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TACAIDS yafungua milango kwa wana- habari, yasema washindwe wenyewe



TACAIDS: Uso kwa uso na waandishi wa habari

MWENYEKI-TI wa Tume ya Kudhibiti UKIMWI Nchini (TACAIDS) Dk. Fatma Mrisho leo ameongoza timu yake nzima kukutana na wanahabari na kujadili mambo mbalimbali yahasuyo vita dhidi ya VVU na UKIMWI.

Katika kile kinochoonekana kuwa ni kufungua milango kwa wanahabari Dk. Mrisho amewataka (waandishi wa habari)

wawe na mazoea na uhuru wa kutembelea ofisi zake mara kwa mara kupata taarifa zozote zile wanazohitaji kwa ajili ya kuuelimisha na kuufahamisha umma juu ya vita inayoendelea dhidi ya VVU na UKIMWI

Aidha, Dk Mrisho ameahidi kuwa ofisi yake itakuwa na utaratibu wa kuwakutanisha wanahabari na viongozi wa tume yake pamoja na wadau wengine mara kwa mara ili watoe ufaanuzi kwa mambo yanayoendelea

katika kampeni za kupambana na ugonjwa huu.

Pamoja na kuwa na safari nyingi za kikazi, Tume imejipanga sasa kuwa na "press conferences" za kila mwezi ili kuviwezesha vyombo vya habari vipate kinachoendelea katika vita hii. Tunaamini fika kuwa hata mafanikio tuliyokwishapata katika kupunguza maambukizi ya VVU, kwa kiasi kikubwa yamechangiwa na nyie wenyewe, waandishi wa habari,

alisema. Viongozi wengine wa TACAIDS katika mkutano huo uliofanyika ukumbi wa idara ya habari (MAELEZO) walikuwa ni Bi. Rustica Tembele (Mkurugenzi wa Mwitikio wa Jamii), Dk. Raphael Kalinga (Mkurugenzi wa Sera na Mipango), Bw. Jumanne Isango (Kaimu Mkurugenzi wa Uraghibishi) na maofisa wengine waandamizi kutoka idara ya habari, elimu na uhamasishaji.

SOURCE: AIDS NEWS

Our Vision: A recognized strong media association in and out the country that can bring about enhanced and effective HIV and AIDS media coverage and contribute to a reduction of the spread of HIV in Tanzania

'HIV testing kits coming soon'

THE Medical Stores Department (MSD) has admitted there is a shortage of HIV testing reagents but has allayed fears saying they will be available before the end of this month.

MSD Acting Director of Logistics Mr Heri Mchungu told the Parliamentary Standing Committee on HIV and AIDS in Dar es Salaam recently that 37,000 reagents kits had been ordered, and the amount was sufficient for four months.

"When we discovered the problem on September 24, we ordered emergency reagents kits immediately. We have already

received 37,000 of them, which will be distributed before the end of this month," he said. He said over 200,000 kits were ordered but the initial 37,000 would stave off the current shortage.

"By the beginning of November, the CD4 test kits would also be available at all health centres," he said. Mr Mchungu said MSD was grappling with insufficient funds and delayed allocation of funds from the government. This frustrated their efforts to replenish exhausted medical supplies.

He also complained of bureaucracy in the procurement process, saying it was not useful in purchasing pharmaceutical products, especially HIV/AIDS drugs most

of which were imported. He said in the past, procuring AIDS drugs took eight months but MSD has managed to reduce the time to four months only. Mr Mchungu was worried that in some cases, donor support brought into the country expired ARVs, especially those used in treating children.

He said donor-dependency in the provision of HIV/AIDS drugs was one big problem in the National AIDS Control Programme (NACP).

The Chief Government Pharmacist, Mr Joseph Muhume, said the turnout of people testing their HIV status has been huge.

Mr Muhume added that about 158bn/- was needed for drugs but

this financial year the government only disbursed 78bn/-, hence the need to turn to donors. Earlier, the MSD Director General, Joseph Mgaya, said the number of Care and Treatment Centres (CTC) had shot up from 37 during the beginning of NACP to 1,200 currently.

The Parliamentary Committee under its chairperson Lediana Mng'ong'o proposed the setting of a special drugs fund project. They said 15 per cent of the country's budget should be allocated to the health sector. The shortage of HIV/AIDS reagents was raised on Tuesday when Dar es Salaam region municipalities were presenting their 2010/2011 report on the implementation of HIV/AIDS activities to the committee.

Source: Daily News

The National Council of People Living with HIV (NACOPHA) says immunity of MPs utterance in the House, denies people outside the parliament their constitutional rights of equality before the law.

It is much so when an MP utters words against a person who is not in the House, and who cannot respond to the utterance, or when the statement infringes on People Living with HIV and AIDS rights.

This has made NACOPHA to call for possible review of the provision or undertake deliberate sensitization move on how best the immunity provide in the Constitution could be well used by the MPs in the National Assembly proceedings. The call was made recently by the NACOPHA Chief Executive Officer Deogratius Peter at a one day de-briefing meeting on the just ended African Dialogue with Global Commission on HIV and Law held at the United Nations Development Programme (UNDP) conference hall in Dar es Salaam.

"While the MPs are enjoying the immunity rights, those affected by the MPs utterances in the House have no immunity to the same against parliamentarians, Where is the equality before the

Constitutional Immunity of MPs' utterance in House, needs review

Law?" Deogratius queried.

NACOPHA statement was referring to the Nkasi North MP's contribution in the 9th National Assembly sessions on 29th June 2011 where he the MP was quoted as saying that the government should reallocate HIV/AIDS funding to other development projects as well as other diseases and stop funding PLWHIV since, in his opinion, they contracted HIV at their own will. Article 100 of the constitution of the United Republic of Tanzania of 1977 as amended from time to time provide for freedom and immunity of words and statements made by parliamentarians in the House. It stipulates as follows: "There shall be freedom of opinion, debate and procedure of business in the National Assembly, and that freedom shall not be breached or questioned by any organ in the United Republic or in any Court or elsewhere outside the National Assembly"

But in the view of NACOPHA and in the circumstance of such statement made by the Nkasi North MP which not only contravenes Sections 28; 4(1) and 3(i)

of the HIV and AIDS (Prevention and Control) Act no. 28 of 2008, but also undermined Article 13(1) of the Constitution of the United Republic of Tanzania of 1977 as amended from time to time, the parliament's immunity clause need to be revisited.

Article 13 (1) of the Constitution of the United Republic of Tanzania as amended from time to time provides that all persons are equal before the law and are entitled, without any discrimination, to protect and equality before the law. Deogratius said that given the prevailing environment and in the presence of such utterance from politicians, it is hard to achieve global and national targets on Zero New HIV infection, zero HIV related deaths and zero stigma and discrimination.

"Recognition of the PLHIV constituency is provided for the law, hence we are calling for a constitutional and mandatory representation of PLHIV voice in the House" he concluded.

Likewise, he called on policy and law makers to be sensitized on the HIV and AIDS law including

the best use of the immunity rights when making law in the House to avoid hurting people who are outside the parliament.

Deogratius was presenting the Council's views before HIV/AIDS stakeholders gathered to hear and redraft recommendations from the African Regional Dialogue held between 3rd and 4th August 2011 in Pretoria, South Africa.

The Dialogue in Pretoria discussed among other things, the relationship between laws and HIV/AIDS, and delegates from Tanzania told the stakeholders that it was generally recommended that African states initiate debate before passing legislation on issues of Most at risk population and recognize their plights.

"In addressing cases whose one party is HIV/AIDS positive, African nations should design and use alternative Dispute Resolution means in which religious leaders, clan elders, and traditional leaders take leading role in speeding up settlement of cases and ensure justice is timely done and realized" the recommendations state in part.

Source: AJAAT

Wenye WU wakataa kuitwa waathirika

WATU wanaoishi na Virusi Vya Ukimwi (VVU) nchini, wamesema hawaoni kama ni busara kuendelea kuitwa waathirika kwa sababu jina hilo linawanyapaa.

Wamependekeza watambulike kama watu wanaoishi na VVU, kwa kuwa jina hilo linawafanya wajisikie wenye kuthaminiwa, kuheshimiwa na kupendwa na jamii inayowazunguka, na hivyo kuishi kwa furaha kama raia wengine wa nchini.

Waliyasema hayo hivi karibuni wakati wa mkutano wao na Kamati ya Kudumu ya Bunge ya masuala ya Ukimwi, iliyovikutanisha vyama vyao mbalimbali, likiwemo Shirikisho la Vyama vya wanaoishi na VVU nchini



Baadhi ya majina wanayoitwa watu wanaoishi na VVU kama hawa yanaendeleza unyanyapaa na kukwamisha juhudi za kupambana na maambukizi mapy

(TANOPHA) Chama cha Wanawake wenye VVU (TNW+) na vyama vingine.

Mbali na hilo, wamewaomba Watanzania watambue mchango wao katika maendeleo ya nchi, kufuatia harakati zao za uhamasishaji wa vita dhidi ya Ukimwi, inayowaepusha vijana wengi na maambukizi ya VVU, na hivyo kulinda nguvu ya taifa inayotegemewa zaidi katika uzalishaji.

Mratibu wa taifa wa Ukimwi wa TNW+, Joan Chamungu na Ofisa Mipango wa Shirika la Umoja wa Mataifa linaloshughulika na masuala ya Ukimwi (UNAIDS) tawi la Tanzania, Emmanuel Mziray walisema kuwaita wanaoishi na VVU kuwa ni waathirika ni ishara ya kuwanyooshea vidole na kuwatenga kwa nia isiyo njema.

Naye Chamungu aliwataka

wanaowaita majina yasiyofaa kujaribu kuvaa viatu vyao japo kwa hisia tu na kuona namna wanavyoimzwa na majina tofauti wanayopachikwa kutokana na kuishi na VVU. Walisisitiza kwa nyakati tofauti kuwa, ingawa Ukimwi unavuma zaidi kwa kuuu, unyanyapaa ndiyo unaokatiza maisha ya wengi wao, wakiwemo wenye virusi vichanga ambavyo havijafikia hatua ya kuwafanya waugue.

Mwenyekiti wa kamati hiyo, Ledian Mng'ong'o ambaye ni Mbunge wa Viti Maalumu (CCM-Iringa) alisema serikali, wanaharakati wa masuala ya Ukimwi na jamii inapaswa kupewa shukurani kwa kupunguza unyanyapaa uliokuwepo katika miaka ya 90.

Chanzo: HabariLeo

TACAIDS Mara yasisitiza elimu ya Ukimwi kwa Sinema

MRATIBU wa Tume ya Kudhibiti Ukimwi (TACAIDS) Mkoani Mara Dkt. Edwin Mweleka ameiomba serikali kuweka muda wa kutosha wa kutoa elimu kuhusu UKIMWI kwa njia ya Sinema katika mkutano ya mikesha ya mbio za Mwenge ili kusaidia kuhakisha elimu hiyo kwa jamii nchini.

Akizungumza na mwandishi wa habari hizi hivi karibuni mjini Musoma baada ya mikesha wa Mwenge uliofanyika katika Kijiji cha Kiagata Musoma vijijini ambapo TACAIDS mkoa wa Mara ilipata nafasi ya kutoa elimu ya UKIMWI kwa kutumia gari la sinema, Bw. Mweleka alishukuru na kuiomba serikali kuongeza muda zaidi.

Alisema mikesha ya Mwenge hasa wakati huu wa kuadhimi-

sha miaka hamsini ya uhuru wa Tanganyika ina kusanya watu wengi ambao wanashiriki katika starehe zinazotoa mi-anya kwa maambukizo ya Virusi vya Ukimwi(VVU) hivyo vipindi vingetengwa kuruhusu TACAIDS na wadau wengine wanaojihusisha na UKIMWI kutoa elimu juu ya ugonjwa huo.

Dkt. Mweleka alionesha wasiwasi wake kuwa muda mwingi katika mikesha wa Mwenge utumika kwa starehe zaidi huku watu wakisahau kuwa katika starehe hizo wengi wanaambukizwa VVU pale wanapokosa kuwa makini katika ngono.

“niseme tu kuwa mikesha ya Mwenge inakutanisha watu tofauti ikiwa ni pamoja na wanafunzi, wasanii, watumishi wa serikali na wananchi wengine ambao si rahisi kukutana katika siku zingine, wanashiriki stare-

he za vinywaji, ngoma, muziki ambapo matokeo yake ni ngono zembe” alisema Dkt. Mweleka.

Dkt. Mweleka alisema Mapambano dhidi ya UKIMWI ni moja ya ujumbe wa mbio za Mwenge mwaka huu hivyo ni vema mikesha hiyo itumike kuwafikishia wananchi ujumbe dhidi ya maambukizo mapya pamoja na kuishi kwa matumaini kwa wale ambao tayari wanaishi na Virusi.

Alisema kwa kusingatia kuwa mkoa wa Mara inashika nafasi ya nne kwa maambukizo ya kitaifa TACAIDS mkoa wa Mara imeshiriki katika kutoa elimu hiyo kwa njia ya sinema tangu Otaba 7-14 kwenye maadhimisho ya miaka hamsini ya uhuru ya Wizara ya Habari, Vijana, Utamaduni na Michezo iliyoambatana na kumbukumbu

wa Hayati Baba wa taifa na kuwashwa kwa Mwenge katika kijiji cha Butiama Musoma.

Alieleza kuwa elimu ya UKIMWI kwa kutumia gari la sinema linavuta hisia ya wengi pale wanapooneshwa picha jinsi VVU vinavyoambukizwa, hatari ya UKIMWI na athari za kuwanyanyapaa wanaoishi na VVU.

Hata hivyo Dkt. Mweleka alionesha wasiwasi wake kuhusu juhudi za kutoa elimu ya UKIMWI katika Visiwa vya mkoa wa Mara kwa njia ya sinema kutokana na ukosefu wa usafiri salama na kwamba wengi wanaambukizwa VVU katika visiwa hivyo na kwenye mialo ya ziwa kwamba kutoka katika Visiwa hivyo VVU husambaa ndani ya mkoa huo na kwingineko.

“Tunafuta jinsi gani tunavyoweza kupeleka elimu ya UKIMWI katika Visiwani vya mkoa wa Mara kwa sababu huko ndiko wanaoishi waathirika wengi na wanasambaza, lakini tunashindwa kufikisha elimu vizuri kwa sababu gari haliwezi kwenda huko” alisema Dkt. Mweleka.

Chanzo: Raphael Okello, Musoma.

UKIMWI haujaniziua kusonga mbele

Mwaka 1995 kamwe hautasahaulika katika historia ya mwanamama Oliver Mahenge. Giza lilitanda gaffa na kuffisha matumaini yake ya kuendelea kuwepo duni-ani.

Hii ilitokea baada ya kupima na kugundulika kuwa ameambukizwa virusi vya ugonjwa hatari wa UKIMWI.

Mahenge alisimulia kuwa kwa kipindi hicho aliamini ndio ulikuwa mwisho wa maisha yake, alikata tamaa kuishi, hakufikiria kwamba kuna siku angefanikiwa na kufikia hapo alipo sasa.

“Nimejenga nyumba mbili za kisasa, moja ipo Mbeya mjini na nyingine Vingunguti Dar es Salaam nina gari ya kutembelea nalima viazi ambavyo navuna zaidi ya gunia 1,000 kwa msimu,” Alisema Mahenge.

Alisema alichukua uamuzi wa kupima baada ya mume wake kuugua kwa muda mrefu kisha kufariki dunia. Majibu yalivyoonyesha kuwa ameathirika, akili yangu iliwaza jinsi atakavyolea watoto wake wanne alioachiwa na mume.

“Nilikuwa na wakati mguumu, wengi walimicheka na kuniita majina ya aibu, nilitamani kufa wauguzi na marafiki waliokuwa wakijali afya yangu, walinitia moyo. Waliniambia UKIMWI sio kifo. Wakati huo nilikuwa Bukoba alikozikwa mume wangu.” Alieleza.

Maisha na VVU:

Mahenge anasema aliamua kuondoka Bukoba kurejea kwao Mbeya ambako alianza kuizoea hali hiyo kadri siku zilivyosonga mbele. Baadaye aliamua kujitangaza rasmi kuwa anaishi na Virus vya

UKIMWI.

Mwaka 1999 aliamua kujiunga na shirika la watu wanaoishi na VVU nchini (Shidefa+), lengo lake ikiwa ni kuelimisha jamii kwamba inawezekana kuishi na VVU lakini pia inawezekana kujilinda ili usipate maambukizi ya ugonjwa huo.

“Sikupenda kuwa kimya, sikujali unyanyapaa kwani niliamini kuwa huru kungeniwezesha kufikia malengo yangu,” anasema Mahenge.

Anasema japo wengi walimnyanyapaa hakujali, uwazi na utendaji kazi wake kwa bidii vilimfanya apate vyeo mbalimbali shidefa akianza nafasi ya Uratibu mkoani Mbeya, hadi Mwenyekiti wa shidefa ngazi ya taifa. Shughuli za kiuchumi akiwa Mbeya, Mahenge alianza kulima viazi mwingo ambavyo awali alikuwa akiuzia shambani kwake, kutokana na kukosa uwezo wa kusafiri hadi sokoni. Soko linalotegemewa zaidi ni jijini Dar es Salaam.

Mara ya kwanza nililima hekari moja ya viazi, nikapata mavuno ya kuuza. Kipindi kilichofuata nililima hekari mbili baadaye tano na sasa nalima hekari 15 ambazo mavuno yake huwa gunia 150-200 kwa musimu mmoja.

” Kumbuka Mbeya kuna mvua nyingi kwa mwaka naweza kulima viazi zaidi ya mara tatu,” anasema Mahenge.

Anasema baadaye alipata wateja na kwamba kila baada ya mavuno, amekuwa akipakia mzigo wake hadi Dares Salaam ambako huwauzia wateja wake wa jumla na rejareja, jambo lililochangia mafanikio yake kwa kiasi kikubwa. Kilimo na biashara ya viazi vimemwezesha kununua nyumba jijini Dar es Salaam.

Tofauti na mawazo ali-

yokuwa nayo awali kuwa hawezi kuishi tena kwa sababu ni mwathierika wa VVU, Mahenge anafuraha, amefanikiwa kusomesha watoto wake hadi elimu ya juu.

Mipango yake ya baadaye ni kuendelea elimu ya UKIMWI na kupambana na unyanyapaa. Ndani ya jamii.

Anafanya nini kingine?

Kupitia mashirika yanayopambana na UKIMWI, Mahenge amekuwa akizunguka vijijini kutoa huduma kwa wagonjwa wa UKIMWI, kuelimisha jamii juu ya mapambano dhidi ya UKIMWI na kuendelea kuikumbusha serikali juu ya utelekezaji wa sera ya UKIMWI ambayo wananchi wengi hawaifahamu.

Anawaasa wanawake wanaoishi na VVU kuwa makini kufuata ushauri wa wataalamu ili kama wataamua kuzaa, waangalie mazingira yanayoweza kuwafanya wenzi wao wawe salama na kupata watoto wasi na maambukizi.

“Sera inayosema mtu anayeishi na VVU ni haki yake kuzaa, kweli haki yake. Lakini hakuna ufafanua zaidi kufuata utaratibu kwa sababu tu ni haki yao. Nawashauri wanawake wenzangu hasa sisi tunaoishi na VVU kuwa makini, tusije waambukiza wenzi wetu, tukifuata masharti ya wataalamu hapo tutakuwa salama,” anasema.

Anasisitiza suala la elimu. Anasema kuna baadhi ya maeneo wanaendeleza mila potofu zinazochangia kasi ya kuenea VVU. Anasema kwa Tanzania mapambano ya UKIMWI yameachwa zaidi mikononi mwa taasisi na mashirika yasiyo ya kiserikali jambo ambalo serikali inapaswa kuliangalia upya.

Chanzo: Mwananchi

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!!

The heart of the security agenda is protecting lives - and we now know that the number of people who will die of AIDS in the first decade

of the 21st Century will rival the number that died in all the wars in all the decades of the 20th century-Al Gore

Wajawazito 1,720 waambukizwa VVU

Wanawake wajawazito 1,720 kati ya 30,000 walioripoti katika vituo vya huduma za ushauri nasaha na UKIMWI mkoani Pwani, wamegunduliwa kuwa wameambukizwa VVU.

Wanawake hao ni wale tu waliokubali kupata ushauri nasaha na kisha kuridhia kupima afya zao, ili kujua nafasi zao katika ugonjwa huo usiokuwa na tiba wala kinga.

Mratibu wa UKIMWI mkoani Pwani, Athumani Mokiwa, alisema wanawake hao walipimwa katika kipindi cha kati ya Julai mwaka jana na Machi mwaka

huu wa 2011. Mokiwa aliyasema hayo hivi karibuni katika mada yake katika mkutano wa kutambulisha Mradi wa kuzuia maambukizi kutoka kwa mama kwenda kwa mtoto. Mradi huo utatekelezwa na Asasi isiyo ya kiserikali ya Maendeleo ya vijana ya mjini Kibaha.

Alisema pia watoto wachanga 539 kati ya 788 waliozaliwa katika kipindi hicho waliambukizwa virusi vya UKIMWI.

Mokiwa aliaema takwimu hizo zinaashiria kuwa maambukizi ya virusi vya UKIMWI mkoani pwani bado ni makubwa. Alisema kuna uwezekano mkubwa kwamba idadi ya wanawake wajawazito walioambukizwa vi-



Kina mama wajawazito wanashauriwa kupima VVU kabla na mara wanapogundua kuwa ni wajawazito

rusi ni kubwa hasa ikizingatiwa kuwa wengi hawataki kupima kwa kuhofia kugundulika.

Mratibu wa mradi huo, Philemon Mabuga, alisema baadhi ya

wanawake wanaoisha na virusi wanaambukiza kwa makusudi watoto wao, kwa kawanyonyesha mara wanapozaliwa.

Chanzo: Mwananchi.

Expanding HIV treatment for discordant couples could significantly reduce global HIV epidemic

A new study uses a mathematical model to predict the potential impact of expanding treatment to discordant couples on controlling the global HIV epidemic-- in these couples one partner has HIV infection and the other does not.

The research conducted at ICAP at Columbia University's Mailman School of Public Health and the Semel Institute of Neuroscience and Human Behavior at University of California in Los Angeles (UCLA) is the first to predict the effect of the expansion of such treatment in couples on the HIV epidemic in certain African countries.

In "Modeling the Impact on the HIV Epidemic of Treating Discordant Couples with Antiretrovirals to Prevent Transmission," authors Wafaa El-Sadr, MD, MPH, MPA, director of ICAP at the Mailman School, and Brian Coburn, PhD and Sally Blower, PhD at UCLA's Center for Biomedical Modeling,



Discordant couples could help reduce global HIV spread if essential treatments are provided to them

designed a mathematical model that was able to determine the number of infections prevented as a result of treating discordant couples. They used their model to make predictions for Ghana, Lesotho, Malawi and Rwanda. Full study findings were e-published on October 11, 2011 in the Journal, AIDS.

The authors use data for their modeling from a recent clinical study, HPTN 052, that showed that treatment of the HIV infected individuals in couples where the

other partner was not HIV infected was successful in reducing transmission by 96 percent.

"The findings from the modeling study provide insights into what to expect at a country level of expanding such a prevention strategy," noted Dr. El-Sadr, "Getting information to countries with regards to what they can expect from scale up of treatment for discordant couples on their epidemics is critical to their decision making."

"The most important aspect of

our study is that by using a model to scale up the results of a clinical trial, we were able to predict the effectiveness of the intervention in controlling HIV epidemics," said Dr. Coburn.

"It was very exciting to find that this couples-based intervention could be extremely effective." Dr. Blower added, "Our findings are very important as they show the intervention may be very successful in certain countries but not in others. This means we can use our model to identify which specific countries should begin to rollout this intervention."

The authors also demonstrate a practical approach for identifying countries where the expansion of HIV treatment in discordant couples is likely to have a strong effect in terms of preventing further spread of HIV.

Such information is of great value as policy makers and public health leaders tackle tough decision in terms of determining their HIV control programs.

Source: ScienceDaily

“Hormonal Contraceptives and HIV Risk: What does it mean for women living with HIV?”

Women living with HIV/AIDS are angered, yet energized by recent study findings about hormonal contraceptives and HIV risk.

The study, led by Renee Heffron at University of Washington in Seattle, suggested that, where one partner was infected with HIV, the female partners who used hormone-based contraceptive injections (Depo-provera) were twice as likely to acquire and pass on HIV compared to those who used other contraceptives or none at all.

Yet, the researchers are unsure of why this increased transmission risk occurs. It is extremely problematic if injectable hormonal contraceptives are found to help spread HIV.

Lillian Mworeko, Regional Coordinator for the International Community of Women Living with HIV Eastern Africa (ICWEA) stated, “Women have found injectables to be incredibly convenient for several reasons. Since you don’t need to take it daily, it decreases the burden of daily medication.

The one-time cost of the contraception shot decreases overall expenses. Additionally, the majority of women, especially in sub-Saharan Africa, have partners who disapprove of family planning altogether, which renders injectables really helpful in this case.” Gcebile Ndlovu, Regional Coordinator for the International Community of Women Living with HIV Southern Africa (ICWSA) added, “The injectables have been favored by many. It empowers women in the sense that the fear of getting pregnant would be out of mind.”

There is no need for further research on this aspect. Rather, research should focus on how many women have been potentially infected because of Depo-provera.

Now, the only realistic family planning method for women may actually worsen the risk of HIV transmission.

However, there is an even more troubling aspect to this news. A concerned woman living with HIV who has been working as an advocate on Sexual Reproductive & Health Rights (SRHR) in South Africa reported, “We have cases of forced contraception in women living with HIV. Sometimes, acceptance of Depo-provera is a condition to access treatment (a dark side of integrating HIV services with family planning services disguised as SRHR services).

I am concerned and angry about this news because scientists knew this a long time ago. There was always a link between STIs, diabetes, and Depo-provera because it affects the vaginal lining. Depo-provera’s risks have been on the radar since I got involved with AIDS in 2000, but we were always cautioned to speak softly for fear of upsetting the family planning lobby.”

Ndlovu added, “In Swaziland Depo Provera was phased out at Public Health Institutions and a shorter acting injectable, Nur-Isterate, is being used. I am concerned and wonder if networks in these countries mentioned in the study (Botswana, South Africa and Zambia for Southern Africa) had knowledge of what was and

is going on or if [Heffron, et al] have gone back to the couples that took part in the study to share the results with them.”

“This study begs the questions, what are the HIV transmission risks of other unexamined forms of hormonal contraceptives. Women have the right to know the potential benefits and risks of all forms of contraception and to make their own informed decisions. However, more research is needed more quickly.

Furthermore, those responsible for the production and coerced use of these drugs must be held accountable,” said Beri Hull, Global Advocacy Officer with International Community of Women Living with HIV (ICW Global).

In the meantime, protections must be put in place so that women have full information about the risks and benefits of current options and can choose between them before the findings are conclusive.

Beyond Depo-provera, a broader concern is the failure to find biomedical interventions that work for women. Ndlovu stated, “To some extent, such research findings keep pushing the blame to women. Could researchers, donors, and pharmaceutical companies focus on what women can use with less hassles and dangers?

Where are we with research on microbicides that are safe for

women living with HIV?” Male-oriented interventions have had much greater success. For example, research has confirmed that male circumcision reduces HIV transmissions to over 60%, while microbicides are effective only up to less than 40%.

Male condoms are cheaply available, yet female condoms are really uncomfortable and frequently unavailable. The Heffron study findings underline the urgent need to understand why this discrepancy persists.

Moreover, they fuel the push for multi-purpose microbicides and robust investment in other female-controlled methods.

Follow up to these findings on all fronts is critical. The South African advocate affirmed, “This is an opportunity to call for research and production of safe contraceptives for all women, including women living with HIV.

I support calls for further investigation as UNAIDS has said, but Depo-provera should go off the shelves now. There is no need for further research on this aspect. Rather, research should focus on how many women have been potentially infected because of Depo-provera.”

One clear way to work toward safer and more effective female-controlled family planning methods is to meaningfully involve women living with HIV in the UNAIDS and WHO led analysis of this research and upcoming policy development processes.

In particular, ICW urges the World Health Organization to meaningfully involve women living with HIV at their meeting of experts and researchers in January 2012 when they discuss the findings in preparation to update global guidance on HIV and contraception use.

Certainly, we cannot be angry at the numbers, but we can be angry if the scientific community constantly focuses on the wrong thing because they have not asked women living with HIV what they need and what could work.

SOURCE: ICWEA

STRADCOM spurs young boys, girls' sexual behavioural change

THE government has commended Strategic Radio Communication for Development (STRADCOM), for making inroads in sexual behaviour change across Tanzania for young boys and girls of reproductive age.

The remarks were made in Dar es Salaam recently by Dr. Gilbert Mliga, the Human Resources director at the Ministry of Health and Social Welfare at a function to officially wind up the project.

He said a five-year project, funded by USAID/US President's Emergency Plan for AIDS Relief (PEPFAR), STRADCOM supported efforts of the Tanzanian Government's fight against HIV/AIDS by providing high quality radio programming to the public.

Led by CCP, in partnership with Media for Development International (MFDI), STRADCOM combined best practices and innovative radio programming on HIV/AIDS while developing collaborative relationships with government agencies, other USG PEPFAR partners, and international and local nongovernmental organizations (Noose) working in HIV/AIDS in Tanzania.

He said Wahapahapa (the people from right here): a 30-minute weekly radio serial drama used music and drama to model behaviour change along four major HIV/AIDS related story lines

aired on ten radio stations starting its third annual season.

"That was indeed an effective tool of reaching the message to a large population of the people in the country," he said.

The programme also used co-producing weekly radio magazine programs using diaries of people living with AIDS, news items, expert interviews, phone in and text messages and provided capacity building and training to 15 radio stations across the country.

In collaboration with prevention partners producing public service announcements as a component of campaigns addressing abstinence, faithfulness, condoms and voluntary counseling and testing. Leading the development of a highly acclaimed campaign on discouraging cross-generational sex by using a fictitious cartoon character called "Fataki" or "explosion". Other methods used are providing video infomercials on treatment for Counseling and Treatment Center waiting rooms.

The programme also reduced and distributed through the public and private sectors eight music videos on various HIV/AIDS BCC messages including testing, PMTCT, adult child communication and faithfulness. Songs have appeared on top ten music charts.

Produced and distributed in partnership with other prevention partners a multi-media discussion kit addressing issues such

as cross generational sex, faithfulness, alcohol misuse, adult child communication, stigma and discrimination. Fataki is a fictional Tanzanian sugar daddy. His stories are known by the masses. But this on-air phenomenon is not meant to merely entertain.

Fataki is part of an aptly named Fataki campaign - a campaign supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) that works to lower the spread of HIV/AIDS by rallying communities around Tanzania to put an end to harmful cross-generational sex.

In each story played on air, Fataki repeatedly preys on young women offering them money, gifts and promises for sex. But with each plot, Fataki is unexpectedly thwarted by the young girl's family, friends and her community members.

First tested on the Morogoro Region's radio waves, many have been quick to call the Fataki a success. The campaign's findings in Morogoro show why. By the end of Fataki's pilot run in the region, 88 percent of Morogoro's adult residents said that, as a result of Fataki, they felt they could now do something to help solve the problem of cross-generational sex.

Community members said that by ridiculing Fataki's behavior, they were able to develop language they could use to help actively intervene in potential

cross-generational sex situations.

Forty-four percent of Morogoro adults also said they now call sugar daddies "Fataki," adding to the behavioral change the campaign seeks to accomplish.

"When we have evidence of this, community leaders need to take action. We have used Fataki as an example in our community meetings," Deo Ngwanansabi, the STRADCOM Chief Party said.

He added that since its initial success in Morogoro, the campaign has spread to neighboring regions in Tanzania.

As of November 2008, Fataki spots regularly broadcasted on 15 radio stations across Tanzania.

Fataki is part of PEPFAR Tanzania's comprehensive prevention portfolio which supports behavior change and promotes positive male and social engagement in the fight against HIV/AIDS.

On his part, Seth Greenberg, the USAID senior advisor on HIV prevention said the day was important as STRADCOM wrapped up its five year activities in Tanzania. "Certainly the programme has left a significant mark in the history of Tanzania and it will always be remembered," he said.

He added that what makes the programme so important is that its footprint does not end by the closure of its activities, but rather it will continue to be remembered for many years to come.

Source: AJAAT, Nasser Kigwangallah

Wananchi wa Mkoa wa Tanga, wametakiwa kujihadhari dhidi ya maambukizi ya VVU yanayozidi kuongezeka.

Wito huo ulitolewa juzi na Ofisa wa shirika lisilokuwa la Kiserikali la Engender Health, Andrew William, alipokuwa akizungumza katika uzinduzi wa Mpango wa Kudhibiti maam-

Waonywa kuhusu maambukizi

bukizi ya virusi katika maeneo yenye miradi ya umeme mkoani Tanga.

Miradi mingi ya kusambaza umeme mkoani humo iko katika maeneo ya barabarani na imekuwa ikihusisha watu wengi.

Kwa mujibu wa William, wastani wa maambukizi ya viru-

si mkoani Tanga, sasa umefikia asilimia 3.9. Alisema katika jiji la Tanga maambukizi yamefikia asilimia 9.7 wakati Wilaya ya Pangani yamefikia asilimia 6.5 na Wilaya Korogwe wamefikia asilimia 4.4. Alisema, kufuatia hali hiyo, wananchi wanaswa kuacha zinaa ili kue-

puka maambukizi ya magonjwa yasiyokuwa na tiba.

Akizungumza katika hafla hiyo, katibu Tawala wa mkoa wa Tanga Benedict Ole Kuyan, alisema maambukizi ya virusi mkoani humo, yanatisha na kwamba Ofisi ya mkuu wa mkoa imeamua kutenga gari maalumu la sinema ili kuhamasisha watu kuachana na ngono.

Chanzo: Mwanachi

SA: Sexual violence among men neglected

Almost 10 percent of South African men have experienced sexual violence by another man, according to new research that probes the complex relationships between male victimisation and HIV risk.

The findings presented at the annual Sexual Violence Research Initiative in Cape Town by Kristin Dunkle, assistant professor at the Rollins School of Public Health at Emory University in the US, are based on a household survey conducted among about 1,740 men in two of South Africa's nine provinces - KwaZulu-Natal and the Eastern Cape - by the Medical Research Council (MRC).

Published in 2009, the research became commonly known as the "MRC rape study" and showed that more than one in three South African men admitted to having raped a woman - but little atten-

tion was paid to sexual violence experienced by men.

Many male survivors had reportedly been forced to engage in typically low HIV risk acts such as thigh sex, in which a man placed his penis in between their thighs, or masturbation. However, about 30 percent reported being anally or orally raped.

Men who have sex with men (MSM), or men who choose to have sex with men but do not necessarily identify themselves as gay, were more than nine times as likely to report having been raped than other men. About 3 percent of men reported sexually assaulting another man, about half of those who reported having raped a man.

Mirroring previous South African studies that showed an elevated HIV risk among men who commit intimate partner violence and the women they assault,

Dunkle's work found that the perpetrators as well as the survivors of male-on-male sexual violence were generally more likely to be HIV positive.

There was one exception: rape survivors who did not identify as MSM. HIV prevalence among this group was not significantly different from men who have never been sexually assaulted.

Love hurts

While the apparent lack of HIV-risk among male rape-survivors who are not MSM may seem puzzling, Mary Ellsberg, vice president of research and programmes at the International Centre for Research on Women, said the difference is almost certainly indicative of partner violence among MSM in relationships, and likened it to the rising HIV risk that accompanies women in abusive, long-term relationships.

"From previous MRC studies

we see that [high HIV prevalence] results from a combination of factors for women who are beaten and raped by their husbands - they are having consistent sexual encounters with these men," Ellsberg said.

"But we also know that women who are raped only once by a stranger - while they can contract HIV from the rape - don't have a higher HIV prevalence than other women overall. The rape of men who aren't MSM also seems unlikely to be ongoing, so it's an infrequent exposure and it makes sense that their risk is similar to the general population."

The situation is different men in relationships with other men, who could be in long-term relationships with high risk, abusive men with whom they would have sex with, either consensually or not, over time.

Source: PlusNews

Kasi ya maambukizi ya VVU yapungua

TANZANIA ni miongoni mwa nchi 30 zilizoweza kupunguza kasi ya maambukizi mapya ya virusi vya UKIMWI (VVU) kwa zaidi ya asilimia 25, imeelezwa.

Mwenyekiti Mtendaji wa Tume ya Taifa ya Kudhibiti UKIMWI (TACAIDS), Dk. Fatuma Mrisho alisema hivi karibuni kwamba kila siku kuna maambukizi mapya 7,000, mengi wakiwa kwa vijana.

Dk. Mrisho akizungumza na waandishi wa habari juu ya maadhimisho ya Siku ya UKIMWI duniani Desemba Mosi yatakayofanyika mjini Shinyanga, alitaja kauli mbiu ya mwaka huu kuwa ni: "Tanzania bila maambukizi mapya, unyanyapaa na vifo vinavyotokana na UKIMWI inawezekana". Alisema inakadirwa kuwa chini ya nusu ya watu wanaoishi na VVU ulimwenguni wanafahamu kuwa wanaishi na

maambukizi na akayataja maeneo ambayo maambukizi mapya yanaongezeka kuwa ni Mashariki ya Ulaya, Asia ya Kati, Afrika ya Kaskazini, Mashariki ya Kati na sehemu za Asia na Pacific.

Akizungumzia hali ya UKIMWI duniani, Dk. Mrisho alisema zaidi ya watu milioni 30 wamekuwa duniani kote toka kugundulika kwa ugonjwa huo usiokuwa na kinga wa tiba miaka 30 iliyopita na kuacha watoto yatima zaidi ya milioni 16. "Wanaoishi na maambukizi ya UKIMWI duniani ni milioni 33 na milioni 22.5 sawa na asilimia 68 ni kutoka Afrika. Kwa bara la Afrika, wanawake ni asilimia 60 ya wale wanaoishi na maambukizi," alisema Dk. Mrisho na kuongeza; "Kati ya walioambukizwa walio na umri wa miaka 15 hadi 24, wanawake ni asilimia 76. Kila siku, kuna maambukizi mapya 7,000, wengi wao wakiwa ni vijana". Dk. Mrisho alisema zaidi ya watu milioni 6 ulimwenguni wanatu-

mia dawa za kupunguza makali ya UKIMWI, matumizi ya dawa ambayo alisema yamepunguza vifo vinavyotokana na ugonjwa huo kwa asilimia 20 katika muda wa miaka mitano kufikia mwaka 2010. Akizungumzia hali ya UKIMWI nchini, Mwenyekiti wa TACAIDS alisema utafiti unaofanyika kila baada ya miaka mitano ambao mara ya mwisho ulifanyika mwaka 2007/08 unaoonyesha wastani wa wanaoishi na VVU kuwa milioni 1.5.

"Wastani wa wanaoishi na maambukizi ya UKIMWI ni milioni 1.5, kati ya hao, wanawake ni asilimia 60. Asilimia 5.7 ya wanawake na wanaume wa Tanzania bara wameambukizwa VVU na UKIMWI, wanawake wakiwa ni asilimia 6.6 na wanaume asilimia 4.6," alibainisha Dk. Mrisho.

Alisema kwa mujibu wa utafiti huo, maambukizi ya VVU mjini ni asilimia 8.7 wakati kwa upande wa vijijini ni asilimia 4.7 na yatima na watoto wanaoishi katika maz-

ingira magumu yakibakia kuwa asilimia 0.9.

"Matumizi ya kondomu kwa walio na umri wa miaka 14 hadi 25 ni asilimia 25 ya wanawake na kwa wanaume yalikuwa asilimia 29," alisema Dk. Mrisho na kuongeza, "Hadi 2010 (mwaka jana), wanaoishi na VVU waliokuwa wamesajiliwa walikuwa 664,115, kati ya hawa, asilimia 83 walikuwa wameanzishiwa dawa za kupunguza makali ya UKIMWI".

Hata hivyo pamoja na kusema uelewa kuhusu UKIMWI umelewa mkubwa na kuzidi kuongezeka, wastani wa wanawake na wanaume waliosikia kuhusu ugonjwa huo ni asilimia 98, wakati uelewa kamili na ulio sahihi unatofautiana kati ya mkoa na mkoa.

Dk. Mrisho alizitaja changamoto wanazozikabili kuwa ni unyanyapaa aliosema unaathiri ukubali wa watu kupima, kinga, utumiaji wa dawa na kuwa wazi kwa watu wanaoishi na VVU, ikiwa ni pamoja na kwa watu wa karibu na WAVIU.

Chanzo: AJAAT, Benedict Sichelwe

AJAAT TOWARDS WORLD AIDS DAY

MEDIA COMPETITION ON UNIVERSAL ACCESS TO HIV SERVICES FOR MARGINALIZED/MOST AT RISK GROUPS IN TANZANIA



1.0 CONCEPT: The Association of Journalists Against AIDS in Tanzania (AJAAT), through the support from Tanzania Commission for AIDS (TACAIDS) is announcing a three-month media writing competition on UNIVERSAL ACCESS TO HIV SERVICES FOR MARGINALIZED/MOST AT RISK GROUPS IN TANZANIA. The climax of the competition to involve journalists from local Newspapers, Magazines, Televisions, Radio and Bloggers will be during the World AIDS Day (WAD)—December 1st, 2011. Winners of the competition will be awarded with cash, trophies and certificates of participation.

2.0 BACKGROUND INFORMATION: The Joint United Nations Programme on HIV and AIDS (UNAIDS) defines universal access as a global commitment to scale up access to HIV treatment, prevention, care and support. It entails a society where everyone has access to HIV correct information and health care services. Many challenges still exist in Tanzania's effort to achieve reduction in new HIV infection. It is estimated by UNAIDS that about 130,000 Tanzanians between 15-49 years are infected with HIV each year (UNAIDS Estimates, July 2009)

But does everyone in our societies have access to health care services? Does everyone have access to educational material on HIV presented in the media and as such are empowered to make informed decisions about their wellbeing? Unfortunately the answer to those series of questions is negative. While a host of health care services may exist, not everyone in our society has equal access to these services

even though they may need and want to.

In Tanzania, for instance, most at risk populations (MARPS) include commercial sex workers and their clients, injecting drug users (IDUs), people with disabilities, street beggars, prisoners and men who have sex with other men (MSM), feel stigmatized and may face discrimination on a daily basis due to negative attitudes that may exist towards members of these communities. This may be further compounded by HIV-related stigma particularly for persons living with HIV and AIDS, making it difficult for members of these groups to exercise their basic human rights, which include accessing quality health services.

While HIV interventions in Tanzania and elsewhere are expanding in some settings, population groups at high risk of HIV infection continue to face technical, legal and socio-cultural barriers in accessing health care services.

Furthermore, there are issues related to confidentiality that are significant for HIV and AIDS health care services in small islands where "everyone knows everyone else." And this is reflected in the question most commonly asked by persons accessing care and treatment, 'If I access these services, will everyone know my business?'. Hence the challenge in achieving universal access is related not only to equal access to care and treatment, but also issues such as stigma, discrimination and confidentiality.

Therefore, the aim of the competition is to mobilize journalists in print and electronic media to write more articles or programmes that will enable people from this group have free and easy access to HIV and AIDS quality

services as well as enabling them enjoy and attain positive living which is their universal right like any other Tanzanian.

Basically the competition will not only require journalists to write, take photographs, produce TV and Radio Programmes about universal rights issues and how are they related to HIV and AIDS pandemic, but will also require them to highlight policy measures and programmes taken by the government and its agencies to address the problem. It will also ask the non-government sector how they do, or can potentially, address to the general public of Tanzania the fact that universal access to HIV and AIDS services for the most at risk population stands a better chance to providing an opportunity to reduce the further spread of HIV in Tanzania.

3.0 INTRODUCTION: Available statistics and information by the National Multisectoral HIV Prevention Strategy of 2009-2012 states clearly that the priority for intervention in an effort to prevent increase of HIV infection is to extend HIV services to the most at risk groups.

The groups such as sex workers, person living with HIV and AIDS, injecting drug users (IDUs), people with disabilities, street beggars, MSM, etc continue to face marginalization in accessing HIV services due to various reasons including lack of the services in some areas as well as stigma, discrimination and lack of confidentiality.

These therefore need to be frequently addressed through advocacy and correct information dissemination in order for the public to achieve universal

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access to HIV services for the marginalized and most at risk group.

4.0 THE COMPETITION: The aim of the competition is to mobilize journalists, photo-journalists, cartoonists, bloggers, columnists, feature writer/producers and presenters from both print and electronic media to critically analyze and produce well searched articles to highlight on the relationship between rights of accessing HIV and AIDS services and HIV infections. The journalists will also have to highlight policy as well as social implications in the event the marginalized groups were denied the HIV services, and suggest the right direction possible.

5.0 OBJECTIVES: The competition will also have the following objectives:

- i. Mobilize journalists from both print and electronic media to write intensively on the relationship between universal access to HIV services for marginalized groups and possible increase of HIV infections in case the services were denied.
- ii. Balancing of gender issues in their reporting with view to preventing/curbing further HIV infections in the Tanzania society.
- iii. To attempt and venture in legal, financial, policy as well as social cultural barriers that entail the marginalized group to access universally agreed HIV services and the solution there to.
- iv. Keep HIV and AIDS stories fresh by adopting a style of story reporting which promote universal access to HIV and AIDS in Tanzania.

6.0 OUTPUT: After the three month of the competition, electronic media-TV and radio stations; photographers; feature writers; bloggers and columnists will have produced abundant/sufficient articles on universal access of HIV services and the way it's related to

increment of HIV infections.

6.1 EXPECTED RESULTS: Reduction of new HIV infections among Tanzanian communities, and finally, attaining a Tanzania free from HIV and AIDS strategic ambition

7.0 THEMATIC GUIDELINES

The following questions may guide the journalists in their search for good and well articulated piece of article/programs/picture or cartoon:

- i. How poor access to universally agreed HIV services can increase HIV infections in the country.
- ii. What are problems facing marginalized or most at risk person to access universally agreed HIV services?
- iii. Who and how different government, non-governmental organizations/institutions is/are contributing to poor or better access to universally agreed HIV services.
- iv. What should an individual prudently do when he/she discovers being denied the universally agreed HIV services and avoid fueling new HIV infections?
- v. Is there any legal redress to curb denial of universal access to HIV services and how practical are these legal instruments, among others.
- vi. How can a nation benefit economically and socially if people from the most at risk group access freely all the services without stigma or discrimination?

8.0 TARGET GROUP: The competition will be open to every practicing local journalists/columnists from both print and electronic media. Only Tanzanian media organizations will be eligible, and journalists sending in their entries must be Tanzanian by nationality.

9.0 DURATION: The competition will run for three months from (August 18th to November 18th, 2011)

10.0 ELIGIBILITY AND CRITERIA: Following are the eligibilities and criterions of participation.

- i. Journalists wishing to participate in the competition must be currently living and practicing in Tanzania
- ii. The entries of features/news and programmes must only focus/target the most at risk groups of Tanzania
- iii. The entries must demonstrate originality, and not copied from other publications. They must have been published or aired within the three months period of the running of this competition that is (August 18th to November 18th, 2011)
- iv. They can be published or aired in Newsletters, Magazine, Newspaper, TV or Radio programmes
- v. They can be published or aired in either English or Kiswahili
- vi. Only original clippings/items will be accepted
- vii. Deadline for submission will be November 22nd, 2011
- viii. Different cash prizes ranging between 300,000/= and 700,000/= while covering up to the first 15 winners to be selected by a panel of judges drawn from various stakeholders will be offered during WAD. All the participated journalists will receive certificates of participation

11.0 SUBMISSION: Participants are allowed to submit up to three (3) different entries to the following addresses:

- i. AJAAT Media Writing Competition-2011, Bahari Motors Building, Plot No. 43, Kameroun Street, Kijitonyama, P O Box 33237, tel. 0713 640520/0786 300219, DAR ES SALAAM-TANZANIA
- ii. Ms Jovina Bujulu, MAELEZO/ Information Auditorium Services Centre, Samora Avenue, DAR ES SALAAM, TANZANIA