

Organization	Zambia Tuberculosis and Leprosy Trust (ZATULET)			
Organization's registration	Registered with the Registrar of Society Registration No. ORS/102/35/1747 - NGO			
Application amount	US\$1,000,000			
Project Title	Intensive TB/HIV case-finding among women and girls in Zambian slums and rural Prisons			
Project sites	Mongu District	Monze District and Kalingalinga, Bauleni and Chainda slums in Lusaka	<i>Kafue District and Siavonga District</i>	Kabwe District Itezhe-Tezhi District and Katete and Chipata, District

	Project Director /Contact Person	Project Coordinator
Name	Charity Habeenzu(Mrs)	Mr. Mazuba Mutinta
Title	Director – Admin/Programes Founder Member	Projects Coordinator
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A list of All Current Staff Members

Name	Sex	Employment Category
Mr. Mazuba Mutinta (Projects Coordinator)	M	Full time
Mrs. Mable Kasaro (ART Clinical Officer)	F	Full time
Sr. Fanny Kanene (ART Nurse / Kalingalinga Branch Coordinator- Lusaka)	F	Full time
Sr. Roda Kapita(VCT and Under 5 Nurse)	F	Full time
Ms Lonnie Hakoola (Administrative Assistant)	F	Full time
Ms Evelyn Miti (Receptionist)	F	Full time
Ms Christine Namaanza (Accounts Clerk)	F	Full time
Ms Judy Mwanza(Kafue Branches Coordinator)	F	Full time
Ms Juana Muliokela (Mongu Branch Coordinator)	F	Full time
Mr. Benson Moonga (Kabwe Branch Coordinator)	F	Full time
Ms Beatrice Ngoma (Kapata Branch Coordinator - Chipata)	F	Full time
Mr. Moses Nyangulu(Namuseche Branch Coordinator - Chipata)	F	Full time
Ms Elizabeth OPD Branch Coordinator - Chipata	F	Full time
Ms Lovely M. Chongo (Chainda Branch Coordinator – Lusaka)	F	Full time
Mr. Onongani Miti (Driver at Head Office)	M	Full time
Mr. Fredrick Sibande (Truck Driver- Head Office)	M	Full time
Mr. David Mondoka (Executive Director)	M	Part time
Mrs. Charity H. Habeenzu (Director - Admin/Programmes)	F	Part time
Mr. Mubiana A. Mambo (Director of Finance)	M	Part time
Mr. Muzantani (ART/TB Clinical Officer)	M	Part Time
Dr. Luumbwe Chiwele (Consultant)	M	Part Time

Organisation Background - Summary

Zambia Tuberculosis and Leprosy Trust (ZATULET) is a registered Non-Governmental Organization (NGO) established and registered in 1998 with the aim of supplementing government efforts in the fight against tuberculosis and leprosy in the country. The establishment of ZATULET was out of the concern by the founders on the high prevalence of TB and pockets of leprosy cases in the community without any immediate solution being provided by existing health service providers. The organization operates as a legal entity registered with the registrar of Societies as provided for under CAP 119 of the Laws of Zambia. It is also registered with the Professional Health Council of Zambia to run a community clinic.

Further still, ZATULET collaborates with the National Tuberculosis/Leprosy Control Programme in MOH through the local District Health Offices and the clinics in its operational zones. It also collaborates with other NGOs and Community Based Tuberculosis Organisations (CBTOs).

ZATULET has 13 project sites located in 5 provinces ie. Eastern, Western, Central, Lusaka and Southern. One project in Bauleni slum in Lusaka urban is in partnership with RIT/JATA.

ZATULET started receiving Donor Funds in 2000 when the Embassy of Japan gave us a grant of \$33,000 US to enable us build offices and buy bicycles for our Care-Givers/TB Treatment Supporters Volunteers.

The second grants came from CHIN to train community TB Treatment Supporters. The third grants came from Target TB in the UK in 2001 to establish our HBC, Train volunteers, run the TB programmes, buy a vehicle and a 10 ton truck, office furniture and equipment, drill a borehole and bring the water reticulation in the building, train Youth Peer Educators, run the youth programme which included football and netball teams. All these activities were done successfully and are still running.

In 2007 ZATULET got a 5 year grant from Big Lottery of UK through Target TB a Partner. This grant in supporting 8 project sites and is paying salaries for 8 Branch Coordinators and one Project Coordinator sitting in the Head Office. The grant supports all the TB activities done by Volunteers in the communities. This project ends in June 2012.

We have also received grants from ZNAN from 2007 to early 2010. We have also received grants from WHO in Zambia and African Palliative Care in Uganda. All these activities and funds have been successfully implemented and reported.

i) How ZATULET widened its reach in ways that speak for HIV/AIDS /TB work

ZATULET started as a TB and Leprosy organization because the Founders were working in the National TB / Leprosy control programme and were saddened when this vertical specialized programme was integrated in the general health system in 1993 and eventually collapsed. This team wanted to pick up the pieces.

But at the pick of HIV/AIDS in Zambia in the 90s and early the two thousands, a research done by ZAMBART revealed that 70% of the TB Patients were co-infected with HIV/AIDS. From that time our activities started including HIV/AIDS. We started training our community volunteers, TB Treatment Supporters and Care-Givers in both TB and HIV AIDS.

In May 2005 we started a Voluntary Counselling and Testing (VCT) programme at our community clinic based at Mass Media area near Kalingalinga compound. In 2008 we also started a diagnostic counseling and testing which means all our TB patients undergo counseling and testing for HIV antibodies and all our HIV positive (reactive clients) undergo TB testing. This helps to do the diagnosis of both TB and HIV early for early treatment. Our clients demanded that both Tuberculosis screening and treatment, voluntary counseling and testing, diagnostic counseling and testing, antiretro viral treatment be done in one place. The Directors of the organization agreed to this demand by our clients. Since TB, VCT/DCT were already in place, we just had to add the ART programme. We were given the accreditation certificate to be an ART centre in July 2010 and began the programme in September 2010 receiving training (Technical Support only) from CIDRZ.

Project Purpose and Background

ZATULET has a mandate to supplement government efforts in the fight against TB/HIV in the country. It is common knowledge that women and girls are the most vulnerable to HIV and TB infection due to their biological make up and dependant syndrome on male counterparts. There is high prevalence of TB and HIV in slums and prisons in general.

The main aim of this project is to ensure that TB patients are diagnosed early, treated early and adhere to treatment to restore the patients to health and reduce the emergence of MDR /XDR – TB

in Slums and Prisons. Although Zambia enjoys low MDR-TB cases of 1% and no known XDR-TB at present, it is possible that such cases can increase and even having XDR-TB cases if adherence to treatment is not ensured. If MDR-TB emergence among women and girls it will spread faster because women and girls are the main care-givers for sick relatives, nurse their breast feeding babies and look after the whole family.

In slums and Prisons diagnosing TB is delayed due to stigma and poverty and difficulties for inmates to be taken to diagnostic centres. This delay gives room for those already infected with TB to continue spreading it. If early diagnosis is ensured through intensive case finding in slums and prisons TB and MDR-TB cases can be put on treatment early to prevent the spread of these dangerous and difficult to treat strains.

TB though an old disease, it has never gone away. Multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB) is a man-made phenomenon that emerges as a result of inadequate treatment of tuberculosis and/or poor airborne infection control in health care facilities and congregate settings. Therefore, we have decided to use this method which will lead to early diagnosis and treatment to prevent the spread and emergence of more MDR-TB cases and may be new XDR-TB in slums and rural prisons through intensive door to door (Household) case-finding.

Project Identification

Objective

1. To scale up TB prevention among women and girls in slums through household intensive case finding
2. To Prevent and control MDR-TB transmission among women and girls in slums and rural prisons through intensive community case-finding leading to early diagnosis and treatment.
3. **To enhance patient adherence to treatment to ensure cure and completion and reach WHO goal of 85% cure rate in study sites**
4. To help women and girls to have equitable access to health care through BCC(Behaviour Change Communication) training
5. To train Volunteers in BCC and treatment adherence in project sites

The main problems in the community and organization are:

1. Continuing transmission of new TB and HIV cases in the communities especially among women and girls and development of MDR-TB among TB patients
2. Inadequate funds to support the TB/HIV/ART and Leprosy activities in the communities and at ZATULET community clinic
3. Women and Girls delay in seeking medical help timely and do not adequately adhere to treatment which can lead to treatment failure and emergence of MDR –TB cases
4. Inadequate funds to support the organization development through implementing its strategic plan document 2008 - 2013
5. Lack of funds to support the implementation of the identified viable income generating activities for programmes and organization sustainability.
6. Lack of a programme to Screen TB among Prisoners at entry point and effective screening for those already in prisons

The Project is trying to address the 6 main problems mentioned above.

Why and how did the project identify the problems?

The organization has been working in the communities since 2001 and we have been running small IGAs due to small starting capital. All the above problems were identified as lessons learnt during organization activities and lessons learnt by our community volunteers.

The main activities will be:

- i) To improve community mobilization and sensitization on basic facts about TB/HIV
- ii) Visiting homes and carryout screening for TB, giving sputum containers to suspects and VCT(Voluntary Counseling and Testing for HIV antibodies)
- iii) Sending sputum to TB public diagnostic laboratories, Giving ARVs to HIV/AIDS clients and treating TB patients
- iv) VCT/DCT(Diagnostic Counseling and Testing) and giving ARVs to HIV/AIDS clients at ZATULET Community clinic
- v) Training 270 Volunteers in treatment adherence in project sites
- vi) Training 270 Volunteers in behavior change communication
- vii) Sensitising women and girls on BCC issues so that they are empowered to be able to stand on their own
- viii) To run a stone crushing IGA and selling the quarry dust produced to construction companies

Project sites

The project will be done in antenatal sections of the following clinics and district hospitals:

- a) Kalingalinga and Chainda slums in Lusaka
- b) Kafue district and Mwembeshi Prison
- c) Kabwe district
- d) Mongu district and Mongu Prison
- e) Monze District and Monze Prison

Justification of the Project

This project is good and necessary because it is aiming to improving the health of women and girls and prisoners who are most vulnerable in the society. Also when they and Volunteers get empowered through BCC and adherence trainings they will be able to support themselves and Volunteers to support TB/HIV/AIDS clients. It also aims to improve the organisation's IGAs. The funds which will be realized from the IGA will be used to support the Volunteers and the organisation's activities.

Monitoring and Evaluation (M&E)

The Monitoring and Evaluation of this project will be essential to demonstrate the increase in the number of TB/HIV clients who have been identified through intensive case – finding.

The Monitoring and Evaluation process will validate the baseline data which will be found at the local clinics. Our Monitoring and Evaluation will depend on good recording and reporting system which will be put in place. The project will design specific tools for each activity which will capture both positive and negative data. A quantitative analysis with a logic frame work will be used to evaluate the effectiveness of our strategies and activities with minimal qualitative method of analysis. Our main aim for M&E will be to find out if our objectives have been met.

Our Vision

“To become a centre of excellence in provision of care and support, prevention and control of TB/HIV/Leprosy, provision of health services, research, social services in the area of good governance, human rights and gender for TB/HIV/AIDS/Leprosy clients, Youths and OVC in Zambia”

Our Mission

“To undertake community case-finding, diagnosis, treatment, care and support, prevention and control of tuberculosis/HIV/AIDS/leprosy as well as provide social services, good governance, human rights and gender sensitive to TB/HIV/AIDS/Leprosy clients, Youths and vulnerable children. Also to support and build partnerships with structures that share our vision, values and principles”.

To achieve our vision and mission statement ZATULET has the following values and principles:

- **Transparency and Accountability**

In all our dealings we aspire to involve all the major stakeholders who are the community we serve, trustees, workers so that everybody has a say because we are accountable to them. We aim to share the lessons we learn through the organisation’s activities and those lessons we get the privilege to learn through our networks or other associations.

- **Honest and Integrity**

We aspire to be as honest as possible in what we do and say where ever we are. Our commitment to honest builds our integrity in the eyes of those we serve, our donors and all those we associate with.

- **Professionalism**

We use professionally trained people in all our programmes in order to uphold confidence by all those we serve and associate with.

- **Commitment**

ZATULET is committed to its themes and programmes. We always aim to achieve our objectives and goals on time by working hard

- **Confidentiality**

We uphold confidentiality dearly. Our clients have the right to confidentiality. What we know about them remain within the boundaries of our building.

- **Volunteerism**

In our programmes the heroes for our success depend more on the community treatment volunteers, care-givers and Peer Educators who put in their best in serving the vulnerable people without being paid anything.

- **Ownership and Empowerment**

We believe the community through volunteers and community leaders and our clients should have ownership of the organisation through our interactions, meetings, planning sessions and service deliveries. In order to have effective services we train our community volunteers and also give chance to our professional staff to update their knowledge in their relevant fields.

Goals of the Organisation

1. To support the bed ridden and terminally ill patients at home (HBC);
2. To promote family and community awareness of TB/HIV/AIDS;
3. To promote HIV/TB prevention and control;
4. To promote long term support for the PLWHAs and TB patients;
5. To have well trained Community HIV Care -Givers, TB Treatment Supporters and Youth Peer Educators;
6. To provide IGA skills and support services to the vulnerable groups and Volunteers;
7. To provide effective DOTS;
8. To provide Antiretroviral Treatment(ART) activities for the AIDS patients;
9. To screen TB suspects for the disease and send sputum samples for testing at Kalingalinga clinic laboratory or UTH TB laboratory;
10. To provide the VCT and DCT activities;
11. To provide Psychosocial and Palliative Care training to the volunteers;

Specific Objective of the Organisation

1. To supplement government efforts in the fight against TB/HIV/AIDS/Leprosy in the country i.e. case-finding, diagnosis, treatment, prevention and control.
2. To train care-givers, community Treatment Supporters and Youth Peer Educators.
3. To have an effective Home Based Care for TB/HIV/AIDS clients
4. To provide household support to chronically ill people, widows and Community Based OVC Care and Support Services
5. To coordinate /network with other NGOs and DHMTs and other stake holders.
6. To disseminate basic facts about TB/HIV/AIDS and Leprosy in the community.
7. To offer VCT /DCT activities
8. To implement and supervise TB DOT and ART
9. To run a private community clinic with an ART services

Achievement

ZATULET has 12 project sites in 5 provinces and one project in partnership with Research Institute of Tuberculosis (RIT)/Japanese Anti-Tuberculosis Association (JATA) based in one of Lusaka's slum. ZATULET has 210 trained TB Treatment Supporters, 9 Medical staff and 10 non

Medical staff. Our current and past relevant work or role in collaboration with the NTP is community TB case-finding, diagnosis, treatment, prevention and control of TB, HIV/AIDS and Leprosy. We use the Volunteers and project staff to sensitize the communities on basic facts about TB/HIV/AIDS and refer suspects to various government health centres for diagnosis and treatment. The Volunteers help to supervise DOT both in the community and at the TB corners and give psychosocial support to the TB patients. Our Volunteers transport sputum from treatment centres to laboratories for TB testing and collect results. We help TB Corner Nurses to report and record the cases. We do cohort analysis. One other role is training. We train TB Treatment Supporters and Youth Peer Educators. At our community clinic we screen TB suspects and collect sputum and send them to public laboratory for TB testing. We treat diagnosed TB patients using TB drugs supplied by district health office through the nearest public clinic. We give reports to NTP through the local clinic. We have a VCT and diagnostic counseling and testing programme for our TB patients and HIV positive clients.. Since September 2010 we became an ART centre for our TB/HIV co-infected clients.

For the last 2 years we have detected **3, 357** TB patients and these have been linked to TB DOT and home based care services. **16,247** people have been referred for VCT and **899** highly vulnerable TB patients have benefited from socio-economic support we have been able to offer, We have reached **250,000** people with health education on TB and HIV through awareness raising activities in the last 3 years.

The achievement for the project in partnership with RIT/JATA:

Project Achievement (from Aug.2009 to May 2010)

About 60,000 people received sensitization. 217 among 502 TB suspects have been diagnosed as TB, with 176 of pulmonary TB(PTB) and 41 of extra-pulmonary(EPTB) and 195 (89.9%) have their HIV status known and 119(54.8%) of 217 are HIV positive.

We have experienced staff in the area of TB. Our Director was the National TB Control Officer in the Ministry of Health while the other Manager was the Provincial TB control Officer. The Director of Programmes was the deputy Incharge of the National Reference TB Laboratory in the Ministry of Health.

*The work plan for this project is on the last page

Annex 2: Workplan template

Objective	Activity (please quantify each activity)	Quantitative and verifiable outcome	Timeline (mention date of start and date of completion of the activity)
1. To scale up TB prevention among women and girls in slums through household intensive case finding	1.VCT/DCT(Diagnostic Counseling and Testing) and giving ARVs to HIV/AIDS clients at ZATULET Community clinic	Number of Volunteers trained in adherence	December 2011
	2.Community mobilization and sensitization on the basic facts about the duo infection	i) Number of mobilization and sensitizations done ii) Number of people reached	Jan, March, June and Octo 2012
2. To Prevent and control MDR-TB transmission among women and girls in slums and rural prisons through intensive community case-finding leading to early diagnosis and treatment. 3. To enhance patient adherence to treatment to ensure cure and completion and reach WHO goal of 85% cure rate in study sites 4. To help women and girls to have equitable access to health care through BCC(Behaviour Change	3.Visiting homes and carrying out screening for TB, giving sputum containers to suspects and VCT	i) Number of homes visited and work has taken place ii) Number of clients counseled and tested	January – December 2012
	4.Sending sputum to TB public diagnostic laboratories, Giving ARVs to HIV/AIDS clients and treating TB patients	i) Number of sputum sent to Labs ii) Number of clients given ARVs iii) Number of TB Patients treated	January – December 2012
	5.Sensitising women and girls in BCC	i) Number of volunteers trained in home gardening	February 2012
	6.Training 270 Volunteers in treatment adherence in project sites 7.Training 270 Volunteers in behavior change communication	i) Visiting homes and carryout screening for TB, giving sputum containers to suspects and VCT	January – December 2012
		ii) Community mobilization and sensitization on the basic facts about the duo infection	Quarterly in 2012
	8.Training 270 Volunteers in	iii) Buying stones, fuel for the generator, crushing	December 2011– December 2012

Annex 2: Workplan template

Communication) training	behavior change communication	and paying Loaders on the machine and off loaders	
5. To train Volunteers in BCC and treatment adherence in project sites and empower volunteers	9.To run a stone crushing IGA and selling the quarry dust produced to construction companies		-

Budget Summary

V. Estimated Budget by Objective

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Objective 1	50,000	50,000	50,000	50,000	50,000	250,000
Objective 2	40,000	40,000	40,000	40,000	40,000	200,000
Objective 3	40,000	40,000	40,000	40,000	40,000	200,000
Objective 4	35,000	30,000	30,000	30,000	30,000	155,000
Objective 5	39,000	39,000	39,000	39,000	39,000	195,000
Total	204,000	199,000	199,000	199,000	199,000	1,000,000