

COTHAZ project Launched in Kitwe



Mike Mandelbaum TB Alert CEO with Roy Mwilu, CHEP ED after signing of the funding agreements

The Community-led Tuberculosis and HIV/AIDS Advocacy in Zambia project (COTHAZ) was officially launched in Kitwe at the Copperbelt Health Education Project (CHEP) offices on 10th February 2011.

The project is a partnership between TB Alert from the United Kingdom, and Zambian civil society organizations working around TB namely CHEP which is the lead agency of the project in Zambia, Community Initiative for Tuberculosis, HIV/AIDS & Malaria plus related diseases (CITAM+) which is the lead advocacy agency, Family Health Trust in Katete, Children

in Distress (CINDI), Copperbelt Integrated Health Education Project (COIHEP) of Luanshya, Community Health Restoration Project (CHReP) of Luanshya and Chichetekelo Outreach Partners (COP) of Kabwe.

This 3 year TB advocacy project that is being implemented in the United Kingdom and Zambia and is funded by the Department for International Development (DFID) through UKAID.

The Chief Executive Officer for TB Alert Mike Mandelbaum signed the agreements with all the project partner Executive Directors and/or their representatives and was witnessed by Roy Mwilu, Executive Director for CHEP.

ZAMBART releases ZAMSTAR study results

The Zambia AIDS Related TB Project (ZAMBART) on Friday 9th September 2011 released the results of the much awaited Zambia South Africa Tuberculosis and AIDS Reduction Study (ZAMSTAR). The study, which was sanctioned by the Ministry of Health in April 2008 was conducted in 16 ZAMSTAR sites in the country namely Lusaka, Chongwe, Kabwe, Choma, Livingstone, Luangwa, Ndola, Kitwe, Mansa and Chipata.

The focus of the study was preventative therapy using the TB drug isoniazid (INH) to prevent latent TB becoming active TB in people living with HIV (PLHIV). ZAMBART Project Coordinator Dr. Helen Ayles and Dr. Peter Chungulo, lead researcher of the study released the results to various TB Stakeholders who attended the meeting at ZAMBART House.

The objective of the study was to develop guidelines, recording and reporting forms for the implementation of Isoniazid Preventive Therapy (IPT) in Zambia and to demonstrate the operational feasibility of providing IPT through the primary health care system. In April 2008, the World

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Letter from the Editor

Greetings to all our esteemed readers.

It is with great pleasure that I welcome you to the first edition of the quarterly COHAZ Newsletter. Tuberculosis (TB) is a curable disease and has been around us for millions of years. Yet each year more and more people are becoming sick and dying of TB. Many of the people with TB nowadays are co-infected with HIV. The current TB crisis is the result of the HIV epidemic as well as in some cases the result of years of poor functioning TB programmes that place millions of people at higher risk of getting TB. TB is taking away and weakening all the progress made in the fight against AIDS and still remains the number one cause of AIDS-related deaths in Africa. It is important that we should all

be talking about TB to ensure that we educate the masses and in turn save lives. It is for this reason, among others, that I am pleased to introduce the first edition of COHAZ News, a quarterly newsletter that will cover TB information, activities being implemented by the COHAZ partners in the project as well as enlightening you with TB advocacy issues and activities from Zambia and around the world.



“Only in working together can we win this fight against TB”.

The newsletter will serve as a mouthpiece to sharing experiences and best practices by the partner organisations on the project and other TB stakeholders. Please feel free to share your stories with us. The newsletter will be published

quarterly and is free of charge to all our partners and all other TB and HIV stakeholders.”

Carol Nawina Nyirenda
Editor

Message from CHEP on behalf of the Partners

Dear Readers,

Welcome to the first edition of the Community Led TB and HIV/AIDS Advocacy in Zambia Project (COHAZ) newsletter. I am proud to present the first edition of COHAZ lessons learnt, an important resource for everyone involved in helping COHAZ and its partners to learn effectively from experience gained over this implementation period. Our newsletter provides you with updates about the project activities and services, keeps you informed regarding national, regional and community events, and tells you about opportunities and challenges affecting the COHAZ partners.



It is envisaged that the upcoming editions of this newsletter will incorporate latest experiences and best practices of COHAZ from respective project sites both at community and organizational levels. This edition is no exception. I hope

you will find it beneficial and learn from the experiences shared by others in their everyday work. Becoming part of this network will enable you to engage with like-minded individuals with whom you can share innovative and practical solutions to address the real challenges your Organization needs to overcome to become successful.

Best wishes

Roy Mwilu
Executive Director
Copperbelt Health Education
Project (CHEP)

PLHIV demand for new channel for CS resources

Hundreds of people living with HIV (PLHIV) on Friday 29th July 2011 presented a petition to Country Coordinating Mechanism (CCM) chairperson Professor Siamwiza and Director General of the National AIDS Council (NAC) Dr. Ben Chirwa demanding that the CCM finds an alternative organisation through which to channel funds from the Global Fund to fight AIDS, TB and Malaria (GFATM) meant for civil society organisations working around TB and HIV/AIDS in Zambia.

The petition, signed by Treatment Advocacy and Literacy Campaign (TALC), Community Initiative for TB, HIV/AIDS and Malaria plus related diseases (CITAM+), Network of ARV Users, Coalition of Zambia Women living with HIV/AIDS (COZWHA), Zambia National Antiretroviral Support Network (ZNAVRS), and the Zambia Network of Religious Leaders living with HIV/AIDS (ZANARELLA) members.

The petition demanded that the government takes steps to bail out ZNAN by paying back the 1.7 million dollars owed to GFATM as a result of audit queries raised by the Office of the Inspector General of the GFATM in their audit report. "The government should seize all of ZNANs assets and those of the sub-recipients mentioned in the report in order to recoup and repay the funds to the Global Fund in the hope that this action will allow the continued flow of funds to civil society organisations in the country. There was a proposal that the CCM appoint an interim PR to handle the GFATM activities under ZNAN so that the funds can start flowing to CSOs and CBOs.

At a planning meeting held at Hope House to sign the petition and Sanction the action, it was unanimously decided that the government should ensure that there was no increase in TB cases due to lack of funding for programmes. Other demands included that the selection process of all future PRs should be more transparent and systematic and that proper evaluations should be carried out for all PRs that are to be retained. The CCM should strengthen its oversight role and legalise its legitimacy as an oversight body in grant implementation. The government should give treasury authority to NAC to operationalize the AIDS Trust Fund to ensure sustained funding of the national AIDS response through local financing.



Professor Siamwiza and Dr. Chirwa explain steps taken by the CCM over ZNAN to Carol Nyirenda and Felix Mwanza at NAC

Meanwhile, the CCM has written to ZNAN and the GFATM secretariat seeking clarification on specific audit queries and has received feedback though it is not clear what bottlenecks the organisation is still facing.

New CCM CS Reps elected for TB and HIV seats

New civil society representatives for the TB and HIV constituencies on the Country Coordinating Mechanisms (CCM) were elected into office at two different elections held in Lusaka recently. The Country Coordinating Mechanism is an organ comprised of government officials, academics, traditional healers, religious leaders and civil society members that are responsible for providing oversight of the principle recipients (PRs) who disburse funds on behalf of the Global Fund to fight AIDS, Tuberculosis and Malaria.

The HIV seat saw Gershom Kapalaula of Zambia Network of Religious Leaders living with HIV/AIDS (ZANARELLA) take over from Gervas Nsanya of the Network of Zambian people living with HIV (NZP+) as CCM member while Clementine Mumba of the Network of ARV Users was elected as the

alternate.

The TB constituency unanimously elected Carol Nyirenda from Community Initiative for Tuberculosis, HIV/AIDS and Malaria plus related diseases (CITAM+) to take over from Reverend Webby Mwape of Community Based Tuberculosis Action Group (COBTAG) as member while John Mfula of FOCA was duly elected as the alternate.

With the current funding drought that has hit civil society organizations, there is need for civil society to have strong representatives on the CCM who will effectively represent them especially regarding the oversight role that they are supposed to have over the PRs responsible for the disbursement of Global Fund Grants.

ZAMBART releases ZAMSTAR study results

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Health Organisation (WHO) recommended that INH be given to all PLHIV in areas where the prevalence of latent TB infection is greater than 30%.

Through the ZAMSTAR study, IPT recording and reporting forms were developed, health care providers from the Ministry of Health and ZAMBART were successfully trained in the implementation of IPT delivery and IPT was given to 5,566 individuals in the period 2008 – 2010.

The INH was given to PLHIV for a period of 6 months and was said to protect them from TB infection for at least 3 years. The study reports that 0.5% of the participants developed TB during IPT representing a low level of screening failure while the side effects of IPT in the participants appeared to be mild and infrequent with 2.6% being stopped on medical advice. Completion rates were also reported to be good with a 68% overall rate.

Though the study experienced challenges such as the Pharmaceutical Regulatory Authority (PRA) not allowing the study to import the 300mg tablets of isoniazid (INH) for adults as the drug formulation was not registered in Zambia, the study was a success as they did have in stock 100mg INH which was administered to patients but made adherence difficult for some clients as they had to take 3 tablets as opposed to the 1 tablet they would have had to take had the 300mgs of INH been imported.

Clinicians working in the sites where the study was being implemented were also hesitant to start the implementation of the

IPT without a National Policy. Other challenges experienced included some of the government staff viewing IPT as a vertical program while others said they were already overwhelmed with work and were not willing to take on the extra burden of implementing IPT. Some clinicians also feared that clients would commence IPT even if they had TB and that even some of those who started IPT might not complete their treatment due to the cost of transport especially in rural areas.

Recommendations of the study are that the MoH should develop a clear policy on IPT and increase participation in IPT implementation from all TB and HIV partners. IPT can be introduced in antenatal, community and PMTCT services and the MoH should take this opportunity to integrate IPT into ART clinics, mobile ART services in rural areas and home-based care services.

There is also need for the MoH to educate the health practitioners to understand the importance of IPT and make it clear that the myth of Isoniazid resistance should not hinder the implementation of IPT. The MoH should also learn from the experience of the pilot study in order to be able to manage the program more effectively as some of the tools they may need to do this may have already been developed by the study to allow constant recording, reporting and monitoring of drug supplies.

The study was using what they were calling lay counselors to monitor both adults and children on IPT within the community, a human resource base who the TB program at MoH can use for continued monitoring though there needs to

be some discussion on how these people would be compensated for their services as long as they are trained in IPT monitoring. The introduction of IPT at household level will not only enable adults living with HIV protection from TB but also their children.

IPT would also force clinicians to screen for TB and therefore increase intensified case finding (ICF) among PLHIV though we would need to consider the purchase of diagnostic equipment that is able to detect extra pulmonary TB that is usually common in PLHIV.

From the results of the study, organizations such as CITAM+ working in partnership with the 3 I's Advocacy Network, which is a network of civil society organizations working around TB, believes that INH is urgently needed for all PLHIV and to protect health workers who work in high prevalence TB settings.

The Ministry of Health has done a tremendous job in implementing the infection control policy in the health facilities and must now move towards the development of a policy on IPT. This will help improve Intensified Case Finding in PLHIV in all places where HIV services are taking place as well as enable them access to IPT.

The cost of IPT is said to be cheap with each client requiring about US\$5 and therefore the Ministry will also need to do a cost analysis on how feasible it is for the country to implement this very important life saving prevention mechanism for people living with HIV and children under the age of 5 years.

Winstone Zulu 1964 – 2011

by Michael Gwaba

Although physically challenged, Winstone Zulu managed to achieve what very few of people are capable of achieving in their lifetime. First of all, he was one person who did not want other people to do things for him. He preferred to do things for others and this made him a very unique individual. Being the first Zambian to openly declare his HIV positive status in 1989, many people looked up to him as a role model. I remember attending a meeting for women living with HIV/AIDS at Hope House mid this year when I heard one of the women say the words "Winstone Zulu is my hero and I would like to meet him one day. If he had not openly declared his HIV positive status, many of us would still be in the closet and I am alive today because of that man." Little did she know that Winstone was actually staying on the premises where the meeting was taking place and we did not alert the ladies because he had informed us that he was not feeling well and wanted to rest.

Internationally Winstone Zulu will be remembered for his advocacy work with organizations such as RESULTS and the Stephen Lewis Foundation. He travelled the world lobbying leaders, speaking at rallies and addressing parliamentarians urging them to invest in new research for tuberculosis and for the affordable treatment of HIV/AIDS. At the International AIDS conference in Bangkok in July 2004, Winstone sat on a stage next to Nelson Mandela and spoke to delegates about the urgent need for new research into tuberculosis, a disease both of them had survived. When Mandela took to the stage to speak, he turned to Winstone and thanked him for his tireless activism, fighting for affordable treatment for HIV/AIDS and TB. At the time, in Zambia, we had just started piloting the roll out of ART at three clinics in Lusaka namely Chelstone, Kalingalinga and Kanyama.

I did not have the opportunity to meet Winstone until much later in my life as he had moved to Kabwe and was mostly out of the country doing his advocacy work. I did eventually get to meet him in 2005 and was awed by his ability analyze issues around TB and HIV/AIDS that I could only read about in book. He spoke his mind passionately on the need for the government to keep its promise of investing 15% of the national budget towards health as indicated in the Abuja declaration and pushed for the development of improved diagnostics for TB in countries like Japan where he was very well received. I was also taken in by his sense of humor and that is what really made him an outstanding gentleman.

Last year I had the rare privilege of travelling with him from Lusaka to London



on our way to the United States of America – him to Washington DC and me to Seattle where we were both lobbying the US leaders to invest more money into the Global Fund to Fight AIDS, Tuberculosis and Malaria. He jokingly suggested the I was only sitting with him because I wanted to be given priority boarding to beat the long queues at both the then Lusaka international airport and OR Tambo International airport in South Africa but as we travelled, he taught me a lot on how to handle the meetings I was going to have with the media, other RESULTS activists and the Canadian parliamentarians. When we got to London and I saw him to his gate, he smiled and said go back to your gate quickly. No more priority boarding for you and he roared with laughter. We said our goodbyes and met in Washington DC two weeks later at a hotel that we shared for a whole week. During this time, Joyce Kamwana, a colleague with whom I was working with on the Here I am Campaign from Malawi and I spent a lot of time in Winstone's hotel room discussing various issues including his love for exquisite gadgets such as the I-phone and the latest digital voice recording machine. Being a frequent visitor to the US, he referred us to some huge department stores that were a must see and I was always left wondering how he made his way around the busy metropolitan.

Besides this, we learnt a lot from the master and also had the rare opportunity to listen to some of his dreams and aspirations. I vividly remember him telling me one night that his dream was to finish building a community school in Kabwe rural where he would be able to provide free education to AIDS orphans. I don't know how far he went with this project but knowing Winstone, it would come as no surprise to me if he had raised resources to build at least half the school before he

succumbed to ill health.

The republican President Michael Chilufya Sata honored the late Winstone Zulu with the President's insignia in recognition of his anti-AIDS and TB fight at the investiture ceremony held at state house on Independence day on 24th October 2011. We welcome this gesture because of the great efforts Winstone made in the TB and HIV/AIDS fight had a lot of impact nationally and internationally, but I personally feel that he deserved to have been honored while he was alive.

Now that he is gone, we wonder if Kara Counseling, an organisation where he was one of the pioneer members are going to remember his legacy by renaming Hope House, the premises where Winstone was staying up to the time of his death in Lusaka, to Winstone Zulu Memorial House which should be open to people living with HIV/AIDS because that is what the property was acquired for. Some PLHIV have been charged whenever they have wanted to have meetings there and one wonders what hope there is for them if they have to be charged for using the premises for discussions to better the fight against AIDS. Internationally, he is well remembered and organizations that he worked with like RESULTS in the USA have already started the process of setting up a trust fund in his honor that will support his children's education up to University level. Locally, activists are also demanding that the house that Winstone's family was occupying in Kabwe be given to his late wife Viviane and the children in recognition of what he has done for this country and for Kara as an organisation.

Lastly, activists would also like to see the establishment of a local AIDS Trust Fund that we can call the Winstone Zulu AIDS Trust Fund that should be set up to help meet medical bills for people living with HIV who cannot afford the second and third line medications that they are prescribed and funeral costs to ensure they have a decent burial when they are gone. A lot of PLHIV are now productive and have gone back to work in the different industries where they worked before being infected with HIV and can afford a small monthly contribution to this fund. This can only be if organizations such as the Network of Zambia people living with HIV/AIDS (NZP+), Treatment Advocacy and Literacy Campaign (TALC) and the Zambia National Antiretroviral Support Programme (ZNAARVs) who have a huge support group base take the lead in educating their members on the importance of contributing to such a fund. May Winstone Zulu's soul rest in eternal peace.

COTHAZ TUBERCULOSIS

What is TB?

TB is caused by bacteria called Mycobacterium Tuberculosis. Bacteria are tiny germs that can only be seen under a microscope. Bacteria are found in our bodies and also in water, plants, soil and animals.

TB has existed for thousands of years. TB can stay in the body for many years without making you sick. This happens because healthy immune systems can fight the bacteria and stop it from reproducing. When there is TB inside your body but you are able to stop it reproducing it is called Latent TB.

When a person has a weakened immune system, like someone infected with HIV, they can no longer fight off the TB bacteria. When this happens and the bacteria can reproduce it is called Active TB.

TB passes from one person to another through the air.

Active TB commonly develops in the lungs. This is called Pulmonary TB. When someone with Pulmonary TB coughs, sneezes or even sings TB bacteria are released into the air in microscopic particles called droplet nuclei.

These droplets, which have the TB bacteria inside of them, can stay in the air for a long time. This is especially true if the area is crowded. If a person inhales air filled with these droplets the bacteria can get into their lungs.

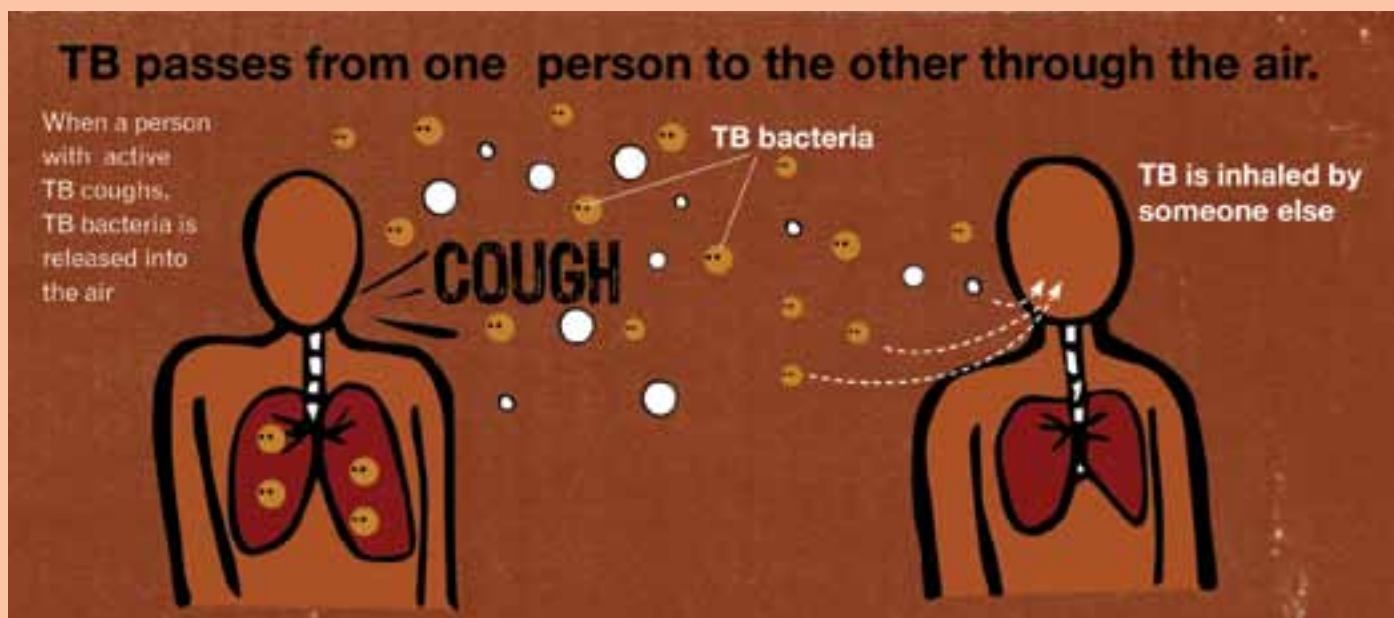
Your risk of inhaling TB bacteria increases if you spend time with someone who has TB or in places that are crowded.

The best way to prevent TB spreading is to practice good infection control like keeping windows open or covering your mouth when you cough.

Signs and symptoms of TB

Pulmonary TB is suspected in any person with some or all of the following symptoms:

- Cough which may or may not be productive of sputum for more than 3 weeks.
- Coughing up blood
- Chest pains
- Shortness of breath
- Loss of body weight
- Fever and night sweats
- Other non-specific symptoms like loss of appetite, general malaise and weakness



LITERACY CENTRE

HIV and Extra-pulmonary TB

When people have weakened immune systems TB can spread from your lungs to other parts of your body. This is called Extra-pulmonary TB and it is common in people who have HIV.

If you have TB in other parts of your body your symptoms will be different from people who have TB only in their lungs. Your TB tests might also have different results. It is important that people with HIV tell the TB clinic they are HIV-positive so they know to look so they know to look for symptoms of extra-pulmonary TB.

If I have TB, does it mean I am HIV positive?

No. Anyone can get TB. People with HIV are just more likely to get sick from TB because their immune systems are weakened. Starting ARVs when you need to will greatly reduce the risk of getting active TB. If you have HIV you should be screened for TB every 6 months. People who have TB but do not know their HIV status should be counselled to get an HIV test.

Can TB become HIV?

No. TB and HIV are different germs. TB is a bacteria and HIV is a virus. There is no way that TB can become HIV.

Is there a cure for TB?

Yes. TB treatment taken properly can destroy all of the active TB bacteria in your body. Which treatment you take will depend on the results of your TB tests such as where the TB is growing in your body, how severe your infection is and your history with TB. People living with HIV receive the same treatment as those without the virus though health care providers are mindful of the drug interaction with ARVs.

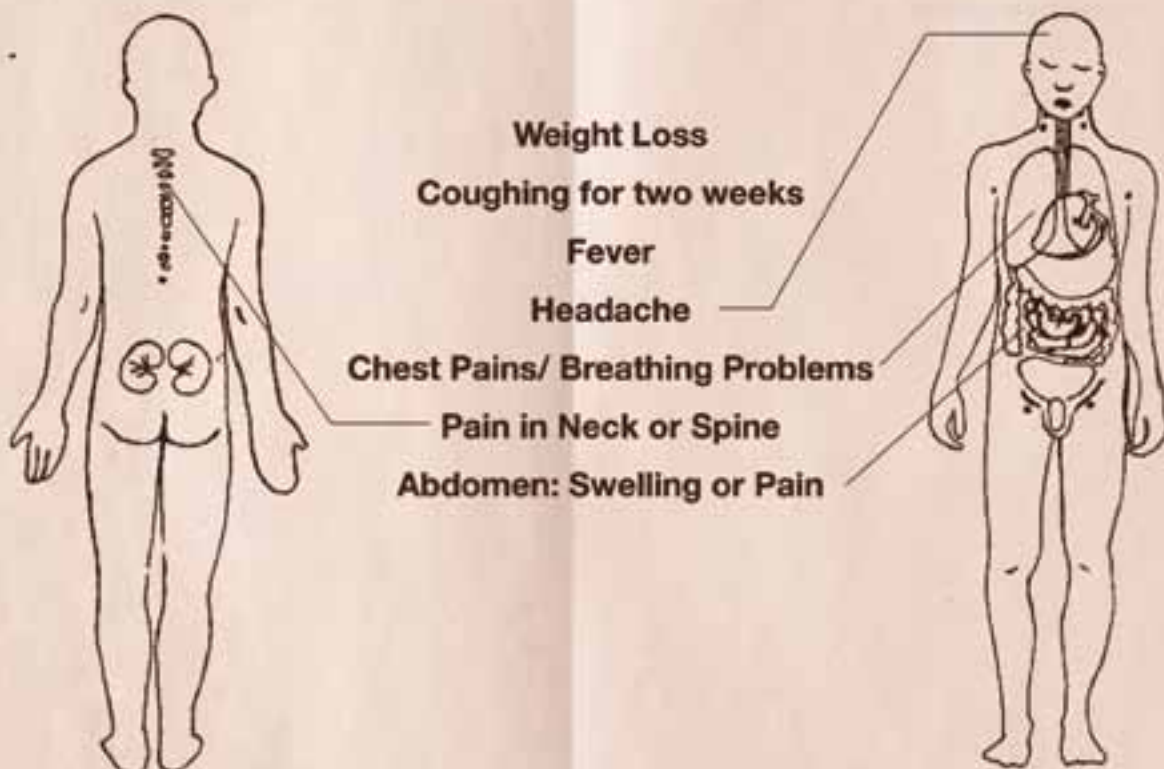
TB Treatment in Zambia now takes 6 months and will normally be given in four drugs in combination form known as 4 fixed dose combinations (4FDCs) comprising of isoniazid (INH), rifampicin, ethambutol and pyrazinamide.

Are injectable drugs still used to treat TB?

Yes. A drug called Streptomycin is an injectable drug that is only used for retreatment or rather relapse cases of TB.

If treatment is taken as prescribed, symptoms disappear after two weeks and patient becomes no longer infectious i.e unable to spread the TB germ.

Common Symptoms of Pulmonary and Extra-Pulmonary TB



I survived TB and so can you



Treatment Activist Banza Chella with his two daughters at their school during open day.

My name is Banza Chela. I am a Lusaka based resident and is married with children. In early 2005 my health started deteriorating. I didn't know anything about Tuberculosis. Feeling chest pains, I thought I might have some complications in the chest, but after visiting 3 clinics in Lusaka none were able to diagnose the problem.

I lost confidence in the health centre system and gave up and stayed home while waiting to die. During this time, my weight dropped from 68kg to 47kg and this made my wife and children begin to worry. They decided to take me to Lubumbashi-DRC where my late brother was working as a medical doctor (MHRIP). By then, I was weighing less than 40Kg and had lost my memory. I had no idea where I was and was bedridden for many days. A team of doctors subjected me to forensic screening and discovered that I had both extra-pulmonary TB and HIV.

Surprisingly enough, I got commenced on anti-TB medication and ARVs on the same day without me knowing my status. My CD4 count at the time was 37 and people were not sure I was going to live but that was Gods decision to make and all my family members could do at the time was wait and pray.

My family and friends were very supportive and some of them even went to the extent of sacrificing their meals so that I could have something to eat to give me strength and have

a quick recovery because they wanted me to live.

For 4 months, I did not know that I was actually taking Pyrazinamide, Ethambutol and Rifampicin to treat my TB disease and I was also taking Triomune 30, an antiretroviral drug used to manage HIV in the body.

My not knowing that I was taking these drugs may have actually helped save my life because when I think about it now, I don't think I would have had the strength to deal with issues of accepting my status. After I gained consciousness, I came back to Zambia and successfully completed the 8 months of TB

treatment from Chipata clinic and this completely cured the TB in my body. I am now very careful with my health and is now living positively with my family. I have continued taking the ARVs though I had to switch from Triomune 30 to Truvada late in 2010 because of the terrible side-effects I was experiencing while taking the medication.

I am one of the members that helped revive TBTV Organisation in Zambia before it changed to CITAM+ and have since continued serving the TB affected communities by speaking on behalf of the voiceless at various fora at both national and international level. My life has changed and is back to normal now. I participate in many community activities that inspire other people to survive and was instrumental in the formation of a support group of TB champions and People Living with HIV called Chibusu. This group happens to be a member of CITAM+ and Treatment Advocacy and Literacy Campaign (TALC) where I am currently serving as a volunteer and a facilitator of TB/HIV related treatment literacy.

Don't be discouraged if I feel stronger in my lifestyle change, I always think positively. I have to act positively and responsibly not only for my life by also for my community at large and for my children as well.

Vote Health for all presidential pledge signed

As Zambia were preparing for elections on 20th September 2011, the Vote Health for all campaign was imploring all political parties and their candidates at ward and constituency level to put free, quality health care at the heart of the election campaign.

The campaign is a coalition of civil society organizations including Fair Play for Africa, TALC, 24 -10, Media Life Movement, Zambia Social Forum (ZCF), Women for Change and supported by Oxfam that was calling on aspiring ward councilors, Members of Parliament

(MP) and presidential candidates to commit to a substantial improvement in health service delivery during a breakfast meeting hosted at Intercontinental Hotel.

Professor Nkandu Luo, now minister of Local Government and Early Education represented the Patriotic Front (PF) who emerged victorious in the election. Prof Nkandu Luo emphasized that the Patriotic Front (PF) manifesto addresses all areas and issues on health. She added that the PF once voted into power would honor the Abuja Declaration, abolish user

fees, construct more health care facilities and provide personnel to address environment issues and provide with clean water.

On HIV/AIDS, Prof. Nkandu Luo said PF will not forget the challenges of the disease. She said her party once voted into power would improve access to drugs and work hard on prevention. She said HIV/AIDS is a developmental issue that needs support from all stakeholders. And TALC ED, Felix Mwanza emphasized the need to employ workable measures that will see 80% Zambians remain HIV free.

TB in children

TB in children is a large problem. We need to improve testing and treatment for children and ensure that children in high-risk settings are continuously screened for TB.

Children at high risk of getting TB
Young children are at high risk of getting TB because their immune systems are not yet fully developed. HIV infection and malnutrition make them even more vulnerable. Children are likely to get more severe forms of TB. These include TB of the brain (TB meningitis) and TB in the blood (miliary TB). Children with these advanced forms of TB need specialized care and may have permanent brain damage. The best thing we can do is try to prevent children getting TB in the first place.

Diagnosing TB in children
If anyone in your family is diagnosed with TB, all the children under the age of 5 and those vulnerable to TB (such as those with HIV or malnutrition) should be tested for TB. Those who test positive must start treatment immediately. TB is a curable disease and the initiation of treatment reduces further spread of TB bacilli. Those who test sputum negative for TB should be encouraged to take other tests for TB. Ideally, preventative therapy is supposed to be given, but our government does not have a deliberate policy to do this yet. Practicing proper infection control

at home will help reduce the risk of children getting TB.

However, TB in children can be very difficult to diagnose because children do not easily cough up sputum, the smear test is frequently negative and the x-ray may be difficult to interpret. Diagnosis can be made by asking about TB in the home and using cultures where they are available. Treatment should begin while waiting for the results if symptoms are present.

What about TB prophylaxis (preventive therapy)?
BCG (Bacillus Calmette-Guerin): This is a vaccination that provides some protection against severe forms of TB. The protection is not complete though and very young children are still vulnerable. BCG is routinely given at birth and should be continued, although it is not recommended for HIV-positive children.

Sources: *Equal Treatment magazine* by TAC



KABWE

Chichetekelo Outreach Partners (COP) were trained in advocacy, health rights and stigma at a training that was facilitated by CITAM+ staff under the COHAZ project.

The training took place from 18th –25th July 2011 and by the end of the training saw the participants develop a roadmap to address some of the advocacy issues that affect TB patients in the communities where COP are working in Kabwe.

Some of the issues identified as advocacy issues by the participants include the non-compensation of volunteers working in TB and HIV departments in health facilities, lack of treatment literacy programs for TB patients especially regarding their drugs and also the lack of clinical screening for TB in patients on ART especially since these are most likely to have extra pulmonary TB.

Katete advocacy, stigma and health rights training participants in a role play on TB Stigma



KATETE

Family Health Trust (FHT) in partnership with CITAM+ under the COHAZ project conducted an advocacy, health rights and stigma training in Katete from 20th May to 27th May 2011.

The training was held at Chimasuko project and the participants who attended the training were from Kafunkha, Nyembe and Vulamukoko. The treatment supporters who attended this training were all former TB patients whose role is to disseminate information about TB in the community.

With the new skills acquired from the training, the participants wanted to address issues such as the lack of respect for people accessing TB services from the health facilities by some people working at the health facilities, inadequate services being provided at some health facilities due to absence of staff and Increased vulnerability to TB during traditional ceremonies such as Chinamwali.

LUANSHYA

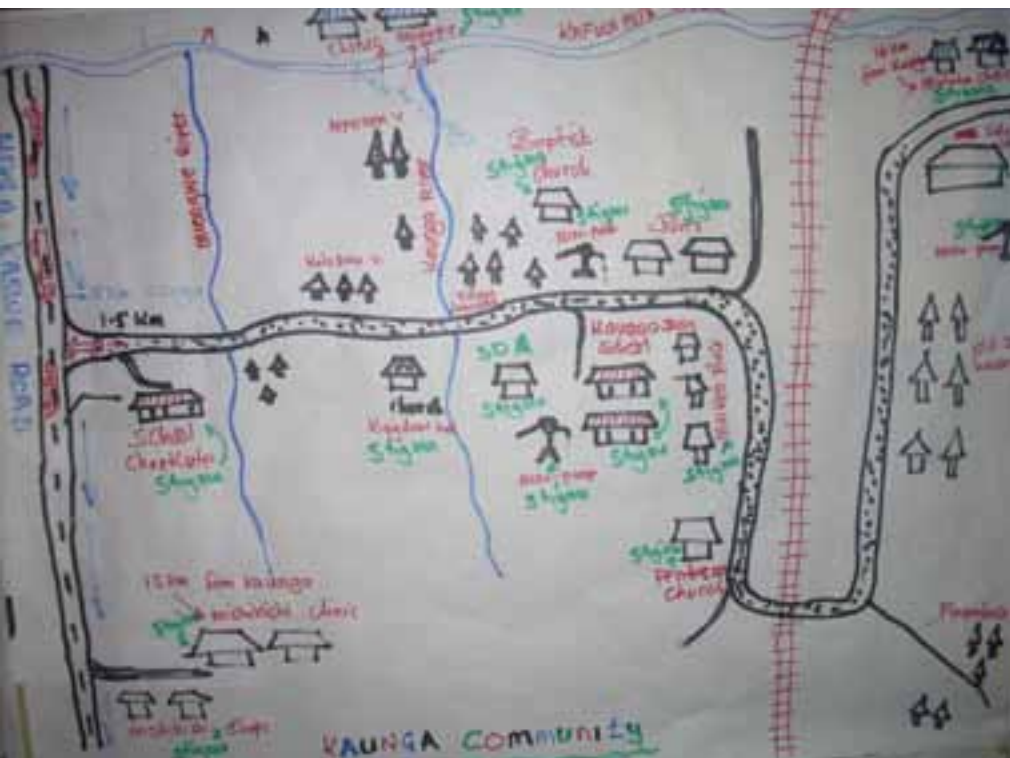
Copperbelt Health Integrated Project in partnership with CHEP and CITAM+ conducted an advocacy, health rights and stigma training from 17th - 24th June 2011 in Luanshya. Participants from Roan, Mpatamatu, and Fisenge attended the training and one of the major issues that was identified was the high number of girls in Roan township being impregnated by the Chinese nationals who are working at the smelter.

With the high unemployment rates in the town, the girls engage in sex work in order to be able to provide for their families and are paid as low as K5,000 for their services by the Chinese. When they fall pregnant, our Chinese colleagues refuse the pregnancy and in some instances have been known to all dress up in red t-shirts while asking the poor girls to identify the person responsible for the pregnancy.

Our call to action is for the government to intervene as soon as possible if these allegations are true. The Chinese should either come with their own women when they come to Zambia or there should be an HIV/AIDS policy developed to sensitize them as they come into the country on the dangers of HIV/AIDS. When these fine gentlemen go back to their country, will the Chinese government lend a hand in looking after these children or is it going to be the grandmothers who will be burdened with feeding and educating the children while worrying if they have HIV. Food for thought!

MASAITI

Copperbelt Health Restoration Project (CHReP) in partnership with CHEP and CITAM+ held an advocacy, health rights and stigma



Map of Kaunga Community drawn by the participants during the advocacy, health rights and stigma training.

training at Mishikishi Mission in Masaiti district.

The training was attended by participants from Kaloko and Kaunga in Masaiti and members of staff from CHReP. Some of the advocacy issues identified in the training included the specific allocation of days given by the health centres to access TB and ART services which discouraged clients from going to the health centres because of stigma.

Other issues that came out strongly were the need for the Ministry of Health to build health posts with accessible HIV and TB services in Kaloko as distance to the centres where these services can be accessed affected patients adherence to medication and treatment. There is also need for government to address the tendency of grabbing land from TB and HIV widows and widowers by traditional leaders upon death of a spouse. The traditional leaders usually target people who are not Lamba by tribe but have settled

in Masaiti due to inter-marriages. In the spirit of One Zambia, One Nation, it is important that the government addresses this matter and puts a stop to it before it gets out of hand.

KITWE

Children in Distress (CINDI) is working with treatment supporters in the communities of Buchi, Kamitondo, Bulangililo and Chipata. The organisation in partnership with CHEP and CITAM

conducted an advocacy, health rights and stigma training from 1st -7th June 2011.

The participants raised some very important advocacy issues such as shared space to access services at the health facilities between TB and under 5 children which exposes them to TB bacilli. In some of the health centres, sputum specimen are only taken once a week when this is supposed to be done on a daily basis.

The participants wanted to know what the health centres were using the resources they raised through the medical fees as some of these funds are supposed to be ploughed back into the community. There was also no information given on the community entitlement of 10% of monthly grants given to health facilities. There was also a concern raised on the delay of the release of CD4 test results in most of the health facilities in Kitwe.

There are numerous TB advocacy issues that need to be addressed in most communities in Zambia and it is important that we work together to bring out these issues through this quarterly publication.

TB treatment supporters for CINDI with the trainers during the advocacy, stigma and health rights training in Kitwe



TB Funding Opportunities

Starbucks Foundation Funding Opportunity for Youth Focused Organizations

The Starbucks Foundation is currently accepting letters of enquiry from eligible organizations for the spring 2012 grant cycle. The Starbucks Foundation only reviews organizations through their annual online Letter of Inquiry process and does not accept unsolicited proposals.

The Starbucks Foundation is interested in supporting organizations that provide young people a continuum of services in developing creative approaches to address pressing concerns in their communities. It supports organizations that

- provide training to young people to develop necessary skills and knowledge to incubate ideas, identify and assess community needs, create a plan of action, execute a plan and evaluate outcomes against goals
- build ongoing leadership capacity and long term engagement of young people
- communicate young peoples' success stories through various media (print, video, web based).

Eligibility Requirements

The following types of organizations are eligible to request funding from The Starbucks Foundation:

- U.S. applicants must be tax-exempt, nonprofit organizations as defined under Section 501(c)(3) of the Internal Revenue Code.
- Applicants outside the United States must be charitable in purpose and identified as nongovernmental organizations (NGOs) or the equivalent of a tax-exempt nonprofit organization.

Funding Size

The Starbucks Foundation will consider grants between \$10,000 and \$30,000. Please be specific about the amount of funding you are requesting. Funds should be spent within one year of grant award.

Last date for submission of letters of enquiry is December 1, 2011.

For more information, visit <http://www.starbucksfoundation.com>

About the 3 I's Advocacy Network

The 3 I's Advocacy Network is a coalition of civil society organizations working around TB who meet at ZAMART House in Lusaka to discuss programs that each organisation is implementing around TB and HIV co-infection in Zambia today.

This helps the organizations identify common advocacy issues that affects them all and helps avoid the duplication of work in areas where two organizations might be working. It also helps with networking and getting to know each other. The network meets in two groups with the Lusaka based NGOs meeting first before getting together with their Copperbelt partners. Some of the organizations that are part of this very important network include CITAM+, Network of Zambia People Living with HIV, JATA, AMDA, TALC, Churches Health Association of Zambia (CHAZ), COBTAG, Family Health Trust, Children in Distress, Chichetekelo Outreach Partners and Copperbelt Health Education Project (CHEP) to name a few. Join us Please if you are owking around TB. Please Email citamplus@gmail.com

TB News, TB Views

As a project, we are very keen to hear your views about the first edition of this newsletter.

This newsletter is supposed to be a mouthpiece through which we can voice our TB advocacy issues and share information about TB and HIV/AIDS co-infection with the general public.

We welcome contributions from you as members for ideas for stories and articles to make the next editions of this newsletter even better.

If you have any comments about the newsletter, please let us know by either emailing citamplus@gmail.com or calling our secretariat on +260 950 755 829, or 0977 960043.

In follow-up editions, we will have a page to answer questions from our readers. Please send all your letters to the Editor with any other enquiries you may have about TB and HIV co-infection at citamplus@gmail.com.

Thank you
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