

**THE GLOBAL GIVING
REMOTE COMMUNITIES HEALTH PROMOTION PROJECT
REPORT**



Health staff welcoming community members to the outreach activity at the Tole Integrated Health Center.

Lois-Ann Enie.
Project Manager

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1.0 Background

The socio-political crisis in the North West and South West regions of Cameroon has since 2018 deteriorated into a humanitarian crisis with devastating effects on the healthcare system in the regions. Vulnerable communities in these regions experience attacks on healthcare ranging from the forceful confiscation of medical supplies to the death of medical personnel. This has caused health personnel to desert their health facilities and/or communities for safety leaving the resident population in vulnerable communities to endure the menace of violence, injury and communicable diseases.

GlobalGiving has presented Reach Out Cameroon with a crowdfunding platform where amazing donors have been able to provide donations to provide relief for the deplorable healthcare services provided in conflict-affected-communities through government assigned community health workers (CHWs) in Ekondo-Titi health district and mobile clinic (MC) in Buea health district. These CHWs are providing primary health care services (PHCs) and referral services to the people of the most vulnerable communities in need. For this period of reporting, the vulnerable host communities selected from these health districts were Kitta and Tole.

2.0 Objectives

2.1 Project Goal

To support two (2) CHWs in Kitta and a Mobile Clinic in Tole to provide free primary healthcare services to those in need and perform surveillance on diseases prone to outbreaks in Kitta and Tole.

2.2 Specific Project Objectives

- Treatment of acute respiratory tract infections.
- Treatment of uncomplicated malaria.
- Screening and treatment of malnutrition in children without complications.
- Treatment of skin infections without complications.
- Provision of Vitamin A and Albendazole to children.
- Distribution of perinatal multivitamins to pregnant women and lactating mothers.
- Distribution of aqua tabs.

# Number of deliveries within community	6	6	0	0	0	0	0	0	0	6	6	12
#People provided essential drugs for ARI	38	52	21	20	4	11	0	0	63	83	146	
#Children with drugs for acute diarrhea	18	28	27	17	9	19	0	0	54	64	118	
# People provided anti-malaria	59	66	8	11	0	5	1	0	68	82	150	
# Persons provided vitamin A and worm therapy	97	100	0	2	0	7	0	0	97	109	206	
# Pregnant and Lactating Women (PLW) provided with maternal care kits	32	25	0	0	0	2	0	0	32	27	59	
# Caregivers provided with new-born kits	0	0	0	0	0	6	0	0	0	6	6	

Table 1b;A Summary of Health Care Services provided by Mobile Clinic in Tole from July- September 2021

Indicators	< 5years		5 – 17 years		18 – 59 years		> 59 years		Sum		Total
	M	F	M	F	M	F	M	F	M	F	
# People received for health problems by the MC	35	24	28	32	14	37	4	16	81	109	190
# People with health problems referred to the health facility by MC	10	5	4	6	0	10	0	6	14	27	41
# of malaria suspected cases received by MC in the community	35	24	28	32	14	37	4	16	81	109	190
# of suspected malaria cases who benefited from an RDT in the community	22	14	14	17	10	11	1	7	47	49	96
# of suspected malaria cases who tested positive with RDT in the community	21	13	23	23	5	19	2	8	51	63	114
# of uncomplicated malaria cases confirmed and properly treated in the community	14	13	19	16	5	15	2	3	40	47	87
# of severe malaria cases properly treated in the community MC	3	1	13	9	0	3	0	1	16	14	30
# pregnant women referred to health facility	15	15	13	6	0	3	0	1	28	25	53
# people provided E. drugs for ARI	12	8	15	5	0	3	0	2	27	18	45
#properly treated for skin infections	1	1	2	9	1	20	0	1	4	31	35
# properly treated for musculoskeletal diseases	14	15	7	3	0	4	0	2	21	24	45
# Children provided E. drugs for ARI	9	11	3	7	1	0	0	1	13	19	32
#children provided with drugs for acute diarrhea	10	6	3	6	0	3	0	8	13	23	36
# People provided anti-malaria	11	9	5	5	5	5	0	1	21	20	41
# people treated for STI	0	0	0	0	0	5	0	0	0	5	5
#people tested for HIV	1	0	14	9	0	10	3	1	18	20	38
# Children 0-4 years provided with Vitamin A and worm therapy	14	14	0	0	1	6	0	0	15	20	35

3.2 Sensitization data

CHWs provided health sensitization to their host communities on proper health seeking practices vital to prevent diseases endemic to their host communities. A tabular representation of the attendance of educational talks offered by the CHWs in Ekondo-Titi is expressed below.

Table 2: Attendance of community members in Educational Talks Hosted by CHWS in Ekondo-Titi.

Indicators	<5years		5-17 years		18-59 years		>59 years		Total		
	M	F	M	F	M	F	M	F	M	F	
# People provided with education on handwashing	12	3	478	536	201	237	12	9	703	785	1488
# People provided with education on water purification and preservation	8	0	439	453	251	251	11	14	709	718	1427
# People provided with education on waste disposal	3	0	436	506	203	236	14	12	656	754	1410
# People provided with education on proper latrine use	0	3	394	482	232	217	14	9	640	711	1351
# People provided with education on malaria and the use of LLNS	3	3	421	392	222	225	14	12	660	632	1292
# People provided with education on diarrhea prevention	5	1	452	419	208	191	9	7	674	618	1292
# People provided with education on A.R.I prevention	28	2	333	309	178	194	7	11	546	516	1062
# of girls provided with menstrual hygiene education	0	0	0	97	0	70	0	5	0	172	172

4.0 Challenges

1. Insecurity

Frequent gun-shots, violence, armed military raids, lockdowns and death have left host communities with the option of retreating to the bushes for refuge. This has greatly reduced their access to health care services provided by the CHW and vice versa.

2. Stock-out malaria RDT from Drug Fund

The Drug fund has been the supplier of drugs and medical supplies used in this project at relatively subsidized prices. Recently the drug fund has experienced stock-out of mRDTs and Artesunate/amodiaquine for over 3 months. Other suppliers provide these supplies at a 110% increase of the price offered by the drug fund. This situation was managed by the Management of the implementing organisation, Reach Out who authorised the disbursement of funds to procure these supplies at a considerable price.

APPENDIX I; Activities of Mobile Clinic in Tole



Fig 1a. Collection of aged man's blood pressure at the Consultation Bench of the Tole Mobile Clinic



Fig 1b. Boy tested for malaria using an RDT at the laboratory unit of the Tole Mobile Clinic



Figure 1c. Health staff at the pharmacy with the aid of a nurse from the Tole Integrated Health Center.

APPENDIX II; Activities Of CHWs in Kitta



Fig 2a. Distribution of Vitamin Angels by CHW to lactating mother in Kitta



Fig2b CHW providing a young girl with antimalaria to for uncomplicated malaria