

Spreading Health January 2019 Bulletin

Towards the end of 2018 there were two more impact assessments carried out on the communities of Spreading Health nurses back from their training.

Cameroon's socio-political crisis continues to be a serious hindrance for SHUMAS representatives trying to meet the nurses back in their communities because of constant road blocks, and no network connections to even communicate with them.

The December report from SHUMAS focused on the various activities of the Spreading Health nurses still in training. Despite the crisis in general all are faring well, with 13 out of 16 students in school. Three couldn't return because of road blocks.

Students have now had their Christmas break, and resumed their studies on ~~the~~ 8th January.

December was the time for the payment of fees for all Spreading Health students to their various institutions. The first half of the fee of all the students already in school have been paid.

The first meeting for the academic year 2018/2019 took place on the 9th of December, with 12 students and 6 SHUMAS staff in attendance.

The meeting was co-chaired by the health supervisor and the Spreading Health programme coordinator. The students were welcomed or welcomed back officially into the program, and the new first-year students were encouraged to fully participate in the meeting. All the students were asked to think about possible innovations and improvements that will make the project more interesting and effective.

The meeting continued with verbal reports from all the students on the courses taught so far, the school program for the year, and the challenges faced in school.



The new students – beginning their first year

Mbungu Elizabeth Nungonga is from Bawock Integrated Health Centre in Bali, located about 40km away from Bamenda.

Lemita Nahnyonga Fombon is from Bali Urban Integrated Health Centre some 30km from Bamenda.

Elizabeth and Lemita are at the Polytechnic Health Institute in Bambui. They started school on the 20th November and began 11 courses. So far so good in terms of understanding the lessons, but there have been a number of challenges: a busy time table with classes between 8:30 and 4:30, plus extra classes to catch up on lessons missed because of the late start of the course due to the crisis; many teachers sell handouts from their lessons, and do not allow students to copy notes in class; the school requires that students buy a Stethoscope, Sphygmomanometer, Needles, and Syringes in order to attend practical lessons. So Elisabeth and Lemita struggle financially. Elizabeth lives with her relatives in Bamenda but about 8km from her school, so there is an additional cost of paying for a taxi each day. Lemita lives with her uncle about 10km away from the school. She intends to move to a students apartment at the school when she can afford it.

Elizabeth said that her Community Health Centre is not functioning effectively because most health workers have left due to the insecurity caused by the crisis.

Lemita said that she thinks her community health centre is functioning OK, but that she needs to find out more from the Chief of Centre.

Adoh Cyril is studying at the Florence Nightingale Health Institute, and is from Beba-Batomo Integrated Health Centre. Cyril started school on the 6th of November with 12 courses. He was a week late starting due to a road block in his community, and is working hard to cover the week he lost.

Cyril's community health centre is shut down at the moment because many of the people have fled to the bushes for safety.

Kum Mispa is at the Full Health Institute, and is from the Full Gospel Integrated Health Centre in Beteh Benakuma. Mispa started school on the 15th of November with 10 courses. She struggled with the cost of registering because her parents are in the bush and cannot help. This was the reason she started late, and she is studying hard to cover what she missed.

Mispa's Community Health Centre is also not functional at moment due to the crisis.

Second year students

Lukong Blessing is in her second year at the Regional Training School for State Registered Nurses, and is from Vekovi Health Centre. Blessing returned to school on the 7th November and started classes for 14 courses.

Blessing's Health Centre has been shut down for 8 months due to the current crises. The staff lack equipment and drugs.

Iseh Rita is at the Full Gospel Health School, and is from Benabinge Health Centre. Rita had a baby during the holidays. The baby is doing well, and Rita resumed school on 16th October. She has 14 courses this first semester and 7 courses have already been completed.

Back in Rita's community there are restrictions on movement and road blocks that prevent her from going to the health centre. The centre is not functioning effectively with the crisis, and is currently managed by a laboratory technician, who is the only member of staff. The lack of drugs and equipment are the main problems.

Third year students

Ongum Karana Federic is in his third year at Full Gospel Health Institute, and is from Benade Health Centre. Federick had serious challenges getting to school because of road blocks. He trekked for 7 days through bush roads to be able to arrive on the 20th of November. (the day before the SHUMAS meeting) Frederic spent a lot of time (including the Christmas break) photocopying and coping notes.

The road to Frederic's community is still blocked. The health centre is not functioning.

Tatah Yvette is at St Louis University of Health Science, and is from Baba Health Centre. Yvette resumed school on the 6th November and began 10 courses. Yvette also began late due to financial difficulties. She had nowhere to stay because her parents were still in hiding.

Due to the crises her health centre has been shut down for more than 3 months. A second health centre in the upper part of the community is functional but with very limited equipment.

Bobdinga Fofuleng is also at St Louis, and from Matung Health Centre. He resumed school after internship at Nkor Noni and took his assessment test on the 11th of December, and a practical test on the 18th of December. He is still waiting for the results.

Bobdinga's community is doing well and the health centre is functional. A new state registered nurse was sent to the health centre to assist the community.



Students presenting their reports during the monthly meeting

Reports from nurses back in their communities

Fai Jean Paul from Saint Pauls Mecalized Health Centre in Tatum

All major shops have been burnt down and things taken away from the few shops that were left so there's no way to even buy anything. Electric cables and poles burnt down. The patients coming to the centre are very few now – just 20 in a month.

Nyiniwang Paulinus from Saint Kizito Catholic Health Centre in Sabongari

Paulinus started work in his community officially on 1st October 2018. Grateful for the opportunity provided by *Spreading Health* and SHUMAS, Paulinus went on to say that everything is OK except for the socio-political unrest that sometimes upsets the work of the Health Centre because patients encounter difficulties getting to the hospital.

He has assisted in 4 surgeries and 6 wound dressings, and assisted in 1 delivery. One minor suturing and one community vaccination. Paulinus gives health talks to patients in the wards.

The health centre has run out of essential drugs due to road blocks. A major challenge is seeing vulnerable patients not able to pay their bills and treatments discontinued because of this.

Sister Delphine originally from St. Paul Catholic Health Centre in Tabenken

Sister Delphine is the main nurse now in her new health centre in Sabongari Health Centre in Donga Mantung. She does ward round every morning, consultations and admissions of patients, and sometimes runs shifts. Every Monday, staff continue with nursing lessons to increase their knowledge of nursing procedures.

Staff carried out consultations with 154 patients in December, and admitted 17.

A major challenge has been to take care of a patient who had bruises as a result of an assault as part of the socio political problem in Cameroon when a lot of property was destroyed.

Lumberi Magdaline is also at St Louis, and is from Nso Bafut Health Centre. She started school on the 30th of October, and had an assessment test in both theory and practical. She is currently awaiting the results.

The crises has affected her community drastically and everybody fled to different hiding places in the village for their safety. The health centre is not functional.

Wosuji Theckla K is in her third year in Capitol Health Institute, and is from Yer Health Centre. Theckla started classes but these were later suspended for one month due to the crises. She did her internship at Bamenda Regional Hospital which started on the 20th of November and ended on the 20th of December 2018.

Theckla's health centre is not functional because of the insecurity in Yer community for the past 6 months.

Wepke Janivarius is from Luh Integrated Health Centre, and also at St Louis. He didn't start school until the 15th of November due the socio-political crises, and a road block in the village. Instead, Janivarius worked in the health centre, and since resuming school he has been working very hard to copy all notes he missed.

The health centre is functioning well but consultations keep dropping drastically due to the crisis and people moving out of the village.

There was a more general discussion at the meeting about the impact of the crisis and some sharing of coping mechanisms. The Programme Coordinator and SHUMAS's Director gave some words of encouragement and praised the students for their participation in the meeting and their hard work for their studies.

The students came up with some good ideas to help everyone:

- Time in the program for the third year students to help orientate the first year students about the program and how it works;
- Time during each meeting for students to present short talks on health;
- A separate forum or time at each meeting when students can share information on what is happening in their communities and how to keep in touch so that those who have lost touch with their community can learn;
- First year students should be encouraged to get the contact details of the third year students;
- SHUMAS should visit their communities at least once a year with some students to talk about the program and about the organisation;
- Two Whatsapp group accounts are to be created for the program to share, and keep in touch with each other.

Impact assessments of *Spreading Health* nurses

In September 2018 two more impact assessments were conducted. At Njitapon Integrated Health Centre (Nurse: **Pepouere Aoudou**); and at Koupa Integrated Health Centre (Nurse: **Nsangou Younchaou**).

1. Njitapon

Njitapon community is located in Kouoptamo sub division, Noun Division of the West Region of Cameroon.

Njitapon Integrated Health Centre started as a community health centre in 2009, and three years later became integrated (*recognised and legalised*) by the Government.

The management committee were faced with many challenges – not *running the health centre effectively and not being able to have it open at all times, and not being able to attend to the health needs of the patients, not carrying outreach and home visits etc.* – and therefore decided to apply for sponsorship to train an additional helper. They recommended that Pepouere Aoudou be trained as a Nurse Assistant.

Aoudou is a native of Njitapon community, and from a family of 4 siblings. His parents are farmers. He obtained his school's Advance Level Certificate and was accepted for sponsorship by SHUMAS for the *Spreading Health* program.

Aoudou trained at Capitol Health Institute where he obtained his Diploma as a Nurse Assistant during the 2011/2012 academic year. After graduation, Aoudou returned to his community in the October and has been serving his community for a period of six years now.

Before Aoudou's return, the Chief of Centre was the only nurse there. He was involved in both administrative and nursing duties and there were lots of problems:

- The Health Centre could only function for 3 days a week.
- Consequently many patients preferred to trek long distances to consult elsewhere rather than come to the centre when they were not sure of meeting a nurse. So very few people attended the health centre
- The Chief of Centre was not a native of Njintapon and could not speak the Njintapon dialect. Most people who could not speak French (especially the elderly) were unable to communicate their health situation. This often resulted to wrong diagnosis and wrong prescriptions.
- No outreach services were carried out so people living far away could not access health services

- On days designated for Ante Natal Clinics and Infant Welfare Clinics, mothers and children spent the entire day waiting to be attended to. Many people got discouraged and stopped taking their routine vaccines.
- The Chief (a *community trained nurse*) did not have the training or experience to carry out minor surgeries. So minor operations were being referred to nearby hospitals at Kouptamo some 13 km away.

The training received by Aoudou has really been of great importance to him, to his family, to his Health Centre, and to the Njitapon community.

Aoudou:

- Gained a diploma as a Nurse Assistant.
- Achieved his dream of saving lives as he continues to improve the health situation of the people in the community.
- Gained his independence, and is no longer a burden on his family. He now helps his parents as well as his younger siblings, financially.

There have been many changes and improvements:

- The number of health personnel has increased to 3 (all Nurse Assistants).
- Night shifts and admission services have been introduced to the health centre, and this has led to more patients attending.
- The Centre now operates 24/7, and patients come to the centre at any time and there is always someone there to attend to their health needs.
- Thanks to SHUMAS, the Centre has benefited from new equipment and the installation of a bore hole for potable water, and a generator for electricity.
- The Management Committee was able to move the centre to a new site with the provision of equipment for laboratory testing, and new wards.
- People come from far off places to consult at the centre, aware and grateful for the services offered, and the availability of new equipment, and the comfort of the new site
- Consequently, the hygiene situation has greatly improved, and water borne disease is no longer a common problem.

- Cases are no longer referred to other places for minor operations.
- More income is being generated for the Health Centre
- Outreach services are now being carried out in Nchakah, Cheferie and Nkouondja communities – children that had missed their vaccines are being vaccinated, and health talks are given to the nursing mothers.
- Home visits are carried out every last Thursday of each month – health talks are given on hand washing, hygiene and sanitation, the importance of using health facilities, the usage of mosquito nets etc.
- Aoudou is from the community and therefore the patients can express themselves in their mother tongue, and feel very comfortable explaining symptoms. During outreach visits and at the clinics, the *Spreading Health* nurses talk in both French and in the Dialect.



Aoudou in the lab preparing to dress a wound

Some statistics

| | before | after |
|-----------------------------|--------|-------|
| Consultations | 15 | 100 |
| Inpatients | 13 | 40 |
| Ante Natal Clinics | 5 | 25 |
| Infant Welfare Clinics | 50 | 100 |
| Minor surgery | 0 | 5 |
| Lab test | 15 | 60 |
| Delivery | 10 | 10 |
| Vaccination during Outreach | 0 | 45 |

Despite the positive change in Njitapon Health Centre as a result of Aoudou's presence, he still describes some challenges:

- At times the workload is a problem as there are just two of them working in the wards and consultation units.
- The area where he carries out outreach services is so vast, and this makes life difficult at times. The nature of the roads to some communities are very bad. During the rainy season movement is too difficult on bikes and means trekking on foot for long distances.

But the Chief of Centre, and the management committee Chair commented on Aoudou's hard work and commitment. Generally, the health services have improved thanks to the presences of Aoudou and his commitment.

2. Koupa

The Koupa community has an estimated population of about 1200 people that depend on the Koupa-Kagnam Integrated Health Centre for their health services.

The Centre started as a community health centre in 2009 with just 2 health personnel, one trained nurse and one community nurse. Nsangou was among "batch 4" beneficiaries (the 2011/2012 academic year) of the *Spreading Health* program, sponsored to be trained as a State Registered Nurse at the Saint Louis School of Biomedical Services. He returned to his community in September 2015.

Before Nsangou started work as a trained nurse, the Centre faced quite a number of challenges:

- The large size of the communities benefiting from the health centre. The available nurses (2) could not attend efficiently to the health needs of so many patients.
- During organised clinics there were always long queues at the centre for consultations. Nursing mothers and pregnant women could spend all day waiting before they could be seen.
- Emergency cases such as deliveries, accidents and severe illnesses at night did not get the response they needed.
- Outreach services were not being carried out.

Married with children, Nsangou returned to an income that could take care of his needs, and was ready to start work as a State Registered Nurse. Below is the impact felt by the community after Nsangou's return:

- Home visits have been introduced as one of the Health Centre services, and Nsangou carries out home visits once every month. During these visits he gives health talks, encourages patients to use the health facilities, and follows up his patients closely.
- Outpatient consultation has doubled, and inpatient admissions and night shifts have been introduced. The centre now operates 24/7.
- The Health Centre's income has increased as a result of the improvement in existing services and new services introduced.
- Patients no longer wait for consultations.
- Nsangou acts as a temporary Chief of Centre whenever the Chief of Centre is absent.

Some statistics

| | before | after |
|--------------------|--------|-------|
| Consultations | 45 | 115 |
| Inpatients | 25 | 48 |
| Ante Natal Clinics | 16 | 45 |
| Infant Welfare | 25 | 37 |

| | | |
|---------------|----|----|
| Clinics | | |
| Minor surgery | 8 | 10 |
| Lab test | 52 | 85 |
| Delivery | 14 | 20 |
| Vaccination | 0 | 60 |

