to talk about it in a more tolerant environment,



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talk about if they are struggling with something, and they are reaching out and getting help.

Our Model

Our program also uses multimedia presentations, social marketing, research, training, publication, partnership, advocacy, health promotion activities and, a website that helps connect children youths and families to local health resources.

When children and youths are proactively connecting to resources both on their school, community and our reputable website through the program, it support their choices for healthy well-being.

Program Mission

Inspire people to drive community change for health equity for all children and youths.

Program Vision

Lead the nation in creating culturally relevant multimedia research, tools, and stories to fuel inhabitants to start and support policy, system, and environmental changes in schools and communities to improve school and community health, reduce disparities, and promote health equity and a culture of health.

OUR STRATEGIC VISION

1. Healthy Schools and Communities

Our schools and communities need better access to quality health, food, water, housing, transportation and mobility, green and active spaces.

Health equality starts with support for health care access for all our families, especially mothers, children and youths addressing sexuality and reproductive health, gender based violence, school violence and improving education.

2. Healthy and Cohesive Cultures

To achieve healthy and cohesive cultures, we must unite to curb our biases, embrace different cultures, understand and reduce poverty, increase our individual and collective voices among decision makers.

3. Train 3 500 Peer Health Educators in Cameroon

Peer Health Education is a program that promotes positive health behaviors and lifestyle choices to support physical and mental wellness and academic success.

Take Action Now

Get involved to build health equity for all schools, communities with our action campaigns, action packs, and report cards on the health of our school and town.



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Health equity means that all children, youths and people have a fair and just opportunity to be as healthy as possible. See how you can drive school, community health changes for children, youths and families to thrive in the midst of challenges!
Project Document

Volunteer/intern/researcher/Peer Health Educator work together to plan and implement health campaigns to promote on- and off-campus resources to students and community inhabitants.

Peer Health Educators coordinate events and interactive projects/programs with SODEIT Community and Public Health Team as well as other campus and community partners on:

- *Sexuality, Reproductive Health Services information*
- *Relationships - Sexual Health Education and Intimate Partner Violence & Sexual Assault Prevention*
- *Gender Based and School Violence*
- *Nutrition, Exercise & Obesity*
- *Peer Health Educators Training*
- *Alcohol/Substance, Tobacco & Other Drugs Use Safety*
- *Mental Health and Wellness*
- *How To Be Healthy*

JOIN US TODAY

Do you want to become a Peer Health Educator/Promoter?

Email sodeit@sodeit.org with subject PHEC

Are you interested in health and wellness? Do you like talking to people and helping them? Then you should become a Peer Health Educator/promoter with SODEIT in Schools, houses and community groups.

Introduce our PHEC program to business(s) and organization(s) for partnership
Visit our website URL <https://www.sodeit.org/phec>

Start talking about our program to friends, family and coworkers and share our program link for support and partnership.



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OUR 05 YEAR BUDGET 2021 – 2025

| | |
|--|-------------------|
| Health Education Materials | \$26 000 |
| Sanitary Pads | \$25 000 |
| Training Peer Health Educators | \$210 000 |
| Education Materials | \$115 000 |
| Rapid Pregnancy Test kits, Contraceptive Supplies and, Condoms | \$75 000 |
| Research, Publication, Partnership, advocacy and Lobby | \$245 000 |
| Web based and Virtual outreach, training, material and support | \$110 000 |
| TOTAL | \$ 806 000 |

Cameroon Health Facts and Figures

Cameroon Map



This map is an approximation of actual country borders.\

Statistics



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| | |
|---|-------------------|
| Total population (2020) as of Tuesday, July 28, 2020, | 26,588,078 |
| Gross national income per capita (PPP international \$, 2013) | 2,660 |
| Life expectancy at birth m/f (years, 2016) | 57/59 |
| Probability of dying under five (per 1 000 live births, 2018) | 76 |
| Probability of dying between 15 and 60 years m/f (per 1 000 population, 2016) | 362/321 |
| Total expenditure on health per capita (Intl \$, 2014) | 122 |
| Total expenditure on health as % of GDP (2014) | 4.1 |

Latest data available from the [Global Health Observatory](#)

Issues Impacting Cameroon Health

Cameroon is one of the African nations experiencing a crisis in human, infrastructure and material resources for health. There are approximately 1.1 physicians and 7.8 nurses and midwives per 10,000 population (WHO AHWO Cameroon Fact Sheet, 2010). Some of the major HRH challenges faced by Cameroon in the past decade include:

- Inequitable geographic distribution of health workers, where rural areas, the 03 Northern, Southern regions have the fewest health workers.
- An aging public sector health workforce (66% of total HRH, 2011 HRH Census), with 53% of health workers aged 40-51 and 31% over age 51 in a sector where retirement age is between 50 and 55. It is estimated that 15% of current public sector health workers were lost to retirement between 2010-2012
- Lack of regulations and lack of an on-going accreditation system for HRH education and training.
- Limited HRH production planning and recruitment, including problems resulting from the centralization of recruitment and posting, lack of task planning, poor organization of duty, evaluation, incentive, and lack of project management. (*Ministry of Public Health Directorate of Health Resources (MINSANTE DRH), 2012 ;Cameroun : Analyse de la situation des ressources humaines pour la santé, 2010*)

In the absence of a long-term strategic HRH plan, the MINSANTE initiated short-term actions targeted at improving the HRH crisis as part of implementation of a long-term National Health Sector Strategy. These actions, including an HRH Emergency Plan 2006-2008, resulted in an increased number of enrollments and graduates from health worker training institutions as well as increased recruitment into the public sector after



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graduation. More current achievements initiated with the support of the Alliance include:

- HRH stakeholder identification and analysis, and creation of an HRH Committee and Taskforce
- development of an HRH profile
- launch of a National HRH Observatory in 2010
- analysis of the HRH situation drafted with stakeholder consensus
- creation of the Research Group on Human Resources for Health in Cameroon (GRESAC)
- 2011 census of HRH
- Educational exchanges between the HRH observatories in Cameroon and those of Mali (2010) and Mauritania (2012).

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Donate Now at <https://goto.gg/46638>