

CAMEROON

HIV/AIDS project



Environment, water and sanitation

March 2012 – February 2015

Income-generating activities

Project overview











Intervention zone

The health district of Okola, in the Centre region (about 130 communities).

Beneficiaries

Around 2,500 children, women and men living with HIV/AIDS, 4,500 vulnerable families involved in income-generating activities, and 200 health staff. In all, 92 000 persons will be sensitized.

CONTEXT

HIV/AIDS in Cameroon

The 2/3 of the **HIV positive people** in the world live in the Sub-Saharan Africa. **In Cameroon**, it is estimated that they are **550,000**, to which **300,000 HIV orphans** must be added. The Centre is one of the most affected Region (out of the 10 Regions composing the country), as it accounts for 20% of the national HIV positive population.

The most vulnerable people to the epidemic are:

- Women, who for biological and social reasons (less control on their sexuality than men), make up 2/3 of the HIV positive persons in the country,
- **-Young people** (amongst the 60,000 affected people each year, half of them is from 15 to 24).

The infection level is mainly due to **the lack of information** about HIV/AIDS. It implies a low condom use in Cameroon, while it is the most effective way to prevent HIV/AIDS. The access to HIV testing is also lacking: in 2004, **80% of women** and about **90% of men** in the area had **never been tested for HIV**.

The **comprehensive care services** (therapeutic, psychosocial, economic support, etc.) for people living with HIV are rare, not to say missing in many rural areas. Finally, the **HIV/AIDS-related stigma** is such that very few people choose to reveal their seropositivity.



STRATEGY OF INTERVENTION

Fighting against the spread of HIV/AIDS turns out to be fundamental in order to decrease the impact of this human tragedy, as well as the poverty it implies. It will require fighting against the causes of the epidemic: lack of knowledge about HIV/AIDS or gender-related discrimination (unequal relations between men and women). Indeed, unequal social relations make women more vulnerable to HIV/AIDS for several reasons: women are often less informed than men on these issues. They are more often victims of sexual abuse, control less easily their time and have less access to financial resources that would allow them to be tested for HIV and treated.

So the project will include a major part about the promotion of women's sexual and reproductive rights, of more equal relations between men and women and of sexual health services adapted to the specific needs of men and women. Finally, Plan will work in collaboration with local NGOs and community associations to implement this project.

OBJECTIVES

This project aims at reducing the spread of HIV/AIDS and its effects on affected people and their families.

More specifically, the project aims at:

- Improving the prevention and the access to quality comprehensive care
- Reducing gender-related discrimination in terms of reproductive and sexual health and the stigma faced by infected men and women.

ACTIVITIES

Raising awareness about HIV/AIDS and related discriminations

People from Okola district (with specific messages for young people) will be informed on HIV/AIDS prevention, as well as their own sexual rights, by several stakeholders trained for that purpose: community health workers and community groups (youth groups, savings and loans associations), teachers, students participating in health clubs.

Improving access to prevention and quality comprehensive care

- Dissemination of prevention methods (male and female condoms)
- Introduction of mobile HIV test campaigns
- Opening of a Care Unit for HIV/AIDS infected persons in the Okola hospital (supporting through medical equipment and training of health workers)

Towards comprehensive support to infected people and their families (psychosocial, administrative and economic)

- Supporting the creation of associations for people living with HIV/AIDS
- Supporting birth registration to enable orphans and vulnerable children to enjoy all their rights (education, health...)
- Income-generating activities for HIV/AIDS affected families
- Training of health workers so they can provide psychological support to infected people

Discussion between the civil society, health services and local authorities

This part focuses on the capacity-building of Communes to fight against HIV/AIDS as well as communication and advocacy training for public authorities, youth groups, representatives of associations of people living with HIV and local NGOs. These key players in the fight against HIV will attend workshops which will also promote more friendly health services.



Monitoring and evaluation

Our field offices **regularly follow** the project's progresses. They are responsible for writing monthly reports on the achievements. Plan France communicates with its contributors twice a year.

2 evaluations – one at mid-term and one final evaluation – will be carried out.

All the partners and the beneficiaries will take part in the monitoring and the evaluation of the project.

Sustainability

The project will allow a **lasting improvement of the population's knowledge**, especially women and young people who are the most vulnerable to HIV/AIDS.

The HIV/AIDS affected households with economic difficulties will have their **living standard improved** through their involvement in incomegenerating activities groups.

Building key players' capacities in the fight against HIV as well as networking will be a major factor of the project' sustainability. The civil society organizations are supposed to become legitimate and permanent key actors in the fight against HIV/AIDS, within the communities and to the authorities. By helping to **reduce the discriminations** towards women and people living with HIV/AIDS, the project will eventually contribute to strengthen **the equality and the social cohesion** within communities.

Two documents capitalizing the experience will be elaborated in a participatory way, in order to reproduce this project in other areas.



Budget

The 3 years global budget for the implementation of this project amounts to approximately **700,000 euros**.

Partners

The Ministry of Health in Cameroon, Okola and Lobo Communes

Local NGOs: Association des Femmes actives et solidaires, and Réseau national des Associations de Tontines.



Cameroon at a glance

Capital : Yaoundé

Total area: 466,050 km²

(183,568 sq mi)

Population: 19.4 millions of

inhabitants

Density: 37,5 persons / km² <u>Official languages</u>: French and

English

Government: Presidential republic

Gross Domestic Product per capita / year : 1,150 \$ (France :

34,341 \$)

Population living with less than 1.25 \$ / day : 33 % (1992–2007) Life expectancy at birth : 51 years HIV prevalence : 5.5% (women :

6.8%)

Gender-adjusted human development index: 126th rank on 157 (2007-2008)

Sources: The 2010 General Population and Housing Census in Cameroon and the UNDP Human Development Report.

Plan works in Cameroon since 1996.

Plan France Program Department July 2012



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