

MAKING A DIFFERENCE IN TB AWARENESS MONTH

Whilst we have all rightly been pre-occupied by one respiratory disease which is easily spread and has the potential to kill people, in South Africa TB is much more dangerous than COVID: it is estimated to kill over 100,000 people in this country every year. This month was marked internationally as TB Awareness Month.

TB is sadly an illness that predominantly affects the poor and so, not surprisingly, many of the 1,000+ patients we see every month in our clinic catch TB because of the circumstances in which they live. Homeless patients and refugees often come in very sick and so when a patient arrives, our healthcare practitioners run a range of tests including for TB.

Ruth Birtwhistle, our Clinic Co-ordinator, explained: “We are very lucky to work closely with the municipal clinic at Lancers Road where we have access to the National Health Laboratory Service (NHLS). We can collect sputum here at the centre and send it off to the clinic and collect the results ourselves. The patient doesn’t have to go to another clinic for testing. We get the results here and start treatment on the same day.”

That is great news because it is possible to cure someone of TB. But unfortunately to beat the disease you need to adhere to a daily six-month treatment; for many of our patients who have chaotic lives that is very challenging to complete. That is why we run a Directly Observed Treatment (DOT) programme. The clinic opens its doors early each day to serve meals and medication to homeless TB patients arriving for their daily dose.

“Essentially, the DOT programme is for individuals who are on chronic medication, particularly TB medicine, ARVs, anti-psychotic or anti-epileptic treatment,” explained Ruth. “We have some patients who collect medication every day or every few days, or some just once a week. It depends on what their needs are.”

At the centre we see between 70 and 100 people every day who come for TB or HIV treatment; and a further 40 people at our container-clinic at Dalton Road (where people live nearby and so generally visit the clinic daily). Because of this programme, we are having more and more success with carrying people through the six-months.

But some patients, especially those who have previously defaulted on the six-month programme, have developed Multidrug-resistant TB (MDR TB) which needs to be treated for at least nine months and sometimes in hospital. We currently have 10 MDR patients and we work closely with the TB department at King Dinizulu Hospital for this treatment. If we identify someone with MDR TB, they are admitted for a period: we visit them regularly while they are there, and when they come out we accompany them as they take their prescribed medication.

Patients who visit our DOT programme take their treatment with porridge and tea. They get very hungry as they get better which is why it is important to provide food with the medication. Often they are taking four to seven tablets at a time for TB; for MDR TB, patients take up to 20 tablets, twice a day!

Our clinic works alongside AAD, an organisation which runs a programme at Bellhaven to assist recovering addicts to manage their withdrawal symptoms. Torres Luna, a social worker who used to work with us, has trained two formerly homeless men who walk around the City to find patients who are defaulting: they know the right places to look. They take the medication and meals to the patients and encourage them to come back to the clinic.

Ruth explained: “After the first two weeks of taking TB treatment, you’ve killed 99% of the bacteria. The next five-and-a-half months of treatment is designed to kill that last 1% which is very persistent. After two weeks, patients are feeling better and they have gained weight; but that means keeping them motivated to continue treatment can be hard. Also if you don’t know where you are sleeping or when you will be eating next, your priorities are very different, particularly once you start to feel better. Many of the patients in the DOT programme also struggle with substance abuse,” she concluded.

This story was adapted from an interview that appeared in the [Berea Mail](#). We thank Caxton Local Media for their continued support of our work and for raising awareness of important issues.

Healthcare worker, Makhosi Mkhize and social worker, Nonhlanhla Nhlangulela take stock of TB medication at the clinic. (photo: Danica Hansen, Caxton).

A SAD STORY – BUT POTENTIALLY A HAPPY ENDING

We shared a story last year about Thandeka Makhanya, a homeless woman well known to us, who died while giving birth. She brought home the statistic that in South Africa five women per thousand die during or immediately after childbirth. That story deeply moved many people. This month we had a personal insight into the even more shocking statistic that in South Africa, out of every 1,000 live births, 24 children will die before their first birthday.

On an unusually busy Tuesday we were informed that a baby had been bought in to the clinic who needed immediate attention. The baby was tiny, so under-nourished that he hardly wanted to eat, and making almost no noise. It was one of our DOT patients who had discovered the little boy the night before, in the pouring rain, next to the dead body of his mother. The baby and mother had been living on an island in the middle of the N3 motorway. We initially estimated his age at 6 or 7 months, due to his size and behaviour, and set to work to stabilise him. The police were happy that he was in our care while investigations were made.

Thanks to the good detective work of our team we found out more. A ‘neighbour’ on the island confirmed his mother’s name and that she had given birth at King Edward VIII Hospital. From there, we were able to get details of her family in Hammarsdale and also confirm the baby’s real name



(though we will here call him Thando – which means love). This also showed that the baby was in fact almost one year old but, because of his severe malnutrition and delayed milestones, he had seemed much younger. Our suspicion is that the mother did not seek medical help for herself or her child for fear that the baby would be taken away from her (understandably) and so she put her own life at risk and potentially that of Thando.

We assisted the family in the burial of Thando’s mother. They are not currently in a position to take him so the plan is for him to stay at Philakade Care Home (which is run by MaryAnn Carpenter who founded our clinic). That gives us time to sort out his birth registration, birth certificate, and apply for his foster grant, as well as a possible temporary disability grant. Meantime, Thando is gaining weight, starting to play and (wonderfully!) beginning to make as much noise as a regular one-year-old boy. And – contrary to what might have happened – he celebrated his 1st birthday on 29 March!

Sadly, his story is not unusual. Homeless women get pregnant, give birth and are often unable to look after their children and do not know where to seek help. Such children moreover are prey to traffickers and also the frightening side of the market for ‘muti’ (traditional medicines). Children born on the streets, if they survive, will often end up as homeless adults. Like many of the people we see, they have no way to access an ID which is the gateway to so many opportunities: grants, pensions, jobs, drivers licenses, etc.

To help support Thando and other people who require long-term care, you can visit [Philakade’s Facebook page](#).

Thando (left) enjoying a regular home life with a playmate, cat and screen time! His life might have ended up so differently.



WELCOMING U.S. VISITORS WITH OUR NEIGHBOURS AT THE MOSQUE

As the month of Ramadan begins we acknowledge the support given us in so many ways by individuals and organisations within the Muslim community. It was thus a great honour this past month to be joint hosts, with the Jumma Masjid, of Anne Linee, the US Consul General in Durban. She wanted to see the work of both institutions and was especially pleased to see the close collaboration between us. She came with Betsy Orlando (Political and Economic Officer); the two of them, after postings in Pakistan and Nigeria, have already had plenty of experience of Islam. But they were keen to learn more about our Durban Muslim community and how it has grown in recent decades with the arrival of Muslims from other parts of Africa (many of whom are patients at our clinic).

The US visitors also spent time at the DHC and heard about the extensive partnership we have had with the US mission through PEPFAR’s financial support of our clinic. The CG was especially pleased to learn why they have a sculpture of hand-made butterflies at the consulate: an element of the collaborative art project they supported as part of the 2016 World

AIDS Conference in Durban: 600 children imagined the possibility of 'Flying Free from HIV'.

By coincidence, a group of American students had been through the day before, visiting the DHC and the mosque and spending time getting to know law students from UKZN who are working with us.

This weekend marks the beginning of Ramadan. April will also see, for Christians, the movement from Lent into Eastertide centred around Holy Week, and for Jews the festival of Passover. It was thus a great pleasure also this week to participate in a Seder meal hosted by Rabbi Gilad Friedman at the Durban Jewish Club.

L to R: Mohamed Khan (IPCI), Dr AV Mahomed (Chair of the Jumma Masjid Trust), Anne Linnee and Betsy Orlando (both from the US Consulate in Durban).

DENIS HURLEY CENTRE IN PRINT AND ON-LINE

We continue to use various publications to talk about what we do and also to raise awareness of injustices in our society.

We recently celebrated the 75th anniversary of Denis Hurley becoming a bishop (on 19 March 1947) with a two-week series of historic photographs published on our Facebook page receiving over 15,000 hits. We covered his life in ministry, his commitment to the education of both children and adults, his work as an activist and his time at the Second Vatican Council. Readers added comments and clarifications and sometimes sent in their own pictures. The posts are still there for you to enjoy: just scroll back on [our Facebook page](#).

If you ['like' our Facebook page](#), you'll receive up-to-the-minute news about our work, for example a video showing how, yet again eThekweni municipality has been destroying homes at Dalton.

We were delighted to be approached recently by Wits Business School to prepare with them a case study to be used in their MBA program exploring our position as an interfaith philanthropic organisation: [email to find out more](#). You can access on line an article in the [Annual Review of South African Philanthropy](#) that features us (see Page 41 of the pdf).

Our most prestigious appearance recently is in a book on homelessness in South Africa, edited by Prof Stephan de Beer of the Centre for Faith & Community at the University of Pretoria. Two of the chapters feature insights from the Denis Hurley Centre and a number of the contributors are partners of ours in the National Homeless Network. As we have just marked Human Rights Day, one interesting chapter (by our Director) is the one which explores how homeless people are in practice consistently denied the rights that are promised to them in theory in the Constitution. The book is available to purchase in hardback; or [free to download as a PDF](#).

And finally our director continues to write a monthly column for the [‘Southern Cross’](#). Now 101 years old, this is the longest continuous English-language religious publication in SA. You can buy each monthly online edition for R30 (or less than \$2) or you can [subscribe for a year](#) for R300 (or \$20). This month there is a report on the panel of young activists of faith who spoke at our recent AGM.

The cover of 'Facing Homelessness' features photographs taken by local photo-storyteller Samora Chapman.

