

**TUME YA KUDHIBITI UKIMWI TANZANIA (TACAIDS)**



**TAARIFA YA UFUATILIAJI  
NA TATHIMINI YA UKIMWI  
MKOA WA SINGIDA**

**OKTOBA, 2007**

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<b>ARV</b>	Dawa za Kupunguza makali ya Ukimwi
<b>BMAF</b>	Mfuko wa Benjamin Mkapa wa Ukimwi
<b>CBO</b>	Mashirika ya kijamii
<b>CSO</b>	Asasi za Kiraia
<b>CTC</b>	Unasihi na Upimaji wa Hiari
<b>FBO</b>	Vyama vya Kiimani
<b>HBC</b>	Huduma za Majumbani
<b>NACOPHA</b>	Baraza la Taifa la Wanaoishi na VVU NA UKIMWI
<b>NACP</b>	Mpango wa Taifa wa Kudhibiti Ukimwi
<b>PMTCT</b>	Uzuiaji wa Uambukizaji wa Mama kwa Mtoto
<b>RFA</b>	Wakala wa Tume wa Mikoa
<b>STI</b>	Magonjwa ya zinaa
<b>TACAIDS</b>	Tume ya Taifa ya Kudhibiti Ukimwi
<b>THIS</b>	Tanzania HIV Indicator Survey
<b>UKIMWI</b>	Upungufu wa kinga mwilini
<b>UNAIDS</b>	Mpango wa Umoja wa Mataifa wa Ukimwi
<b>VCT</b>	Huduma za Upimaji na Ushauri
<b>VCT</b>	Kituo Cha Ushauri Nasaha
<b>VVU</b>	Virusi Vya Ukimwi
<b>WAVIU</b>	Wanaoishi na Virusi Vya Ukimwi

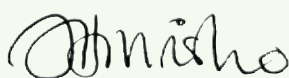
## SHUKURANI

Tume ya Taifa ya Kudhibiti UKIMWI (TACAIDS) inapenda kuwashukuru kwa moyo mmoja wale wote waliofanikisha ziara yetu Mkoani Singida.

Shukurani za pekee ziwaendee viongozi wote wa ngazi ya Mkoa mpaka vitongoji kwa kutupatia ushirikiano wa hali ya juu katika kufanikisha shughuli yetu kwa kujitolea muda wao na nguvu ili kuhakikisha zoezi linafanikiwa.

Pia tunapenda kushukuru makundi ya watu wote tuliofanya mahojiano nao kwa muda wao na uwazi waliouonyesha kwa yale tuliyotaka kufahamu kutoka kwao.

Aidha tunapenda kuwashukuru wahisani, Wadau wa Maendeleo na Shirika la Umoja wa Mataifa (UNAIDS) na Mpango wa Taifa wa kudhibiti UKIMWI (NACP) kwa kushirikiana nasi katika ziara hii muhimu.



**Fatma Mrisho.**

**Mwenyekiti Mtendaji.**

Mhe. Waziri Mkuu alitembelea Mkoa wa Singida ambapo tarehe 24/5/2007 aliweza kupata taarifa mbalimbali zikiwemo za hali ya maambukizi ya UKIMWI iliyoonyesha ongezeko la maambukizi kutoka asilimia 6 ya mwaka 2005 hadi asilimia 13.75 mwaka 2006 (kipindi cha mwaka mmoja). Kutokana na hali hiyo Waziri Mkuu aliagiza Tume ya Kudhibiti UKIMWI (TACAIDS) kwa kushirikiana na wadau wengine kwenda Singida kuangalia hali ilivyo kwa lengo la kuwa na mkakati mahsusi wa kushughulikia ongezeko hilo la maambukizi.

TACAIDS iliitikia wito na kwa kushirikiana na Wizara ya Afya na Ustawi wa Jamii, Mpango wa Umoja wa Mataifa wa UKIMWI (UNAIDS), Wadau wa Maendeleo wa UKIMWI, Wakala wa Tume wa Mikoa ya Dodoma na Singida (Action AID) na wenyeji wa Mkoa wa Singida kutoka kila Halmashauri ya Wilaya walifanya ziara ya Mkoa kati ya tarehe 11-14/6/2007.

### **Orodha ya waliokuwemo kwenye ziara Mkoani Singida**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| a) Halmashauri ya Wilaya Iramba       |                                 |
| 1. Dr. Fatma Mrisho                   | Mwenyekiti Mtendaji – TACAIDS   |
| 2. Frederick Macha                    | UNAIDS                          |
| 3. Dr. David Sando                    | NACP                            |
| 5. Wilbard Kimario                    | RFA (Dodoma/Singida)            |
| b) Halmashauri ya Wilaya ya Singida   |                                 |
| 1. Cornelia Becker                    | Mwakilishi - Wadau wa Maendeleo |
| 2. Lameck Mongo                       | Hospitali ya Mkoa               |
| 3. Joseph Sabore                      | Mratibu wa UKIMWI - Halmashauri |
| 4. Dr. Mmbando                        | Mratibu wa UKIMWI - Afya        |
| 5. Selemani Athumani                  | Mwakilishi wa WAVIU Singida     |
| c) Halmashauri ya Manispaa ya Singida |                                 |
| 1. Rustica Tembele                    | Tume ya Kudhibiti UKIMWI        |
| 2. Sam Komba                          | Tume ya Kudhibiti UKIMWI        |
| 3. Daffi E. Daffi                     | Mratibu wa UKIMWI - Manispaa    |
| 4. Godson Swai                        | Mratibu UKIMWI Manispaa Afya    |
| d) Halmashauri ya Wilaya Manyoni      |                                 |
| 1. Mr. E. Nyagwaru –                  | Tume ya Kudhibiti UKIMWI        |
| 2. Mr. Simon Keraryo                  | Tume ya Kudhibiti UKIMWI        |
| 3. Mr. P Mwaigomole                   | RFA (Dodoma/Singida)            |
| 4. Mary Kessy                         | Mratibu wa UKIMWI - Halmashauri |
| 5. James Ndimbo                       | Mratibu wa UKIMWI - Afya        |

## 1.1 Taarifa Fupi ya mkoa wa Singida

Singida ina wilaya nne, nazo ni Iramba, Singida vijijini, Manyoni na Singida Mjini. Mkoa una idadi ya watu 1,086,748 kati yao 531,015 ni wanaume na 559,748 ni wanawake.

Mkoa wa Singida ni moja ya Mikoa Tanzania ambayo ni masikini ukiwa na wastani wa kipato cha mwananchi kwa mwaka kikiwa ni Shilingi 208,812/= ikilinganishwa na kiwango cha wastani cha kipato cha Taifa ambacho ni wastani wa Shilingi 320,044/= kwa mwaka.

Halmashauri ya wilaya ya Singida ina idadi ya watu 440,219 kati yao 220,498 ni wanawake 51% na 209,403 ni wanaume 48%. Kasi ya ongezeko la idadi ya watu ni asilimia 2.4. Pia ina tarafa 7, Kata 28, Vijiji 146 na Vitongoji 838.

Manispaa ya Singida ambayo ina kata 13 na watu wapatao 114,853 kati yao wanawake ni 59,344 na wanaume ni 55,509. Kilimo na ufugaji ndio uti wa mgongo wa Manispaa na shughuli nyingine zifanywazo na wakazi wa Manispaa ni pamoja na kusindika mafuta ya alizeti, kuajiriwa serikalini na kujiajiri wenyewe.

Wilaya ya Iramba ina kilometa za mraba 7900 inakisiwa kuwa na idadi ya watu 392,465 hizi ni takwimu 2006. Wilaya ina tarafa 7, kata 28, vijiji 126.

## 1.2 Shughuli za Kiuchumi Mkoani Singida

Wakazi wa Mkoa wa Singida kwa kiasi kikubwa ni wakulima na wafugaji. Mkoa wa Singida una madini lakini uchimbaji wake ni mdogo. Uchimbaji wa madini bado ni eneo ambalo linahitaji kuangaliwa na kuendelezwa ili liweze kuwavutia wawekezaji. Kuna wachimbaji wa madini wadogo wadogo ambao hutumia nyenzo hafifu kutokana na umasikini uliokithiri na hivyo kuwa na uzalishaji mdogo.

Zipo shughuli za ujenzi wa barabara kutoka Dodoma – Singida – Shelui kwa kiwango cha lami. Barabara hii ikikamilika itachangia katika kukuza uchumi wa Mkoa wa Singida kwa kiasi kikubwa. Hali kadhalika, upembuzi yakunifu wa barabara kutoka Singida-Babati-Minjingu karibu unakamilika. Barabara zote zikikamilika zitavutia kwa kiasi kikubwa wawekezaji na hivyo kuufanya Mkoa wa Singida ufikiwe na maendeleo.

### 1.3 Lengo la ziara

1. Kuandaa mkakati wa kudhibiti maambukizi mapya ya ukimwi.
2. Kupata taarifa mbalimbali za hali ya ukimwi.
3. Kufahamu vichocheo vya maambukizi mapya.
4. Kupata maoni ya wadau kuhusu mbinu bora za kukabiliana na maambukizi ya virusi vya UKIMWI.

### 1.4 Mbinu zilizotumika kupata habari mbalimbali.

Timu ilitembelea maeneo mbalimbali kwenye Halmashauri na kufanya majadiliano na wadau mbalimbali, mathalani:

- Viongozi mbalimbali wa Mkoa na Wilaya
- Makundi mbalimbali kama: vijana, Wanaoishi na Virusi vya UKIMWI, wahudumu katika mabaa, nyumba za kulala wageni, mama lishe, madereva, viongozi wa dini, wazee maarufu, wafanyakazi wa Afya, na viongozi wa Asasi za kiraia
- Kuangalia na kupitia taarifa mbalimbali za hali ya UKIMWI na Kuangalia hali halisi iliyopo

### 1.5 Vikundi vilivyolengwa.

Watu na vikundi vilivyotembelewa ni pamoja na :

- Vijana,
- WAVIU,
- Wahudumu katika mabaa,
- Wahudumu katika nyumba za wageni,
- Mama lishe,
- Madereva wa malori,
- Viongozi wa dini,
- Wazee maarufu,
- Wafanyakazi wa Afya,
- Asasi za kiraia,
- Viongozi mbalimbali katika halmashauri husika.



*Ushiriki wa vijana ni muhimu katika mapambano dhidi ya UKIMWI*

## 2.1 Hali ya UKIMWI mkoani Singida

Mtu wa kwanza kugundulika kuwa na maambukizi ya virusi vya UKIMWI mkoani Singida ilikuwa mwaka 1986. Tangu wakati huo taarifa za watu walioambukizwa zimekuwa zikiongezeka mwaka hadi mwaka. Serikali imeweka mfumo wa kuratibu hali ya maambukizi katika mkoa huu kupitia njia kuu tatu

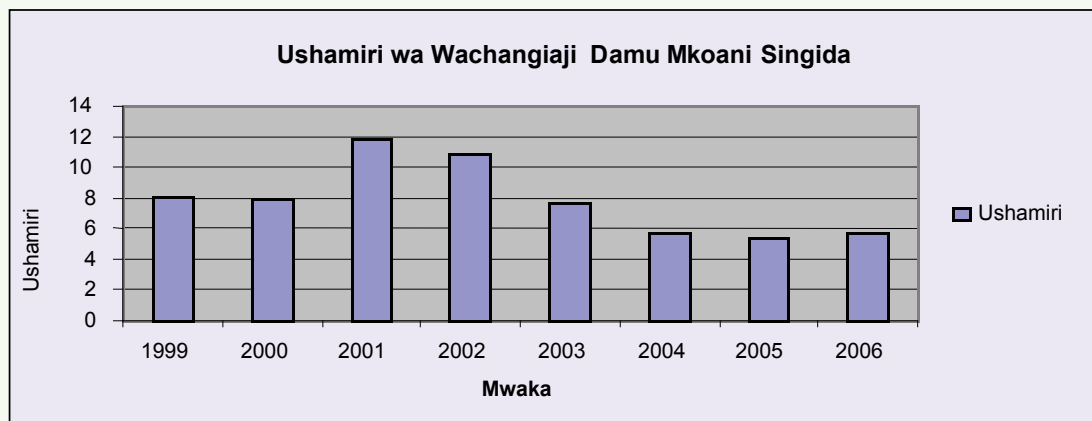
- 1) Kupitia uchunguzi wa watu wanaojitolea damu
- 2) Kupitia watu wanaohudhuria vituo vya ushauri nasaha
- 3) Kupitia taarifa za Vituo vya tiba kutuma taarifa za wagonjwa walio na upungufu wa kinga (AIDS case)

Pamoja na mifumo hii ya ripoti ya kila siku, tafiti ya Tanzania HIV Indicator Survey ambayo ilifanyika mara ya kwanza 2003/04 na itafanyika tena mwaka huu mwezi wa tisa mpaka mwanzoni mwa mwaka ujao inatumika kuonyesha hali ya maambukizi ndani ya mkoa na Nchi nzima kwa ujumla.

Mapitio ya takwimu za hali halisi ya maambukizi ya virusi vya UKIMWI mkoani Singida ni kama inavyoonekana hapa chini:

## 2.2 Uchangiaji wa damu:

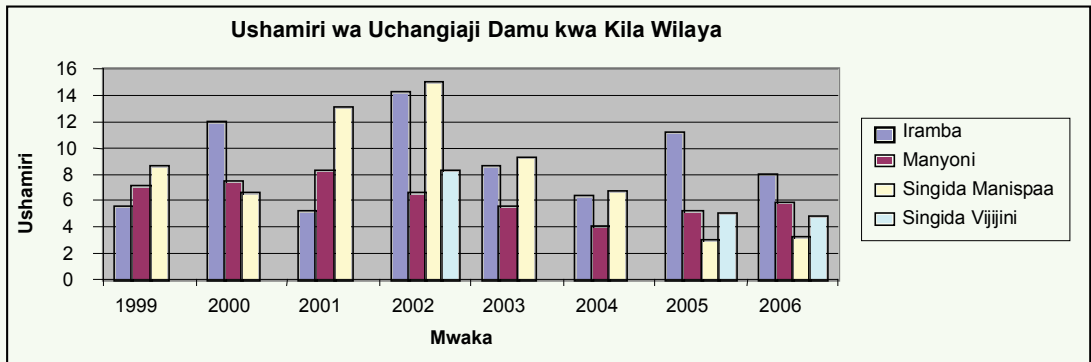
Mchoro 1.



Chanzo: Tanzania HIV Indicator Survey (2003/04)

Viwango vya maambukizi ya wachangiaji damu mkoani Singida tangu mwaka 1999 mpaka 2006 zimekuwa kati ya asilimia 6 na 8 isipokuwa mwaka 2001 na 2002.

Mchoro 2.



Chanzo:Tanzania HIV Indicator Survey (2003/04)

*Wilaya ya Iramba na Singida manispaa imekuwa na maambukizi kwa wachangiaji damu kati ya asilimia 5 na 11 isipokuwa mwaka 2000 na 2002, wakati manyoni imekuwa chini ya asilimia 8. (jedwali chini limetoa takwimu kwa tarakimu).*

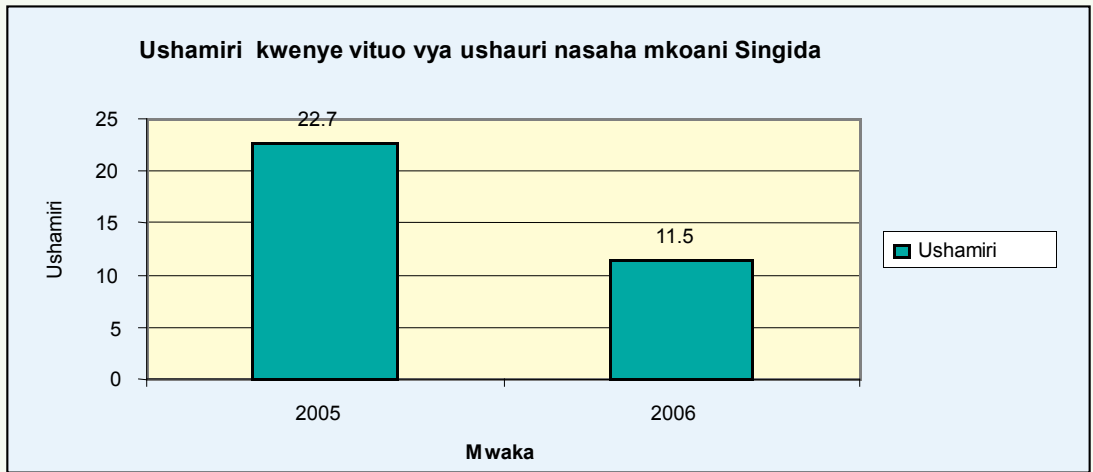
Jedwali 1.

	Ushamiri wa uchangiaji damu kwa kila wilaya							
Miaka	1999	2000	2001	2002	2003	2004	2005	2006
Iramba	5.5	12	5.2	14.2	8.6	6.4	11.1	8
Manyoni	7.1	7.4	8.3	6.6	5.5	4	5.2	5.8
Singida Manispaa	8.6	6.6	13	14.9	9.2	6.7	3	3.2
Singida Vijijini				8.3			5	4.8

Chanzo:Tanzania HIV Indicator Survey (2003/04)

### 2.3 Takwimu za waliojitokeza kupitia ushauri nasaha

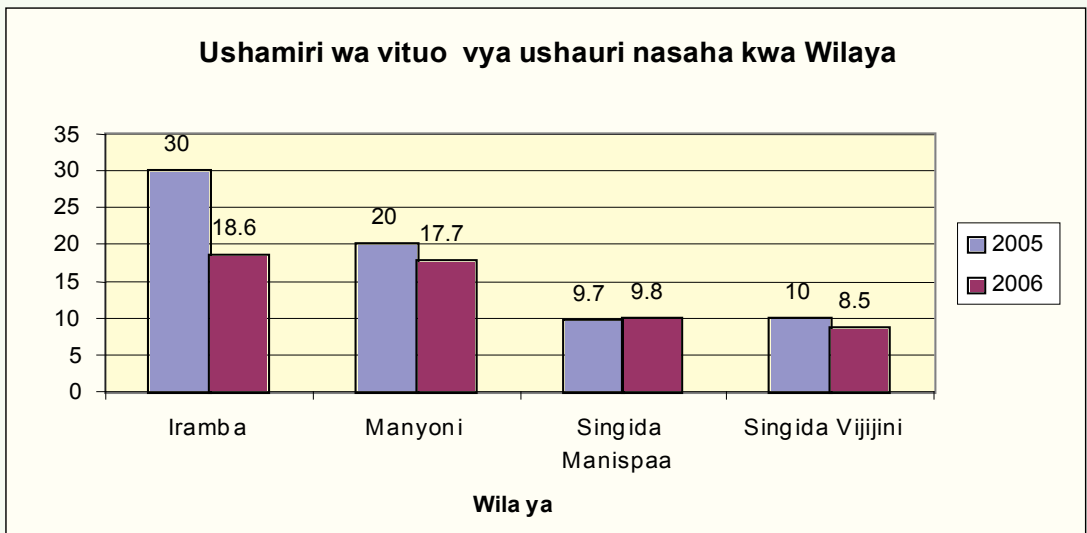
Mchoro 3.



Chanzo: Tanzania HIV Indicator Survey (2003/04)

*Maambukizi kupitia vituo vya ushauri nasaha yanaonyesha kushuka kwa asilimia zaidi ya 12 kati ya 2005 na 2006 kwa mkoa kwa ujumla.*

Mchoro 4.



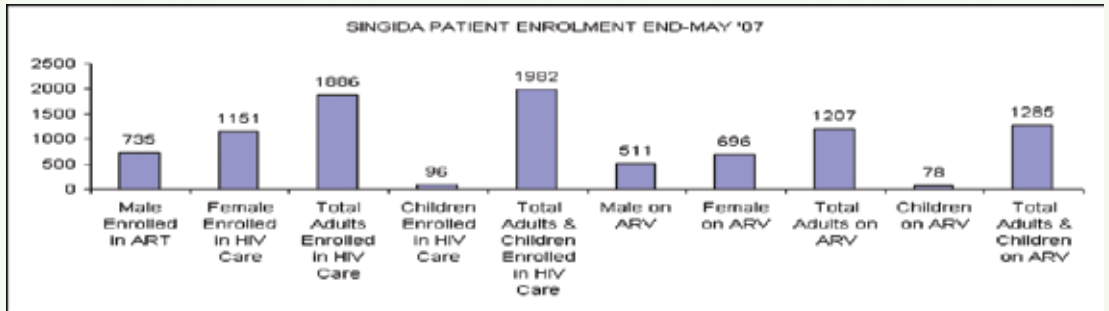
Chanzo: Tanzania HIV Indicator Survey (2003/04)

*Takwimu kutoka vituo vya ushauri nasaha zinaonyesha kushuka kwa maambukizi kwa wilaya zote isipokuwa Manispaa ya Singida.*

Taftiti ya Tanzania HIV Indicator Survey (THIS) inaonyesha Mkoa wa Singida kuwa na maambukizi ya asilimia 3,2 kwa mwaka 2003/2004

Mkoa una jumla ya vituo vitano vinavyotoa huduma ya dawa za kupunguza makali ya VVU. Mpaka mwisho wa mwezi wa tano mwaka 2007 jumla ya wagonjwa waliohudhuria katika vituo hivyo ni 1982, kati yao 1285 wanatumia dawa za kupunguza mkali ya VVU kama ilivyoanishwa kwenye chati hapa chini:

### Mchoro 5.



Chanzo: Tanzania HIV Indicator Survey (2003/04)

### 3.1 Yaliyojitokeza katika ziara.

Katika ziara iliyofanyika mkoani Singida kuna masuala yaliyojitokeza ni kama yafuatayo;

- 1) Wadau wote wanakubali kuwa UKIMWI ni tatizo kubwa mkoani Singida
- 2) Ufahamu juu ya njia za maambukizi na kujikinga dhidi ya maambukizi ya virusi vya UKIMWI ni wa kiwango cha chini kwa walio wengi katika jamii.
- 3) Kiasi kikubwa cha wananchi hawana ufahamu wa kutosha wa njia nyinginezo zinazochangia maambukizi kama kutoka kwa mama kwenda kwa mtoto, uchangiaji wa damu nk isipokuwa ngono.
- 4) Bado kuna tatizo kubwa la unyanyapaa miongoni mwa jamii. WAVIU katika manispaa walitoa mfano kuwa wanapokwenda kupata huduma ya CTC kuna baadhi ya watu ambao sio walengwa wa huduma hiyo ambao huenda kwenye kituo hicho kwa makusudi ya kuwajua wapatao huduma hiyo ili waweze kutangaza kwa watu. Hali hii imeathiri biashara ambazo WAVIU wamekuwa wakijihusisha nazo, kama zile za Mama Lishe, upikaji na uuzaji wa pombe za kienyeji na nyinginezo. Pia elimu ya Ukimwi haijawafikia ipasavyo.
- 5) Lipo tatizo kubwa la watoto wadogo walio mashuleni kuanza ngono mapema kati ya miaka 9 kwa wasichana na 14 kwa watoto wa kiume.
- 6) Kuna mzigo mkubwa utokanao na ongezeko kubwa la yatima na wajane katika wilaya zote.
- 7) Mkoa una vikundi vya uhamasishaji pamoja na asasi mbalimbali ambazo bado hazijatumika kikamilifu katika uhamasishaji
- 8) WAVIU waliopo mkoani Singida wana mchango mkubwa katika afua za kudhibiti UKIMWI katika jamii
- 9) Matangazo kupitia vipeperushi, mabango nk hayatoshelezi na sehemu nyingi vijijini hayapo.
- 10) Mipango ya kudhibiti UKIMWI sehemu za kazi haipo katika wilaya zote

### 3.2 Vichocheo vya mambukizi mapya.

Vichocheo vilivyoonekana kuchangia kwa kiasi kikubwa katika kuenea kwa mambukizi mapya mkoani Singida ni kama ifuatavyo:

- a) Kipato duni miongoni mwa jamii
- b) Ngono zembe kati ya wasichana na madereva haswa malori
- c) Ukosefu wa mabweni kwa wanafunzi wa kike
- d) Kuporomoka kwa maadili ya vijana na wazazi

- e) Ngoma za jadi mfano chagulaga na mikesha ya mbio za mwenge
- f) Makambi ya wajenzi wa barabara
- g) Baadhi ya wazazi kuwatumia mabinti zao kama njia ya kujipatia riziki (kipato)
- h) Ulevi
- i) Tabia ya kurithi wajane
- j) Watu wazima kuwa na mahusiano ya kimapenzi na watoto wadogo
- k) Wazazi kuchukulia kuwa kondom ni uchafu na hivyo kutokubalika kwa matumizi haswa kwa wototo wao.
- l) Uzururaji kutokana na kutokuwa na shughuli za kufanya na kujipatia kipato kwa vijana
- m) Kutopatikana kondom zitolewazo bure katika maeneo mengi vijijini
- n) Baadhi ya waathirika kuenea virusi kwa makusudi
- o) Kutokuwepo huduma rafiki kwa vijana mahali ambapo wanaweza kupata huduma za kiafya kuhusu UKIMWI na maradhi ya ngono
- p) Kuwepo ongezeko la filamu za ngono na matangazo ya TV yenye mwelekeo wa kuhamasisha ngono
- q) Imani za kishirikina zinashawishi watu kutoamini kuwepo kwa maambukizi ya VVU
- r) Baadhi ya watu katika jamii kuamini kuwa ukimwi ni tatizo la watu wanaoishi mijini.
- s) Mahitaji maalumu kwa jamii( kama kuwepo kwa ujenzi wa barabara,uvuvi na migodi)

Sababu halisi zinazochangia kwa kiasi kikubwa kuenea kwa maambukizi ya UKIMWI Mkoani Singida zimeainishwa wazi wakati wa ziara iliyofanywa Mkoani Singida. Kama ilivyo kwa Mkoa yote nchini, Tume kama chombo kilichopewa dhamana ya kuratibu mapambano dhidi ya UKIMWI nchini haina budi kupendekeza hatua za makusudi na afua utekelezaji zitakazounusuru Mkoa wa Singida na janga hili la UKIMWI



*Wanawake wawezeshwe ili kubeba ujumbe kuhusu UKIMWI.*

### **4.1 Takwimu za Afya za Mkoa wa Singida.**

Kiwango cha maambukizi kwa mujibu wa THIS ni 3.2% na kiwango cha maambukizi kutoka kwa mama kwenda kwa mtoto ni 6%. Vituo vya unasihi na Upimaji wa hiari mwaka 2002 vilikuwa ni vitano mpaka kufikia 40 mwaka 2006.

CTC vipo saba ambavyo ni Regional hospital, Makiungu, Manyoni, Kilimatinde, St. Gasper (Itigi), Kiomboi na lambi hospital.

Matumizi ya kondomu yalikuwa 130,000 mwaka 2004 hadi 328,905 mwaka 2005

Kiwango cha maambukizi ya magonjwa ya zinaa (STI) ni mwaka 2000-9.8%, 2001-12%, 2002-12.7%, 2003-8%, 2004-6.5% na 2005-5.5%.

### **4.2 Huduma za afya za UKIMWI zitolewazo kila wilaya.**

#### **4.2.1 Manispaa ya Singida.**

Huduma za afya zinapatikana kwenye vituo 11 vya Serikali, hata hivyo utoaji wa huduma za Ushauri Nasaha na Upimaji ni pungufu kwani vipo vituo vitatu tu vya Angaza, Faraja na Hospitali ya Mkoa ambavyo watu wanaweza kupata huduma hiyo. Katika kipindi cha mwaka uliopita, idadi ya watu waliopata huduma ya ushauri nasaha na kupima 1,075. Wapo watoa huduma 4 ambao wamepeva mafunzo ya upimaji na ushauri nasaha. Manispaa ina wagonjwa 1,075 ambao wamesajiliwa kwa ajili ya kupata dawa za kurefusha maisha na 695 tayari wanatumia dawa hizo. Mashine ya kupima CD4 ipo moja pamoja na kituo cha kutoa dawa za ARVs (CTC) kwenye Hospitali ya Mkoa na hivyo inabidi wagonjwa kusafiri kufuata huduma hizo mkoani, mara nyingi inakuwa vigumu kwa wagonjwa kufuata huduma hizo

Kwa upande wa kuzuia maambukizo kutoka kwa mama kwenda kwa mtoto, Manispaa imeweza kutoa huduma hiyo kwa wanawake 329 tu. Idadi hii ni ndogo kulinganisha na wanawake ambao wapo katika umri wa kuzaa.

Utoaji wa huduma kwa wagonjwa majumbani unafanyika na baadhi ya asasi zilizopo kwenye Manispaa.

Idadi ya wagonjwa wanaohudumiwa majumbani ni 62. Walio wengi wanahudumiwa na ndugu zao, elimu na vifaa vya utoaji wa huduma hii ni hafifu kwani kuna WAVIU wengine ambao wamepata maambukizo ya VVU kutokana na utoaji wa huduma kwa wagonjwa waliopo majumbani mwao.

Kondomu zinapatikana kutoka PSI na zinauzwa madukani, pia Wizara ya Afya inatoa kondomu

za bure. Baadhi ya watumiaji wameonekana kupendelea Kondomu zenye 'radha' fulani kuliko kondomu za 'kawaida' zitokazo Wizara ya Afya. Idadi ya Kondomu zilizogawiwa kwa kipindi cha mwaka uliopita ni 56,634 na zilizopo stoo ni 351.094.

#### **4.2.2 Halmashauri ya Wilaya ya Manyoni.**

Kiwango cha Maambukizi ni 5.5% na kuna vituo vya ushauri nasaha 13. Wagonjwa wanaofuatiliwa na Kliniki ya Upimaji wapo 122 - wanaume 34 na wanawake 88. Wagonjwa wanaotumia ARV na walio CTC – wanaume 274, wanawake 306 jumla 580. Vituo vinavyotoa huduma ya ARV: Hospitali ya wilaya ya Manyoni na Mtakatifu Gasper Itigi

#### **4.2.3 Halmashauri ya wilaya ya Singida.**

Ina hospitali 3 zinazoendeshwa na madhehebu ya dini na vituo vya afya vitano vya serikali, zahanati zipo 49 ambazo 42 ni za serikali na 7 za kidini. Vituo vya ushauri nasaha vipo 18. Wanaohudumiwa majumbani wapo 22.

Ugawaji wa Kondomu kwenye sekta za umma ni 12,628 na PSI 5000.

Kituo cha afya cha Ilongero kipo kilometa 22 kutoka mjini na kina wafanyakazi 18 kina uwezo wa kuchukua wagonjwa wanaolala 24 kwa mara moja na kina wafanyakazi wawili ambao wamepata mafunzo ya ushauri nasaha na upimaji na wengine wawili wamepata mafunzo ya maambukizi ya mama kwenda kwa mtoto.

Mwaka 2006 kituo cha ushauri nasaha kimepata wateja 344 kati yao 39 wamegundulika na maambukizi ambayo ni asilimia 11.3

#### **4.2.4 Halmashauri ya wilaya ya Iramba.**

Ina Hospitali mbili na vituo 4 vya afya na kuna zahanati 52. Kwa sasa kuna kituo kimoja cha CTC na kimoja cha uzuiaji wa maambukizi ya mama kwenda kwa mtoto (PMTCT) na vitatu vinavyotoa huduma ya ushauri na kupima kwa hiari (VCT) kwa wilaya nzima. Mpaka kufikia mwezi wa tatu 2007 ni watu 4,039 tu waliopima virusi vya ukimwi (ukiwajumuisha wote yaani waliochangia damu, PMTCT na VCT). Hii ni asilimia moja tu waliopima kati idadi ya watu wote 392,465.

UKIMWI na VVU ni tatizo kubwa katika wilaya ya Iramba kama inavyoonekana katika ongezeko la vifo na yatima, hata hivyo asilimia 99 ya watu katika wilaya hawajapima. Kitu kinachochangia hali hii ni kutokufika kwa huduma ya upimaji kwani wengi huishi sehemu ambazo huduma hizo hazipo na inashindikana kuifuata kutokana na miundo mbinu mibovu na gharama za huduma. Kwa upande mwingine upungufu wa wataalam wa afya na vifaa vinaathiri ukuaji wa haraka wa huduma kwa walengwa.

### **4.3. Changamoto wanazopata WAVIU.**

Matatizo yanayowapata watu wanaoishi na virusi vya ukimwi ilielezwa kuwa ni pamoja na:

- Jamii kuwatenga na kuwanyanyapaa
- Kuugua mara kwa mara na hivyo kushindwa kufanya shughuli za kiuchumi ili kukidhi mahitaji yao ya kimaisha.
- Watumishi kutopunguziwa kazi na hivyo kufanyishwa kazi ngumu na waajiri
- Kutokuwa na uwezo wa kuzunguka sehemu mbalimbali kutoa elimu ya UKIMWI
- Lishe duni
- Kukejeliwa
- Baadhi wanapata matatizo kama vile miguu kufa ganzi pindi watumiaapo ARVs.
- Na kutojaliwa na familia pamoja na jamii.
- Kutokana na uwezo mdogo Kifedha wagonjwa walioambukizwa wanashindwa kufika hospitali ya mkoa
- Mwanamke akigundulika ameambukizwa anapewa talaka au anaadhibiwa na mume.
- Vituo vya kupima ni vichache.

Vikwazo vinavyochangia watu kutopima ilitaarifiwa kuwa ni pamoja na hofu, Elimu ndogo ya UKIMWI, imani za kishirikina, imani potofu kuwa ukipima unakufa haraka, unyanyapaa na kutojali umuhimu wa kufahamu afya miongoni mwa wananchi walio wengi.

## 5.1 Mapendekezo

Timu ilifanya majadiliano na wadau mbalimbali kuhusu namna ya kukabiliana na hali hii katika Mkoa wa Singida. Yafuatayo ni pamoja na yaliyotolewa:

- a. Mikakati ya kudhibiti UKIMWI itoe kipaumbele cha utekelezaji kuanzia ngazi ya kitongoji, kijiji na kata
- b. Elimu sahihi itolewe kuhusu njia za maambukizi mapya na jinsi ya kujikinga
- c. Mikakati mbalimbali ya uhamasishaji iaandaliwe kwa ajili ya makundi mbalimbali mfano vijana, wazee, nk kwa kuwahusisha viongozi wa dini, wazee maarufu, viongozi wa serikali, asasi za kiraia nk.
- d. Huduma za ushauri nasaha na upimaji ziimarishwe pamoja na uhamasishaji wa umma
- e. Huduma rafiki kwa vijana zianzishwe na kuimarishwa
- f. Elimu ya ujasiriamali itolewe haswa kwa vijana ambao wengi hawana ajira
- g. Sheria ya kuwabana wale wanaosambaza virusi vya ukimwi kwa makusudi iwekwe na kutekelezwa
- h. Ukimwi uwe ni agenda rasmi kwenye kila mikutano mbalimbali katika ngazi zote
- i. Kamati za kudhibiti UKIMWI ngazi ya kitongoji, kijiji na kata ziwezeshe
- j. Huduma za mobile VCT clinics zianzishwe na kuimarishwa
- k. Kuwepo na mikakati ya makusudi kuondoa unyanyapaa ambao umekithiri katika jamii ya wana Singida kwani watu wanaogopa kujitokeza kupima kutokana na unyanyapaa
- l. Elimu ya elimu ya uzazi itolewe kuanzia elimu ya Msingi (kuanzia darasa la III) kwa sababu watoto wengi katika Mkoa huu wa Singida huanza ngono mapema kati ya miaka 9 kwa wasichana na 14 kwa watoto wa kiume.
- m. Kutokana na kuwepo kwa UKIMWI, kumekuwa na ongezeko kubwa la watoto yatima na wajane. Tatizo hili si kwa Singida peke yake bali ni kwa nchi nzima. Ipo haja ya kuwa na mkakati wa kukabiliana na ongezeko hili kimkoa.
- n. Asasi za kiraia zilizopo Mkoani Singida inafaa zitumike kwa ajili ya uhamasishaji. Kuna umuhimu wa kujenga ubia katika ya Mamlaka ya Mkoa na Asasi za kiraia zilizopo Mkoani (public – private partnership) katika kuimarisha mapambano dhidi ya UKIMWI.
- o. Elimu ya UKIMWI kupitia mabango, vipeperushi na vijarida iimarishwe na ifike hadi vijijini.
- p. Elimu rika iimarishwe

## 5.2 Hitimisho

- Takwimu alizopewa Mheshimiwa Waziri Mkuu zimetafsiriwa visivyo,Mkoa umetambua hilo lakini umeona kama changamoto na nafasi ya kuimarisha mwitikio
- Japo timu ilitambua kuwa mkoa umepewa nafasi ya tatu katika kundi la mikoa ambayo haijaathirika sana kutokana na utafiti wa THIS 2003/4 ikiwa ni uambukizi wa asilimia 3.5; uchambuzi unaonyesha dalili ya mlipuko wa ugonjwa kuongezeka
- Juhudi za ziada zinahitajika kuuwezesha mkoa wa Singida kuwa na mwitikio elekevu na unaofaa
- Uimarishaji wa mwitikio utahitaji rasilimali zaidi kuliko zilivyopangwa mwanzoni kwenye bajeti ya Halmashauri/wilaya(MTEF)
- Mahitaji maalumu ni pamoja na usafiri (pikipiki 6,baiskeli 12, na magari 2)

## **6. MAREJEO:**

1. Tanzania HIV Indicator Survey. 2005
2. National Care and Treatment Plan.

**TANZANIA COMMISSION FOR AIDS (TACAIDS)**



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

**October, 2007**

**ISBN 978-9987-519-12-5**



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## LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Anti Retro Viral
<b>BMAF</b>	Benjamin Mkapa Aids Foundation
<b>CHMT</b>	Council Health Management Team
<b>CMAC</b>	Council Multi-sectoral AIDS Committees
<b>CSO</b>	Civil Society Organization
<b>CTC</b>	Care and Treatment and Testing
<b>DMO</b>	District Medical Officer
<b>FBO</b>	Faith Based Organization
<b>HBC</b>	Home Based Care
<b>HIV</b>	Human Immune deficiency Virus
<b>NACOPHA</b>	National Council of People Living with HIV and AIDS
<b>NACP</b>	National AIDS Control Programme
<b>NMSF</b>	National Multi-Sectoral Strategic Framework (on HIV/AIDS)
<b>PE</b>	Peer Educator/Education
<b>PLHA</b>	People Living with HIV and AIDS
<b>PMTCT</b>	Prevention of Mother to Child Transmission of HIV
<b>RACC</b>	Regional AIDS Control Coordinator
<b>RFA</b>	Regional Facilitating Agency
<b>STI</b>	Sexually Transmitted Infections
<b>TACAIDS</b>	Tanzania Commission for Aids
<b>THIS</b>	Tanzania HIV Indicator Survey
<b>UNAIDS</b>	United Nation Aids Programme
<b>VCT</b>	Voluntary Counseling and Testing

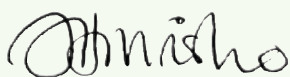
## ACKNOWLEDGMENT

Tanzania Commission for Aids is very grateful to all the people who contributed to well achievement of the tour in Singida region.

Our special thanks, go to the leaders from regional to village level for their good cooperation, time and efforts in order to achieve our goals.

We would like to thank all groups whom we consulted for their time, openness and for the issues we wanted to share with them.

Also, we would like to thank Donors, Development partners/stakeholders, United Nations Aids Programme (UNAIDS) and National AIDS Control Programme for cooperating with us in this important tour.



**Fatma Mrisho**  
**Executive Chairman**

## INTRODUCTION

The Honorable Prime Minister visited Singida Region on 24/5/2007, where he got report on various issues including HIV/AIDS transmission and prevalence rate in the region showing transmission rate increase from 6% in 2005 to 13.75% in 2006 in the period of one-year. Due to this situation, the Prime Minister asked the Tanzania Commission for Aids (TACAIDS) together with other stakeholders to review the report (visit the region) in order to come with strategic plan for decreasing HIV/AIDS prevalence rate.

TACAIDS responded to the request in collaboration with Ministry of Health and Social Welfare, United Nations AIDS Programme. Development AIDS Partners, Regional Facilitating Agency of Singida/Dodoma (Action Aid), Representatives from the district, municipal councils and visited the region between 11<sup>th</sup> – 14<sup>th</sup> /06/2007

List of people who visited the region were:

a) Iramba District Council

- |                     |                              |
|---------------------|------------------------------|
| 1. Dr. Fatma Mrisho | Executive Chairman – TACAIDS |
| 2. Frederick Macha  | UNAIDS                       |
| 3. Dr. David Sando  | NACP                         |
| 5. Wilbard Kimario  | RFA (Dodoma/Singida)         |

b) Singida District Council

- |                      |                                       |
|----------------------|---------------------------------------|
| 1. Cornelia Becker   | Representative - Development partners |
| 2. Lameck Mongo      | Regional Hospital                     |
| 3. Joseph Sabore     | Aids Coordinator - Council            |
| 4. Dr. Mmbando       | Aids Coordinator-Health               |
| 5. Selemani Athumani | Representative-PHLAs                  |

c) Singida Municipal City

- |                    |                            |
|--------------------|----------------------------|
| 1. Rustica Tembele | TACAIDS                    |
| 2. Sam Komba       | TACAIDS                    |
| 3. Daffi E. Daffi  | Aids Coordinator-Municipal |
| 4. Godson Swai     | Aids Coordinator-Health    |

d) Manyoni District Council

- |                      |                            |
|----------------------|----------------------------|
| 1. Mr. E. Nyagwaru   | TACAIDS                    |
| 2. Mr. Simon Keraryo | TACAIDS                    |
| 3. Mr. P Mwaigomole  | RFA (Dodoma/Singida)       |
| 4. Mary Kessy        | Aids Coordinator - Council |
| 5. James Ndimbo      | Aids Coordinator - Health  |

## 1.1 The Brief Report on Singida Region

The Singida Region has four districts, which are Iramba, Singida Rural, Manyoni and Singida Urban. This region has the population of 1,086,748 among of them 531,015 are men and 559,748 are women. This is among the poor regions in Tanzania where the average income of a person is 208,812 shillings compared to the average national income of 320,004 per year.

The Singida district council has 7 divisions, 28 wards, 146 villages and 838 hamlets and has 440,219 people among them 220,498 are women making 51% while 209,403 are men making 48%. Population growth rate is 2.4%.

The Singida Municipal has 13 wards and population is 114,853 among of them 59,334 women and 55,509 men. Agriculture and Pastoralism is the backbone of the municipal council and other activities which are done by the inhabitants are processing sunflower oil, while others are employed by the government or self-employed.

The Iramba district has got an area of 7900 square kilometres with an estimated population of 392,465 people (statistics for the year 2006). The district has seven divisions and 126 villages.

## 1.2 Economic Activities in Singida Region

The Singida People are mainly pastoralists and agriculturists. The region has minerals but little has been explored and is still at local level. It is a sector which needs a close look to attract investors. These local miners use local tools due to the poverty and therefore they have low production.

There are tarmac road constructions going on from Dodoma-Singida-Shelui. When this road is completed, it will raise the economic level. Meanwhile the visibility study of the road from Singida-Babati-Mijingu is very close to wind up so when all roads are completed it will encourage the investors to come to invest and hence boost the the regions economy.

## 1.3 Objectives of the tour

- 1) Have a strategic plan to control new infections.
- 1) To review available reports and data (to be guided by NMSF)
- 2) To understand what are the causes or catalysts/drivers of the epidemic.

- 3) To have the views/ideas from the stakeholders on good methods to respond to the problem.

#### **1.4 Method used to get the information**

The team visited different areas in the councils for consultations with various stakeholders for example

- Regional and District Leaders
- Different groups - mostly modified focus group discussions (8-12 people) of young females, young males, adult males, adult females, the elders/opinion leaders, male and female PLHAs, Officials from CSOs, Public sector, Faith-based organizations, groups of truck drivers, bar owners and attendants, owners and workers of guest houses, food vendors. Thirty (30) focus group discussions were held.
- Direct observations.
- Go through the available data on HIV/AIDS transmissions.

#### **1.5 Targeted groups.**

The following were the targeted groups:

- Young females,
- Young males,
- Adult males,
- Adult females,
- the elders/opinion leaders,
- Male and female PLHAs
- Officials from CSOs,
- Public sector,
- Faith-based organizations,
- Truck drivers,
- Bar owners and attendants,
- Owners and workers of guest houses,
- Food vendors.



*Youth participation is essential in the fight against HIV/AIDS*

## 2.1 The AIDS situation in the Region.

First person to be discovered to have the HIV virus was in 1986. Since then the number of infected people has been increasing year after year.

The government has put the system of coordination on the infection in the region through 3 main way:

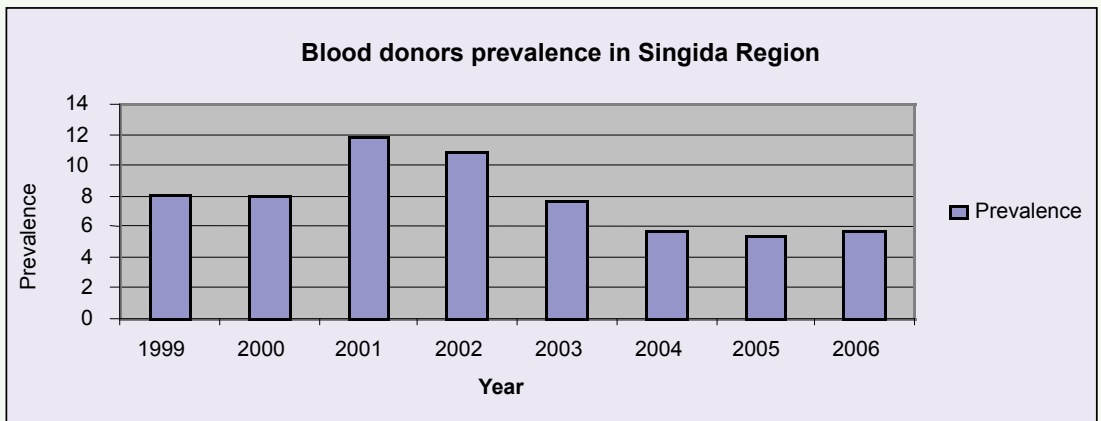
- 1) Those who donate blood.
- 2) Those who attend in VCT Centers.
- 3) The report from health centres on patient diagnosed with AIDS.

Together with these daily reports, research on Tanzania HIV Indicator Survey which was done for the first time in 2003/04 and will be done in September and at the beginning of next year, will indicate the situation of infection in the region and country at large.

The statistics of real situation of virus infections is as shown below:

## 2.2 Blood Donors:

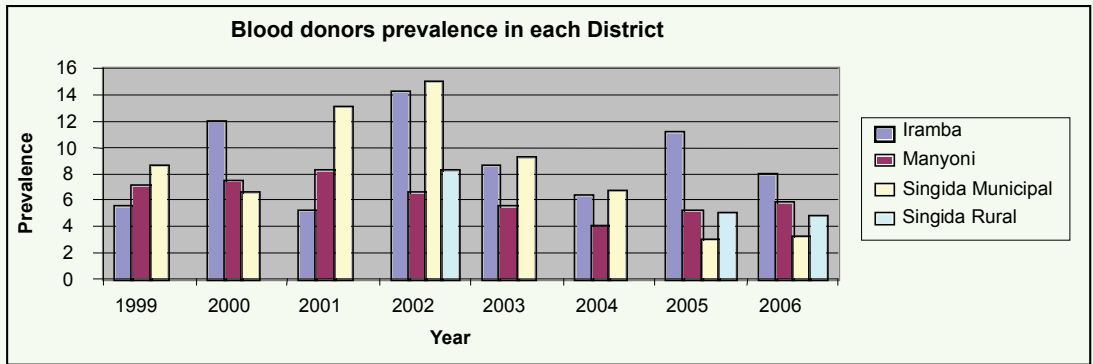
**Figure 1.**



Source: Tanzania HIV Indicator Survey (2003/04)

The rate of transmission of blood donors in the region from year 1999 up to 2006 are in between 6 and 8 percent except 2001 and 2002

**Figure 2.**



Source: Tanzania HIV Indicator Survey (2003/04)

The Infections of blood donors In Iramba and Singida municipal are in-between 5 & 11 percent except 2000 and 2002 while in Manyoni is bellow 8 percent

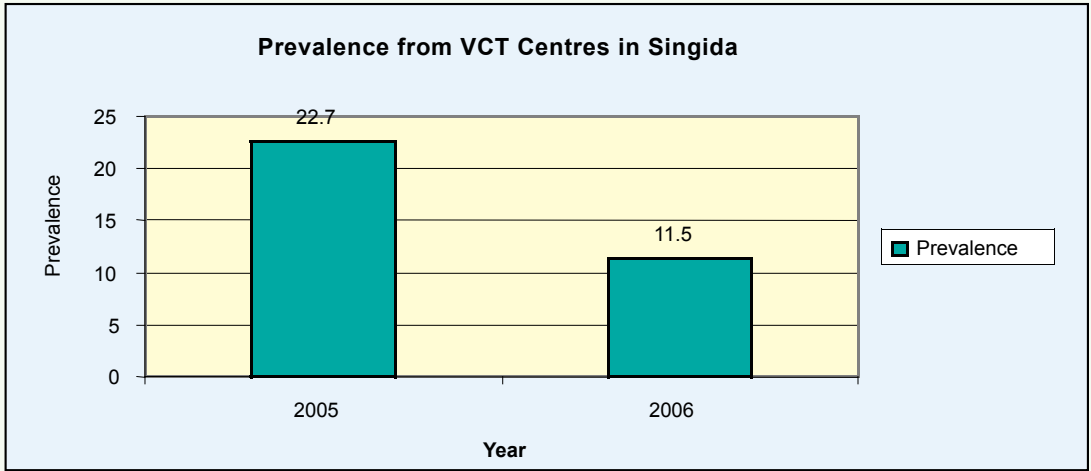
**Chart 1.**

Blood donors prevalence trends by district								
Years	1999	2000	2001	2002	2003	2004	2005	2006
Iramba	5.5	12	5.2	14.2	8.6	6.4	11.1	8
Manyoni	7.1	7.4	8.3	6.6	5.5	4	5.2	5.8
Singida Municipal	8.6	6.6	13	14.9	9.2	6.7	3	3.2
Singida district council				8.3			5	4.8

Source: Tanzania HIV Indicator Survey (2003/04)

### 2.3 The statistics of the people who attend VCT

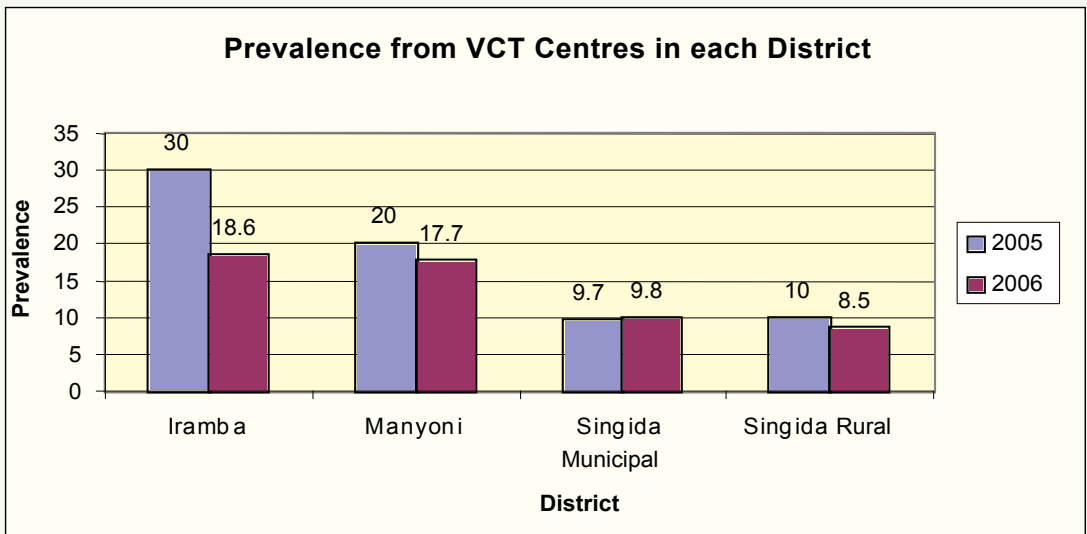
Figure 3.



Source: Tanzania HIV Indicator Survey (2003/04)

The infection through VCT shows to drop for more than 12% in between 2005-2006 for the entire region.

Figure 4.



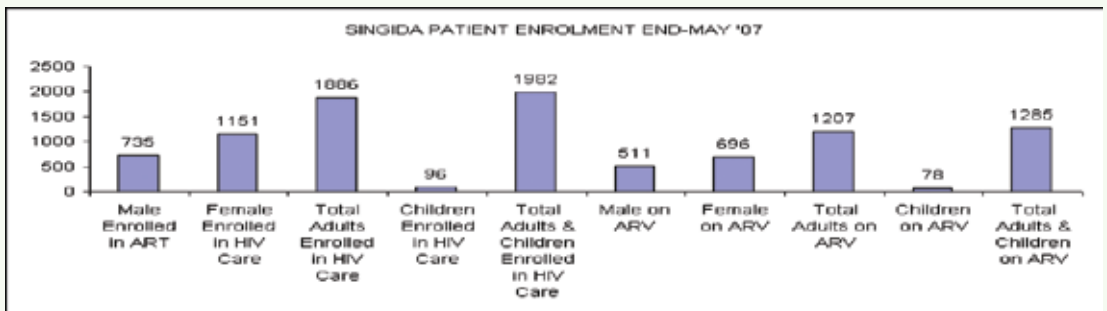
Source: Tanzania HIV Indicator Survey (2003/04).

The statistics from VCT shows the infections drop in all districts except Singida municipal.

Results from Tanzania HIV Indicator Survey (THIS) shows that Singida region has the prevalence rate of 3.2% in the year 2003/04.

In the entire region there are five centres which provide ARVs treatment. Until the end of May 2007, 1982 patients are attended in the centres among them 1285 use ARVs as shown in the figure below:

**Figure 5.**



Source: Tanzania HIV Indicator Survey (2003/04)

### 3.1 Findings.

During the visit within the region some of the issues were discovered as follows:

- (1) There is a general consensus that HIV transmission is a burden and a huge problem in Singida
- (2) Poor understanding of HIV modes of transmission - the understanding appeared better among younger people.
- (3) To a great extent many people are not aware of AIDS transmission from mother to child and from blood donation. They know transmission through sex only
- (4) There is still a big problem of stigma and discrimination among society. PHLA gave an example of people who would go to CTC not because they need the services but to know who is affected so that they could tell others. This has affected the PHLA who were food vendors or local brewers. This means there are lack AIDS education
- (5) There is a problem of school children starting sex at early stage for girls around 9 years while for boys at around 14 years
- (6) There is a big burden due to increase in the number of orphans and widows in all district
- (7) The region has a group of mobilisers, CBOs, CSOs which have not been utilized effectively.
- (8) PLHA have very big contribution to the AIDS interventions
- (9) Brochures, posters and other publications are not well advertised and distributed in rural areas.
- (10) There are no strategic plans on AIDS in working place in all districts.

### 3.2 Catalyst to the infection.

The following were seen as catalyst to the infection in the Region:

- b) Poverty/low income for most people in the society, especially young people
- c) Unsafe sex especially among young people and truck drivers as well as road construction workers
- d) Lack of school boarding facilities, girls having to rent facilities and hence increasing vulnerability to abuse
- e) Perceived low morality especially among youths
- f) All night or late night celebrations/events – some traditional dances e.g. “**chagulaga**” all night death vigils, national torch race etc.

- g) Presence of road construction workers, most of whom come without families and stay for 1-3 years
- h) Some parents encouraging their children (girls) to commercialise sex for their income
- i) High alcohol consumption
- j) Wife inheritance
- k) Trans-generational sex
- l) Parents condemning use condoms by their children, condoms being stigmatised
- m) Unemployment especially among youths.
- n) Lack of free condoms in most places, some cannot afford the ones marketed – this was mostly reported by young people
- o) Deliberate transmission of HIV by PLHAs.
- p) Lack of youth friendly services.
- q) Mushrooming of pornography stalls.
- r) Traditional beliefs of witchcraft, not believing that the AIDS signs and symptoms were due to AIDS.
- s) General belief that AIDS is a problem of people living in urban areas and not rural communities of Singida.
- t) Needs of special communities (in addition to road construction, there is also fishing and mining).

Factors which contribute to the spread of AIDS infection in Singida Region have shown clearly during the tour made in the region. As it is in all regions in the country, The commission which has been given the mandate of coordinating the struggle against AIDS in the country has to recommend deliberate measures of intervention and implementation to rescue the region from this pandemic.



*Empower women to carry HIV/AIDS messages.*

### **4.1 Health statistics of Singida Region.**

According to THIS the rate of AIDS infection is 3.2% while the rate of AIDS infection from mother to child is 6 % (PMCT). The number of VCT centres rose from 5 in 2002 to 40 in the year 2006.

The number of condoms used rose from 130,000 in the year 2004 to 328,405 in 2005. The rate of STI infections was 9.8% in 2000, 12% in 2001, 12.7% in 2002, 8% in 2003, 6.5% in 2004 and 5.5% in 2005.

### **4.2 AIDS health services provided in all Districts.**

#### **4.2.1 Singida Municipal.**

Health services is provided in 11 government centres, but the centres that provide voluntary counselling and testing are very few. There are only 3 VCT centres which are Angaza, Faraja and Regional Hospital. During last year, the number of people who got the services of VCT was 1075. And there is four trained staff on VCT. The Municipal has 1075 patients who are enrolled for treatment to expand life and 695 already use the ARV. There is only one machine for CD4 in Regional Hospital and one centre provides ARVs (CTC).

The patient has to travel all the way to get the services in the regional hospital. Most HIV positive clients when referred to CTC at regional hospital are not able to go due to financial constraints.

As for the prevention of mother to child transmissions, municipal has so far provided the services for 329 women only. This number is small as compared to the number of women who are at the maternal stage.

Home-based services are done by the community, CBO, CSO in the municipal. Number of patients attended at home is 62. But many are attended by their relatives. Less education and lack of working tools in the homes lead to people getting infected with HIV due to providing services to the patients at home.

Condom are distributed by PSI and sold in the market. Also Ministry of Health distributes free condoms. Some users like to use the condoms which suite their taste than the ordinary ones

from the Ministry of Health. Number of condoms distributed last year were 56,634 and 351,094 are in store.

#### **4.2.2 Manyoni District Council.**

The rate of Transmission is 5.5% and there are 13 VCT centres. Patients, who attend the Testing Clinic, are 122 in which 34 are men and 88 women

PMCT first quarter 2007: 149 women tested among them 22 were HIV positive.

Patient who are using ARVs and are in CTC are 274 men and 306 women a total of 580. Centres that provide services of ARV are Manyoni District hospital and Saint Gasper Itigi.

#### **4.2.3 Singida District Council.**

This council has three faiths based hospitals and 5 government health centres, 49 dispensaries among which, 42 are government and 7 faith based

VCT Centres are 18 and home based are 22. Distribution of condoms in public centres is 12,628 and PSI is 5000.

Ilongero health centre situated 22 km from town has 18 health staff which has capacity for 24 beds. There are 2 trained staff on VCT and 2 trained staff on PMTCT. There were 344 VCT clients in 2006 among which 39 were HIV positive this was 11.3%. From Jan-March 2007, the number of VCT clients was 59 among which 12 were HIV positive, which is 27%.

#### **4.2.4 Iramba District Council.**

Iramba District council has 2 hospitals, 4 health centers and 52 dispensaries.

There is one (1) centre providing care and treatment service (CTC), one (1) centre providing prevention of mother to child (PMTCT) service and three (3) voluntary and counselling centers (VCTs) for the whole district, Until March 2007 only 4,039 people had been tested for HIV (this includes blood donors, PMTCT and VCT) out of 392,465; which is about 1% of the population.

HIV/AIDS is a problem in Iramba as portrayed by an increase in the number of deaths and orphans. However, almost 99% of people in the district have not tested for HIV infection. One aspect contributing to this situation is inaccessibility of the HIV testing services. Most people live in areas where VCT and CTC services are not available and cannot access the existing facilities due to poor infrastructure and cost implications. On the other hand, shortage of qualified health staff and equipment hinder the rapid expansion of these services to the targeted population.

### **4.3 Challenges facing PLHAs.**

Problems facing the people living with HIV and AIDS are:

- Isolation and Stigmatisation by the society
- Being sick frequently therefore cannot work properly or do their activities in order to sustain, or get basic needs.
- The employed are overburdened no consideration for their health.
- They cannot afford to go to various areas to educate people about AIDS.
- Shortage of food due to poor harvest following weather change.
- Most HIV positive clients when referred to CTC at Regional Hospital are not able to go due to financial constraints.
- When females test HIV positive most of the time are divorced or punished by husbands.
- Some of the PLHA suffer from their numbness on their feet when they use ARVs.
- Being neglected by their families and the society in general.

Some of the setbacks that make people not to go for testing is fear of the outcome, lack of knowledge on HIV, traditional beliefs, feeling that when tested you will die quickly, fear for stigmatisation and not knowing the importance of knowing one's health condition among many people in the society

### 5.1 Recommendations and the way forward.

The team discussed with various stakeholder the ways to respond to situation in the region and recommended as follows:

- a. More focus on levels below the District (Wards and villages), getting closer to households
- b. Education should continue, especially focusing on modes of transmission, prevention and specifically aim at behaviour change
- c. Specific strategies targeting young females and males, the adults (male and female), religious leaders, CSOs, Government leaders etc.
- d. Scaling up of access to testing (almost every group met were more than ready to be tested). There was an overwhelming request to not only test but also publicise the results. Requests for mobile testing facilities were made
- e. Increasing access to youth-friendly services
- f. Introducing Enterprenurship skills, especially for youths, most of whom are not employed
- g. Punitive action for those who deliberately infect others
- h. HIV/AIDS should be a permanent agenda in all meetings
- i. Capacity of the Multisectoral AIDS committee at Village and Ward levels should be built and more guidance provided on their activities. They should be established where they have not started
- j. To address stigma which militates against testing and treatment (*Thursday clinic viewing*)
- k. Since sex on the average starts early in Singida (around 9 years and 14 years for girls and boys respectively) Reproductive health education should start early (third year of schooling)
- l. To address the increase in orphans and vulnerable people
- m. Strengthen public-private partnership, CSOs to be strengthened to provide BCC
- n. Education through brochures, posters and other publications to be strengthened and reach the rural areas.
- o. Peer education to be strengthened especially among the youth.
- p. Strengthening peer education

## 5.2 Conclusion:

1. The data presented to the PM was misinterpreted, the region recognised this but took the subsequent event as an opportunity to strengthen their response.
2. The team confirmed that though Singida was ranked third least affected region (THIS, 2003/4) with a prevalence of 3.5%; the assessment indicates that there is now every ingredient to fuel the epidemic.
3. Support is required to help Singida mount an effective response
4. Strengthening the response will require more resources that were originally budgeted for in the Council/District MTEF.
5. Special needs include transportation (6 motorcycles, 12 bicycles and two four-wheel vehicles), TA, (especially for Behaviour Change Communication, Youth Friendly Services, Socio-cultural studies).

## **6. REFERENCES:**

1. Tanzania HIV Indicator Survey. 2005
2. National Care and Treatment Plan.