



VAHA 2016 ANNUAL REPORT

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PRESIDENT'S LETTER



It's been two years since the creation of **Value Health Africa (VAHA)** and I'm so excited with the successes VAHA have registered so far, as we are not only succeeding in fighting the world's greatest challenges but also the future catastrophe of Cameroon and Africa at large .

2016 has been a wonderful, exciting and a very successful year for my team as we were able to meet and surpass our target this year, notwithstanding the challenges encountered. So far, we were able to reach out to over 13 communities within the North West Region of Cameroon and we were able to screen over 1200 community inhabitants of diseases such as diabetes, hypertension, kidney infections, cervical cancer, breast cancer and prostate cancer. We were also able to institute

a diabetes and hypertension clinic in Mendakwe where positive cases are now receiving better management and follow up services. Our volunteer department has been outstanding this year with over 30 newly signed up volunteers who are ready to reach out with their services to resource limited communities.

Further, my team was able to organize diabetes walk sponsored by the **US Embassy** and the **Cameroon Diabetes Association** in Bamenda central and Ndop. **VAHA** was also privileged to organize a capacity building research seminar in collaboration with **Center for Evidence Based Health** in which women were trained on research writing. Aside from the above mentioned achievements, we were also able to sign memorandum of understanding with a good number of organizations both nationally and internationally such as **Cameroon Diabetes Association, Center for Evidence Based Health, Phyto-biotechnology Research Foundation, the U.S Embassy** and **Friends of Children with Cancer- Tanzania** which is a plus to **VAHA**.

As the president of this giant organization, I want to use this opportunity to encourage more funders to sponsor worthy projects like ours so that, several other 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 into realization. I will forever be grateful and thankful to God for you all.

PREFACE

This report highly summarizes the activities carried out by **Value Health Africa (VAHA)** in 2016. It covers the period from January 2016 to December 2016. As such, the report is divided into five chapters in which Chapter one gives an insight of the organization and the Executive Summary report for 2016; chapter two draws summarily on administrative and management activities of the organization; the third chapter reports activities within the Non-Communicable Diseases program area; chapter four reports on activities on the Sexual and Reproductive Health Department; while Challenges faced, recommendations, and projections for the year 2017 are found in the fifth chapter.



ACKNOWLEDGEMENTS

VAHA is undoubtedly thankful to the Government of Cameroon for creating opportunities and avenues for increased collaboration and partnership with various technical departments and stakeholders.

We remain particularly thankful to all our collaborators and partners who have guided us and provided us with the necessary assistance and much needed support in the course of project implementation activities.

Thanks to you all!

The volunteers and staff members, led by the Founder and Chief Executive Officer of **VAHA**, are specially recognized for their devotion and hard work to the success of all of **VAHA's** project activities. We are also exceptionally thankful to those who committed the organization in prayers as such a gesture has actually contributed to the numerous successes achieved in the course of the 2016 year.



CHAPTER ONE

ABOUT VALUE HEALTH AFRICA (VAHA)

1.1 BACKGROUND

VAHA is an indigenous, non-political, non-religious development organization, established in 2015 to sensitize, and raise awareness on sexual and reproductive health issues and also on non-communicable diseases with the sole aim on improving on early diagnoses while preventing end stage complications resulting from them. **VAHA** has as headquarters in Bamenda, North West Region of Cameroon, and she has been carrying out various community health programs on non-communicable diseases, sexual and reproductive health and research in over 07 subdivisions of the North West Region of Cameroon.

1.2 VISION

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.

1.3 MISSION

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

1.4 GOAL

“To contribute to making healthy communities through sustainable interventions.

1.5 CORE VALUES

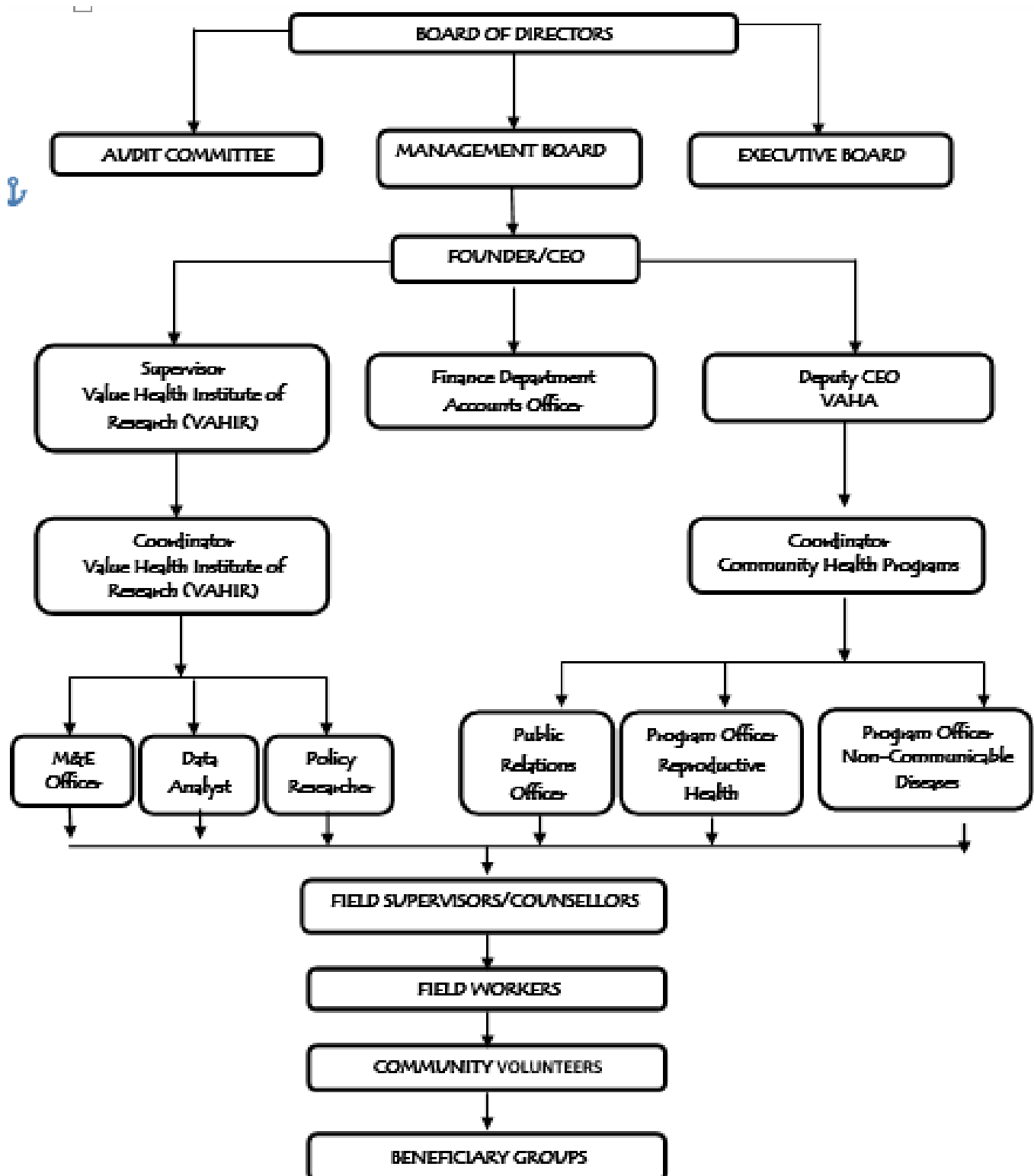
- Solidarity
- Determination
- Transparency
- Team Spirit
- Research

1.6 STRATEGIC OBJECTIVES

VAHA has the following strategic objectives:

- Promote awareness on the dangers of non-communicable diseases like cancer, diabetes, chronic kidney diseases via community outreach screening programs, education and sensitization campaigns etc.
- Contribute to improving Health Service Delivery and Utilization, especially in the areas of Treatment, Care and Support.
- To improve on sexual/reproductive health, hygiene and sanitation through community health education and awareness programs.
- Promote research on health systems and diseases so as to influence policy/decision making.

1.7 STRUCTURE OF THE ORGANIZATION.



1.8 EXECUTIVE SUMMARY OF ACTIVITIES

You are welcome to **Value Health Africa (VAHA)** and we are pleased with your interest in getting to know more about our work in 2016. At the beginning of 2016, **VAHA** given its vision and mission took upon herself in bringing solutions to public health threats within urban and rural communities in the North West Region of Cameroon. This year was a huge success for **VAHA**, just like the previous year as they were able to meet 95% of their projections.

Eight (8) major community health outreach projects were carried out which were; Menstrual hygiene education and awareness campaigns; Prostate Cancer sensitization and screening campaigns; Awareness raising campaign on Hepatitis B and C co-infection in HIV/AIDS patients; Diabetes, hypertension and chronic kidney disease awareness campaigns; Acute Respiratory Tract infections Education and Sensitization campaign; Diabetes walk and sticker campaign; training workshop on women in evidence base research and Breast and Cervical cancer screening campaigns. It is worth mentioning that the success of these interventions is greatly owed to the beneficial collaboration received as **VAHA** worked concomitantly with Cameroon Diabetes Association, US embassy, Mandela Washington fellows Alumni, Phyto-biotechnology Research Foundation and Cameroon Centre for Evidence Based Health - Yaoundé. The awareness, screening and education campaigns began on January 2016 and ended in December 2016 and were carried out in eleven (13) communities in the North West

Region of Cameroon namely; **Mankon, Nkwen, Mendakwe, Alachu, Ntamulung, Atuakom, Mulang, Bambui, Balikumbat, Ntambeng, Ndop, Batibo**, and **Banso** communities with a total of one Thousands, two hundred and fifty-two (**1252**) participants. During these screening campaigns, **VAHA's** main objective was to increase awareness, educate and screen inhabitants on these non- communicable diseases while also establishing sustainable follow up institutions. **VAHA** also received support from **US embassy, the Banso elites in the UK**, some members of the organization and other supporters who greatly valued the work they were doing. **VAHA** was able to sign a **Memorandum of understanding (MOU's)** with three giant organizations which are; **Cameroon Diabetes Association, Phyto-biotechnology Research Foundation** and **Friends of Children with Cancer- Tanzania**. Notwithstanding, **VAHA** was also able to create two (**2**) **diabetic clinics**; one in **Balikumbat** and the other in **Mendakwe** on the 10th and 12th of November. However the implementation of these projects were not void of challenges and constraints as the organization's work was stalled by inadequate human, financial and material resources which hindered the smooth functioning of the projects to an extent but it was far better than the previous year. Being a startup, it was unanimously recommended and adopted that philanthropies, 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 2016 has been hectic for general administrative and management activities of the organization giving that **VAHA** is still in the early start up phases as the personnel, apart from their own assigned duty within the division, also worked as support staff within the program areas and or departments.

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

2.1 CAPACITY BUILDING (SEMINARS AND WORKSHOPS)



Workshop participants and facilitators

Members, Staff and Beneficiaries benefited from seminars, workshops and trainings organized

within and beyond **VAHA's** premises in the course of the year funded by partners. One of the most prominent workshop organized by VAHA was the “**Women in Evidence Based Research**



training”; a two day training workshop held at the training school for state registered nurses in Bamenda, Cameroon which was coordinated by the **Center for Evidence Based Health Yaounde, Cameroon** in Collaboration with **Value Health Africa**. During this workshop VAHA staffs alongside other participants



(Women with at least a Bsc Degree) were trained on the role of women in research; research methods; data collection and analysis. At the end of this workshop a research team was formed and these career women all pledge to publish at least a research paper on a health problem in Cameroon by the end of 2017.

2.2 FELLOWSHIPS AND AWARDS

2.2.1 The YALI Mandela Washington Fellowship Award

Young African Leaders Initiative was launched by President Barack Obama as a means to recognize and support the critical and increasing role of African youth in strengthening democratic institutions, spurring economic growth, and enhancing peace and security. The Mandela Washington Fellowship which began in 2014 is the flagship of **President Barack Obama's Young African leadership Initiative** that empowers young Africans through academic coursework and leadership training and networking.



VAHA Deputy CEO receiving award in Washington DC

Through the fellowship, young African Leaders gain skills and connections that accelerate their career trajectories and strengthen democratic institutions, spur economic growth and enhance peace and security in Africa.

The CEO and the deputy CEO were recognized for their innovative contribution to civic leadership and their tremendous involvement in community health through **VAHA**. In addition, the promotion and institution of diabetic clinics in target community health centers. This award provides opportunities for young leaders in development to be internationally recognized for

sharing of ideas, knowledge & practices on leadership and Social Justice. As such Mrs. **Kyeng Mercy Tetuh** and **Dr Mrs Lilian Banmi** were scheduled to meet other like-minded leaders in Washington D.C after which they were handed certificates issued by the President of the United States Barack Obama.

I thought that, this experience would be limited to a professional workshop environment, but it was much more than I expected. This experience has changed my perspective, the goals for my organization, and my life. The Staley School of Leadership Studies taught us about the importance of community in our work and created a peer network that connected us with faculty and community members doing work similar to ours



CEO of VAHA receiving recognition from President Barack Obama in Washington DC

2.2.2 The YALI West Africa Regional Award

The policy and advocacy manager of **VAHA**; **Mr Titang Franklin** and VAHA volunteer; **Mr Enow Georges** were also honored to receive an award for young leaders at the young African leaders' West African center in Accra.



VAHA policy and advocacy director receiving award in Ghana as young African leader

These four powerful awards handed to **VAHA** this year is no doubt in support of the fact that **VAHA** has registered significant success this year.

2.2.3 VAHA Team received Diabetes Ambassador Recognition/Decoration

Owing to the enormous strides made by VAHA in the fight against Diabetes and its associated risk factors in the North West region of Cameroon, the NW regional delegate for public health **Dr Mrs Maltilda** alongside the National president of Cameroon Diabetes Association; **Dr Nkwenti** decorated the entire VAHA team and other VAHA volunteers during the commemoration of the World Diabetes Day celebration.



VAHA CEO receiving a congratulatory hand shake from the Regional Delegate of Public Health

Amongst those decorated, **Dr Teke Gerald** and **Mrs Kyeng Mercy** were distinguished by the president of North West Diabetes Association and the Regional Delegate of Public Health respectively in their commitment to serving their communities.



Regional Delegate of Public Health Decorating VAHA's CEO (Kyeng Mercy)

During this ceremony VAHA was applauded for the great work done in fight against Diabetes and its associated risk factors.



President of NW Diabetes Association decorating VAHA's Program Supervisor (Dr Teke Gerald)

The team was encouraged to continue in the fight against this rising health threat while also expanding their work to other disadvantaged communities.

2.3 NETWORKING & PARTNERSHIPS

VAHA worked with the following services in project implementation activities:

- + **-US embassy Yaounde**
- + **-Young African Leadership Initiative Cameroon**
- + **Cameroon's Ministry of Public Health.**
- + **Cameroon Diabetes Association.**
- + **Centre for Evidence Based Health.**
- + **Phyto-biotechnology Research Foundation.**
- + **Friends of Children with Cancer-Tanzania.**

CHAPTER THREE

DEPARTMENT I

NON-COMMUNICABLE DISEASES PROGRAM AREA

3.1 INTRODUCTION

VAHA's interventions within this program area, just like the other programs of the organization are beneficiary focus. That is to say, all her target groups and beneficiaries are reached through outreach, education and sensitization and awareness building activities.



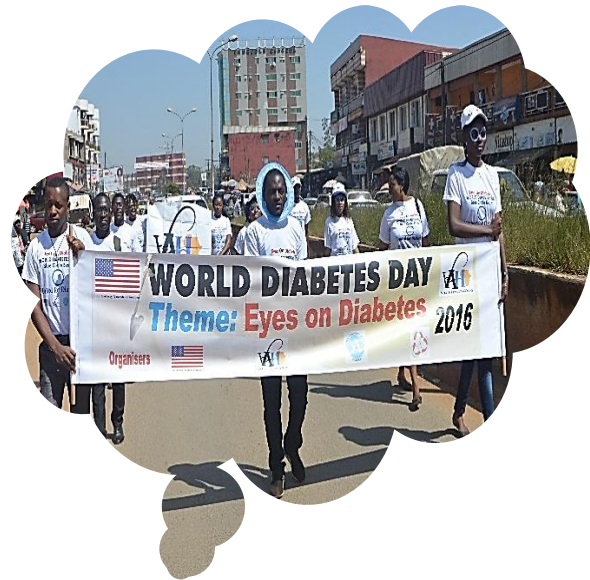
Generally her intervention areas are within the national territory of Cameroon, with particular focus on typical traditional and rural communities with little or no traces of efficient health service



delivery systems.

The very core activities of this program area are carried out in strict compliance with the mission and vision of VAHA as the objective is to ensure all target beneficiaries and communities are

reached with these services, thereby, acknowledging the strategy of holistic intervention for support.



3.2 CORE VALUES

1. Work in partnership with community health centers to empower communities towards adopting healthy lifestyle.
2. Building strong community health systems for follow up and counseling on positive cases or people at risk of being diabetic or hypertensive.
3. Credits and acknowledges the participation of marginalized and enclave communities in the elaboration and adoption of holistic health policies for improved livelihoods.

3.3 KEY INTERVENTION AREAS

- Education and Sensitization
- Community Screening
- Control clinics
- Research

STATISTICAL SUMMARY OF IMPLEMENTATION

COMMUNITY HEALTH OUTREACH PROGRAM	Location	Target	Period	BENEFICIARIES				TOTAL
				DIRECT		INDIRECT		
				MALE	FEMALE	MAL E	FEMALE	
MENSTRUAL HYGIENE SENSITIZATION	Bambalang, P.SS Mankon and Batibo	Women 12-50yrs	January 16 th – March 20	/	200	/	/	200
PROSTATE CANCER SCREENING	Nkwen rural, St Mary, Atuakom, Mendakwe and Ntambang	Men 40+	April 29 - May 19	/	243	/	/	243
HEPATITIS B AND C ON HIV PATIENTS	Nkwen rural, Atuakom, Mezam Polyclinic and Bamenda Regional Hospital	Men and Women affected with HIV	April 29- May 25	39	70	/	/	109
DIABETES, HYPERTENSION & CKD SCREENING	Balikumbat	Men and Women age 30+	May 21 ST 2016	25	25	/	/	60
ARI's SENSITIZATION - ON CAMPAIGN	Nwen rural, Mulang, Atuakom and St Mary	Men and Women of all ages	Oct 2016	70	130	/	/	200
DIABETES AND HYPERTENSION -ON SCREENING	Mendakwe, Ndop, P.C Ntamulung, Ntinkar and Bambui	Men and Women age 30+	09 th –Nov 16th	109	307	/	/	416
STICKER CAMPAIGN	Bamenda central	General Public	11 th - Nov 14	/	/	/	/	/
BREAST AND CERVICAL CANCER SCREENING	Banso	Women who are sexually active	Dec 2016	/	440	/	/	440
TOTALS								1252

3.3 SUMMARY OF PROJECTS IMPLEMENTED

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

Project Location: Momo and Ngoketunjia Divisions of the Northwest Region of Cameroon; targeting 02 communities as follows: Batibo and Bambalang.

Project Duration: 02 months

3.3.2 Project No. 2: Prostate Cancer Sensitization, Education and Screening

Project Location: Mezam Division of the North West Region of Cameroon; targeting 05 communities as follows: Nkwen rural, St Mary, Atuakom, Mendakwe and Ntambang.

Project Duration: 02 months

3.3.3 Project No. 3: Diabetes, Hypertension & CKD Screening

Project Location: Ngoketunjia Division of the North West Region of Cameroon; targeting 01 community; Balikumbat

Project Duration: 01 Day

3.3.4 Project No. 4: Hepatitis B and C on HIV patients.

Project Location: Mezam Division of the North West Region of Cameroon; targeting 04 communities as follows; Nkwen rural, Atuakom, Mezam Polyclinic and Bamenda Regional Hospital

Project Duration: 02 Months

3.3.5 Project No. 5: Education and Sensitization campaign on Acute Respiratory Tract infections (ARI's).

Project Location: Mezam Division of the North West Region of Cameroon; targeting 04 communities as follows; Nkwen rural, Mulang, Atuakom and St Mary

Project Duration: 01 month

3.3.6 Project No. 6: Diabetes and Hypertension Education and Screening

Project Location: Mezam and Ngoketunjia Divisions of the North West Region of Cameroon; targeting 05 communities as follows; Mendakwe, Ndop, P.C Ntamulung, Ntinkar and Bambui.

Project Duration: 01 Month

3.3.7 Project No. 7: Sensitization and awareness sticker campaign

Project Location: Bamenda Central

Project Duration: 03 Days

3.3.8 Project No. 8: Training workshop on women in evidence-based awareness raising research

Project Location: Bamenda Municipality

Project Duration: 02 days

3.3.9 Project No. 9: Breast and Cervical Cancer Screening

Project Location: Bui Division of the North West Region of Cameroon; targeting 01 community; Banso

Project Duration: 1 Month

3.4 HIGHLIGHTS OF MAJOR ACCOMPLISHMENTS

3.4.1 COMMUNITY SCREENING ACTIVITIES

As part of VAHA's objectives to increase awareness and early diagnosis on emerging health threats in communities, VAHA embarked on carrying out massive screening campaigns on so many non-communicable diseases. This initiative has gone a long way to improve on the lifestyle of community inhabitants while also increasing early diagnosis thereby reducing Government's expenditure on certain disease complications. So far over 14 communities have benefited from this program and VAHA hopes to cover the whole of North West Region of Cameroon while also instituting sustainable follow up structures in every community.

3.4.1.1 Diabetes Screening

VAHA has been able to reach out to 5 communities with her Diabetes awareness and screening program this year and screening over 400 persons at risk for this disease. This project has gone a long way to enable these communities know about their status and also the risk factors associated to this disease.



Volunteer pricking for diabetes check in Mendankwe community

During these campaigns the Body Mass Index (which is a function of a person's weight and

height) is measured and obese patients are cautioned on their diets and encouraged to engage in physical activities.



Diabetes screening in Mendankwe community

Through this project, these communities have learned how to eat healthy and also the impact of physical exercise to their health.



Diabetes screening in Ndop community

In addition, over 100 new diabetic cases have been identified this year which have led VAHA to embarking on establishing diabetic clinics in resource limited communities so that these patients can access care. VAHA hopes to take this project to other communities in the NW region of Cameroon and eventually to the entire nation.



Diabetes screening at Ntamulung community

3.4.1.2 High Blood Pressure Screening

This project is designed by VAHA to increase awareness on the effects and risk factors associated with high blood pressure; providing information on the importance of daily 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 prerequisite for the prevention of end stage complications.



Furthermore, positive cases identified during such campaigns are referred to the nearest health facility for follow-up and care. This year, 5 communities have benefitted from this gesture and with over 400 adult screened for this disease.



Given the growing prevalence in the number of cases that we have identified so far at community level, VAHA is now setting up control clinics in

these communities so as to ensure efficiency in follow up and care thereby slowing progression to late stage complications which is usually not cost effective to manage.

3.4.1.3 Prostate Cancer Screening

VAHA initiated a “STOP PROSTATE CANCER CAMPAIGN” for men 40 years and above in the Bamenda Health District, intended to increase awareness on the signs and symptoms presented with prostate cancer, associated risk factors and also improve early diagnoses of this disease.



Over 6 communities have benefited from this screening program and our findings demonstrated a 10% prevalence amongst this group of men while identified cases are now receiving treatment at specialized hospitals.



3.4.1.4 Acute Respiratory Tract Infection

Education and Sensitization campaign

There has been a steep increase in the number of children age 0 to 5 years with acute respiratory tract infections (ARTI) as demonstrated by our research findings at community health centers. VAHA thus launched this program aimed at sensitizing and educating the entire population especially nursing mothers on some of the risk factors such as environmental pollution which may expose children to acquiring such diseases.



VAHA volunteer taking down information from participant

Mindful of the fact that most energy sources used in cooking especially in resource poor settings are unclean; in addition to the high concentration of dust particles in the atmosphere during the dry season, children in such settings especially in rural Cameroon are most likely to suffer frequently from ARTI if not prevented. As a result, VAHA came up with an awareness program on ARTI focused on educating nursing mothers on measures they could put in place to prevent the occurrence of these diseases. Parents were therefore encourage to take their children out of traditional kitchens when cooking and also put on facial mask on their children when exposed to a dusty atmosphere.



VAHA staff giving talk to nursing mothers on how to prevent thier children from acquiring acute tract respiration

3.4.1.5 Diabetes and blood pressure Control Clinics

In view of the rise in the prevalence of complications stemming from diabetes due to late diagnosis and poor management at community level, this year VAHA decided to launch her control clinic program aimed at increasing the number of newly diagnosed diabetic and high blood pressure cases for efficient follow up at community level. These routine clinics at community health centers are now not only serving as management center but also as support centers were diabetic and high blood pressure patients solicit peer support. Over 100 new diabetic cases and 300 new hypertensive cases have been identified through this initiative and these patients are now receiving care at our within their community which reduces the stress of getting to travel for miles to access care.



Handing of diabetic clinic equipment to Chief of Health centre in Mendankwe community

3.4.1.6 Sticker Campaign

Over 100 stickers were stuck during this program and this campaign was aimed at creating awareness on diabetes and its associated risk factors.



A sticker stuck at the counter of a travel agency

This was done by writing educative captions about diabetes and its associated risk factors on stickers which was stuck on call



VAHA volunteer sticking on motor bike

boxes, private and commercial motor bikes as well as commercial and private cars in the

communities.



VAHA team and Cameroon Radio and Television (Crtv) crew.

Three major bus stations were targeted which were; **Guarantee travel agency ltd, Musango travel agency ltd and Vatican travel agency ltd.**



Volunteer pasting stickers on a passenger bus

Stickers were also given to individuals and they were asked to paste on their door post as a means of creating awareness on diabetes, its causes and associated risk factors in our communities.



VAHA volunteer sticking on motor bike

3.4.1.7 Breast and Cervical Cancer Screening

VAHA strides on combating late diagnosis on breast and cervical cancer has been enormous.



VAHA staff screening for risk factors of cervical and breast cancer

This year's program in Boyo division in the North West region of Cameroon was marked by significant recruitment of disabled women. Women were not only screened for these diseases but were thought on how to identify some warning signs with regards to these diseases and most especially how to do self-check for breast

cancer.



Volunteer registering a participant for screening

In 2015 over 300 rural women benefited from this program and this year Over 440 women benefited from this one week screening campaign amongst which over 20 disabled women were amongst. Suspected cases were sent for biopsy for confirmation after which positive cases were referred to the Baptist cancer treatment center and they are presently receiving treatment

3.5 RADIO AND COMMUNITY EDUCATION PROGRAMS

VAHA held interactive radio talks over the **Balikumbat Community Radio (BADO)** in Ngoketunjia division,



Community education on non-communicable diseases in Bambui community

Cameroon Radio and Television (CRTV) Bamenda and **Foundation Community Radio** Bamenda on diabetes and high blood pressure

which created public awareness on the effects of chronic diseases and associated risk factors.



VAHA CEO and President of Cameroon Diabetes Ass. Educating the community on Diabetes and its associated risk factors on Crtv

We also carried out awareness raising programs amongst women groups through which women benefited from our free education on nutrition and healthy eating

CHAPTER FOUR:

DEPARTMENT TWO

SEXUAL REPRODUCTIVE HEALTH PROGRAM

4.1 INTRODUCTION

The Sexual and Reproductive Health Program is one of the three areas that make up the Programs departments of **VAHA**. Within the framework of **VAHA's** Vision and Mission, this program was designed to contribute its expertise and resources in conjunction with other Program Areas to enable **VAHA** provide a holistic support package to the entire target beneficiaries and communities especially in the project areas of cervical cancer 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.



Dr Lilian giving talks on Sexual and Reproductive Health

This program was aimed at empowering rural communities on overcoming sexual and reproductive health threats

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 awareness campaigns.

4.2 ACTIVITIES CARRIED OUT

4.2.1 AWARENESS RISING

Activities carried out in this regards were geared towards raising public awareness on HIV/AIDS, the use of modern contraceptives such as male / female condoms and lubricants 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 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 forward to providing entrepreneurship skills on homemade sanitary pads.

CHAPTER FIVE

DIFFICULTIES / CHALLENGES FACED

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

- 1. Insufficient financial and material resources:** This was the most pressing and difficult challenge faced by the organization given that most of our community interventions seemed to stall due to insufficient financial as well as human resources. Many people in the Rural Community had developed interest in our interventions but it was difficult to meet up with these demands following the reason above.
- 2. 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

- 3. The non-availability of a consistent follow up schemes:** Given the limitations in financial and human resources, it was very difficult setting up a consistent follow up scheme at community levels which made it very difficult for us to access impact in many communities.

- 4. High Illiteracy Rate of Most of the Rural Community Participants:** Majority of the participants especially in **Banso, 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 time trying to fill in the questionnaires for them.



CHAPTER SIX

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

6.1 GENERAL LESSONS LEARNED

Community participatory approach was realized to be the most effective as most of our project interventions contextualized and involved all our targeted beneficiaries in the entire process. Working in close collaboration with 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

- **Improvement in community feeding habit:** After the community awareness and sensitization programs 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.

- **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 **Mendakwe** and **Ndop** and this 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; thereby increasing participation of community with their available health centers.

- **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.

TESTIMONIES

NOW, I KNOW MY BREAST AND CERVICAL CANCER STATUS



I was diagnosed of poliomyelitis at the age of two which led to paralysis of the leg and as such the inability to walk. As a result of this condition, I have encountered a good number of challenges since people with disabilities are often discriminated in our community and society at large. I couldn't go to school, have inadequate medical attention, just to name but a few. When I learnt of the **'Wirnso gives back project'** organized and sponsored by the elites of Banson in partnership with **Value Health Africa**, from the president of persons with disabilities in Bui division I was happy and promised myself to be there. **I wasn't only excited about hoping to access a free health service but also getting to know my cervical and breast cancer status for the very first time.** I had no money to take care of my transportation but was informed by our president that **Value Health Africa** was taking care of our transportation to and from the screening site. When I got there the topography of the screening site was a challenge for me to access but was aided by some members of the **VAHA** team. Finally I became aware of my cervical and breast cancer status and was also counseled on reproductive health issues so as to remain and stay healthy. I want to say a big thank you to the **VAHA** team and the sponsors of this project for their kind gesture. Thanks for incorporating people like us in such a project, I'm very grateful. Want to use this opportunity to encourage people with similar conditions out there; never look down on yourself. You are not different from those walking on two legs and you can do whatever you want to do for disability is not inability.

Senka Hejolis Egenyu

VAHA has given me the platform to bring hope to young women



Value Health Africa (VAHA) has impacted my life in so many ways as a **young medical student**. Given my passion in the fight against reproductive health diseases, I have for long been craving for an opportunity to give back to my community. **VAHA has given me the platform to bring hope to young women** through a range of outreach activities ranging from Cervical and breast cancer awareness programs to menstrual hygiene campaigns. Furthermore I have the opportunity to implement my theoretical skills especially in rural communities while also gaining first-hand experience from these communities. **Through this platform, I have not only had international opportunities** but also the opportunity to meet and network with other young Cameroonians some of whom are presently acting as collaborators and mentors for my career. On this note I therefore urge every young person to identify their purpose and get involved in serving humanity because Volunteerism is the ultimate for an excellent career.

ENOW AWAH GEORGES (Volunteer)

6.3 GENERAL RECOMMENDATIONS

Other enclave communities should be targeted and reached with **VAHAs** programs for greater impact to be attained, especially 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.



There is greater need for the government to be more engaged in the projects as their participation will serve as a strong foundation for the sustainability of these projects to be realized.



There is therefore a dire need for people of good faith and international partners to engage

financially in sponsoring projects of this nature or similar nature in their various communities.

6.4 CONCLUSION

With regards to the fact that **VAHA** has not existed for long, it can be termed a successful and an out-standing organization this year, following the number of projects implemented and the beneficiaries reached.



Over 94% 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 imperative for her to make more partnerships at the community, national and international levels. It is for the said reason that **VAHA** is looking forward to making new partnerships with interested stake holders.

