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# 2017 Activity Report

Fr John Kolkman Foundation



*highlights of works of our hands*

## Counselling and Case Management Services

There were 210 family encounters in the counselling and case management program for scheduled follow-up (resulting to 1,216 service hours). Of the affected 210 families encountered, 28% have 2 or more affected children from the same mother. Treatment plans are laid out for each client based on their unique situation. The most prominent cases are malnourished, anemic children, ulcers and healthcare-related infections. Various control measures are employed to manage these cases. Every client has an observation chart where each encounter is noted and reviewed. The chart is the client's clinical and historical record.

Name (Surname, First name)	Gender(Male/Female)	Date of Birth(mm/dd/yy)
Address	Religion	Date Diagnosed
Mamba	Catholic	
Phone (mobile)	Phone(home/Work)	Email Address
Parent/Guardian Name	Phone	No. siblings with SS: 1 SC
Clinical observation		
Date of visit	Observation	
08-17		
08-15		
09-15		
01-16		
01-17		
01-17	Wound on the right inside about 5cm long by 2cm, then multiply draining, outside smaller deep wound of 3cm by 2cm wound colour is white	
	Treatment, dressed wound, given hemoxide 3x a day for 15 days came after	



**Case management: participants in group and individual counselling sessions.**

## Clinical Services

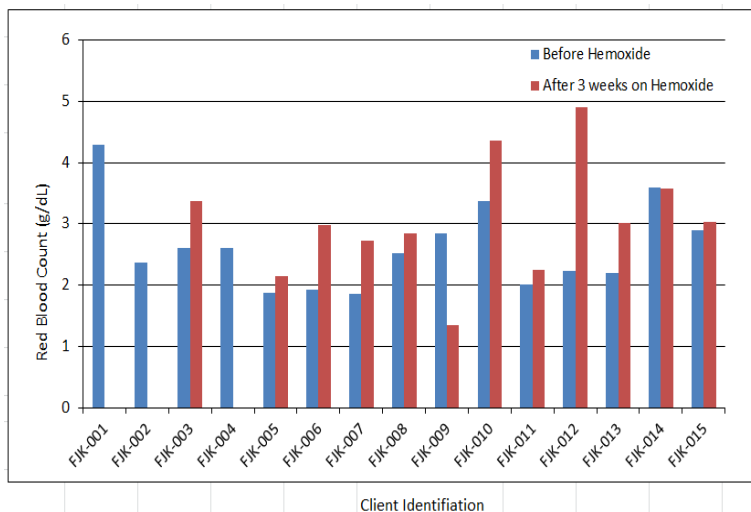
Clinical services were provided to xxx children (xx male and xx females). Most prominent were ulcers, fevers, infections, cough, malaria, rashes, and swollen limbs. Cases like the one in the picture are a common occurrence. Such cases need a daily monitoring and dressing to prevent infections. Cases like these are nutritionally counselled to stay on a high vegetable and fruit diet. There were 3 reported SCD deaths.

### Hemoxide Supplementation

Hemoxide continues to be the wonder support remedy for affected persons, and alleviating family sufferings. Its effectiveness is evaluated and reported on a regular basis as a routing protocol for managing SCD. For every new diagnosed case, a complete blood count (CBC) is

taken. The individual is placed on Hemoxide and monitored monthly through a CBC analysis. For more stable conditions, monitoring is done quarterly.

Hemoxide is administered primarily to prevent any anemic conditions which are the cause of a crisis. An anemic condition arises when the red blood count is low. Below is a sampled data red blood cell counts of some of the affected children enrolled in the *anemic controlled program*. Those with the missing red bars did not show up on the day their CBC was to be taken.



*Before taking Hemoxide*



*One week after taking Hemoxide*

Additionally, parents, young adults and children who are able to express themselves have verbally testified to the effectiveness of the supplement noting, among others, an increase in appetite, change in urine color from pale yellow to white, increased energy levels and reduced crises. Those who have experience crisis report a reduction in frequency and intensity. Some indicators include healing ulcers. We have seen a decrease in chronic ulcers and an increase in rapid healing of wounds.

Affordability remains the number one challenge in providing services. The Foundation in 2017 incurred an outstanding bill of USD 3,253 (cfa 1,730,500) being minimum service fees for various services, medical supplies and supplements.

### Rapid Point of Care (RaPoC) Screening

We conducted sickle cell screening using the SickleScan, the rapid point of care screening kit, in Bafut, Mankon, and Ndop Health Districts. 410 f persons (male and ... female) participated. The age range was from one year to 35 years. The following results were recorded: SS=41%,



AS=33% and AA -26%. A general awareness and education were done to the population explaining the importance of SCA screening. Persons opted to be screened. Those who were positively screen were enrolled in a counseling and supplementation program.

Positively screened sickle cell children are first sent to laboratory to do an initial red blood count before placing them on Hemoxide and other treatment regimens. Their anemic conditions and susceptibility to infections are monitored. Treatment

regimens are adjusted accordingly. Challenge: Keeping regular appointments and not waiting until a crisis has occurred is a challenge. However, with continuous awareness on the importance of preventive care, follow-up rates have improved more than when the program first started.

## Outreach and Public Education

### Voice of Hope

Voice of Hope is a sickle cell public education and awareness program produced by the Outreach Services of the Foundation over Radio Abakwa FM. The program airs every Saturday featuring SCD news around the world, call ins from the public, appearance by medical personnel and affected persons who want to share their experiences. 52 hours of the program were aired in 2017. Program topics included: managing SCD, appropriate clothing for affected persons, how SCD is acquired and who is vulnerable, recognizing SCD in children, what teachers should know about SCD, good food for people with SCD, significance of peer support, SCD and relationships, Hemoxide and its nutritional values.



### Healthy One Family SCD Workshop, Mamfe

Healthcare coordinators, heads of services and healthcare providers in the Diocese of Mamfe, on 19th of March 2017, convened for a one day seminar and workshop on sickle cell disease at the Diocesan Pastoral Center, Mamfe. FJK Foundation, conducted the exercise under the terms of a memorandum of Understanding between the Diocese and Foundation. In his opening remarks, the Bishop of Mamfe, the Rt Rev Andrew Nkea, welcomed the participants and noting it was the first time a workshop and seminar Sickle Cell Disease had been organized in the diocese. Focus was on the nature, myths and clinical aspects of sickle cell disease, challenges faced by the afflicted, an overview of the world health recommended strategic priorities and interventions. Interventions for managing, diagnosing SCD and crisis were introduced included the role of nutrition, a management paragon, SickleScan and Hemoxide SCA. It was stressed that nutrition is vital to preventing health related complications and maintaining a health life but is often neglected in clinical care counseling. Participants broke out into four workgroups. Each group was given a topic to: 1) explore the challenges faced, 2) discern solutions to address the challenges, 3) present an action item or way forward. At the end of the workshop each group presented its deliberations in plenary session. All were given a certificate of



participation, signed by the Executive Coordinator of FJK Foundation and the Bishop of Mamfe in recognition of their participatory efforts in promoting a healthy One Family. FJK Foundation team were guest of Radio Evangelium speaking on the concept of integrating sickle cell interventions into existing health packages.

### Sickle Cell Action Framework Released

The Foundation authored and released a document, SCAF, for sickle cell stakeholders. In its Foreword, the NW Regional Delegate Dr Manjo noted the “urgent need for a framework to enable proper coordination of Sickle Cell Disease management... enhance the participation of all stakeholders involve in the prevention and management of SCD in

our health institutions and communities” inviting all sickle cell actors “to source from this document”.

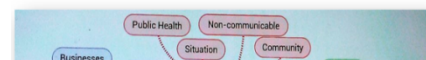
### SCAF Workshop in Bamenda

FJK Foundation launched SCAF in Bamenda on 31 March of 2017 at the Regional Delegation of Public Health. Over 60 stakeholders from the private and public sectors of health across the Region participated in a one day workshop to sensitize them on the Sickle Cell Action Framework of the Northwest Region. This was a collaborative facilitation of the Regional Delegate of Public Health –North West

Region, FJK Foundation Management, Pediatrician RHB, and Chief of Partnership, Participants included Directors of Training Schools health Personnel, Regional Coordinators of Programmes, District Medical Officers (Bamenda, Bafut, Bali, Mbengwi, Tubah), Directors of District Hospitals (Bafut, Bali, Mbengwi, Santa, Tubah), Directors of CMA (Nkwen, Mankon, Bambili), General Supervisor RHB in-charge (Mary Solidad, BBH Annex Nkwen, PHC Ntamulung); All Chiefs of integrated Health Centers, Bamenda Health District, CBOs (HEDEC, SHUMAS, COMINSUD, COHESODEC).

Workshop Moderators: Dr Matilda Manjo, Regional Delegate of Public Health, Dr Sunjo, Pediatrician and Professor in Medial School, Michael Neba, Executive Coordinator and Ayafor Neba, FJK Foundation, Chief of Partnership – not pictured.

**SCAF**  
Sickle Cell Action Framework



## Infrastructure Development

### Hematology Laboratory Setup

Work has begun on setting up a hematology laboratory at the FJK Sickle Cell Centre. . Phase I of the project involves the conversion of an existing room into a laboratory; Phase II - Equipment acquisition, installation and testing; and Phase III – Implementation.

**Phase I:** A countertop to serve as workspace is being constructed from concrete pillar bricks with a tiled surface. Water supply and drainage pipes have been completed along with the required sinks. Floor tiling is completed with a 60 x 60 cm ceramic

tiles. Tile quality was selected to withstand heavy traffic and facilitate cleaning. Electrical outlets, switches and wiring are completed. The two windows without shutters now have shutters reinforced by iron bars to minimize risk of break in.

#### 4 KW Solar Electrical System Installed



A 4KW solar powered electrical system was installed in the Center in Bafut in March 2017. The system comprises 2 x 400W solar panels, a battery bank (800ah), PV inverter, and circuit breaker, unit distributor, mounting board, circuit controllers and cables for wiring and outlet sockets. Local electricians and carpenters were utilized in the assembly and installation.

#### Performance

The rated output of the system was 4,000 watts (4KW), 120V. The actual voltage, when the system was powered, was recorded at 118V. Laptops, have been powered, from various outlets, 35 40 W lamps are running with no electrical fluctuations in addition to appliances in use at the facility.

#### Other Points

The Minister of Territorial Administration and Centralization on 24th October 2017 issued a decision authorizing FJK Foundation 's operations in Cameroon in its mission and commitment to combat sickle cell anemia.

Bingo Baptist Hospital (BBH) annex, Nkwen has initiated a pilot program on sickle cell screening following the SCAF launching in Bamenda in March. The purpose of the pilot

program is to explore the possibility of establishing a BBH-FJK partnership in managing SCD.

FJK entered and agreement with St Blaise Clinic. Under the terms of the agreements, FJK will send its clients for hematology analysis.

**MAMFE Training the Trainers -**



Above Left to Right

Presenting a report of Intervention Strategies; Ms Ayafor Neba on the Role of Nutrition in disease prevention and SCD Management







Elderly Persons receive assistance from Dove Mobile

**Dove Mobile Clinic Encounters**  
Mentally Challenged and Senior Persons encountered needing medical assistance.

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FJK Foundation Outreach Services  
Rev Richard Apongnde, Administrator\_