VAHA 2017 ANNUAL REPORT

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As outlined in this annual report, we were able to reach out to 6 more communities within the North West and Southwest Regions of Cameroon and we were able to educate and screen over 1200 community inhabitants of diseases such as Diabetes, Hypertension and Cervical cancer. We were also able to institute diabetes and hypertension clinics in Guzang and Balikumbat where positive cases are now receiving better management and follow up services. Six NCD Checkpoints were also instituted within the Northwest Region where free screening for Diabetes, Hypertension, Cervical Cancer and follow-up are being carried out on a daily bases. Our volunteer department has been outstanding this year with over 20 newly signed up volunteers who are ready to reach out with their services to resource limited communities. Furthermore, my team magnificently organized our second diabetes walk in Ndop during the world diabetes day which took place on the 14th of November 2017.

**VAHA** was also privileged to organize a capacity building seminar in collaboration with **Academic and Career Development Initiative (ACADI)**, in which volunteers and staffs were trained on project writing and strategic planning. Aside from the above mentioned achievements, we successfully signed memorandum of understanding with a good number of organizations both nationally and internationally such as **ACADI, Guzang Elites, Center for Evidence Based Health, Phyto-biotechnology Research Foundation**, the **U.S Embassy** and **Friends of Children with Cancer- Tanzania**.

As the president of this giant organization, I use this opportunity to encourage more funders to sponsor worthy projects like ours so that, several other resources limited communities could be reached, as it is commonly said “health is wealth”. This gesture will not only ensure a better and sustainable development in Cameroon, but Africa at large. I will end here by saying a big thank you to all our partners, sponsors, staffs not forgetting our able and committed volunteers for their relentless efforts in ensuring that all these projects are brought to realization. I will forever be grateful and thankful to God for you all.
PREFACE
This report is a summary of activities carried out by Value Health Africa (VAHA) throughout 2017. It covers the period from January 2017 to December 2017. As such, the report is divided into five chapters. Chapter one gives an insight of the organization and the Executive Summary report for 2017; chapter two draws summarily on administrative and management activities of the organization; chapter three reports activities within the Non-Communicable Diseases program area; chapter four reports on activities related to the Sexual and Reproductive Health Department and finally, challenges faced, recommendations, and projections for the year 2017 in the fifth chapter.
ACKNOWLEDGEMENTS

VAHA is undeniably grateful to the Government of Cameroon for generating openings and avenues for improved cooperation and partnership with various technical departments and stakeholders.

We are also thankful to all our collaborators and partners who have guided and provided us with all the support needed in the course of project application activities.

The volunteers, staffs and members, led by the Founder and Chief Executive Officer, are expressly acknowledged for their commitment and diligence in ensuring the successes of all VAHA’s projects in and out of the country despite the political instability.

We are also extremely grateful to those who devoted time to put the organization in prayers. This no doubt one of the tools that has contributed to the plentiful victories realized in the course of the year 2017.
CHAPTER ONE

1.1 BACKGROUND
Value Health Africa abbreviated VAHA, is an indigenous, non-political, non-religious community based organization which was established in 2015 to sensitize, educate and raise awareness on non-communicable diseases (NCDs) and sexual and reproductive health issues with the sole aim of improving on early diagnoses while preventing end stage complications resulting from them.

VAHA has its headquarters in the North West Region of Cameroon precisely Bamenda, and she has been carrying out various community health programs on non-communicable diseases, sexual and reproductive health and research in about 10 subdivisions in this part of Cameroon.

1.2 VISION
To add quality to life and to promote sustainable community development in Cameroon, thus improving community health.

1.3 MISSION
To promote health and wellness throughout all of Africa by strengthening healthcare systems, advocating for policy change, building local community capacity and developing international partnerships.

1.4 GOAL
““To contribute in creating healthy communities through sustainable interventions

1.5 CORE VALUES
- Solidarity
- Team Spirit

- Determination
- Research

- Transparency

1.6 STRATEGIC OBJECTIVES
VAHA has the following strategic objectives:

1. Promote awareness on the dangers of non-communicable diseases like cancer, diabetes, hypertension and chronic kidney diseases via community outreach screening programs, education and sensitization campaigns etc.

2. Contribute to improving Health Service Delivery and Utilization, especially in the areas of Treatment, Health care and Support.

3. To improve on sexual/reproductive health, hygiene and sanitation through community health education and awareness programs.

4. Promote research on health systems and diseases so as to influence policy/decision making.
1.7 STRUCTURE OF THE ORGANIZATION.

[Diagram of the organizational structure of VAHA, showing the board of directors, audit committee, management board, executive board, founder/CEO, finance department, deputy CEO, and various departments and positions.]
Welcome to Value Health Africa (VAHA) and we are delighted with your interest in getting to know more about our work in 2017. VAHA driven by her vision and mission she took upon herself at the beginning of this year to fetch for solutions to public health threats within both urban and rural communities in the North West and South west Regions of Cameroon. This year was very challenging due to the country’s instability but it emerged successfully as VAHA was still able to meet up with about 80% of their projection despite the crisis and the several internet black-outs in the Anglophone regions of the country.

Six (6) major community health outreach projects were carried out which were; menstrual hygiene education and awareness campaigns; Diabetes, hypertension and obesity screening and awareness campaigns; Breast and Cervical Cancer Screening and awareness campaign; Nutrition education and healthy lifestyle sensitization campaigns; Control clinics, Diabetes walk and sticker campaign and training workshop on project writing and management. The success of the above involvements is greatly owed to the valuable partnerships created as VAHA worked alongside with the Regional Delegation of Public Health, Baptist Health Services, Academic and Career Development Initiative (ACADI) Cameroon, Diabetes Association Ndop, BIOPHARCAM, Women for a Change-Cameroon (WEFAC), Cameroon Medical Women Association and the Regional Delegation of Sports and Physical Education.

The awareness, screening and education campaigns began on January 2017 and ended in December 2017 and was carried out in ten (10) communities in the North West Region of Cameroon namely; Mankon, Mendakwe, Mulang, Balikumbat, Chomba, Ndop, Guzang, Nkwen urban, Bamenda Central and Mudeka communities with a total of about one thousand, one hundred and forty-four (1144) participants. During these screening campaigns, VAHA’s main objective was to Sensitize, educate and screen inhabitants on these non- communicable diseases while establishing sustainable follow up institutions.

VAHA also received support from US embassy, WeFac-Cameroon, the Guzang elites in the US, some members of the organization and other elites who significantly appreciated the work they were doing. VAHA was able to sign a Memorandum of understanding (MOU’s) with three giant organizations which are; Medtronics-USA, African Union, Regional Delegation of Public Health, ACADI, Baptist Health Services, Regional delegation of sports and Physical Education and WeFac-Cameroon, Friends of Children Living with Cancer-Tanzania and Guzang Elites in USA. Notwithstanding, VAHA was also able to create two (2) diabetic clinics; one in Balikumbat and the other in Guzang on the 17th May and 03rd of August respectively. Also, an NCD coalition alliance was formed between Baptist Health services, VAHA and the coalition against tobacco which was aimed at building a strong force for the fight against NCD’s which is posing serious threats in the community and also claiming many lives. In addition, seven (7) NCD’s check points were also created within the Bamenda municipality. Further, an online platform was also setup where people subscribe and are educated on nutrition and healthy living. The last but not the least was the radio program at Christian Broadcasting Station (CBS) where medical personnel’s are
invited to educate the audience on disease prevention and management especially NCD’s. The implementation of these projects were not void of challenges and constraints as the organization’s work was slowed down by inadequate human, financial and material resources as well as the political insecurity which delayed the smooth functioning of the projects. Being a startup, it was unanimously suggested and approved that philanthropists, well-wishers and other elites should engage financially in sponsoring projects of this nature as it’s commonly said “health is wealth”.
CHAPTER TWO

GENERAL ADMINISTRATIVE AND MANAGEMENT ACTIVITIES

This division contains the documentation, communication, personnel and reception bureau; thereby explaining its outreach to other departments of the organization, the beneficiaries and communities. The year 2017 has been very challenging for the general administrative and managerial activities of the organization; given that VAHA is still in the initial wind up stages, the personnel apart from their own assigned duties within the division, also worked as support staffs within the program areas and or departments.

VAHA Executive members

They produced Information, Education and Communication (IEC) materials and were actively involved in trainings and conferences on the field. Several developments occurred in the organization, the staff, volunteers, members, and beneficiaries in particular that resulted to a tremendous growth of the institution.

2.1 CAPACITY BUILDING (SEMINARS AND WORKSHOPS)

Volunteers and Staffs benefited from seminars, and trainings organized within and beyond VAHA’s premises in the course of the year funded by partners. One of the most prominent trainings organized was the “Training on Project Writing and Management” and Strategic planning; a one day training workshop held at ACADI’s Conference hall at new layout junction, Nkwen Bamenda, Cameroon and two days at VAHA’s office at Tatsa business complex food market Bamenda which was coordinated by the CEO of ACADI, Mr. Emmanuel Tangumokem in Collaboration with Value Health Africa.
VAHA staffs and other participants during the training seminar on proposal writing at ACADI conference hall.

VAHA staffs with the CEO of ACADI after the training.

VAHA staffs along with other participants were trained on project writing, Budgeting and Monitoring and Evaluation (M&E). At the end of this workshop all the participants pledge to write at least one proposal before the year runs out.
2.2 FELLOWSHIPS, SCHOLARSHIPS AND AWARDS

2.2.1 The African Union Volunteer Program
The African Union Volunteer Program is a program launched by The African Union where young and dynamic leaders volunteer their services to the organization and also gain skills and connections that hasten their career paths. The CEO was privileged to have been selected by the AU team as a volunteer and was deployed to Kenya where she worked with the Centre for Disease Control as an Epidemiologist.

2.2.2 Scholarship Award in Belgium
The policy and advocacy manager Franklin Tita was granted a scholarship in Belgium to study public management pertaining to his undeniably contributions to the society.

2.2.3 Go Initiative Africa (GAICAM) Fellowship
The Outreach coordinator of VAHA, Mr. Nji Emmanuel was privileged to participate in the GAICAM leadership and fellowship program 2017 which took place in Buea from the 1st to the 31st of July. This program was one of its kind as young leaders were educated on civic leadership and also had the opportunity to network with other young leaders.

2.2.4 Sustainable Development Goal (SDG) Program
Two of VAHA’s staffs were recommended as SDG’s ambassadors because of their enormous efforts in the promotion of SDG’s and the propagation on healthy living in their communities.
2.3 NETWORKING & PARTNERSHIPS
VAHA worked with the following services in project implementation activities:

1. US embassy Yaounde
2. Young African Leadership Initiative Cameroon
4. Centre for Evidence Based Health.
6. Medtronics-USA
7. ACADI
8. Baptist Health Services
9. Regional delegation of sports and Physical Education
10. WeFac-Cameroon
11. Great Grace Organization
12. Guzang Elites
CHAPTER THREE

DEPARTMENT I

NON-COMMUNICABLE DISEASES PROGRAM AREA

3.1 INTRODUCTION

VAHA’s participations in this area just like any other program of the organization is intense. Meaning that, all her target groups and beneficiaries are reached through outreaches, education, sensitization and awareness building activities. Usually her intervention areas are within the national territory of Cameroon, with precise focus on typical traditional and rural communities with little or no traces of efficient health service delivery systems.

The very fundamental activities of this program area are carried out in strict compliance with the mission and vision of VAHA and always ensure that all targeted beneficiaries and communities are reached with these services, thereby, acknowledging the strategy of holistic intervention for support.

THE Outreach Coordinator Registering a Participant
3.2 CORE VALUES
1. Work in partnership with community health centers to empower communities towards the adoption of healthy lifestyle and good nutritional practices.
2. Building strong community health systems for follow up and counseling of positive cases or people at risk of being diabetic or hypertensive.
3. Credits and acknowledges the participation of marginalized and enclave communities in the collaboration and adoption of holistic health policies for improved livelihoods.

3.3 KEY INTERVENTION AREAS
1. Education and Sensitization
2. Community Screening
3. Control clinics
4. Check points
5. Research
## STATISTICAL SUMMARY OF IMPLEMENTATION

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<th>COMMUNITY HEALTH OUTREACH PROGRAM</th>
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<td>/</td>
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<td>General Public</td>
<td>Nov 14</td>
<td>/</td>
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<td>Women who are sexually active</td>
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3.3 SUMMARY OF PROJECTS IMPLEMENTED

3.3.1 Project No. 1: Education on Menstrual Hygiene and Teenage Pregnancy

**Project Location:** Momo, central and Ngoketunjia Divisions of the Northwest and central Regions of Cameroon; targeting 03 communities as follows: Balikumbat, Yaounde and Bambalang.

**Project Duration:** 02 months

3.3.2 Project No 2: Diabetes and Hypertension Education and Screening

**Project Location:** Mezam, Momo, Manyu and Ngoketunjia Divisions of the North West and South West Regions of Cameroon; targeting 05 communities as follows; Mendakwe, Ndop, Balikumbat, Chomba, Guzang and Tinto

**Project Duration:** 02 Months

3.3.3 Project No. 3: Sensitization and awareness sticker campaign

**Project Location:** Ngoketunjia Division

**Project Duration:** 02 Days

3.3.4 Project No. 4: Training workshop on Project writing and management

**Project Location:** Bamenda Municipality

**Project Duration:** 02 days

3.3.5 Project No. 5: Control clinics

**Project Location:** Momo, Ngoketunjia and Mezam divisions targeting 03 communities; Mendakwe, Balikumbat, and Guzang,

**Project Duration:** 5 years

3.3.6 Project No. 6: NCD’s check points

**Project Location:** Mezam, Bamenda central, Momo divisions of the North West Region of Cameroon targeting 11 communities as follows; Mendakwe, Balikumbat, guzang, Atuakom, Mulang, Nkwen urban, city chemist, Nkwen rural,

**Project Duration:** 01 year

3.3.6 Project No. 7: Breast and Cervical Cancer Screening and awareness campaign

**Project Location:** Fako Division of the Southwest Region of Cameroon Targeting 1 community, Mudeka

**Project Duration:** 1 Day

3.3.6 Project No. 8: Nutrition education and healthy lifestyle sensitization campaigns

**Project Location:** Momo, Ngoketunjia and Mezam divisions targeting 03 communities; Mendakwe, Balikumbat, and Guzang,

**Project Duration:** 5 years.
3.4 HIGHLIGHTS OF MAJOR ACCOMPLISHMENTS

3.4.1 COMMUNITY SCREENING ACTIVITIES

One of VAHA’s objectives is to increase awareness and promote early diagnosis on evolving health threats in communities, VAHA embarked on carrying out massive screening, education and awareness campaigns on so many non-communicable diseases (Diabetes, hypertension, cervical cancer). This resourcefulness greatly improved on the lifestyle of community inhabitants and also increasing early diagnosis thereby reducing expenditure on certain disease complications. So far, about 10 communities have benefited from this program added to the already existing communities and VAHA hopes to cover the whole of North West and South West Regions of Cameroon while also instituting sustainable follow up structures.
3.4.1.1 Diabetes Screening
VAHA has been able to stretch out to 5 communities with her Diabetes education, awareness and screening program this year and screening over 350 persons at risk of having this disease. This project has greatly impacted a lot of communities as their inhabitants get to know about their status and also the risk factors associated to the disease. During these campaigns the Body Mass Index (which is a function of a person’s weight and height) is measured and obese patients are educated on healthy eating habits and also encouraged to engage in physical exercises.

VAHA volunteer testing a participant for diabetes

Through this project, these communities have learned how to eat healthy and also the impact of physical exercise on their health. In addition, over 40 new diabetic cases have been identified this year which have led VAHA to embark on establishing diabetic control clinics and check points in resource limited communities so that these patients can have easy access to care, follow up and management. VAHA hopes to take this project to other communities in the NW and SW region of Cameroon and eventually to the entire nation.
3.4.1.2 High Blood Pressure Screening
This is organized by VAHA in order to raise awareness on the effects and risk factors associated with high blood pressure; giving information on the importance of routine physical activities and the advantages of adopting healthy eating habits while also checking for arterial blood pressure and pulse through community based campaigns. During these campaigns, the community inhabitants are encouraged on the importance of early diagnosis as a precondition for the avoidance of subsequent complications.
Furthermore, positive cases identified are referred to the nearest health facility for follow-up and care. This year, 5 communities have benefitted from this gesture added to the other communities and with over 350 adult screened for this diseases. Given the rising dominance in the number of cases that have been identified so far at community level, VAHA embarked on setting up control clinics and check points in these communities so as to ensure efficient follow up and care thereby reducing advancement to late stage complications which is usually very expensive and complicated to manage.

VAHA volunteer calculating the BMI of a participant
3.4.1.4 Diabetes, blood pressure and obesity Control Clinics

With regards to the rise in the number of complications stemming from diabetes, hypertension and obesity due to late diagnosis and poor management at community level, this year VAHA decided to take her control clinic program to resource limited communities which is aimed at increasing awareness; identifying predisposing factors on these diseases, improving early diagnosis and increasing the number of newly diagnosed diabetic and high blood pressure cases for efficient follow up and care at community level. Two control clinics were opened this year in Baikumbat and Guzang respectively added to the already existing clinics in Mendakwe and in Ndop.

These routine clinics at community health centers are now not only serving as management center but also as support centers where diabetic and high blood pressure patients solicit peer support.
About 60 new diabetic and 200 new hypertensive cases have been identified through this initiative and these patients are now receiving care in their community which reduces the stress of getting to travel for miles to access care.

VAHA deputy CEO handing over some equipment’s to the chief of Centre for the creation of a control clinic in Balikumbat health center
3.4.1.4 Nutrition and healthy lifestyle sensitization and awareness.
The principal cause of NCDs have been linked to lifestyle choices like unhealthy eating practices and physical inactivity. This is why VAHA has incorporated education and sensitization programs meant to increase the awareness of the above in many communities. This departments led by Nelsa Nabila have carried out its activities in about three communities in the northwest region Mendakwe, Guzang and Balikumbat. A talk program on NCD awareness and healthy eating and lifestyle practice was launched and is currently going on VAHA’s YouTube and Facebook page.
3.4.1.5 Breast and Cervical Cancer Screening
VAHA’s efforts on combating late diagnosis on breast and cervical cancer have been enormous. This year’s program in Fako division in the South West region of Cameroon was a huge success as it was first of its kind to have been carried out in that community which was sponsored by WeFac-Cameroon. Women were not only screened for these diseases but were educated on how to identify some warning signs with regards to these diseases and how to do self-check for breast cancer. About 80 women benefited from this program and 2 positive cases were identified which was then referred to a nearby hospital in kumba.

3.5 RADIO AND COMMUNITY EDUCATION PROGRAMS
VAHA held interactive radio talks over the Foundation Radio Station and Christian Broadcasting Station (CBS) in the North West Region. Radio Hot CoCoa and Ndefcam community radio in Bamenda on diabetes and high blood pressure which increased public awareness of these diseases and its associated risk factors.
VAHA executive members having a seminar at Necla conference hall

VAHA CEO presenting on VAHA’s accomplishments at the Baptist Health Board
CHAPTER FOUR:

DEPARTMENT 2

SEXUAL REPRODUCTIVE HEALTH PROGRAM

4.1 INTRODUCTION
This is one of the three areas that make up the Programs departments of VAHA. Within the context of VAHA’s Vision and Mission, this program was created to contribute its know-how and resources in conjunction with other program areas to enable VAHA provide a complete support package to the entire target beneficiaries and communities especially in the project areas of cervical and breast cancer screening campaign; menstrual hygiene; Mother to child transmission and Adolescence clinic carried out in rural communities in the North West Region of Cameroon.

In order to meet this goal, the following systematic strategies were duly employed:

- Awareness Rising
- Capacity Building
- Care and Support
- Advocacy and Networking (Cross-cutting)

Concomitantly, the program was able to identify and establish partnerships and networks with health centers, local and traditional rulers and also carried out a series of education and awareness campaigns.

4.2 ACTIVITIES CARRIED OUT

4.2.1 AWARENESS RISING
Activities carried out here were geared towards raising public awareness on puberty, HIV/AIDS, etc. The program employed the use of Community Volunteers, Chiefs of Health areas and Field Agents as actors of change to raise public awareness on these thematic issues. Activities carried out here included:

**Raising awareness on Menstrual Hygiene, Puberty and Teenage Pregnancy:** Following a research conducted by Value Health Institute of Research, it was realized that 90% of rural women do not practice menstrual hygiene management. VAHA in this regard carried out education campaigns in these rural communities, providing intensive awareness on the importance of adopting hygienic practices during menstruation. VAHA now looks at training these women in the production of reusable sanitary pads subsequently for improved menstrual hygiene and sanitation.
The Vice CEO of VAHA educating teenagers on puberty and sexuality in PSS Mankon, Bamenda
CHAPTER FIVE

DIFFICULTIES / CHALLENGES FACED

Few challenges and improvised solutions were eminent this year as follows:

1. **Political Instability**: The current crisis in the Anglophone regions of Cameroon greatly deterred the smooth functioning of the organizations activities. Some activities were suspended as a result.

2. **Inadequate financial and material resources**: This has always been one of VAHA’s pressing and greatest challenge given that most of our community interventions seemed to slow down due to insufficient financial as well as human resources. We will have been able to reach out to many other deprived communities if not for the above reason.

3. **Communication Problem**: This was also a barrier that hampered the exercise since most of the participants could not express themselves in any of Cameroon’s official languages and as such, firsthand information could not be gotten easily.

4. **High Illiteracy Rate of Most of the Rural Community Participants**: Majority of the participants especially in Guzang, Mendakwe and Nkwen rural could not read and write which increased the work load on the team. This is because the team had to spend extra time trying to fill in the questionnaires for them.

*VAHA staff counseling some medical personnel’s in Ndop*
CHAPTER SIX

GENERAL LESSONS LEARNED / BEST PRACTICES/ IMPACTS, RECOMMENDATIONS AND CONCLUSION.

6.1 GENERAL LESSONS LEARNED
Community participatory and collaborative approach was recognized to be the most effective as most of our project interventions contextualized and involved all our targeted beneficiaries throughout the process. Working in close partnership with the government technical services and other community based association’s ensured effective coordination and supervision of project activities.

6.2 IMPACT ON BENEFICIARIES, COMMUNITIES & LOCAL GOVERNMENT
1. **Improvement in community feeding habit:** After the community awareness and sensitization programs and it was evaluated that there has been a drop in salt intake, and an improvement in feeding habits. In addition, there has also been an improvement in knowledge with regards to certain risk factors associated to these diseases alongside their preventive measures.

2. **Early Diagnosis:** There was also an increase in the number of cases diagnosed at very early stages who have commenced treatment in urban facilities such as our diabetes and blood pressure control clinics instituted in Balikumbat and Guzang and also our check points in Mulang, Cow street, Hospital Round about, City chemist, Foncha street, Food Market and Behind Travellers, all within the Bamenda municipality has pushed many more people who couldn’t take part in the campaign to self-request for blood pressure and fasting blood sugar at nearby community health centers.

3. **Policy advocacy:** Community research findings compiled by Value health institute of research was presented at the Cameroon Health Research Forum, for the adoption of better health policies pertaining to non-communicable diseases in Cameroon.
6.3 GENERAL RECOMMENDATIONS
Many other deprived communities should be targeted and reached with VAHAS programs for greater impact to be attained, particularly community screening campaigns which cuts across all the other programs.

Village Development and Cultural Associations should be targeted as key partners in carrying out activities within the various programs of VAHA as this will facilitate community ownership and sustainability of projects and results.

Also, other elites or philanthropists should engage financially in sponsoring projects of such nature in other communities.

6.4 CONCLUSION
Due to the fact that VAHA has existed just for 3 years, as well as the current crisis along with the constant internet blackouts, we can boast that the year 2017 was a success and an out-standing year for the organization following the number of projects implemented, the number of volunteers added, the number of MOU’s signed and the beneficiaries reached. Over 80% of activities planned were actually realized even though we never had any international funding. Therefore, in order for VAHA to continue to be the seed of change in Cameroon and Africa at large, it is important for her to make more partnerships at the community, national and international levels.