

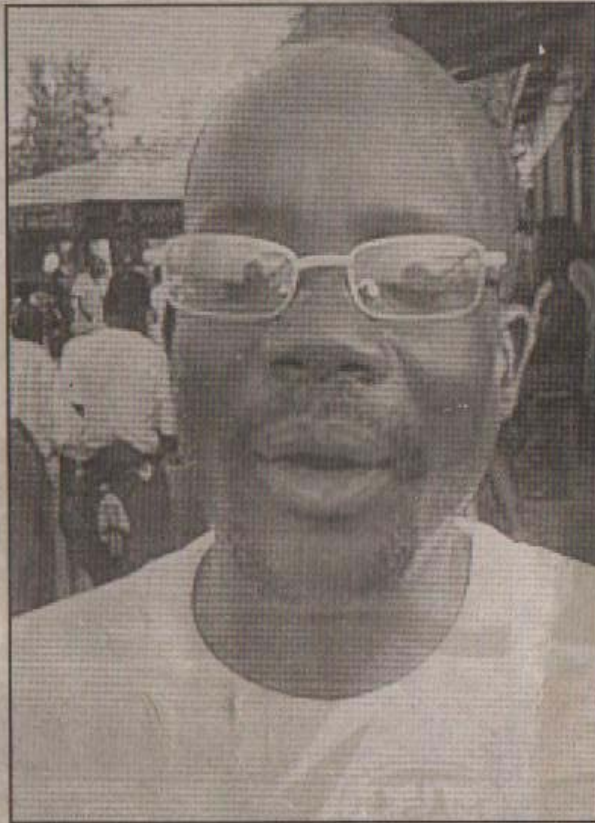
Ridding Mwanza of health ills

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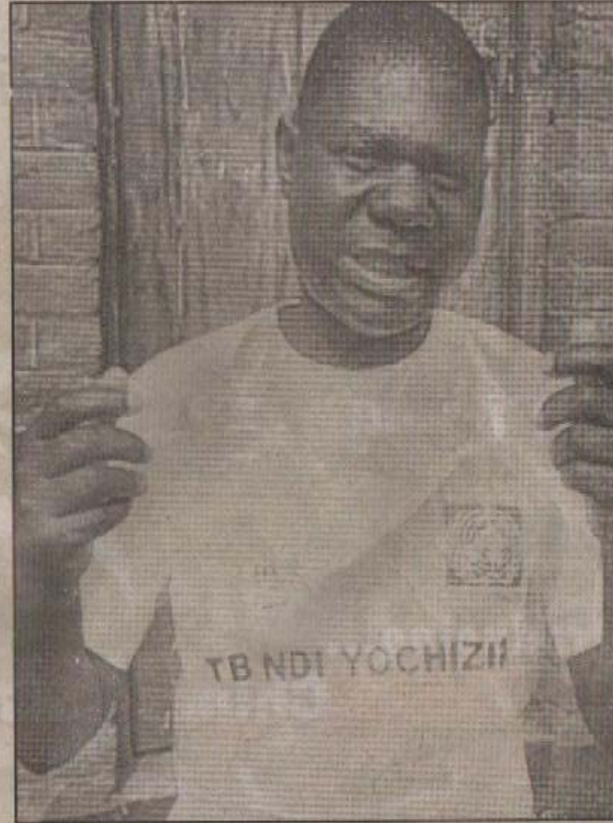
Dust fills the clear sky as six under-five children play hide and seek and take turns to run over each other on the grounds of Nankhubwe Community-based organisation in Mwanza West, oblivious of what is taking place in their little bodies. Forty years from now, they may not be there to play.

Most people from Chiwembu Village know the 'truth' about the children; so, they look at them with interest, shaking their heads as they go towards wherever their legs or bicycles may carry them. They may choose to go wherever they wish to, but their memories will always bring them back to the spectacle of the children creating fun out of the dust.

The problem lies in telling the children that they are HIV positive. How



Matemba: One meal a day is not enough



Kumpama: TB is treatable

PHOTOGRAPHS: RICHARD CHIROMBO

three-year old child living with HIV about his or her status, a thing they may not comprehend?

"It is sad, so sad," says T/A Nthache of Mwanza. "It breaks my heart to know that they may also get infected with tuberculosis (TB) as their immune system breaks down."

Chiwembu Village, where the children stay and play, falls under his jurisdiction. So do Silota, Zilima, Kagulo and Kachipanda villages—and they are now united by the universality of the challenges they face, mostly health-related.

These challenges, says Nthache, are HIV and Aids, TB and the influx of Mozambicans who scramble for meagre resources such as drugs.

"We are caught in the middle of a complicated web. We don't know what to do, really, but we are trying. As T/A, I have never tired of mobilising my subjects against HIV and Aids and TB," adds Nthache.

Mwanza is itself a web, too. Being a border district, it is a beehive of sexual activity for truck drivers, fuelling the spread of HIV and Aids.

Mwanza District Hospital is also a web that seems to be catching more flies than it can hold. People from Senzo and Chitungweni villages in Mozambique also seek medical care from the

same hospital.

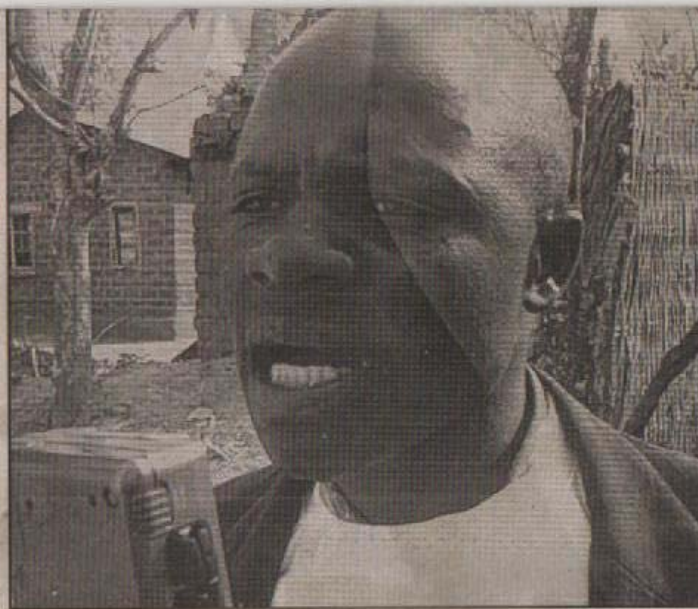
HIV and Aids also seems to have sanctioned the help of TB in a conspiracy against good health, concocting a disaster of twin proportions.

Nthache says, as if that were not enough, people from Chikhwawa also find it easier to go to Mwanza hospital, leaving the one in their own district. All this against resources designated for a single district.

However, those who pile pressure on the meagre resources are those who can walk, or cycle or board *matola*. Others are incarcerated by circumstances and forgotten. Take, for instance, inmates at Mwanza Prison.

"These people live on one meal a day, a trend that seems to condemn and discriminate against those who are HIV-positive to their early grave. It is bad, yet preventable," says Machilika Matemba, an HIV and Aids activist in the district.

Machilika is executive director for Mwanza Aids Support Organisation (Mwaso), a humanitarian organisation formed by people living with HIV and Aids. It seeks to promote behaviour change, build hope where only desperation exists and improve the wellbeing of those infected by HIV in the district.



PHOTOGRAPH: RICHARD CHROMBO

T/A Nthache: It is sad

Mwaso learned from experience that inmates have no leeway to the hospital, a reality that begins with the prison walls: They are tall enough they hinder prisoners' view of Mwanza District Hospital.

"It is worse for those (prisoners) living positively with HIV and Aids. One meal a day is not enough for someone in dire need of nutritious food to boost their immune system. It becomes a multiple problem because, when

immunity is weak, they become vulnerable to disease, including TB," says Matemba.

His organisation thus established a support project at Mwanza Prison for those who cannot scramble for the basic necessities in the open.

Mwaso's nutrition and Stop TB campaigns seem to be working, however. Among other things, prisoners grow tomatoes, mustard, onions, cabbages, lettuce, and are asked to give sputum for examination when they cough persistently for

three weeks.

Already, the initiative is raking positive results.

Senior Superintendent of Mwanza Prison Stanley Mbewe says the facility has 294 prisoners (as of Saturday, September 5 2010), 43 of whom are living with HIV and Aids.

"The programme is really making an impact here. The biggest challenge is lack of resources. We need wheelbarrows, rakes and other materials," Mbewe says.

Not that the funding Mwaso got from VSO is

not enough; it is sufficient for drawing the battle lines against malnutrition, HIV and Aids.

Geoffrey Kumpama, clinical officer for Mwanza Hospital, is one of the people pulling the strings towards a better end. He says the hospital has been trying its best to tie the loose ends through the work of health surveillance assistants (HSAs) who, he says, are well-equipped with knowledge on TB, HIV and Aids, malaria, sexually transmitted infections and hygiene.

The challenge, as is typical of Mwanza, comes from patients from Mozambique. There are no HSAs on the Mozambican side of the border, making it difficult to trace people with TB, mobilise people to go for Voluntary Counselling and Testing, and sensiting people on good nutrition practices and preventing STIs.

"The bottom-line is that TB is treatable; those living with HIV can still live long, productive lives; truck drivers can prevent STIs, including HIV and Aids, by using preventive measures; and HSAs are crucial in medical service delivery," Kumpama says.

To which Nthache adds: "United, we can make Mwanza better. By this, we mean nutrition-wise, health, education, social-economic development. It's all in our hands." ■