

TUME YA KUDHIBITI UKIMWI TANZANIA (TACAIDS)



**TAARIFA YA UFUATILIAJI
NA TATHMINI YA UKIMWI
MKOA WA KIGOMA**

OKTOBA, 2007

ISBN 978-9987-519-18-7

Yaliyomo

Ufafanuzi wa Majedwali	v
Vifupisho	vi
Shukrani	vii
Muhtasari	viii

Sura ya 1 Utangulizi **1**

1.0 Historia	2
1.1 Wasaa wa mkoa	2
1.2 Malengo ya kitaifa ya kudhibiti Ukimwi	2
1.3 Malengo ya safari	2
1.4 Uratibu uliotumika katika kupata taarifa	2
1.5 Makundi yaliyohusika katika usaili/majadiliano	3

Sura ya 2 Hali ya VVU/UKIMWI **4**

2.0 Maambukizi ya VVU/UKIMWI	4
2.1 Ukubwa wa tatizo	5
2.2 Ufahamu wa VVU/UKIMWI mkoani.	5

Sura ya 3 Matokeo ya Usaili **7**

3.0 Yaliyopatikana kwenye usaili wa makundi mbalimbali.	7
3.1 Matatizo yanayowakabili katika maisha yao.	8
3.2 Njia kuu za maambukizi	8
3.3 Vichochezi vya maambukizi	9
3.4 Maoni/Mapendekezo	10
3.5 Nini kifanyike kupunguza maambukizi	16
3.6 Vikwazo vya kupima UKIMWI	17
3.7 Madhara yanayotokana na UKIMWI	17

Sura ya 4 Uratibu katika Mkoa **18**

4.0 Uratibu katika ngazi ya mkoa	18
4.1 Idara za Halmashauri	19
4.2 Idara za afya	20
4.3 Usambazaji wa Kondomu	21
4.4 Huduma za Upimaji wa Hiari na Ushauri Nasaha	21
4.5 Huduma ya Utoaji damu salama.	22

4.6 Huduma ya maambukizi ya kutoka mama mjamzito kwenda kwa mtoto, PMTCT	23
4.7 Huduma za utoaji wa Dawa za Kufubaza (ARV)	24
4.8 Wadau wa UKIMWI mkoani Kigoma.	24
4.9 Wakala wa TACAIDS Mkoani Kigoma	25
4.10 Changamoto katika Uratibu	27

Sura ya 5 Changamoto na Mapendekezo **28**

5.0 Changamoto na matatizo	28
5.1 Mapendekezo	28

Sura ya 6 Hitimisho **30**

Hitimisho.	30
------------	----

Sura ya 7 Viambatisho **33**

7.0: Takwimu za mkoa wa Kigoma	33
7.1: Majina ya Watendaji	34
7.2: Taarifa Mbalimbali	35
7.3: Programu ya ziara mkoani Kigoma	36

Faharasa **37**

UFAFANUZI WA MAJEDWALI

Sura ya 1: Utangulizi

Jedwali 1: Utawala	2
--------------------	---

Sura ya 2: Hali ya VVU/UKIMWI

Jedwali 2(a): Hali ya maambukizi kwa asilimia	4
Jedwali 2(b): Taarifa za magonjwa ya ngono mwaka 2006	4

Sura ya 4: Uratibu katika Mkoa

Jedwali 4(a) Ushauri nasaha na Upimaji wa hiari, VCT, 2005	24
Jedwali 4(b) Ushauri nasaha na Upimaji wa Hiari, VCT, 2006	24
Jedwali 4(b(i)) Maendeleo ya Kampeni ya Upimaji Mkoani Kigoma	25
Jedwali 4(c) Hali ya maambukizo kwa wanaojitolea Damu ,2005	25
Jedwali 4(d) Hali ya maambukizo kwa wanaojitolea damu ,2006	25
Jedwali 4(e) Maambukizi ya VVU toka kwa mama mjamzito kwenda kwa mtoto,2005	26
Jedwali 4(f) Maambukizi ya VVU toka kwa mama mjamzito kwenda kwa motto.2006	26
Jedwali 4(g) Mchanganuo wa asasi zinazojishughulisha na UKIMWI mkoani	27
Jedwali 4(h) Mchanganuo wa asasi zilizopatiwa ruzuku ya mfuko wa CARF	28
Jedwali 4(i) Mchanganuo wa mfuko wa CARF kwa maeneo dhamiriwa	28

VIFUPISHO

- UKIMWI Upungufu wa kinga mwilini.
- ARV Dawa za Kupunguza makali ya Virusi vya Ukimwi.
- BAKWATA Baraza la kuu la Waislamu Tanzania.
- JKT Jeshi la Kujenga Taifa
- HBC Huduma za Nyumbani.
- VVU Virusi Vya UKIMWI.
- PMTCT Uzuiaji wa Maambukizi kutoka mama mjamzito kwenda kwa mtoto
- RC Mkuu wa Mkoa
- RMO Daktari mkuu wa Mkoa
- WAVIU Wanaoishi na virusi vya UKIMWI.
- RS Sekretarieti ya Mkoa.
- NACP Mpango wa Taifa wa Kudhibiti UKIMWI.
- GLOBAL FUND Mfuko wa Dunia.

SHUKRANI

Tume ya Kudhibiti UKIMWI (TACAIDS) inapenda kutanguliza shukurani zake za dhati kwa wadau wote na watekelezaji wote wa masuala ya Ukimwi mkoani Kigoma.

Shukurani za pekee ziwaendee makamishna wa TACAIDS, Mh, Calista Simbakalia na Mh. Joan Chamungu kwa msaada na mchango wao katika kudhibiti gonjwa la UKIMWI.

Shukurani za wazi ziwaendee pia, Wakala wa TACAIDS mkoani Kigoma (CARE International) Bw. Joseph Fungo, vilevile Bw. Emmanuel Ndaki, Bi. Angela Jonathan (CHAC), Bibi Zilpa Kisonzela (RACH) pamoja na Bw. Hassan Mrage (DACC).


Tume inapenda pia Kuwashukuru Bw.Vitalis Makayula na Bi. Joan Chamungu Kutoka NACOPHA kwa msaada wao wakati wa ziara hii mkoani Kigoma.

Shukurani zinamuendea pia Dr. Mgosha kwa msaada na ushauri wake wa Kitaalamu kuhusiana na mambo mbalimbali mkoani hapo.

Vilevile tunapenda kushukuru mchango wa wakuu na watendaji wa mkoa wa Kigoma pamoja na Daktari wa Mkoa Anatolia Yaba, kwa sababu bila ya mchango wao ripoti hii isingewezekana.

Vilevile Tume inapenda kuwashukuru sana maofisa wake pamoja na waandishi wa habari na wakuu wa wilaya za Kigoma, makundi mbalimbali kama vile NACOPHA, WAVIU, KIVIDEA kwa msaada na mchango wao mkubwa.

Shukurani za pekee zinawaendea wakazi wa Kigoma kwa wepesi wao wa kujifunza na uwazi wao wa kujadili na kutoa maoni kuhusiana na masuala ya kimkoa, kitaifa na kimataifa katika kukabiliana na kuzuia maambukizi ya magonjwa ya zinaa na VVU/UKIMWI, ambayo yamechangia kwa kiasi kikubwa kufanikisha ripoti hii.



Fatma Mrisho
Mwenyekiti Mtendaji

MUHTASARI

Ikiwa na kiwango cha asilimia 7 cha ushamiri katika kundi la watu wazima, VVU ni tatizo kubwa sana kwa afya ya jamii ikiwa nyuma ya Malaria kwa kuwa tishio kwa jamii. Inaathiri sana afya na maendeleo ya jamii na uchumi-ikipunguza kiwango cha maisha ,inaongeza umaskini na kuchochea upungufu wa chakula/lishe (Mpango wa taifa wa Kudhibiti UKIMWI,NACP-2003).

Ripoti hii ilitayarishwa kutokana na haja ya kupitia hali ya UKIMWI nchini, Inatoa muhtasari na uelekeo wa VVU/UKIMWI mkoani Kigoma.

Ziara mbalimbali zilifanyika katika mikoa mbalimbali ,Kigoma ikiwemo ili kuangalia ukubwa wa VVU/UKIMWI nchini.

Malengo ya ziara yalikuwa ni:

- Kuangalia na kutathmini hali halisi ya UKIMWI mkoa wa Kigoma.
- Kukutana na wadau mbali mbali ili kubaini na kupata maoni yao kuhusu hali, vichocheo ,yanayotendeka pamoja na ushauri wao kuhusu mwitikio wa kudhibiti UKIMWI.
- Kushauriana kuhusu njia wanazooona zinafaa kutatua matatizo yanayohusu UKIMWI.
- Kutoa ushauri wa kitaalam unaohusu masuala ya UKIMWI.
- Kuwezesha NACOPHA kuunda Baraza kwenye ngazi ya Halmashauri.

Timu ya ziara ya Kigoma ilishirikisha maofisa wa Tume ya Kudhibiti UKIMWI Tanzania (TACAIDS), makamishna wa Tume, maofisa wa wizara ya afya na wabia wa maendeleo.

Mbinu iliyotumika katika mahojiano ulikuwa ni shirikishi ambapo wenyeji walihojiwa na kupewa maswali ya kujibu.

Ziara hiyo ilibaini yafuatayo:

- Hali imeonesha kuwa janga la ugonjwa wa UKIMWI limebaki kama lilivyokuwa miaka 24 iliyopita. Kama kuna mabadiliko basi ushahidi mwingi unaonesha kuwa ni mabadiliko ya kuongezeka maambukizi kati ya Watanzania.
- Mapitio yameonesha kuwa yawezekana kuna mambo ambayo ama hayatekelezwi ipasavyo na vyombo husika au shughuli zote za mapambano dhidi ya ugonjwa huu ziko nje ya mstari kwa maana kuwa kuna makosa katika mipango na utekelezaji wa mapambano dhidi ya UKIMWI.

Ni maoni ya wengi kuwa kiwango cha maambukizi ni zaidi ya asilimia 2 iliyobainishwa na **THIS** (2004). Hii ni kwa sababu ya ongezeko la tabia hatarishi kama vile ongezeko la madanguro na nyumba za kulala wageni,masoko ya jioni, wasichana kujiuza na kadhalika.

Ugawaji wa dawa za kupunguza makali ya virusi (ARV) ulianza mwaka 2006 katika hospitali ya mkoa, si chini ya vituo saba (7) vinavyotoa huduma hii bure.

Hakuna ripoti ya idadi kamili ya watoto yatima hapo mkoani.

Mashine za CD4 bado ni tatizo mkoani na tatizo huwa ni uchache wa mashine au mashine huwa ni mbovu.

Kondomu zinaleta changamoto kubwa sana:

- Idadi kubwa ya watu hawajui jinsi ya kuzitumia.
- Kondomu za kike ni chache.
- Ugawaji wa kondomu mkoani haujafikia walengwa wote mkoani, na kondomu zilizosambazwa ni chache.
- Watu wanaogopa kununua kondomu kwa sababu wanaogopa kuonekana wazinifu. Hii imesababisha kondomu nyingi kuuzwa kwa siri.

Kuna malalamiko mengi ya upungufu wa wanasih katika vituo vya ushauri nasaha na kupima, na vituo vingine hufungwa siku zote. Wanasih wengine wana dharau na sio wasiri kwani hutangaza majibu na hali za watu.

Watu/makundi mengi yaliyohojiwa yalikiri kutomfahamu wakala wa Tume (RFA) hapo mkoani. Walipoulizwa kuhusu **wakala (RFA)**, walijibu, **“Hatunjui !”**

Ufahamu endelevu pamoja na kampeni za Upimaji wa hiari na Ushauri nasaha , ugawaji mzuri wa kondomu, upatikanaji wa mashine za CD4 mkoa mzima ,ni baadhi tu ya mapendekezo yaliyotolewa na wadau na wenyeji ili kufanikisha kudhibiti maambukizi ya UKIMWI mkoani Kigoma.

Kuna udhaifu mwingi katika upangaji na miundo mbinu inayohitajika kufanikisha mipango hiyo, malalamiko yaliyosikika kutoka takribani kila wahusika wa mkoa ni kuwa mfumo wa kutengeneza na kutekeleza mipango kutoka ‘Juu kwenda Chini’ (TOP-DOWN) inahitaji kuangaliwa upya kwa sababu unakuwa sio shirikishi na huleta matatizo mengi

Katika kuhakikisha kuwa janga la Ukimwi linadhibitiwa mkoani na nchini kwa ujumla, udhaifu wote inabidi utiwe mkazo na kuboreshwa na sekta zingine nazo inabidi ziboreshwe na kupitiwa kila mara ili kuhakikisha UKIMWI unaacha kuwa “JANGA LA TAIFA” .

SURA YA KWANZA

UTANGULIZI

1.0 Historia.

UKIMWI umetangazwa kuwa janga la kila Mtanzania. Ni hatari kubwa katika maendeleo ya afya ya jamii nzima na mnamo mwaka 2005 kiwango cha maambukizikilikuwa ni asilimia 7. Gonjwa hili la hatari linalopunguza nguvukazi ya nchi linaathiri sana maendeleo ya kiuchumi na jamii.

Kutokana na hitaji la kupitia hali ya Ukimwi nchini, ziara mbalimbali zilifanyika katika baadhi ya mkoa nchini, mkoa wa Kigoma ukiwa mojawapo ya mkoa iliyotembelewa.

▪ Ziara ya Kigoma.

Ziara hii ya wiki moja ilifanyika mwishoni mwa mwezi Oktoba. Washiriki walitoka Wizara ya Afya, Baraza la taifa la watu wanaoishi na Ukimwi (NACOPHA), maofisa na wafanyakazi wa Tume ya Kudhibiti Ukimwi Tanzania (TACAIDS), Wakala wa TACAIDS wa Kigoma na Tabora pamoja na wawakilishi na wakuu wa Mkoa, halmashauri na wilaya za Kigoma.

Baada ya kukutana na viongozi na kupokea taarifa ya UKIMWI ya mkoa, timu ilitembelea ofisi za wakala wa Tume na kupokea taarifa ya utekelezaji wa shughuli za UKIMWI. Kisha baada ya hapo, msafara uligawanyika katika makundi manne yaliyozingatia uwakilishi. Kila kundi lilitembelea Halmashauri husika ambazo ni Manispaa ya Kigoma Ujiji, Halmashauri za wilaya za Kigoma, Kasulu na Kibondo.

▪ Taarifa ya VVU/UKIMWI (2006/2007)

Yafuatayo yalitiliwa mkazo kuhusiana na taarifa hii ya VVU/UKIMWI.

- a. Kondomu nyingi zina matundu madogo ambayo siyo rahisi kuyaona kwa macho, na kati ya kondomu 5, moja tu ndiyo inakua nzima.
- b. Kondomu za kike hazipatikani katika halmashauri ya Kigoma Ujiji na watu hawajui jinsi ya kuzitumia vizuri hizo kondomu.
- c. Kondomu za kiume zilizopo ni chache na zinauzwa.
- d. Ugawaji wa kondomu hauridhishi hasa katika makusanyiko ya watu wengi mfano, katika vituo vya stesheni.
- e. Kuna uhaba wa magari kwa ajili ya kutekeleza shughuli za UKIMWI.
- f. Hakuna ripoti kuhusiana na dawa za kupunguza makali ya UKIMWI (ARV), wala idadi ya watu wanaohitaji ARV na wale waliojisajili kwa ajili ya kupata dawa hizo.
- g. Hakuna ripoti kuhusiana na huduma za Nyumbani. (HBC)
- h. Hakuna ripoti inayoelezea idadi kamili ya watoto yatima na wale wanaoishi katika mazingira magumu.

1.1 Wasaa wa mkoa.

Kutokana na sensa ya mwaka 2002 mkoa wa Kigoma una wakazi wapatao 1,674,047, una wilaya 3, halmashauri 4, tarafa 19, kata 85, vijiji 232 na mitaa 199 (angalia jedwali la utawala hapo chini.)

Jedwali 1: Utawala

WILAYA	TARAFU	KATA	VIJJI	MITAA	VITONGOJI
KIGOMA/UJJI	2	13	0	199	0
KIGOMA VIJJIINI	6	22		0	471
KASULU	7	30	90	0	383
KIBONDO	4	20	67	0	658
JUMLA	19	85	232	199	1,512

Mkoa una eneo la kilomita za mraba 45,075. kati ya hizo, Kigoma ujiji ni 128, Kigoma 19,574, Kasulu 9,315 na Kibondo 16,058.

1.2 Malengo ya Kitaifa katika kudhibiti maambukizi ya virusi vya ukimwi (VVU).

- kupunguza maambukizo mapya ya VVU.
- Kuongeza idadi ya Kiwango cha matibabu ya watu wanaoishi na virusi vya Ukimwi.
- Kutoa huduma za nyumbani kwa watu wanaoishi na virusi vya Ukimwi.
- Kuziwezesha familia zilizoathirika pamoja na watu binafsi kurejea katika jamii kwa heshima.

Mkoa unaendelea kufanyia kazi malengo haya ili kuyafikia kwa kusaidiana na wadau walioko mkoani hapa.

1.3 Malengo ya safari.

- Kuangalia na kutathmini hali halisi ya UKIMWI mkoani Kigoma.
- Kukutana na wadau mbali mbali ili kubaini na kupata maoni yao kuhusu hali, vichocheo, yanayotendeka pamoja na ushauri wao kuhusu mwikitio wa kudhibiti UKIMWI.
- Kushauriana kuhusu njia wanazoonza zinafaa kutatua matatizo yanayohusu UKIMWI.
- Kutoa ushauri wa kitaalam unaohusu masuala ya UKIMWI.
- Kuwezesha NACOPHA kuunda Baraza kwenye ngazi ya Halmashauri.

1.4 Mbinu zilizotumika katika kupata taarifa.

- Kutumia maswali ya kuongoza majadiliano (Dodoso).
- Kupitia takwimu/taarifa za mkoa na Halmashauri husika na wakala wa TACAIDS.

- Kukutana na vikundi mbalimbali vikiwemo vya viongozi wa serikali ngazi zote, viongozi wa asasi za jamii, vijana wa kiume, wanawake, wanaume watu wazima, viongozi wa dini, wafanyakazi kutoka nyumba za wageni na baa, walemavu , wanaoishi na virusi vya UKIMWI, wavuvi , wanajeshi, taasisi za elimu, watoto wanaoishi katika mazingira magumu.
- Na kazi nyingine kama ilivyoshauriwa na viongozi wa mkoa na Halmashauri husika.

1.5 Makundi yaliyohusika katika usaili/Majadiliano.

- 5 Kamati ya uendeshaji ya wilaya.
- 6 Wanawake watu wazima.
- 7 Wanaume watu wazima.
- 8 Wasichana.
- 9 Wafanya biashara.
- 10 Vijana wa kiume.
- 11 TTC – chuo cha ualimu.
- 12 Chuo cha uuguzi – nursing school (kabanga).
- 13 Asasi za kiraia.
- 14 WAVIU.
- 15 Walemavu.
- 16 Madhehebu ya dini.
- 17 Vijana wa kiume wenye VVU.
- 18 Wafanyakazi wa kike wa baa, nyumba za kulala wageni na mamalishe.
- 19 Askari.
- 20 Wavuvi.
- 21 Wadau.
- 22 Yatima.

SURA YA PILI

HALI YA VVU/UKIMWI

2.0 Maambukizi ya VVU/UKIMWI.

UKIMWI ni janga la kila Mtanzania. Mkoa wa KIGOMA umekumbwa na janga hilo. Kwa mujibu wa utafiti uliofanywa na **TANZANIA HIV/AIDS INDICATOR SURVEY (THIS)** wa mwaka 2003-2004, hali ya maambukizi ya virusi vya UKIMWI nchini ilikuwa asilimia 7. Maambukizi ya virusi vya UKIMWI kwa mkoa wa Kigoma kutokana na **THIS** ni Asilimia 2.

Kiwango cha maambukizi ya VVU/UKIMWI mkoani mwaka 2005 kilikuwa asilimia 4.65 hali inayoonesha kuongezeka kwa maambukizi mkoani. Mchanganuo wa maambukizi kiwilaya ni kama inavyooneshwa katika jedwali hapa chini:

Jedwali 2 (a): Hali ya maambukizi kwa asilimia

WILAYA	MAAMBUKIZI YA MWAKA KWA ASILIMIA	
	2005	2006
Kibondo	5.3%	6.6%
Kasulu	5.9%	6.2%
Kigoma vijijini	4.7%	6.5%
Kigoma/Ujiji manispaa	2.0%	2.3%
JUMLA	4.6%	4.3%

Jedwali 2(b): Taarifa za magonjwa ya ngono mwaka 2006.

UGONJWA	WILAYA	IDADI YA WAGONJWA		JUMLA
		Chini ya miaka 5	Miaka 5+	
GENITAL DISCHARGE	Kibondo	127	1,749	1,876
	Kasulu	293	1,531	1,824
	Kigoma Vijijini	27	858	885
	Kigoma/Ujiji Manispaa	9	553	562
	JUMLA	456	4,691	5,147
GENITAL ULCER	Kibondo	173	1212	1385
	Kasulu	282	687	969
	Kigoma Vijijini	31	275	306
	Kigoma/Ujiji Manispaa	11	140	151
	JUMLA	497	2,314	2,811

PID	Kibondo	137	687	824
	Kasulu	258	1,221	1,479
	Kigoma Vijijini	9	1,008	1,017
	Kigoma/Ujiji Manispaa	25	322	347
	JUMLA	429	3,238	3,667
MAGONJWA YA ZINAA MENGINEYO.	Kibondo	116	1,510	1,626
	Kasulu	278	855	1,133
	Kigoma Vijijini	28	277	305
	Kigoma/Ujiji Manispaa	7	100	107
	JUMLA	429	2,742	3,171

2.1 Ukubwa wa Tatizo.

Imeonekana kwamba tatizo lipo na linazidi kuongezeka kutokana na uwepo wa ongezeko la wagonjwa na vifo na watoto wanaoishi katika mazingira magumu.

Pia kutokana na kuongezeka kwa tabia hatari kama vile masoko mapenzi, mavazi, madanguro n.k.

Washiriki walikiri kupungua kwa nguvu kazi wakati wa shughuli za maendeleo kwa maana ya idadi ya watu wanaoshiriki katika shughuli za maendeleo kupungua kutokana na vifo vya wanajamii na wale wagonjwa ambao hawawezi kushiriki katika shughuli za maendeleo. Hoja hii ilitolewa na mshiriki mmoja na kuungwa mkono na washiriki wote na kufuatiwa na kutaja majina ya watu walioathirika kama kielelezo ili kuonyesha tatizo lilivyo wajumbe walitumia kilinganishi kijozi kama mbinu ya kubaini ukubwa wa tatizo.

Mifano.

- **Kata Mwandiga** – Inaonyesha kuwa katika kaya 10 , nne ni za waathirika, sita ni wazima. Wawakilishi wa kata ya Mwandiga wanakisia kiwango cha maabukizi ni asilimia 40%.
- **Kata ya Mwamgongo** – katika kaya 10 kaya za waathirika ni tano na wazima ni tano , hii nikuonyesha kuwa kiwango cha maambukizi ni asilimia 50% . Sababu zilizotolewa ni kwamba maeneo hayo kulikuwa na kambi ya jeshi, kituo cha polisi na kambi ya wakimbizi. Ina onyesha kuwa kulikuwa na mwingiliano mkubwa kati ya wanakijiji na wageni hasa wanajeshi , polisi na wakimbizi na hivyo kusababisha kuenea kwa maambukizi kwa kasi kubwa.
- **Kata ya Simbo** – katika kaya 10 kaya 3 ni za waathirika na katika zoezi linalo endelea la upimaji wa hiari la kitaifa katika kijiji cha Kasuku kata ya Simbo walipimwa watu 170, waliokutwa na VVU walikuwa 20 hii ni sawa na asilimia 12.
- **Kata ya Mahembe**-katika kijiji cha Mahembe katika kaya 10, kaya nne zina waathirika na kaya mbili zimepoteza wakuu wa kaya na watoto.

2.2 Ufahamu wa VVU/UKIMWI mkoani.

Katika maeneo yaliyo nje kidogo ya mji hali ni tofauti kidogo, watu wengi wanafahamu juu ya UKIMWI na pale kijijini Kalenge(halmashauri ya wilaya ya Kigoma) hawana mgonjwa

wa ukimwi japo kuna dalili nyingi zinazoonyesha kuongezeka kwa hali ya maambukizi na pia kuna ongezeko la tabia hatarishi, kama vile , video za ngono, soko mapenzi, mashine za kusaga kutoa huduma usiku (Kalenge , Mwandiga).

Washiriki wengi katika majadiliano, walikuwa na ufahamu wa kutosha kuhusu njia kuu za uambukizi wa UKIMWI na walibaini njia zifuatazo kuwa ni vyanzo vya kuenea kwa ukimwi.

- **Ngono zembe** – katika maeneo wilaya ya Kigoma watu wengi hufanya mapenzi bila kutumia kondomu na hata kama wakitumia hutumia kwa muda tu na kisha kuacha kutumia na tatizo hilo ni kubwa kwa wapenzi wa kipindi kirefu.
- **Kuchangia vitu vyenye ncha kali** – watu wanaendelea na tabia ya kuchangia nyembe na vitu vingine vyenye ncha kali na kwa kufanya hivyo husababisha kuenea kwa maambukizi ya UKIMWI.
- **Umasikini uliokithiri na ulevi** – familia nyingi zina vipato vidogo sana na wakati mwingine hukosa kabisa kipato cha kujikimu na kulazimika kujiingiza katika ngono kwa ajili ya kupata fedha.

Habari za UKIMWI zinapatikana kupitia:

- ❖ Njia ya redio.
- ❖ Njia ya makongamano /semina.
- ❖ Katika vituo vya tiba.
- ❖ Njia ya TV.

Vilevile kuna makundi yanayojihusisha na masuala ya UKIMWI mkoani Kigoma.

Makundi hayo ni kama vile:

- a. SHIDEPHA+
- b. KIKANGONET.
- c. NDELA
- d. BAPTIST HURU.
- e. KIVIDEA.
- f. BAKWATA
- g. KIMWA.

SURA YA TATU

MATOKEO YA USAILI

3.0 Yaliyopatikana kwenye usaili wa makundi mbalimbali.

■ **Wavuvi (Kijiji cha Mwakizenga Kitongoji cha Muyobozi).**

Kuna mwingiliano mkubwa wa kimapenzi kati ya wageni na wenyeji na kuna tabia nyingi hatarishi zinazoendelea katika kijiji hicho. Masoko ya usiku; kuongezeka kwa nyumba za wageni, biashara ya ngono (kupunguziwa bei ya dagaa/samaki kwa mahusiano ya Ngono)

■ **Wanajeshi.**

Baadhi ya wanajeshi wana mahusiano mapya na askari wenzao hasa baada ya mafunzo ya awali ya kijeshi kukamilika.

Baadhi ya wanajeshi wanajihusisha na mambo ya ngono kwa siri na kumekuwepo na ongezeko kubwa la vifo vinavyo sababishwa na Ukimwi hasa kwa wanandoa. Kwa vijana walio katika mafunzo ya awali kuna tabia ya kubadilishana ngono kwa kusaidiwa kazi za shuruba kama kukata kuni.

■ **Wakuu wa idara.**

Wakuu wa idara za halmashauri walisema tatizo ni kubwa sana, wafanyakazi wengi wanafariki kwa mfano idara ya elimu; katika kipindi cha kuanzia March – September 2007 walimu 12 (3 secondari na 9 shule za msingi) wamefariki. Pamoja na elimu kutolewa walimu wengi hawaamini kuwa wameathirika bali huendelea kuomba ruhusa ili kwenda kwa waganga wa kienyeji.

■ **Wahudumu wa baa wa kike na mamalishe.**

Wanapata manyanyaso na shida nyingi sana, kama vile:

- ❖ Kukosa haki ya kufanya biashara kwa kubugudhiwa na manisipaa. Mfano, mamalishe huishia kukata tamaa na kuingia kwenye biashara ya kujiuza.
- ❖ Matajiri/wamiliki wa mabaa kuchelewa kulipa mishahara pamoja na makato yasiyokuwa na maelezo ya kutosha mfano-kutofika kazini 5000/=, kuchelewa 3,000/=.
- ❖ Uvivu wa wasichana (wakati huohuo wanataka vitu vya thamani) hupelekea wao kujiigiza katika biashara ya ngono.
- ❖ Ulevi wa kupindukia yaani soda, bia na dawa za kulevya kuchanganywa pamoja.
- ❖ Ngono zinafanyika waziwazi kwenye mifereji, viosk na mahali pa giza, na wanaofuatwa zaidi ni wasichana wenye umri chini ya miaka 17.
- ❖ Kumwingilia mwanamke kinyume cha maumbile.

■ **Vijana.**

Tabia/uzoefu wa vijana kuanza ngono mapema imeelezwa kuwa ipo na huanzia umri wa:

- Wasichana: miaka 9 na kuendelea.
- Wavulana: miaka 13 na kuendelea.

Na imeelezwa kuwa;

”Mtoto anapofikisha umri wa miaka 16, huyu huitwa *commando* au *amechaka!*”

Vichocheo vya kuanza ngono mapema imebainishwa kuwa ni:

1. TV zinazoonesha picha za ngono.
2. Tamaa ya kupenda vitu zaidi ya uwezo hivyo huanza tabia ya kuomba fedha kwa wanaume wenye fedha.
3. Tabia ya wazazi kuendelea kulala na watoto wao hadi miaka zaidi ya 7 katika matumizi ya chumba kimoja.

■ **Kamati ya uendeshaji ya wilaya.**

- Halmashauri ina mipango kazi ya UKIMWI na VVU.
- Tatizo la UKIMWI lipo na linaongezeka.
- Tatizo linaongezeka kwa sababu kuu mbili:
 - a. Uandaaji wa mipango na mikakati ni wa mtindo wa kutoka juu kuja chini (top-down style). Kwa mfano kamati za kudhibiti UKIMWI za Halmashauri zimeletwa tu kutoka ngazi za juu kuja kwenye Halmashauri na hazikushirikisha watendaji wa Halmashauri husika.
 - b. Muundo wa kamati za kudhibiti UKIMWI una matatizo. Kwa mfano kutozingatia mchango wa sekta husika na suala la ushirikishwaji kwa ujumla. Mtu asipokuwa diwani hawezi kuwa mshiriki wa kamati ya kudhibiti UKIMWI ya Halmashauri.

3.1 Matatizo yanayowakabili katika maisha yao.

- a. Lishe duni kwa wanaoishi na virusi.
- b. Kubaguliwa na kutengwa na jamii kwa wanaoishi na virusi.
- c. Ukosefu wa elimu ya matumizi sahihi ya kondomu, hutumia mifuko ya Rambo badala ya kondomu kwa kujikinga na maambukizi ya virusi vya Ukimwi.
- d. Kunyanyapaliwa kwa wanaoishi na virusi vya Ukimwi.
- e. Ukosefu wa elimu Stadi za maisha.
- f. Umaskini unaopelekea baadhi ya wazazi kuwatumia watoto wa kike kama chanzo cha kupata fedha.
- g. Kutokuwepo sheria ndogondogo zilizowekwa hapa mkoani ili kudhibiti maambukizi ya virusi vya ukimwi, mfano:

”Wasiendeleo kunywa hadi usiku mrefu ,inasababisha watu kubakwa wakati wa usiku!”

3.2 Njia kuu za maambukizi.

Njia kuu za maambukizi zilizobainishwa na makundi mbalimbali ni:

1. Ngono zembe.

2. Kuchangia vitu vyenye ncha kali kama sindano, nyembe n.k.
3. Kuongezewa damu yenye virusi vya Ukimwi.
4. Mtoto kupata virusi vya Ukimwi kutoka kwa mama yake.

3.3 Vichochezi vya maambukizi.

- Majumba ya video.
- Picha chafu za ngono.
- Majumba ya disco yanayofanyika mara tatu kwa wiki na mpaka saa 11 asubuhi
- Kipato kidogo kwa wanafamilia inayopelekea biashara ya ngono inayofanyika wakati fulani kwa shilingi 500 mpaka 1000 bila kondom kulingana na dau analotaja mteja. Sababu kubwa ni uvivu wa wanaume kutokuwajibika na kushinda kwenye michezo kama vile pool, draft, kwenye baa na vilabu vya pombe za asili.
- Sehemu za burudani ni nyingi ambazo mara nyingi zinakosa kondom.
- Pombe kuu vilabuni inanywewa toka saa 12 asubuhi na inapofika jioni wanafanya ngono hadharani bila kondom.

“Mimi niliwahi kushuhudia ngono hadharani na tukawafukuza wahusika”

- Wamiliki wa vilabu vya pombe zisizo rasmi huendesha biashara ya vyumba kwa ajili ya ngono.
- Watumishi wa mashirika ya kimataifa wana fedha nyingi na zinatumika kununulia ngono.
- Kutetereka kwa ndoa: Wanaume huwa wana nyumba ndogo. Wanawake nao huenda kutafuta wapenzi nje ya ndoa ili kulipa kisas.i
- Mila: watu wengi wameacha mila zinazozuia maambukizi. Watoto hawadhibitiwi tena na huachwa kufanya lolote wanalotaka.
- Kundi la waathirika wanawake walibaini chanzo kimoja wapo ni kuuguza wagonjwa bila kuchukua tahadhari.
- Ujio wa wakimbizi hususani waishio nje ya makambi umeathiri mila na desturi za watanania wa maeneo haya . Wakimbizi wengi wamekuwa na tabia ya ulevi wa kupindukia na kushawishi vijana wengi wa maeneo haya kuiga tabia hii mbaya , tabia ya ulevi iliyoletwa na wakimbizi imewafanya vijana kujiunga katika makundi ya ulevi ambayo huambatana na ngono zembe.
- Wanaume wengi huona fahari kuoa binti aliyezaa kwa vile huamini kuwa amejifunza ugumu wa maisha na akiingia kwenye ndoa atadumu na pia ana uwezo wa kuzaa, hali hii huchochea wasichana kuanza mapenzi wakiwa wadogo na yasiyo salama na kuwaweka katika hali ya kupata uambukizo wa UKIMWI.
- Tabia ya kufunga ndoa bila kupima huchangia kuenea kwa maambukizi mapya.
- Kukosekana kwa sheria ndogo ndogo katika ngazi ya kitongojji katika kudhibiti mienendo ya shuguli za usiku kama vile ; Soko mapenzi(masoko ya usiku), mashine za kusaga unga usiku tu.
- Madisco ya usiku na katika sherehe za usiku.
- Matangazo ya redio kama vile; usiku wa mahaba, michezo ya kuigiza ya TV na Redio.

- Vijana na wavuvi walisema kukosekana kwa shughuli maalumu huchochea vijana kujiingiza katika mahusiano ya ngono.
- Vijana wameanza kuangalia kanda za video ambazo zinaonyesha ngono. Baada ya kuangalia kanda hizo, vijana wanakwenda kufanya majaribio.
- Soko la jioni limechangia wana kijiji, Wake kwa Waume kukaa hapo mpaka usiku.
- Nyumba za kulala wageni zilizojengwa vijijini zimeanza kutumika kwa kufanya ngono.
- Disco la usiku katika sherehe mbalimbali kama harusi, krismasi, IDDI Mubarak n.k

3.4 Maoni/Mapendekezo.

Kamati ya Uendeshaji ya wilaya.

Maoni.

- Rasilimali zinazokuja kwa ajili ya mapambano dhidi ya UKIMWI bado ziko katika mtindo wa kutoka juu kuja chini (top-down style) yaani mipango inapangwa kutoka ngazi za juu na kuhitajiwa kutekelezwa katika ngazi za chini. Michango ya sekta mbalimbali haizingatiwi kama vile sekta ya kilimo, utamaduni, elimu n.k. haifuatwi kama sio kutozingatiwa.
- Kutotolewa kwa fursa za elimu ya UKIMWI kwa watumishi wa chini wa sekta mbalimbali
- Kuhusu maambukizi ya UKIMWI kwa Kasulu imeonekana watu wa mjini wana uelewa mkubwa zaidi ya watu wa vijijini.
- Hakuna huduma rafiki za vijana.
- Sheria: Zote ziangaliwe upya hasa zile ambazo zinachangia maambukizi ya UKIMWI kwa mfano sheria za ndoa, mirathi n.k. Sheria hizo zipewe meno.
- Mchango wa asasi: Imeonekana wakati fulani kuna asasi ambazo huja Wilayani kufanya kazi maeneo ya Halmashauri bila kushirikisha mamlaka zinazohusika na kusababisha mgongano kwa mfano kufanya afua zinazofanywa na asasi au taasisi zilizopo.
- Matumizi ya kondom hayajaeleweka. Bado kuna tafsiri potofu kama vile kwamba kondom zina vitundu vidogo vinavyopitisha virusi vya UKIMWI na kwamba wazungu wanataka kutumaliza wote.
- GFS code ya rasilimali za UKIMWI: rasilimali zote ni lazima ziingie kwenye GFS code ya serikali kama ilivyo kwa MTEF.
- Jinsi elimu inavyotolewa: Wahamasishaji wanapohamasisha hasa katika maeneo ya mijini elimu hiyo haitandazwi hadi sehemu za vijijini kama vile ISHI campaign.
- Suala la UKIMWI NA VVU halimo kwa kina katika mitaala ya elimu.
- Taasisi za dini zihusishwe katika suala la UKIMWI NA VVU kwa kuwa viongozi wa dini wanasaidia sana katika kupunguza mmomonyoko wa maadili na ya kuwa wenye stadi hizi ni wachache.
- Suala la viongozi wa dini liangaliwe upya hasa ukizingatia kwamba madhehebu ya dini ni mengi kila moja likiwa na imani zake.

Wanawake (watu wazima).

- Kuongeza kipato cha wakina mama. Serikali iwaandalie mazingira ya ajira kwa mfano elimu ya ujasiriamali
- Wanahitaji kuwa na mwongozo wa uongozi/uendes haji wa vikundi vya wakinamama
- Mahali pengine wameona mashirika hasa Red Cross na TARUDEREO wakitoa elimu ya UKIMWI.
- Watu hawajitokezi kupima kwa hiari kwa sababu ya kukosa usiri.
- Huduma za majumbani zinatolewa kwa waliojiandikisha tu, waangaliwe pia na wale ambao hawajajiandikisha.

Wanaume (watu wazima)

- Ziundwe kamati/vikundi vya kijamii vinavyoshughuhulisha na masuala ya UKIMWI na VVU kuanzia nyumba hadi nyumba na viwe vinafanya kazi.
- Sheria ndogo ndogo ziimarishwe kudhibiti janga: hasa kuhusu picha chafu, baa, nyumba za kulala wageni n.k.
- Pale inapotokea vifo, kitajwe chanzo cha kifo na sio kusingizia maradhi mengine kama malaria na typhoid.

Wafanyabiashara.

Maoni:

- Maambukizi ni makubwa sana karibu na soko.
- Usambazaji wa UKIMWI wa makusudi: Kwa mfano soko mapenzi – linaloanza saa 1.30 usiku, baa, vilabu kama Msundule (mwanamke avuliwe nguo).
- Nyumba za wageni bubu – Migombani na Kibangwe huchangia kuenea kwa UKIMWI.

Mapendekezo:

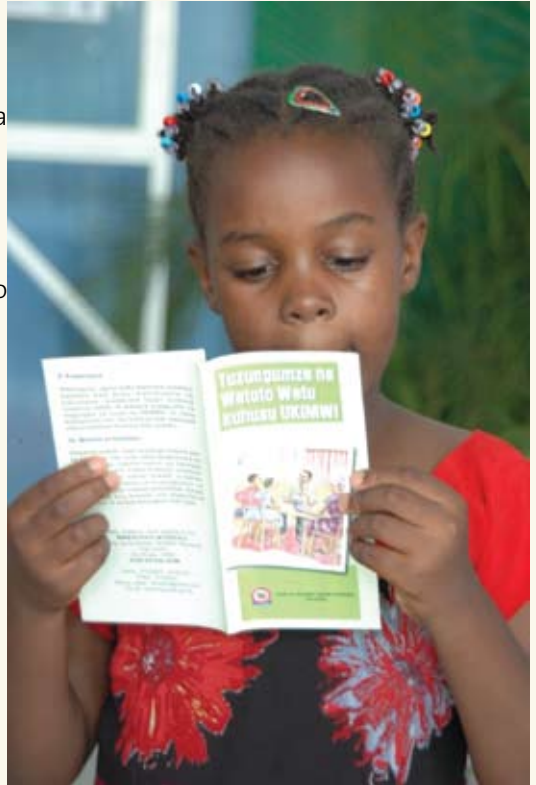
- Elimu ya UKIMWI ianzie katika umri mdogo.
- Elimu itolewe kwa wafanya biashara.
- Serikali iendeele kuwakusanya vijana na kutoa elimu.
- Serikali izuie baa kufunguliwa asubuhi.
- Serikali ihamasishe kilimo lakini izingatie kuwa walaji ni wengi. Kwa mfano Mzee Yusuf Makamba alisimamia vizuri suala hili.
- Wasiofanya kazi hawachukuliwi hatua zozote, inabidi wasaidiwe.
- Serikali isichoke kuhamasisha kupima.
- Mtu akifa na tatizo la UKIMWI atangazwe.
- Kupima iwe lazima kwa kila mtu anayehudhuria kituo cha tiba kwa huduma yoyote.

“Kutoa majibu ya uongo hasa kwa wale wanaobainika wana maambukizi hasa wakati wa kutaka kuoana ipigwe vita”

- Kuna umuhimu wa jamii kuwa wazi ndugu anapofariki kwa UKIMWI.

Vijana.

- Kuwawezesha vijana kupata stadi za maisha
- Vituo vya vijana viongezwe.
- Viongozi wa madhehebu, wawe mifano bora.
- Elimu kuhusu UKIMWI itolewe kwa wingi, kupitia vyombo vya habari, kama vile vipindi maalum radioni.
- Vikundi vya kuhamasisha havitoshi, viongezwe.
- Semina za kuhamasisha kupiga vita UKIMWI zifanyike vijijini kwa watu wote.



Tujenge desturi ya kujisomea

- Kuwe na maonesho ya wazi kwenye majukwaa ya kuzuia VVU. Mabango yawepo mitaani na yafike hata vijijini ambako hivi sasa hayapo.
- Vikundi vya wahamasishaji vya sanaa vifanye uhamasishaji mjini na vijijini ili watu wapime. Hii itasaidia kuondoa dhana potovu mfano kuvaa kondom.
- Msaada kwa yatima uongezwe kwani wengi hawajafikiwa na maisha duni yanachangia kurubuniwa.
- Pamoja na ushauri kuanza kupima mapema pia walisema kuwa wanawake wanao patikana kuwa wana maambukizo, wapate ushauri sahihi kuhusu uzazi.
- Itengenezwe sheria juu ya mavazi ya wasichana ya kubana, vijana kuhusu madawa ya kulevya na nyumba za wageni zinazotumika kama mahala pa ngono, madanguro ambayo yanazidi kufunguliwa (Kibondo).
- Kuepuka sababu zinazompelekea mtu kuhitaji kuongezewa damu na kuelimisha wanawake wote wazalie kwenye huduma za afya.
- Upatikanaji wa kondom kwa vijana ulionekana kuwa sio tatizo, lakini vijijini hazifiki.

Chuo cha Ualimu (TTC)

- Kupima afya iwe ni lazima.

- Waathirika watangazwe hadharani.
- Matangazo ya TV yatangaze kuzuia ngono badala ya kuchochea ngono.
- Sheria za chuo kuhusu ngono ziondolewe hasa kutotakiwa kuwa na kondom.
- Watumishi wa idara ya afya hawawi wazi iwapo mtu amekufa kwa UKIMWI.

Chuo cha Uguzi Kabanga.

- Mtaala wa UKIMWI uwekwe katika mafunzo na kwa undani.
- Sheria na sera zirekebishwe.
- Washirikishwe katika kutengeneza mipango na mikakati ya kudhibiti UKIMWI.
- Hospitali kutokuwa na vifaa vya kutosha vya kukinga maambukizi kama vile gloves, izingatiwe na serikali.
- Msimamo wa kanisa katoliki wa kutoruhusu matumizi ya kondom lazima uzingatiwe.

Asasi za kiraia.

Maoni:

- Kuna watu wengi ambao hawafanyi kazi na hawajishughulishi na kazi yoyote; Kuwe na mkakati wa makusudi kufundisha ujasiriamali.
- Ucheleweshaji wa fedha na utaratibu mzima wa kupokea na kutoa fedha kwa ajili ya mradi unakwamisha harakati za kupambana na UKIMWI.
- Kampeni ya kupima kwa hiari isiwe ya muda mfupi lakini iendelezwe kwa vipindi vya mara kwa mara.
- Mratibu wa sasa wa UKIMWI ana majukumu mengi hivyo ni vigumu kuweza kushughulikia kikamilifu masuala ya UKIMWI katika Wilaya. Yeye ni mkuu wa idara ya maendeleo ya jamii, mratibu wa maboresho ya sekta pia.
- Uwakilishi wao kwenye CMAC hautoshelezi na upatikanaji wake haukuwa shirikishi.
- Mtandao wa asasi ni dhaifu na wameshauri kuufufua.
- Hakuna mkakati wa uendeleu na wameshauri ufanyiwe kazi.
- Kuimarisha ushirikiano kati ya wana-asasi na Halmashauri ili kushirikiana badala ya kutofautiana. (Kuelewana na sio kuzozana)

Watu Wanaoishi na Virusi vya Ukimwi (WAVIU).

- WAVIU walipendekeza kuwa:

“Wale ambao bado hawajaambukizwa watumie kondom kwa wakati wote na wale ambao tumeambukizwa, pia tutumie kondom ili tusiwaambukize wengine”.

- Mapendekezo yao mengine yalilenga kwenye kuongeza elimu ya kinga ya vijana wa sekondari na primary. Elimu hiyo waliona ni bora ianze mapema kwa vile kwa maoni yao ngono inaanza baina ya miaka tisa na kumi.
- Uelimishaji wa wanaoishi na UKIMWI uendele.

- Wanaoishi na virusi vya UKIMWI wawe wazi kuhusu maambukizi waliyokuwa nayo hasa kwa familia zao.

“WAVIU wasipewe *septrin* tu bali tuwe tunaanzishiwa dawa mume na mke, kwani akianzishiwa mke peke yake sitaruhusiwa kufanya naye tendo la ndoa”.

- Waliomba kuwe na mashine ya kupima CD4.
- Kwa vile katika kundi hili wengi ni wakulima, wengi wao wakiwa bado wana nguvu serikali iwafikirie kuwasaidia kwa kuwapa mbegu na pembejeo/zana, pia wafikiriwe msaada wa miradi midogomidogo itakayowawezesha kupata kipato.
- Walipendekeza kupewa msaada wa chakula hasa wiki za mwanzo wanapoanzishiwa dawa.
- Kuwe na uwazi zaidi kwa huduma na misaada inayotolewa kwa WAVIU.
- Serikali itunge sheria ya kuzuia unyanyapaa.
- Mafunzo yatolewe kuwezesha WAVIU waliojiweka wazi – kujitangaza hadharani, kuweza kuishi na jamii.
- Sheria ndogondogo zitumike/zitungwe kudhibiti mikesha na sinema za usiku zikiwemo sinema za ngono.

Walemavu.

Maoni:

- UKIMWI unaathiri sana. Unaathiri nguvu kazi na unaongeza vifo.
- Hatujawahi kuhudhuria mipango ya kudhibiti UKIMWI.
- Habari za UKIMWI tunapata mitaani kwenye redio tu.

“Sijawahi kupata elimu ya kutumia kondom hivyo situmii hata nikienda nje”

“Sitoki nje ya ndoa”

- Walemavu hawathaminiki afadhali ya malaya.
- Kuna walemavu wanauza ngono kwa sababu ya shida kwa viwango vya kuanzia sh. 500 – 1000 na wengine kwa sahani ya wali tu. Na hasa kama ana mtoto mdogo hufanya hivyo ili apate chakula cha mtoto.



Watu wenye ulemavu wanahitaji kuingwa na maambukizi ya UKIMWI

“Kuna kipindi cherehani yangu ilivunjika. Inabidi upite vilabuni kupata machicha. Nafanya mapenzi ili watoto wangu wale. Hapo nilikuwa na mshono”

“Walemavu hatuna shamba wala kazi”

- Wapo walemavu ambao ndoa zao sio salama. Wana nyumba ndogo. Wanawake wanalipiza kisasi.
- Hatuna forum/ofisi ya chama chetu kinachoitwa CHAWATA tawi la Kasulu. Hatuna mawasiliano na CHAWATA taifa.

Wakala wa Tume ya kudhibiti UKIMWI wa mkoa: “Hatunjui”

Ushauri:

- Wengine wameathirika, wapewe msaada wa kutosha.
- Ni muhimu kuwa na mwakilishi wetu katika kamati za kudhibiti UKIMWI.
- Tuwezeshwe ili tujikimu na maisha kama vile kwa mikopo midogo midogo na kila mtu abuni mradi wake.

“Lakini ukiugua nyumbani sina fedha ya kutibiwa mpaka nachimba miti shamba ili nipone. Hospitali mpaka niwe na hela za cheti na matibabu yananishinda. Tunaomba kutibiwa bure”

Viongozi wa dini.

- Tunasisitiza watu waepuke zinaa.
- Ikishindikana kwa msichana kupata kipato tueleze viongozi wa dini tujaribu kumsaidia; tumewasaidia wengi.
- Pamoja na mihadhara misikitini watu hawajabadili tabia.
- Tusichoke kuhubiri.

“Wake wengi inategemea na tabia ya mtu. Inawezekana kuwa na mke mmoja na usitoke nje na ukawa na wengi ukatoka nje ya ndoa hizo”

Kuhusu wakala wa Tume yaani RFA: “Hatunjui”

Ushauri:

- Tuendeleo kuhamasisha na kuwaonya watu waache zinaa.
- Kupima mara kwa mara kuona kama afya yako ni salama.
- Kuepuka njia zote zingine za maambukizi.
- Jamii ihamasishwe kwenda kupima kwa hiari.
- Viongozi wafanye vitendo badala ya kuongea tu bila kufanya lolote.
- Lazima kuwe na sheria inayozuia baa na nyumba za kulala wageni kutumika kama sehemu za kufanya biashara ya ngono.
- Vifo vinavyotokana na UKIMWI vitangazwe hadharani badala ya kuficha ukweli ili kujenga hofu miongoni mwa wanajamii juu ya UKIMWI.

Vijana wa kiume wanaoishi na Ukimwi.

Ushauri:

- Elimu ya UKIMWI izidi kutolewa.
- Zoezi la upimaji liendeleo mara kwa mara.
- Upimaji pia usogezwe karibu na wananchi (uchache wa vituo vya upimaji.)
- Kupewa misaada ya kiuchumi.

“Kama watu wakipewa misaada watu zaidi watajitokeza”

- Kuanzisha vikundi vya waathirika kutiliwe mkazo.

3.5 Nini kifanyike kupunguza maambukizi.

- Akinamama wawezeshwe mitaji na mafunzo ya ujasiria mali. Miradi iliyopendekezwa ni bustani, ulimaji wa miwa na ufunguzi wa migahawa.
- Wasichana na wavulana walipendekeza kuwa waepukane na mambo ya disco, na vilabu vya pombe.
- Vijana waelimishwe zaidi kuhusu masuala ya Ukimwi na wawe wawazi baada ya kupima, pia wabadilishe tabia baada ya kupima nakujitambua kuwa wameathirika au la.
- Elimu itolewe mara kwa mara kwa vijana na jamii kwa ujumla.
- Wataalam wafike mara kwa mara ili kuelimisha jamii.
- Mashindano ya urembo yasifanywe rasimi na serikali isijihusishe nayo.
- Watoto wa kike wasitumike kunengua katika maonyesho ya biashara.
- Selikali ianzishe na kuimarisha ‘Mobile VCT’ kwa vile watoa huduma wageni huaminika zaidi katika usiri.
- Watu mashuhuri wa vijijini wapewe mafunzo na wawezeshwe katika kutoa elimu ya UKIMWI kwa vile wao husikilizwa zaidi na jamii.
- Watu wanaoishi na virusi vya ukimwi wawezeshwe ili waweze kupata uwezo wa kujihudumia wenyewe.
- Kuwa waaminifu katika ndoa ni muhimu.
- Elimu ya ukimwi itolewe mashuleni katika kiwango cha kujikinga na kuacha ngono.



Utashi wa kisiasa ni hatua muhimu katika kuukabili UKIMWI

3.6 Vikwazo vya kupima UKIMWI.

- a) Umbali kutoka kijijini hadi sehemu ya kupimia.
- b) Kutokuwepo kwa huduma ya ushauri nasaha na kupima.
- c) Akinamama wapo tayari kupima ila akina baba hawapo tayari.
- d) Hofu ya kupima kwa sababu akikutwa yeye ana virusi vya UKIMWI anaogopa kunyanyapaliwa na jamii.
- e) Wahudumu wa upimaji na ushauri nasaha ni wachache sana ukilinganisha na huduma inavyo hitajika. Na washauri nasaha waliokaa muda mrefu kituo kimoja wahamishwe ili kuongeza ufanisi na usiri.
- f) Vituo vilivyopo viwe na utaratibu wa utoaji wa huduma unao jitosheleza , mfano imejitokeza watu hupimwa katika kituo cha Angaza na kuelekezwa waende katika hospitali ya Maweni kwa huduma zaidi ya upimaji wa CD4.
- g) Baadhi ya zahanati hazina huduma ya ushauri nasaha na upimaji hivyo wapelekewe washauri nasaha na vifaa vya kupimia ili huduma hii iwafikie watu walio wengi.
- h) Elimu ya UKIMWI itolewe kuanzia ngazi ya kitongoji pia kwa viongozi wa madhehebu mbalimbali ili wawaelimishe waumini wao.
- i) Elimu ya UKIMWI itolewe kwa wengi badala yawachache vijijini.
- j) Wavuvi walishauri wapatiwe elimu zaidi juu ya ngono salama.
- k) Ushirikiano na jamii ni muhimu sana.
- l) Hali ya unyanya paa ni kubwa sana katika jamii hii ya kigoma , wagonjwa wanatengwa sana , wahudumu wa afya mara nyingi wameitiwa wagonjwa walioko majumbani ili kuwahudumia.

Ili kushinda na kuepukana na vikwazo vilivyoorodheshwa, inabidi udhaifu wowote unaojitokeza urekebishwe katika kila sekta.

3.7 Madhara yanayotokana na Ukimwi :

- a. Kuwepo na watoto yatima.
- b. Kuwepo na wagare na wajane.
- c. Watoto kuishi maisha magumu yanayopelekea kuwa ombaomba, wezi, ubakaji, utumiaji wa madawa ya kulevya.
- d. Uchumi wa familia hupungua kwa kutumia muda mwingi pamoja na fedha kumhudumia mgonjwa wa Ukimwi.
- e. Unyanyapaa kwenye biashara, mfano mama ntilie wauza vitumbua, wauza daga hukosa/ hukimbiwa na wateja.

SURA YA NNE

URATIBU KATIKA MKOA

4.0 Uratibu katika ngazi ya mkoa.

Kwa ujumla uratibu wa shughuli za UKIMWI upo na unafanyika, kwa mfano Idara za Elimu, Kilimo na Maliasili watashirikiana na Wizara ya Afya (DACC) katika kutoa elimu ya UKIMWI na magonjwa ya zinaa kwa wafanyakazi wao. Ushirikishwaji wa wafanyakazi hawa wawili ni kwa usawa na kwa pamoja na imeonekana mmoja alipokuwa mafunzoni kazi za DACC alimwachia CHAC.

Mfano mwingine ulitolewa na Mhandisi wa Maji ambaye anashirikiana na DACC akienda kwenye shughuli za “field” anapatiwa vitendea kazi kwa mfano kondom, vipeperushi vya kuelimisha wafanyakazi wa barabara.

Kuna Uwepo wa uratibu wa shughuli za wadau kutoka Asasi mbalimbali. Uratibu wa Asasi za kiraia unafanywa na Halmashauri kwa Asasi kuwajibika kwa Halmashauri kwa kuleta taarifa za utekelezaji wa shughuli za UKIMWI na pia asasi hizo zote zimejisajili na zinafahamika kwenye Halmashauri.

Kamati ya Kudhibiti UKIMWI kwenye wilaya (CMACs) inaratibu na kusimamia shughuli zote za asasi za kiraia zinazojihusisha na mapambano ya UKIMWI kwenye halmashauri yao.

Huduma za UNV zilianza Oktoba 2006. Kazi kubwa ya UNV ni kukuza mwitikio wa jamii katika mapambano ya UKIMWI kwa kujenga uwezo wa jamii katika kutambua, kupanga na kutekeleza mipango ya vijiji/mitaa. Mipango hiyo inategemea rasilimali walizonazo wanajamii. Aidha mipango hiyo ni chanzo cha kupata mpango mkakati (Council Comprehensive Plan – CCP).

Aidha, Idara ya Mipango ya Halmashauri inaratibu na kusimamia usambazaji wa taarifa za UKIMWI kwa wadau mbalimbali ikiwemo Kamati za Kudumu za Halmashauri.

Uratibu katika ngazi ya mkoa unategemea sana uratibu unaofanyika katika wilaya.

▪ Uratibu katika ngazi ya wilaya

Katika ngazi ya wilaya uratibu upo, kamati za UKIMWI zimeundwa katika kila halmashauri na vikao vinakaa kila baada ya miezi mitatu. Pia kamati hizo zote zina mipango ya utekelezaji. Kamati za UKIMWI za kata na Vijiji/mitaa zimeundwa na baadhi zimefundishwa lakini nyingi hazikutani na wala hazijajengewa uwezo ili kutekeleza majukumu yao.

Asasi zote zilizopo kwenye Halmashauri zinatambulika na zinawajibika kwa Halmashauri. Aidha mkoa na Halmashauri unashirikishwa katika kuzitambua na kuhakiki mipango yao kwa kushirikiana na wakala wa TACAIDS.

Mkoa una mtandao wa asasi za kiraia zinazoshughulika na UKIMWI ambapo kila wilaya ina uongozi wake.

Ushirikishwaji wa Mipango ya Kudhibiti UKIMWI katika Halmashauri bado siyo shirikishi kwa kuwa upatikanaji wa fedha ni kidogo na ushirikishwaji wa kamati za UKIMWI za Kata na Vijiji /mitaa bado ni mdogo.

■ **Kamati ya Uendeshaji ya Huduma za Afya ya Mkoa.**

Kamati hii kupitia Mratibu wa kudhibiti UKIMWI wa mkoa (RACC) inasimamia uratibu wa huduma hizi kupitia Mratibu wa kudhibiti UKIMWI wa Wilaya (DACC) katika kusaidia kuandaa mipango, kujumuisha mahitaji ya dawa na vifaa, tiba kwa ajili ya UKIMWI na kupeleka taarifa ngazi ya taifa.

4.1 Idara za halmashauri.

Inaonekana kwamba baadhi ya idara katika Halmashauri ndizo zina mipango ya kudhibiti UKIMWI sehemu za kazi. Aidha Manispaa ya Kigoma Ujiji ina mpango maalum wa kudhibiti UKIMWI mahali pa kazi.

Idara zilizokuwa hazijaanza zilikiri kuona umuhimu wa kuwa na mpango wa UKIMWI kwa wafanyakazi lakini bado hawajaanza kutokana na kutopata msukumo wa kutosha na woga wa kuwa na bajeti finyu, na kutoelewa kazi zinazoweza kutekelezwa.

Baada ya majadiliano waliahidi kutayarisha mipango inayojumuisha sekta zote.

Mipango ya halmashauri.

i) Mpango wa 2006/2007

Kipaumbele cha mwaka 2006/07 kilikuwa kuimarisha huduma za ushauri nasaha na kupima afya. Lengo lilikuwa ni kuongeza vituo vitatu (2006) kufikia kumi na moja (2007). Vituo vimefikia vitano hadi mwezi (Oktoba) kazi ya ukarabati wa vituo sita vilivyobaki inaendelea.

Kazi hii ilitumia karibu robo tatu ya bajeti nzima ya fedha kutoka Global Fund.

Kazi nyingine za kawaida ikiwemo kinga, kuelimisha umma na tiba ziliendelea kama kawaida.

Halmashauri ilikuwa na mpango wa kupanua utoaji wa huduma za tiba kwa WAVIU kutoka kimoja (2006) kufikia vitatu (2007). Katika kufanikisha hilo halmashauri inafanya kazi kwa karibu na mitandao ya WAVIU katika uhamasishaji wa jamii.

ii) **Mengineyo.**

- Kuimarisha kamati ya kudhibiti UKIMWI mahali pa kazi.
- Kuimarisha vikao vya wakuu wa idara vya UKIMWI vya kila mwezi.
- Kuimarisha vikao vya kila mwezi vya maafisa ugani na kuleta taarifa kila mwezi.
- Kuendesha semina za UKIMWI kwa madiwani na wadau mbalimbali.

4.2 **Idara za afya.**

Idara ya Afya katika Halamashauri zote za mkoa wa Kigoma zilizotembelewa imeonekana zinafanya uratibu na kutoa huduma kama inavyotakiwa. Aidha huduma za UKIMWI zinazotolewa ni kama zifuatazo:-

- Ushauri Nasaha na Kupima virusi vya UKIMWI.
- Huduma ya damu salama (Kupitia kanda ya Tabora).
- Elimu ya kujikinga na UKIMWI zikiwemo njia za vipeperushi na vipindi vya redio.
- Matibabu ya magonjwa ya ngono.
- Huduma ya kuzuia maambukizo ya virusi vya UKIMWI kutoka kwa mama kwenda kwa mtoto (PMTCT).
- Utoaji wa dawa za kupunguza makali ya UKIMWI (ARVs).
- Kutoa huduma za wagonjwa majumbani (HBC).
- Kujenga uwezo wa watumishi kwa kuwapa mafunzo rejea ya utoaji huduma kwenye maeneo husika kama vile VCT, ARV, PMTCT, HBC na zingine nyingi.
- Huduma rafiki kwa vijana (kibondo na Manispaa ya Kigoma Ujiji).

1) **Mafanikio.**

Mafanikio ya sekta ya Afya/Wizara ya Afya na Ustawi wa Jamii ni kwamba huduma zimeboreka na kumekuwa na ongezeko la wagonjwa ambao wanapata dawa katika ngazi zote katika vituo vyote vya serikali na vya mashirika binafsi na mashirika yasiyo ya kiserikali na ya dini . Aidha mfumo wa huduma za wagonjwa majumbani, kuzuia maambukizi ya mama kwenda kwa mtoto nazo zimeboreshwa.

2) Matatizo.

- i) Huduma za Kinga bado ni dhaifu hasa katika utoaji, usambazaji na matumizi ya kondom. Pia imeonekana kuna imani potofu kuhusiana na matumizi na ubora wa kondom.
- ii) Ukosefu au udhaifu wa miundo mbinu inayoendana na utoaji wa huduma za udhibiti wa UKIMWI.
- iii) Ukosefu wa mashine za CD4 kwenye hospitali ya wilaya ya Kibondo na ubovu wa CD4 mashine ya hospitali ya wilaya ya Kasulu.
- iv) Kuna upungufu wa magari kwa ajili ya kuendesha huduma za afya.

4.3 Usambazaji wa kondomu.

- ❖ Kondomu zinapatikana na zipo, zinapatikana kwa kuuzwa (Kigoma Ujiji) na katika zahanati.
- ❖ Kondomu zinapatikana zahanati na maduka ya madawa hata hivyo hawapendi kuchukua zahanati kwa hofu kuwa wataonekana ni wazinifu.
- ❖ Hazitumiki sana kwa wenyeji, zinatumiwa kwa wageni, watu ambao hawajajulikana katika maeneo husika.
- ❖ Zinanunuliwa kwa uficho.
- ❖ Katika kipindi cha Januari – Septemba 2007, idadi ya kondomu zilizosambazwa ni 1,656,000.

4.4 Huduma ya upimaji wa Hiari na Ushauri Nasaha.

Utoaji wa huduma ya upimaji wa hiari na ushauri nasaha una endelea kufanyika Mkoani kupitia vituo 26 kwa mwaka 2006 vya kutolea huduma hiyo ambapo Manispaa ina vituo 6, Kibondo vituo 4, Kasulu vituo 6 na Kigoma Vijijini vituo 10. Vituo vyote hivyo vilikuwa na wanasahi wapatao 98 mwaka 2005 na 102 mwaka 2006 ambapo mwaka huu wengi wanaendelea kupata mafunzo katika wilaya zote.

Jedwali Na. 4(a): Ushauri nasaha na upimaji wa hiari (VCT), 2005

Wilaya	Idadi ya vituo vya VCT	Idadi waliopimwa (Jumla)	Walioambukizwa	
			Idadi	Asilimia (%)
Kibondo	4	2,130	113	5.3%
Kasulu	4	3,019	180	5.9%
Kigoma Vijijini	3	1,868	88	4.7%
Kigoma/Ujiji Manispaa	3	2,133	44	2.0%
JUMLA	14	9,150	425	4.6%

Jedwali Na. 4(b): Ushauri nasaha na upimaji wa hiari (VCT), 2006

Wilaya	Idadi ya vituo vya VCT	Idadi waliopimwa (Jumla)	Walioambukizwa	
			Idadi	Asilimia (%)
Kibondo	4	1,490	98	6.6%
Kasulu	6	1,905	119	6.2%
Kigoma Vijijini	10	1,182	77	6.5%
Kigoma/Ujiji Manispaa	6	1,630	36	2.3%
JUMLA	26	6,207	330	4.3%

▪ **Kampeni ya Ushauri Nasaha na Upimaji wa Hiari.**

Baada ya Raisi wa Jamhuri ya Muungano wa Tanzania Mheshimiwa Jakaya Mrisho Kikwete kuzindua Kampeni ya ushauri nasaha na upimaji wa hiari tarehe 14/07/2007, mkoa wa Kigoma haukubaki nyuma.

Kampeni hiyo hapa mkoani ilizinduliwa tarehe 22/09/2007 katika Kijiji cha Kazuramimba wilayani Kigoma na Mkuu wa Mkoa wa Kigoma Mheshimiwa Kanali (Mstaafu) Joseph Simbakalia. Baada ya uzinduzi huo, mafanikio hadi kufikia tarehe 14/10/2007 ni kama inavyoonyeshwa kwenye Jedwali hapo chini.

Jedwali 4b (i): Maendeleo ya Kampeni ya upimaji mkoani Kigoma

Wilaya	Idadi ya wakazi (2007)	Lengo (20%)	Waliopimwa		Idadi iliyobaki kufikia lengo
			Idadi	Asilimia	
Kibondo	317,917	63,584	20,159	31.7	43,425
Kasulu	756,022	151,205	47,701	31.5	103,504
Kigoma Vijijini	598,139	119,628	3,932	3.3	115,696
Kigoma/Ujiji Manispaa	174,668	34,934	7,866	22.5	27,068
Mkoa (Jumla)	1,846,746	369,351	79,658	21.6	289,693

4.5 Huduma ya Utoaji damu Salama.

Huduma ya utoaji damu hutolewa katika hospitali zote tano (5) na vituo vya afya 4, kati yake hospitali za binafsi ni 2 na vituo vya afya 2. Kwa mwaka 2005 na 2006, watu waliotoa damu ni kama wanavyooneshwa katika majedwali 4(c) na (d) hapo chini.

Jedwali Na. 4(c): Hali ya maambukizi Kwa wanaojitolea damu, 2005

WILAYA	WALIO TOA DAMU		WALIOONEKANA NA VIRUSI VYA UKIMWI					
	M	F	M	%	F	%	JUMLA	%
Kibondo	1,222	149	59	4.8%	9	6.0%	68	5.0%
Kasulu	2,979	946	150	5.0%	54	5.7%	204	5.2%
Kigoma Vijijini	608	246	35	5.8%	9	3.7%	44	5.2%
Kigoma/Ujiji Manispaa	2,020	718	106	5.2%	32	4.5%	138	3.7%
JUMLA	5,829	1,759	350	%	134	1.6%	484	4.7%

Jedwali Na. 4(d): Hali ya maambukizi kwa wanaojitolea damu, 2006

WILAYA	WALIO TOA DAMU		WALIOONEKANA NA VIRUSI VYA UKIMWI					
	M	F	M	%	F	%	JUMLA	%
Kibondo	619	219	34	5.5%	14	6.4%	48	5.7%
Kasulu	2,817	1,037	86	3.1%	36	3.5%	122	3.2%
Kigoma Vijijini	470	289	63	13.4%	28	9.7%	91	12.0%
Kigoma/Ujiji Manispaa	2,938	602	113	3.8%	35	5.8%	148	4.2%
JUMLA	6,844	2,147	296	4.3%	113	5.3%	409	4.5%

4.6 Huduma ya maambukizi ya Kutoka kwa mama mjamzito kwenda kwa mtoto (PMTCT)

Huduma ya maambukizi ya kutoka kwa mama mjamzito kwenda kwa mtoto inatolewa hapa mkoani katika vituo 21 Jedwali 4a na 4b zinaonyesha.

Jedwali Na. 4(e): Maambukizi ya VVU toka kwa mama mjamzito kwenda kwa mtoto, 2005

Wilaya	Idadi ya vituo vya PMTC	Idadi waliopimwa	Walioambukizwa (Positive)	
			Jumla	Asilimia (%)
Kibondo	3	2,590	39	1.5%
Kasulu	3	1,862	28	1.5%
Kigoma Vijijini	2	5,103	33	0.6%
Kigoma/Ujiji Manispaa	5	977	61	6.2
JUMLA	13	10,532	161	1.5%

Jedwali Na. 4(f): Maambukizi ya VVU toka kwa mama mjamzito kwenda kwa mtoto, 2006

Wilaya	Idadi ya vituo vya PMTC	Idadi waliopimwa	Walioambukizwa (Positive)	
			Jumla	Asilimia (%)
Kibondo	6	3,054	52	1.7%
Kasulu	4	2,034	44	2.0%
Kigoma Vijijini	4	1,316	44	3.3%
Kigoma/Ujiji Manispaa	7	6,789	113	1.7%
JUMLA	21	13,193	253	1.9%

4.7 Huduma za utoaji wa dawa za kufubaza (ARV).

Huduma ya utoaji wa ARV mkoani Kigoma ilianza mwaka 2006 katika hospitali ya mkoa na baadaye kupanuka katika hospitali za wilaya na za binafsi. Hadi sasa mkoa una vituo 7 ambavyo vinatoa huduma ya ARV kwa wagonjwa bure.

Hata hivyo hospitali ya Baptist imekwisha sitisha kutoa huduma ya ARVs kwa sababu ya upungufu wa watumishi wenye sifa. Katika kupanua wigo wa huduma za ARV, mkoa umewapatia mafunzo watumishi 48 kutoka katika vituo vya afya 16 ili kuendeleza tiba zilizoanzishwa wilayani na kuwaanzishia ARVs wagonjwa ambao hawana matatizo makubwa (uncomplicated AIDS).

Ni matumaini yetu kuwa huduma zinazoendelea kutolewa katika vituo vilivyoainishwa hapo awali itasaidia kupunguza kasi ya maambukizi ya VVU/UKIMWI hapa Kigoma.

4.8 Wadau wa UKIMWI mkoani Kigoma.

Mkoa una wadau mbalimbali wanaojishughulisha na mapambano dhidi ya UKIMWI. Wadau hao wamejikita katika maeneo ya utoaji wa elimu kwa jamii ya namna ya kujikinga na maambukizi ya VVU/ UKIMWI. Huduma ya ushauri nasaha na upimaji wa hiari na huduma ya tiba kwa wagonjwa ni shughuli nyingine.

Yapo mashirika yasiyokuwa ya kiserikali ya kitaifa na kimataifa yanayoshirikiana na mkoa kuhakikisha tatizo la UKIMWI linafikia ukomo hapo baadaye. Baadhi ya mashirika hayo ni :

- UNICEF.
- TANZANIA REDCROSS.
- TACARE.
- AMREF.
- UNDP.
- CARITAS.
- KIGOMA.
- BENJAMIN MKAPA FOUNDATION.
- COLUMBIA UNIVERSITY (ICAP).
- CARE INTERNATIONAL (RFA).
- AXIOS FOUNDATION.

Mashirika haya yamechangia kwa kiasi kikubwa kuuwezesha mkoa kutekeleza malengo yake ambayo ni kutoa huduma na kupunguza kasi ya maambukizi ya VVU/UKIMWI.

- Mashirika hayo yamechangia ukarabati wa hospitali ya mkoa, hospitali za wilaya ya Kasulu na Kibondo, vituo vya afya 11 na zahanati 26.
- Sambamba na ukarabati watoa huduma ya afya wamepata mafunzo ya muda mfupi ya ushauri nasaha na upimaji wa hiari na kuzuia maambukizi kutoka kwa mama mjamzito kwenda kwa mtoto (PMTCT).
- Elimu mahali pa kazi inaendelea kutolewa katika Halmashauri

4.9 Wakala wa TACAIDS mkoani Kigoma.

Kupitia wakala wa TACAIDS aliyeko mkoani Kigoma ambaye amefanyakazi na mkoa huu kuanzia mwaka 2006 kwa kipindi hicho hadi leo wameweza kufanya yafuatayo:

- Kuzijengea uwezo serikali za mitaa na sekretarieti ya mkoa katika kudhibiti UKIMWI.
- Kujenga uwezo kwa vikundi vya jamii, vijiji/mitaa katika suala la kudhibiti UKIMWI.
- Kuzijengea uwezo ASASI za jamii (CSOs, FBOs, CBOs) katika kudhibiti UKIMWI.
- Kusimamia na kuratibu mfuko wa CARF (Community AIDS Response Fund). Kupitia mfuko huu, ASASI za kijamii 72 zilizoko mkoani Kigoma zimepata kiasi cha Tshs. 572,689,990 kwa ajili ya shughuli za mapambano dhidi ya UKIMWI.

Jedwali 4(g): Mchanganuo wa Asasi zinazojishughulisha na UKIMWI mkoani

Wilaya	Asasi zilizotambuliwa	Asasi zilizotembelewa na kuhakikiwa			Asasi zilizopata ruzuku kupitia mfuko wa CARF
		NGO/FBO	CBO	JUMLA	
Kibondo	13	7	6	13	13
Kasulu	24	10	11	21	13
Kigoma Vijijini	26	11	12	23	24
Kigoma/Ujiji Manispaa	37	18	8	26	22
Jumla (Mkoa)	100	46	37	83	72

Jedwali 4(h): Mchanganuo wa Asasi zilizopatiwa ruzuku ya mfuko wa CARF

Wilaya	Asasi	Ruzuku iliyotolewa
Kibondo	13	145,504,000/=
Kasulu	13	143,926,140/=
Kigoma Vijijini	24	98,745,800/=
Kigoma/Ujiji Manispaa	22	184,514,050/=
Jumla (Mkoa)	72	572,689,990/=

Jedwali 4(i): Mchanganuo wa Mfuko wa CARF kwa maeneo dhamiriwa (Thematic Areas)

Wilaya	Masuala mtambuka	Kinga	Matunzo na misada	Madhara ya ukimwi	Jumla
Kibondo	48,475,400	84,077,900	22,072,800	29,887,950	145,504,000
Kasulu	3,630,000	49,169,900	26,296,900	21,649,000	143,926,140
Kigoma (V)	39,065,850	75,406,090	15,562,800	13,891,400	98,745,800
Kigoma/Ujiji	3,820,000	66,845,800	48,252,500	26,585,700	184,514,050
Jumla (Mkoa)	94,991,250	273,499,690	112,185,000	92,014050	572,689,990

TAKWIMU:

(i) Idara ya Afya Wilaya ya Kasulu.

- Idadi ya kondom zinazopatikana kwenye wilaya kwa muda wa miezi sita iliyopita ni 523,721. Kondom zilizotumika ni 413,279.
- Upatikanaji wa kondom katika nyumba za kulala wageni na baa ni hafifu. Zipo lakini ni kwa uchache sana.
- Idadi ya washauri nasaha ni 15.
- Idadi ya vituo vya ushauri nasaha – VCT sites ni 6.
- Idadi ya wagonjwa waliojitokeza na kuthibitishwa ni 236.
- Idadi ya wagonjwa wanaopata ARVs ni 164.
- Idadi ya wagonjwa wasiotumia dawa ni 72.
- Idadi ya wahudumu wa afya waliopata mafunzo ni kama ifuatavyo:
 - PMTCT ni 30
 - ARVs ni 21
- Idadi ya vituo vya PMTCT ni 11.

(ii) Halmashauri ya Kigoma Ujiji.

- ❖ Idadi ya vituo vya ushauri nasaha na upimaji wa hiari viko 5
 - washauri nasihi wako 32.
 - Jumla ya waliopata ushauri nasihi na kupimwa toka Januari mpaka Septemba 2007 ni 8,151 ambao kati yao wanawake ni: 4055 Wanaume ni: 4,265
 - Waliokutwa na virusi vya UKIMWI ni 147, wanaume 59 na wanawake 88.
- ❖ Washauri nasaha wa kuzuia maambukizi ya mama kwenda kwa mtoto wapo 44,
 - idadi ya akina mama waliopewa ushauri wa PMTCT na Kupima ni 6,789.
 - Waliokutwa na maambukizi ni 113,
 - wasiokuwa na maambukizi 6,676,
 - kati yao waliojifungua wakiwa na maambukizi ni 77
 - na waliopewa Niverapine ni 44.

- ❖ Kuanzia mwaka 2005, waliosajiliwa katika kituo cha tiba na matunzo ni 1150.
 - kati yao wanaume kuanzia miaka 14 na kuendelea ni 333
 - na wanawake wenye umri huo ni 745
 - Watoto wa kiume kuanzia 0-14 ni 35
 - na wa kike wa umri huo ni 37.
- ❖ Wanaotumia dawa za kufubaza virusi (ARV).
 - Jumla ni 656
 - kati yao wanaume wenye umri huo ni 442.
 - Watoto wa kiume (0-14) ni 18 na watoto wa kike wa umri huo ni 14.
 - Watoto chini ya miaka 4 jumla yao ni 6.

Takwimu hizi ni kwa kipindi kati ya **January 2005-Septemba 2007**.

4.10 Changamoto katika uratibu.

- a) Upungufu wa vituo vya kupima VVU.
- b) Ongezeko la watu wanaopewa ARV ukilinganishwa na ARV zilizopo.
- c) Hofu ya watu kwenda kupima kwa hiari kwa dhana kuwa akijikuta ameambukizwa atakufa wakati wowote.
- d) Jamii kuona kwamba jukumu la kuhudumia yatima na wajane kuwa la serikali.
- e) Kamati za kata na vijiji kutokukaa vikao vyao kama ilivyopangwa.
- f) Kuendelea kwa ngono zembe na utoro shuleni.
- g) Mikesha ya usiku na vijana kukosa kazi maalumu.
- h) Hali ya umaskini uliokithiri.
- i) Kuvunjika kwa ndoa.
- j) Ukosefu wa usafiri kwa ajili ya usimamizi na ufuatiliaji washughuli za kudhibiti UKIMWI kwenye halmashauri.
- k) Ukosefu wa ofisi za waratibu wa UKIMWI katika baadhi ya halmashauri.
- l) Ukosefu wa fedha za kuendeshea mafunzo kwa kamati za kudhibiti UKIMWI ngazi ya kata, mitaa na vijiji.
- m) Elimu ya UKIMWI haijatosheleza kwa jamii.
- n) Huduma ya upatikanaji au utoaji wa ARVs inapatikana mbali na bado haijawafikia waishio na virusi vya UKIMWI wote.
- o) Baadhi ya watu waishio na VVU/UKIMWI kutokuwa wazi kwa wenzi wao kuhusu hali yao ya maambukizi hata kama wanatumia dawa ya kurefusha maisha (ARV).
- p) Waishio na VVU husubiri kuwa mahututi ndiyo waletwe kwenye huduma ya dawa za kuzuia magonjwa nyemelezi au za kufubaza VVU.

SURA YA TANO

CHANGAMOTO NA MAPENDEKEZO

5.0 Changamoto na Matatizo.

- Ongezeko la wagonjwa wa UKIMWI wanaohitaji ARVs.
- Ukosefu wa usafiri wa kutoa huduma za UKIMWI za “mobile clinics” na huduma zingine zinazohitaji usafiri.
- Ukosefu wa mashine za CD4 kwenye hospitali za wilaya. Wilaya inalazimika kutuma wagonjwa Kasulu (umbali wa kilomita 51) kwenda kupima CD4.
- Asasi za kiraia zina uwezo mdogo sana wa fedha kwa ajili ya kukabiliana na gonjwa la Ukimwi.
- Waandishi wa habari kutofikia malengo ya kutoa taarifa kama ilivyokusudiwa.
- Upungufu wa vituo vya kupima VVU.
- Ongezeko la watu wanaopewa ARV ukilinganishwa na ARV zilizopo.
- Hofu ya watu kwenda kupima kwa hiari kwa dhana kuwa akijikuta ameambukizwa atakufa wakati wowote.
- kuona kwamba jukumu la kuhudumia yatima na wajane kuwa la serikali.
- Kamati za kata na vijiji kutokukaa vikao vyao kama ilivyopangwa.
- Kuendelea kwa ngono zembe na utoro shuleni.
- Mikesha ya usiku na vijana kukosa kazi maalumu.
- Hali ya umaskini uliokithiri.
- Kuvunjika kwa ndoa.
- Ukosefu wa usafiri kwa ajili ya usimamizi na ufuatiliaji washughuli za kudhibiti UKIMWI kwenye halmashauri.
- Ukosefu wa ofisi za waratibu wa UKIMWI katika baadhi ya halmashauri.
- Ukosefu wa fedha za kuendeshea mafunzo kwa kamati za kudhibiti UKIMWI.

5.1 Mapendekezo.

- Wanajeshi wapatiwe kituo cha ushauri nasaha na upimaji wa hiyari wa Virusi vya UKIMWI kwa kuwa mpaka sasa hawajitokezi kwa wingi kwa kuwa hawana kituo cha ushauri nasaha na upimaji.
- Wafanyabiashara ya ngono, wahudumu wa bar, mama lishe wapewe elimu sahihi kuhusiana na kujikinga na maambukizi ya Virusi vya UKIMWI kwa kuwa hajahamasishwa vya Kutosha na hawashirikishwi kikamilifu katika suala zima la kupambana na Ugonjwa wa UKIMWI.
- Juhudi za pekee zifanyike ili ziweze kuwatambua na kuwahudumia watoto wanaoishi katika mazingira magumu kwa kuwa hata katika taarifa ya wilaya haikunyambulishwa.
- Kondom za bila malipo za Jinsia zote zipatikane kwa urahisi na zisambazwe kila eneo hatarishi kama kwenye magesti na vituo vya usafiri kwa sababu taarifa inaonesha kondom zilizosambazwa ni chache (1,656,000) kwa kipindi cha Januari mpaka Septemba 2007. Na sehemu zilizogawiwa pia ni chache na zinapatikana kwa pesa.
- Taasisi zinazoshughulika na UKIMWI zishirikiane na serikali ili kulipatia ufumbuzi

suala la umaskini kwa kuwa limeonesha kuwa kichocheo kikubwa cha matendo yanayochangia kuongezeka kwa maambukizi ya virusi vya UKIMWI.

- Wamiliki wa nyumba za kulala wageni waweke utaratibu wa kudhibiti matumizi mabaya ya nyumba hizo; kwa mfano nyumba za kulala wageni nyingi hutumika kama madanguro ambapo biashara ya ngono hufanyika na kuchangia kueneza virusi vya UKIMWI. Wananchi wengi walisema kuwa guest hizi hazitumiwi na wageni bali wenyeji wanazitunia kwa biashara ya ngono.
- Wajumbe walishauri wanaoishi na VVU kwa matumaini sehemu za vijijini wapewe mafunzo zaidi na watumike kutoa elimu ya UKIMWI.
- Kuongeza njia za kuinua kipato sambamba na kutoa huduma ya chakula na dawa kwa wenye VVU.
- Viongozi wa vijiji na kata waongeze usimamizi katika mikusanyiko ya usiku kama vile masoko ya usiku, usagaji nafaka usiku na ulevi.
- Huduma ya kutoa elimu na uhamasishaji katika kupambana na UKIMWI zishirikishe zaidi watu wanaoishi na virusi vya UKIMWI.
- Kujengea uwezo kamati za vijiji na kata ili ziweze kutimiza majukumu yao.
- Vipeperushi vya lishe kwa waathirika viandaliwe na kusambazwa kwa WAVIU ili viwasaidie kujua lishe ifaayo kwa WAVIU.
- Serikali iandae utaratibu mzima wa kuwezesha vikundi kupata mikopo na elimu ya ujasiriamali.
- Upatikanaji na elimu ya matumizi sahihi ya kondomu za aina zote za kike na za kiume uwepo.
- Zitungwe/ziimarishwe sheria ndogo ndogo zitakazozuia vitendo na tabia hatarishi.
- Kuwe na Urahisi wa kupata ushauri nasaha na kupima kwa hiyari.
- Huduma rafiki za vijana zitiliwe mkazo.
- Ushirikishwaji wa wadau mbalimbali katika udhibiti wa UKIMWI uimarishwe.
- Elimu ya kinga iimarishwe na kuelimisha jamii kutokunyanyapaa WAVIU.
- Juhudi zifanyike ili kuwatambua na kuwahudumia watoto wanaoishi katika mazingira magumu/yatima.
- Serikali iwawezeshe WAVIU kupata mitaji midogo midogo ya kuendesha maisha yao

SURA YA SITA

HITIMISHO

Tume ya Kudhibiti UKIMWI Tanzania (TACAIDS) inaamini kuwa Kiwango cha HIV/AIDS ni kikubwa kuliko asilimia 2 iliyobainishwa na **THIS** (2005), kutokana na mahojiano ya vikundi mbalimbali yaliyoeleza kuwepo kwa viashiria vingi vinavyochochea maambukizi ya Virusi vya UKIMWI kama vile:

- ❖ Biashara ya Ngoni.
- ❖ Muungiliano wa watu wa aina tofauti kama vile wavuvi kutoka sehemu mbalimbali za Nchi na hata nje ya Nchi.
- ❖ Wanajeshi kukaa mbali na familia zao kwa muda mrefu.
- ❖ Umaskini ni kikwazo kikubwa sana katika nchi hii pamoja na uvivu ambao unapelekea watu kukaa bila kuwa na kazi maalum.
- ❖ Baadhi ya wazazi kuwatumia watoto wa kike kama vitega uchumi.
- ❖ Majumba ya starehe kuonesha picha za Ngoni inayopelekea watoto kuigiza wanachooni na kuanza kutendea kazi.
- ❖ Kiwango kidogo cha mshahara na makato yasiyo na sababu kwa wafanyakazi wa bar hivyo kupelekea kufanya ngono ili kuongeza kipato.
- ❖ Mmomonyoko wa maadili kama vile wakinamama kuvaa nguo zinazoonisha maumbo yao na watoto kuanza ngono katika umri wa miaka 5 au wazazi kulala chumba kimoja na watoto wenye akili timamu.
- ❖ Ajira kwa watoto wadogo mfano kusoloza Dagua, ambapo watoto hujiuza ili kupata dagaa kwa bei ndogo.
- ❖ Baadhi ya sehemu hazina vituo vya kupimia na usiri wa watoa huduma unatia mashaka.
- ❖ Wapenzi wengi.

Hali ya uelewa wa elimu ya UKIMWI ni kubwa miongoni mwa wananchi katika wilaya ya Kigoma lakini uelewa kuhusu mbinu za kukabili tatizo ni dhaifu. Watu wengi wana amini kuwa kiwango cha maambukizi bado ni chini lakini kunavichocheo vingi sana vya maambukizo ya UKIMWI kama vile ; sinema za ngono, masoko ya usiku (soko mapenzi), mikusanyiko ya usiku (disco, mchiliku wa watoto) na kiwango cha mabadiliko ya tabia bado ni kidogo. Wilaya inashauriwa kuongeza ushirikishwaji wa jamii na wadau katika mipango ya kupambana na UKIMWI.

Ushauri wa ripoti hii:

1. Halmashauri kufanya tathmini upya, ya udhibiti wa UKIMWI hasa maeneo yenye maambukizi makubwa kama vile mipakani.
2. kusimamia sheria ndogo ndogo zinazoweza kupunguza maambukizi.
3. kuimarisha utaratibu wa udhibiti wa ugonjwa huu katika Halmashauri.
4. kuandaa utaratibu wa kupata yatima ndani ya Halmashauri.

5. kusimamia asasi zote za UKIMWI ili kuongeza tija ya udhibiti wa ugonjwa huu.
6. Wilaya kupitia vichocheo vya UKIMWI na kujipanga upya kwa kuwa na mikakati inayotatua tatizo.
7. kuimarisha zaidi elimu ya kinga ya UKIMWI katika Halmashauri.
8. kulea mabaraza ya watu wanaoishi na virusi vya UKIMWI.

Mikakati ya Mkoa/Halmashauri

i) Mipango ya Halmashauri

- Kuimarisha kamati ya kudhibiti UKIMWI mahali pa kazi.
- Kuimarisha vikao vya wakuu wa idara vya UKIMWI vya kila mwezi.
- Kuimarisha vikao vya kila mwezi vya maafisa ugani na kuleta taarifa kila mwezi.
- Kuendesha semina za UKIMWI kwa madiwani na wadau mbalimbali
- Kuendesha semina za UKIMWI kwa watu wanao ishi na virusi vya UKIMWI na kuwawezesha mafunzo ya ujasiriamali.
- Kuongeza huduma na vituo vya PMCT.
- Semina ya CHMT na RHMT ya upimaji wa hiari zifanyike kwa wingi.
- Kuendesha mafunzo ya watoa ushauri nasaha. (wanasihi).
- Kutoa elimu ya UKIMWI kupitia mafunzo ya shamba darasa.
- Kusaidia watoto walioko katika mazingira magumu kwenye vijiji vinavyozunguka kambi ya Wakimbizi ya Lugufu.

ii) Mikakati ya Kimkoa.

- Kuendelea kutoa huduma ya Elimu ya Afya kuhusu jinsi ya kujikinga na VVU/UKIMWI kwa kushirikiana na wadau wengine.
- Kuishirikisha jamii kupitia vikundi vya kijamii, vijiji/mitaa na Asasi za kiraia katika udhibiti wa maambukizi ya VVU/UKIMWI
- Kupanua wigo wa mwitikio wa wananchi wa mkoa wa Kigoma katika kudhibiti kasi ya maambukizi ya VVU/UKIMWI kwa kushirikisha na wadau wengine.
- kuongeza idadi ya vituo vya ushauri nasaha na wanasihi na kuimarisha huduma ya wagonjwa walioko majumbani (HBC services).
- Kuongeza idadi ya wafanyakazi wa afya wenye uwezo wa kufundisha kuhusu magonjwa ya NGONO na UKIMWI.
- Kuimarisha vituo vya upimaji wa hiari na ushauri nasaha.

- Kuongeza idadi ya vituo vya kutolea dawa za ARV^s toka 6 kwa sasa (2007) hadi kufikia 24 ifikapo December, 2008 (kwa kushirikiana na USAID, ICAP (Columbia), UNAID, GLOBAL FUND na JICA.
- Kuendelea kutoa hamasa kwa wananchi kupima kwa hiari na kujua kiwango cha tatizo la UKIMWI katika mkoa.
- Kukusanya takwimu za watoto yatima na wajane kwa kushirikisha kamati za Kata na vijiji na Asasi zisizo za kiserikali.

Mapendekezo.

- Kwa kuwa imebainika kuwa kuna viashiria ambavyo vinaweza kutatuliwa bila kusubiri rasilimali fedha, basi inashauriwa kuwa sheria ndogo ndogo ziundwe/ ziimarishwe na kusimamiwa kikamilifu na vyombo husika.
- Katika kudhibiti UKIMWI ngazi za Halmashauri, Kamati Kata na Vijiji au mitaa zinaonekana zitazaa matunda endapo zitajengewa uwezo, zitashirikishwa katika kupanga, kutekeleza, kufuatilia, kutathmini, kuweka kumbukumbu na kutoa taarifa za mipango ya kudhibiti UKIMWI.
- Ziara hii imebaini kuwa huduma za kinga zinahitaji kuimarishwa zaidi hasa katika maeneo hatarishi kwa kuhakikisha kuwa kondomu zinapatikana na kusambazwa kwa urahisi pamoja na elimu ya matumizi sahihi katika ngazi zote. Aidha huduma za kinga zitolewe kulingana na makundi ya watu mbalimbali kupitia uelimishaji wa ngazi zote na ziimarishwe.
- Imeonekana kuwa kuna sheria nyingi ambazo zinachangia maambukizi ya UKIMWI Kama vile sheria ya mirathi, sheria ya ndoa n.k. Inashauriwa kuwa ngazi ya Taifa izifanyie marekebisho.
- Mmomonyoko wa maadili kwa vijana unaweza ukadhibitiwa kwa kushirikiana na wazazi na viongozi wa madhehebu ya dini kwa kuwa imebainika kuwa vijana wengi katika mkoa huu wanaanza ngono katika umri mdogo (miaka 9/10 Wasichana). Ingawa kumekuwa na taarifa za wasichana kuanza ngono miaka 5 kwa baadhi ya maeneo ya Kigoma Manispaa na Vijijini, na miaka 12 wavulana).
- Kwa kuwa kitaifa NACOPHA iko kwenye mchakato wa kuunda Mabaraza ya wilaya zote Tanzania bara inashauriwa kuwa mabaraza haya yashirikishwe kikamilifu katika kupanga, kutekeleza, kutathmini na kusimamia shughuli zote za UKIMWI katika Halmashauri husika.

Tume ya Kudhibiti UKIMWI Tanzania (TACAIDS) ina imani kuwa mapendekezo haya yakizingatiwa, mkoa wa Kigoma utapiga hatua kubwa sana katika kudhibiti janga la UKIMWI nchini Tanzania.

SURA YA SABA VIAMBATISHO

7.0. Takwimu za mkoa wa Kigoma

NA.	SUALA HUSIKA	TAKWIMU
1.	Kiwango cha maambukizi (THIS)	2% (2004 survey)
2.	VCT Centers (namba) au majina	Kigoma Ujiji 9 Kigoma 27 Kasulu 6 Kibondo 4
3.	CMACS	<p>Kigoma ujiji kamati iko hai ina kaa vikao vyake kwa mujibu wa ratiba ya vikao vya halmashauri.</p> <p>Agenda zilizojadiliwa katika vikao ni pamoja na :-</p> <ul style="list-style-type: none"> ❖ Uimarishaji wa kamati za kudhibiti UKIMWI ngazi ya kata ❖ Uimarishaji wa uhusiano wa waganga wa jadi
4.	Matumizi ya condomu	Hali ikoje Kigoma Ujiji jumla ya box 23 zenye kondom 72,000 ziligawiwa maeneo ya jeshini, zahanati na nyumba za kulala wageni.
5.	Kiwango cha maambukizi (STI cases)	Kigoma Ujiji Me 218 Ke 312 Jumla 530 Kasulu 296,076 =(1.3%) Kibondo Me 615 ke 1474 Jumla 2089
6.	Idadi ya Wilaya	Nne (4)
7.	Majina ya Wilaya	1. Kigoma 2. Kasulu 3. Kibondo

7.1. Majina ya Watendaji.

1.	Majina ya watendaji	<p>Ngazi ya Mkoa RC - col. Mstaafu Joseph Simbakalia RAS – Bwana Sekulu Michael Selungwi RPLO- Renatus Nyambwa RAO - Bwana Antony Jakonyango RACC –Bwana Bernard K Lugila RSWO- Rasheed Mafutah RS Focal Person -Zilpa Kisonzela RMO- Dr Modesta Misana REO- Patrice Wangilisasi</p>
2.	Majina ya watendaji	<p>Wakuu wa Wilaya</p> <ol style="list-style-type: none"> 1. Kigoma –John S. Mongella 2. Kasulu_Said Bwanamdogo 3. Kibondo-Antonyo Mzurikwao <p>Wakurugenzi wa Halmashauri</p> <ol style="list-style-type: none"> 1. Kigoma Mjini- Mpangalukela B.B. Tatala 2. Kigoma Vijijini Samwel Saliyanga 3. Kasulu Namtumbo 4. Kibondo- Paul Nkulila
3.	Wakala wa Mkoa (RFA)	CARE INTERNATIONAL
4.	Jina la Kiongozi wa Wakala	Dr.Benard Shija

7.2. Taarifa mbalimbali

1	Idadi ya vikundi vilivyofikiwa na Wakala wa Mkoa	Kasulu 13 Kigoma ujiji 22 Kigoma 24 Kibondo 11 Jumla ya vikundi 70
2.	Jumla ya Fedha zilizopokelewa kutoka TACAIDS bila kutumika Wakala	2005/2006 KASULU- 31,318,000/=
3.	Jina la Mwakilishi wa WAVIU aliyecahaguliwa kuunda NACOPHA	Lucy Magulu 33,000,000/=
4.	Jumla ya fedha zilizolipwa Mkoani – kila wilaya na kila mwaka	CARF Grants, etc. 2006/2007 Kigoma ujiji – AMREF 5,450,000/= CARF 145,000,000/= GLOBAL FUND 180,000,000/= UNDP 5,000,000/= Jumla 335,450,000/= KIGOMA:- KASULU:- TACAIDS- 31,318,000/= UNICEF- 43,220,400/= BASKET FUND 9,085/= TACAIDS 33,000,000/= GLOBAL FUND - 153,490,168/= KIBONDO:
5	Aina ya tafiti zilizofanyika na zinazoendelea kufanyika Mkoani	
6	Washiriki wakuu nje ya Serikali	1. PSI 2. CARITAS 3. AMREF 4. RED CROSS 5. TACARE(JANE GOODALL INSTITUTE) 6. CARE INTERNATIONAL
7	MTEF:Lengo ya Mkoa	Kuboresha huduma na kupunguza kasi ya maamukizi ya VVU/UKIMWI mkoani.)
8	Changamoto za Mkoa	Kuhusu 1. Ongezeko la maambukizi ya VVU masoko ya usiku 2. Muingiliano wa watu 3. Wakimbizi 4. Makambi ya wavuvi

7.3. Programu ya ziara mkoani Kigoma

1.	Programu ya kazi Mkoani Kigoma	<ol style="list-style-type: none">1. Safari hii ya kikazi itakuwa ya siku tano (5)2. Mwenyekiti Mtendaji ataambatana na wafanyakazi watatu (3) wa TACAIDS, Makamishna wawili (2)3. Mwenyekiti wa NACOPHA, wawakilishi wa UNAIDS na NACP, na wadau wa maendeleo. ITV, TVT na Redio Tanzania wanahusika pamoja na Wakala wa Mkoa wa Kigoma.4. Wajumbe hao wanatarajia kuwasili Kigoma kwa ndege tarehe 28. 10.2007 saa 10.30
----	--------------------------------	--

FAHARASA

Afua	Intervention
Ambo mlipuko	Epidemic
Asasi zisizo za	NGOs
Magonjwa ambata	Related Diseases
Magonjwa nyemelezi	Opportunistic diseases
Mashirika ya kijamii	CBOs
Mchakato	Process
Menijimenti	Management
Mgungo	Abstinence
Mnyanyapao	Stigma
Mwitikio	Response
Mwitikio	Feedback
Sifa bainifu	Characteristics
Unasihi	Counselling
Ushamiri	Prevalence
Usuli	Background
Ute uke	Secretion
Vidonda vya manena	Genital Ulcers
Vyama vya kiraia	CSOs
Wabia	Partners
Wadau	Stakeholders

TANZANIA COMMISSION FOR AIDS (TACAIDS)



**FOLLOW UP AND ASSESSMENT
REPORT ON HIV AND AIDS
KIGOMA REGION**

OCTOBER, 2007

ISBN 978-9987-519-18-7

CONTENTS

Table of figures	iii
Acronyms and abbreviations	iv
Acknowledgements	v
Executive summary	vi
Chapter 1: Introduction	1
1.0 Background	1
1.1 Regional Profile.....	2
1.2 National targets for the fight against HIV/AIDS.....	2
1.3 Objectives of the Kigoma mission.....	2
1.4 Methods used.....	3
1.5 Groups involved in interviews/Consultations.	3
Chapter 2: HIV and AIDS situation	4
2.0 HIV/AIDS infections	4
2.1 The Magnitude of AIDS	5
2.2 HIV/AIDS awareness in the region	6
Chapter 3: Overview of responses	7
3.0 Group findings/responses.....	7
3.1 Problems facing them as a community.....	8
3.2 Main causes of the spread.....	8
3.3 Catalysts/Drivers of the epidemic.....	9
3.4 Recommendations/Advice and views.....	10
3.5 What ought to be done to reduce the spread.....	15
3.6 Obstacles to HIV/AIDS testing.....	15
3.7 Effects of HIV/AIDS	15
Chapter 4: Regional Coordination	16
4.0 Coordination at Regional Level.....	16
4.1 Municipal departments.....	17
4.2 Health departments.	18
4.4 Voluntary Counseling and Testing	18
4.5 Safe Blood Donation	20
4.6 PMTCT.....	21
4.7 ARV distribution.....	21

4.8	HIV/AIDS Stakeholders in Kigoma.....	21
4.9	TACAIDS Regional Facilitating Agent (RFA) in Kigoma.....	22
4.10	Challenges faced in coordination.....	24
Chapter 5: Challenges and Recommendations.....		25
5.0	Challenges and Problems.....	25
5.1	Recommendations	25
Chapter 6: Conclusion		27
Chapter 7: Annexes.....		30
7.1:	Statistics/Figures	30
7.2:	Names of Administrators.....	31
7.3:	Various Reports	32
7.4:	Programme for the Mission	33

TABLE OF FIGURES

Chapter 1: introduction

Table 1: Administration	2
-------------------------	---

Chapter 2: HIV/AIDS situation.

Table 2 (a): The rate of infections	4
Table 2 (b): Figures for STI infections,2006	4

Chapter 4: Regional Coordination

Table 4 (a): Voluntary Counseling and Testing (VCT),2005	17
Table 4 (b): Voluntary Counseling and Testing (VCT),2006	18
Table 4: o: Voluntary Counseling and Testing Campaign	18
Table 4 (c): The rate of infections for Blood donors,2005	19
Table 4 (d): The rate of infections for Blood donors,2006	19
Table 4 (e): Mother to child Tansmission of HIV,2005	20
Table 4 (f): mother to child transmission of HIV,2006	20
Table 4 (g): Organisations that deal with HIV/AIDS in Kigoma	22
Table 4 (h): organizations that received funds from CARF	22
Table 4 (i): the distribution CARF in Thematic Areas	22

ABBREVIATIONS/ ACRONYMS

- AIDS Acquired Immune Deficiency Virus
- AMREF Africa Medical and Research Foundation
- ARV Anti- Retro Viral
- BAKWATA National Council for Moslems in Tanzania.
- CARF Community Aids Response Fund
- CBO Community Based Organizations
- CCP Council Comprehensive Plan
- CHAC Community development officer
- CMACs Council Multisectoral AIDS Committees
- CSOs Civil Society Organizations
- DACC District AIDS Control Coordinator.
- FBOs Faith Based Organization
- GTZ German Technical Cooperation.
- HBC Home Based Care
- HIV Human Immune-Deficiency Virus
- CHMT Council Health Management Team
- ICAP International Centre for AIDS Care and Treatment Program.
- JICA Japanese International Cooperation Agency.
- JKT National Defense Army
- KIVIDEA Kigoma Vijana (youth) Development Association
- MTEF Medium Term Expenditure Framework.
- MWOCHACH Matumaini Women Care and Children
- NACOPHA National Council of People Living With HIV/AIDS
- NACP National AIDS Control Programme
- PLHAs People Living with HIV and AIDS
- PMTCT Prevention of Mother To Child Transmission of HIV
- PSI Population Services International.
- RAO Regional Administrative Officer.
- RAS Regional Administrative Secretary
- RC Regional Commissioner
- REO Regional Educational Officer.
- RFA Regional Facilitating Agency.
- RHMT Regional Health Management Team
- RMO Regional Medical Officer
- RS Regional Secretariat.
- SACCOS Savings and Credit Cooperative Society
- STI Sexually Transmitted Infections.
- TACAIDS Tanzania Commission for Aids
- THIS Tanzania HIV/AIDS Indicator survey
- TTC Tanzania Teacher's Council
- TV Television
- TYG Technical Youth Group.
- UNAIDS United Nations Development Fund
- UNICEF United Nations Children Education Fund
- UNV United Nations Volunteers.
- USAID United States Agency for International Development
- VCT Voluntary Counseling and Testing
- VMACs Village Multisectoral AIDS Committees
- WMACs Ward Multisectoral AIDS committee

ACKNOWLEDGEMENTS

The Tanzanian Commission for Aids (TACAIDS) would like to extend its sincere gratitude to all stakeholders and implementers in the fight against STI/HIV/AIDS at all levels in the region

Special thanks go to TACAIDS commissioners, Hon. Dr. Calista Simbakalia and Hon. Joan Chamungu for their active contribution and support in the fight against STI/HIV/AIDS

Open thanks also go to the RFA Kigoma region (CARE international [tz]) Mr. Joseph Fungo, Mr. Bernard Shija (RFO Kigoma) Mr. Emmanuel Ndaki, Ms. Angela Jonathan (CHAC), and Mrs. Z. Kisonzela (RACH), and the DACC Mr. Hassani Mrage.

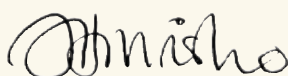
We would also like to acknowledge Mr. Vitalis Makayula and Ms. Joan Chamungu from NACOPHA for their tireless help and assistance during the mission that took place in Kigoma.

Thanks go to Dr. Mgosha of NACP for his technical and expert advice regarding many issues facing the region

In addition, we would like to acknowledge the contribution of regional and council executives in Kigoma region and the RMO of Kigoma, Anatolia Yaba, because without their input and assistance this report would not have been possible.

Finally, TACAIDS would like to thank its officers, the media, and regional and district commissioners and groups and institutions/ associations such as NACOPHA, PHLA and KIVIDEA among many for their support and help.

Finally yet importantly, the Kigoma Community is greatly thanked for its eagerness to learn and openly discuss or give views with regard to regional, national and international interventions on HIV/AIDS/STI, which in turn greatly contributed to the success of the making of this report



Fatma Mrisho

Executive Chairman
Tanzania Commission For AIDS (TACAIDS).

EXECUTIVE SUMMARY

With an estimated prevalence of 7% among adults, HIV poses a serious public health problem, second only to Malaria. It greatly affects the health and socio-economic progress- reducing life expectancy, deepening poverty, contributing to, and exacerbating food shortages (National AIDS Coordinating Programme, NACP-2003)

This report was prepared because of the need for a review of the current HIV/AIDS status in the nation; it summarizes the magnitude and trend of HIV/AIDS in Kigoma region. Various missions were undertaken in different regions, Kigoma being one of them to assess the magnitude of HIV/AIDS in the country

The Kigoma mission's objectives were:

- To analyze the prevailing HIV/AIDS situation in Kigoma region
- To meet with various stakeholders to determine, and get their views on the state, catalysts of HIV/AIDS, and their advice on the campaign of the fight against HIV/AIDS
- To seek advice on the best methods/tactics to use to solve problems related to HIV/AIDS
- To give technical and professional advice on issues related to HIV/AIDS
- To enable NACOPHA to set up council chapters.

The team for the Kigoma mission was made up of TACAIDS staff, commissioners, Ministry of health officials, CSO's and Development partners

The methodology that was used was participatory where the local people were interviewed and some questionnaires were provided.

The mission observed that:

- The AIDS epidemic remains the same 24 years after its emergence in Tanzania, if there is any change then it is that of an increase in the rate of infections.
- There are many challenges and problems facing the planning and implementation of the fight against HIV/AIDS

It was the general opinion that the rate of infections is more than the 2% indicated by **THIS** (2003-2004). The supply of ARVs began in 2006 at the regional hospital. At least 7 centers provide the ARVs free of charge in the region.

There is no valid report regarding the number of orphaned children in the region.

CD4 machines remain a big problem in the region and the problem is a shortage of the machines or the existing ones are impaired.

Condoms still pose a challenge:

- The majority of people do not know how to correctly use the condoms.
- Female condoms are scarce.
- Condom distribution in the region has not encompassed the whole region and according to local opinion, the distributed condoms are not enough to meet the current demand for them.
- People fear buying the condoms because they do not want to be perceived as adulterers, this results into most of the condoms being sold in secret.

Local residents complain of staff shortage at VCT centers and it seems some centers are always closed. Some of the councilors are rude and do not observe 'doctor-patient confidentiality' because they publicize the patients' status.

A notable fact was the general answer expressed by almost all the interviewed groups that they did not know who the RFA of Kigoma is.

When asked who the **RFA** was, they responded, "**We don't know him!**"

Continuous awareness and VCT campaigns, improvement in condom distribution, availability of CD4 machines throughout the region, are some of the recommendations that were proposed by stakeholders/residents, to tackle the spread of HIV/AIDS in the region.

It seems there are many weaknesses in planning and the infrastructures needed to make these plans effective, the general complaint among the regional authorities is that the 'TOP-DOWN' style of formulating and implementing the plans needs to be revised, because it makes it very difficult to implement the plans.

To ensure that HIV/AIDS is effectively tackled in the region the noted weaknesses have to be strengthened and other sectors have to be improved and constantly monitored to ensure AIDS is no longer regarded as a 'National Disaster' (Benjamin .W. Mkapa-2005)

CHAPTER ONE

INTRODUCTION

1.0 Background.

HIV/AIDS is a serious threat to the livelihoods of Tanzanian citizens and has been declared a national disaster (Benjamin .W. Mkapa-2005). It is a serious threat to public health and by the year 2005, it had a prevalence of 7% among adults. This deadly disease that greatly reduces the nation's workforce affects many socio-economic activities.

Because of the need for a thorough review of the state of HIV/AIDS situation in the country. Various missions /surveys were carried out countrywide in various regions, Kigoma being one of them, to assess the situation of HIV/AIDS.

■ **The Kigoma mission.**

The one-week mission took place during the last week of October. Participants were from the Ministry of Health and Social Welfare, National Council of People Living with AIDS (NACOPHA), TACAIDS staff and Commissioners, Regional Facilitating Agency (RFA) for Kigoma and Tabora and regional and Council Officials.

After receiving the regional report on the HIV status and familiarizing the new members of the teams on the interview guide ,the team divided into four (4) groups with representations from different constituencies to work in the four (4) Councils of Kibondo ,Kasulu ,Kigoma municipality and Kigoma Ujiji.

■ **Report on HIV/AIDS (2006/2007) situation.**

The following issues concerning the report were overly emphasized.

- a. Some condoms have holes that are not discernible by the naked eye and out of 5 condoms only 1 is safe.
- b. There are no female condoms in Kigoma Ujiji municipality and there is no knowledge of how to use the condoms.
- c. The male condoms that are available are few and are being sold and not provided freely.
- d. Condoms distribution is at very low rate especially in places where there are large gatherings of people e.g. Train stations.
- e. There is a shortage of vehicles needed for activities related to the fight against HIV/AIDS.
- f. There was no report regarding ARV's, there was also no report on the number of patients registered to receive the ARV's nor was there any known number of people who were in need of the ARV's.
- g. There is no report on the HBC program.
- h. There was no report that mentioned the true number of children affected by the epidemic.

1.1 Regional Profile.

According to the 2002 census, Kigoma region has a population of approximately 1,674,047 inhabitants.

It has 3 districts, 4 councils, 19 divisions, 85 wards, 232 villages and 199 streets.

Table 1: Administration.

COUNCILS	DIVISIONS	WARDS	VILLAGES	STREETS	HAMLETS
Kigoma Ujiji	2	13	0	199	0
Kigoma(municipality)	6	22	75	0	471
Kasulu	7	30	90	0	383
Kibondo	4	20	67	0	658
TOTAL	19	85	232	199	1512

The region has an area of 45,075 square kilometers, among those, Kigoma Ujiji is 128, while Kigoma municipality is 19,574, Kasulu 9,315 and Kibondo is 16,058 square kilometers.

1.2 National targets/Goals for the fight against HIV/AIDS.

- i. To reduce the rate of new HIV infections.
- ii. To increase the rate of medical treatment/care to people living with AIDS.
- iii. To provide Home Based Care (HBC) to people living with AIDS.
- iv. To enable families and individuals affected by AIDS to be accepted in the society.

Kigoma region continues to work on these goals to attain the targets with the help of various stakeholders residing in the region.

1.3 Objectives of the mission.

- To review HIV and AIDS status in the region.
- Consult with various stakeholders on the status, their views on drivers of the epidemic, the HIV and AIDS response in Kigoma.
- Their plans for addressing the issues identified.
- Provide technical assistance.
- Facilitate establishment of Council chapters of NACOPHA.

1.4 Methods used.

- Interview guide for focus group discussions.
- Consultations with various groups –from Council up to village government leadership.
- Questionnaires.
- Review of regional, Council, RFA and partner report.

1.5 Groups that were involved in the interviews/consultations.

1. Council management team
2. Female adults
3. Male adults
4. Youth –boys and girls
5. Business people.
6. TTC.
7. PLHAs.
8. Kabanga Nursing School.
9. The disabled
10. Religious leaders.
11. CSOs.
12. Male youths living with HIV
13. Female bar attendants.
14. Soldiers.
15. Fishermen.
16. Orphans
17. Food vendors.
18. Guest house workers.

CHAPTER TWO HIV AND AIDS SITUATION

2.0 HIV/AIDS infections.

AIDS is a national epidemic that affects every Tanzanian citizen. Kigoma is one among the many regions affected by this deadly disease.

According to the **Tanzania HIV/AIDS indicator survey (THIS)** of 2003-2004, the prevalence of HIV/AIDS in the country was 7 percent (%). The prevalence of HIV/AIDS for Kigoma region was 2 percent (%).

The prevalence of HIV/AIDS in the region for the year 2005 was 4.65 percent (%) which shows an increase of 2.65 percent (%).

The council distribution is as illustrated below.

Table 2 (a): The state of infections.

DISTRICT	PERCENTAGE OF INFECTIONS	
	2005	2006
Kibondo	5.3%	6.6%
Kasulu	5.9%	6.2%
Kigoma Municipality	4.7%	6.5%
Kigoma Ujiji	2.0%	2.3%
TOTAL	4.6%	4.3%

Table 2 (b): Report of STI/STD's infections for 2006.

DISEASE / INFECTIONS	DISTRICT	NUMBER OF PATIENTS		
		Under 5 years	5+ years	TOTAL
GENITAL DISCHARGE	Kibondo	127	1,749	1,876
	Kasulu	293	1,531	1,824
	Kigoma Municipality	27	858	885
	Kigoma Ujiji	9	553	562
	TOTAL	456	4,691	5,147

GENITAL ULCER	Kibondo	173	1,212	1,385
	Kasulu	282	687	969
	Kigoma Municipality	31	275	306
	Kigoma Ujiji	11	140	151
	TOTAL	497	2,314	2,811
PID	Kibondo	137	687	824
	Kasulu	258	1,221	1,479
	Kigoma Municipality	9	1,008	1,017
	Kigoma Ujiji	25	322	347
	TOTAL	429	3,238	3,667
OTHER STIs	Kibondo	116	1,510	1,626
	Kasulu	278	855	1,133
	Kigoma Municipality	28	277	305
	Kigoma Ujiji	7	100	107
	TOTAL	429	2,742	3,171

2.1 The Magnitude of AIDS.

The AIDS epidemic continues to prevail in the region and this fact has been attested by the increase in AIDS patients and AIDS related deaths and also the rise of the number of children living in hardships. In addition AIDS continues to prevail due to promiscuous behavior such as the rise of commercial sex, night bars and provocative dressing by the women.

All interviewed groups generally agreed that there was a steady decline of the region's work force.

HIV/AIDS related deaths and HIV/AIDS patients were the common cause for the decline of the labour force/manpower, which in turn greatly affects the socio-economic and development activities in the region. Examples include:

- In **Mwandiga ward**- Out of 10 households, 4 have reported cases of HIV/AIDS and 6 have no existing cases. The percentage of HIV/AIDS infections in Mwandiga ward is 40 %.
- In **Mwamgongo ward** –Out 10 households, 5 have reported cases of HIV/AIDS and 5 have no reported cases. This shows that the rate of infections is 50%. Reasons that were given to explain this situation were that: There is a military base, a police station and a refugee camp situated in the area that implies there were many interactions between the local people and the alien residents that fired up the spread of STI/HIV/AIDS infections.
- In **Simbo ward** -Out of 10 households, 3 are infected and reports from the ongoing nationwide VCT programme show that in Simbo ward out 170 people that were tested, those found with HIV were 20, which is approximately 12%.

- In **Mahembe ward** –In Mahembe village among 10 households, 4 have cases of HIV infections and 2 households have lost their heads of family and children.

2.2 HIV/AIDS awareness in the region.

Many of the residents of Kigoma region have a high awareness of HIV/AIDS. For instance at Kalenge village (Kigoma Municipal), there isn't any person that has been diagnosed with HIV/AIDS, but there is an increase of unsafe behavior/practices like increased viewings of x-rated movies, steady rise in commercial sex, increased night markets, bars e.t.c.

The majority of the participants were aware of AIDS and the key causes of its spread. They mentioned the following as the primary causes of the spread of HIV/AIDS.

- **Unprotected/unsafe sex**- In most areas of Kigoma many people have sex without using condoms, and when they do use condoms, it is usually for a short while after which they stop using the condoms altogether and this is especially common for couples in long-term relationships.
- **Sharing of instruments** such as needles, razors etc- Many people continue to do so without considering the repercussions.
- **Poverty and alcoholism** –Many families have small incomes and sometimes they lack the necessary money to meet their basic needs and are forced to use sex as a means of earning income.

News /information regarding HIV/AIDS are provided through:

- ❖ The radio.
- ❖ Seminars and congregations.
- ❖ Health centers.
- ❖ The Television.

News /information regarding HIV/AIDS are provided through:

The radio

Seminars and congregations

Health centers

The Television

There are also various groups/institutions that deal with HIV/AIDS.

Such groups are such as:

- a. SHIDEPHA+
- b. KIKANGONET.
- c. NDELA.
- d. BAPTIST HURU.
- e. KIVIDEA.
- f. BAKWATA.
- g. KIMWA.

CHAPTER THREE

OVERVIEW OF RESPONSES

3.0 Group findings/response.

■ **Fishermen (Mwakizenga village in Muyobozi ward).**

There is a lot of interaction between the local people and foreigners and there are also many dangerous practices going on such as night markets, an increase in the number of guest houses, commercial sex and many others.

■ **Soldiers.**

Many recruits form relationships after the training period. Some of the soldiers carry out secret affairs that compromise their marriages and increase the rate of infections among married couples.

For the newly recruited officers, there is a tendency of giving out sex in exchange for getting minimal tasks such as fetching firewood.

■ **Heads of departments.**

The heads of departments of various municipalities agreed that the AIDS problem is very huge. Many workers are dying because of AIDS.

For the period between March-September 2007, 13 teachers (3 of secondary schools and 9 of primary schools) passed away. Despite giving out education regarding HIV/AIDS, many teachers do not believe that they can be infected and continue to go to local medicine men.

■ **Female Bar/guesthouse attendants and local food vendors.**

They face many problems such as.

- ❖ Facing many complications and formalities when they try to obtain trading Licenses.
- ❖ Bar owners delay their payments/salaries and there are a lot of unnecessary deductions like 3000/= for late coming and 5000/= for absence.
- ❖ Excessive binge drinking, drink tampering, drug use.
- ❖ Open/public sexual intercourse in sewage drains, kiosks, etc. Many of those propositioned for sex are under-aged girls usually below the age of seventeen.
- ❖ Anal sex is prevalent and is commonly referred to as TIGO or Zanzibar. The Fees/prices charged are very high and it is seen as a fashionable thing.

■ **Youth**

Many of them start sex at a very young age,

- Boys from age 12.
- Girls from age 9.

“When a child reaches 16, he/she is called a COMMANDER!”

Catalysts for early sex are:

1. Pornographic contents shown in the TVs.
2. Greed: Girls want expensive things and to get them they sell themselves off to men who have money.
3. Some parents have a habit of sleeping in the same room with their children even when they are old enough to sleep on their own.

■ Council Management Team.

- The Municipal has set up plans to tackle HIV and AIDS in the region.
- The AIDS epidemic is very large and continues to prevail in the region.
- Infections are increasing because of the following two (2) reasons.
 - a. The plans and policy formulation is done in a top-down style and has not incorporated the ideas of the local councils.
 - b. The structure of the CMAC has problems. For instance it does not take into account the contribution of relevant sectors and the issue of participation as a whole. If someone is not a councilor then he/she is not allowed to be a part of the CMAC.

3.1 Problems facing the community.

- a. Poor nutrition especially for the affected.
- b. The PLHAs are being discriminated by the society.
- c. There is a lack of proper education regarding the use of condoms.
- d. Stigmatization of people living with HIV/AIDS.
- e. Poor life skills.
- f. Poverty.
- g. Lack of by-laws to address the spread of HIV e.g.

“They (Men) should not continue to drink up to the late night hours, because it instigates raping!”

3.2 Main causes of the spread.

1. Unprotected sex.
2. Sharing of sharp objects/instruments like needles, razors etc.
3. Blood transfusions from infected blood.
4. Mother to child transmissions.

3.3 Catalyst /Drivers of the epidemic.

The common drivers of the HIV/AIDS pandemic among all groups are:

- ❖ X-rated movies.
- ❖ Cinema houses showing pornographic contents.
- ❖ Disco's and bars that stay open throughout the night.
- ❖ Small family incomes.
- ❖ Staff of international organizations have a lot of money to spend and unfortunately most of them spend it on sex.
- ❖ Bar owners, provide rooms where sex is sold.
- ❖ Marriage problems (unstable marriages).
- ❖ Ignorant customs.
- ❖ Weak economy.
- ❖ Provocative dressing by the women.
- ❖ Youth starting sex at a very young age and not following good values.
- ❖ The awareness is high but people still refuse to change their dangerous habits.
- ❖ Extreme poverty.
- ❖ Prevalence of commercial sex.
- ❖ People's laziness and reluctance to work.
- ❖ The AIDS education is not provided sufficiently /adequately.
- ❖ There aren't enough seminars being given to the public and the ones that are given are selective to a certain group e.g. seminars are given to barmaids only.
- ❖ Lack of life skills education to youth.
- ❖ Parents do not communicate with their children regarding sexual issues.
- ❖ Drug abuse.
- ❖ Forced early marriages.
- ❖ Polygamy practices.
- ❖ Strict regulations in colleges where condoms aren't allowed in the campuses.
- ❖ Peer/group pressure for young adults where sex is a mandatory thing.
- ❖ Interactions between refugees and the local people.
- ❖ Widow inheritance practices.
- ❖ Scattered guesthouses.
- ❖ Unreported rape cases, the victims fail to report to the relevant authorities and are left to suffer the consequences such as STI/HIV/AIDS or pregnancy alone.
- ❖ Beers are sold from 6 am onwards and when it reaches evening, people have sex in the open without condoms.

“I once witnessed people having sex in the open and I chased them away”

- ❖ People get married without first finding out their HIV status.
- ❖ The refugees' influx in the region has disrupted and brought bad morals.

3.4 Recommendations/Advice and Views.

Council Management team.

Views:

- The HIV/AIDS situation is not appropriately addressed in the education syllabus.
- The HIV/AIDS education that is being provided is not broad; it does not cover all areas in the region.
- Religious institutions should be included in the fight against HIV/AIDS.
- People still do not know how to correctly use condoms.
- There should be a review of some laws e.g. the marriage act
- The rural areas are uninformed about HIV/AIDS.
- Resources are still managed in a top- down style.
- There are not any youth friendly services regarding AIDS.

Female adults.

- The government should empower females more by giving out for instance entrepreneur skills/workshops to women.
- Most of the women need guidance in leadership and running their social groups.
- People are not voluntarily volunteering to be tested because the results are not kept confidential and are instead publicized.

Male adults.

- Social groups/associations should be formed and they should solely deal with HIV/AIDS.
- Laws should be improved, especially regarding x-rated movies, cinema houses etc
- The true cause of deaths by AIDS should be given and people should not give false causes like typhoid, pneumonia to cover up the truth etc.

Entrepreneurs.

Views:

- Infections are very high in areas near the local markets.
- Some people are deliberately spreading the disease. The sex market starts at 7:30 pm. And in some of the bars, women are undressed in public. (Msundule).
- There are many unregistered guesthouses (Migombani and Kibangwe).

Recommendations:

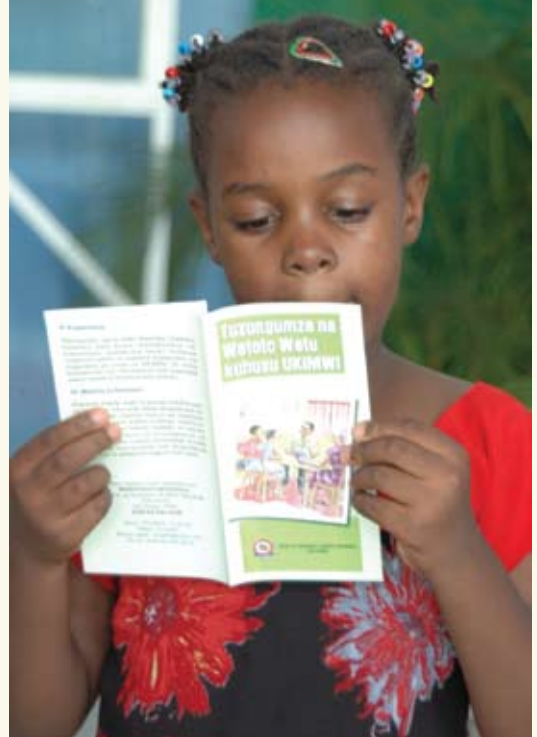
- The AIDS awareness ought to be instilled from a very early age.
- Entrepreneurs ought to be made aware of the AIDS epidemic.
- The government should ban bars from opening in the early morning hours.
- The government should promote agriculture in Kigoma region.
- No action is taken concerning the unemployed. This is a serious issue which needs to be addressed by the government.
- Testing ought to be mandatory for any one going to a health center.

“Lying by those found with HIV/AIDS that they are in the clear, must stop!”

- If someone dies of AIDS it should be made public instead of keeping it a family secret.
- They government must never tire of fighting AIDS.

Youth.

- Enable the youth to get life skills.
- Provide youth centers.
- Religious leaders should be role models
- HIV/AIDS education should be provided in every sector in the region through the media/press.
- Institutions that advocate awareness are not enough and must be increased.
- Seminars that address the fight against HIV/AIDS should be held continuously.
- Orphans should be assisted because most of them are isolated from the society and poverty is a big obstacle faced by them.
- Condom supply is a problem for the youth residing in the interior areas.
- Proper condom use must be taught to the youth.
- There ought to be open demonstrations that stress the need for an HIV free society.



Encourage reading culture and Stay informed

TTC (Tanzania Teachers College).

- Getting tested should be mandatory.
- The infected victims should come out in the open.
- Television adverts should preach abstaining instead of instigating sexual relations.
- College regulations such as not being allowed condoms should be revised.
- Workers of the health sector are not open when one dies of AIDS.

Kabanga Nursing School.

- Laws and policies have to be revised to effectively tackle the AIDS issue.
- Hospitals lack the required facilities to deal with AIDS e.g. gloves
- They (Health workers) should be included in the making of policies and plans regarding HIV/AIDS.
- The AIDS issue ought to be included in the Tanzanian schools syllabi.
- The Catholic Church's stance on condom use must be taken into account by the society when addressing the AIDS issue.

Civil Societies organizations.

- Many people are unemployed and idle; they should be given entrepreneurial skills.
- There are delays in funds reaching the intended group.
- The VCT campaign should be continuous.
- They lack proper representation in the CMAC.
- The present AIDS coordinator has many responsibilities hence cannot effectively carry out his duties in the region.
- The Civil Society network is weak and they have proposed to revive it.
- There should be cooperation between the societies and the municipalities. (Complementarity and not confrontation)
- There ought to be cooperation between the CSOs and the municipals.

PLHAs.

- The society should learn to abstain.
- Married couples should stay true to their marriages.

“Those who are negative should use condoms at all times and those who are positive ought to do the same so that others don’t get infected”

- The AIDS awareness should be extended to all villages in Kigoma region.
- Getting tested should be a voluntary decision and not a forced one.
- Evening markets should be closed at 6 p.m.
- Most of the Municipalities do not have funds to deal with PLHAs.
- The AIDS awareness should be increased in Primary and Secondary schools because most of the youth start having sexual relations from a very early age.
- Those that are HIV positive must be open about their status especially to close family members.

“PLHAs should not be administered with Septrin only; there must be a programme that involves the whole couple, because if my wife is put under medication then I will not be able to make love to her”

- There ought to be CD4 machines throughout the region.
- Because most of the PLHAs are farmers, they suggested that the government should provide them with subsidies and they should also be given small projects to work on.
- Most of the PLHAs asked to be assisted with food during the first week that they are put under medication.
- There ought to be a law imposed by the government that will address the issue of discrimination/ stigmatization.

The disabled.

Views:

- The AIDS epidemic greatly affects the nation manpower and increases the number of deaths
- Most of the disabled claim to have never attended meetings related to the AIDS issue.
- Most of the news that they get about AIDS is from the radio only.

“I have never been shown how to use a condom so I don’t use one when I have sexual intercourse”

- Most of them claim that they are not respected; most say that prostitutes have more worth than they do.
- Some of them sell sex for Tshs 500-1000/= and others for a plate of rice only, especially of they have young children.



Disabled people need protection against HIV/AIDS.

“We don’t have any farms or jobs”

“There was a time my sewing machine broke down, I had to go around bars looking for money, I sold sex to feed my children and at the time I had just had an operation”

- Most of their marriages are unstable, the men have women on the sideline and the women get revenge by sleeping around with other men.
- There is no forum for their organization called CHAWATA at the Kasulu branch. And there is no contact with the Organisation at national level.

Regarding the RFA: ” We don’t know him”.

Recommendations:

- Most of them are infected; they should be assisted financially and morally.
- It is important that they have a representative in the CMACs, WMACs and VMACs
- They asked to be empowered by being provided with micro loans or small projects to work on.

“if I get sick at home I usually don’t have the money for treatment at the hospital so I use traditional medicine to treat myself .We ask to be treated freely in the hospitals”

Religious leaders.

- People should avoid excessive sexual practices.
- If girls fail to get the necessary funds to meet their needs, they should inform the leaders so that they can be assisted.
- Religious heads should not tire of preaching against social evils.

“Having many wives depends on ones perspective. It is possible to have one wife and not cheat and you can have many wives and still sleep around with other women”

- Rapists must be convicted and not let free.
- Long separations between married couples induce infections.
- There ought to be by-laws that restrict late hour drinking.

Regarding the RFA: “We don’t know him”

Recommendations.

- The AIDS awareness must involve the whole community and all groups in the society,
- The community must be mobilized to go for VCT.
- Leaders should take action instead of just using words to tackle AIDS.
- There ought to be a law that restricts bars and guesthouses from selling sex in their premises.
- Deaths caused by AIDS should be made open to the community at large to create fear of HIV among the community members.

Male youths living with HIV/AIDS.

- More societies for the infected should be formed.
- More economic assistance is required.

“If people are assisted then others will also come out in the open and declare their HIV status”

- Testing centers should be situated near the public and more centers should be set up.
- The AIDS awareness campaign mustn’t stop.
- There ought to be more organizations for the infected people.



Political Commitment at all level is a key step to combat HIV/AIDS

3.5 What ought to be done to reduce the spread.

- a) Couples should be faithful.
- b) The HIV/AIDS education should be given in schools.
- c) PLHAs should be financially assisted.
- d) The government should improve the mobile VCT because the service providers that are not from the local area are trusted more.
- e) Local celebrities should be spokespersons against HIV/AIDS since the public listen to them more.
- f) Girls should not be used as sex tools and objects.
- g) The government should not involve itself in beauty pageants.
- h) Women must be empowered.
- i) The youth should avoid discos and bars.
- j) AIDS awareness campaigns must be carried out regularly.
- k) The youth must be made aware of the AIDS pandemic.
- l) Specialists should be sent occasionally to give out much needed advice.
- m) PLHAs should speak out about AIDS and should be spokespersons in the campaign against AIDS.
- n) Unemployment should be addressed by the government
- o) Awareness campaigns should greatly involve PLHAs.
- p) Seminars organized by the CHMT/RHMT regarding VCT should be conducted throughout the region.
- q) PMTCT centers should be increased.

3.6 Obstacles to HIV/AIDS testing.

- a) The testing centers are situated very far from the villages.
- b) There is a lack of proper counseling and testing.
- c) Women are ready to be tested but the men are reluctant to do so.
- d) There is a fear of being tested because people are afraid of being found positive and discriminated by the society.
- e) The officers for the VCT campaign are very few and cannot meet the current demand.
- f) The rate of discrimination among the society is very high.
- g) Some dispensaries lack the required facilities for testing.

3.7 Effects of HIV/AIDS.

- a. There is an increase in the number of orphaned children.
- b. Increase in the number of widowed and widowers.
- c. Hardships for the surviving members of family.
- d. Businesses are affected, especially for the HIV positive people.
- e. Family incomes are affected.

CHAPTER FOUR REGIONAL COORDINATION

4.0 Coordination at regional level.

There is a high degree of coordination taking place in the region e.g. the education, agricultural and resource departments cooperate with the health department (DACC) in promoting awareness in the region regarding STIs/AIDS to their respective workers/staff. These departments equally balance each other and it has been the norm that when the DACC goes for training all his duties are left to the CHAC.

The road Engineer who greatly cooperates with the DACC illustrates another example. When the engineer goes for fieldwork, he is given condoms and AIDS leaflets, which he distributes to his workers.

The CSOs are coordinated by the Municipal and the CSOs report to the Municipal regarding the implementation of activities related to AIDS. The CSOs are registered and recognized by the Municipal authority in the region.

The CMACs coordinate and oversee all activities of the CSOs that deal with the fight against AIDS in their respective Councils.

The UNVs started volunteer work in the region in October 2006. The main/primary work of the UNVs is to increase the society's response in the fight against AIDS through building the society's capacity in determining, planning and implementing their goals. The plans however greatly depend on the resources that the society has and the plans are used as reference points when setting up the Council Comprehensive Plans (CCP).

The planning department of the Municipal coordinates and oversees the distribution of news/reports about AIDS to stakeholders, including the permanent Committees of the Municipal.

■ Coordination at district level.

At district level, AIDS committees have been formed at every municipal and meetings are held after every three (3) months. All committees have policies for implementation.

VMACs and WMACs have been formed at village, ward level but most of them do not meet on a regular basis, and they lack assistance from higher authority in carrying out their duties.

All organizations operating in the region's municipality are recognized and answerable to the relevant municipal. The region through its municipal audits and consults the organizations plans hand in hand with the agent (RFA) of TACAIDS.

The region has a network of CBOs that deal with AIDS, where each district has its authority.

The involvement/participation of different sectors in plans for the fight against AIDS at municipal level is not satisfactory because funds are in short supply and CMACs and VMACs involvement is little.

■ **The Regional health Management team (RHMT).**

This committee through the RACC oversees the coordination of health services in the region through the DACC, in assisting the planning and establishing the requirements of medicine/ drugs and facilities/equipments needed, and sends the information/requirements to the higher concerned authority at national level.

4.1 Municipal Departments.

It was observed that few departments such as the education, agriculture, construction and resource departments addressed the AIDS issue while other departments have not done so either because of fear of having deficit budgets or because of not being correctly directed on the course to take.

After some talks, it was agreed that they would prepare plans that involve the coordination of all sectors.

Municipal plans regarding AIDS.

i) 2006/07 Plans.

The fore focus for 2006/07 was to improve the VCT campaign. The aim was to increase the VCT Centers from three (2006) to eleven centers by the year 2007.

The number of centers was five (5) by October. Repair works are still in progress for the remaining six (6). This operation used up nearly three quarters of the whole budget of funds from the Global Fund.

The Municipals had plans of widening the medical care given to the PLHAs from one center (2006) to three centers by 2007. To achieve that, the municipals are closely working with the PLHAs.

ii) Others.

- To improve AIDS prevention committees at work places.
- To improve meetings of Heads of departments regarding AIDS which are done monthly basis.
- To hold AIDS seminars for stakeholders in the region.

4.2 Health Departments.

They are generally properly coordinated throughout the region and are giving out services as required.

The health departments provide the following services.

- VCT programs.
- Safe blood transfusions.
- AIDS prevention awareness.
- Treatment of STIs.
- PMTCT care.
- ARV distribution.
- Provide Home Based Care to patients.
- They give training to medical officers.
- Provide Youth friendly care.

1) Achievements.

- Services have improved and there has been an increase in the number of patients getting treatment at all levels in the government and private health centers.
- There have also been notable improvements in the provision of PMTCT and HBC services.

2) Problems faced.

- There is an increase in the number of patients requiring ARVs.
- There is a shortage of vehicles for the implementation of Mobile clinics.
- They lack CD4 machines in the council hospitals. Some patients are forced to travel a distance of up to 51 kilometers to get to hospitals that have CD4 machines.
- There are weaknesses in the infrastructures that are necessary in the provision of the services related to HIV/AIDS.

4.3 Condom Distribution

- ❖ Condoms are available but some are sold at high prices and others are available at dispensaries but people don't like buying them because they fear being perceived as adulterers.
- ❖ They are not used by the local people but by foreigners who are not well known in the areas.
- ❖ The condoms are sold in secret.
- ❖ For the period between January to September 2007, the number of distributed condoms was 1,656,000.

4.4 Voluntary Counseling and Testing (VCT).

By the year 2006, there were 26 centers providing this service. The Kigoma Council has six centers, Kibondo 4 centers, Kasulu 6 centers and the municipality has 10 centers. All centers had 98 counselors in 2005 and 102 counselors in 2006; currently many more counselors in training.

Table 4 (a) Voluntary Counseling and Testing (VCT), 2005.

District	Number of VCT centers	Total Number of people tested	Infected patients	
			Number	Percentage (%)
Kibondo	4	2,130	113	5.3%
Kasulu	4	3,019	180	5.9%
Kigoma Municipality	3	1,868	88	4.7%
Kigoma Ujiji	3	2,133	44	2.0%
TOTAL	14	9,150	425	4.6%

Table 4(b): Voluntary Counseling and Testing, 2006.

District	Number of VCT centers	Total Number of people tested	Infected patients	
			Number	Percentage (%)
Kibondo	4	1,490	98	6.6%
Kasulu	6	1,905	119	6.2%
Kigoma Municipality	10	1,182	77	6.5%
Kigoma Ujiji	6	1,630	36	2.3%
TOTAL	26	6,207	330	4.3%

■ **Voluntary counseling and testing (VCT) campaign.**

After the national launch of the VCT campaign by President Jakaya Mrisho Kikwete on 14/07/2007, Kigoma region did not lag behind. The Regional Commissioner Hon. Colonel Joseph Simbakalia launched the campaign in the region on 22/09/2007 in Kazuramimba village. After the launch successes that have been had up to 14/10/2007 are as shown below in the table.

Table 4.0: Progress/Development of the VCT campaign in Kigoma.

District	Number of residents (2007)	Aim (20%)	Those who were tested		Number of residents needed to reach the set targets.
			Number	Percentage%	
Kibondo	317,917	63,584	20,159	31.7%	43,425
Kasulu	756,022	151,205	47,701	31.5%	103,504

Kigoma Municipality	598,139	119,628	3,932	3.3%	115,696
Kigoma Ujiji	174,668	34,934	7,866	22.5%	27,068
TOTAL(REGION)	1,846,746	369,351	79,658	21.6%	289,693

4.5 Safe blood donation.

This service is provided by 5 hospitals in the region and four (4) health centers, among them private hospitals are 2 and private health centers are also 2.

For the year 2005 and 2006, people who donated blood are as shown below in table 4 (c) and table 4 (d).

Table 4 (c): The rate of infections for blood donors, 2005.

District	Blood donors		Number of donors infected with HIV/AIDS					
	Males	Females	Males	%	Females	%	TOTAL	%
Kibondo	1,222	149	59	4.8%	9	6.0%	68	5.0%
Kasulu	2,979	946	150	5.0%	54	5.7%	204	5.2%
Kigoma Municipality	608	246	35	5.8%	9	3.7%	44	5.2%
Kigoma Ujiji	2,020	718	106	5.2%	32	4.5%	138	3.7%
TOTAL	5,829	1,759	350	20.8%	134	1.6%	484	4.7%

Table 4(d): the rate of infections for blood donors, 2006.

District	Blood donors		Number of donors infected with HIV/AIDS					
	Males	Females	Males	%	Females	%	TOTAL	%
Kibondo	619	219	34	5.5%	14	6.4%	48	5.7%
Kasulu	2,817	1,037	86	3.15%	36	3.5%	122	3.2%
Kigoma Municipality	470	289	63	13.4%	28	9.7%	91	12.0%
Kigoma Ujiji	2,938	602	113	3.8%	35	5.8%	148	4.2%
TOTAL	6,844	2,147	296	4.3%	113	5.3%	409	4.5%

4.6 Prevention of Mother to Child Transmission of HIV (PMTCT).

This service is provided in the region by 21 centers.

Table 4(e): Mother to Child Transmission of HIV, 2005.

District	Number of PMTCT centers	Number of Mothers tested	Number of infected (positive)	
			Total	Percentage%
Kibondo	3	2,590	39	1.5%
Kasulu	3	1,862	28	1.5%
Kigoma Municipality	2	5,103	33	0.6%
Kigoma Ujiji	5	977	61	6.2%
TOTAL	13	10,532	161	1.5%

Table 4(f): Mother to child Transmission of HIV, 2006

District	Number of PMTCT centers	Number of Mothers tested	Number of infected (positive)	
			Total	Percentage%
Kibondo	6	3,054	52	1.7%
Kasulu	4	2,034	44	2.0%
Kigoma Municipality	4	1,316	44	3.3%
Kigoma Ujiji	7	6,789	113	1.7%
TOTAL	21	13,193	253	1.9%

4.7 ARV Distribution.

The supply of ARVs in Kigoma region began in the year 2006 at the regional hospital then later on spread to the district and private hospitals. Currently the region has 7 centers giving out this service free of charge. However, the Baptist hospital no longer distributes the ARVs because of a shortage of qualified staff and specialists.

In its quest to widen the supply of ARVs, the region has given training to 48 health workers from 16 centers so that treatment is acquired around the clock and to give out ARVs to patients who do not have any complications.

4.8 HIV/AIDS Stakeholders in Kigoma region.

The region has many stakeholders that are actively involved in the fight against AIDS. They have mostly involved themselves in areas of HIV/AIDS awareness/education and protection from contracting the deadly disease, VCT and treatment program is another sphere they deal in. There are Non-Governmental, governmental and International organizations/institutions that cooperate with the region in ensuring that the AIDS pandemic is effectively tackled. Some of the organizations are:

- TANZANIA REDCROSS.
- TACARE.
- AMREF.
- UNDP.
- CARITAS KIGOMA.
- UNICEF.
- BENJAMIN MKAPA FOUNDATION.
- COLUMBIA UNIVERSITY (ICAP).
- CARE INTERNATIONAL (RFA).
- AXIOS FOUNDATION.

These organizations have greatly assisted the region to implement its targets, which are, to give out quality services and to reduce the spread of HIV/AIDS.

- ❖ The organizations have contributed in the renovations of the regional hospital, the district hospitals of Kasulu and Kibondo, 11 health centers and 26 dispensaries.
- ❖ Together with the renovations, health workers have been given some temporary training on VCT and how to prevent mother to child transmission of HIV (PMTCT).
- ❖ Awareness at work places continues to be encouraged.

4.9 TACAIDS Regional Facilitating Agent (RFA) in Kigoma.

The RFA of Kigoma is CARE International and its head officer in the region is Mr. Joseph B. Fungo.

Through the RFA in Kigoma who has worked in this region from 2006, TACAIDS has been able to make the following progress.

- a) Assist and empower the local government authorities and secretariat in fighting HIV/AIDS.
- b) It has built up the strength of CSOs, FBOs and CBOS in fighting HIV/AIDS.
- c) Assist and empower community, village groups in the fight against AIDS.
- d) Oversee and coordinate the Community AIDS Response Fund (CARF). Through this fund, 72 CBOs in Kigoma region have gotten funds of Tshs 572,689,990 for activities involving the fight against AIDS.

Table 4(g): Organizations that deal with HIV/AIDS in Kigoma region.

District	Recognized organizations	Organizations; visited and evaluated.			Organizations that received funds/ allowances from CARF
		NGO/FBO	CBO	TOTAL	
Kibondo	13	7	6	13	13
Kasulu	24	10	11	21	13
Kigoma Municipality	26	11	12	23	24

Table 4(h): Organizations that received funds from CARF

District	Organizations	Funds distributed
Kibondo	13	145,504,000
Kasulu	13	143,926,140
Kigoma Municipality	242	98,745,800
Kigoma Ujiji	22	184,514,050
TOTAL	72	572,689,990

Table 4(i): The distribution of the Community AIDS fund in thematic Areas.

District	Related Issues	Prevention	Care and support	Effects of AIDS	TOTAL
Kibondo	48,475,400	84,077,900	22,072,800	29,887,950	145,504,000
Kasulu	3,630,000	49,169,900	26,296,900	21,649,000	143,926,140
Kigoma Municipality	39,065,850	75,406,090	15,562,800	13,891,400	98,745,800
Kigoma Ujiji	3,820,000	66,845,800	48,252,500	26,585,700	184,514,050
TOTAL	94,991,250	273,499,690	112,185,000	92,014,050	572,689,990

Statistics: Condoms, ARVs, VCT/ PMTCT centers.**i) Kasulu Health Department.**

- Condoms that were distributed in the last six months (2007) were 523,721 and used condoms were 413,279
- Number of counselors is 15.
- VCT centers are 6.
- Number of reported patients of HIV IS 239.
- Number of patients getting ARVs is 164.
- Number of patients not using medication is 72.
- Number of health workers who received training is :
 - PMTCT-30
 - ARVs- 21
- Number of PMTCT centers is 11.

ii) Kigoma Ujiji municipality.

- Number of PMTCT centers is 5, counselors are 32. The Total number of people who went for VCT from January to September 2007 is 8,151 where 4055 were females and 4265 were males.
- Those found with HIV were 147, males were 59 and females were 88.

- PTMCT workers are 44.
- Number of expectant mothers that were attended to were 6,789. those infected were 113 and those not infected were 6,676,
- Those who gave birth to infected children were 77
- Those who were administered with Niverapine were 44.
- From 2005, those registered in Care and Treatment centers were 1,150 among those males from age 14 onwards were 333 and women from that age were 745. Boys from age 0-14 were 35 and girls were 37.
- Those using ARVs are 656 in total, males from age 14 onwards were 202 and women in that age group were 422. Boys from age 0-14 were 18 and girls were 14. Children below the age of 4 were 6 in total.

NOTE:

These figures relate to the period between the years **2005 to September 2007**.

4.10 Challenges faced in the coordination.

- a) There is a shortage of Testing Centers.
- b) The number of patients in need of the ARVs exceeds the number of ARVs.
- c) People avoid testing because they fear they will die once they know their HIV status.
- d) The society believes it is the government's obligation to take care of the widowed and orphaned victims of AIDS.
- e) Poverty is a big problem.
- f) There is a problem of early and unprotected sex among schoolchildren.
- g) High rate of divorces.
- h) Transport problems hinder the coordination in the region.
- i) Coordinators in the region lack offices.
- j) There is a shortage of funds.
- k) There is still a need to increase awareness in the community regarding AIDS.
- l) The distribution of ARVs still needs some improvements as not all people who need the ARVs have hold of them.
- m) Many infected victims hide their status from the partner's /spouses.
- n) The infected victims usually get hold of the ARVs at a very late stage.

CHAPTER FIVE

CHALLENGES AND RECOMMENDATIONS

5.0 Challenges and problems.

The challenges and problems that are faced by the community and regional implementers in the fight against AIDS are:

- The community at large lacks capital to set up business ventures to overcome poverty that is one of their biggest enemies.
- Stigmatization and discrimination continues to be something that the society is reluctant to let go.
- The community has no specific place where it can take their grievances
- People are afraid of taking medication because of poor nutrition.
- Their families and communities cast off the victims.
- Victims do not get any help/assistance from the society especially concerning food.
- There is a rapid increase in the number of people infected with AIDS.
- Treatment programs have weaknesses especially in the distribution and use of condoms.
- There is a myth among the societies on the use and effectiveness if condoms.
- There are weaknesses in the infrastructures necessary for the fight against HIV/AIDS.
- There is a shortage of CD4 machines, and the available ones are damaged.
- Some VCT centers are always closed.
- Organizations such as FBOs, CBOs, and CSOs face an acute shortage of funds necessary in their fight against HIV/AIDS.

5.1 Recommendations.

Various groups had various recommendations. Some of them are as explained in the following paragraphs.

- There should be secrecy when one goes for testing.
- There should be enough education given regarding HIV/AIDS.
- Condom distribution should be improved.
- Children should be taught about AIDS from standard five (5) and they should be taught on the proper use of condoms.
- Children under seven (7) should be warned about playing with sharp instruments/ needles.
- Parents should stop sleeping in the same room as their children when the children reach age 3.
- Institutes that deal with AIDS should make it a regular practice to have regular visits to the community.
- Marriages should be respected.
- Males should be taught to respect their wives and marriages.
- The elite must stop hiring young girls as servants and should stop people who are selling their bodies in their neighborhoods.

- Schoolchildren must have a special subject that teaches about AIDS.
- Food vendors and waitresses should be given regular seminars.
- Kigoma residents should be made aware of AIDS so that they stop practicing outdated customs that are harmful and risky.
- Bar owners should hire educated employees.
- The CMACs and VMACs ought to become conversant in matters related to AIDS.
- Laws must be imposed to curb night bars and discos.
- Assistance ought to be given to enable the PLHAS who are open about their status to live in harmony with the community.
- It was advised that the health department should order sufficient condoms and should distribute them in all health centers where they will be re-distributed by the health workers to the villages so that they reach the targeted people.
- There should be proper coordination in the region in relation to the organizations activities to facilitate information/experience exchange and to build their capacities.
- Emphasis should be placed on municipal planning and setting aside funds to tackle HIV/AIDS.
- Every organization must have a policy on fighting HIV/AIDS.
- By-laws must be formulated to address the issue of cinema houses showing x-rated movies.
- VCT centers should be situated close- by the society.
- Religious values should be taught to all members of the society to make people stop doing immoral acts such as prostitution, adultery.
- Condoms of all genders should be provided in all areas of the region.
- Commercial sex workers ought to be educated on how to protect themselves from infections.
- The infected ones should start groups/societies that will help them in meeting their needs.

CHAPTER SIX CONCLUSION

TACAIDS believes that the rate of HIV/AIDS infections is more than the 2 percent (%) previously indicated by **THIS** (2003-2004). The talks carried out by different groups attested to this belief and the common drivers for the spread of HIV/AIDS were listed as:

- ❖ The steady rise in commercial sex.
- ❖ Interactions between different social groups.
- ❖ Isolation from family members by the soldiers makes them seek companionship from the local females to rid their loneliness.
- ❖ Poverty.
- ❖ Many parents use their daughters as a means of income by selling them off.
- ❖ Cinemas show x-rated movies that tempt the youth.
- ❖ Low incomes and unnecessary salary cuts for bar workers that prompt them to sell their bodies in exchange for money.
- ❖ Moral erosion, such as females wearing tight and provocative clothing.

The rate of awareness in the region is high among the residents of Kigoma region but the understanding of how to tackle the problem of HIV/AIDS remains a challenge. Many people believe that the prevalence is very low but there are many drivers for the disease as listed above.

The region is advised to increase the involvement/participation of the society and stakeholders in planning the fight against HIV/AIDS.

Proposed suggestions:

1. The municipalities in Kigoma should review the strategies for the fight against AIDS especially in the risky areas (at border points).
2. By-laws that aid in the fight against AIDS ought to be set up and fully enforced.
3. Coordination at Municipal level must be improved.
4. There needs to be a concentrated and coordinated effort in determining the true number of orphans in the region.
5. All organizations that deal with AIDS must be overseen by the relevant authorities to ensure active participation in the fight against AIDS.
6. The districts must be equipped with the necessary facilities for tackling the epidemic.
7. AIDS awareness within the Councils needs to be advocated.
8. Committees/Chapters for PLHAs ought to be nurtured.

Regional plans/strategies.

i) Municipal plans.

- Hold seminars for PLHAs and equip them with entrepreneurial skills.
- Increase PMTCT centers and services.
- Conduct training for VCT counselors.
- Improve awareness in the Municipalities.
- Help displaced children in villages (Lugufu Refugee Camp).

ii) Regional goals/Plans.

- To increase the number of health workers in the region.
- To improve the centers for Voluntary Testing and Counselling.
- To increase centers for ARVs distribution from 6 (2007) up to 24 by December, 2008 with the help of USAID, ICAP (Columbia), UNAID, GLOBAL FUND and JICA.
- To continue providing health education on how best to protect oneself from HIV/AIDS.
- To involve the community through the CBOs and various groups/institutions in the community in matters related to HIV/AIDS.
- To widen the community's response in curbing the spread of HIV/AIDS.
- To increase the number of VCT centers and counselors and increase HBC to home patients.
- To continue promoting VCT.
- To collect figures regarding the actual number of orphans and widows with the help of council teams and NGOs.
- To hold seminars of HIV/AIDS.

Because there are drivers of HIV/AIDS that can be eliminated without the need of money, then by-laws should be made to tackle these drivers head on.

In fighting AIDS at district, municipal and village level, the RHMT and CHMT will only be successful if they are empowered, given financial assistance and involved in planning, implementing and mobilizing the plans for the fight against AIDS.

The mission that took place in Kigoma established that services related to protection against HIV/AIDS need to be improved especially in the key areas where HIV/AIDS is a big problem. It is necessary to ensure that condoms are easily accessible and distributed in all areas and proper condom use needs to be drilled/taught at all levels.

There are many laws which aid the spread of HIV/AIDS e.g. the marriage Act. It is advised that the government should look into these laws again to see what could be amended.

Moral erosion among the youth can be addressed by cooperating with parents and religious

leaders because it has been established that many children start sexual relations at a very early age (9/10 for girls), and there have also been reported cases of girls starting sex at age 5 in some areas of Kigoma municipality and in the villages and boys start at age 12. It is advisable to involve the parents and religious leaders as they are the people most close to the youth.

Since NACOPHA is in the process of establishing council chapters nationwide, then it is advised that it should involve these chapters in the planning, formulation and implementation all activities related to HIV/AIDS in the relevant councils.

TACAIDS believes that, should the mentioned recommendations be taken into task, then Kigoma region will make a big stride in tackling the AIDS epidemic in not only the region but it will also have a tremendous effect at National level.

CHAPTER SEVEN ANNEXES

7.1 : Statistics/ Figures.

NO.	ISSUE	FIGURES												
1.	Rate of infections (THIS)	2% (2004 survey)												
2.	VCT Centers (numbers)	Kigoma Ujiji 9 Kigoma 27 Kasulu 6 Kibondo 4												
3.	CMACS	<p>In Kigoma Ujiji the committee is active. It holds its meetings according to the timetable set by the Municipal.</p> <p>Agendas that are discussed in the meetings are :-</p> <ul style="list-style-type: none"> ❖ Improvement of WMACs ❖ Strengthening relations with the local medicine men. 												
4.	Condom use	<p>The situation:</p> <p>Kigoma Ujiji: a total of 23 boxes consisting of 72,000 condoms were distributed in military camps, dispensaries and guest-houses.</p>												
5.	STI cases	<p>Kigoma Ujiji</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Males</td> <td style="text-align: right;">218</td> </tr> <tr> <td>females</td> <td style="text-align: right;">312</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">530</td> </tr> </table> <p>Kasulu 296,076 = (1.3%)</p> <p>Kibondo</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Males</td> <td style="text-align: right;">615</td> </tr> <tr> <td>Females</td> <td style="text-align: right;">1474</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">2089</td> </tr> </table>	Males	218	females	312	Total	530	Males	615	Females	1474	Total	2089
Males	218													
females	312													
Total	530													
Males	615													
Females	1474													
Total	2089													
6.	Number of districts	Four (4)												
7.	Names of districts	<ol style="list-style-type: none"> 1. Kigoma 2. Kasulu 3. Kibondo 												

7.2: Names of Administrators.

1.	Names of Administrators.	<p>Regional level</p> <p>RC - col.(retired) Joseph Simbakalia</p> <p>RAS – Sekulu Michael Selungwi</p> <p>RPLO- Renatus Nyambwa</p> <p>RAO - Antony Jakonyango</p> <p>RACC –Bernard K Lugila</p> <p>RSWO- Rasheed Mafutah</p> <p>RS Focal Person -Zilpa Kisonzela</p> <p>RMO- Dr Modesta Misana</p> <p>REO- Patrice Wangilisasi</p>
2.	Names of Administrators	<p>Heads of Districts:</p> <p>Kigoma –John S. Mongella</p> <p>Kasulu _Said Bwanamdogo</p> <p>Kibondo-Antonyo Mzurikwao</p> <p>Municipal Directors:</p> <p>Kigoma town- Mpangalukela B.B. Tatala</p> <p>Kigoma Municipal- Samwel Saliyanga</p> <p>Kasulu Namtumbo</p> <p>Kibondo- Paul Nkulila</p>
3.	Regional Facilitating Agent (RFA)	CARE INTERNATIONAL
4.	Head Agent/Officer (RFO)	Dr.Benard Shija

7. 3: Various reports

1.	Number of Groups that were reached by the RFA	Kasulu 13 Kigoma ujiji 22 Kigoma Municipal 24 Kibondo 11 <hr/> Total groups 70
2.	Total number of funds that were distributed without going through the RFA.	2005/2006 KASULU- 31,318,000/= 2006/2007 33,000,000/=
3.	Name of the representative from the PLHAs who will represent them in NACOPHA.	Lucy Magulu
4.	Total number of funds that were given to the region	CARF Grants, etc. 2006/2007 Kigoma Ujiji – AMREF 5,450,000/= CARF 145,000,000/= GLOBALFUND 180,000,000/= UNDP 5,000,000/= <hr/> Total 335,450,000/= KIGOMA:- KASULU:- TACAIDS- 31,318,000/= UNICEF- 43,220,400/= BASKET FUND 9,085/= TACAIDS 33,000,000/= GLOBAL FUND 153,490,168/= KIBONDO:
5.	Types of researches that are done in the region	
6.	Main participants outside the government.	1. PSI 2. CARITAS 3. AMREF 4. RED CROSS 5. TACARE(JANE GOODALL INSTITUTE) 6. CARE INTERNATIONAL
7.	MTEF: Main objective.	To improve services and increase response in the fight against AIDS in the region.
8.	Challenges faced in the region.	Regarding: <ol style="list-style-type: none"> 1. Increase of HIV infections and night markets. 2. Increased interactions between different social /cultural groups. 3. Refugees. 4. Fishermen camps.

7.4: Programme for the Mission.

1.	Programme for the mission.	<p>The trip will be for five(5) days The executive chairperson will go with three (3) officers from TACAIDS, and two (2) commissioners The NACOPHA chairperson UNAIDS and NACP representatives, development stakeholders and press people from ITV/ TVT and RADIO Tanzania, and the Kigoma RFA.</p> <p>The team is expected to arrive in Kigoma on 28. 10. 2007 at 4.30 pm.</p>
----	----------------------------	--

