The HIV/AIDS pandemic has spread to the farthermost reaches of Africa. Areas which, during the 1800’s and the time of David Livingstone, were considered “the darkest heart of Africa” are now reeling under its burden. “Nurses on the Zambezi” takes a brief look at nurses living and working along the Zambezi River.

The source of the mighty Zambezi River, bubbles up from a hidden source in North-western Zambia, gathers strength over its several thousand kilometre course, hurling itself over the Victoria Falls to finally empty into the Indian Ocean.

This river has from time immemorial been a source of livelihood and transportation for tribes living along its banks. In modern-day Zambia villages and towns still line the riverbank. Many are quite remote, even inaccessible, during the wet season when low-lying areas are flooded. In such extreme conditions Zambian nurses live and work, coping as best they can.

What are their challenges and how do they cope? Here are a few comments from some of the “Nurses on the Zambezi”.

HIV/AIDS Counsellor Mrs. Meebelo Doreen Mubiana

Registered nurse and midwife Meebelo Doreen Mubiana has been working in Zambia since graduating as a nurse in 1976. After beginning her nursing career at the University Teaching Hospital in Lusaka, she was first posted to the District Hospital at Kabwe in Central Province, then moved to a number of rural health care centres, before finally transferring to Lewanika Hospital in Mongu, Western Province, situated on the banks of the Zambezi River. She works as night superintendent and is also trained as an HIV/AIDS Counsellor.

In 1992 Lewanika Hospital staff was already experiencing the effects of the HIV/AIDS pandemic. At that time they were ill-suited to cope with the challenges. Medicine to fight the disease (so-called “anti-retro virals” or “ARV”) had not yet been discovered and made available. There was no counselling or training available for nurses who were meeting HIV patients on the wards. Most people were convinced that HIV-positive villagers were being
infected through witchcraft or by someone sneaking into their dwellings at night and pouring potions into their drinking water.

Meebelo was among the first group of nurses trained in 1992 to counsel HIV/AIDS patients. Since these “early days” she has talked with and counselled thousands of HIV-positive patients.

When asked if things have changed over the years she says that “Yes, they have.” The scope of the pandemic has increased. In Mongu 13% of the general population are HIV-positive, but among them you find that 31% of antenatal mothers are HIV-positive (according to Zambian demographic figures for 2003). Stigma has been a major issue, often causing people to refuse testing and treatment, leading to an early death.

Fortunately people are now more open to talking about AIDS, according to Meebelo. The government has introduced free treatment for HIV-positive patients, including free blood work to test for the virus, and free follow-ups. Those who are HIV-positive are given free anti-retroviral (ARV) treatment.

A successful, long-term treatment depends on medication being taken “religiously”, often twice daily at precisely the same time. Patient commitment and understanding, as well as a regular supply of ARV’s are crucial. When asked if ARV’s are reaching the patients on a regular basis she replied “Yes, they are.”

Some patients live in very remote areas, often taking several days to reach the hospital from their villages along the Zambezi. When first diagnosed, they are given ARV medicine for a two week period, and then asked to return to determine side-effects and adjust dosages as needed. If all is well with the treatment regime, they are counselled, given medication for a one or two month period and asked to return before it runs out. This has proven successful in treating patients from very remote areas.

However, government has recognized that travel from remote areas is a major hurdle for many and plans to open several rural dispensary stations for ARV’s.

At the district hospitals Medical Doctors prescribe treatment and change prescriptions as needed. At rural centres this is often done by Clinical Officers (medical health personnel with 3 – 4 years training) or nurses trained specially to assume this task.

When asked about stigma and the general attitude among people living in her area, Meebelo says that there is still some stigma and superstition. Some people continue to believe that witchcraft is involved, but they are fewer now. More and more people are coming to the VCT centres (Voluntary Counselling and Testing Centres). People have begun to realize that life can go on, even if one is HIV-positive. Meebelo believes that stigma will no longer be a major issue, as more and more families agree to be tested and treated.

**RETIRED NURSES CAN ALSO HELP OUT**

Among the participants at the HIV/AIDS workshops being run by the Zambia Nurses Association are three retired nurses. Agnes Lisulo, Beatrice Namangolwa and Rosemary Mususu.
The course coordinator says that it is important to include retired nurses among the workshop participants. Despite having formally left the workforce, they can often be of help to family members and in their local communities.

Mrs. Mususu (to right in picture) helps out with community based care. The basic knowledge given at this workshop is most useful to her in her contact with patients and relatives.

Mrs. Namangolwa (in middle of picture) also expresses a desire to be of help, even though she is blind in her right eye. She says that she too can help out and counsel people if only someone can help her to get around.

Likewise, Mrs. Lisulo (to left in picture) who also has poor eyesight says that she still has a bit of energy left and wants to help out.

By including these retired nurses in the nurses association’s HIV/AIDS work, they feel needed and a part of the ongoing work. In Zambia it is a goal of the Nurses Association to tap into the energy and capacity of as many nurses as possible, including retired nurses.

SIX-HOUR BOAT RIDE TO ATTEND WORKSHOP

On the far side of Zambezi River lies Kalabo district. Two of the nurses working there took a six-hour boat ride from Kalabo to Mongo, before travelling another four hours by bus to attend the workshop.

Othilia Tazibe Hamapande (to the left) works as an enrolled nurse and HIV/AIDS counsellor in Kalabo District. She comes originally from Mongo.

Precious Mainza is a Registered Nurse Midwife, working at Kalabo District Hospital.

Kalabo District Hospital has a plan for 103 beds, but at present receives funding for 43 beds. With a staff of 16 nurses and 2 medical doctors, they feel that their situation is not as critical as other areas in the country.
Although they took six hours to cross the Zambezi, they are quick to point out that with a quicker boat they could get to Mongo in two hours. Who likes to be looked upon as “remote” and “inaccessible”? During the dry season they can even use cars to cross over, if the road over the lowlands is not flooded. It is a two hour drive to Lewanika referral hospital in Mongo.

When asked about the HIV/AIDS situation in Kalabo, they both state that it is changing. People are “coming out” realizing that treatment is available and that they do not have to die an early death.

The District Hospital in Kalabo has lots of HIV/AIDS clients. People in this area tend to have a higher rate of infection than the national average of 16.5%. At present they have over 1,000 HIV-positive clients registered and on ART, in a catchment area of approximately 16,000.

The supply chain for ARV medicine is working. ARV’s are free-of-charge, and there are no hidden charges. They conclude saying that most of the patients that they have on ARV seem to be OK.

**NEWLY GRADUATED NURSES REMAIN**

Bibbi Chiluba graduated from the Lewanika School of Nursing in 2004 as an enrolled nurse. She has chosen to remain in her district working at Senanga District Hospital on the female wards. She provides nursing care to HIV-patients.

When asked about the workshop she says that it helps her know how to properly handle her patients. She says that she can “feel for them, know how they feel, and know how to take care of them”. The workshop has provided her with more extensive knowledge about HIV/AIDS than she received as a nursing student and has given her new ideas to bring back to her ward.

When asked about the challenges she faces, she replies that at some times things are not there, such as gloves and medicines, but fortunately this does not happen too often. More people are coming for VCT and counselling so that they can start to take ARV. She confirms that the drugs are available on a regular basis. She is a proud member of the Zambia Nurses Association. When asked about staffing levels she replies that while there is a shortage, the staffing levels are not too bad at their hospital.