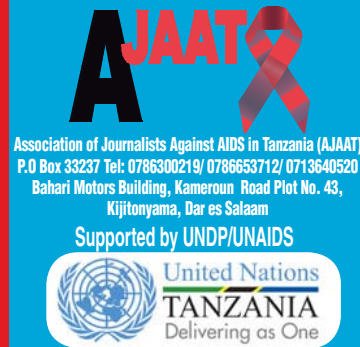


Tanzania AIDS Week in Review



Getting to zero - World AIDS Day theme 2011



Dr. Allyson Leacock, Executive Director, Caribbean Broadcast Media Partnership (CBMP).

The theme for this year's World AIDS Day is "Getting to Zero - Zero New HIV Infections. Zero Discrimination and Zero AIDS Related Deaths". The theme was announced on 9 September 2011 in Cape Town, South Africa.

This theme is backed by the United Nations "Getting to Zero" campaign and runs until 2015. It builds on last year's successful World AIDS Day "Light for Rights" initiative encompassing a range of vital issues identified by key affected populations.

According to Dr. Allyson Leacock, Executive Director, Carib-

bean Broadcast Media Partnership (CBMP) and Chairman of The World AIDS Campaign (WAC), the WAC went through an extensive consultation before selecting the theme and slogan for this year's World AIDS Day.

She explained that the WAC chose a theme that had flexibility to cultural realities. As a result, the overall WAD concept/overarching theme for the next four years will be "Getting to Zero" (till 2015) with the understanding that different groups and regions will focus on a zero which is most relevant to them.

Secondly, the World AIDS Campaign adoption of "Zero AIDS-Related Deaths" as its World AIDS Day focus for 2011 under the overarching theme of "Getting to Zero".

"The Caribbean therefore needs to decide if it will also adopt "Zero AIDS-Related Deaths" as its World AIDS Day focus for 2011 or if it will focus instead on "Zero New Infections" or "Zero

Continue on page 2

HIV/AIDS: Challenge at workplace

The Ministry of Labour and Employment in Tanzania has conceded HIV/AIDS poses great challenge at workplaces in the country.

The remark was made by HIV/AIDS Focal Person in Ministry of Labour and Employment Labour Administration and Inspection Services Department, Henry Njowoka in Tanga recently.

Njowoka was speaking at a three-day consultation meeting on the laws affecting the contribution of private sector into the national response against HIV/AIDS in Tanzania organised by Tanzania Commission for AIDS (TACAIDS).

Some of the instruments guiding the Ministry's work in HIV/AIDS were said to include the Employment & Labour Relations Act, No 6/2004 and the Labour Institutions Act, No 7/2004. He said others included Occupational Health and Safety Act, 2003, The Employment Act, 2005, The HIV/AIDS (Prevention and Control Act), 2008 and the ILO Recommendation Concerning HIV&AIDS in the World of

Continue on page 2

Over 170 HIV positive children between the age of one and 15 in Ile-mela and Nyamagana districts are living without any form of medical care due to stigma from their parents and guardians.

The revelation was made by an HIV/Aids researcher, Dr

Over 170-HIV positive children stigmatised by parents

Alex Margery, when presenting a report by a non-governmental organisation that deals with providing services to victims of the disease in Mwanza City.

He said research conducted between 2009/10 found that

children in that age group did not receive any form of medical care due to stigma by parents and guardians.

He said the failure to expose the children to medical care systems was not due to being too

busy but because of the shame of being seen at HIV/Aids centres receiving such services where they thought they would also be viewed by the society as infected persons. "This is an act against

Continue on page 2

Over 170-HIV positive children stigmatised by parents

from page. 1 the right of a child which includes receiving ARVs,” said Margery.

Margery took the opportunity to criticise existing HIV/Aids statistics saying they were false based on the fact that those reporting them were not Tanzanians.

He based his criticism on the ground that foreigners failed to reach the communities concerned.

He said the rate of infection in

the country was very high compared to what was being reported by government officials in various forums.

According to Dr Margery, it was the government which was to blame for harbouring false statistics were meant to please donors the money the latter had put into HIV/Aids campaigns was making a difference while knowing too well the opposite was true.

Source: The Citizen



Concerted efforts are needed to educate society on the consequences of stigmatizing children because of their HIV/AIDS status

Getting to zero - World AIDS Day theme 2011

from page. 1

Discrimination” or all three zeros. The choice is ours and I think PANCAP is well placed to lead that initiative” Dr. Leacock added.

She offered some explanation on how the “Zeros” could be used in the Caribbean for World AIDS Day.

Zero AIDS-related Deaths; Dr. Leacock said under this “zero” the Caribbean needs need to push for access to treatment for everyone as a fundamental human right to health and access, not only for free or affordable medication but also food which is needed to take the medication.

Zero New Infections; Dr Leacock noted that the Caribbean needs to start talking more “this multiple partner syndrome that we continue to glorify and recognise as it is almost suicidal behaviour. We need to value ourselves and our loved ones enough to love protect and respect having safer sexual practices.”

She lamented that the data on new infections tells us that work in this area is far from over and more needs to be done to aggressively and creatively address this in the Caribbean. “I think this is particularly relevant as a theme for the Caribbean. This means we need to dramatically revolutionise our media messaging and use new messengers to help us reduce sexual transmission of HIV by half by 2015,” she added. Zero Stigma and Discrimination: Stigma and Discrimination (S and D) continue to be the twin handicaps to all the work being done to halt the spread of HIV in the Caribbean.

“We still judge people living with HIV and many still feel the piercing effects of S and D which can be more painful than HIV itself” Dr. Leacock said. She shared her thoughts on why she believes there is only one Caribbean country with bold persons living with HIV (PLHIV) who have publicly disclosed their status and are involved in media campaigns.

“We have not matured as a people to be big enough to create safe spaces for people to feel it is alright for them to reveal their status without themselves being ridiculed or their children and families being alienated” she lamented.

Thirdly, Dr. Leacock added “We continue to assign shame to the disease and assume it is only applicable to some class of person or one behaviour when the statistics are showing us that HIV is everywhere and HIV does not have a ‘look’”.

She said the World AIDS Day theme of “Getting to Zero” is therefore the perfect platform for renewed focus and energies to be placed on HIV. “HIV is with us and the Caribbean is still the region with the highest prevalence rate after sub-Saharan Africa. We need to ramp up our efforts not just for WAD but all year. Our efforts to address this must be redoubled and it is not something that is the responsibility of Governments alone but us as individuals living and working in the Caribbean. It begins with you,” Dr. Leacock added.

SOURCE: worldaidscampaign.org

HIV/AIDS: Challenge at workplace

from page. 1

Work, No 200/2010. “The Ministry is generally concerned with administration of employment and labour laws and policies in Mainland Tanzania. This is done through various actors like Departments of Labour, Department of Employment, Social Security Regulatory Authority (SSRA), Commission for Mediation & Arbitration (CMA), Occupational Health and Safety Authority (OHSA) and National Institute of Productivity “, he added.

Workplace HIV/AIDS Policies document defines an organization’s position and practices for preventing HIV transmission and for handling HIV infection among employees and also provides guidance while defining the responsibilities, rights and expected behaviours.

It serves to inform the continuous process of planning, implementing, reviewing and improving the processes and actions required to meet the policy goals and targets.

He said there was the Tripartite Codes which provides that employers should consult with workers and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS incidences. Section 9 of HIV/AIDS Act provides “Every employer in consultation with the Ministry shall establish and coordinate a workplace programme on HIV and AIDS for employees under his control and such programme shall include provision of gender responsive HIV and AIDS education, distribution of condoms and support living with HIV/AIDS.”

Njwoka said reading together the two documents and other relevant instruments; workplaces must have HIV/AIDS Policies in the workplaces. He recommended a situational analysis before any policy was put in place.

The Focal person said the Department of Labour does labour inspections to different institutions in public and private sector for purposes of making sure that the rights and responsibilities of workers and employers are observed according to laws. During the inspections HIV/AIDS is one of the components which are inspected. The inspectors try to see if there is any policy and programs designed to address HIV/AIDS in a given workplace.

Source: AJAAT, George Nyembela

Idara ya Uhamiaji imekuwa imeendelea kutoa huduma kwa watumishi wanaoishi na virusi vya UKIMWI vikiwemo virutubisho chini ya mpango wa UKIMWI mahali pa kazi.

Akiwasilisha utekelezaji wa mpango huo, Mwanasheria wa Idara hiyo, Grace Vedasto alisema Idara ipo katika utekelezaji wa waraka wa utumishi namba 2 wa mwaka 2006.

Grace alikuwa akizungumza kwenye mkutano wa siku tatu wa wadau wa sekta binafsi kuhusu UKIMWI, jijini Tanga, ulioandaliwa na Tume ya Kudhibiti UKIMWI Tanzania (TACAIDS).

Alisema Idara imekuwa ikihudumia wafanyakazi na familia zao kama ilivyoainishwa kwenye Kanuni za Kudumu za Utumishi wa Umma. Mwanasheria huyo aliongeza kuwa mpango huo umekuwa ukitoka ushauri juu ya lisho bora kwa wanaoishi na VVU.

“Kuwashauri wanaoishi na VVU pia juu ya haki zao za kupata matibabu bure na kuwaelekeza kwenye vituo vinavyotoa huduma ya dawa, ni miongoni mwa kazi

Idara ya uhamiaji yaonyesha njia kwa WAVIU



Baadhi ya washiriki wakisikiliza kwa makini, mada za mkutano huo, katika ukumbi wa Tanga Beach Resort

za idara”, aliongeza.

Grace alisema kuwa Idara pia chini ya mpango huo, imeanzisha “Siku ya Familia” ambapo kunakuwa na upimaji wa VVU kwa wafanyakazi, wanafamilia, watumishi wa ndani na ndugu wa karibu. Alisema Siku ya Familia hufanyika mara mmoja tu kwa mwaka na upimaji ni wa hiari.

Tatizo kubwa ambalo limekuwa likiukabili mpango huo ni ufinyu wa bajeti inayopewa idara

hiyo. Aliongeza kuwa pamoja na ufinyu huo, Menejimenti imekuwa inaendelea kutenga fedha kwa ajili ya kudhibiti UKIMWI mahala pa kazi.

Alisema pia idara imekuwa ikitafuta fedha kutoka kwa wafadhili ili kufanikisha mpango huo. Alizitaja baadhi ya taasisi ambazo zimesaidia mpango huo kuwa ni TACAIDS pamoja na Pham-Access zikiwa miongoni mwake.

Akichangia mjadala huo,

mjumbe wa Bodi ya Waajiri (ATE), Kabeho Solo alisema ingawaje serikali inasema watu wote wanaoishi na virusi vya UKIMWI wapewe huduma na idara na mashirika yake lakini huduma hutolewa kwa watu wanne wa familia.

Hivyo, suala hilo linatakiwa kuangaliwa upya, kwani wataendaji hufuata taratibu za fedha zilizowekwa na serikali.

Chanzo: AJAAT, George Nyembela

HIV fight for ‘Madrasa’ Teachers

Plans are underway to train ‘madrasa’ teachers on stigma, in a bid to equip them with knowledge on the fight against HIV/Aids.

They are expected to attend a workshop from Saturday to Monday at which they would be exposed to various means to engage in the fight against the disease.

According to the coordinator of a non-governmental organisation called SUDEG, which has organised the training, Mr Isihack Marengu, its aim is to train them on the HIV/Aids war. He said this was part of the major goal of involving clerics in the fight against the scourge.

“The stigma against Aids victims has been growing and has proved among major challenges in the fight against the spread of the virus. We want to train religious teachers so that

they can add to the army which has been fighting the scourge,” he said.

Mr Marengu said the ‘madrasa’ teachers were well positioned to pass on the knowledge they have gained to other people in the community. “The encouraging thing is that they are among people who are respected in the society; so when they speak, people listen. We therefore hope that if they join our struggle against HIV/Aids, we will achieve something tangible,” he said.

He said SUDEG has been dealing with the community and understands how people respect religious leaders. That was why it had decided to use the ‘madrasa’ teachers in the plan, he explained. The workshop will be held at the Dodoma Library hall and will bring together ‘madrasa’ teachers and religious leaders from all over the region, he added

Source: The Citizen

Watoto wadaiwa kunyimwa ARV Mwanza

Zaidi ya watoto wadogo 170 wa kati ya umri wa miaka 1 hadi 15 waliopata maambukizi ya UKIMWI wa Ilemela na Nyamagana mkoani hapa wamedaiwa kutopata dawa za kurefusha maisha kutokana na unyanyapaa unaoafanywa na walezi wao.

Hayo yalibainishwa na mtafiti wa ugonjwa huo kwa watoto wadogo, Alex Margery kutoka Tanepha alipokuwa anatoa ripoti ya utafiti kwa taasisi zisizo za kiserikali zinazojishughulisha na utaji wa huduma kwa waadhirika wa UKIMWI mkoani hapa.

Margery alisema katika utafiti uliofanywa mwaka 2009/10 aligundua walezi wa watoto hao wanashindwa kuwahudumia watoto ikiwa ni pamoja na kuwapeleka katika vituo vya afya kupata dawa za kupunguza makali ya ugonjwa huo.

“Kinachofanyika hapa siyo kwamba walezi hawa wana shughuli nyingi hapana, bali ni kuona aibu kuonekana katika vituo hivyo vya afya ambapo na wengine watajumuishwa na watu wengine kuwa ni waathirika na huo ni unyanyapaa” alisema Margery.

Chanzo: Mwananchi

Watoto wanaoishi na VVU wanatoa somo kwa wazazi

Baadhi ya watoto wanaoishi na virusi vya UKIMWI (VVU) jijini hapa wameiomba jamii hasa ya wazazi na walezi kuwaambia ukweli watoto wao wanapokuwa wamebainika kupata maambukizo ya ugonjwa wa huo ili waweze kujilinda na kujitunza na kutoharisha kuwaambukiza wenzao wanaowazunguka.

Watoto hao wanasema mtoto anapojigundua kuwa anaishi na virusi vya UKIMWI ni rahisi kwake kujikubali na hivyo kutimiza malengo yake ya maisha.

Walisema hayo hivi kari-buni wakati walipokuwa wakizungumza na Nipashe mjini hapa. Wamesema mara kadhaa watoto wamekuwa



Watoto kama wanaoishi na VVU bila shaka wanakitu cha kiifundisha jamii yetu

wakipata maambukizi yz virusi vya UKIMWI kutokana na kuwa na tabia ya kupenda vitu mbalimbali pamoja na wenzao wanaoishi na virusi hivyo bila kujua.

Walisema mtoto aliyeambukizwa virusi vya UKIMWI akijifahamu tatizo lake anaku-

wa mwepesi kujilinda na kuwalinda wenzake.

Watoto hao waliomba serikali iwe mstari wa mbele kuwasaidia watoto kujitambua kama wanaishi na virusi vya UKIMWI ili waweze kutimiza malengo yao.

Chanzo: Nipashe

Wanafunzi watunukiwa vyeti elimu ya UKIMWI

Wanafunzi 15 kati ya 40 wa shule ya msingi Ukombozi ya Manzese jijini Dar es Salaam, wametunukiwa vyeti vya kuhitimu mafunzo maalum ya elimu ya stadi za maisha na UKIMWI, huku wakihimizwa kuwa mfano kwa wtoto wenzao mitaani.

Wanafunzi hao waliaswa na kutunukiwa vyeti hivyo katika hafla ya ufungwaji wa mafunzo yanayoendeshwa chini ya mradi maalum wa miaka mitatu na asasi ya Vijana, Jamii na Michezo (Yosso) ilifanyika juzi shuleni hapo.

Mratibu wa mafunzo hayo ambaye ni mwalimu wa shule hiyo, Elizabeth Tungaraza, aliwaasa wahitimu wao waliokabidhiwa vyeti na aliyekuwa mgeni rasmi mdau wa elimu Wilaya ya Kinondoni, Herman Kott, kuwa elimu waliyoipata kuhusiana na ugonjwa wa UKIMWI wakaitumie kuwa mfano kwa watoto wenzao mitaani.

Mwalimu Tungaraza, alisema kwa kuwa baadhi ya wahitimu ni waliomaliza darasa la saba, ni wazi wanapaswa kwenda kuwasaidia vijana wenzao mitaani katika kupambana na kuepuka ugonjwa huo pamoja na mimba za

utotoni.

Pia aliwaomba wazazi nchini kutoa ushirikiano kwa waalimu katika kutoa elimu kwa uwazi ili kurahisisha kazi ya kuwaepusha watoto dhidi ya ushiriki wa ngono na kupata mimba zisizo tarajiwa kadhalika na kuepuka maambukizi ya UKIMWI.

Naye mgeni rasmi wa hafla hiyo, Herman Kott, aliwasihii wanafunzi hao kutumia mafunzo yao kuwa mfano kwa wenzao, na kuwataka walimu na wazazi washirikiane kwa hali na mali kusaidia kuwajenga kimaadili watoto kwa manufaa ya taifa.

Chanzo: Nipashe

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!!

AIDS has a profound impact on workers and their families, enterprises and national economies. It is a

workplace issue and a development challenge." Juan Somavia, ILO Director-General.

MALAWI: ARV supply and funding woes

By 9am, the Limbe Health Centre in Malawi's second city, Blantyre, is already full. HIV-positive patients are lining up to collect their antiretrovirals, despite reports of shortages at state clinics and hospitals.

Limbe is one of 433 public health facilities in Malawi that provide the medication free and is also one of the busiest, with about 1,000 patients a day.

A study confirmed that ARVs are in short supply at the clinic, with many patients reporting that ARVs were now being rationed to two weeks' supply, instead of four. Patients at Limbe are better off than others, who are being sent home empty-handed.

According to media reports, this has been going on for the past four months. But healthcare workers are reluctant to speak out about the shortages, despite confirming that many health facilities were out of stock.

Rhoda Banda (not her real name) is a patient at Limbe and has been sharing her ARVs with another patient as a result of the rationing. "I knew of my HIV status last year during my pregnancy... and I was put on ARV treatment right away."

But now, the single mother of one is worried that sharing her treatment could be compromising her health, and the frequent trips to the health centre are becoming too costly.

"We are told that one's health deteriorates when you skip the dosage for just a day; what will happen if our hospital runs out of the drug?"

Activists are concerned the shortages could jeopardize the lives of people living with HIV. An estimated 300,000 HIV-positive people are on treatment in Malawi, where HIV prevalence is 12 percent.

"Arrogance to blame"

Martha Kwataine, executive director of the Malawi Health



When shortage of ARVs supply brings about woes to poor and developing nations

Equity Network, attributes the shortages to what she calls the government's arrogance towards donors.

Malawi, dependent for 40 percent of its budget on donors, has fallen out of favour with western donors following concerns about human rights and poor governance, and funding has either been withheld or not renewed.

The UK provided about US\$122 million annually, of which \$49 million went to funding Malawi's public health sector, but DFID made its final aid disbursement in March and has decided not to renew a six-year funding commitment, which ended in June.

"Everybody knows that the government has no money to fund HIV services because what we are living on is hand to mouth. Look at ARVs, people are given the ration for two weeks and they walk long distances and the situation could lead to deaths if left unchecked," she said.

However, drug shortages and stock-outs were a problem even before DFID's funding freeze. ARVs are provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria but their distribution to HIV patients across the country is the responsibility of the Ministry of Health's HIV Unit.

The problem is not donor funding but the drug supply chain, said the Principal Secretary for HIV/

AIDS and Nutrition in the Office of the President and Cabinet, Mary Shawa.

"We order the ARVs through UNICEF [the UN Children's Fund] and when you [put in] an order today it takes a minimum of three months and a maximum of six months to receive the next supply. So it's the long process of ordering and supplying the drugs that we are worried about," she said.

The government is looking to alleviate the stock-outs by introducing "buffer stock", she added.

"As I am talking today there is still \$300 million from the Global Fund, most of it is meant for buying ARVs.

That amount of money can [last] us for the next four years. So, people should not get worried. No government wants its people to die," she said.

Shawa said the situation would soon normalize as supplies had already begun to reach most public hospitals.

New guidelines

Malawi plans to implement new World Health Organization (WHO) guidelines that would see the number of people on treatment rise by about 50 percent, which could double the cost of the national ARV programme in terms of additional personnel and equipment.

Implementing the WHO

guidelines would mean major changes to national treatment protocols: HIV-positive people would start taking ARVs at a much higher CD4 count of 350, a regular CD4 count and viral load monitoring would be conducted, and potentially more expensive treatment regimens would be adopted – including phasing out the ARV Stavudine, which has been associated with increased side-effects.

There are also fears that Malawi may not be able to sustain the new ARV regime following a succession of rejected funding proposals by the Global Fund. Most of Malawi's national AIDS programme - almost 90 percent - is externally funded.

But the national coordinator for the National Association of People Living with HIV, Amanda Manjolo, said the ARV shortages were no longer a crisis, as a recent survey carried out by the organization had found the situation was slowly returning to normal.

"We found out that there were indeed some districts where ARVs were being rationed but it's now not a national level crisis. What we have found out is that only one district out of five we visited had ARVs shortages. So it's just a matter of making sure the supplies are reaching the districts where the drugs are being rationed."

Source: PlusNews



KUELEKEA SIKU YA UKIMWI DUNIANI



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

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

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

Lakini je, kila mtu katika jamii zetu wanapata huduma za kiafya? Kila mtu anapata elimu kuhusu UKIMWI kupitia vyombo vya habari na hivyo kumwezesha kufanya uamuzi mzuri kuhusu afya zao? Bahati mbaya majibu kwa aina hii ya maswali ni hapana. Pamoja na uwezo 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 vipindii 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 wnaofanya kazi katika vyombo vya Tanzania.

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

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

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

ii. Makala/habari na programu zitaka-

zowasilishwa lazima zilenge makundi yaliyomo katika mazingira hatarishi zaidi Tanzania.

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

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

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

vi. Kazi halisi tu zitakubaliwa.

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

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

11.0 UWASILISHAJI: Washiriki wanaruhusiwa 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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