



CAMYOSFOP CONSULTANCY REPORT.

CAPACITY BUILDING OF SAVINGS GROUPS ON:

STRENGTHENING THE REPRODUCTIVE HEALTH AND SEXUAL LIFE SKILLS OF YOUTHS AND WOMEN.



TARGET COMMUNITIES:

LEBOTH AND LENDOM II: 8-9 JUNE, 2018

LENDOM II AND MVAA I: 15-16 JUNE, 2018

BRIQUITERIE; BLOC 1, 5, 6: 20-21 JUNE 2018

Report submitted by CAMYOSFOP to Plan Cameroon

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ABBREVIATION AND ACRONYMS

CAMYOSFOP: Cameroon Youths and Students Forum for Peace

GBV: Gender-Based Violence

HIV: Human Immuno Deficiency Virus

HPV: Human Papillus Virus

SGBV: Sexually Based Gender Violence

SDGs: Sustainable Development Goals

SG: Savings Group

STIs: Sexually Transmitted Infections

1. EXECUTIVE SUMMARY

The Plan Cameroon consultancy assignment dubbed **“Strengthening the Reproductive and Sexual Life skills of youths and women”** was designed to impact the grassroots communities of Leboth, Lendom II and Mvaa I of Lekie Division and Briquetterie 1, 5 and 6 neighbourhoods of Mfoundi division both communities located in the Centre Region Program Unit. In essence, this capacity building program was aimed at directly training 150 youths and women (including five traditional Rulers and one Muslim Imam as Custodians of cultural values) from the aforementioned communities with 100 trainees from Leboth, Lendom II and Mvaa I, and the remaining 50 trainees from Briquetterie 1, 5 and 6. It was expected that at the end of the training every trainee will likely impact at minimum 100 community members by 2022 with the content of the training through educative talks outreach campaigns during major community events thereby generating an indirect overall impact of 15,000 people.

In this regard, the capacity building program on strengthening capacity of youths and women on reproductive health, and Sexual and Gender Based Violence (SGB) issues was meant to empower the 150 trainees in the long-run with vital life skills to prevent against unwanted adolescent and teenage pregnancies, Sexually Transmitted Infections (STIs), complicated pregnancies without precluding the rollback of SGBV.

Moreover, the content of the entire training program was designed to run for two days per community phased out between June 8, 2018, and June 21, 2018, with the following core training modules:

- ✓ **Methods of Family Planning;**
- ✓ **Prevention of Sexually Transmitted Infections (STIs):**
- ✓ **Complicated pregnancies and the protection of expectant mothers;**
- ✓ **Basic principles and practices of human hygiene and management of menstrual cycles;**
- ✓ **Prevention of Sexual and Gender Based Violence (SGBV);**
- ✓ **Vital domestic and international legal references to effectively fight against SGBVs;**
- ✓ **Guaranteeing Financial Inclusion, social protection of women and children through the running of a common community group income-generating project.**

In a nutshell, the entire training program for the aforementioned communities went on smoothly as planned and hitch free, which led to the making of strong actionable recommendations by participants as to provide inputs and guidance towards Plan Cameroon's development interventions in the future for the respective targeted communities as highlighted in the content of this report.

2. INTRODUCTION

The Savings Groups (SG) project, previously called Village Savings and Loan Associations (VSL), support the 1st objective under Learn of access to quality inclusive education and decent employment and entrepreneurship for youth and young women. Plan International Cameroon has planned a new approach in implementing the SG 2, a project which is to consider the project as "entry point" to other distinctiveness and social services such as child and youth protection, girls' education and adolescent sexual and reproductive health. It is in line of the above context that Plan International Cameroon is recruiting potential people or organisations like the Cameroon Youths and Students Forum for Peace (CAMYOSFOP) to provide capacity building towards vulnerable social categories especially targeting women and youth (girls and boys) in three grassroots communities in Okola (Lendom II, Leboth and Mvaa I) and Briquetterie (Block 1, 5, 6) of Yaounde. Plan Cameroon decided to undertake this consultancy assignment as tangible means to fight against Sexually Transmitted Infections (STIs), Sexual and Gender-based violence, unwanted pregnancies, while teaching them basic hygienic and menstrual methods, methods of contraction and without precluding best financial practices for Savings Groups to improve on their livelihood.

In terms of direct overall targets, our consultancy assignment seeks to empower 150 women and youths on specific life skills regarding sexual and reproductive health issues as well as SGBV in Okola and Briquetterie. The capacity building program was designed to directly train 150 members of SGs on **"vital prevention-oriented life skills on reproductive and SGBV issues"** as to engender sustainable child protection practices and gender equality for the betterment of children in the respective target communities. Upon inviting trainees for the raining we ensured that the direct 100 trainees were youths and women (parents) including three Traditional Rulers and one Muslim Imam, and the rest were minors as per the Convention of the Rights of the Child.

Concerning indirect, beneficiaries, this capacity building training program will have a strong multiplier effect in the short and long run in the target communities with the consideration that each potential trainees will likely train at minimum 100 peer members through educative talks during community events thereby generating more than 15,000 indirect beneficiaries by 2022.

Moreover, our capacity building intervention was meant to impact the following grassroots communities with estimated populations predominantly made of Christians in Okala and Muslims in Briquetterie with unique sensibilities and peculiarities towards reproductive and SGBV. Worthy to underscore, Okola is approximately 50 kilometres away from Yaounde with agriculture and petty trade as their main livelihood. Whereas, the Briquetterie trainees of Muslim women and youths are mostly petty vendors operating the informal sector economy.

Table 1: The direct and indirect beneficiaries including estimated demographics:

Community	Sub-Locality	Direct beneficiaries	Indirect beneficiaries	Estimated Population
Okola	Lendom I/II	100	10,000	40,000
	Leboth			
	Mvaa I			
Briquetterie	Bloc 1	50	5000	60,000
	Bloc 5			
	Bloc 6			

3. OPENING STATEMENT FOR THE TRAINING

Worthy to highlight, we ensure every training was preceded by an opening and introductory statement from both Plan Cameroon and CAMYOSFOP representatives to present their respective development mandates and the purpose of the capacity building assignments. The representative from Plan Cameroon Mr. Jean Claude Tzeuton, in his opening statement started by thanking CAMYOSFOP for their consultancy services towards Plan Cameroon that is meant to build the capacity of women and youths on reproductive and SGBV issues. He welcomed all the participants who took off time from their busy schedules to attend the capacity building training sessions. He added that Plan Cameroon and CAMYOSFOP were impressed with the massive

turnout of the participants for all the trainings, and he went further to emphasize the work some o Plan has been doing with the women of these target communities. Mr. Tzeuton noted that Plan Cameroon work is focused on children's rights and equality for girls" through a Child Centred Community Development approach that aims to help children, youth, families and communities to be actors and drivers of their own development. Participants were called upon to be committed. Ending his opening remark Mr. Tzeuton stated that the training will include other women and youth of Leboth and Lendom II, and Mvaa I, Briqueterie; Bloc 1, 5, and 6. The CAMYSFOP representative Mr. Charles Linjap, for all the training sessions presented the purpose of the capacity building assignment including the objectives and modules of the training.

4. STATEMENT OF OBJECTIVES

The purpose of this assignment was designed to strengthen the capacity of youths and women on vital reproductive Health and SGBV Life Skills in the target grassroots communities of Leboth and Lendom II, and Mvaa I, Briquetterie; Bloc 1, 5, and 6. In this regard, all three training workshops were aimed at achieving the following strategic objectives:

- ✓ **To empower the trainees to act as community peer educators and changemakers on reproductive health and SGBV issues in their respective communities.**
- ✓ **To encourage the trainees to undertake educative talks in their respective communities after the training upon targeting community events, church meetings, njangi and sporting activities.**
- ✓ **To engage young boys and girls as ambassadors and change makers on reproductive and SGBV issues, and to ensure sustainable knowledge sharing amongst their peers in the short and long run.**
- ✓ **To shares best practices with trainees on reproductive health and SGBV issues and to ensure sustainable knowledge sharing amongst their peers.**

5. EXPECTATIONS AND WORKSHOP FRAMEWORK

The core expectation of this training expressed by participants was that they expected to see a reduction in unwanted pregnancies amongst teenage girls, reduced incidents of SGBV and as well as learn the importance of proper family planning methods.

Concerning workshop rules, participants agreed to comply with following rules:

- ✓ To be able to acquire knowledge which will enable them to educate other members of their communities;
- ✓ To gain more knowledge on sexual reproductive health;
- ✓ Phone on vibration;
- ✓ Avoid foul language;
- ✓ Mutual respect;
- ✓ Respect for a time;

6. METHODOLOGY USED

The methodology used for this training incorporated both interactive plenary discussion based on question and answer sessions and breakout sessions to discuss specific issues on reproductive health and SGBV. In addition, to make the sessions more illustrative and visual, a multimedia was used to deliver a power point presentation on the various training modules. The trainers used different images to make the presentations more vital and appealing to participants. Also, this training program employed a variety of interactive methodologies which aimed to enhance participants' learning through interesting ice-breaking sessions and experience sharing amongst participants.

7. PRESENTATION OF TRAINING MODULES

The content presented for the three training workshops were same but interactive discussions with participants broadening the scope of knowledge sharing to include existing traditional and cultural practices regarding reproductive and SGBV issues. The training modules were full of visual images and graphics as means to make the learning process more interactive and lively.

7.1. Module 1: Basic principles and practices of human hygiene and management of menstrual cycles. By Ms. Francisca AMAA, Project Assistant and Facilitator.

Presenting issues and vital aspects of body hygiene, Ms. Amaa made mention of a good personal hygiene which contributes to a healthy lifestyle and ensures good health. As a recommendation to participants, she reminded them to take their shower on a daily bases to avoid sweat, excess sebum and accumulated dirt on the surface of their skins. Also, making mention of other personal hygiene methods, Ms. Amaa talked of hand cleaning as an essential gesture which helps to limit infections and recommended participants should wash their hands every time after they use the bathroom, before going to dinner and after commuting on public transportation with the use of clean water and soap. Again, she reminded participants on the importance of brushing their teeth which should be done at least twice a day, after breakfast and before bedtime with a toothbrush and toothpaste to help eliminate plaques and fight against bad breath. She also reminded participants to change their underwear daily and to regularly change their towels after use.

Continuing her presentation on body hygiene, Ms. Amaa talked of menstrual hygiene which is directly related to the problems women face especially in developing countries. She said women and girl's access to affordable and hygienic sanitation is limited especially in rural areas, where they use old rags, dry leaves or grass boots as sanitary pads. With a demonstration, the participants were taught how to use various sanitary pads especially the reusable pads, which she advice was more preferable and affordable.

She ended this session by encouraging participants to take responsibility for their health issues and to ensure their environment is clean for their holistic mental, physical and social wellbeing.

7.2. Module 2: Reproductive Health and Methods of Contraception by Ms. Francisca AMAA, Project Assistant.

Focusing on reproductive health and methods of contraception, Ms. Amaa explained the importance of reproductive health and encouraged the people to be healthy, happy and to practice safe sex and also to decide if and when to have children or how often. In this regard, she spoke of the importance for both

men and women to be informed about the functioning of their bodies and the methods of contraception available.

She made mention of the fact that an estimated number of women die each year due to obstetric complications, which should not happen in countries with adequate reproductive health plans. Also, she spoke of the importance family planning which is widely available and easily accessible to all sexually active people, including adolescents and also mentioned some of the benefits of family planning and contraception which included; preventing health risks related to pregnancy in women, reduce child mortality, contribute to preventing HIV / AIDS, reduce teenage pregnancies and empowering people to act and strengthen education.

With the use of images on a PowerPoint slide to show various contraceptive methods, she presented the modern and the traditional methods. For the Modern methods, she cited the following; the Oral and combined contraceptives or "pill", implants, progestin-only Injectable Contraceptives Monthly Injectable Contraceptives or Combination Injectable Contraceptives, Combined Contraceptive Patch and Intra-vaginal Combined Contraceptive Ring, Male Condoms, and the female condoms. For the traditional methods of contraceptives, she made mention of the Calendar method or rhythm method, and the withdrawal (coitus interruptus) methods.

With this, she called on all the women, girls and children to make efforts to use the various contraception methods to protect against unwanted pregnancies as well as STIs.

The next phase of the presentation was on Dr. Billings' method of contraception. With the aid of an image for participants to better understand that the method was one of the most modern, simple, and effective methods of natural family planning. This could be done by simply learning to identify natural signs of fertility and infertility to achieve, or avoid pregnancy, as well as to monitor their reproductive health.

**7.3. Module 3: Prevention of Sexual and Gender Based Violence (SGBV).
By Mr. Nguimba Mbile Jean Serge, Project Assistant/ Facilitator
(Boys-to-Boys Network on VAWG / HeForShe Coordinator).**

Mr. Nguimba used images to demonstrate the types of gender-based violence. This section of the training focused almost exclusively on experiential learning with activities being designed to be interactive and engage as many participants as possible. For a better understanding of the topic, he saw the importance for the women and young girls to better understand what constitutes GBV and be able to recognize the various forms of GBV such as, Psychological violence, including rumours, bullying, verbal abuse, control, intimidation, threat. He provided the differences between gender and sex, information on the social construction of gender, definitions of violence and GBV and a detail explanation with the use of PowerPoint slides with images on the various types of violence which included; sexual violence, socio-economic violence, physical violence, and psychological/emotional violence.

**7.4. Module 4: Sexually Transmitted Infections. By Charles LINJAP,
Capacity Building Expert/Facilitator.**

While presenting on sexually transmittable Infections (STIs) Mr. Linjap underscored that one must not have sexual intercourse to contract these diseases. The focus was on the human papillomavirus which causes cervical cancer and other STIs like scabies, Gonorrhea, Syphilis, Chlamydia, Chancroid, Lymphogranuloma Venereum, Crabs (Pubic Lice), Hepatitis A, B and C Virus, Herpes Simplex Virus Type 1 and 2, HIV/Aids and Pelvic Inflammatory Disease, which Mr. Linjap indicated is a serious complication of untreated STIs, especially Chlamydia and gonorrhea. Through the use of pictures, he demonstrated the signs, symptoms and causes of STI but highlighting that they are vaccines that can protect against some of the most dangerous types. It is in this regard that he called on all the women, girls and children to make efforts to be checked and vaccinated against this virus.

**7.5. Module 5: Complicated Pregnancies and its Causes in Relation to
the Case of Cameroon. By Charles LINJAP, Capacity Building
Expert/ Facilitator for the Plan Cameroon Consultancy Bid.**

Mr. Linjap in his presentation focused on complicated pregnancies with the use of pictures illustrated that such pregnancies can lead to precipitated abortion; ectopic pregnancy; difficulty during birth; the death of mother and child

survives; the death of mother and child and fistula problems which causes weaker bladder. He underscored the fact that "Strengthening family planning services would greatly improve the physical and emotional well-being of women and their families." He emphasized and sounded a warning that young girls, as well as mothers, should stay away from abortion given that it is one of the main cause of complicated pregnancies amongst others like bad family planning practices, fibroid, neglected sexually transmitted infections, lack of prenatal care and malaria treatment. Upon ending this module, he advised the women to make use of modern contraceptives and improve on the use of the family planning method which included the use of Dr. Billings method where women could use to detect the fertile periods of their menstrual cycle with biological indicators of a probable ovulation date with respect to 28 days, 35days and 24 days cycles as to prevent unwanted pregnancies.

7.6. Module 6: Vital Domestic and International Legal References to Effectively Fight Against SGBVs; by Nguimba Mbile Jean Serge, Project Assistant/Facilitator (Boys-to-Boys Network on VAWG/HeForShe Coordinator).

On Cameroon's Legal commitments to Gender-Based Violence, Mr. Nguimba made participants understand that Cameroon is a signatory to laws at the international, regional and national levels on Gender-based violence promoting and preventing violence against women and girls. At the international level, he made mention of the Universal Declaration of Human Rights of December 10, 1948; Convention on the Elimination of All Forms of Discrimination against Women; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment of December 10, 1984; and at the regional level, he mentioned; the African Charter on Human and Peoples' Rights of 27 June 1981 and its Protocol on the Rights of Women; the African Charter on the Rights and Welfare of the Child of 11 July 1990; the Gender Policy of the African Union; and the Maputo Protocol. From a national point of view, he talked of the Constitution of Cameroon proclaims the attachment of the Cameroonian people to universal values and principles guaranteed by the State to all citizens; and Articles 275 and 281 of the Penal Code punish attacks on bodily integrity.

Ending his presentation, he spoke of government's response in handling this issue through the creation of a ministry in charge of promoting women with deconcentrated services and specialized technical units throughout the national territory, two advocacy sessions directed to the Parliament with a view

to involving the National Representation in the fight against the scourge; Developing a National Strategy to Combat Gender-Based Violence; development of an Action Plan to combat female genital mutilation.

7.7. Module 7: Guaranteeing Financial Inclusion, social protection of women and children through the running of a common community group income-generating project. By Mr. Charles LINJAP, Capacity Building Expert / Facilitator for the Plan Cameroon Consultancy Bid.

The trainer Charles Linjap articulated the importance of generating additional income through running a common group community project such as a community tomatoes farm for Okola SGs and restaurant for Briquetterie SGs. He highlighted the fact that common group projects is meant to generate additional income for children and for greater financial inclusion through mobile money and to ensure they register their members on the voluntary social protection scheme. He further emphasized that transparency and vigorous management skills are vital to run community group projects, and the need to further strengthen their capacity within this domain. On the module of best financial practices presented by Mr. Linjap, he stressed and focused on the fact that Savings groups are a perfect mechanism to realise sustainable development community projects. He illustrated that at the end of 2015, Plan International had worked with 250,000 young people through savings groups targeting those of the ages 15-25 to be able to establish basic rules for saving and borrowing and to operate in a transparent and more democratic manner. In addition, he called on the women to make smart decisions that minimize risk and distinguish their business from others and this they will achieve easily by giving up a bottle of drink and saving the money for a better use and to help generate income for households.

8. RECOMMENDATION

Concerning recommendations, we ensured we captured the recommendations made by participants according to the SGs that participated in the three workshops. It is likely that some recommendations intersect with recommendations from other SGs; in this regard, we deemed it vital to keep them unique as to guide Plan Cameroon's future development interventions in the respective target communities thus:

8.1. Recommendations from the training of Leboth and Lendom I:

R1. The participants expressed a need to undertake regular health campaigns against killer diseases like cervical cancer and breast cancer screening. They emphasized the need to strengthen the fight against STIs, especially organizing a regular vaccination campaign against Human Papillus Virus that causes cervical cancer as well as fostering inclusive immunization programs for children in remote communities with inadequate communication outreach facilities.

R2. The participants equally identified the fact that there is a huge communication gap between parents and their children, and that it is absolutely necessary to provide additional training on holistic forms of communication between children and parents. In this regard, the issues of communication between children and parents can be bridged by organizing separate workshops for the parents and youth, that is giving room for parents to be able to express their worries and another for children to also table their communications needs as to solve the complex communication issues in their communities. Parents were equally implored to take the initiative to create a friendly relationship with their children from as to foster the holistic development of child development especially considering the fact that most of what constitutes children's communication is 60% non-verbal.

R3. To guarantee sustainable financial security for SGs, participants were excited about running common community projects on small and medium-size scale especially a tomato farm as generate additional income for children. In this regard, providing an additional capacity building on how to run community projects is very for the members of the SGs in the near future. Acquiring project management and financial inclusion management skills is vital to provide a sustainable voluntary social protection floor for enhanced protection of children.

R4. At the end of the training, participants recommended that a handbook on reproductive health and SGBV should be published and handed over to them to ease the process of providing continual educative talks to their respective grassroots communities.

R5. In addition, another request was made for Plan Cameroon to make available reusable menstrual pads for the less privileged in the communities if possible to reduce the cost of always buying disposable pads.

8.2. Recommendations from the training of Mwaa I and Lendom II :

R1. The participants expressed the need to include the equal percentage of boys and men in this kind of training for the future by virtue of the fact that men are vital in the process of understanding and limiting damages caused by reproductive health and SGBV issues. This is to ensure men are fully engaged in the process and that no one is left behind on the issues of community development as required by the Sustainable Development Goals (SDGs).

R2. They further expressed a need for health campaigns like the fight against cervical and breast cancers for women including the fight against resistant STIs.

R3. Parents urged their children to communicate more with their parents and to have confidence in their parents rather than having confidence in their peers. Strengthening communication between children and parents is vital to avoid unwanted pregnancies and to reduce school rate for the girl child.

R4. Encourage inter-generational dialogue between children and parents by making sure that parents listen to their children and also ensuring that children ask questions to know more about their sexuality and talk to about reproductive health and SGBV issues without fear. Parents were implored to treat sexuality education, not as a taboo issue.

R5. Train youths and women on how to produce reusable menstrual pads for low-income families.

R6. Provide additional capacity building skills in community project management to generate additional income for members of SGs to provide enhanced assistance to their children.

8.3.Recommendations from the training of Briqueterie block 1, 5, and 6:

R1. Develop and publish a handbook on reproductive health and SGBV issues to ease the process of providing continual educative talks with grassroots communities.

R2. Develop a holistic capacity building program on children-parents communication to strengthen child protection mechanisms in Muslim communities.

R3. Undertake a program to protect young Muslim adolescent girls who are street vendors in Yaounde. Young Muslim girls who are vendors are required by their parents to sell every item before returning home thereby exposing them to all sorts of sexual and physical threats. The practice of exploitation of child labour is criminalized in article 14 of Cameroon labour and so, therefore, young Muslim girls must be protected from abuse.

R4. Provide a capacity building training to Muslim Groups on how to manage income-generating projects with a special focus on recreational tourism facility like a restaurant without precluding a trade.

9. TESTIMONIES AND PERSPECTIVES:

9.1TESTIMONIES

9.1.1 LEBOTH/LENDOM I:

Most of the participants testified to having more than eight to eleven children and their husbands still want more children adding that if they had had the knowledge on family planning they would have known how to by-pass some of the pregnancies.

A participant from Lendom I complained of her neighbour giving out her 11 years old girl child who has not even seen her menses for men to sleep in return for money.

A participant also testified that she had 15 children, 11 survived and she lost four through miscarriage.

9.1.2 MVAA I/LENDOM II:

While discussing violence against women it was noted that some of the participants testified to letting their husband violate them and all that matters to them is they can only react if in the cause of the beating they sustain an injury.

The organizers Plan Cameroon and CAMYOSFOP were appreciated for a great work done as participants expressed gratitude for they have gained knowledge as stated by one of the participants Ms. Eyenga Onana Angelle a student.

Testifying to the training a participant Mme. Lesse Souga Valerie, president of GVEC indicated that the training has greatly educated her and equipped her with reproductive health which she will now continuously share with those in her community who could not make it.

None the less, a member of JEVEC Mwaa, Mme. Ngonlo Regine Prudence started by acknowledging the positive impact the training is having on her as from the first day stating that what she has learned she is going to train other girls and testify to them the impact of the training.

9.1.3 BRIQUETERIE:

Ms. Saha Marianne, a participant acknowledged that the training was very enlightening and such initiatives should continue to educate other young Hausa together with the women, men, and parents in the same pace.

M. Alhassan Souda, Chef of Ekoudou 1, appreciated the training and the trainers and recommended that next time the training days should be added so as to help the community especially the women and girls to better understand their health issues and other subject matters discussed.

For M. Ousman Ibrahim who is an Imam, he was happy the training was mixed and not focused on one religion given the fact that there are stereotypes about the Muslim community. He was satisfied with the training as they had learned a lot and was willing to share and educate other members of their community who weren't opportune to participate.

9.1 PERSPECTIVE:

The plan representatives expressed gratitude to all the participants who took out time from their busy schedule given that it is the harvesting period to be present in the workshop. He added to what Mr. Charles had said earlier that the women have become ambassadors and will have the responsibility to relay the training within their communities. He announced that the training will continue with Lendom II and Mvaa.

He encouraged the women to continue working within their saving groups (GVEC). CAMYOSFOP team was also appreciated for their edifying training as confirmed by the participants. Those who took part in the training were encouraged to also encourage their sisters within their communities to endeavour to come for the next training that is to be organised. He equally asked them to channel their worries and challenges to the training team as well as Plan Cameroon for assistance.

10. CONCLUSION:

The approach to improve on the reproductive health and SGBV issues affecting women and girls in the target communities of Okola and Briquetterie by Plan Cameroon is based on the fact that women's reproductive health is a fundamental human right and an important dimension in fostering gender equality. Building the capacity of youths and women in a holistic manner is a tangible means of ensuring sustainable knowledge sharing amongst their peer in their respective grassroots communities.

In this regard, the process must begin with countering gender discrimination in the home, which finds expression, in these target communities, in unequal task assignment, intimidation and physical violence. The process must ensure that girls benefit from the same educational opportunities as boys; that they are not subjected to harmful traditional practices; and that they have access to the higher education that opens doors to specialized training later in life and provides opportunities for positions of responsibility. By enabling women to have a voice through the establishment of social networks committed to their concerns and by encouraging their participation in politics at grassroots and executive levels of power, policymakers can rally themselves and others to their own cause and achieve the much-needed momentum in reforms to dismantle gender-based discrimination and other barriers to women's empowerment.

The benefits associated with investing in women and girl's reproductive health and SGBV issues in the target communities is considerable – not just for women and girls themselves, but also for their families and communities, and for society at large. The health interventions required to realize these benefits are available, affordable and cost-effective. However, the implementation of these interventions faces major challenges, starting with inadequate political commitment at the highest levels of government, and the lack of funding required supporting viable healthcare systems. Governments, Plan Cameroon and other development partners should intensify women's empowerment by investing in interventions that promote women's reproductive health, education and human rights on a scale large enough to make a difference, especially at community levels.

In terms of creating stronger multiplication effects and impact in the target grassroots communities in which Plan Cameroon works; it is highly necessary for plan Cameroon to implement the recommendations of the three training workshops in a participatory manners as means to materialize **“the leave no one behind principle”** as advocated by the preamble of the SDG declaration in September 2015 United Nations General Assembly outcome Declaration.

Annex:

1. Pictures reporting:



Mr. Jean Claude Tzeuton of Plan Cameroon during his welcome address.



Cross-section of participants during the questions and answers sessions in plenary.



Participants brainstorming in a syndicate group on if there is effective communication between children and parents on sensitive issues of reproductive health.



Participants presenting the outcome of their group discussions.



Ms. Amaa Francisca demonstrating to participants how to use reusable pads.



Mr. Serge Nguimba, a trainer from CAMYOSFOP illustrating violence against women through the use of pictures.



Mr. Linjap Charles, a trainer from CAMYOSFOP presenting methods of contraception and family planning through Dr. Billings method.



Break-out sessions with the women and youth of Briquitterrie.



Group Picture of participants of the Leboth and Lendom II Communities.



Questions and Answers session of the Briquetterie Training.

2. The training programme was applied to all the three trainings.

ATELIER DE RENFORCEMENT DE CAPACITEE DES FEMMES ET FILLES DES COMMUNAUTES DE LEBOTH, LENDOM II ET MWAA I SUR:

LA SANTE REPRODUCTIVE ET LES VOILENCES A L'EGARD DES FEMMES.

OKOLA, 6 – 9 JUIN 2018

Projet de programme

<i>Horaires</i>	<i>Activités</i>	<i>Responsable</i>
JOUR I: MERCREDI, 5, 2018		
8h00 – 9h00	<i>Arrivée et enregistrement des participants</i>	CAMYOSFOP
9h00 – 9h30	<i>Mot de bienvenue / Remarques préliminaires par le Directeur Exécutif du CAMYOSFOP ou du Point Focal</i> <i>Mot d'un Représentant de Plan Cameroun</i> <i>Mot d'un Représentant des Communautés</i> <i>Introduction des participants</i>	Représentant Plan Cameroun Participants
9h00 – 10h00	Pause café / photo	
10h00 – 10h30	Presentation de l'atelier: <ul style="list-style-type: none"> Objectives of the workshop; Methodology for the workshop; Expectations of the workshop; Framework of the workshop. 	
10h30 – 11h00	<i>Présentation module introductive sur l'hygiène corporelle</i>	Amaa
11h00 – 12h00	Présentation Module I sur; La Santé Reproductive	Amaa

12h00 – 13h00	Présentation Module II sur ; Les Grossesses Complicquées et ses Causes Connexes au Cameroun	<i>Amaa</i>
13H00 – 14H00	Pause déjeuner	
14h00 – 15h00	Présentation Module III sur ; Les Infections Sexuellement Transmissible	<i>Mr. Charles</i>
15h00 – 16h40	Travail en groupes	<i>Participants</i>
16h40 – 17h30	<i>Présentation de résultats du groupes de travail en plénière</i>	<i>Participants</i>
Jour II : Jeudi 6 Juin, 2018		
8h30 – 9h00	<i>Récapitulation et fin de première journée</i>	<i>CAMYOSFOP /Participants</i>
09h00 – 10h00	<i>Présentation Module IV sur ; comprendre les violences basées sur le genre (VBG)</i>	<i>Serge</i>
10h00 – 10h30	Pause café	
10h30 – 13h00	Présentation Module V sur ; Les engagements Juridiques du Cameroun face aux VBG	<i>Serge</i>
13h00 – 14h00	Pause Déjeuner	
14h00 – 15h00	Présentation Module VI sur ; Les Meilleures Pratiques Financières pour les Groupes d'Epargne	<i>Mr. Charles</i>
14h00 – 15h00	<i>Réflexion sur les recommandations.</i>	<i>Participants</i>
15H00 – 15H30		

3. Attendance Lists: Leboth, Lendom II, Mvaa I and Briqueterie (Block 1; 2 and 5).

ATELIER DE RENFORCEMENT DE CAPACITE DES FEMMES ET FILLES DES COMMUNAUTES DE : LEBOTH, LENDOM II SUR:

LA SEXUALITE ET SANTE REPRODUCTIVE

OKOLA, 8 – 9 JUIN 2018

Liste de présence

N°	Nom	Structure	Localité	Téléphone	Signature (jour1)	Signature (jour2)
01	Abaga Josephine F.D.L	F.D.L	Leboth	66236951		
02	Nga Astarie	Femmes dynamiques	Leboth	66174466		
03	Esimi Alice	Jeune Les Femmes	Leboth	66075202		
04	Mentby Honore	Femmes amies	Leboth	65440582		
05	ESPOIR MARIE	dynamique	Leboth	6-7597-1530		
06	Enyogwe Salome	Jeune des amies	Leboth	63203754		
07	Bima Manga	Jeune des amies	Leboth	6-51687481		
08	Etiéne Ange Marie		Leboth	66376718		
09	Ndzengue	Femmes Amicales	Leboth	6704946344		
10	Ayoubou Ayoubou	Femmes dynamiques	Leboth	67615578		
11	Kouna	FEMMES dynamiques	LEBOTH			
12	Bessono Marie Madeleine	Femmes Amicales	Leboth			
13	Mamie Marie	Femmes dynamiques	Leboth	651651323		
14	Mindjorochou	Jeune Les Femmes	Leboth	65055830		
15	Nga Sylvie APP	Femmes dynamiques	Leboth	662-343272		
16	Bond Rozaire APP	Femmes dynamiques	Leboth	693-503575		
17	MBA Rya	Femmes dynamiques	LEBOTH			
18	ABENG-NKIL		LEBOTH			
19	Bessono Marie	Femmes Amicales	Leboth			
20	Ekaunda gile	Femmes Amicales	Leboth	6-18-79 46-23		
21						

	Noms	Structure	Localité	Telephone	Signature	Signature
22	Ngazé Isabelle Famien	LYCEE	Lébe	653193928		
23	Bidou Abou	LYCEE	Lébe			
24	TSALAMGBA BRANDA	LYCEE	Lébe			
25	BIMO GO	LYCEE	Lébe			
26	Mahé Mahé	menagère	Lébe	671144052		
27	Ndono Ngah	Rape chef	Lébe	651100484		
28	Abouna	menagère	Lébe	679026888		
29	Mlezele Angèle	conclusion	Lébe	662700038		
30	Amisomo	Jevec	Lébe	6785907		
31	TASSI Jean Marie V.C	plan	Lébe	697657809		
32	Mme V. Afana H. V	J-evec	Lébe	69467900		
33	Boua Séliak M. G. V	Kendou	Lébe	69875091		
34	Gouda Jeanne	menagère	Lébe	668584601		
35	Nkon Pauline	Menagère	Lébe	665365801		
36	Ngoué Zimondou	Sacriste	Lébe	66130013		
37	Ngondjok	membre	Lébe	652662870		
38	Bimogo	préside	Lébe	660215110		
39	MESSE	LYCEE	Lébe	6604653		
40	Louisa Lh	membre	Lébe	66222632		
41	MBASSI Claude	GVEC	Lébe	661012004		
42	Ngoué Zimondou	GVEC	Lébe	677601511		
43	Jean Claude	CPSA-F plan	Lébe	677653011		
44	TSIMI E. G	plan	Lébe	6795556		
45	Fontana Gaëlle	CPSA-F plan	Lébe	677083791		
46	Louisa Branda B	CPSA-F plan	Lébe	66259402		

ATELIER DE RENFORCEMENT DE CAPACITE DES FEMMES ET FILLES DES COMMUNAUTES DE : LENDOM II, MWAA I SUR:

LA SEXUALITE ET SANTE REPRODUCTIVE

OKOLA, 15 - 16 JUIN 2018

Liste de présence des participants

N°	Noms	Structure	Localité	Téléphone	Signature	
01	M ^{me} Dinkuani / Zangui Edouard	Ménagère	MVA'AT (Santé)	678152783	[Signature]	[Signature]
02	Elobo Dondoug A.	ELEVE	MVA'AT		[Signature]	[Signature]
03	NGONO Béatrice Soudou	EAL	MVA'AT	671948465	[Signature]	[Signature]
04	TOMOAWOYO	ELEVE	MVA'AT		[Signature]	[Signature]
05	INDLODAMATO	ELEVE	MVA'AT		[Signature]	[Signature]
06	BELLA EDAN ROSALIE	ETUDIANTE	MVA'AT	676354552	[Signature]	[Signature]
07	ALIMA dGA	menagère	MVA'AT	666959124	[Signature]	[Signature]
08	Etomur Benédicte	ELEVE	lendom II		[Signature]	[Signature]
09	M ^{me} BZOU Antonia	menagère	lendom II	96-30-5580	[Signature]	[Signature]
10	M ^{me} Ouedi Valérie	U.C. P. A.	MVA'AT	667494693	[Signature]	[Signature]
11	Messoma Adeline	Ménagère	MVA'AT	661-55-30-69	[Signature]	[Signature]
12	Ngono Essama	Ménagère	MVA'AT	649639-96	[Signature]	[Signature]
13	M ^{me} EBE Flama Brigitte	Ménagère	lendom II	673175044	[Signature]	[Signature]
14	NSOE MARTINE	Ménagère	lendom II	694724559	[Signature]	[Signature]
15	ESSOMBA Michel	ELEVE	MVA'AT	694923047	[Signature]	[Signature]
16	M ^{me} Nene EBAN	Ménagère	MVA'AT	668553817	[Signature]	[Signature]
17	M. MBOUO NIGAMA	enseignant retraité	LENDOM II	677301501	[Signature]	[Signature]
18	EBAN Victorine	Ménagère	MVA'AT	654787963	[Signature]	[Signature]
19	NGONO ALPHONSINE	Ménagère	MVA'AT	685854757	[Signature]	[Signature]
20	NKORA Micheline	Ménagère	MVA'AT	670211434	[Signature]	[Signature]
21	S.M. Onana Jean Pierre	chef de MVA'AT		667494699	[Signature]	[Signature]
22	M ^{me} Eyelre Augustienne		MVA'AT		[Signature]	[Signature]
23	M ^{me} Emboto Pauline	Ménagère	MVA'AT		[Signature]	[Signature]
24	M ^{me} NKORA Chantal	C.M. ancompté	MVA'AT	650392542	[Signature]	[Signature]
25	M ^{me} MESURÉ Adeline	MENAGERE	MVA'AT		[Signature]	[Signature]

ATELIER DE RENFORCEMENT DE CAPACITEE DES FEMMES ET FILLES DES COMMUNAUTES DE : BRIQUETERIE (BLOCS I, II, V) SUR:

LA SEXUALITE ET SANTE REPRODUCTIVE

BRIQUETERIE (blocs I, II, V) 20 – 21 JUIN 2018

Liste de présence des participants

N°	Noms	Structure	Localité	Téléphone	Signature (I1)	Signature (I2)
01	MAIRAMOU MOHAMADOU.A	DAI'WA	Bloc "S"	695172845		
02	OUSSENI ALHADJ ALI	chef EKOUNDI	Bloc I	699320864		
03	ALHASSAN SANDA	chef EKOUNDI	Bloc I	699318949		
04	HIBRAHI SP	chef EKOUNDI	Bloc II	677410589		
05	MOHAMADOU OUSMAN	chef EKOUNDI	Bloc I	695801414		
06	MOHAMADOU SANI	CNSC	YEBRIAC II	652314322		
07	MOHAMAN AWAL TOUNKOUH	Etudiant	Bloc II	690333306		
08	HABIELOU MEWABA KODAMOU	Menager	Bloc II	699524666		
09	Hadisatou Aboulkassam	Menager	Bloc I	655449591		
10	AISSATOU OURLAMOU	Menager	Bloc I	677241283		
11	MAIMOU NA-SALISSOU	Menager	Bloc I	677384440		
12	FATIMATOU GARRA	WASSE MAGANOU	EKOUNDI 5	678939551		
13	ASSAMOU OUSMAN	WASSE MAGANOU	EKOUNDI 5	690572944		
14	MAIMOUNA MOHAMAN SANI	WASSE MAGANOU	EKOUNDI 5	695321782		
15	NAHIATOU GALI	AFDAYO	EKOUNDI I	656341812		
16	HALIMATOU SOUCHADOU	AFDAYO	EKOUNDI I	680635113		
17	HASSANA GALI	AFDAYO	EKOUNDI I	653243683		
18	MEDOU HASSANA	DAI'WA	EKOUNDI 5	696784436		
19	HALOU Yasmine ABDELAY	INNALLAH	EKOUNDI 5	675685488		
20	Zenabou Abdou	ALHIDANA	EKOUNDI 5	677170204		
21	DANIHO SAHA DABIANE	DAI'WA	Bloc 5	694369852		
22	ADAMA-ALI	Jeune Succine	Bloc 2	698710947		
23	SAHOURATOU ISMAILA	JEUNE SUCCINE	EKOUNDI 4	6686317097		
24	MARIAMA ISMAILA	MENAGER	EKOUNDI 4	695424543		
25	SAFIATOU ISMAILA	EKOUNDI 4	EKOUNDI 4	699665103		

26	HASSANATOU ISMAILA	ETUDIANTE	EKOUDOU II	634039911		
27	HOUSSEINATOU ISMAILA	ETUDIANTE	EKOUDOU II	631519273		
28	MOUFAT ASSANA	menagere	EKOUDOU II	65678436		
29	AMINATOU MOUHAMEDOU	ETUDIANTE	EKOUDOU II	63687135165		
30	HASSANATOU ISMAILA ANAEL	Etudiante				
31	MORHAMOU DAHIBOU	ETUDIANTE	EKOUDOU II	699912153		
32	AICHA ISMAEL	Etudiante	EKOUDOU II	650945775		
33	HAWA OUSMAK	ETUDIANTE	EKOUDOU II	65144		
34	HABIB MOHAMMED	ETUDIANTE	EKOUDOU II	655543591		
35	HARSATOU ZAKARI	ETUDIANTE	EKOUDOU II	6355403		
36	MOHAMMADOU ZAKARI	ETUDIANTE	EKOUDOU II	65312394		
37	NAIMATOU ISMAEL			655445367		
38	YASMINE MOUHAMMADOU	Etudiante	EKOUDOU II	6586111239		
39	FADIMATOU HASSAN	Etudiante	EKOUDOU II	670185107		
40	SARATOU KABIR	Centuriere		653992646		
41	AKIMADOU M.K	Centuriere		670185107		
42	KABIRIDOU IDRISS	Etudiant	BLOC 3			
43	KHOUSSARA ISMAILA					
44	HAWA OUSMAN	Centuriere	EKOUDOU II	6716071669		
45	AMINATOU OUSMANOU	ELEVE	EKOUDOU II	695725205		
46	HADIZA DIIDA	PLBCE	EKOUDOU II	657434360		
47	FADIMATOU ABDOULCAJE	maire d'arrondissement	TSINGA	671702675		
48	MARJANE ABDOULCAJE	dinamisme	TSINGA	696911011		
49	AICHA MOTIAMADOU	Etudiante	Nkomkam	655365701		
50	BAKHAR SANI	Centuriere	EKOUDOU II	6335931109		
51	FADIMATOU ABDOU	Centuriere	BLOC 3	651850402		
52	MATOU YABIMINE ABDOU	Centuriere		67		
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4. Overall evaluation sheet for the three trainings:

Questions	Très bien Excellent	Assez bien Good	Bien Fairly Good	Passable Fair	Observations
Comment avez trouvez le contenue des leçons?	76	37	35		51.4% of participants said the training was excellent
Comment avez la méthodologie utilisée ?	50	42	33	25	More than 60% participants qualified the methodology as exceedingly
Comment avez trouvé les formateurs ?	77	40	35		More than 80% of participants qualified the trainers as exceedingly good
Comment était l'accueil ?	56	37	31	25	More than 65% of participants appreciated the hosting of the training.
Comment avez-vous trouvé la logistique ? (ration, salle, kits)	57	28	32	32	More than 65% of participants appreciated the feeding and logistic resources.