TIMS

TB IN THE MINING SECTOR IN SOUTHERN AFRICA

SpotTB for Monitoring Human Rights and Gender Violation for TB in the mines in Southern Africa

Q9 Quarterly Report

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Report Period: January – March 2020

1.0 INTRODUCTION

Tuberculosis (TB) thrives in conditions of structural inequity, where the complexities of poverty, social inequity, disempowerment, rights violations, conflict, and patriarchy render communities susceptible to TB and marginalize access to diagnosis, treatment, and care. Health experts estimate that people with TB are missing by them health system because of persistent barriers to accessing health services and because TB key populations are hard to each[1].

Despite the longstanding history of mining in the region, few regional policies and systems have been implemented to limit the spread of communicable diseases such as TB and HIV and provide continuity of care and compensation support for mineworkers, ex-mineworkers and their families. Mineworkers are particularly susceptible to occupational lung diseases including TB infection with an incidence of TB three to four times that of the general population. It is estimated that 89% of mineworkers have latent TB infection. Main factors that contribute to the higher risk of TB among mineworkers include exposure to silica dust; crowded living and working conditions with inadequate ventilation; high incidence of silicosis; and HIV/TB co-infection among others.

[1] https://www.theglobalfund.org/en/news/2019-10-17-sharp-upturn-achieved-in-finding-people-with-tb/

2.0 About SpotTB

SpotTB is community-based monitoring tool for TIMS running on District Health Information System 2 (DHIS2) platform.

DHIS2 is a tool for collection, validation, analysis, and presentation of aggregate (collective and patient based statistical data, tailored (but not limited) to integrated health information management activities.

SpotTB can be accessed through: -

- Computer: Through web-based system on custom link – **https://spottb.org**
- Mobile: Through an Android APP - **DHIS2 Android Capture App**

DHIS2 Android Capture App

SpotTB was developed to support SSRs to monitor human rights and gender barriers or violence against TB affected communities. This is Community-led intervention driven by local information and TB community needs that aims to increase accountability in the TB response in Southern Africa so that essential, quality and timely TB care and support services are available, accessible, acceptable to all.

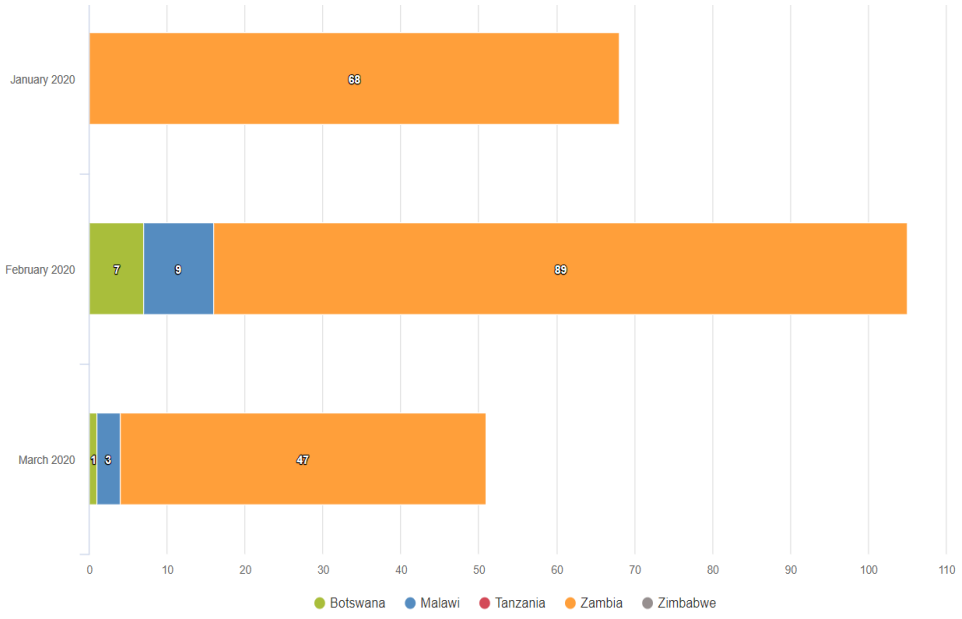
3.0 THE Q9 REPORT

After successful training of CBM to all the SSRs in 2019, this is our first quarter report. Below is the summary of data collected between January and March 2020.

Table 1: Data recorded in Q9 by Country and CSO

Country	CSOs/SSRs	Number of Respondents
Botswana	BOLAMA	0
	HPP	0
	BONELA	8
Malawi	MANASO	0
	EMAM	1
	PARADISO	0
Tanzania	MUKIKUTE	0
	TACOSODE	18
	HAKIMADINI	0
Zambia	CHEP	0
	EX-WENELA	0
	CITAM PLUS	408
Zimbabwe	BEKEZELA	0
	JOINTED HANDS	0
	NEAWAZ	1
TOTAL REPONDENTS		**436**

Figure 1: Data contribution by Country



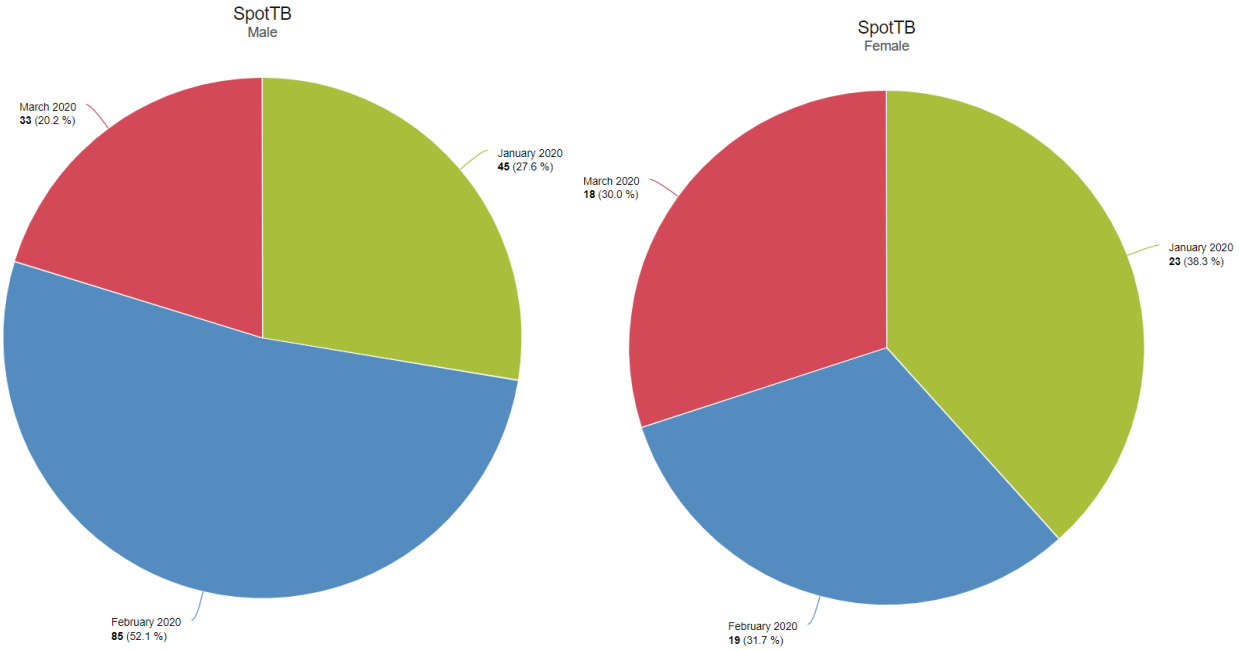
4.0 FINDINGS AND ANALYSIS

In the completed Q9, the data collected showed facts mineworkers in the mining industry in Southern Africa face. In the interviews conducted below are the statistics based on the questions raised forming our finding basis of a lot required to support the communities around Mines.

4.1 Gender of Respondents

Gender significantly influences activities, resources and opportunities of people that is, by the socio-economic and cultural dimension of being male or female. Moreover, different types of activities and tasks are generally allocated to women and men in mining. Figure 4 provides a summary of male and female proportion of the respondents in Q9. Results show that majority of the respondents in January (38.3%) and March (30%) were women compared to men at 27.6% and 20.2% respectively. The results show that more women are engaged in mining as it is for men.

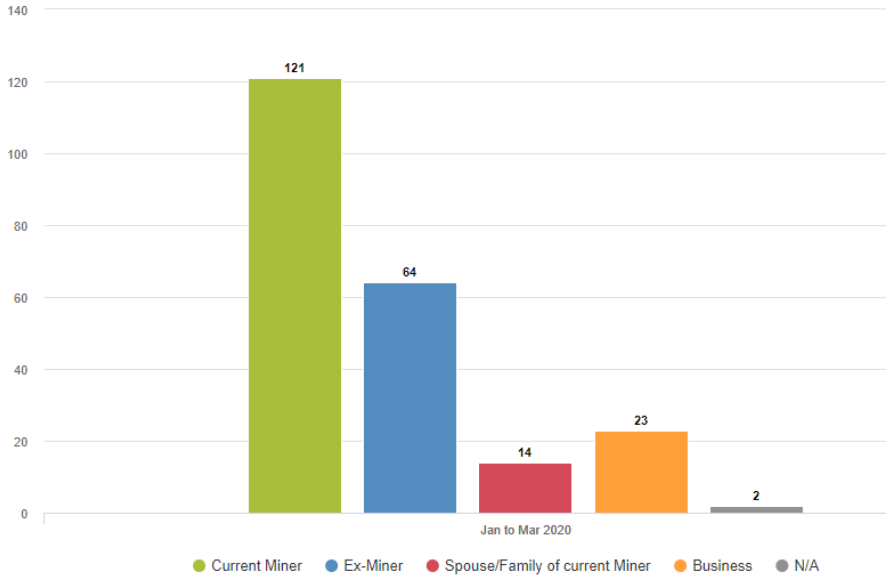
Figure 2: Gender of Respondents



4.2 TIMS Target population

In terms of our target population interviewed, the distribution is as shown in figure 3 below;

Figure 3: Respondent distribution

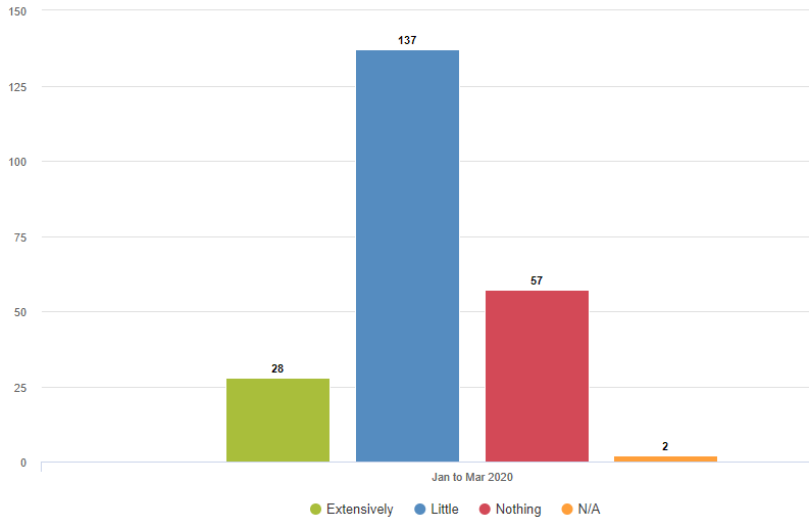


Majority of the respondents were current mine workers. The current miners further indicated that are willing to give additional information if contacted with 57.5% in February saying yes to testify while 33.6% and 8.9% in January and March respectively.

4.3 Knowledge about TB

Affected communities were asked as to what extent they knew about TB before they were diagnosed, the responses show majority of the respondents knew very little about TB. This shows there is a limited knowledge around TB and silicosis among the mining community.

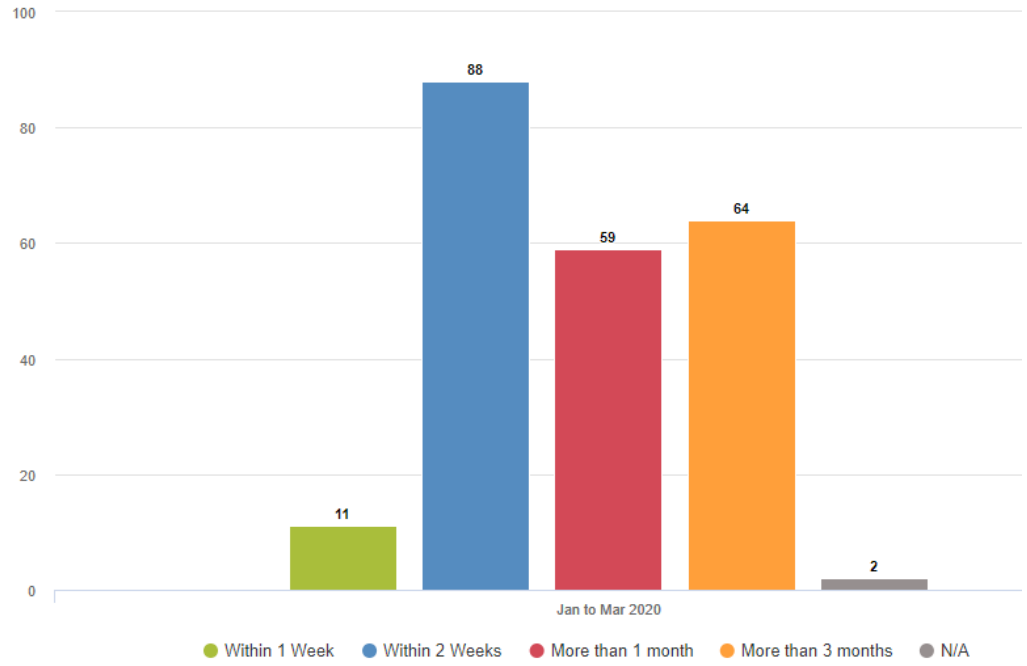
Figure 4: Knowledge about TB



4.4 Length of time from recognizing symptoms to presenting at the health facility

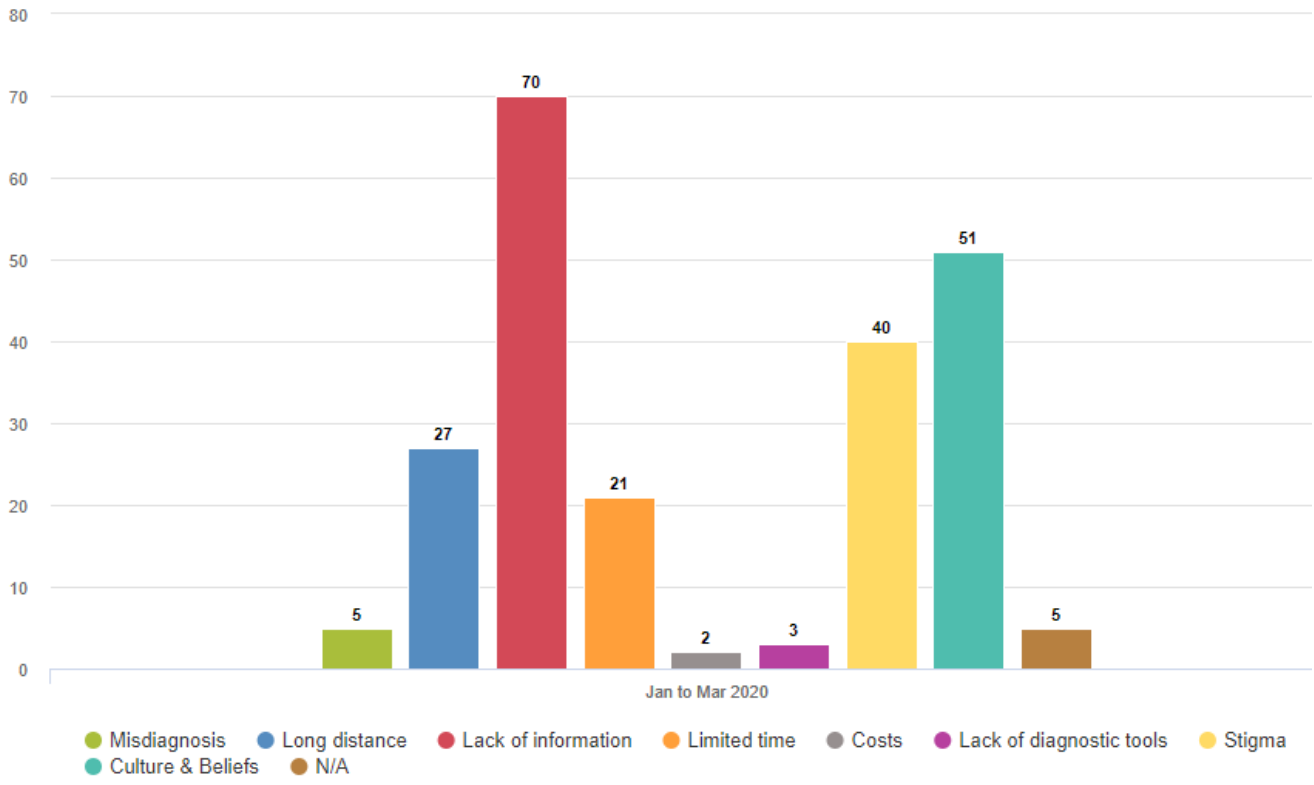
Majority indicated of taking more than one week from recognizing symptoms to presenting at the health facility for diagnosis and treatment as shown in figure 5 below. This indicated there is are delays in diagnosis and accessing treatment.

Figure 5: Length of time from recognizing symptoms to presenting at the health facility



The reasons given by the respondents these delays are mainly caused by lack of information, traditional and cultural believes. Other reasons include stigma, lack of time, long distances as shown in figure 6 below

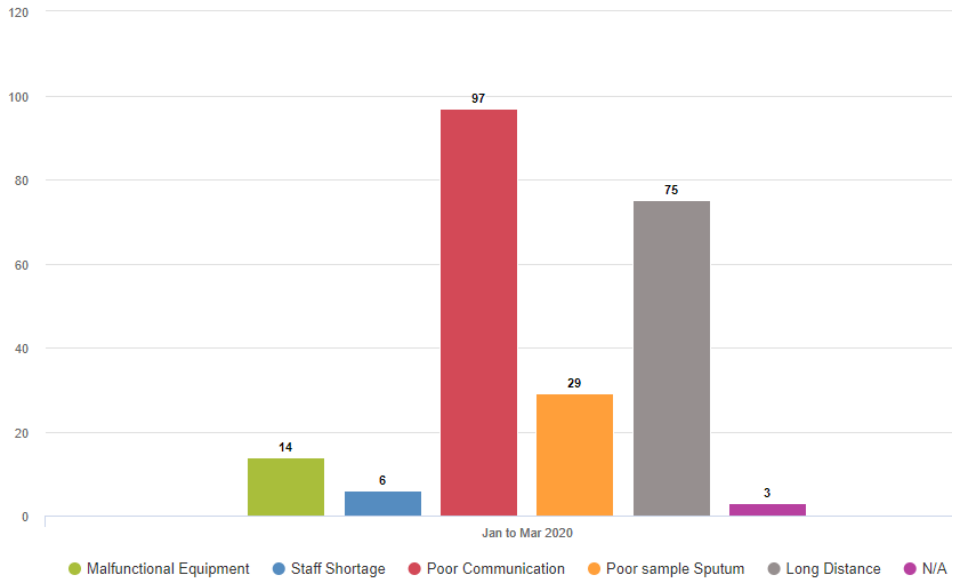
Figure 6: Reasons for delays in diagnosis and treatment



4.5 Difficulties in accessing TB screening and treatment

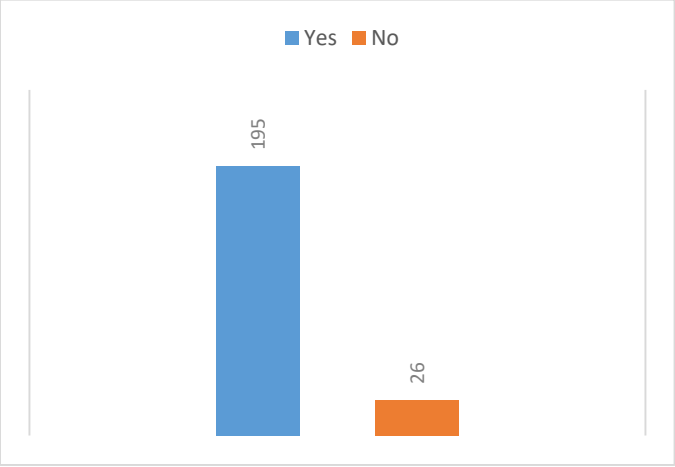
Mineworkers also expressed the difficulties they experienced in TB screening and treatment with the majority agreeing to communication as a hindering factor in their process of receiving TB treatment.

Figure 7: Difficulties in accessing TB screening and treatment



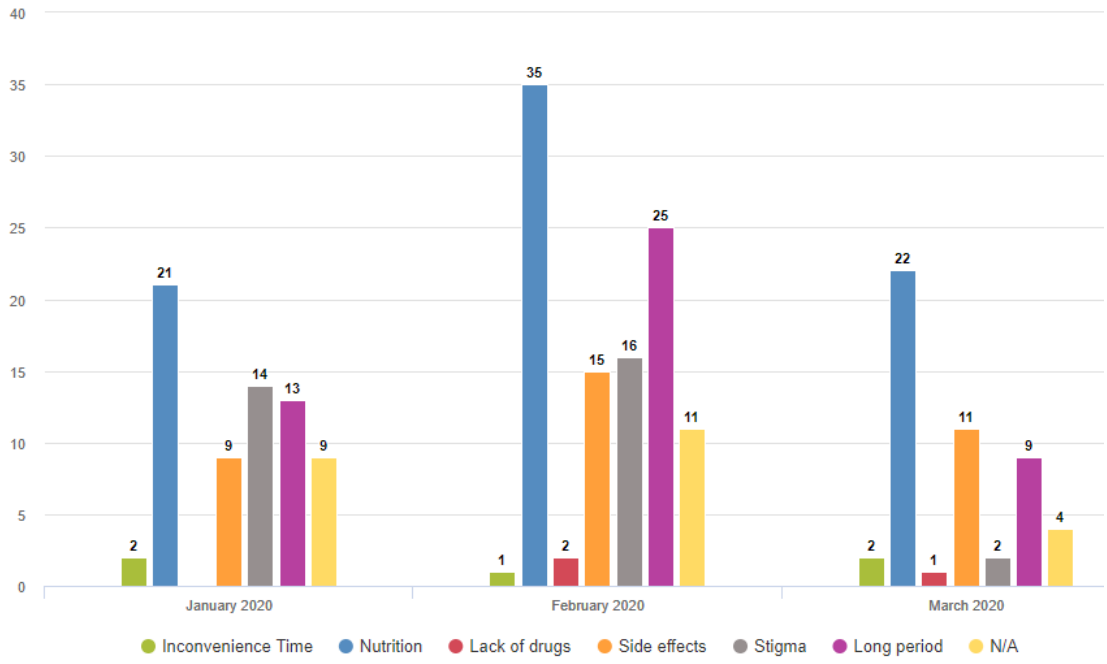
However, long distance cropped out as the second most problem in their treatment as health centres seem to be far away. Still on TB Screening and treatment, some TB patients had considered stopping treatment (*see figure 8 below*).

Figure 8: Respondents Considering to Stop TB Treatment



Several reasons for considering to stop TB treatment were given and lack of nutrition come up as a major reason followed by long period of taking the drugs, drug side effects and stigma as shown in the figure 9 below.

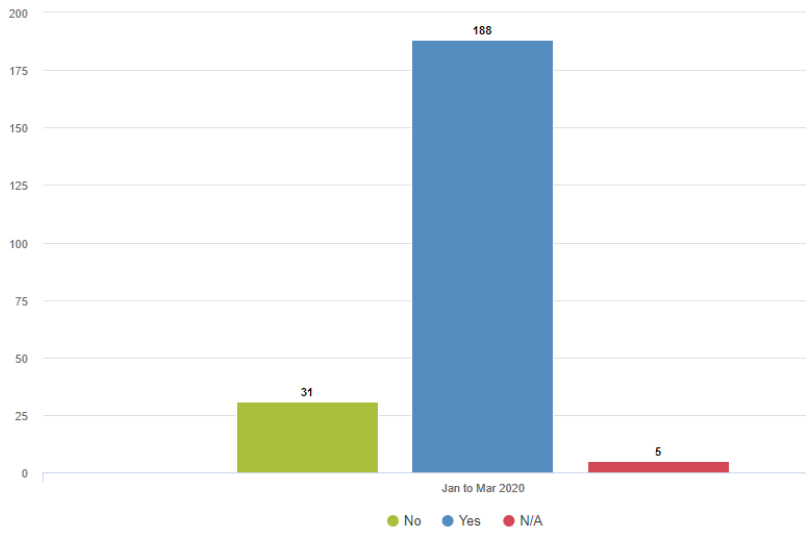
Figure 9: Reasons for considering stopping the treatment



4.6 Stigma and Discrimination

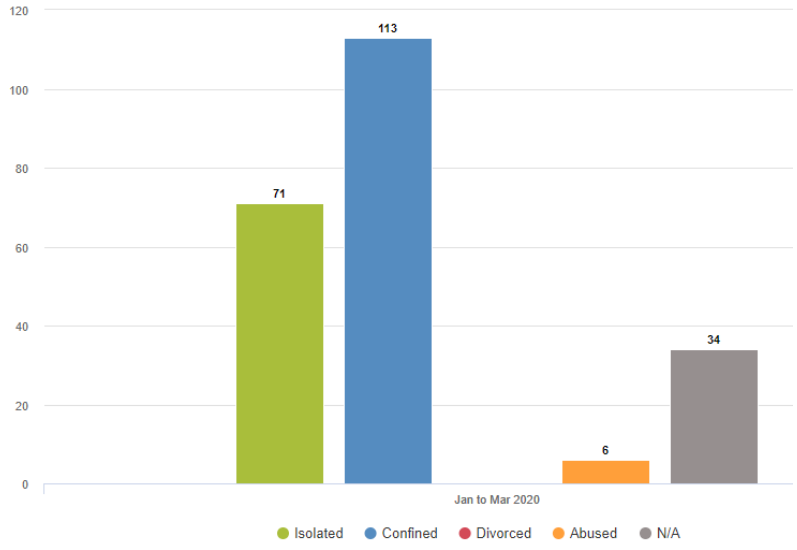
Stigma from family, friends and community was on rampart as miners expressed to have received overwhelmingly different treatment after members learned of their status. Figure 10 shows that 188 respondents reported of having treated differently by their families/communities/employers/co-workers after they learned that they had TB or Silicosis.

Figure 10: Respondents who were Stigmatised or discriminated



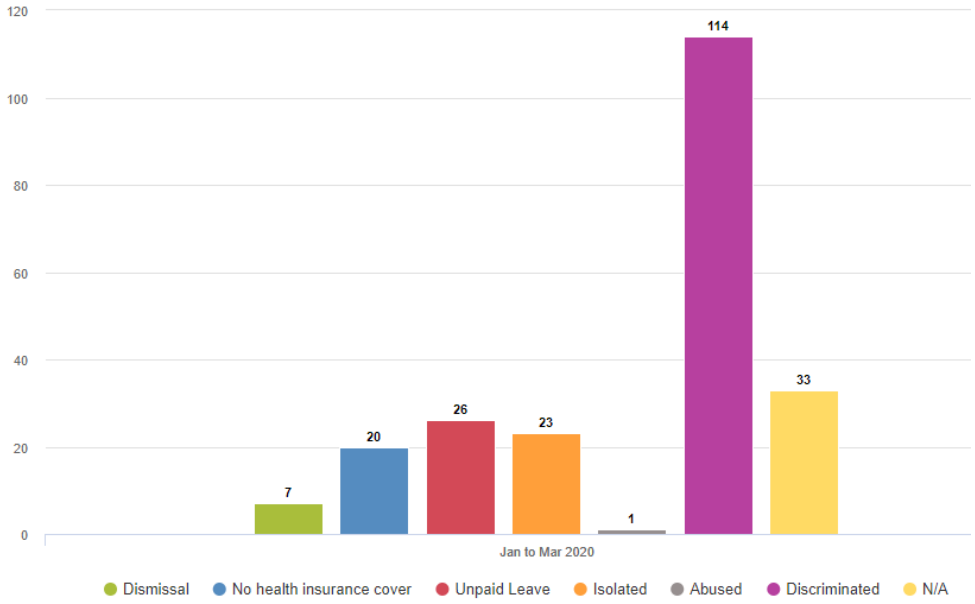
When asked how they were treated differently majority indicated to have been confined or isolated. 6 of the respondents reported of being abused by their families or community.

Figure 10: How Respondents Were Stigmatised or discriminated by family or community



Those who reported of being treated differently by employers/co-workers after they learned that they had TB or Silicosis also reported of either being discriminated, isolated, given unpaid leave or dismissed as shown in the figure 11 below.

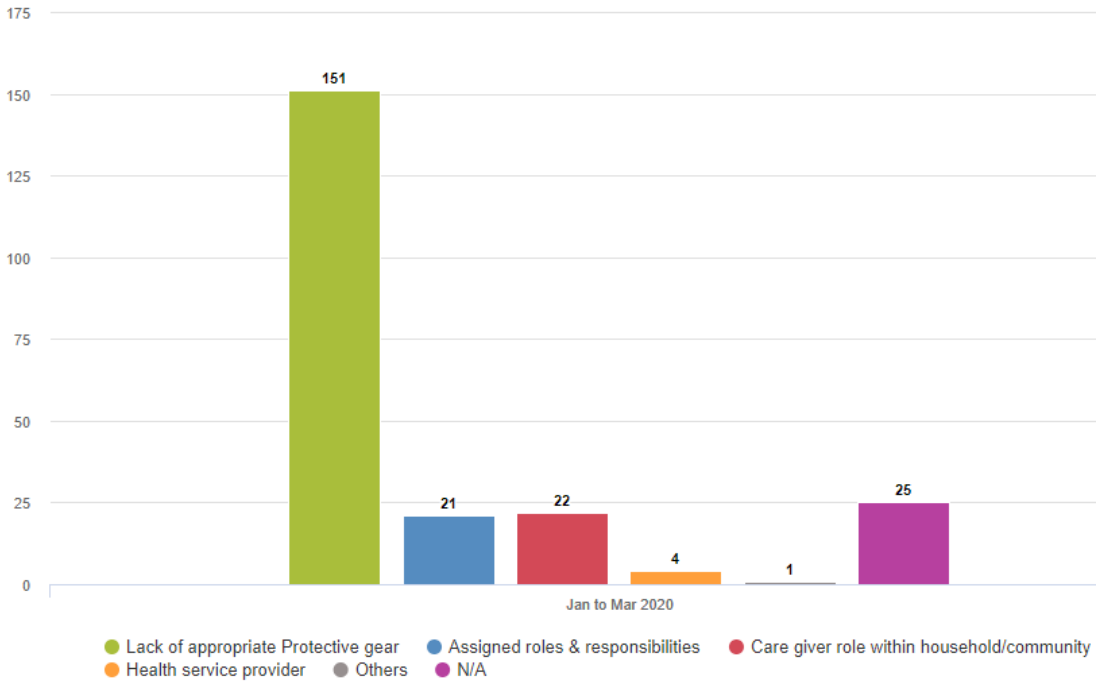
Figure 11: How Respondents Were Stigmatised or discriminated by employers/co-workers



4.7 Gender related barriers to TB services

Majority of the participants' report that their gender increased their vulnerability to TB at workplace/community due to lack of protective gear, followed family roles and responsibilities.

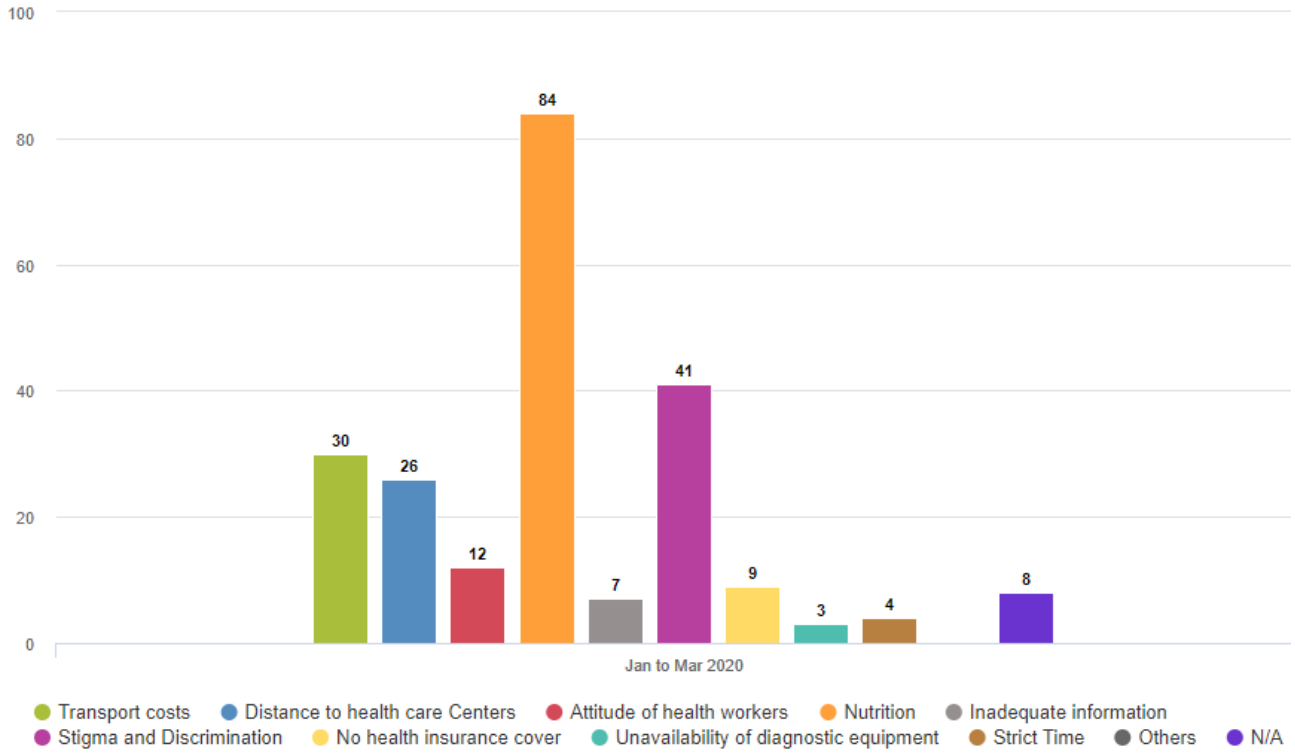
Figure 12: Gender and vulnerability to TB infection at your Work



4.8 Barriers accessing TB Services

TB communities were interviewed on barriers they face when accessing TB services. As shown in figure 13 below majority of the respondents indicated nutrition, stigma and transport costs as major barriers to accessing TB services.

Figure 13: Barriers accessing TB Services



5.0 SUMMERY OF FINDINGS ON HUMAN RIGHTS AND GENDER BARRIERS TO SERVICES AND ANALYSIS

Nutrition

TB treatment alone is often not enough to improve the nutritional status of patients, which underscores the need for nutrition screening, assessment, and management as integral components of TB treatment and care. Attention should be focused on specific symptoms, such as weight loss, diarrhoea, loss of appetite, nausea, and specific disorders such as micronutrient deficiencies, known to occur commonly among TB and HIV-infected individuals and to impact adversely in the short- or the longer-term outcomes. Factors that affect food intake, such as food availability, appetite, eating patterns, medication side effects, traditional food taboos, lifestyles (smoking, alcohol, physical activity, caffeine intake, use of social drugs), psychological factors (stress and depression), stigma, and economic factors are also very important to consider.

Distance and transport costs to health facilities

Although different factors contribute to the low detection rate, patient delay in seeking treatment is one of the factors for high transmission and low detection rate. The patient delay in seeking TB treatment together with health facility delay and referral delay leads to the treatment delay. Early diagnosis of the disease and prompt initiation of the treatment are essential for an effective tuberculosis control program. Delay in the initiation of tuberculosis treatment further increases the burden of tuberculosis by raising the probability of patients transmitting the infection and speeding up the emergence and transmission of multidrug-resistant (MDR) tuberculosis.

Stigma and discrimination

People with TB have a right to be free from discrimination in all settings, including health care, employment, housing, education and migration. Despite this right, they often face stigma and discrimination because of their TB status or TB history. As TB is often associated with poverty and other socially "undesirable" behaviours and living conditions, people with TB, or suspected of having TB, are being stigmatized and discriminated against based on their perceived socio-economic status and behaviours, as well as because of TB.

Lack of protective gears

Miners face particular risks of exposure to TB or to Treated risk factors without adequate workplace protections. In many places, mining relies on poorly paid workers in remote locations where state regulatory mechanisms do not hold mining companies to account for inadequate workplace safety.

5.0 CHALLENGES

Despite being able to present the information that has been collected from the CSOs in the 5 five countries, several challenges have emerged;

- Computer Literacy and lack of computers or smartphones; Majority of the CSOS found that their community volunteers did not either have computer, smartphones and internet or did not know how to use computers and internet. As a result, they resorted to using a paper based tool which often takes long to collect and to enter data manually into the system. Future CBM should consider purchasing gadgets for the volunteers.
- Device incompatibility: Some CSO members still use the java (non-smart) phones which are not compatible with either mobile App nor access web form.
- Internet connection - In Zimbabwe CSO could not upload information to the server due to lack of internet and electricity power in the country.

- Sync Delays: some users faced delays in their data synchronization onto the server. This was either no internet connection on the device or sync settings. We therefore passed on new tricks on how members can refresh their sync tools for data to be uploaded on the server. We received massive success from Zambia and Tanzania.
- COVID-19 Pandemic: the breakout of coronavirus all over the world in December 2019 has stagnated some activities. Some countries went into a total lockdown preventing our CSO teams moving to mining areas.
- Language barrier: In some countries e.g Tanzania communities don't understand English therefore there were delays as CSOs had to translate the tool into their local language.