VALUE HEALTH AFRICA (VAHA)

STRATEGIC PLAN

2020 – 2025



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Contents

1.	INT	ROI	DUCTION
1	l .1	PUI	RPOSE OF THIS STRATEGIC PLAN
2	2.1	OR	GANIZATIONAL STRUCTURE
2.	CO	NTE	XTUAL FRAMEWORK
3	3.1	CO	NTEXTUAL ANALYSIS
3	3.2	SW	OT ANALYSIS
	3.2.	1	Strengths:
	3.2.2	2	Weaknesses:
	3.2.	3	Opportunities:
	3.2.4	4	Threats:
3	3.3	STA	KEHOLDERS
3.	STF	RATI	EGY 2020 – 2025
4	1.1	VIS	8 8 8
4	1.2	MIS	SSION 8
4	1.3	SLC	DGANS 8
4	1.4	CO	RE VALUES 8
	4.4.	1	Solidarity:
	4.4.2	2	Determination:
	4.4.	3	Transparency:
	4.4.4	4	Team Spirit:

4.4.5	Research and Innovation:	9
4.5	STRATEGIES	Э
CONT	ACT:	5

1. INTRODUCTION

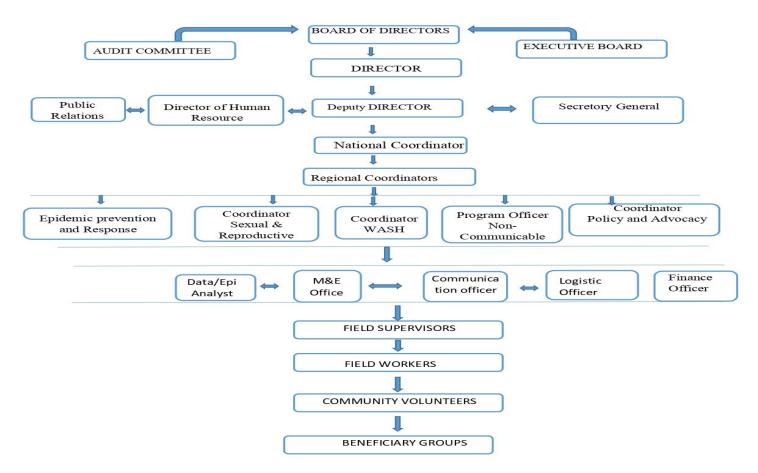
1.1 PURPOSE OF THIS STRATEGIC PLAN

This document will facilitate the elaboration of specific actions to undertake in order to ensure holistic growth and improvement of service delivery in the organization. This strategic plan will serve as the driver for the organization in terms of prioritization of activities, impact assessment, as well as elaboration and adoption of future action plans. Finally, through this strategic document, VAHA hopes to drive its course in order to carryout effective evidence-based resource mobilization, towards improving on its health outreach programs in Cameroon, the African continent, and beyond.

1.2. ABOUT VAHA

Value Health Africa (VAHA) is a non-profit, whose mission is to add value to life by improving health and wellness in Cameroon. Our work is focused on reducing premature mortality from communicable and **non-communicable diseases** and fostering **sexual and reproductive health**, through strengthening **access to primary health care**, **policy advocacy** and **research**.

2.1 ORGANIZATIONAL STRUCTURE



VALUE HEALTH AFRICA' ORGANIGRAM CHART

Value Health Africa (VAHA) is an indigenous, non-political, non-religious development organization, established in 2015 to sensitize, to add value to life by improving health and wellness in Cameroon. Our work is focused on reducing premature mortality from **communicable** and **non-communicable diseases** and fostering **sexual and reproductive health**, through strengthening **access to primary health care**, **policy advocacy** and **research**. VAHA has as headquarters in Bamenda, North West Region of Cameroon, but its activities span across the national territory.

VAHA has five pillars; Non communicable disease program; Sexual and Reproductive Health; Water Hygiene and Sanitation; Epidemic Prevention and Response and Research/Policy Advocacy. All these are achieved through sensitization and awareness raising through radio talks, outreaches in schools, screening campaigns in communities and capacity building programs.

The executive committee of VAHA comprises a President, Secretary General, Treasurer, and a national Coordinator, who are professionals coopted by the organization to coordinate its activities. A board of directors is still to be put in place. The CEO works in collaboration with 4 staff under the supervision of the executive committee to carryout various organizational activities.

2. CONTEXTUAL FRAMEWORK

3.1 CONTEXTUAL ANALYSIS

The African continent, already home to some of the world's poorest populations, is facing several epidemiological challenges at this moment. The main challenge in Cameroon is the weak health systems to detect, report and response to public health threats. In addition, the growing burden of non-communicable diseases is overwhelming the already burden systems in place. These are expected to overtake communicable diseases as Africa's biggest health challenge by 2030. Additionally, continued high rates of maternal and child mortality and rising rates of injuries linked to violence, particularly in urban areas, are weighing down a system that is already inadequate to the challenges facing it. Health care delivery infrastructure is insufficient, coupled with insufficient public spending on health, resulting in catastrophic effects on household income, which is further exacerbated by the uncertainty that predominates in international donor funding in the current global economic climate. In the absence of public health coverage, the poorest Africans have little or no access to care. What is even more appalling is the lack access to the fundamental prerequisites of health: clean water, sanitation and adequate nutrition.

VAHA has been able to reach out to over 3million persons through awareness raising on sexuality, free screening campaigns on HIV/AIDs diabetes, hypertension, kidney and obesity in over 200 communities throughout the national territory. It has also been able to set up 10 control clinics in communities where sufferers of the above mentioned diseases are managed so as to prevent further complications. VAHA has organized capacity building for community health volunteers and opinion leaders to boost community event-based surveillance in most

vulnerable regions and districts. In addition, VAHA has organized seminars were women were trained on research writing; research methods; data collection and analysis which led to the creation of a research team. VAHA has been able to screen over 7,500 persons since its creation for diseases such as diabetes, hypertension, breast and cervical cancer, kidney infections, obesity, prostate cancer, and hepatitis B in HIV/AIDS. Many people have been reached through educative talks in schools, radio programs and social media (Twitter, Facebook and Instagram).

VAHA has also supported communities in the prevention and early detection of outbreaks like cholera, measles, COVID-19 and other epidemic prone diseases by building capacity for over 2000 community health volunteers and opinion leaders. VAHA has also supported the South West Region to build capacity of all vulnerable health facilities on infection prevention and control to reduce health worker infections, nosocomial infections and antimicrobial resistance. So far, we have built capacity and instituted IPC committees in 7 health facilities in the South West region.

VAHA also has an online platform form were about 200 young medical personnel volunteer their services to the public which has greatly increased awareness on infectious diseases, sexual and reproductive health and rights and NCD's.

3.2 SWOT ANALYSIS

3.2.1 Strengths:

- Strong institutional systems
- Competent health staff
- Large Volunteers Network
- Creation of control clinics
- Partnering with other organizations
- International recognition

3.2.2 Weaknesses:

- Insufficient financial resources
- Lack of automobile equipment
- Insufficient human resource capacity

3.2.3 Opportunities:

- Working in close collaboration with health facilities and the ministry of public health
- Working with communities
- Few organizations in Cameroon working on NCDs (only 3)

3.2.4 Threats:

- High illiteracy rates in communities
- Language barriers (each community with its own mother tongue requiring translation from the national languages; English and French)
- Political instability and insecurity

3.3 STAKEHOLDERS

VAHA works in collaboration with a host of partners, including the local communities served, local traditional, religious, and administrative authorities, government agencies (ministries of public health, territorial administration and decentralization), national organizations (Cameroon red cross, CNLS, CAMNAFAW, Young African Leadership Initiative Cameroon, Centre for Evidence Based Health, Phytobiotechnology Research Foundation, Women for a Change Cameroon, Baptist Health Board, Biopharcam, Academic and Career Development Initiative Cameroon), as well as international partners, such as: International medical corps, NCD Alliance, Street child, global health strategies, Friends of Children with Cancer (Tanzania), US Embassy Cameroon.

3. STRATEGY 2020 – 2025

4.1 VISION

Improved quality of life through health promotion and sustainable community development.

4.2 MISSION

Capacity building, health systems strengthening, and advocacy for improved quality of life in communities.

4.3 SLOGANS

Your Health, Your Wealth

#YHYW

4.4 CORE VALUES

4.4.1 Solidarity:

We sympathize with the victims of NCDs and the vulnerable communities with whom we work, without discriminating persons irrespective of their background.

4.4.2 Determination:

We are committed and hardworking, making every effort to achieve our objectives as an organization, despite the limited means available.

4.4.3 Transparency:

We uphold honest dialogue and openness in communication between us, our partners, and the communities we serve, providing feedback on our work when.

4.4.4 Team Spirit:

We value the contributions of every member of our team and we cherish working together for the achievement of organizational objectives.

4.4.5 Research and Innovation:

We are committed to identifying issues of concern to the communities where we work, as well as engaging the scientific community in finding useful solutions to these issues.

4.5 STRATEGIES

- 1. Capacity Building: We will empower the community with knowledge and skills for sustainable livelihood promotion.
- 2. Improve Early detection and reporting of diseases: We will strengthen community health systems by building capacity for community health workers and volunteers on diseases surveillance, and infection prevention and control.
- **3. Health Promotion:** We will establish social platforms for community engagement in the fight against NCDs and the promotion of healthy lifestyle.
- 4. Research and Policy Advocacy: We will encourage research and the adoption of improved community health promotion strategies.
- 5. Organizational Growth: We will develop our management systems for improved service delivery and organizational expansion.

Value Health Africa Pillar	Strategies	Objective	Expected Outcomes	Activities	Performance Indicators
NON- COMMUNICABLE DISEASES	Capacity building	We will empower the community with knowledge and skills for sustainable livelihood promotion.	Improved community NCD management strategies for 100 communities in Cameroon	Nutrition education	Number of community groups trained on NCD management Number of community volunteers trained on NCD follow up Number of group member

					participating in training
			Increased community involvement in sustainable livelihood practices	Radio programs on NCDs	Number of
				Organize competitive programs to encourage competence	community solidarity groups trained on NCD sustainable livelihood initiatives
				Scholarship schemes Train CBOs and health care providers on health sector partnership strategy in collaboration with MINSANTE	Number of groups trained and engaged in sustainable livelihood practices
	Health promotion We will establish social platforms for community engagement in the fight against NCDs and the promotion of healthy lifestyle.	Increased community involvement in the fight against NCDs and sexual and	Screening campaigns on NCDs and salient health issues	Number of community solidarity groups (VAHA clubs) establishedNumber of community members participating in group activities	
		community engagement in the fight against NCDs and the promotion of healthy	reproductive health issues. Increased community awareness on healthy lifestyle practices	Create support club (VAHA club)	Number of community
				Establish NCD control clinics	volunteers engaged in NCD follow up and livelihood support of the solidarity groups.
				Sensitization and awareness raising in communities	Number of communities attending awareness raising events
				Recruit volunteers, NCD case follow-up and health promotion engagement in collaboration with the solidarity groups	Number of control clinics established Number of community solidarity groups

		Increased access to nutrition and livelihood support		trained and engaged in appropriate nutritional practices. Number of community group members trained and engaged in appropriate nutritional practices
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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS Health	Adolescent clinic project: • To enhance knowledge on HIV/AIDS, create an enabling environment for mutual aid among peers, facilitate social integration among youths through shared experiences and extracurricular activities.	Enhanced health education and skills for 10,000 adolescent boys and girls.	 Creation of 10 adolescent clinics in crises zones in Cameroon (Far North, North West, and South West) Organize seminars to educate community on healthy lifestyle (SRH) Train young persons on the creation of re-usable pads 	Number of functional adolescent clinics created
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• To improve on drug adherence by engaging adolescents in sexual and reproductive health education and linking them to care. Integrate education on non-		Number of adolescents enrolled in the clinics
Communicable diseases and their risk factors into this scheme to promote healthy lifestyle amongst young people.	Health talk/ Counseling/psychosocial support; Monthly health talks with adolescents in the center and link them to other line support services such as; psychosocial support, linking rape and other victims to care and social services in the community Enhancing practical sessions on hygiene practices (hand washing, water purification, production of local detergents) and also on non-communicable diseases (physical activities, nutrition etc). Matching youths to mentors Extracurricular activities: Outdoor activities such as site visits: sketches	Number of rape and abuse cases linked to care Number of health talk sessions provided Number of adolescents matched with mentors
	activities such as site visits; sketches, writing competitions, sporting activities to boost confidence amongst the positive cases and integrating them in the society.	Number of extracurricular activities held.
	HIV/AIDS blood test; We will be joining the HIV free campaign, by getting all adolescents in crises zones tested for the	Number of Adolescents tested

				virus and positive cases enrolled in the treatment center.	Number of positive cases linked to treatment
		2. Safe woman hood: to improve sexual	Safe woman hood: supporting 3000pregnant women access antenatal and psychosocial support services, and 3000 victims of sexual abuse to access care and other social support services	Setting up of 10 perinatal Psychosocial support clinic in different hospitals where ANC and maternity services are available for the identification and management of perinatal depression.	 Number of perinatal clinics created Number of women supported through the clinics
		and reproductive health and rights for girls and women. amongst women and young girls.		Organize 100 sessions on sexual and reproductive health and rights: social media, Radio, TV etc	 Number of sessions organized. Number of calls received on sexual abuse
				Organizing two community sensitization campaigns on sexual abuse yearly	 Number of participants Number of victims sharing their stories
Epidemics Prevention and response	Capacity building		 Enhance community surveillance Enhance risk communication of 	Capacity building for 10,000 community health volunteers,	 Number of community health workers trained Number of community cases detected by community health workers
			endemic and epidemic diseases	 Community engagement to demystify myths and misconception around epidemics. Production of 1000 online and offline messages on epidemic diseases 	• Number of community engagement programs

					 online and offline held Number of awareness and sensitization messages developed Number of persons engaged in online and offline programs
	Increasing vaccination coverage	Zero vaccine preventable deaths project: this project aims at ensuring that every child in crises communities within vaccination age has access to routine vaccination as well as preventing the resurgence of vaccine preventable diseases.	 To strengthen 100 vulnerable health facilities in cold chain management and community engagement. To identify 10,000 zero dose children and enroll them under a routine vaccination schedule. Conduct 200 vaccination campaigns in crises and underserved communities across the national territory. 	 Organize community vaccination campaigns in crises zones. Build capacity for community health facilities on cold chain management. 	 Vaccination coverage for targeted communities. Number of vaccination campaigns conducted.
WATER HYGIENE and SANITATION	Improving water sources within	This project will support communities to provide access to	•10 boreholes for 10 vulnerable	• 10 boreholes for 10 vulnerable communities created.	• Number of boreholes developed

	vulnerable communities	portable drinking water. The project will involve identifying the most vulnerable communities in need of safe water, digging of boreholes and creation of a community management team to manage the boreholes.	 communities created. 100 hand washing stations installed in 25 communities 	• 100 hand washing stations installed in 25 communities	• Number of handwashing stations installed
Research and Policy Advocacy			Increased knowledge on evidence-based research and	Organize seminars on research project writing and publication Assist/ facilitate publication of findings from community work done.	Number of persons engaged in research
	Stakeholder engagement through evidence based science	We will encourage research and the adoption of improved community health promotion strategies	dissemination of findings	Conduct scientific studies on salient health issues affecting communities.	Number of publications done on salient health issues.
			Increased community involvement in policy advocacy for improved health promotion strategies	Develop policy briefs and advocate with local and administrative authorities for the adoption and improvement in community health promotion strategies.	Number of persons attending health policy dialog meetings Number of policy makers championing the adoption of improve health promotion strategies
Organizational growth	Institutionalizing working and sustainable	We will develop our management systems for improved service delivery and	Improved organizational management and resource mobilization	Develop organizational policy tools	Number of board members and staff recruited and trained Number of
	organizational systems	organizational expansion	resource mobilization frame work	Recruit and train board	Number of organizational management

			policies developed
	Established funding MOU with at least 5	Search for more donors and establish partnerships	Number of staffs trained on proposal writing and resource mobilization
	donor organization	Recruit and train staffs in proposal writing	Number of
		Exchange visits for staff development	funding partnerships MOU established
	Organizational best practices replicated in at least 5 regions of Cameroon	Expand and replicate best practices in at least 5 regions in Cameroon.	Number of regions reached with organizational activities

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