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CONTRIBUTORS

Editorial Team
Maikem Emmanuela, Budzi Michael

Layout and editing
Maikem Emmanuela, Budzi Michael

Contribution
Maikem Emma, Shifu Ismail, Tebe Rogeson, Kindzeka Ethel
EDITORIAL

Created in 2019, Rural Doctors opened its doors to vulnerable people living in rural areas to help them stay healthy. With its volunteer networks in the South West with an extension to the Littoral and North West Regions, Rural doctors aims at building and strengthening sustainable community disease prevention and response in poor rural settings. Rural Doctors runs four programs:

- Emergency relief program to provide lifesaving health care services to vulnerable persons during crisis such as natural disasters, wars and epidemics/pandemics.

- Maternal and Child health program to sensitize, train and build the capacity of traditional birth attendants and local health care providers in order to mitigate maternal and child mortality and morbidity to poor and vulnerable pregnant women and children less than 5 years old, living in rural areas.

- Community health program to build and strengthen sustainable community disease prevention and response in poor rural settings through health promotion and capacity building.

- Stay alive emergency system which relies fully on community participation and local resources to ensure that patients in need of urgent medical care in rural areas benefit from first aid and get to the nearest health facility on time.
In the North West Region, volunteers have educated communities on preventive Covid-19 measures and drilled them on the production of local hand sanitizers and proper use of face masks. A Covid-19 hand wash point was created in the Ndop center market by Rural Doctors to enable inhabitants protect themselves from the deadly virus.

In the South West Region, staff have engaged the community in health related exercises so as to assist those who can’t afford health care. They have assessed the nutrition of children and pregnant women in Tole to envisage their nutritional needs. Rural Doctors has supported pregnant women who are Internally Displaced Persons in the Littoral and West Regions with free echography sessions, sensitization on Covid-19, as well as on sex education and family planning.

New volunteer clusters have been created in other regions so as to foster the work of Rural Doctors in helping vulnerable persons in rural settings in the country, promote health education on Non Communicable diseases in communities and support the respect of Covid-19 measures.
Questions

1) What is the mission and vision of Rural Doctors?
Thank you for creating time for us to have this conversation. Rural Doctors is focused on building and strengthening sustainable community disease prevention and response in poor rural communities and provision of lifesaving health care to vulnerable groups and victims during crisis. We envisage a world where the helpless and persons living in rural areas stay healthy irrespective of their socio-economic, political or religious affiliations.

2) What inspired its creation?
Years of exposure to the suffering and difficulties encountered in remote and rural communities where I have practiced as a medical doctor that gave rise to this idea. But the breaking point in this experience that led to the birth of this organization was in Manoka District Hospital. It is a hospital that caters for the health of persons in the entire Douala VI subdivision which is a remote rural area made up of about 47 islands. Here most women give birth at home due to poor health care access and others for cultural reasons. My first week at work, I received a 32 year old pregnant lady at term presenting with heavy vaginal bleeding for over 24 hours. Unfortunately for her, she could not get to the hospital earlier because it was already late in the night and no fisherman will agree to transport someone on water at night for hours. She arrived at a near death state, with absolutely no history of antenatal care, nothing at all. She almost lost her life and that of her baby as a result of this. When God healed her through our medical team, I decided that day, that I was going to move from island to island offering free antenatal care services. I did that for a couple months and I realized it was just one health problem among a sea of others. I also saw need for sustainability. That is when I decided to create a team... an organization that will help to create sustainable solutions to health challenges in remote communities such as this.

3) With the security issues in the Anglophone regions, how does the organization achieve its objective of helping the vulnerable population?
Thank you for this, just to add that what inspired the involvement of Rural Doctors in serving internally displaced persons was my personal experience; first as an internally displaced person and secondly as a medical doctor who had practiced in one of the war-torn communities.
In 2019, Dr. Clovis Sangwe, CEO of Rural Doctors, started the organization with a three man team, namely Dr. Njedock Nelson, Dr. Budzi Michael and Dr. Sangwe Clovis. The team was able to screen over 1200 persons for hypertension and diabetes; carried out mass sensitization and distributed hematinic (blood medication) to over 500 poor and vulnerable pregnant women in four different Regions in Cameroon. Health assistance missions were carried out in Cameroon, reaching out to 2201 patients. 53% of which are IDPs, 75% female and 58% made of vulnerable groups such as pregnant women, children and elderly.

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Friends helped me adapt to my new environment and so I decided that my team and I will serve as many as means permit. Now back to your question! To reduce security risk, we make use of our large pool of volunteers, to work with those who live in or close to the project site. That way, field volunteers already know their way around and can serve even better. We also partner a lot with local and cultural associations and communities to ensure the community own the project. This 2 approaches help to greatly reduce security risk.

4) Where do you see the organization in 5 years?

I see Rural Doctors serving remote communities even more in not just Cameroon but also in other sub-Saharan African countries.

5) Any word of appreciation to your partners? We are nothing without these partners. On behalf of my team, I will like to appreciate every individual, donor, sponsors, partners who have supported our cause in one way or the other. The impact has been felt at the grassroots and the feedback is enormous. Thank you for listening to the cry of the vulnerable!

Maikem Emmanuela
Comm Manager

A total of 156 poor and vulnerable pregnant women benefited from free Antenatal care services. 82.7% of which are IDPs In a bid to fight water borne diseases among IDPs in littoral, 253 IDP homes were sensitized on water purification and WASH gadgets distributed.

Project to enhance COVID19 prevention in war torn Communities was carried out in 6 villages in Ngoketunjia division with creation of public hand washing points.
These women were forced to abandon their homes and livelihoods in the NW/SW and seek safety in Douala where many live in anguish. Most live in swampy areas with their families, with no portable water or electricity. Some households have up to 11 members to share two rooms.

SOUTH WEST REGION

Rural doctors collaborate with SW Regional Delegation of Public Health. Since the start of the Anglophone crisis, many communities in the SW region are in dire need of assistance – material, financial, and health. In order to offer a helping hand to those in rural settings of the region, RDs in collaboration with the delegation have identified communities that are in need of immediate health intervention. In Tole, an assessment has been made on the improvement of water source and nutrition of children 0-5 years and pregnant women. In an effort to create awareness on Breast cancer, in the South West Region, RDs organized a radio talk at Media Afrique Radio, Buea in October.

Assisting IDPS
The twin crisis in Cameroon – socio-political and health pandemic (COVID19), has inflicted psychological trauma and a spike in teenage pregnancies in the country. In this light, RDs met with Rahel Randy Foundation on 29th August 2020, Together, they offered health care and psychological assistance to internally displaced women and children in Bonaberi-Douala. The women and children were also sensitized on sexual reproductive health rights, family planning and the barrier measures against COVID-19.

Three packs of sanitary pads were also shared to the women by Rahel while RDs offered free echography sessions to the pregnant women.

On the 16th of August 2020, a zoom meeting took place with potential volunteers so as to orientate them on the volunteer network at Rural Doctors. On this note, the organizer looks further to the creation of new volunteer clusters in the Littoral, Centre and Far North Regions of Cameroon.

Batoke, Limbe

The health mission which took place on the 1st Nov 2020 aimed at providing a free screening service for Non Communicable Diseases, NCDs among the inhabitants of Batoke village. The NCDs that were screened for included Hypertension, Diabetes and Obesity. About 50 individuals were screened for all these NCDs (Hypertension, Diabetes, and Obesity). They were equally counseled on how to prevent these NCDs, which are commonly termed "silent killers" in the local parlance. Those that tested positive for these diseases were referred to the hospital for better medical intervention and follow up. The RDs volunteer team faced some challenges in carrying out the exercise. Some individuals preferred to stay ignorant about their NCD status. According to them, knowing will disturb them more if they test positive for any. Others believed they can never have any of these diseases.

CURRENT ISSUES

These activities were coordinated remotely without a central cluster network but with an increase in activities to impact more communities, there was the need for more regional volunteer cluster networks to be created. To this effect, volunteer clusters were created in the North West and South West Regions.
NORTH WEST

Preventing Covid-19 in rural areas

The first COVID-19 case in the region was made public on April 20, 2020 by the delegation of Public Health and since then, the region has been registering an increase in the number of cases. As of August 2020, the region recorded 711 positive cases with 66 deaths drawn from all 11 health districts. With its mission to help the vulnerable population in the rural setting, RDs carried out a COVID-19 sensitization campaign in Ndop, to educate the rural masses on the barrier measures, provide local hand sanitizers, hand wash points and face masks. The preventive plan started with a hand wash point instated at the main entrance of the Bamuca market. For triple effect, the team moved from door to door at the Lilli street mile 25 Ndop.

In Babungo, precisely Mouca, the RDs carried out another round of door to door sensitization and installed a hand wash point at the entrance into the neighborhood. Many people in the rural areas do not understand the severity of COVID-19; therefore there is need for emphasis on its existence. To further intensify the preventive plan, RDs continues to educate women on the barrier measure and production of local hand sanitizers. In collaboration with SNWOT, Community Resource Centre for the Disabled and disadvantaged, over 70 women from Bui, Momo divisions and the PCC Christian Women Fellowship have benefitted from this exercise.

Tebe Rogeson
NWR

PRODUCTION OF LOCAL HAND SANITIZERS

Rural Doctors Furnish Wum Residents with COVID19 Hygienic Packages

Rural Doctors sensitized and donated COVID19 hygienic packages made up of facemasks, soaps and hand wash buckets to over 8000 people in Wum, capital of Menchum Division of the North West, to help them fight the deadly virus. The program that ran from the 23rd of September to the 23rd of October, 2020, took the health team to over 10 localities in Wum - Zhoa, Weh, Bu, Upkwa, Zongofor, kesu, Mbu-bu, Mbijam, Ngange and Ko-oh. With coordination from Tebe Rogeson, Rural Doctors NW Regional Coordinator, the organization trained community health workers on the COVID19 preventive measures, and how to implement a door to door sensitized campaign.
Schools were not left out, as pupils and students on the importance of proper hand washing and wearing of face masks. These children were happy to see new faces but were no strangers to talks on COVID19. Their point of interest was on when and how to put on the face mask – how to practice social distance in school.

The health team cleared up their worries by installing hand washing points in these schools and having practical sessions with the kids on how to properly wash their hands for 20 seconds and how to put on and off their face masks. The community of Wum is also a victim of fake news. Many inhabitants are staying away from the district hospital due to fake stories that health personnel are infecting people with the virus.

Most parts of Wum depend solely on the health personnel at the district hospital for education on the deadly pandemic because of the constant network challenges that bars them from updating their information boxes from online sources.

The Wum district medical officer, Dr. Flores Duke Elommebako cherished the efforts of Rural Doctors in bringing the COVID19 campaign to Wum.

Their visit will go a long way to reduce the load of work the hospital’s health personnel have in sensitizing and providing the people with hygienic gadgets.

The journey though successful met a series of challenges. Communication was a problem due to religious differences. Some Muslim women couldn’t talk to the team in the absence of their husbands.

Insecurity has created fear in the hearts of people, as they were scared we represent the government so, they feared listening to the team. In addition to that, bad roads and insecurity in some communities did not permit us to sensitize some areas.

Maikem Emmanuela
Comm Manager
MEET KARIN NGWA, AN IDP IN DOUALA

Karin hails from Bali Nyonga in the North West Region and now lives in Bonamome, Bonaberi Douala with her family. She has 7 kids, 4 girls and 3 boys. They escaped the armed conflict that has devastated the region for over 4 years now. “We trekked from Bali to Bamenda before we go could get a car to Douala. My sister had left the village before us so she was able to secure a single room for us to live in upon our arrival. 11 of us stayed in that room and paid 15,000 Frs per month but it became too heavy for us”. Narrated Karin.

It is thanks to the little wood business her husband operates that they were able to secure a piece of land worth 600,000 Frs in a swampy area in the neighbor of Las Vegas, Bonamome. “We paid in three installments and life is still difficult because we practically live in water. The recent flood almost covered the house with children inside.” Said Karin

Karin and her family do not have a latrine. They use buckets kept behind the house and they empty them into the stream beside the house. “We trekked for 3 meters before we can get portable water to drink. When we settled here, the kids fell ill for a while due to mosquitos”. Karin added

This family only depends on the good will of organizations like Rural Doctors, Rahel Foundation etc to take care of their health implications. Such organizations donate first aid kits to the family. The closest hospital is 4 meters away from them. Karin doesn’t have a job or capital to startup a business making it more strenuous for her husband.

KAPSO EMILLIEN, IDP IN DOUALA

Emillien is a hair dresser from Kumba in the South West Region and also lives in Bonamome, Bonaberi. She ran from Kumba with her 5 children due to the constant gunshots that remedied her neighborhood almost every day.
“I owned a salon with over 15 apprentices but I had to abandon it and take my children to safety. The constant gunshots and running were unbearable especially with my bad leg. Now I don’t have something doing and the house we live in is not comfortable. I can’t change the disability footwear”. Said Emilien

Emillien was part of the ladies who received educative talks from Rural Doctors and Rahel Foundation on sexual reproductive health rights but to her individual hygiene goes with a healthy environment which is not her reality.

“I am always sick because of where I live. I have been suffering from severe pile for so long. I normally live on fruits but I have not been able to afford them for a long time now. Couple with that, I have nerves problems because of stress”. Emilien added

Emillien hopes to own a hair dressing shop again but no financial assistance; she can transport her equipment from Kumba or rent a working space.

UPCOMING EVENTS

• One day sensitization campaign on Non Communicable disease, to take place on 14 November, 2020 in Mokolo, Far North Region.

• Activities to reduce incidence of malnutrition and mortality rate among children less than 5 years of age in the Tole community, sub-division of the South West Region in the month of September.

Maikem Emmanuela
Comm Manager

Nzonyi Felix
Project Manager
Rural Doctors Headquarters, Buea

Rural women producing local hand sanitizers

RDs Consulting a patient for NCD

RD Volunteer illustrating proper hand wash

RDs and Rahel Foundation Visit to IDPs in Douala

RD Volunteer distributing snacks to IDPs