

#HELPTHEMSTAYALIVE



2020

ANNUAL REPORT



ABOUT US

Rural Doctors is a non-profit organisation with a wealth of experience in closing health equity gaps by enhancing health care access in enclaved, remote health areas and humanitarian settings. Specifically, Rural doctors is building community resilience to high burden diseases where there is poor access to health services through sound partnership with traditional structures and the community using local resources.

VISION

Close existing health equity gaps in rural communities.

MISSION

Build community resilience to high burden diseases where there is poor access to health services and provide lifesaving health care to vulnerable groups, and victims during crisis.



AN INTERVIEW WITH THE FOUNDER

What inspired the creation of Rural Doctors?

Years of exposure to the suffering and difficulties encountered in remote and rural communities where I have practiced as a medical doctor 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. In 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 night time 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 because 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 of 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 like this one.

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.

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. These 2 approaches help to greatly reduce security risk.

Where do you see Rural Doctors in five years?

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

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, sponsor, partner who has 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!

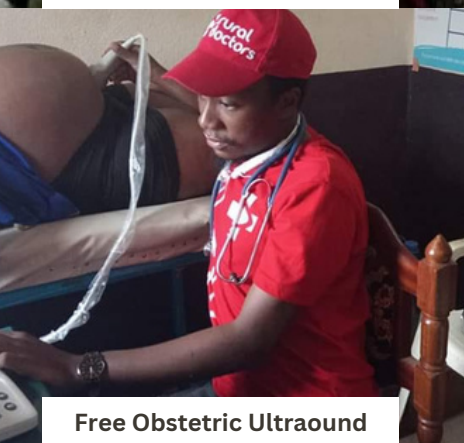


Dr. Sangwe Clovis Nchinjoh, MD, MPH
Founder and CEO
Rural Doctors

Improving healthcare access for vulnerable populations



Home foetal monitoring



Free Obstetric Ultrasound

Through our work in the East, Centre and Littoral regions, **156** poor and vulnerable pregnant women benefited from free antenatal care (ANC) services including: consultations, basic lab investigations, obstetric ultrasounds and hematinics. Most of these pregnant women internally displaced (82.7%), and over half of them were in their third trimester of pregnancy already but unable to get basic antenatal care.

In Manoka, a community with only one underused health facility for 47 islands, Rural Doctors brought ANC services to the women's doorstep, carrying out consultations at home and in community halls.



Volunteers en route to IDP settlements

The sociopolitical crisis in Cameroon led to the internal displacement of thousands of Cameroonians, with an associated increase in teenage pregnancies and psychological trauma. This was further compounded by the health and economic consequences of the COVID-19 pandemic. In this light, Rural Doctors partnered with Rahel Randy foundation to offer free healthcare (including obstetric ultrasounds for pregnant women), sexual and reproductive health education and psychological assistance to internally displaced women and children in Bonaberi, Douala.

These women were forced to abandon their homes and livelihoods in the North West and South West regions and seek safety in Douala where many live in anguish. Most live in swampy areas with their families.

Humanitarian Healthcare services - WASH

Rural Doctors designed and implemented a prevention campaign to fight water borne diseases among Internally Displaced Persons (IDP) living in crowded settlements in the Littoral Region of Cameroon. They were taught water purification and storage techniques and WASH (Water Sanitation and Hygiene) gadgets distributed. From one home of IDPs to the other, volunteers listened to their stories, encouraged them, and installed WASH gadgets in their homes for better water storage and proper hand washing.

A total of **253** homes were sensitized on local methods of water purification and storage with each receiving a WASH gadget.





Capacity Buiding of Field Trainers

As part of the “Inclusive Rural Community Preparedness in Infection Prevention and Control(IPC)” project, Rural Doctors carried out a capacity building session, to empower **12** field trainers on community-based infection, prevention and control in the context of the COVID-19 pandemic.



This 13-module session comprised of presentations and practical sessions focused on different themes including : IPC and COVID-19 basics, Standard and COVID-19 specific IPC measures, community engagement , hand hygiene, COVID-19 risk communication



Buiding community resilience against COVID-19

In Phase II of the “Inclusive Rural Community Preparedness in IPC” project, trained field trainers braved the odds including transport and security barriers to carry out COVID-19 sensitization activities in **23** villages in the North West Region, educating the rural masses on IPC measures, setting up public hand wash points and providing COVID 19 prevention kits (comprised of local hand sanitizers and face masks) to over **8000** people. Additionally, in some local community groups, community dwellers were taught how to produce hand sanitizer using local resources.



Community sensitization



Training on local sanitizer production



Public hand-wash point



Volunteers setting up poster

OUR DONORS & PARTNERS



British
High Commission
Yaoundé

Pears
Foundation



AMBASSADE
DE FRANCE
AUX ÉTATS-UNIS

*Liberté
Égalité
Fraternité*



Shomea
Screening and Rehabilitation



the **P** Michael & Mauritia
Patcha Foundation
the brand of care that makes a difference





Buea town, opposite Cibel,
South West Region, Cameroon
(+237) 650 685 104 / 658 995 253
infos@rural-doctors.org

FOLLOW US

LinkedIn: **Rural Doctors**

Facebook: **Rural Doctors**

Twitter: **RuralDtors**

Website: **www.rural-doctors.org**