

SPREADING HEALTH NEWS Bulletin: January 2018

HAPPY NEW YEAR AND BEST WISHES FOR 2018

Thanks to you all for your continuing support of SPREADING HEALTH.

Overview

Some of you will be aware of the political situation in Cameroon and of recent events. Just to recap, the Anglophone area in which SHUMAS, our partner NGO is based, has been the focus of unrest for many months. As a result, institutions, banks, schools, universities, etc. have been closed and the Internet down. Very recently, the situation has stabilised and life in Bamenda is getting back to how it was.

As a consequence of these issues, all SH students had last year's studies abruptly terminated. Many of them took advantage of this to gain practical experience in their own local clinics and communities.

A recent message is that colleges have resumed and the students have returned to their studies.

There will be no new intake of SH students this academic year as all the previous students have to repeat their year and there is no space on courses for a new entry.

As our 10th year approaches we have sponsored 51 nurses in Cameroon, spreading health to many isolated rural communities. We want to send a message of thanks to all our supporters for making this possible.

The most recent report from SHUMAS confirms that Spreading Health trained nurses continue working in their communities. While the current crisis in the North West and South West of Cameroon upset the school year, we now know that Higher Institutions resumed teaching in November. SHUMAS continued to monitor the activities of student nurses after the suspension of their classes, and is pursuing the recruitment of a new Spreading Health Coordinator dedicated to following up Spreading Health activities

The detail – Trained Nurses

Nfor Diedonne, Sop Integrated Health Centre

Dieudonne is busy with daily consultations and observations of patients, and prescribing drugs. There has been a marked increase in consultations, from an average of 70 each month to 119 now that Dieudonne is there. More people now feel comfortable to consult in their mother tongue. The previous "Chief of Centre" was not a native. This increase in consultations means an increase in money coming in which has made it possible to run the health center for more days each week, and to improve the service.



Diooudonne checks the vital signs of a patient

Night shifts have now been introduced and patients are being admitted and observed for some time before their discharge. Dieudonne also provides outreach services in a neighbouring village.

On a personal level, Dioudonne is married with one child. He is content with his salary but still needs to supplement this with farming activities.

Ndze Michelline, Kai Integrated Health Centre

Michelline has been working tirelessly to improve on the health situation of the people in her community. Consultations, Infant Welfare and Ante Natal Clinics, as well as outreach services in two neighbouring villages. Consultations have also increased in the Kai community, from 100 to 120. Michelline gives health talks to nursing mothers on nutrition, feeding habits, and hygiene.

Micheline says she can now spend time on other (personal) activities since the Centre has introduced shifts.

Chem Lawan, Dom community



Lawan checks the vital signs of a patient

Lawan is the Chief of Centre, and as such he runs the Health Centre. Lawan consults with patients and prescribes drugs for them. He makes home visits to patients with high blood pressure. He does minor surgery, suturing and wound dressing.

The health situation of the people in the community has greatly improved. Before Lawan, the community members bought drugs from local stores, and preferred to ask for help from traditional herbalists. They now feel comfortable asking for help at the Health Centre. The number of people consulting keeps on increasing. Lawan started with just 7 each month but now sees between 20 and 25 patients.

Jovita Ndzelen, Buh community

In Buh each month there are about 100 patient consultations and Jovita carries out about a third of these. The Health Centre registers at least 2 successful deliveries each month. Jovita provides outreach services and health talks. More nursing mothers now take care of their babies well so that cases of common children's diseases are reduced.



Jovita weighs a baby

Fai Jean Paul, Tatum community

The good work which Jean Paul has been doing in his community means that the Matron chose him when the opportunity arose for a nurse to be trained in scrubbing and anesthesia. The program ran for two months at Shisong Catholic Hospital in Kumbo. During the training Jean Paul learned: sterilization of theater linens and surgery gowns; sterilization of surgical instruments; preparing and setting up for surgical procedures (especially caesarian sections which was one of his primary objectives); reception scrubbing, and draping of patients; administration of general anesthesia. As part of the course, Jean Paul assisted the surgeon during operations, sutured wounds, assessed patients recovering from anesthesia, and transferred patients to the surgical ward.

Jean Paul is now back in his community but on his return he received the news of the transfer of his Matron to the Littoral region of the country. The new one will be coming soon (January). There has been a substantial fall in the number of consultation, perhaps because of these changes.

Ngam Leslie, Mejang community



Leslie on duty at Mejang Health Centre

Leslie also consults with patients and prescribes drugs. He assists in deliveries, and each month he conducts at least 2 deliveries himself. He sutures and cleans minor wounds, performs rapid diagnostic tests for malaria, monitors women in labor, provides essential newborn/post partum care, and conducts an Infant Welfare Clinic (IWC) at the Centre.

During his outreach services at Bacham, Leslie carried out weight monitoring, provided health education on infant feeding, post partum consultations, and administered vaccines. Last year, Leslie observed two cases of child mortality, both home deliveries. Leslie was so concerned about barriers to accessing health care in the community, and the problems faced by expectant mothers, that he started a program called "Mother and child support group". The objectives of the group are: to increase the number of pregnant women who receive early adequate care at the Ante Natal Clinic (ANC) and delivery at the Centre; to provide community based consultations on a weekly basis; to provide community based primary prevention of HIV/AIDS; voluntary counseling and HIV screening; early detection and management of sexually transmitted infections; prevent illnesses through provision of information, health education and behaviour change; improved communication to pregnant women and early detection of the signs/symptoms of childhood illnesses so as to take appropriate actions.

Leslie is also keen to provide follow up home based support to pregnant women and children 0-5years living with HIV/AIDS.

Meeting with Spreading Health nurses to look at the way forward of training of nurses

The meeting was at the SHUMAS Headquarters in Bamenda, and 11 out of the 18 student nurses were present. Two of the students were invited but gave their apologies but the other 5 students could not be invited due to poor network communications.

The meeting's objective was to review the continuing situation of unrest. After discussion the following decisions were made:

- 1) First and second year students should go to their schools, collect letters and do voluntary work while waiting for schools to resume.
- 2) Third year should work in their community Health Centres and this would improve their skills.

First Year Student Nurses

Kongop Frederick, Benade Community

Since January 2017, Frederick has been assisting in his community Health Centre in the consultation department as well as in the lab. He is now able to carry out some tests like urine analysis and blood pressure (BP), under the supervision of the lab technician, and can suture minor wounds with ease.

Mbibe Benis, Kevu Community

Benis did her internship at Sop integrated Health Centre for a period of 2 months (February to March 2017), and learned how to read vital signs like BP, and weigh patients. She also assisted in carrying out minor surgeries and wound dressings, and observed at deliveries.

After her internship Benis went back to her community and helped with morning shifts at her community Health Centre, and in the afternoons she helped her mother in farm work because that is the source of their family's income. Now she is preparing to resume her studies.

Wosuiji Theckla, Kinyu Yer Community

Theckla could not go back to her Health Centre because it is not yet functional. There is no nurse there. Her school sent her for her internship (from April to August) to PMI where she worked in 6 different health units including the medical unit, the casualty unit, the ANC, and the IWC where she weighed babies, learned about the vaccine calculation and observed how the vaccines were being given.



Theckla checking vital signs of a patient

Lukong Blessing, Sop Community



Blessing recording statistics at an infant Welfare Clinic

In April Blessing went to Sop integrated Health Centre and whilst there she assisted in consultations, and now knows how to read vital signs. She assisted in wound suturing, observed deliveries, lab investigations, health education.

Iseh Rita, Benabinge Community

Rita has been at the Central Hospital at Benakuma, where she assisted in daily consultations, ANC and IWC. During her voluntary service in the Health Centre she learned how to administer anesthesia, conduct deliveries, and in the female ward she assisted in placing an intravenous line using a cannula. She also assisted in wound dressing. All this was done under the supervision of nurses on duty and the Chief of Centre. Rita can now consult minor cases on her own and even prescribe drugs on her own although still under the supervision of the chief of the Centre. Rita also carried out her professional internship.

Registration of first year students for the Competitive Entrance exams into Government recommended schools

SHUMAS, in partnership with the Ministry of Public Health is encouraging student nurses to sit for the entrance exams launched by the government. Five Spreading Health level one students were registered. The advantage of training in these schools is that these institutions are recognized by the government, and once these students have completed their studies they will be easily recruited by the Ministry of Public Health.

The five students are:

Iseh Rita;
Ongum Federick;
Mbibee Bennis;
Lukong Blessing;
Wosuiji Thecka.

The two institutions are the Full Gospel Private School, Bamenda, and the University of Bamenda.

Second Year Student Nurses

Lukong Bertila, Takija Community

When the political unrest started, Bertila waited for a month, but since there was nothing happening, she did voluntary service at Shishong Hospital for 2 months before returning to her community. Unfortunately Bertila became ill with malaria and typhoid and had to go to hospital. Now out of hospital Bertila is in her community and helping her mother with farm work.

Bobdinga Fofuleng-Matum, Bali Community

Fofuleng has been doing farm work and some photography to earn a living. He helps in his Health Centre once in a while.

Wepke Januarius, Luh Ndu Community

Januarius has been helping at Luh Health Centre. There is no government employed nurse, only one community employed nurse and a pharmacist. Januarius acts as manager of their minor injuries theatre.

Lumbei Magdelene, Nsoh Bafut Community

Magdelene has been doing farm work to make a living. Her community Health Centre is still new, and very few people come there for consultations. For this reason Magdalene assists in the Bafut District Hospital where she does carry out consultations, assists in wound dressings, drug administration, and the admission and discharge of patients.

Third Year Student Nurses

Mvenghenyi David, Babessi Community

David has also been doing farm work to survive. He goes to his Health Centre twice a week and assists with consultations and drug administration.

Sister Mary-Immaculate, Nkongsamba Community

Sister Mary Immaculate did voluntary work at Shishong General Hospital for two months. She assisted in deliveries on the delivery ward there. From there she went to Bafut Health Centre and was able to conduct fifteen deliveries, attend to forty women during ANC, and assist in the IWC with fifty babies. She also did consultations with more than forty patients. In the medical ward she carried out wound dressing, drug administration, and attended to patients in the ward.

IWaikem Gerald, Fundong Community

Gerald had health problems which prevented him from working for a while. Now he is back in his community where he has been assisting with consultations in the morning sessions (from 6:00am to 12:00pm). In the afternoons he assists his parents with farm work.

Joshua Lantir, Nseh Community

Joshua stayed in town when the strike action started, continuing to study in the hope that schools would resume. When nothing happened he moved back to his community to do farm work to make a living. Occasionally he visits his Health Centre and helps out where he can. There is no electric light in his community Health Centre and this makes things very difficult at night.

Paulinus Nyinwan, Sabongari Community

Paulinus has been doing odd jobs such as moulding blocks, assisting at construction sites, to earn a living. Sometimes he helps his parents in farm work. He assists with consultations and other duties at his Health Centre every Monday. Paulinus takes every opportunity to educate his peers on the problems with self medication, and does outreach services in his community on Sundays and Market days.

Full-time Spreading Health Coordinator

Adverts were posted on the SHUMAS social media sites and on the radio. Six applications were received but none were qualified. SHUMAS will review their advertising strategy to try to get more suitable applications.

Challenges faced by nurses and students in communities

- 1) Poor communication network (internet) in some communities cause nurses to move to far off places in order to submit reports.
- 2) Most of the communities lack basic health equipment which limits efficiency. Allowances given to some Spreading Health nurses from their communities are far too small and at times not even regular. This makes it difficult for them to work effectively and to make a living.

Challenges faced by the SHUMAS team

- 1) The remote and insecure nature of some places (for example in the north region of Cameroon) makes it difficult for the SHUMAS team to visit the nurse there.
- 2) Sending reports has been a great issue as internet connections are being cut off. SHUMAS staff have to go to Bafossaum, which is a 2 hour drive from Bamenda to send reports.

We hope you have enjoyed reading about the Spreading Health nurses and students and how they have been progressing. This Lyear we hope to re-design the website, but all these bulletins will remain available.

*Geoff and Lene Gurney
(On behalf of the founders and trustees)*
