

HIV IN MOGHAMO AREA TODAY.

The Batibo District Hospital is a government institution whose physical structures were upgraded by funds obtained from contributions of people of Batibo sub division and their friends. Notable external contributions came from the governments of Britain, USA, Japan and Spain among others. The spirit of community participation is still the main force behind positive changes in the hospital. It is in this direction that the Moghamo elites (from Batibo sub division) resident in the USA decided to extend a hand of partnership to the hospital by supporting part of the financial burden of some people infected or affected by HIV/AIDS. The MEDA USA HIV/AIDS support project is using the hospital as a staging point to eventually extend assistance to a larger sector of the community. The HIV/AIDS Support Project is coordinated in Cameroon on a benevolent basis by Njei Moses Timah (pharmacist/writer). The following people are currently working with the coordinator to ensure a smooth and effective take off of the project.

Mr Mbah Augustine Anya Mbah (social worker), playing an advisory role.

Dr. Nding Cyprian (District medical officer for Batibo Health District)

Dr Yumo (Chief medical officer and head of HIV/AIDS treatment center, Batibo Hospital.

Mr. Wanzie James (Chief of bureau for health Activities, Batibo Health District)

The Batibo Health District covers Batibo and Widikum sub divisions of the North West Province of Cameroon. The coordinator paid a visit to Dr. Yumo in his office at the hospital on the 13th April 2006 to get an update on the situation of the AIDS pandemic in Batibo Health District. I asked him a question on the statistics of HIV/AIDS in Batibo health district and this is what he said.

“We have not carried out a survey to know the rate of infection in this District, But what we can give you here as concrete statistics is that HIV stands as the first cause of mortality in adults in Batibo Health District”.

“According to the 2004 National demographic survey, the North West province has a prevalence rate of 8.7% (11.9% female and 5.2% male) and this can be extrapolated to Batibo Health District. It is estimated that the population of this health District is 100,000. We can assume that there are about 8700 people living with HIV/AIDS in Batibo Health District.”

It should be clear to anyone interested in HIV/AIDS issues that the Cameroon government rigidly controls and approves the establishment of Treatment and care centers for the management of HIV/AIDS. For now, there is only one such center in Batibo that went functional in September 2005. This center located at the District Hospital takes care of patients in Moghamo area and Widikum and it is less than one year old.

This explains why it is imperative for us to work closely with this unit if we expect the assistance given by MEDA/USA to get right to the intended patients.

Following the discussion with Dr. Yumo, we all agreed that any assistance obtained from MEDA USA should be utilized for priority areas he listed as follows.

1. Pre-therapeutic workup (the series of tests done before a patient is placed on anti-retroviral medication). According to Dr. Yumo, those tests currently cost 30,000cfa per patient.
2. The purchase of antiretroviral medication for those too poor to pay for their monthly refills.
3. Assisting vulnerable children (those from infected parents who may be themselves infected) and orphans. Currently, orphans receive anti-HIV/AIDS medication free of charge but that is solving just one of their many problems.

Much work has been done in Cameroon on sensitization and it is generally accepted that the coverage has been wide. It is therefore not necessary for MEDA/USA to divert scarce resources for sensitization.

VISIT TO PATIENTS

I took some time to make contacts with some of the victims of HIV. It should be noted that due to the stigma surrounding the disease, few patients are willing to open up and admit let alone discuss at length about their illness. I managed to gain the confidence of one 28-year-old lady. For the purpose of this report, I will call her Sally (not real name). She let me talk with her freely and even take photos. In reporting about HIV, one has to strike a balance between the need of sponsors to know the patients they are assisting and the confidentiality of aid recipients. This widow with four children (youngest two years) lives with her parents who are poor and old. When I came visiting, the father of Sally (over eighty) sat by the fireside and wore a face of indifference to the torments around him. The mother who was much younger was grinding some herbal medicine brought by a 'native doctor' that introduced himself as Dr Anthony. "I can treat all diseases of the internal organs and those related to sex. I can make a woman that brings forth only girls to conceive a boy. I can treat sexual impotence, waist pain and chronic headache" When I inquired how he came about that wealth of knowledge, his reply; "When I sleep in the night in a room alone with my legs crossed, the spirits reveal these medicinal herbs to me". I inquired from the mother of the patient what Dr Anthony specifically came to treat. She said her (HIV infected) daughter Sally has some abnormal condition on her abdomen that the herbalist claims he can rectify. I told the patient and her parents in the presence of the herbalist that it were necessary they discontinued herbal medicine and concentrate on medicines obtained from the hospital. Before they could give the usual excuse that there was no money, I told them that our brothers and sisters in America have sent some money for me to help people like her obtain her treatment. Sally thus became the first person promised assistance from the MEDA/USA AIDS support project funds.

Another (Moghamoan) patient that I prefer to call only as Imma, was not so lucky. When I visited him in November 2005, he was a shadow of his former self. He looked very lean and much older than his 38 years. The smile had completely disappeared from his face. He was in constant pain “I cannot bear the pains coming from my ribs. Each time I cough, it is as if the ribs will fall off”. Imma was suffering from tuberculosis (a usual disease associated with HIV/AIDS). He had moved from hospital to hospital and from one herbalist to another with no improvement of his condition. “This cough cannot even allow me to lie down and as such I sleep sitting on this chair.” He said in a barely audible voice. “I have suffered enough from this sickness, my business is down and I do not own anything in this world and yet I cry of pain everyday” Shaking his head with tears running down his cheeks, he added “I do not know what to do...I do not know what to do”. Imma died bankrupt in January. AIDS had robbed him of all his earthly belongings and replaced them with pain. Death finally came to put an end to his pains.

As illustrated in Imma’s story, AIDS impoverishes and bankrupts whole families before finally robbing them of their loved ones. As it often happens, the breadwinners (mother and father) exhaust all the family assets before dying, leaving behind orphans with no means to survive in this ever competitive world.

Njei Moses Timah