

The Kuplumussana association and Doctors with Africa CUAMM: Ten years on the front lines in the battle against HIV / AIDS



The work of Doctors with Africa CUAMM in Mozambique

CUAMM's work to support and strengthen Mozambique's health system began in **1978**, following the war of independence from Portugal that started in 1975. The first cooperation program took place in the field of peripheral medicine when Italian volunteers (doctors, paramedics, and technicians) began to support the national health system by providing their service to the various hospitals scattered throughout the country. This first stage was followed by other programs designed to strengthen the national healthcare network and train local healthcare professionals.

Beginning in 1981, CUAMM's volunteer doctors began operating in very difficult conditions as civil war broke out in Mozambique between FRELIMO and RENAMO. Within this context, in **1986**, CUAMM intervened at the Chokwe hospital, in the province of Gaza, assisting tens of thousands of refugees fleeing a conflict that lasted until 1992, when the warring parties signed the Rome Peace Agreements.

In 1997, other projects were started in Chicumbane and Xai-Xai in the province of Gaza to support medical training in hospitals and other training centers. That same year, CUAMM increased its efforts to improve the health conditions of the resident population in Gaza and the province of Sofala.

Since the **2000s**, CUAMM has also established a presence in **Beira**, the capital of the province of Sofala, and the country's second largest city, with more than 533,000 inhabitants (INE data - Instituto Nacional de Estatística, preliminary results of the 2017 census). In this city, CUAMM mostly provides technical support to hospitals and district health centers. In 2004, CUAMM also began collaborating with the **Catholic University of Mozambique in Beira** (UCM) by teaching theoretical-practical medicine courses and funding scholarships to deserving students in need. The first 16 students funded by CUAMM graduated in 2007.

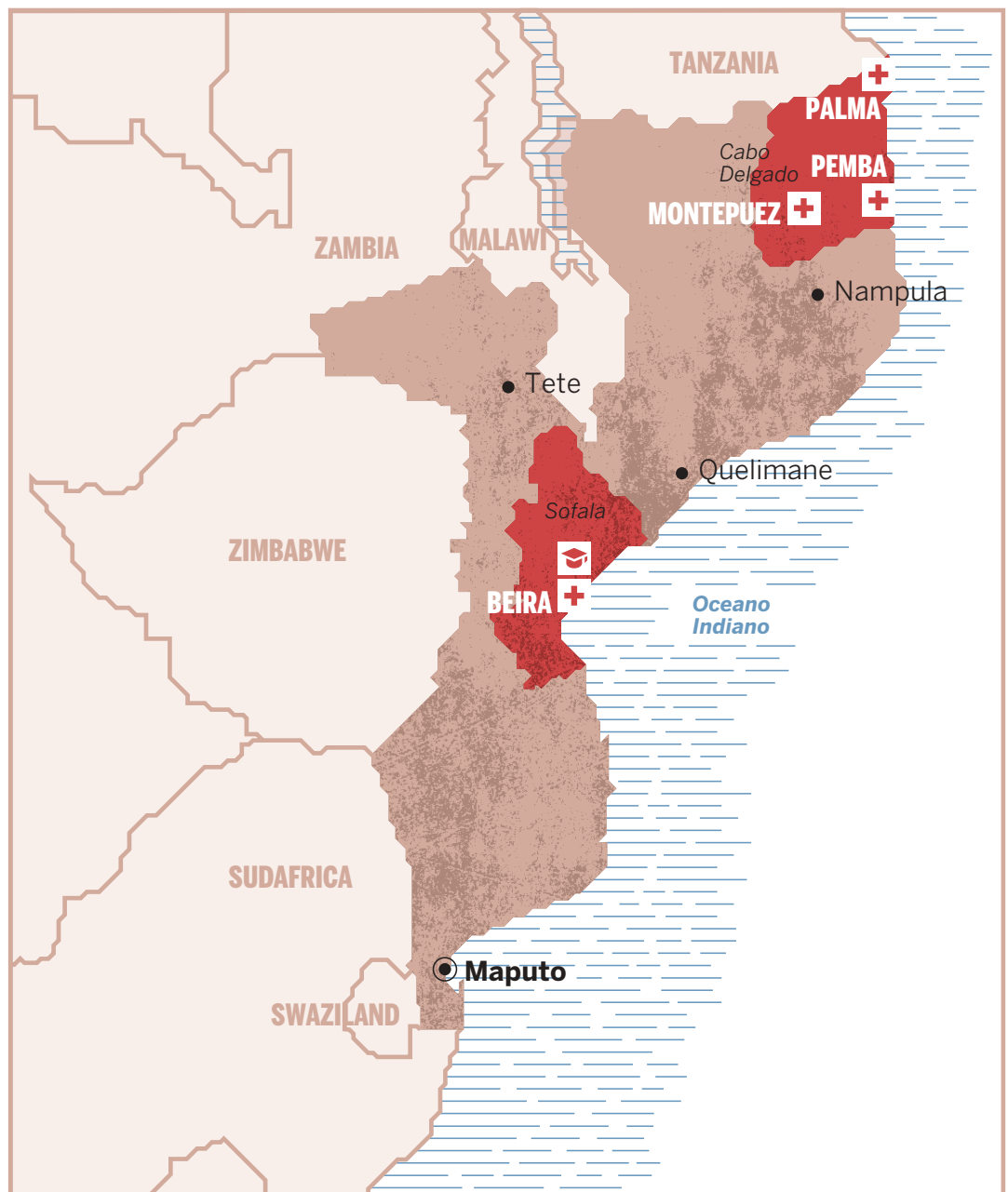
CUAMM's efforts to reinforce pediatric services in Mozambique expanded beyond Beira in **2013** with interventions in the district of Palma, one of the most remote parts of the country, and with other projects in the province of Cabo Delgado the following year. More recently, new interventions were initiated in the provinces of Tete, Nampula, Zambezia, Maputo, and the city of Maputo. CUAMM celebrated its fortieth anniversary extending its presence in Mozambique to 7 out of the country's 11 provinces in 2017.

National HIV context – Mozambique

The silent HIV/AIDS epidemic ravaging Sub-Saharan Africa and Mozambique represents a critical challenge. It is a particular threat to the population of a country of about 28 million inhabitants (INE data - Instituto Nacional de Estatística) living in poverty, with limited access to care, a weak health system, and a lack of education. The overall picture is one typical of a fragile country where HIV / AIDS, malaria, and tuberculosis figure among the main causes of disease and death among adults.

Data collected by UNAIDS suggests that around 1.8 million people in Mozambique live with HIV. In 2016 alone, CUAMM recorded 83,000 new infections and 62,000 deaths attributed to AIDS. The seroprevalence is estimated to be around 14% with higher rates in some areas, particularly in Sofala, where seroprevalence has risen to 25%. Young people between the ages of 15 and 24 tend to be the most affected. Women between the 20 and 24 are four times more likely than men to be infected. The virus is spread mainly through heterosexual encounters. Only 54% of the population infected with HIV is receiving antiretroviral treatment. It is also believed that around 13,000 children have been infected with HIV through vertical mother to child transmission.

CUAMM in Mozambique



The birth of Kuplumussana

In **2005**, a group of about 20 mothers that were diagnosed as seropositive during pre-natal visits were encouraged by nurses working in the infant-maternal ward of the hospital in Beira to meet regularly at the hospital (twice a week) to exchange their opinions and advice, talk about their experiences, and become better prepared to deal with their condition with the aim of preventing the vertical transmission of HIV.

The **concept of Kuplumussana** (from the local Sena language for “to save each other”) was born three years later out of this mutual-support experience between affected mothers, to address the need for institutional mechanisms to reach out to the community, and monitor the health of women and children. Almost immediately, this group of women voluntarily undertook one of the most consequential activities – to **actively search** (in Portuguese, “*busca activa*”) and identify patients in the community, particularly women and children, who had stopped administering antiretroviral therapy and stopped showing up for scheduled visits. Active searches involved visiting the homes of these persons to understand why they had stopped their therapy and to find solutions for their treatment and recovery.

Motivated by a deep-seated desire to help other women overcome the discrimination, abandonment, material and psychological vulnerability, and the stigma associated with HIV, these women achieved immediate and surprising positive results, beginning with communities near their homes. Utilizing a peer-to-peer approach, and endowed with extensive knowledge of the targeted communities, volunteers were able to surpass **65%** adherence to treatment among individuals reached within the *barrios* (Portuguese for suburbs) **during their first year of activity**.

One of the reasons of Kuplumussana’s success is that the women involved in the active search, unlike health workers and activists, operated with a high level of discretion that allowed them to go almost unnoticed in a context permeated by much stigma. Their level of access (more than physical) and understanding of social complexities associated with HIV/AIDS provided them with an easier point of entry to a context marred by a series of challenges starting with the uncertain whereabouts of targeted individuals. Moreover, the women’s knowledge of the unique language and social codes of their community greatly facilitated their access into social circles characterized, not only by great poverty, but also by general ignorance, popular beliefs, and misconceptions about the virus and its means of transmission. Clearly, an exclusively clinical and pharmacological approach would not have sufficed in the fight against HIV/AIDS.

Active searches are conducted by teams of two women who look out after each other. Each team is charged with searching for 5 to 6 new individuals every week, and follows up with around 200 people each month.

An assessment of Kuplumussana's activities conducted in 2013 found that **711 mothers** and **1,109 children** who had previously abandoned treatment had been identified and persuaded to return to treatment. Between the end of 2018 and February 2020 over 4,187 individuals were reached through active searches. All of this was done in synergy with local health institutions and in coordination with hospital staff who flagged missed appointments and abandonment of treatment, and called attention to the most problematic cases.

Muanacha learns how to use a computer with Cacilda



The CUAMM Project

Within this context, in **2008** CUAMM launched together with UNICEF its project entitled: “Support for the prevention and treatment of children with HIV in Beira.” This project, managed by pediatrician Dr. Maria Laura Mastrogiacomio, was designed to support the activities of Kuplumussana, which by then consisted of about **35 women** working in communities and within health units.

Thanks to the support of CUAMM, Kuplumussana began to develop and consolidate its activities, establishing formal headquarters (in the area of Nhangara, Macurungo) and becoming officially recognized by the Mozambican authorities in **2011**.

As a result of CUAMM-UNICEF’s intervention, Kuplumussana began to put in place new means of organizing and managing HIV services that were in line with the indications issued by Mozambique’s Ministry of Health. First, all support activities carried out by the Kuplumussana association in hospitals and health centers within seven Health Units in the district of Beira became decentralized. Women working for the association were given specific training in issues such as: HIV/AIDS prevention; antiretroviral therapies and analysis; nutritional education; tuberculosis; vertical transmission; as well as on **educational** and awareness-raising techniques aimed at the community. Finally, the project provided subsidies to cover transportation costs and compensate the women for their work, thus making the activity more productive and improving the living standards of the association members.

The members of Kuplumussana, operating within health centers, help to support and guide sick mothers and children with confidentiality and respect and with the courage of disclosing their own seropositivity. Being able to openly say “I am HIV positive” within a context marred by stigma, false beliefs, and a general lack of information is a key to promoting a climate of trust and understanding necessary for the proper provision of preventive measures and treatment. The members of Kuplumussana are committed to their patients beginning with a first home visit after women are diagnosed as HIV+ so as to avoid violent reactions when they break the news to their family. Kuplumussana is quite unique in the sense that it is able to reach families, the primary agents of change, directly.

Having regained their self-confidence, and enthusiastically embracing the promises of mutual aid, Kuplumussana women between the ages of 20 and 50 engage in a myriad of activities besides active searches. These range from providing nutritional education through **culinary demonstrations**, to raising community awareness through **theatrical** and **musical productions**, and **counseling** and supporting families in need through so-called **madrinha** activities (from the Portuguese for godmother). To promote proper nutrition that can supplement medical treatment, the women of Kuplumussana teach mothers in health centers how to prepare various dishes, illustrating the importance of a balanced and nutritious diet and showing mothers how to prepare nutritionally enriched meals for children.

Mothers are taught how to make cassava cooked with flour, peanuts and coconut milk, as well as other rich dishes suitable for babies over six months. Between the end of 2018 and February 2020, Kuplumussana did 4,811 culinary demonstrations.

Theatrical productions are performed one a week in the communities and in health centers and they cover a range of themes from HIV/AIDS and antiretroviral treatments to infant-maternal health (including breastfeeding and neonatal and infant nutrition), family planning, and malaria. Given the strong link that exists in Mozambique between theater, music, and dance, songs are used as powerful sensibilization tools that can educate with a clear message and a fun and catchy tune. One song written by Kuplumussana mothers, for example, says:

Nkazaco Ndi Nkazaco – Tua mulher è tua mulher – Your Woman is your Woman		
Tonsen Ite Tissa Dziwa Kuti Ndzico Muno Tina HIV	Nos todos soubemos Que neste mundo existe HIV	<i>We all know that HIV exists in this world</i>
Mbwenhe Anago Assapinhonsa Manguana Nba Thabura	Outros desprezam amanhã sofrem	<i>Some despise it But the next day they suffer</i>
Amai Anga Khala Na Mimba Ku Xipitali Assa Tchita Ptv Anga Khala Athapula Hiv Anga Fica Kunhunba Nkaabhe Longa Gopa Mamuna Ana Nmenha Mba Nthanguissa Pa Nhumba	Uma mãe quando estar grávida No hospital faz PTV Quando acusar o teste de HIV positivo Quando chega em casa não fala porque Tem medo do marido lhe bater E lhe expulsar de casa	<i>A mother when she is pregnant In the hospital she makes an antenatal visit And if the test is HIV positive. When she arrives home she says nothing because she is afraid that her husband will hit her and drive her out</i>
<i>Madzi Mai Na Pai Bveranane Mutchite Makani Mukhale xamwal</i>	<i>Mama e papa tem que ter entendimen-to, terem conversa em casa e serem amigos</i>	<i>Mum and dad must understand each other, communicate at home and be friends</i>
Towera Mwana Anbhaliwe Na Ungumi Wadhidhi Safunika Kuti Pai Na Mae Abve-rane	Para a criança nascer saudável E preciso mama e papa se entenderem	<i>Because the baby is born healthy It is necessary that mom and dad understand each other</i>
Nkazaco Ndi Nkazaco Leka Khala Na Ma-nhadzo	Tua mulher é tua mulher, deixa de ter vergonha	<i>Your woman is your woman, stop being ashamed</i>
Ku Bverana Nkwadhidhi Kussa Tsanzaissa Pa Nhumba	O entendimento é bom e traz a felicida-de Na casa	<i>It is good to understand each other and bring happiness to the home</i>
Ku Xipitali Kamperekere Anga Tchita Teste Iwe Tchitambo	No hospital acompanha sua esposa Se ela fizer teste de HIV você também faz	<i>Accompany your bride to the hospital If she takes the HIV test, do it too</i>
<i>Mandzi Mai Na Pai Bveranane Mutchite Makani Mukale Axamwali</i>	<i>Mama e papa tem que se entenderem criar conversa e serem amigos</i>	<i>Mum and dad must understand each other, communicate at home and be friends</i>

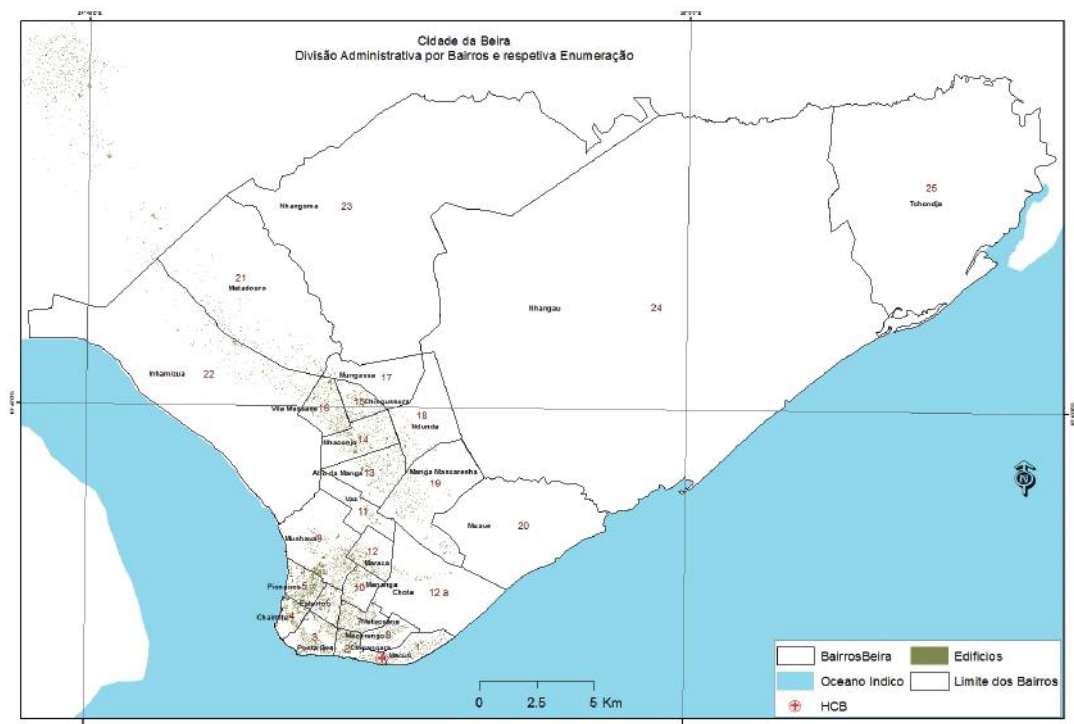
It is clear that the content as well as the form of diffusion has led to significant benefits. Sensibilization campaigns conducted through theater and cooking have reached an estimated **audience** of **463,236** within the span of four years.

In addition to the work performed in health centers, Kuplumussana helps the community by fostering children from families going through social and economic difficulties in their *madrinha* house.

In **2009**, Kuplumussana became the launching pad for the creation of the **Geração Saudavel** association which was officially recognized in **2014**, and led by a group of young activists to promote sex and health education. Many of these young people were children of Kuplumussana association members who similarly, through theaters, active searches, and their presence in health centers, carried on a sensibilization campaign on issues of HIV/AIDS and provided support to the **Friends Service to the Young and Adolescent (SAAJ)**. SAAJ operates special sections within health units dedicated to the health of adolescents (ages 10 to 24) specifically focused on sex and reproduction.

Since 2016, CUAMM has run a new project, to support seven SAAJs in the city of Beira through activist peer-to-peer groups from **Geração Saudavel** and **Anadjira** to conduct sex and health education.

Map of the city of Beira with its administrative subdivisions



Given their wealth of experience, Kulpumussana continues to support and guide the younger activists with their work with the SAAJ and with their own active searches. The attention paid to the adolescent population is a key aspect of a multisectoral program lead by the MISAU in accordance with WHO guidelines. In **2010**, the 35 women of the association were joined by a group of men to promote the participation of fathers in prenatal visits and address the sensibilization needs of men in the community. The involvement of men in theatrical performances was immediately well received as husbands, many for the first time, began to assume responsibility over the care of their wives and children and to accept HIV/AIDS as more than just a “woman’s issue.”

Unfortunately, due to a recent lack of funding, there has been a decline in activities exacerbated by a food crisis that has affected Mozambique since 2016. This severe economic crisis has been accompanied by a flareup of armed clashes between the majority party and the opposition, a devaluation of the local currency, a rise in prices, and the climactic phenomenon known as “El Niño.”

Under these conditions, poor families living in a low income country like Mozambique struggle to feed themselves, and individuals and children with HIV are particularly vulnerable. The members of Kuplumussana themselves, men, women, and children, face considerable personal difficulties.

The situation is complicated further by the emergence of a progressive resistance to treatment in patients who have been receiving therapy for over four years, and where healthcare personnel have difficulty making a timely request for a second-line therapy.

There is often very little information on the progress of the body’s defense cells (CD4), which are essential to understand if a therapy is being effective. It is very important that patients learn to take care of themselves and possibly even monitor changes in CD4, opportunistic diseases, fluctuations in weight, and other indicators that measure the effectiveness of the therapy. Kuplumussana, as a means of sensibilization on this issue, even distributes small notebooks where people can write down the results of their own evaluation.

When it comes to community work, the human element is of critical importance. People need to know who they can count on. During an inspection visit following the death of Teresa Januario, one of the founding members of Kuplumussana, Dr. Maria Laura Mastrogiacomo wrote in 2014:

«After the big parties and expressions of joy for my arrival I saw concern, sadness and fear in their faces. The specter of AIDS and death is again present in all. Teresa's death reopened the wound of the day they learned that they were HIV positive... that day had been for each of them the beginning of the worse part of their life, knowing that they had been the cause of their child's illness added a sense of shame to the certainty of their impending death and to the fear of their neighbors, family members and partners. "How will I tell them?" "Will they chase me away as I have seen it done to many of my friends?" And this is how it was for many of them. They found themselves alone in the street, with their children, and without any sort of financial support.

Then, thanks to Kuplumussana, everything changed. Hope was reborn. They were able to give birth to seronegative children, thanks to the treatment. They regained their self-esteem and the courage to fight to maintain a family.

Now, however, doubts and fears are re-emerging. Reductions in the project's budget and an increase in the number of volunteers is significantly reducing the possibility of having sufficient funds to cover their essential needs. Many mothers are living under difficult conditions. Others have had to abandon their studies or the construction of a home they had planned for when times were better... I'm discovering another reality of Kuplumussana mothers who are constantly in touch with death and with deep wounds in the heart left by the death of loved ones they never cease to miss».

Conclusions

Over the years, the Kuplumussana association has proven to be one of the most innovative and promising instruments capable of monitoring the spread of HIV, collecting data, and promoting the resumption of antiretroviral treatment by people who are HIV positive. The association cares for mothers, children, and teenagers – a section of the population which is key to improving the living and health conditions in Mozambique – and it manages to do all of this exclusively using a peer-to-peer approach.

Their experience illustrates how the interaction between support groups and healthcare facilities can play a central role in guiding women towards prevention and recovery programs for children lost to treatment. It also clearly shows how mothers' support groups can really add value to the pediatric treatment of HIV.

The communitarian approach, characterized by so much energy and enthusiasm imparted by HIV positive people, has proven to be a winning component of this program. The men and women that CUAMM has invested in, have been given a chance to recover from a difficult existence, not only marred by their disease but also by the precarious economic situation in Beira. Although Kuplumussana engages in a number of self-sustaining activities such as cooking and sewing, their project is still in need of additional support and guidance. The association needs to continue building its capacity in order to remain completely autonomous. Effective coordination will also allow it to become completely sustainable and well-integrated with the local health system.

The death of a number of the association's founding members and shortages in funding have dealt discouraging blows to the group which has been forced to reduce some of its activities. The situation is made worse by the current crisis in Mozambique, marked by climactic disasters and political instability. For all of these reasons, Kuplumussana is in urgent need of support.

The valuable link between CUAMM and Kuplumussana needs to be preserved. It represents an opportunity to maintain contact with the real beneficiaries of projects, both from a short-term assistance and a long-term development perspective. CUAMM's conscious investment at the community level and in hospitals and health centers addressing the needs of the population deserves to be protected.

Recommendations

In order to help reduce the number of new infections, ensure adherence to treatment, and reduce AIDS mortality among mothers, children, and adolescents through Kuplumussana's community work, it is important to reinforce the association's autonomy and sustainability. This can be achieved through microentrepreneurial projects involving culinary and sewing activities.

This involves:

- Ensuring the presence of staff experienced in community and microentrepreneurial activities within the association to help identify best practices, improve services, and seek the involvement and support of city authorities by showcasing the positive impact of these activities;
- Guaranteeing adequate resources to train the association's management and administrative personnel on administrative tasks, including accounting, data collection, analysis, and reporting;
- Teaching ten association members how to tailor and sew professionally;
- Training fifteen members on culinary activities that can generate income to sustain the association's work.

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General photos of Kuplumussana



The youngest is Ines, 23, who learned she was HIV positive when she was only 17 and joined the association two years later, in 2010. She has since then married, and her husband is active in Kuplumussana



Training and Teenager Engagement





Afua Assane (center).
A founding member of
Kuplumussana together with
a group of teenagers who were
given training on HIV/AIDS
awareness and prevention



Theater



Culinary demonstrations and training

A Kuplumussana mother providing nutritional training to other mothers





Godmother activities / childcare



Faustino Pinto is an orphan who used to live alone with his younger siblings. He abandoned his medical treatment but was subsequently tracked down by Kuplumussana mothers who have taken charge of him and his brothers





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