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Q&A | Dr Martina Fuchs on delivering holistic humanitarian relief with RMF

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In 2005 Dr Martina Fuchs, founder and CEO at Real Medicine Foundation (RMF), took her pediatric skills to Sri Lanka to assist in the relief efforts of the catastrophic 2004 Southeast Asian tsunami. What began as a one-person humanitarian response to deliver medical assistance quickly evolved into a broader reconceptualisation of humanitarian work in post-disaster settings. In this interview Evelyn (<https://impolitikal.com/ed-blogs/evelyn-marsters/>) and Martina discuss RMF's unique approach, including the ways in which the organization deliver holistic, long-term development assistance to the communities they work with.

Can you tell us more about the Real Medicine Foundation, and how the organization has grown from providing disaster relief following the December 2004 tsunami in Southeast Asia?

Real Medicine Foundation (RMF) is a nonprofit organization that provides humanitarian support to

poverty-stricken countries and those recovering from natural disasters. The beginning of RMF stemmed from the 2004 Indian Ocean tsunami and its aftermath and my desire to help as a pediatrician and as a person.

A few days after RMF was approved to be a nonprofit, Hurricane Katrina hit the New Orleans area, and we decided to provide emotional and psychological trauma support for the children and families affected by this disaster. The initial vision and practice of 'friends helping friends helping friends' then continued, but this time it was a lot closer to home. The spirit of RMF caught fire. Everyone in our global teams is passionate about our why: liberating human potential – empowering the people and communities we are supporting, building capacity and local ownership for eventual self-sustainability and independence – and today we've grown to assist a target population of more than 15 million people around the world.

How does your approach differ from other humanitarian organizations?

Our approach differs from other humanitarian organizations from the moment we begin working with a community. Quickly following a natural disaster, we tap into our networks in the affected region and ask what is needed the most in the specific situation. Our global teams hit the ground, working closely with the affected communities, to first ensure survival – food, water, shelter, medical care. However, unlike other organizations that complete their work and leave, we stay and work closely with the communities and their leaders to identify solutions the community needs to rebuild from the disaster and to break the cycle of poverty. For example, while providing a community with food like rice and beans is beneficial, it's important to keep in mind that other organizations might be doing the same, which can lead to an overabundance. What's more, an overabundance of rice and beans could hinder local farmers and businesses who are also working to get back on their feet.

RMF has developed a Community-Based Sustainability Model. We initiate programs by engaging with communities to assess existing resources. Rather than dictate what we can bring to the table for them, we allow communities to take the lead in moving people forward and utilize what they already have committed to, prioritized and hold as their primary goals. We assess the existing infrastructure, staffing, commodities and facilities, and fill gaps and increase volume based on what is already in place rather than entering with a preconceived plan. We refer to this as Community-Participatory Design or, Co-Design.

In our approach with global communities, we are able to identify what makes the community self-sustainable once the last RMF team member leaves so the community is truly independent. What's more, we also address pressing issues that may otherwise go unnoticed – such as mental health issues and women's issues – and offer solutions to move the community forward, always in communication and collaboration with the community, respecting cultural sensitivities. We understand that those in need require more than a stitch and warm meal. Some pain and suffering experienced by many that we reach often don't leave visible scars and we have seen the lasting benefits of simply listening to the stories of those we help. This has inspired us to implement our 'Real Medicine model', providing medical/physical, emotional, social and economic support.

Can you give us an example of what it means to focus on the person as a whole by providing medical/physical, emotional, economic and social support?

RMF believes there is more to a human than meets the eye and that 'real' medicine is focused on the person as a whole. This means that while our work often starts out and is based in the health sector, we use this platform for education, school support, vocational training, water, sanitation or gender equality

as a healing modality. In this way we address the full spectrum of health, healing and community resilience, igniting the potential of the people we are supporting, and allowing them to be strong and self-sufficient – which is widely recognized as a paradigm shift in humanitarian aid and development.

An example of this approach in treating the whole person can be seen following our work with the victims of the 2015 earthquakes in Nepal. Many of those we met lost their homes and loved ones. What's more, they were faced with the quickly approaching winter as they tried to rebuild their lives. RMF supported those efforts, but also listened closely to those we met with and treated. Thus, we were able to reach a deeper level of humanitarian aid, showing that while physical wounds are important and require attention, the soul needs tending to as well. Today, RMF is working within hospitals, orphanages, schools and villages to help with the long-term recovery and development of Nepal through construction, curriculum design, workforce strengthening and poverty reduction. RMF has forged strong local partnerships with communities and Nepali organizations in order to co-create sustainable programs.

What work is operating right now for the Real Medicine Foundation? What countries are you most active in at the moment?

RMF is currently operating in 18 countries through 48 active initiatives across four continents. Projects range in level of activity based on the needs of the community and available funding. Our programs in South Sudan, for example, are extensive and are including the first-ever diploma level college of nursing and midwifery that RMF co-founded in early 2010, the Juba College of Nursing and Midwifery.

In 2009, South Sudan had only four midwives for the entire country of almost 10 million people, with the highest maternal mortality in the world. Through our work, 113 Diploma-level nurses and midwives graduated from the 3-year program by December 2015, and 149 more students are currently enrolled. Through our program we are able to not only increase medical support to women and children, we are able to educate women and assist them in the realization of their true human potential. We are proud that RMF is considered 'part of the history of South Sudan'.

RMF also provides continued support for Juba Teaching Hospital in South Sudan's capital Juba. This support includes the upgrade of the pediatric wards, ANC department, Accident & Emergency department, as well as trainings in Respectful Maternity Care and Respectful Health Care (implementing RMF's values of respect and dignity), and Psycho Trauma Support trainings. RMF also implements a large Malnutrition Treatment, Prevention and Outreach Program in Jonglei State and the Greater Pibor Administrative Area for UNICEF and WFP.

In light of the continued conflict in Syria and its subsequent massive amount of Syrian refugees, we have initiated a project and presence in Serbia to help refugees seeking safety. In Serbia, we are providing a comprehensive protection and assistance response by identifying and addressing acute humanitarian and protection needs. Our primary goal in Serbia is to identify and treat or refer any extremely vulnerable individuals for appropriate assistance and follow-up with relevant institutions. We also work to enhance the access of refugees and migrants to basic rights by provision of material assistance, protection of information – including child protection – pragmatic information dissemination related to their onward journeys and basic, rapid, psycho-social support.

How do people get involved with RMF?

There are a number of ways; while we always accept donations (<http://realmedicinefoundation.org/donate/>), you can also organize fundraisers among your colleagues, coworkers and friends. We also encourage involvement by sharing RMF's mission through events, led by you and what about RMF inspires you.

There are also a number of sponsorship opportunities with various RMF projects. We also accept volunteers across a number of locations including our main office in LA and out in the field across the world. You can also support specific projects by going to the project pages on our website.

For more on RMF, visit realmedicinefoundation.org (<http://realmedicinefoundation.org>).

Evelyn Marsters has a PhD in Development Studies from the University of Auckland, and is currently based in Berlin. Her focus is global health and migration, and she is Deputy Editor at Impolitikal. Read more by Evelyn (<https://impolitikal.com/ed-blogs/evelyn-marsters/>).