

# Tanzania AIDS Week in Review



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## Give AIDS the Red Card initiative launched at All-Africa Games in Mozambique

**T**he Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Michel Sidibé and Mozambique's Minister of Youth and Sports Pedrito Caetano recently launched the UNAIDS Give AIDS the Red Card initiative at the Joaquim Chissano International Conference Center in Maputo.

The announcement was made on the eve of the 10th All-Africa Games, the continent's largest multi-sports tournament, under the patronage of Dr. Aires Aly Bonifácio, Prime Minister of Mozambique.

"Reducing the numbers of new HIV infections is nowhere more imperative or urgent than in Africa," said Mr Sidibé.

"The All-Africa Games are a great occasion to raise wide awareness about intensifying efforts to reach UNAIDS' vision



UNAIDS Executive Director Michel Sidibé

of Zero new infections, Zero discrimination, and Zero AIDS-related deaths."

"Sport brings people together and is especially popular among young people. I urge all the participants and fans across Africa watching the All-Africa Games

to learn the facts about HIV prevention and give AIDS the Red Card," said Mr Caetano.

Among prominent personalities expected to attend the launch are former Mozambican President Joaquim Alberto Chissano, Graça Machel, wife of former South Af-

rican President Nelson Mandela, and leading athletes.

The UNAIDS Give AIDS the Red Card campaign was introduced at the 2010 FIFA World Cup in South Africa with the support of 28 team captains. Captains of six teams at the 2011 FIFA Women's World Cup in Germany also endorsed the initiative.

At the Maputo event, the first Africa-wide launch of the initiative, the heads of national delegations to the Games, including presidents of National Olympic Committees and Ministers of Sport from 47 participating countries, are signing a pledge to support the Give AIDS the Red Card campaign for Zero new infections, Zero discrimination, and Zero AIDS-related deaths.

The campaign aims to raise awareness and mobilize action to strengthen the response to HIV and accelerate progress across Africa.

"By signing the pledge, each delegation is agreeing to set up a national plan of action on the UNAIDS Give AIDS the Red Card in consultation with UNAIDS offices and national AIDS councils upon return in their respective countries," said Dr. Djibril

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**B**EHAVIOUR change remains a major snag in combating the spread of HIV/AIDS, the Zanzibar National Association for the Blind (ZANAB) said recently in a sensitization campaign to its members in Unguja Island.

"Most of you are stubborn, be-

## Blind people counselled on HIV/Aids in Zanzibar

cause you put yourself at the risk of contracting HIV by ignoring to change your behaviours. It will be difficult to control the spread of HIV if you remain stubborn," said Ms Sabahi Mussa Salim, a facilitator at the HIV seminar for

the blind.

She said although Zanzibar's HIV prevalence has been stable at below one per cent for the past six years, new HIV/AIDS cases among people particularly Most-At-Risk (MARs) groups and the

blind continue to be recorded at health centres. The coordinator of the sensitization campaign project, Mr Masoud Suleiman, told the 'Sunday News' that more than 10,000 blind people, mostly

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# Blind people counselled on HIV/Aids in Zanzibar

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adults would benefit from the knowledge about HIV/AIDS. "Unfortunately we do not have statistics showing the number of people with blindness living with HIV, but we know we have them.

This sensitization enables blind people get informed on the effects and prevention of the disease," said Masoud.

ZANAB Secretary Mr Adil Mohamed said the HIV/Aids sensitization was intended to cover both Unguja

and Pemba Islands to increase awareness among the vulnerable groups. He said ZANAB in collaboration with other organizations would embark on educating blind people on how to prevent the spread of HIV/Aids.

The project which includes knowledge about fight against stigma, voluntary testing, counselling and mainstreaming, is being supported by the Rapid Funds Envelop (RFE) - Deloitte.

Source: Daily News



People with sight disabilities should not be forgotten in anti-HIV/AIDS campaigns

## Give AIDS the Red Card initiative launched at All-Africa Games in Mozambique

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Diallo, Senior Adviser to the UNAIDS Executive Director.

"The 2012 Africa Cup of Nations hosted by Equatorial Guinea and Gabon will be the next platform for pan-African mobilization of the initiative," he added.

Mozambicans are welcoming 5,000 athletes who will compete in 23 sports during the Games, including: athletics (track and field events), badminton, basketball, boxing, canoeing, chess, cycling, football, gymnastics, handball, judo, karate, netball, rowing, sailing, shooting, swimming, table tennis, taekwondo, tennis, triathlon, volleyball and weightlifting.

Sub-Saharan Africa continues to be the region most affected by HIV, with an estimated 22.5 million people living with the virus in the region representing 68% of the global total. However significant progress is being made in the region.

In 22 countries, the HIV incidence rate declined by more than 25% between 2001 and 2009.

World leaders meeting in New York at the 2011 UN High-Level Meeting on AIDS agreed on far-reaching targets to halve new infections through sexual transmission and drug use, eliminate new HIV infections among children, and reduce TB-related AIDS deaths by half—all by 2015.

The Political Declaration on HIV/AIDS also urged countries to embrace treatment for prevention, put 15 million people on treatment and reinforced the call for universal access to HIV prevention, treatment, care and support by 2015.

Source: AJAAT Reporter

## Watoto wanaotumia ARVs wanahitaji msaada wa lishe bora

**K**ikundi cha akina mama cha Huruma kilichopo wilayani moshi ambacho kinajihusha na malezi ya watoto yatima na wanaoishi na VVU, kinakabiliwa na changamoto ya kushindwa kupata chakula chenye lishe bora ili kuwasaidia watoto wanaotumia dawa za kupunguza makali ya UKIMWI ARVs.

Mkurugenzi wa kikundi hicho, Mary Saria, alisema hayo wakati akizungumza kwenye tafrija fupi ya chakula kilichoandaliwa na mmiliki wa kampuni ya kitalii ya ZARA Charity ya

mjini hapa. Saria alisema kikundi hicho ambacho kinawahudumia watoto waliopoteza wazazi wao kutokana na ugonjwa wa UKIMWI, kinakabiliwa na changamoto nyingi ikiwemo kutokuwa na uwezo wa kuanzisha miradi ambayo itawasaidia kutokana na baadhi ya wanachama hao kuwa ni waathirika wa ugonjwa wa UKIMWI.

Alisema tangu kuanzishwa kwa kikundi hicho mwaka 2003 hakijawaahi kupata msaada toka serikalini, jambo linalowafanya watoto hao waishi kwa shida na wengine kupoteza maisha kutokana na kutopata lishe bora.

Alisema kuwa wana-chama wa kikundi hicho wengi wao ni akina mama wa nyumbani na wajane na hawana shughuli wanazofanya za kuzalisha mali.

Alifafanua changamoto nyingine wanazokabiliana nazo kuwa ni jamii kuwatawenga watoto wenye virusi vya UKIMWI na kuto-wathamini na viongozi wa ngazi za juu kutokuwa na msukumo wa kuwasaidia waathirika hao. Alieleza kuwa kituo hicho kina watoto 48 ambao wanahitaji lishe bora kutokana na kutumia dawa za kupunguza makali ya virusi vya UKIMWI.

Chanzo: Nipashe

**W**atu wanaoishi na virusi vya UKIMWI katika Hal-mashauri ya manispaa ya Sumbawanga mkoani, Rukwa, wametakiwa kua-cha tabia ya kujifisha na badala yake wajitokeze wahudumiwe.

Mratibu wa UKIMWI Manispaa hiyo, Catherine Ulaya wakati akitoa mada katika kikao cha wadau wa mapambano dhidi ya ugonjwa huokilichofanyika mjini

## Wenye UKIMWI watakiwa kutojificha

hapa alisema imebainika baadhi ya wenye UKIMWI wamekuwa wakikosa huduma za msingi kama vile chakula kutokana na kujificha baadhi kupateza maisha kwa haraka.

Alisema kuwa ifike wakati wagonjwa hao wakubali hali waliyonayo wasihofu juu ya unyanyapaa katika jamii kwani dhana hiyo imepitwa na wakati. Alisisitiza kwamba kujitokeza kwao kutawasaidia kutambuliwa na kamati za

UKIMWI za kata na mitaa ambazo zitawasaidia namna ya kupata huduma kutoka katika manispaa hiyo.

"Jamani tusaidiane kuwaelimisha wagonjwa wa UKIMWI waliopo majumbani wajitikeze katika kamati za UKIMWI za kata ili tupate idadi yao tuweze kuwasaidia kwani fedha zipo kwa ajili ya kuhakikisha wanapata huduma ikiwemo ya chakula," alisema Ulaya.

Chanzo: Habari leo

**T**-MARC Tanzania, an NGO specialising in evidence based social marketing in Tanzania, has designed a strategic intervention to compliment ongoing voluntary counselling and testing (VCT) activities in the country.

The strategies which aim to support the Universal HIV/AIDS Intervention for Counseling and Testing (UHAI-CT) program, have been subcontracted under Jhpiego and funded by USAID.

The Strategic Initiative for Testing MARPS (SITEMA) component is conducting highly targeted outreach HIV counselling and testing programme focusing on the most at risk population (MARPS) and the underserved communities in the regions of Shinyanga, Mwanza, Pwani, Manyara and Rukwa.

A total of 10,000 people are expected to receive counselling and testing services during the SITEMA campaign that runs from the end of July to mid-September this year.

The programme expects to reach over 50,000 members of the target populations on HIV counselling and testing, whilst raising awareness and creating interest in taking HIV tests among the MARPS.

In Shinyanga, the trained demand creation teams are working alongside the VCT counsellors in Geita, Bukombe, Mwadui, Maswa, Bariadi and Kahama districts, which have a high influx of most vulnerable populations OVP.

Such groups include miners, truckers, bar maids, bicycle boys working in truck stops (ganaganas), injecting drug users (IDU's), sex workers (SW) and even men who have sex with other men (MSM).

In Mwanza, on the other hand, the outreach VCT team will conduct counselling and testing activities near fishing areas and plantation communities of Ukerewe Island, Magu, Ngudu and Sengerema districts. The outreach team will also visit Coastal region areas of Bagamoyo, Kibaha, Mkuranga and Kisarawe that are popular with MSM, IDU and SW populations.

In Manyara region, prevailing traditional beliefs by the indigenous Waman'gati and Hadzabe tribes, coupled with poor access to testing facilities and poor awareness of HIV prevention methods, underscore the need for rapid VCT interventions.

Other areas of focus include border areas of Rukwa region including Sumbawanga, Mpanda and Namanyere districts near Zambia and Lake Tanganyika.

Through these activities, T-MARC will nurture community awareness and support for the UHAI-CT program activities with view to

## T-MARC Tanzania: Creating Demand for Voluntary HIV Counselling and Testing



*Man receiving HIV voluntary counselling and testing services during recent UHAI-CT intervention*

reducing stigma attached to both testing and having a HIV positive status.

Since inception of the UHAI-CT programme nearly 300,000 people have tested for HIV, learned their HIV status, and some have been referred for prevention, care, treatment and support services.

### Kicking HIV Out of Tanzania

Residents of Mara (Musoma and Tarime districts), Ruvuma (Songea district) and Tabora (Tabora urban and Nzega districts) have participated in efforts to kick HIV out their

areas, courtesy of the Dume Cup Football Tournament, organised by T-MARC Tanzania.

Supported by the American people through the US President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), Dume Cup had emphasis on disseminating knowledge on the importance of correct and consistent use of condoms.

"Given the immense popularity of football in the country, Dume Cup offers a platform to educate and encourage people to safeguard themselves against HIV infection. The tourna-

*Continue on page 5*



*Prize handing over ceremony at the dume Cup final in Songea)*

## ZAMBIA: Low STI testing puts HIV-positive pregnant women at risk

**W**hile most pregnant women in Zambia are now tested for HIV, other sexually transmitted infections such as syphilis are not being diagnosed, placing the lives of thousands of women at risk.

By the time Emily Banda (31)-(not her real name), found out she had syphilis, it was too late – her daughter had died at five months and she had a miscarriage during her second pregnancy.

Banda was only tested for HIV and syphilis after her divorce, when she had moved from the small town of Kalabo in Western Province to the capital, Lusaka. “At the hospital, they counselled me and tested me... There were no signs that I had syphilis and the doctor said I had [had] the problem for a long time,” she said

A study conducted in Uganda and Zambia by the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) – identified high rates of syphilis and HIV co-infection in pregnant women in both countries. In Uganda, 14.3 percent of syphilis-positive pregnant women also tested positive for HIV, and the rate was 24.2 percent in Zambia.

High co-infection rates of syphilis and HIV in pregnant women increase the risk of HIV transmission from mother-to-child.

Like HIV, syphilis is a major cause of morbidity and mortality among women and children in developing countries. The HIV prevalence rate among



*Pregnant women should always be advised to go for STI testing to avoid risking their babies' lives to HIV and AIDS*

pregnant women in Zambia is about 19 percent.

According to Susan Strasser, EGPAF country director for Zambia, syphilis testing should be part of the routine pre-screening done for pregnant women, but is often missed.

“In Zambia, if we’re going to be successful in eliminating paediatric AIDS, we have to also prevent congenital syphilis,” said Strasser, co-author of the study.

“Congenital syphilis can be easily diagnosed and cured thanks to rapid diagnostics and treatment. It is simply unacceptable for this disease to continue to plague women and children.”

The EGPAF study found that integrating rapid syphilis screening and HIV testing for pregnant women was feasible, cost-effective, and helped to prevent transmission of syphilis and HIV from mother-to-child.

Rapid syphilis tests were introduced in antenatal clinics that provide services for the

prevention of mother-to-child transmission (PMTCT) of HIV in Uganda and Zambia.

The new tests make it possible to screen more pregnant women for syphilis in a variety of urban and rural settings without the need for additional laboratory equipment or refrigeration.

Rapid syphilis testing is now as simple as a malaria test, Strasser noted.

“You can simply take blood with a needle from a vein or finger prick and then you take the blood on the slide, much like a rapid malaria test or rapid pregnancy test and then you have the results after 20 minutes,” she said.

A regular syphilis test, on the other hand, has to be carried out “by someone who is highly trained; it needs electricity and it is usually done in batches”.

“A woman would have the blood drawn for testing and then she will be told to come back in the afternoon for the results or even the next day and... when they go home to tend to [their] responsibilities, they don’t come back to get the results and subsequently, they don’t get treated.”

Stigma and lack of support from their male partners also prevents many pregnant women from accessing treatment, Mulemi Kayumbwa, a clinical officer at Kalingalinga Hospice in Lusaka, said.

“We make sure that syphilis-positive pregnant women are encouraged to notify their husbands, so that they are all treated at the same time,” said Kayumbwa.

*Source: PlusNews*

### Highlights of HIV/AIDS situation in Tanzania Mainland

The national prevalence stands at 5.7% down from 7% in 2004

Epidemic has stabilized around 6% among those aged 15-49 years ( Generalized Epidemic)

Wide regional variation of HIV prevalence between 0.9%-15%

Drivers of the epidemic include transactional sex; low condom use; trans-generational sex and gender inequalities.

National VCT campaign spear-headed by the Head of State has increased uptake to 37%

National HIV prevention budget is 17% of the total HIV and AIDS budget (PER 2007)

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### Weekly quotable quotes!!

To be able to achieve the laudable goals (of preventing and treating HIV/AIDS), especially for us in sub-Saharan Africa, there is the need for us to invest in

improving our weak health systems. The inadequate number of healthcare facilities in many of our countries are major issues of concern. -- John Dramani Mahama

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ment also brings together different groups for fun, friendship, fitness and as a way of positively using their free time,” Halima Mwinyi, T-MARC’s Senior Program Manager said.

A total of 64 teams comprising over 1400 self employed youth and young adults participated in the games, while thousands more were reached through road shows, videos and “Jali Maisha” (value life) training sessions that enhanced local knowledge on HIV/AIDS prevention methods, especially on correct and consistent use of condoms.

In Musoma district, the Cargo team comprising luggage porters carried home the coveted Dume Cup trophy along with the top cash prize of TZS 1,000,000 with a 2 – 0 victory over their compatriots, the Stand team from the local bus stand.

The runners up received TZS 750,000 prize, while the third place finishers, Musoma Shooting team bagged TZS 500,000.

The Tarime district finals witnessed the carpenters of Seremala team triumph with a narrow one goal win over the law enforcers Police team. Third place went to the Super-sport who beat Rebu team 2 – 0.

A closely contested final in Tabora ended in a two goal draw but the Matofali team of brick makers dismissed the resurgent motorcycle taxi Pikipiki team 3-2 in post match penalty kicks.

The third place prize of half a million shillings went to Wakaanga Chips (potato chips fryers) team that upset the Waendesha Baiskeli (bicycle taxi operators) 2–1 in a playoff.

In a one sided final in Nzega district, the Matunda team of fruit vendors licked the Simu team of mobile phone and phone recharge vouchers vendors 4 – 0 to lift the Dume Cup trophy and grab the one million shilling prize.

Earlier, the gravel sellers Kokoto team received a clean shave from the barber shop operators Vinyozi team who beat them 1 – 0 to pocket the half a million shilling third place prize.

The undisputed champions of Dume Cup in Songea are the Wauza Vipuri vehicle spare part vendors’ team from the Kambarage B area, who outshone the grain traders of Sokoine - Wauza Nafaka team in the finals.

The third place playoff was also a grain and spare parts affair in a derby that pitted the grain millers team Wasaga Nafaka against the spare parts vendors’ team from Kambarage A - Wauza Vipuri. In the end the spare part vendors took home the consolation prize.

There were also cash prizes of TZS 100,000 on offer for the best players and top scorers of the tournaments in all the districts, along with



A parent in Mtwara district talks to his pre-teen son using FMP communication tool kit

soccer balls, branded Dume condom t-shirts and Dume soccer kits for the participating teams.

T-MARC Tanzania is an independent, Tanzanian, not for profit, non-governmental organization (NGO) working in Tanzania, for the benefit of Tanzanians.

T-MARC employs a dynamic approach that brings together public and private stakeholders to develop and expand consumer markets for a broad range of social products.

T-MARC promotes behaviour change through evidence based practices that contribute to a positive health and social impact within the development field.

## FMP has parents talking

Matters Project (FMP) is making great strides in Mtwara and Ruvuma regions of the country.

FMP is a community-based intervention being implemented by a local Ngo, T-MARC Tanzania, and funded by the Centers for Disease Control (CDC) under the President’s Emergency Plan for AIDS Relief (PEPFAR) with support from the Government of Tanzania.

The five year project spans September 2008 to August 2013 and aims to enhance protective parenting practices, overcoming communication barriers and promoting parent-child discussions on sexuality and sexual risk reduction.

Operating under the banner ‘Serving Communities, Improving lives’ T-MARC promotes behaviour change through evidence based practices that contribute to a positive health and social impact within the development field.

These practices, products and strategies are in the areas of HIV/AIDS, reproductive health,

child survival, infectious diseases, water & sanitation, malaria and nutrition. The interventions are specifically targeted at vulnerable, at risk and low income audiences.

FMP empowers parents (caregivers/guardians) of pre-teens (9-12 year old children) with the necessary skills to communicate confidently and freely with their pre-adolescents on issues of sexuality and risky sexual behaviours.

This is done to promote abstinence and reduce sexual risk among adolescents; including delaying their sexual debut. The ultimate goal of the project is reduction of HIV infection among teens.

“We are right within the objectives of the project which aims to reach 75 percent of parents of pre-teens in the target populations. 22 facilitators, ten in Ruvuma region and twelve in Mtwara had been trained and certified by February this year” the FMP Senior Programme Manager, Ms. Timah Twalipo said.

Using five-week-long learning sessions known as waves, the facilitators have trained 2,886 parents and guardians of pre-teens. On the final day of each wave, parents bring along their pre-teens for practical application of the acquired parent-child communication skills.

“Hurdles faced include low literacy levels especially in Mtwara where sometimes, close to 99 percent of the parents attending training is either illiterate or semi-literate,” Twalipo revealed.

The project addresses this challenge by providing participants with training manuals containing simple pictures and using local languages to communicate.

So is this training having an effect? “We’ll have to wait and see. We plan to do an outcome evaluation this September to determine if the training is leading to the type of sustained changes we are striving for,” Twalipo said.

Source: T-MARC Tanzania

**K**ILA binadamu huhitaji kuwa na afya njema ili aweze kuendesha mambo yake ya kawaida katika maisha yake ya kila siku. Lakini, tangu kuzuka kwa ugonjwa wa Ukimwi nchini mwaka 1983 na juhudi za kupima virusi vya ugonjwa huo ili kumwezesha mtu atambue afya, kwa wengine upimaji huo umekuwa mgu-mu.

Watalaamu wa afya wanashauri kuwa mtu anapopima afya yake ipasavyo itamsaidia katika kupata matibabu sahihi na kwa urahisi kulingana na ugonjwa atakao-bainika kuwa nao.

Ndiyo maana, maabara zimekuwa sehemu muhimu katika jamii ya Tanzania kwa ajili ya kuwezesha watu kupata huduma hiyo kwa urahisi.

Maabara adilifu ni nini?

Kulingana na maelezo ya wataalamu, maabara adilifu ni ile inayojitosheleza kwa kuwa na vifaa vyote vyenye viwango vilivyowekwa na ili maabara hiyo iweze kuitwa maabara kamili lazima iwe na mtaalamu aliyehitimu mafunzo katika fani ya maabara na awe na uwezo wa kufanya kazi zake kwa uhakika.

Wataalamu hao wanasema kuwa si kila eneo tulionalo linafaa kuweka maabara kwani maabara inatakiwa ijitegemee.

Kwa ufupi, maabara haistahili kuwa karibu na barabara, shule, hoteli, pia haipaswi kuwa jirani na makazi ya watu. Sababu kubwa ni kuzuia maambukizi ya moja kwa moja hasa ikiwa maabara itakuwa jirani na makazi ya watu na kuwezesha mwingiliano rahisi wa magonjwa. Uchunguzi wa Mwananchi katika maeneo mbalimbali nchini unaonyesha kuwa maabara nyingi ziko pembeni au karibu na barabara au makazi ya watu, hali ambayo inarahisha maambukizi ya magonjwa mbalimbali kutokana na ukaribu huo uliopo.

Kwa hiyo, ni jukumu la Wizara ya Afya na Ustawi wa Jamii kudhibiti maabara, vituo vya afya, zahanati zilizopo jirani na makazi

## Wajawazito Tarime na kisa cha kutopima Ukimwi



*Vifaa na dawa stahiki kwa ajili ya kupima wajawazito maambukizi ya VVU vinahitajika kuwafikia wajawazito wote vijijini kama tunalenga kupumguza maambukizi ya VVU nchini)*

ya watu na na barabara.

Ukaribu huo na matumizi ya barabara hizo kwa magari au pikipiki ambazo hutimua vumbi na kelele ni vitu ambavyo havihitajiki na vyenye athari kwa vifaa vya maabara ambavyo vinatakiwa kuwa safi muda wote.

Miongoni mwa watu ambao wamekuwa wakihitaji uchunguzi ni kina mama, hasa wajawazito na ambao huenda kliniki wanapokuwa na mimba.

Kina mama hao wanatakiwa kupimwa katika maabara adilifu ili wapate matibabu ya uhakika kwa afya zao. Kwa upande wake, Serikali imekuwa ikigharimia vipimo hivyo na uchunguzi kwa kina mama wajawazito ambao wamepewa kipaumbele.

Kwa mfano, Wilayani Tarime Mkoa wa Mara, suala la wajawazito kupata huduma ya upimaji ukiwamo wa Ukimwi na magojwa ya zinaa kama kaswende imekuwa ni tatizo. Utafiti unaonyesha

kuwa wajawazito wanaopima Ukimwi ni wachache ukilinganisha na idadi yao (wanawake wajawazito) wanaohudhuria kliniki katika zahanati, vituo vya afya au kupima katika maabara.

Sababu kubwa ni maabara hizo kutokuwa na vifaa vinavyojitosheleza vikiwamo vya kubaini kaswende na Ukimwi.

Waziri wa Afya na Ustawi wa Jamii, Dk Haji Mponda katika hotuba yake ya makadirio ya mapato na matumizi a wizara yake kwa mwaka 2011/2012, anaeleza kuwa wizara yake imepanua huduma za kinga na tiba kwa watu wanaoishi na virusi vya Ukimwi.

Dk Mponda anasema kati ya Julai 2010 na Machi 2011, wagonjwa wanaoishi na virusi vya ukimwi 66,164 walianzishiwa dawa za kupunguza makali ya ugonjwa huo (ARVS) na kufikia wagonjwa 388,947 tangu huduma hii ilipoanzishwa nchini.

Aidha, Mponda anaeleza kuwa

wizara yake kwa kushiriana na wadau mbalimbali ilinunua na kusambaza vifaa vya uzazi 250,000 kwa wanawake wajawazito katika mikoa ya Dodoma na Pwani ili kuhakikisha kuwa kila mwanamke mjamzito anapata vifaa muhimu vya kujifungulia katika vituo vya umma vya kutolea huduma za afya.

Jitihada hizi za wizara, hata hivyo ni ndoto kwa wanawake wa vijijini ikiwamo Tarime ambako zahanati na vituo vya afya vipo mbali mno na wanawake wenyewe huku vipimo kama vya Ukimwi vikiwa havipatikani kwa urahisi. Agizo la Serikali kuwa wajawazito na watoto wanapatiwe huduma bure linaonekana kugongwa mwamba kwani wajawazito hutoa fedha kwa ajili ya kupima kipimo ikiwamo Ukimwi na magonjwa ya zinaa.

Wengi wa wamiliki au wahudumu katika vituo hivyo wanaeleza kuwa hawana vifaa vya kuwezesha kila mjamzito atibiwe bure. Uchunguzi katika baadhi ya vituo binafsi wilayani Tarime unaonyesha kuwa vingi vimekuwa vipokea wajawazito wengi, lakini ambao hawapati huduma sahihi za maabara hata katika Hospitali ya Wilaya ya Tarime.

Hospitali ile inahudumia wachache wanaotoka katika mitaa iliyopo jirani na hospitali, yaani kata mbili kati ya 30 ambazo wilaya inazo zenye wajawazito. Kata hizo ni Bomani na Nyamisangora. Nao, wanapata huduma hiyo kwa msongamano mkubwa pia katika maabara binafsi na kusababisha maabara hizo kushindwa kuhimili mzigo.

Zahanati binafsi ya Sachita ambayo hupokea wajawazito wengi imeshindwa kutoa huduma kamili kwa wajawazito kutokana na kulemewa mzigo baada ya kufungwa kwa nyingine binafsi

*Inaendelea Uk.7*

# BURUNDI: Deaths reported as ARV shortage continues

**B**urundian NGOs say at least 20 people have died as a national shortage of antiretroviral continues.

“Some have died, others have turned to traditional healers, and all of them [HIV-positive people] are discouraged,” said Jeanne Gapiya, who heads Burundi’s largest HIV NGO, Association Nationale de soutien aux Séropositifs et Sideens (ANSS).

More than 60,000 Burundians need HIV treatment, but only about 25,000 have access to ARVs. Ministry of Health officials could not be reached to confirm the number of people affected by the months-long shortage.

Activists staged a “die-in” in March 2011 to protest against the lack of drugs. The shortage has been blamed on dwindling donor funds and a disorganized health ministry. At the end of June 2011, World Bank funding - more than US\$50 million over



*Some countries are experiencing acute shortages of ARVs to the extents of PLHA losing their lives, Burundi being a case in point*

a nine-year period - for Burundi’s AIDS response ended and has not been renewed. Together with the Global Fund to fight AIDS,

Tuberculosis and Malaria, the Bank had been one of Burundi’s largest HIV donors. According to Celine Kanyonge, who heads the

country’s prevention of mother-to-child HIV transmission programme (PMTCT), funding from the Clinton HIV/AIDS Initiative, which supported paediatric ARVs, has also ended.

“This prevents us from reaching our goals... of increasing the number of women on the PMTCT protocol,” she said.

And despite the Global Fund approving some \$35 million to fight HIV in Burundi under its eighth round of grants, organizations caring for HIV-positive people have still not signed agreements with the National Council for HIV/AIDS Control, CNLS, to access the cash.

Global Fund grants to Burundi are channelled through a coordinating body called the Intensification and Decentralization Programme for the Fight against HIV/AIDS (PRIDE), which funds CNLS, which in turn pays for HIV-positive people’s healthcare. According to Sabine Ntakarutimana, Minister of Public Health and HIV/AIDS control, problems with the implementation of PRIDE had caused the delay in the disbursement of funds.

*Source: PlusNews*

## Wajawazito Tarime na kisa cha kutopima Ukimwi

*Inaendelea Uk. 6*

zilizokuwapo Tarime mjini.

Nicodemus Osoi, mtaalamu msaidizi wa maabara ya zahanati ile anasema: “Tunapokea wajawazito wengi, tunawapima lakini tuna upungufu wa vifaa, hatuna vipimo vya ukimwi.

“Tunatakiwa kupata msaada kutoka Serikalini, hususani vifaa vya wajawazito lakini tunaambiwa tutoe huduma bure ka wajawazito nawakati hatujapewa vifaa.

“ Novemba mwaka jana niliandika taarifa kwenda hospitali ya wilaya kwa ajili ya kuomba vifaa na dawa, nimechapa mwendo tangu Desemba kufuatilia vifaa, lakini hadi sasa hakuna msaada tuliopatiwa wa vipimo vya Ukim-

wi. ” Tatizo kama hili la kuko-sekana kwa vipimo vya Ukimwi halipo kwa Sachita, lipo pia kwa zahanati ya Tarime Goodwill na nyinginezo, hali inayosababisha wajawazito kutopima vipimo hivyo kwa kuwa vipimo havi-patikani ila katika hospitali ya wilaya pekee.

Kufuatia hali hiyo imelazimu wajawazito kulipa Sh 2,000 katika zahanati binafsi kwa ajili ya kupima Ukimwi kwa kuwa wamiliki wa vituo hivyo hutumia fedha zao kununua vifaa vya vipimo tena visivyokidhi mahitaji.

Hadi sasa, wapo wajawazito wanaomudu kutoa gharama hizo lakini pia wapo wengine wanaoshindwa kuzimudu kulingana

na uumu wa maisha huku wengine wakipuuza kutoa gharama za vipimo kwa kile wanachokifahamu kuwa tiba kwa wajawazito ni bure. Katika zahanati, vituo vya afya vinavyomilikiwa na Serikali, baadhi yake kama Nyarwana, Nyamongo na zahanati ya Gibaso, hali nako si shwari kwani vifaa ni pungufu na hupatikana kwa nadra katika vituo hivyo na matokeo yake wajawazito wanaopimwa ni wachache waendapo kliniki kwa nia ya kupata vipimo huambulia kushikwa shikwa matumbo yao bila kupimwa.

Hiyo ndiyo hali halisi ya mama mjamzito wa Tarime zama hizi za maambukizi ya Ukimwi, ugonjwa ambao unaweza kuambukizwa

pia kwa mtoto.

Ni bahati mbaya kwamba mjamzito anaishi bila kujua afya yake, hajujui kama ana virisi vya ukimwi au la, siku zikifika anajifungua bila kupima Ukimwi na si wote wanaojifungulia hospitali au katika vituo vya afya

Kwa vyovyote iwayo, Serikali ina haja ya kulitazama suala hili kwa makini huduma inayopaswa kutolewa bure kwa wajawazito iendane na upatikanaji wa vifaa mbalimbali vinavyohitajika kwao. Pia, Serikali inatakiwa kusambaza vifaa vya kutosha kwa zahanati, vituo vya afya na hospitali bila kubagua umiliki wake iwe ni ya Serikali au binafsi

*Chanzo: Mwananchi*



## KUELEKEA SIKU YA UKIMWI DUNIANI



### SHINDANO LA WAANDISHI WA HABARI KUHUSU UPATIKANAJI WA HUDUMA ZOTE MUHIMU ZA UKIMWI KWA MAKUNDI YA WATU WALIONYIMWA FURSA NA WALE WAISHIO KATIKA MAZINGIRA HATARISHI ZAIDI NCHINI

**1.0 WAZO:** Chama cha Waandishi wa Habari za Ukimwi Tanzania (AJAAT), kupitia ufadhili wa Tume ya Taifa ya Kudhibiti Ukimwi Tanzania (TACAIDS) kinatangaza shindano la miezi mitatu kwa waandishi wa habari ya kuandika kuhusu UPATIKANAJI WA HUDUMA ZOTE MUHIMU ZA UKIMWI KWA MAKUNDI YA WATU WALIONYIMWA FURSA NA WALE WAISHIO KATIKA MAZINGIRA HATARISHI ZAIDI NCHINI. Kilele cha shindano hilo litakalohusisha waandishi wa habari za magazetini, majarida, vituo vya runinga, redio, wachora vikaragosi (katuni) na mitandao ya blogu nchini, kitakuwa wakati wa maadhimisho ya Siku ya Ukimwi Duniani, – Desemba 1, 2011. Washindi wa shindano watazawadiwa fedha taslimu, ngao na vyeti vya ushiriki.

**2.0 TAARIFA YA MSINGI:** Programu shirikishi ya Umoja wa Mataifa kuhusu virusi vya UKIMWI (VVU) na UKIMWI (UNAIDS) inatafsiri upatikanaji huduma kwa wote kuwa ni dhamira ya dunia katika kupanua upatikanaji wa matibabu, kinga, matunzo na misaada kwa waathirika wa Ukimwi. Inahusisha jamii ambapo kila mtu anaweza kupata taarifa sahihi kuhusu UKIMWI na huduma za matunzo ya kiafya.

Lakini je, kila mtu katika jamii zetu wanapata huduma za kiafya? Kila mtu anapata elimu kuhusu UKIMWI kupitia vyombo vya habari na hivyo kumwezesha kufanya uamuzi mzuri kuhusu afya zao? Bahati mbaya majibu kwa aina hii ya maswali ni hapana. Pamoja na uwepo wa huduma nyingi za afya, siyo kila mtu katika jamii yetu ana uwezo sawa wa kupata huduma hii hata kama angehitaji na kuipata.

Nchini Tanzania, kwa mfano, makundi kama ya wanaouza miili (changu doa),

wanaoishi na virusi vya ukimwi, walemavu, wanaojidunga dawa za kulevya, ombaomba, wafungwa na mashoga wanahisi kunyanyapaliwa na kubaguliwa kila siku kutokana na hisia hasi dhidi ya watu wa jamii hiyo. Hali inaweza kuwa mbaya zaidi na unyanyapaa unaohusisha Ukimwi hasa kwa wanaoishi na VVU na UKIMWI na kufanya kuwa ngumu zaidi kwa watu wa makundi hayo kupata haki za msingi na kupata huduma bora za kiafya.

Wakati huduma za UKIMWI nchini Tanzania na kwingineko inaongezeka katika baadhi ya vitengo, makundi ya waliomo kwenye mazingira hatarishi zaidi ya kuambukizwa VVU na UKIMWI yanazidi kupambana na vikwazo vya kiufundi, kisheria na vya kiutamaduni katika kupata huduma ya matunzo ya kiafya.

Zaidi ya hapo, kuna mambo yanayohusu usiri ambayo ni ya msingi kwa huduma ya Ukimwi katika visiwa vidogovidogo ambapo kila mtu anamfahamu mwenzake. Na hii inajitokeza katika maswali yanayoulizwa mara kwa mara na watu wanaohitaji huduma ya matunzo na matibabu, kwamba 'Je, nikipata huduma hii kila mtu atajua shughuli yangu?' Kwa hiyo changamoto ya kufanikisha upatikanaji huduma kwa wote haihusiani tu na upatikanaji wa huduma ya matunzo na matibabu, bali masuala kama unyanyapaa, ubaguzi na usiri.

Kwa hiyo, lengo la shindano hili ni kuwahamasisha waandishi wa habari wa magazeti na vyombo vya elektroniki kuandika makala na programu zitakazowawezesha watu wa makundi hayo kupata huduma bure na bora za UKIMWI na kuwawezesha kupata na kufurahia maisha chanya ambayo ni haki ya msingi kama Mtanzania mwing-

ine yeyote.

Kimsingi, shindano hili halitawataka waandishi wa habari kuandika, kupiga picha, kuandika programu za redio na runinga tu kuhusu masuala ya haki kwa wote na yanavyohusishwa na janga la UKIMWI, bali litawataka waandishi kuibua mambo ya kisera na mipango ya serikali na mamlaka zake katika kushughulikia tatizo hili. Aidha, wataitaka sekta binafsi kuonyesha wanavyoweza kufanya kueleza umma wa Watanzania ukweli kwamba upatikanaji wa huduma za VVU na UKIMWI kwa wote hasa kwa walio katika hali hatarishi zaidi unaweza kupunguza kusambaa kwa VVU nchini.

**3.0 UTANGULIZI:** Takwimu na taarifa zilizopo za mpango wa sekta mtambuka wa kinga ya VVU na UKIMWI wa 2009 – 2012 (National Multisectoral HIV Prevention Strategy of 2009-2012) unaelezea kuwa kipaumbele katika hatua za kuchukua katika jitihada za kuzuia kasi ya maambukizi ya virusi ni kupanua huduma kwa makundi yaliyomo katika mazingira hatarishi zaidi.

Makundi ya wanaouza miili yao (changu doa), wanaoishi na VVU na UKIMWI, walemavu, wanaojidunga dawa za kulevya, ombaomba, wafungwa, mashoga na kadhalika, wanatengwa katika kupata huduma za VVU na UKIMWI kwa sababu mbalimbali pamoja na ukosefu wa huduma katika baadhi ya sehemu na unyanyapaa, ubaguzi na kutokuwepo na usiri.

Kwa hiyo masuala hayo yanatakiwa kushughulikiwa mara kwa mara kwa njia ya uhamasishaji na kusambaza taarifa kwa usahihi kusudi taifa lifanikishe upatikanaji wa huduma za VVU na UKIMWI hususani kwa kundi lililo katika mazingira hatarishi.

**4.0 SHINDANO LENYEWE:** Nia ya

shindano hili ni kuwahamasisha waandishi wa habari, wapiga picha za habari, wachoraji wa vikaragosi, waandishi wa makala, makala maalum, watayarishaji vipindi na watangazaji wa vyombo vya habari kufanya uchambuzi na utafiti wa kina na kutoa makala zenye uelewa mpana na kuonyesha uhusiano kati ya haki ya kupata huduma za VVU na UKIMWI. Waandishi pia watatakiwa kuonyesha athari za kisera na kijamii kama makundi yaliyo katika mazingira hatarishi hayatapata huduma za VVU na UKIMWI, na kushauri mwelekeo sahihi na bora zaidi unaopaswa kuchukuliwa.

**5.0 MALENGO:** Shindano pia litakuwa na malengo yafuatayo:

i. Kuhamasisha waandishi wa habari wa vyombo vyao kuandika kwa upana kuhusu uhusiano kati ya upatikanaji huduma za VVU na UKIMWI kwa wote wanaoishi katika mazingira hatarishi na uwezekano wa kuongezeka zaidi kwa maambukizi ya VVU kama watanyimwa huduma hizo.

ii. Kuoanisha masuala ya jinsia katika taarifa zao ili kuzuia/kupunguza maambukizi zaidi ya VVU katika jamii ya Tanzania.

iii. Kujaribu na kuthubutu kuibua viuzuizi vya kisheria, kijamii na kitamaduni kwa makundi hayo kupata huduma za UKIMWI zinazokubalika kimataifa na kutafuta ufumbuzi wake.

iv. Kuziweka habari za UKIMWI katika hali ya kuvutia kwa kutumia mtindo wa uandishi wa habari unaohamasisha upatikanaji huduma za UKIMWI kwa wote nchini.

**6.0 MATOKEO:** Baada ya miezi mitatu ya shindano, waandishi wa habari wa vyombo vya elektroniki – radio, runinga; wapigapicha, waandishi wa makala, makala maalum na wa mtandao wa blogu watakuwa wameandika makala za kutosha kuhusu upatikanaji wa huduma za UKIMWI kwa wote na jinsi zinavyohusiana na kuongezeka kwa maambukizi ya VVU.

**6.1 MATARAJIO:** Kupungua kwa maambukizi ya VVU na UKIMWI katika jamii ya Kitanzania na kufikia mpango wa Tanzania bila UKIMWI inawezeka.

**7.0 MWONGOZO WA MAUDHUI:** Maswali yafuatayo yanaweza kuwaongoza waandishi wa habari katika juhudi zao za kutafuta mambo ya kuandika katika makala zao/programu zao/picha zao au vikaragosi vyao:

i. Je, ni namna/jinsi upatikanaji mbovu wa huduma za UKIMWI kwa wote na uliokubalika kimataifa unaoweza kuongeza maambukizi ya virusi nchini.

ii. Je, Matatizo gani yanayomkabili mtu aliye katika mazingira hatarishi katika kupata huduma za UKIMWI?

iii. Nani na kwa namna gani serikali, mashirika yasiyo ya kiserikali na taasisi anachangia/zinavyochangia katika upatikanaji wa huduma mbovu au bora za UKIMWI kwa wote.

iv. Je, mtu anapogundua amenyimwa huduma za UKIMWI zinazokubalika kimataifa afanye nini kuepuka kuchochea maambukizi mapya ya virusi?

v. Je, kuna njia yoyote ya kisheria inayomlinda mtu asinyimwe kupata huduma za UKIMWI na kama kuna uwezekano wa utekelezaji wa sheria hizo.

vi. Je, taifa linaweza kunufaika vipi kiuchumi na kijamii kama watu walio katika mazingira hatarishi watapata huduma zote kwa urahisi bila unyanyapaa au ubaguzi?

**8.0 KUNDI LENGWA:** Shindano lipo wazi kwa waandishi wote wa habari na makala maalum wa Tanzania kutoka vyombo vyote vya habari. Ni vyombo vya habari vya Kitanzania tu vinaruhusiwa kushiriki na waandishi watakaoleta kazi zao lazima wawe wnaofanya kazi katika vyombo vya Tanzania.

**9.0 MUDA:** Shindano litaendelea kwa miezi mitatu (kuanzia Agosti 18 hadi Novemba 18, 2011).

**10.0 MASHARITI NA VIGEZO:** Yafuatayo ni masharti na vigezo vya ushiriki.

i. Waandishi wanaopenda kushiriki katika shindano ni lazima wawe wanaiishi na kufanya kazi nchini Tanzania.

ii. Makala/habari na programu zitaka-

zowasilishwa lazima zilenge makundi yaliyomo katika mazingira hatarishi zaidi Tanzania.

iii. Kazi zitakazowasilishwa lazima zionyeshe ubunifu na si zilionakiliwa kutoka machapisho mengine. Ziwe zimetangazwa au kuchapishwa katika kipindi cha miezi mitatu ya shindano, yaani kutoka Agosti 18 mpaka Novemba 18, 2011.

iv. Ziwe zimechapishwa au kutangazwa kwenye magazeti, majarida, runinga au redio.

v. Zinaweza kuchapishwa au kutangazwa kwa lugha ya Kiingereza au Kiswahili.

vi. Kazi halisi tu zitakubaliwa.

vii. Tarehe ya mwisho ya kuwasilisha itakuwa Novemba 22, 2011.

viii. Zawadi za fedha taslimu kuanzia 300,000/= hadi 700,000/= zitatolewa kwa washindi 15 wa kwanza watakoachaguliwa na jopo la majaji kutoka wadau mbalimbali Siku ya Ukimwi Duniani. Waandishi wote watakaoshiriki watapewa vyeti vya ushiriki.

**11.0 UWASILISHAJI:** Washiriki wanaohusika kuwasilisha hadi makala/vipindi/machapisho matatu kwa ajili ya shindano na kupeleka kwa anuwani zifuatazo:

i. AJAAT Media Writing Competition-2011, Bahari Motors Building, Plot No. 43, Kameroun Street, Kijitonyama, S.L.P 33237, Simu 0713 640520/0786 300219, DAR ES SALAAM-TANZANIA

ii. Bi. Jovina Bujulu, MAELEZO/ Information Auditorium Services Centre, Samora, Avenue, DAR ES SALAAM, TANZANIA

ASSOCIATION OF JOURNALISTS AGAINST AIDS IN TANZANIA (AJAAT) P O BOX 33237

www.ajaat.or.tz

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