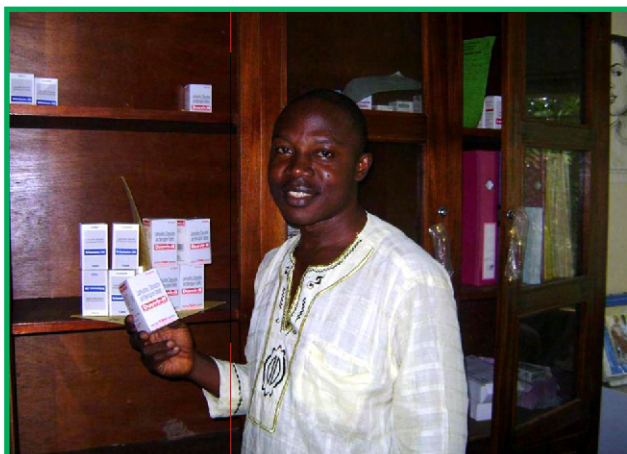


# HEALTH TALK FROM DHMT

## *HIV/AIDS (prevention and care)*



***HIV/AIDS Counselor displaying ARV Drugs***



***HIV/AIDS IEC Materials***

### How do you get HIV/AIDS?

- \* Unprotected sex of any kind with an infected person
- \* The sharing of needles, razor blades, or sharps and skin piercing instruments that are contaminated with HIV
- \* From an infected mother to her baby during pregnancy, childbirth or breastfeeding

### How do you prevent it?

- \* Abstain from causal sex without condom
- \* Establish a mutual faithful sexual relationship
- \* Proper and Regular use of condom (male/female)
- \* Volunteer to be tested for HIV
- \* Don't share razor blades

### How do you treat HIV/AIDS?

HIV/AIDS is treated with Anti Retroviral (ARV) drugs.

ARVs are very powerful medicines that are given to people with HIV/AIDS to help slow the progression to AIDS. They are available free of charge at all treatment centers in all Districts and Government Hospitals

There are now medicines for pregnant HIV positive women to be taken during pregnancy, labour, and after delivery for the mother and the baby to reduce the chances of the baby being infected.

## **HIV/AIDS MESSAGE**

**HIV IS NOT CURABLE BUT WE CAN STOP THE PROGRESSION TO AIDS WITH FREE TREATMENT**

**HAVE A TEST AND KNOW YOUR STATUS**

**IF YOU ARE NEGATIVE, KEEP STAYING NEGATIVE**

**IF YOU ARE POSITIVE, TAKE MEDICATION AND PREVENT OTHER PEOPLE FROM GETTING HIV/AIDS**

# Message from Peripheral Health Unit (PHU)

## *Rosinor Community Health Post*



***Rosinor Community Health Post***

Rosinor is in Samu Chiefdom some 30 miles from the Government Hospital in Kambia and has a catchment population of 4239. It is a Community Health Post with one State Enrolled Community Health Nurse (SECHN) one Maternal and Child Health Aide (MCH Aide), Traditional Birth Attendant and a Volunteer.

I joined the nursing carrier in 1994 and was posted in this centre in August 2001.

My happiest moments as a nurse are when I am working for pregnant and lactating women. I feel happy to see them around me singing and dancing before I start attending to them. My relationship with the community and catchment villages is very cordial, the outreach activities are normally fully attended and cooperation is always assured from all TBAs and the women.

There are however constraints/challenges that I normally face; some pregnant women in the host community refuse to come for check up, Health Committee members do not hold regular meetings to address some of the issues of the PHU. I and my team have however decided to involve all the women and the Health Committee members to do more awareness raising for people to make use of the available PHU facilities.

The experience I want to share with other nurses is that we need to be neutral when working in these communities; when I was posted here there was a tussle as to who should accommodate me, or what part of the community I should stay. This was naturally resolved by my neutral stands towards the treatment of patients no matter where you come from or how rich or poor you are.



***Amie Samuels, MCH Aide  
at interview***



***MCH Aide at work***



# Introduction of local NGO

## *Kambia Appeal*



***Mr. Moses Kabba,  
Kambia Appeal Project Manager***

This organization was formed on the 28<sup>th</sup> July 1992 out of a very strong desire to help the people of Kambia District. It started as Kambia Hospital Link but when its activities increases to include the Peripheral Health Units the name was changed to The Kambia Appeal. The activities of the organization include:

- \* Capacity building through student sponsorship at tertiary level
- \* Strengthening of referral system through the provision of motorbike ambulances
- \* Free caesarean section operation for pregnant women at risk
- \* Sending volunteer medical specialists from UK for assistant in the Hospital
- \* Provision of medical equipments and medical textbooks as reference materials
- \* Training of Traditional Birth Attendants

Kambia Appeal is operating in Kambia District in general but specifically in Magbema, Masumbala and Tonko Limba chiefdoms. The Appeal has so far achieved the following:

- \* Training of Community Health Officers (2 now serving the hospital)
- \* Paid 50% cost for 60 hernia operations
- \* Paid for 153 caesarean section operations
- \* Sent specialist medical personnel from UK to work at the Government Hospital in Kambia
- \* Provided medical equipments for the Hospital
- \* Provided 6 motorbike ambulances for referrals
- \* Trained 300 TBAs in the district



***Ambulance Motorbike***

It is the organization's plan to further its activities in the following areas:

- \* Training more medical personnel
- \* Strengthening the referral system
- \* Running a maternity Waiting House for pregnant women at risk

## *Editorial*

The Editorial wishes to express profound gratitude and appreciation to those who contributed in one way or the other to the successful production of this news letter. The team welcomes comments and contributions from its numerous readers however the production of this news letter is now done twice a year instead on quarterly basis earlier stated.

## *Proposed Article for 3<sup>rd</sup> volume in December*

- \* Vital statistics on health in the district
- \* Health activities in the district from July to November
- \* Health messages from PHU activities
- \* Health messages from communities and patients
- \* Introduction of NGO and stakeholders

### Editorial Health Message

#### THE FAMOUS TRADITIONAL BIRTH ATTENDANT (TBA)

There is a famous TBA in one community, who is in the habit of challenging any delivery case brought to her. According to rumors she has delivered over 100 babies. Women in the surrounding communities trust her very much so that some travel as far as 15 miles for deliveries to her.

One day a teenage pregnant girl was brought to her for delivery. As usual she went to the bush to collect some herbs to be administered on the pregnant girl. The girl drank some cups of the mixture and suddenly started to feel serious labor pains; the pains continued for over 24 hours without the girl delivering. After applying series of local delivery methods on her without succeeding the girl became unconscious.

Suddenly a school teacher came around and heard of the news of the poor girl struggling, on seeing the condition of the girl he explained to them the dangers of home delivery and urged them to immediately take her to the nearest health centre. The TBA seeing the seriousness of the issue ran away. At the health centre the girl was immediately attended to by an MCH Aide but unfortunately she lost the baby.

After this incidence the famous TBA gave up the home delivery and now serves as the adviser of all TBAs in the district, advising them to refer all deliveries to the health centers.

Japan

Sierra Leone



**Toko Tun**  
**Well Bodi Na Gentry**



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