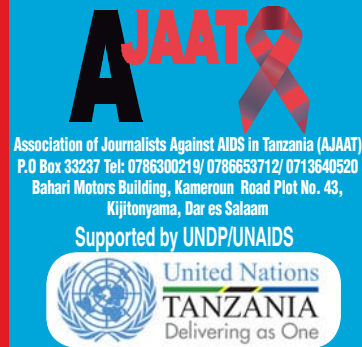


Tanzania AIDS Week in Review



‘PPP necessary for successful HIV prevention’- Call

There is a need to design proper mechanism for Public - Private Partnership (PPP) with view to increasing the role of private sector in the national efforts to reduce HIV prevalence in the country.

Scores of participants to a one-day Prevention Technical Working Committee (PTWC) meeting held at the UNICEF conference hall recently made the observation saying that the private sector’s participation was still low when compared to other countries.

The observation came about following testimonies by some participants who visited Brazil recently to among other things learn from the country’s development as far as HIV and AIDS prevention was concerned.

It was observed that while some big business men’s products were being distributed in every corner of the country, it was dis-



Working together with shared goals and interests against HIV/AIDS through Public-Private Partnerships (PPP) could help to reduce prevalence of HIV infection in the country

heartening to see essential HIV prevention tools such as condoms did not. “If there were proper mechanisms and partnership between the private sector and the government, such essential HIV and AIDS prevention tools could easily reach majority Tanzanians.”

Participants said.

They said that in Brazil, there were such strong partnership between the government and private sector that HIV and AIDS prevention education materials were being distributed to the remote areas. As a result of such

partnerships, the level of HIV and AIDS prevention awareness had reached every corner of the country impacting on HIV prevalence in Brazil.

The call for concerted partnership between the government and

Continue on page 2

Mwanza launches new HIV/AIDS programme

CHAMPION, a project funded by the United States Agency for International Development (USAID) through the US President’s Emergency Plan for AIDS Relief (PEPFAR), has launched an HIV awareness and prevention

programme for energy projects under the Millennium Challenge Corporation (MCC).

Speaking during the launch in Mwanza, CHAMPION’s Programme Officer for Workplace Initiatives, Dr Andrew William, said the programme would oversee HIV and AIDS

programming in the workplace and surrounding communities for MCC/MCA-T-supported transport, energy and water projects across nine regions.

Projects to be covered by the programme are in Dar es Salaam, Morogoro, Mwanza, Dodoma, Iringa, Mbeya, Tanga, Zanzibar, and Coast regions.

“The goal of the workplace programmes is to prevent HIV and help mitigate the potential health threats created by construction and infrastructure activities in the country,” stated Dr William.

He further added that robust and gender-transformative HIV and AIDS programmes will be made possible through the collaboration and support of the

Continue on page 2

Mwanza launches new HIV/AIDS programme

from page. 1

MCA-T construction and engineering companies.

“To ensure this programme is a success, we are highly determined to facilitate access to sexual and reproductive health services, including HIV counselling and testing and linking HIV-positive workers to services that enable them to stay healthy and continue working,” he said.

This workplace programmes will target managers and labourers, both skilled and unskilled, who work on the construction and infrastructure projects.

Local leaders and members



HIV and AIDS awareness programmes are needed at a sustained basis to reduce HIV infections in many parts of Tanzania)

of the surrounding communities will be the secondary target audience.

Within the communities

special attention will be given to young women, out of school youth and migrant labourers, who are likely to be at a higher risk

for HIV.

Addressing participants during the programme launch, Mwanza Regional Administrative Secretary, Ms Doroth Mwanika, commended EngenderHealth’s efforts, through its CHAMPION project, for its outstanding HIV/AIDS programmes at work places.

“We call upon other non-governmental organizations (NGOs) to make deliberate efforts on developing and thoroughly implementing AIDS policy and programmes that are specifically focusing at work places,” she added.

‘PPP necessary for successful HIV prevention’- Call

from page. 1

private sector come amid media sad stories that in some part of Tanzania condoms were been used and washed ready for second and third use.

In some part of Tanzania there have been media reports suggesting that because of condoms shortages, people used smooth plastic bags as substitute during sexual intercourse.

The workshop was told that the private sector’s contribution towards HIV reduction has been enormous and centers for truckers and sex workers, to freely meet and discussion their wellbeing the centers mostly of which are built by private sector.

“At every truckers resting point physical exercise centers have been built giving opportunities for drivers to undergo physical exercise as well as getting HIV and AIDS counseling and testing services” one participant who was also part to the government mission Brazil said.

Meanwhile, the Ministry of Information, Youth, Culture and Sports has been undertaking various initiatives to enhance further

HIV and AIDS infections among the most at Risk Tanzania population. Speaking at the PTWC meeting, the ministry’s youth Officer Neema Meena said the initiatives include Voluntary Counseling and Testing, Kijana Amka, and the Life Planning skills programme for Out of School Youth.

She said that as a result of the initiatives, the Ministry was able to reach 1,600 youth who got life skills and livelihood skills education; while Voluntary Counseling and Testing services were provided to 49,879 youth out of which 1380 tested HIV positive.

However, since HIV/AIDS was a cross-cutting issue, she called for concerted efforts from different stakeholders to put in place holistic approach to halt its prevalence.

“The Ministry will continue to carry various HIV prevention initiatives in its various national and international programmes in order to enhance an understanding of HIV/AIDS amongst youth in the country and to foster and promote behavior change and attitude of the society”.

Source: AJAAT reporter

Wananchi wapata elimu ya UKIMWI

Wilaya ya Bagamoyo ni miongoni mwa wilaya ambazo wananchi wake wameathirika kwa kiasi kikubwa kwa maambukizi ya Virusi vya UKIMWI kwa vile wengi wa wakazi wa wilaya hii wanaishi katika mazingira hatarishi.

Kiasi kikubwa cha maambukizi haya kinachangiwa na mazingira ya wilaya kupitiwa na barabara kubwa kuu mbili. Barabara itokayo Dar es Salaam kuelekea Morogoro na ile ya Tanga.

Maambukizi haya yamesababishwa na muingiliano mkubwa wa watu katika vijiji vya Chalinze, Lugoba, Msata, na Ubena, Wilaya ya Bagamoyo imeelekeza nguvu zake katika kuhamasisha wakazi wake kujikinga na maambukizi ya Virusi vya UKIMWI.

Ni kwa sababu hiyo mpango wa jamii dhidi ya UKIMWI (MJADU) kupitia TASAF umewawezesha wanavikundi wapatao 72 kwa kuwapa mafunzo ya namna ya kujikinga na maambukizi ya Virusi vya UKIMWI na matunzo ya huduma kwa wagonjwa wanaouguua maradhi ya UKIMWI waliopo majumbani mwao.

Mafunzo haya yalijumuisha watu wasioona, walemavu na

wajane. Mwalimu Sitta Steven ni mlemavu asiyeona ambaye ni mmoja wa waliofaidika na elimu hiyo amesema kwamba TASAF imewapa heshima kubwa kwa kuwaweka pamoja watu wasioona na wale wenye kuona katika mahudhurio ya mafunzo hayo kwa kuona kuwa TASAF imewafikisha kwa sababu asasi nyingi zimewasahau wasioona na kuwafanya wao kama vile jamii isiyoishi, kwa hili imetoa pongezi kubwa serikali na kuwataka wengine waige mfano huu.

Mwalimu Sitta ametoa angalizo kwa kuwaasa wenzake kuwa elimu waliopata ni nzuri mno hivyo wasiache katika maandiko bali wanapaswa kuitumia wao binafsi na familia zao katika kujikinga na UKIMWI, lakini pia watoe kwa wenzao wanaoishi nao ili Taifa hili liweze kunusurika na janga hili “kwa kuwa Tanzania bila ya UKIMWI yawezekana.”

Mpango wa mwitikio wa jamii dhidi ya UKIMWI (MJADU) kupitia TASAF pia umetoa fedha kwa vikundi vingine 3 vya wajane na wgame wanaojiushughulisha na biashara ya mama lishe na kikundi kimoja cha yatima kwa ajili ya kuanzisha miradi yote hiyo imegarimu jumla ya shilingi 23,518,160.10

Chanzo: majira

A new national HIV/AIDS strategic plan for Uganda is due to be finalized before the year's end, and gay rights activists are urging its authors to break with tradition and, for the first time, provide for programming for men who have sex with men.

The current national strategic plan, which covers the period between 2007/2008 and 2011/2012, does not mention MSM, despite studies reporting that they are at higher risk of contracting HIV than other adult men.

The plan lays out a framework for responding to the epidemic, pinpointing priority areas for programming; the next one is expected to guide the country's HIV programmes until 2015. "[The strategy] directs how resources from donors and governments are utilized," said Kikonyogo Kivumbi, executive director of the Health and Science Press Association (UHSPA-Uganda), which advocates for the rights of sexual minorities.

"It means that whoever is going to access those resources in the delivery of public health services, if the policy directs them [to], they can introduce LGBTI [Lesbian Gay Bisexual Transgender and Intersex]-friendly services."

The Crane Survey, a 2008/2009 study of high-risk groups in Uganda, reported that the HIV prevalence among MSM respondents was 13.7 percent, more than twice the national prevalence of about 6.4 percent.

"These people are engaging in sex. Whether you want it or not, infections [and] HIV will occur," said Kivumbi.

According to Frank Mugisha, executive director of Sexual Minorities Uganda (SMUG), the absence of a national dialogue around safe sex education for sexual minorities means that many members of the MSM community do not know how to avoid HIV transmission.

Tentative steps

A draft version of the new strategic plan distributed to civil society organizations mentioned the MSM community by name under an introductory section outlining groups that have prevalence rates above the national average, but the strategy concluded that MSM did not play "a big role" in the transmission of HIV in Uganda and did not warrant a high rank among prevention activities.

The draft strategy did recommend that more research be done within communities of MSM and injecting drug users to determine whether the groups were at risk of an upsurge in new infections. Although it stops short of actually including MSM in HIV programming, for Kivumbi, the draft strategy was nevertheless a cause for celebration. "It's the first HIV programming to mention MSM by name... It's a big and overwhelming shift," he said.

UGANDA: Calls for inclusion of MSM in new HIV strategy

He added that his organization would continue to advocate for explicit recommendations for the MSM community. Had MSM been ranked among most at-risk groups - such as sex workers and fishing communities - they could expect to access services including risk-reduction counselling, condom distribution and community outreach.

However, James Kigozi, spokesman for the Uganda AIDS Commission - which draws up the plan - told IRIN/PlusNews that because homosexual activity was illegal in Uganda, programming for MSM was unlikely to make it into the final version of the plan.

For SMUG's Mugisha, any mention in the strategy without specific intervention recommendations was just a "first step". He urged the UAC to come up with policies based on expert consultations and best practices in neighbouring countries rather than just calling for more research, which would be extraordinarily difficult to conduct in a country that criminalizes homosexual activity. The authors of the Crane Survey reported that it was "severely interrupted" by the arrests of LGBTI advocates.

Apophia Agiresaasi, executive director of Action Group for Health, Human Rights and HIV/AIDS (AGHA-Uganda), said one of the lessons they learned while studying the ability of sexual minorities to access healthcare was that collecting data among the MSM community is difficult.

"They will say they belong to a category that's more acceptable, or if they're in sexual relationships with both men and women, they will identify [themselves] as heterosexuals," she said. "Any statistics may be less than what is on the ground."

Anti-gay bill

There was more good news for gay rights activists, when the cabinet on 17 August turned against the Anti-Homosexuality Bill, which called for the execution of people repeatedly convicted of committing homosexual acts, among other offences, but there are still laws on the books criminalizing homosexual activity.

"The government's position is that the law is unnecessary - we have adequate laws to deal with it [homosexuality]," Adolf Mwesige, Minister for Local Government and the ruling party's lawyer, said. "We are trying to persuade parliament to drop it; if they insist on it, we will oppose it."

David Bahati, the architect of the controversial bill, insisted he would go ahead with it despite widespread opposition. He said many of the more controversial clauses had been removed.

"The [reworked] legislation will take care of all concerns raised by different stakeholders, including those concerns about HIV/AIDS prevention and treatment," he said.

But even if the national strategy were to call for treatment and prevention services for MSM, there are still significant hurdles to actually offering those interventions in a country where homophobia is rampant. Need for health worker sensitization

In 2010, Mugisha was among the 100 alleged gays and lesbians whose photographs were published in a local magazine under the headline, "Hang Them".

For sexual minorities attempting to access health services, this stigma can be difficult to overcome. The 2010 AGHA-Uganda report found discrimination by doctors and healthcare workers against LGBTIs was the biggest barrier to healthcare access for that community.

"Some doctors are homophobic," Mugisha said. "You don't have anything legally binding to compel them to treat Uganda's LGBTI community... [current laws] justify the myth of their cultural and religious arguments against treating MSM and others."

"My desire would be to tell the doctor, 'Yes, I'm having sex with another man,'" so he could receive appropriate care, he added..

Mugisha said he knew people who had been misdiagnosed at health centres because doctors were unfamiliar with sexually transmitted infections that are more common among MSM and the people seeking treatment were too afraid to reveal their sexuality.

While a policy pronouncement might not immediately change doctors' attitudes, Mugisha said it would give LGBTI patients leverage to fight discrimination. But a change in policy would need to be accompanied by sensitization training for healthcare providers and lessons in LGBTI-specific health needs, which is missing.

AGHA-Uganda's study did find some interest among health workers in learning more about care and treatment specifically for LGBTI.

Source: PlusNews

Experts advise on palliative care

HEALTH experts have advised that there is need to increase access to palliative care services for patients with life-threatening infections including HIV/AIDS and cancer.

Palliative care is a specialised approach that involves providing relief from pain and stress to patients with life-threatening conditions. At different interviews, they suggested that less than 10 per cent of Tanzanians in need of palliative care and treatment have access to the facilities. Most of those in need of such care are patients with cancers associated with HIV/AIDS.

Dr Kheri Tungaraza of Kinondoni district's Sinza hospital, urged that palliative care should be considered "an urgent humanitarian need." He argued that scaling up the services was critical since most patients in need of them are in advanced stages with limited chances of recovery.

"Palliative care services should be provided from the time of diagnosis of life-threatening illnesses, adapting to the increasing needs of cancer patients and their families," he said.

But the Ministry of Health and Social Welfare's head of communication unit, Mr Nsachris Mwamaja, said on Monday that while Pal-

liative Care policy was not explicitly included in the National health policy, such care was embodied in the national health system to patients who need it.

"Well, it is not spelt out independently in the national health policy, but such care is given to patients who need it, like those suffering from cancer. That is how it is integrated into the health system here," he said when contacted by the 'Daily News.'

Dr Tungaraza noted that it was also important for health experts to collect data on cancer prevalence in the country and adopt palliative care models, instead of having it implicitly in health systems.

In a paper titled "Palliative care in Tanzania, Background Strength & Challenges," Dr Msemu Diwani, the Head of Palliative care at Ocean Road Cancer Institute (ORCI), says that palliative care to cancer patients is still largely unaddressed, with all funds going to HIV/AIDS.

He urges that Palliative care programmes should be incorporated into existing health care systems. He adds: "Health workers should be adequately trained in palliative care and hospitals should have palliative care teams.

"Palliative care in the Country is still in its in-

fancy despite existing huge demands." He said there should be equity in supporting palliative care programmes so that cancer patients' palliative care needs are also met.

"Donors should do a reasonable search to ascertain capacity of organizations to provide palliative care before supporting it. A lot of funds have been given to organizations for such care yet they do not even know what it is, leading to wastage of donor's funds," noted Dr Diwani. ORCI has been practising some form of palliative care since its inception three decades ago.

This is because most patients were referred to ORCI with advanced disease where cure was not possible, leaving palliative modalities as the sole option. This included adiotherapy, chemotherapy, counselling and comfort. However, the concept of holistic care, which is what modern palliative care stands for, was not realised until 10 years ago.

He noted that ORCI's palliative care therapy is able to control pain in over 90 per cent of hospital patients using simple World Health Organisation (WHO) analgesic ladder.

In 2006, ORCI started palliative care outreach programme for cancer and HIV/AIDS patients,

thanks to Diana, Princess of Wales' memorial funds, International Association for Hospice & Palliative Care (IAHPC) faculty initiatives and now OSI.

Source: Daily News

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 spearheaded 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!!

What is needed now are increased efforts to promote youth participation and commitment; more services aimed at youth; more parental involvement; more education and information,

using schools and other sites; more protection for girls, orphaned children and young women; and more partnerships with people with HIV and AIDS. -- Carol Bellamy

Arusha university joins anti-Aids war

Tanzania faces a mature, generalized HIV epidemic.

Among the 1.4 million people living with HIV/Aids, 70.5 per cent are 25 to 49 years old, and 15 percent are 15-24 years.

Other populations at high risk for HIV infection include people in prostitution, miners, police officers, prisoners, people in the transport sector, and the military.

There has been a recent increase in HIV prevalence among older age groups, with the HIV prevalence rate among women ages 30 to 34 reaching 13 per cent. The greatest challenge facing the health sector is inadequate human resources to deliver quality health services to the Tanzanian population.

This may be the cause that saw 59 students from thirteen regions, expecting to graduate this year in November with Bachelor of Education with Guidance and Counseling at Mount Meru University, aim to be professional VCT counsellors .

Their graduation ceremony was graced by Arusha regional medical officer, Dr Toure Salash who was a witness when these students took oath not to unveil sensitive and personal information about their patients.

The students also confessed to protect confidentiality of clients by not disclosing any information from them.

This training is jointly organised by the ministry of Health and Social Welfare through the National Aids Control Programme and Mount Meru University.

In his speech, Dr Toure congratulated the administration and appreciated their efforts.

He mentioned that, being a VCT councilor needs personal determination and commitment.

He suggested that the graduands should work with stakeholders not forgetting the NGOs. The trainees were asked to prepare an action plan and work with



Young generation of the age ranging between 25 and 49 years are at great risk of being infected with HIV

youth to influence positive behavioural change in them.

It was insisted that fighting HIV is an individuals' responsibility. He proposed that the trainees should have commitment and adherence, and ensure proper supervision in all that they do.

Because they are trained professional teachers, Dr Toure urged every individual to increase the knowledge of fighting HIV in their respective schools.

"AIDS has no cure but it can be prevented. The first prevention is counseling a person on how this disease is transmitted to make people understand that when they protect themselves, they will not be infected," he said.

He also pointed out that though some people have already been infected. "It is not right for us to isolate them, on the contrary we ought to help them know and understand their health, so that they can do the necessary regarding their condition," he noted.

Dr Toure said, "the only way one can discern their health status is through a checkup. All people in our societies should be enticed to know their health,"

He observed that some people prefer not to know their health status and thus, the greatest responsibility of the graduands is to urge them to undergo testing by using the knowledge that they got dur-

ing their intensive training.

Dr Toure promised to advise the ministry that this training should be taught countrywide to all teachers.

"It will help and teach Tanzania as a whole," he said adding that HIV is a cross cutting issue that wants all people to be soldiers in the fight against the disease.

One of the facilitators, Mr Hosea Naaman said the aim of the VCT training is to contribute to national efforts for response towards HIV in the aspect of prevention, care and treatment and support through provision of client initiated voluntary counseling and testing services.

The graduates must make sure their raining help the country achieve MDGs target to end 6 communicable diseases since they will increase of the demand of delivery of VCT services in the country.

"These graduates will be able to provide both supportive and psychological counseling to the affected and infected clients and patients," he said.

The participants prepared the knowledge and skills application plans to guide them during implementation of VCT services. They will need support from their supervisors, co-workers and healthcare providers for the success of the entire VCT services.

The students' representative showered praises to the course trainers for their commendable job. Top on the performance, according to the trainees were Mr Naaman, Ms Judith Kipuyo and Ms Margareth Mnjema.

The trainees promised to work hard by adhering to ethics and code of conduct governing the VCT services the way they have been taught.

The students observed that being a VCT counselor and a teacher at the same time was not easy. Thus, they called upon the ministry of Health and Social Welfare to communicate with the Ministry of Education and Vocational Training to see how they can utilise the two vocations.

"The ministry should ensure proper supervision and see the importance of utilising VCT counselors and see how they can utilise Mount Meru University as a training centre for counselors," he said.

The representative .

"Well, if we are not infected we are defiantly affected. I wish you all the best as you can help Tanzania to become an HIV-free country bearing in mind President Jakaya Kikwete's slogan, "Tanzania bila Ukimwi inawezekana". And yes, indeed, we have to work to make this dream come true.

Source: The Citizen

If you are in Dar es Salaam, start your walk from the roundabout at Fire Brigade. Walk towards the East like someone with the intention of seeing the Indian Ocean. You will be walking along the United Nations Road.

On your left you will see a short wall with adverts on it. Nearly all of them tell you one thing: there is in the country a killer called AIDS. As a young destroyer, this killer is called HIV. The messages themselves - nearly all of them- also tell you one thing, and that is how to defeat the killer. The strategies are various.

Some suggest to you the common way professed by the darling adage of: The best way to win a war is to avoid it. There are of course those which say that if you have decided to fight, then be well armed, because going into the battle with inferior weapons is being foolhardy. To avoid the war one ought to consider its pros and cons. In other words, is it worth? It is not worth risking a war with HIV. But because it has launched an attack, fighting it is worth it. A man who passed by me as I stood reading the messages said he did not think many read the writings on the wall. "Who has the time to do it?" he said. "People are busy looking for something to eat."

Tanzania Commission for AIDS (TACAIDS) says they did not place the messages on the wall along the UN Road near Jangwani Secondary School, but the messages, in addition to the ones they have put in such areas as University of Dar es Salaam (UDSM), must have been read by many.

"At the UDSM we put messages as 'Pass with A's, not AIDS,'" explains Gloria Walter Mziray, Tacaids Public Relations Officer. Mziray says the Jangwani advertisements were most probably put there by some overzealous artists. Whoever put them there did a good job. "Think of your family," one says.

"Do not examine with your eyes," says another. One asks

HIV adverts not so empty



HIV/AIDS prevention adverts are many in Dar es Salaam, in the regions as well as districts. But do people take trouble to read them and take their messages?

sternly. "In what world do you live? Don't you see? Don't you hear?" Yet another one warns, "Stop you greed!" To many people in Africa still, talking of greed where sex is concerned is like playing the guitar to a goat.

There are people who think that such health advertisements are not read at all, given the common belief that Tanzanians are disinclined towards reading. Ms Mziray does not agree and says "many people do read them a lot and we get feedback."

The feedback reflects that many people in the country knows about the scourge. What exactly they do know is its presence, but how best to change their habits, which is where the danger lies, is still another matter. Iringa still leads the country in prevalence with 15 per cent.

Manyara and Arusha come lowest at the bottom of national ranking with 1.5 per cent and 1.6 per cent respectively. Ms Mziray says ways of life is the main reason prevalence rate varies in parts of the country and Tacaids also varies methods of giving awareness to the people accordingly.

However, whereas poverty lies at the bottom of it all, tradition some of which Ms Mziray calls

outdated and risky, contributes considerably to the infection rate of the scourge. Mara Region is one of the country's parts with the highest infection rate.

A Tacaids Report of 2007/8 says Dar es Salaam had then a prevalence rate of 9.3 per cent. Another Tacaids official says that figure has not changed much. Mara comes close after Dar with a prevalence rate of 7.7 per cent.

And that today, is where our story lies. The nascent district of Rorya in the region is one area where marital traditions die hard. It would be rather embarrassing to mention names here. We may therefore, for the benefit of our story just call the subject Bobo Tokle. What Bobo Tokle did was natural.

He may have preceded that particular deed with an unwise and indeed stupid and selfish behaviour, but what followed was natural and normal. A business man in his village of Randa in Rorya, he travelled to Bukoba where he met the lady he later married.

Shortly later, that is a year or so, he began being sick quite too often. How the illness started brought out superstition in Bobo. He quarrelled with his elder brother. A son of that brother of his beat

him severely.

Not long later the skin of one of his ears began peeling off. When I met him, I could not resist asking him what the matter was. "It is my nephew who beat me," he told me. "But how did he do it? Your ear is bad!" I asked. He only said the boy beat him badly, dragging him on the ground while the father just watched. That must have disfigured his ear.

The ear problem progressed into a bigger complication that in the end brought Bobo down as a 30 kg-man from his normal weight of 79 kg a year previously. "When he died, the elder brother inherited the beautiful "Nyar Bukoba" whom, as he said, he could not let go away with that succulent body. Two years later he too was dead. The woman was still "well" so to speak, at least to their eyes. In the Tokle family there were six sons. After the second one died, a third one inherited the lady from the West of Lake Victoria - "Nyar Bukoba". The third brother dismissed all warnings as mere envies of admirers of his sister-in-law.

Not long later he too became ill and progressively degenerated into a walking skeleton. Soon he too went the way of all men. That was when the woman also began developing worrying signs of the disease. In fact when Bobo's second brother died, the woman ran right out of that district.

Those who claimed to know where she was said she was in Shinyanga. God knows if she, "Nyar Bukoba" is still alive. The message is traditions notwithstanding, the adverts are meant to save the people and there is need for every one with their eyes skinned for them. Reading advertisements or listening to them over the radio of TV is no longer leisure. It is your life or death. It is a necessity. Moreover, that entire cry about the scourge is not so empty as we may think.

Source: Daily News

South Africa's high child mortality rates have forced the government to rethink its policy on infant feeding and move to discontinue the free provision of formula milk at hospitals and clinics, as well as promote an exclusive breastfeeding strategy for all mothers, including those living with HIV.

Minister of Health Aaron Motsoaledi made the announcement on 23 August after a two-day national consultation on breastfeeding in the capital, Pretoria, after participants unanimously recommended the changes.

South Africa is one of only 12 countries in the world where infant mortality is rising. It also has one of the world's lowest levels of exclusive breastfeeding: an estimated 8 percent, dropping to 1.5 percent for babies between four and six months old, government surveys have found.

Motsoaledi admitted the new infant feeding policy had been prompted by the country's "unacceptable" child mortality rates. "Our country is going through a rough patch – one that no country would like to see itself in. Child mortality is increasing at a very disturbing rate," he told delegates.

The impact of not breastfeeding has long been recognized. Children who are not breastfed are six times more likely to die from diarrhoea and have a higher chance of respiratory illnesses.

"Breastfeeding has been scientifically shown to be far and away the single most important intervention [to prevent] child deaths ... let's stop talking now and do something about it," said Hoosen Coovadia of the Reproductive Health and Research Unit in Durban.

Lack of support

But the country's health system has not supported the practice. Mothers are often discharged as soon as six hours after birth, not giving time for young, inexperienced mothers to establish breastfeeding. In addition, counseling on infant feeding was poor, with mothers given formula, Motsoaledi noted.

Formula milk manufacturers and distributors have also promoted their products aggressively, because of the absence of legislation to regulate the marketing of formula milk, cautioned the UN Children's Fund (UNICEF) legal officer Dave Clark. South Africa has been targeted as one of the fastest-growing markets for formula in the world.

According to Thulani Ntshani, a Depart-

SOUTH AFRICA: Policy turnaround on breastfeeding



Breastfeeding has long been proved to be the best compared to formula feeding method

ment of Health official, working mothers were also not adequately supported and often stopped breastfeeding once they returned to work as most working environments made it difficult to breastfeed.

In addition, South Africa's high teenage pregnancy rate meant teenage mothers often left their babies with their mothers and relied on formula feeding.

HIV "confusion"

But the biggest barrier to breastfeeding has been the "confusion" surrounding infant feeding and the risk of HIV transmission. The dilemma has been to balance the risk of infants acquiring HIV through breastfeeding against the risk of death from causes other than HIV, in particular malnutrition and serious illnesses such as diarrhoea and pneumonia.

Health officials now recognize, however, that the benefits far outweigh the risks. Recent studies have shown that giving anti-retroviral drugs (ARVs) to either the HIV-positive mother or HIV-exposed infant can significantly reduce the risk of transmitting HIV through breastfeeding.

In December 2009, the UN World Health Organization (WHO) issued guidelines recommending that infants born to HIV-positive

women be exclusively breastfed for the first six months, but South Africa's programme to prevent mother to child HIV transmission has continued to provide free formula to HIV-positive mothers.

A broad study in South Africa found that about 62 percent of HIV-positive women were choosing formula even in rural areas, where there was an inadequate supply of clean drinking water. The study found that many of the women were mixed-feeding - giving their babies formula and solids such as porridge - from as early as three weeks.

Research has shown that babies born to HIV-positive women who are fed solids as well as formula or their mother's milk are almost 11 times more likely to contract HIV than those who are exclusively breastfed.

According to Nigel Rollins from WHO's child and adolescent health unit, providing ARVs is also more cost-effective, as the provision of formula is four times more expensive than using ARVs.

Rollins cautioned that the delays in implementing the new guidelines on infant feeding were "denying HIV-positive mums and their infants their best chance of an HIV-free survival since the beginning of the epidemic".

Source: PlusNews

Foundation trains 210 Police HIV/AIDS peer education

OVER 210 Police Officers from different region in the country have been equipped with HIV/AIDS knowledge during a training organized by Pharmaccess Foundation.

Speaking in Dar es Salaam recently, the foundation's programme director for Tanzania Geert Haverkamp, said the five-day training was conducted at the Dar es Salaam Policy Academy along Kilwa road.

Explaining, he said the police officers would be used as peer educators at their workplaces in their respective regions. He said the officers were also awarded certificates by the Minister for Home Affairs, Shamsi Vuai Nahodha.

Haverkamp said the health training, which was funded by the United State Agency for Development (USAID), would be continuously held in different region in the Mainland and Zanzibar.

He said that apart from the HIV/AIDS training, the foundation also participates in the construction of health centres at army camps across the country.

He said the health centres provide services to army officers, their families and ordinary people from surrounding villages.

"Those who come for voluntary testing and are discovered to be infected with the virus are registered to get life-prolonging (ARVs)," he said

According to him, they also engage in renovation of hospitals and provision of medical equipment.

The foundation, which was established in 2006, implements workplace programmes in hospitals, health centres and dispensaries, mainly for the police, prisons, immigration and the Tanzania People's Defence Forces (TPDF).

Source: The Guardian



These HIV/AIDS peer educators are essential components in the efforts to reduce HIV infection in the country

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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 wandishi 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?

vii. **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 watakoleta kazi zao lazima wawe wnafanya 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 watakoashiriki 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

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