

The Editorial bit

Greetings again!

Never a dull moment at Zichire! We have Dan, Danka and family with us and that's always a happy event. We are also in the throes of preparing for the Steering Committee – and as if that's not enough to get the adrenaline going, we have only 2 sites to go to complete the Prebaseline Study – this is so exciting and has given us all a real sense of accomplishment!

We have three US students visiting with us and “experiencing Zimbabwe” – which of course means eating sadza and mazondo and ENJOYING it. Student Heidi Kistler is from Pennsylvania where she has just completed her first year Medicine. Student Arlene Davis has also completed her first year medicine in Pennsylvania. Student Anuli Uzoaru is doing her degree in Public Health at Boston University.

Something that is giving us great joy at Zichire is what we are calling “Zichire Lifeline”. We collect clothes from friends and relatives and a few of us at Zichire throw a few extra food items into our shopping baskets – and we've had some substantial donations from the kapenta fishermen - and this we distribute to destitute families that we know of. June was bitterly cold and we were able to distribute some blankets. Danka and George Ayala helped with the distribution in February and will have pictures of Zichire Lifeline in action in our next bulletin or when George decides to *send us the pictures he took!!*

Until the next time,

Take care and God bless,

*Ciao,
Sherla*

Lost & Found

Lost ... Faith Sagonda (Ethnographer)

& Found ... Gilbert Nyamutsaka & Norma Tshuma (Ethnographers), Siphelile Mango & Gertrude Dlodlo (Nurses) – **WELCOME!**

Also welcome to Elizabeth George, Riaz Cook and Tawanda Mbanga who are assisting with Shona/English translations/transcriptions, and visitors Heidi Kistler, Arlene Davis and Anuli Uzoaru who will be carrying out voluntary work with Zichire.

IN THE FIELD

by Prof

The field work has been progressing as usual with relatively minor disruptions of the programme, and altogether the teams have been magnificent in collecting the data. What has been challenging in this particular period has been the splitting of the field team into effectively four teams, plus two people giving results. This has entailed enormous creativity in ensuring that transport and logistics were met to support these four teams. There were two Ndebele speaking teams, one Ethnographic and one Assessment and two Shona-speaking teams, Ethnographic and Assessment, and of course, two Nurses, Ndebele and Shona speaking, giving results.

Congratulations to all those involved in making this logistical challenge possible!

The table below shows the distribution of gender by age for sites 12 –24.

AGE GROUP	MALES	FEMALES
16-19	90 (46.4%)	104 (53.6)
20-24	96 (41%)	138 (59%)
25-29	74 (42%)	102 (58%)
30	17 (27%)	29 (73%)

The age group overall, as has been the trend so far, show more females than males are participating in the study. In general the females also tend to be older than the males, and the age group 20-24 constitutes the majority of the study subjects.

Some participants were found to have some STI symptoms and were treated if they had not obtained any treatment before. For the 13 sites, the highest number of participants who were treated was sixteen while the lowest was one.

Fourteen out of the 20 sites that have been visited so far have received their results, and approximately 260 participants (about 37%) collected their results. Two of the participants refused to know their HIV results so they collected their STD results only.

On average about 12 people per site were found to be HIV positive with the youngest being a 17 year old female. Quite a number of participants had other STDs.

**UNIVERSAL DECLARATION OF
HUMAN RIGHTS : No 3
Everyone has the right to life, liberty
and security of person**

IN THE LAB
@ ZICHIRE a.k.a. UZARI
by Patrick Mateta

The Zichire project started sample collection in mid February 2001, by then we were still to receive our consignment of reagents and equipment. To us at the lab this was more than a challenge. The responsibility of the lab in this study is to receive, process, test and store these samples as laid out in the research protocol. We also must keep a proper record of what sample was collected and how much of that was stored as well as being able to retrieve any sample as and when required by the study team. We are also responsible for shipment of any samples for further testing at the reference lab (Johns Hopkins Medical Institute, Baltimore, USA).

Having started the project without all our requirements we took a positive attitude and told ourselves that we can do it, and it really worked. We started borrowing supplies from various projects that were already running within the Uzari framework hoping that our supplies were going to arrive before they run out of stock. This did work in a marvellous way and in that same week we were able to process all samples received without any major problems. We continued to run our samples in this way until middle of March when our consignment finally arrived. We were all relieved to get these supplies although it was not a complete shipment, some items remained outstanding like the PCR hood for example. Because of the unavailability of the PCR hood an arrangement had to be made with Obs & Gynae department at the medical school where we would be allowed to run our samples with our consumables using their machines. This arrangement worked very well for us as it meant that we could get some PCR results although later than all the other test results. Many thanks go to Mr. Marshal Munjoma who is the technologist in charge of that lab for allowing us to use their space and equipment at no cost. We continue to run our tests there without any problems. It has been a challenge for us at the lab in trying to meet the deadline of sending the results back to the study participants. It's also interesting to note that the kind of cooperation and understanding we have built with the nurses is encouraging, we are more of a team than anything else.

I must admit that when we started we thought we were going to use a caravan as a mobile lab which would go to the growth points with a lab person whose main duties would be to receive, process and store samples for a week on the field and then transport all samples to the main lab after a week. This in our opinion was a brilliant idea but there were a lot of technicalities which had to be ironed out before the caravan could be taken to the field. Although we have shelved that idea for the pre-baseline I think for the baseline it will be very useful. Currently we have identified hospital labs within the

growth points that we are visiting and we have negotiated to use their lab space where our technician can process our samples for that particular site and store them at the required temperature. These samples are transported to Harare in their frozen state for long term storage. So far this system has worked well in all the sites we have visited to date. We hope to continue with this arrangement to the end of the pre-baseline sample collection. The workload has been such that we rarely afford to be out of Uzari lab premises even during weekends and some public holidays. At that note I would like to acknowledge the tireless effort the lab staff has been putting into making this study get to where it is right now. May they keep that good spirit and commitment.

Preliminary Results

We have tested samples up to site 20 but the results that I am looking at are up to site 15.

We received blood and urine samples from all participating males and blood and urine samples and two vaginal swabs from all participating females. We also received an inoculated TV InPouch for every female in the study. Tests that we did at Uzari lab are for antibodies to HIV-1/2, syphilis (RPR), Bacterial vaginosis (BV Blue), Trichomonas vaginalis (TV InPouch), HSV-2 (MRL), Nisseria gonorrhoea (NG) and Chlamydia trachomatis (CT).

Total number of samples received to date are 750 (15 sites only).

The following percentages are for positives only from all samples tested:

1. HIV-1/2	24.57%
2. HSV-2	41.43%
3. Syphilis	1.20%
4. CT	1.63%
5. NG	0.59%
6. BV	36.21%
7. TV	13.81%

Results for site 16-20 were incomplete therefore were not reported in this analysis.

Training

Although we have not received the training money yet, because we feel so strongly about training and enhancing skills, we have started the training on a small scale.

- (i) Our Head Nurse, Reggie Mutsindiri, is nearing completion of her counselling course with CONNECT.
- (ii) Our clinical advisor, Dr Laura Jenkins, has completed an Advanced Cardiac Life Support Course with the Resuscitation Council of Southern Africa.
- (iii) Lab Manager Patrick Mateta has commenced his MBA with the Nottingham Trent University (UK).

If we have achieved so much without the training money, I'm sure that our achievements will know no bounds when we DO GET THE TRAINING MONEY!

URGENTLY WANTED for the Field

We urgently need to source some trailers for the nurses as they seem to require an extraordinary amount of luggage for their field trips.



Transport required for the field

Also urgently needed are some fuel pumps at Zichire to store fuel for emergencies.



(Right)
What we see as we prepare for field trips!

Birthdays

Tanya Darrell – 7th June

Happy Birthday Tanya & we wish you many, many more.
May the Zichire Angels watch over you too.

& Births - Zichire Babies! -

In order of arrival :

1st Stephanie Mazvita Mudhokwani

2nd Rhys Hunter Kei Steenbok

3rd Neville Yasini

(We await the prizes, as promised, from Auntie Keira.)



Congratulations!

To Betsey Johnston (US)
on her recent marriage:
may God bless you both and give you many happy years together. With best wishes from all at Zichire, Zimbabwe

Personality of the Month

Hi there, Zichireans! I'm a new member in your organisation and here's my profile:

Name : Stephanie Mazvita Mudhokwani
Date of Birth : 7 May 2001
Time : 0841 h
Place : Avenues Clinic
Sex : Female
Family : Parents – Richard (43), Petronella (40), brothers Tafadzwa (19), Takunda (11), and sister Sandra (15)

(Interview conducted in cosy crib at the hospital)

Mummy : Steph, what does the future hold for you?

Steph : I have a very bright future, mama. For one thing, I'm very well travelled and one day I'll be the President of this country. I won't say when I grow up, because I'll not wait till I'm grown up. I've been to Sanyati, Gokwe, Zhombe, to name but a few. I've been to war-torn areas like Hwedza and Sadza, and gone for days without water to drink (at Sadza), surviving on fizzy drinks. I feel I also have royal blood since I was chosen to sit next to Chief Zvimba – the President's cousin – and address a rally in Murombedzi, and introduce the Zichire Project. So you see, Mum, I've a bright future.

Mummy : What's your favourite food?

Steph : My mummy's milk when she gets fruit baskets (from Zichire) and the roses were bright and beautiful too – thank you Zichire staff. This comes from the bottom of my little heart.

And what a great place to say:

"THE END"