

Wanahabari za kijamii waunda mitandao

Waandishi wa habari kutoka mikoa minne ya Njombe, Ruvuma, Mbeya na Iringa yenye viwango vikubwa ya maambukizi ya virusi vya UKIMWI (VVU) nchini wameazimia kuunda mitandao ya waandishi wa habari za UKIMWI katika mikoa yao.

Wana habari hao walifikia azma hiyo baada ya kubaini hawajaweza kukizipa uzito mkubwa habari za UKIMWI katika vyombo vyao, japo mikoa hiyo ndiyo yenye maambukizi makubwa ya VVU ikilinganishwa na viwango vya kitaifa.

Katika mafunzo yaliyoandaliwa na Tume ya Taifa ya Kudhibiti UKIMWI (TACAIDS), waandishi wa habari wakimwemohariri wa vyombo vya habari mbalimbali, walibainisha kwamba habari za UKIMWI zimekosa fursa ya kuwa ajenda katika vyombo vyao.

Wana habari 40 kutoka vyombo vya habari vya kijamii walikumbushwa kutumia wajibu wa taasisi hizo kushiriki katika mwikotio wa UKIMWI kwa kutangaza taarifa sahihi kwa jamii inayowazunguka. Katika mafunzo hayo, wana habari hao walipata fursa ya kueleza vichocho vinavyochochea kusambaa kwa VVU na kukumbushwa juu ya wajibu wao wa kuitumikia jamii kwani vyombo vyao vipo karibu na jamii inayowazunguka.



Wanahabari wa Mkoa wa Iringa katika picha ya pamoja na wakufunzi wa mafunzo yao.

Mwakilishi kutoka Chama cha Waandishi wa Habari za UKIMWI (AJAAT), alisema vyombo vya habari vya kijamii vina fursa kubwa ya kutoa taarifa za UKIMWI kwa kubainisha vichocho vinavyochochea kuongezeka kwa maambukizi katika jamii husika.

Akiwakumbusha wajibu wa vyombo vya habari vya kijamii, mtoa mada alisema tofauti na ilivyo kwa vyombo vya kitaifa ambavyo uwasilishaji wa taarifa zake huwa wa kitaifa, wao wana fursa ya kuchambua kwa kina vichocho vilivyopo katika jamii

wanayoihudumia.

Wanahabari hao walielezea changamoto za kuandika habari za UKIMWI kuwa ni pamoja na kutopata mafunzo ya kina ya kuandika kwa usahihi, kukosa ufadhili wa kutembelea sehemu tofauti kwa lengo la kukusanya taarifa na habari.

Kwa upande wao, waratibu wa TACAIDS kutoka mikoa hiyo walikubali kutoa ushirikiano wa kufanya kazi kwa karibu na wana habari hao ili kuhakikisha wanafanya kazi zao katika mazingira mazuri na rahisi kutimiza

wajibu wao.

Katika mafunzo hayo, asasi za kirai zinazofanya kazi za UKIMWI katika mikoa hiyo walibainisha umuhimu wa kuwa na wana habari watakaokuwa tayari kufanya kazi nao kwa pamoja chini ya mitandao hiyo.

Wawakilishi wa asasi hizo walisema kumekuwa na ugumu wa kufanya kazi na vyombo vya habari katika mikoa hiyo kutokana na kushindwa kuwajua waandishi walioboba katika uandishi wa habari za UKIMWI.

Chanzo: Benedict Sicalwe, AJAAT

Global analysis of HIV treatment cascades – the proportions of people diagnosed with HIV, in care, on treatment and virally suppressed – shows that some of the world's richest countries are still far short of achieving the UNAIDS 90-90-90 target, and the progress has proven to be worst in Eastern Europe.

The findings were presented by

Treatment cascades show 90goal within reach for some

Jacob Levi at the Eighth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) in Vancouver – described by numerous speakers this week as the '90-90-90' conference.

The 90-90-90 target set by UN-

AIDS aims to diagnose 90% of all people with HIV, provide antiretroviral therapy for 90% of those diagnosed, and achieve undetectable HIV RNA for 90% of those on treatment, by 2020. This ambitious target translates into undetectable viral load in 73% of

all people living with HIV.

How far are countries from achieving these targets? In some cases fairly close, but in others, the gap is enormous.

Research conducted by a team

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Our Vision:

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

Vichocheo Vinavyofanya UKIMWI kushamiri vyaanikwa

Wadau wa UKIMWI katika mikoa minne ya Mbeya, Njombe, Iringa na Ruvuma wamebainisha vichocheo vinavyosababisha kuongezeka kwa maambukizi ya Virusi vya UKIMWI (VVU), katika mikoa hiyo.

Wakizungumza katika mafunzo ya wanahabari kutoka vyombo vya kijamii, wadau hao walibainisha vichocheo hivyo ni pamoja na unyaji wa pombe, mila na desturi hatari na baadhi ya vijana kuanza kijuhusisha na ngono kakika mri mdogo.

Vichocheo vingine ni ukatili wa kijinsia na ukatili dhidi ya watoto, mila ya kutotahiri wanaume, ngono zembe, mwingiliano wa watu kutoka maeneo tofauti unaochochea vitendo vya ngono, umaskini, ulevi wa kupindukia, mila zilizopitwa na wakati kama kurithi wajane na biashara ya ngono.

Mratibu wa TACAIDS Mkoa wa Njombe, Abubakar Magege alibainisha tabia ya kuhama hama ili kutafuta ajira kwenye mashamba na viwanda, kuwa na wapenzi wengi na matumizi hafifu ya kondomu ni baadhi ya tu ya vichocheo vya VVU katika mkoa wake. Utafiti wa Viashiria



Picha ya pamoja waandishi wa habari Mkoa wa Njombe na wakufunzi wa mafunzo yao.

vya Ukimwi na Malaria (THMIS) wa mwaka 2011/12 ulibaini kuwa kiwango cha maambukizi katika Mkoa wa Njombe kilikuwa asilimia 14.8, matokeo ya takwimu za kitaifa (triangulation) uliofanywa mwaka huu wa 2015 unaonyesha kiwango cha maambukizi kubaki hicho.

Uchambuzi wa takwimu za kitaifa unahusisha Utafiti wa viashiria vya VVU na Malaria Tanzania (THMIS) 2011/12, Utafiti wa Kidemografia na Afya Tanzania (TDHS), 2010 na Utafiti wa Ukatili dhidi ya watoto Tanzania

(VACS), 2009.

Mratibu wa TACAIDS Mkoa wa Mbeya, Edwin Mweleka, alisema utafiti wa Viashiria vya Malaria na UKIMWI (THMIS), mwaka 2003/04 ilibainisha mkoa huo kuongoza kwa kuwa na asilimia 13.5, maambukizi ya sasa yanaonyesha kupungua, na sasa upo nafasi ya tatu nyuma ya Njombe na Iringa ukiwa na asilimia 9. Uchambuzi wa viwango vya maambukizi katika takwimu za wajawazito waliopimwa katika Wilaya sita za mkoa huo, Mweleka alibainisha Halmashauri ya Mbeya Mjini

kuongoza kwa asilimia 9.9 ya wajawazito wake kuwa na VVU.

"Takwimu za maambukizi ya VVU kwa wajawazito kutoka katika vituo vya Afya zinaonyesha Halmashauri ya Mji wa Mbeya kuongoza kwa asilimia 9.9, iki-fuatiwa na Kyela yenye asilimia 8.2 na Mbalali kuwa na asilimia 7.4," alisema Mweleka na kuongeza;

"Asilimia 6.8 ya wajawazito ililibainika kuwa na VVU katika Halmashauri, majina ya Halmashauri na asilimia za VVU katika mabano kuwa ni Mbozi (6.6), Busokelo (6.5), Momba (6.4), Rungwe (5), Chunya (4.7) na Ijeje asilimia 2.5".

Mwakilishi wa taasisi ya Restless Development, shirika lisilo la kiserikali linalafanya kazi katika nchi 10 ulimwenguni ikiwemo Tanzania, alisema ripoti ya Shirika la Watoto la Kima-taifa (UNICEF) kuhusu kuzuia maambukizi ya VVU kuanzia Ujana hadi utu uzima ya mwaka 2011 inabainisha kuwa asilimia 40 ya vijana wanaoingia ukubwani wanapata maambukizi mapya ya VVU. "Ripoti ya Restless Development ya 2012/13 ya hali ya vijana Tanzania inaonesha ongezeko kubwa la watoto ambapo asilimia 45 ya idadi ya watu wake wako chini ya miaka 15, hali inayotarajiwa kusababisha ongezeko kubwa la vijana katika miaka 30 ijayo".

Chanzo: Benedict Sichahe, AJAAT

Since the introduction of cART (combination antiretroviral therapy), HIV has evolved into a chronic disease such that it requires lifelong medical treatment to which patients must adhere.

Communication with health care providers is pivotal in supporting patients to adapt to having HIV and adhering to treatment, in order to maintain health and quality of life. Previous research indicates that communication is optimal when it matches patient preferences for information exchange, relationship establishment, and involvement in treatment decisions.

The aim of the present study is to explore HIV patient communication preferences as well as patient experiences with their providers (not) matching their preferences. A second aim is to explore

Communication Between HIV Patients and Their Providers: A Qualitative Preference Match Analysis.



Simon Kerario, Ofisa Mraghabishi wa TACAIDS akitoa maada kwa wanahabari wa Mkoa wa Ruvuma hivi Karibuni.

provider's beliefs about patient preferences and provider's views on optimal communication. Data were collected

through interviews with 28 patients and 11 providers from two academic hospitals. Results indicate that patient preferences

reflect their cognitive, emotional, and practical needs such that patients look to increase their sense of control over their HIV status.

Patients aim to further increase their sense of control (by proxy) through their relationship with their providers and through their decisional involvement preferences. Providers are well aware of patient communication preferences but do not explicate underlying control needs. Implications for clinical practice are discussed.

SOURCE: Net

On the shores of Lake Victoria, Kenyan fishermen spread out their nets on the sand to dry their catch in the sun. At a clutch of tents next to the beach, health-care workers are casting a very different kind of net, one that could help to capture the best approach to eradicating HIV.

The tents draw a steady stream of visitors because the fishermen and their families, as well as farmers, students and others from the surrounding communities, have heard that they can get vitamin A, condoms, and medicines for worms and malaria there.

At the same time, they are offered various screening tests — including one for HIV. The hope is that, along with taking advantage of the other medical services, they will agree to be tested and, if necessary, treated for the sexually transmitted virus.

In Kenya's Nyanza Province, which has the country's highest rate of HIV infection, this community is part of a groundbreaking study designed to explain a troubling conundrum.

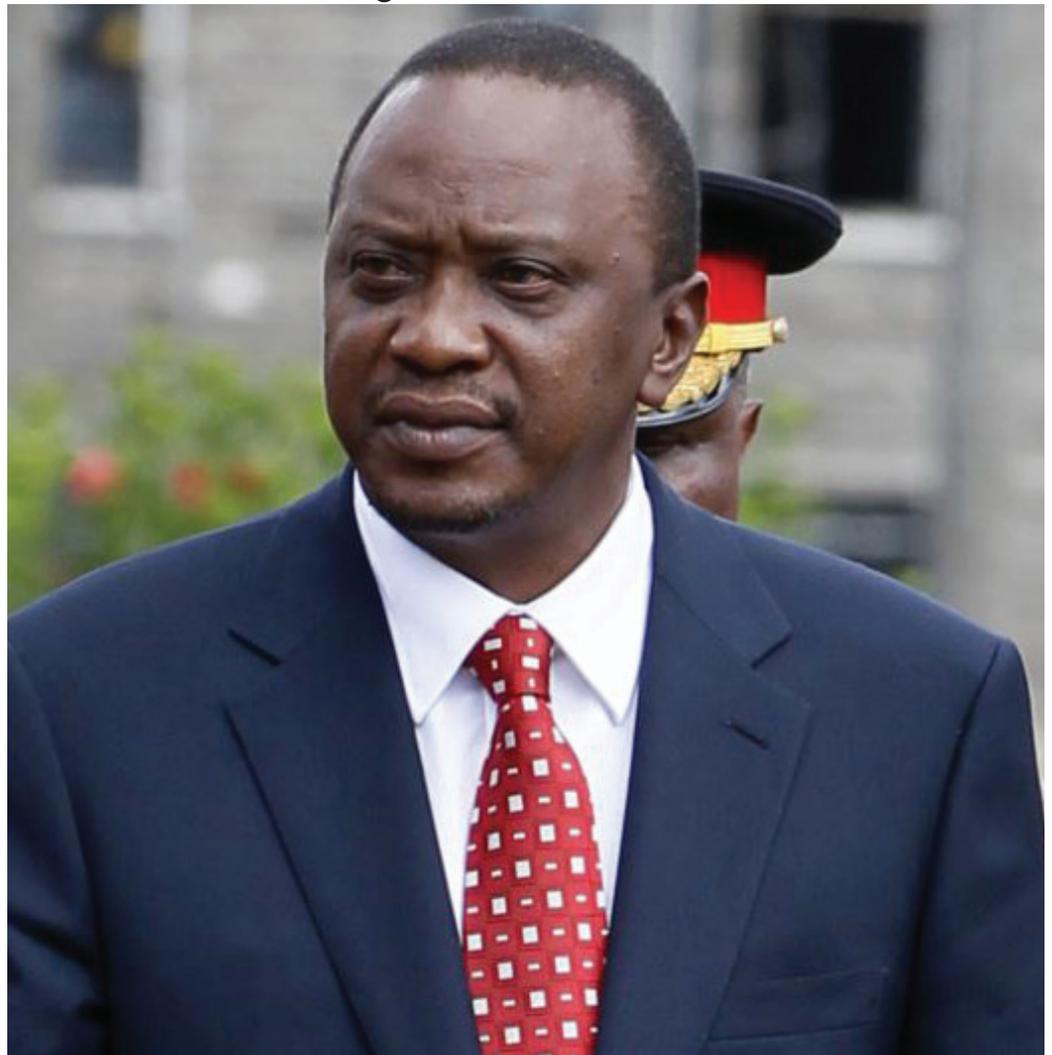
Interventions to prevent HIV transmission that work in trial settings — such as rapid on-the-spot HIV tests coupled with effective treatments — often fail to make as much of a dent in the epidemic as they should.

The current trial, known as Sustainable East Africa Research in Community Health (SEARCH), has enrolled more than 335,000 people in Kenya and Uganda and is at the forefront of a shift in thinking about how best to deal with HIV.

In the past, there was a sense that stopping the HIV/AIDS epidemic would require some radically new biomedical intervention, such as a cure or a vaccine. The growing consensus, however, is that the tools needed to stamp out HIV already exist if they could just be used in the right way.

In trials over the past decade, experimental interventions such as voluntary male circumcision or the use of prophylactic drugs produced head-turning results that earned them funding for broader imple-

How to beat HIV: Scientists have the tools to end the epidemic. They just need better ways to use them.



Kenya President, Hon. Uhuru Kenyatta

mentation.

But they have not succeeded when rolled out more generally: in some cases because the funding did not last, but in others because the conditions of a clinical trial are not the same as those in real life.

SEARCH and efforts like it are intended to explain why. They fall within the domain of implementation science, an emerging mul-

tidisciplinary field that seeks to understand and overcome factors — such as human behaviour and economics — that can lessen the impact of interventions that have otherwise proved effective.

Major aid programmes are taking an interest. The US President's Emergency Fund for AIDS Relief (PEPFAR), for example, launched a US\$60-million programme in

implementation science in 2012.

Among other aims, this programme is testing whether integrating the prevention and treatment of HIV infection with other facets of countries' health and social systems — such as family planning, tuberculosis treatment and education — could help to get the HIV epidemic under control.

Source: The Net

Tanzanians urged against complacency in HIV fight

TANZANIA needs to sustain its efforts to deal with HIV/Aids if it is to remain on track to continue reduce the infection rates progressively.

Having such plan will also make the country remain stable in implementing its programmes that focus on reducing the transmission of HIV/Aids among couples or mothers to their children.

The head of Government and Media Relations from Population Service International (PSI), Fauziyat Abood, said at the just ended 39th Dar es Salaam International Trade Fair (DITF), that having such plan would help the country reduce dependence on the development partners. "There is need to fully involve the public through some contribution that could go directly to the Ministry of Health and Social Welfare to support department dealing with HIV/Aids, but this needs a plan," said Ms Abood.

According to her, there is need to remain active in fighting the diseases because experience shows there are still some practices in rural areas which contribute to the

If the campaign that was undertaken during some years back could be maintained for some years, the infection could have dropped even further

transmission of the diseases, and also to help remind people that the disease still exists.

She said the infection decrease from 7 per cent to 5.1 per cent is due to aggressive campaign that ran for some years with the nation taking HIV/Aids as its area of concern.

Different campaigns by government, non-government organisations and development partners contributed to the improvement.

This however has slowed down. "If the campaign that was undertaken during some years back could be maintained for some years, the infection could have dropped even further.

When our statisticians give us the figure, we tend to relax by slowing down the pace of campaigning against the disease," said Ms Abood.

About the 39th DITF, she said this year's exhibitions have some challenges of attracting few participants unlikely last year; however her office hopes to meet its objec-

tives of educating young people. "We have received many youth who are our main target.

They had a number of questions on HIV/Aids issues that were still conflict them, like who are some still get infection despite using condom," she said. Recently, the government embarked on a campaign aimed at reducing the mother-to-child HIV transmission rate from the current 15 per cent to 5 per cent by next year.

The Minister for Health and Social Welfare, Dr Seif Rashid, said the government has revised the then national strategy for Prevention of Mother-to-Child Transmission of HIV (National PMTCT Scale Up Plan 2008-2012) and developed the national plan for Elimination of Mother-to-Child transmission of HIV (EMTCT 2012-2015) realigning it with the new global vision of eliminating vertical HIV prevention by 2015.

Daily News

Weekly quotable quotes!!

"Juhudi zetu katika kupambana na Ukimwi zimeweza kushuka kwa maambukizi ya Ukimwi kutoka asilimia 7.7 mwaka 2005, hadi asilimia 5.1 mwaka 2012. Idadi ya watu waliopima Virusi vya Ukimwi imeongezeka kutoka 365,189 mwaka 2005 hadi 25,468,564 mwaka 2014" Dkt Mrisho Kikwete, katika Hotuba yake ya Kuliaga Bunge la Jamhuri ya Muungano wa Tanzania tarehe 9 Julai, 2015 Mjini Dodoma

VICHOCHEO VYA MAAMBUKIZI

- Majumba ya video
- Picha chafu za ngono
- Kipato kidogo kwa wanafamilia kinachopelekea biashara ya ngono
- Unywaji wa pombe na vileo vingine
- Kutetereka kwa ndoa
- Mila Potofu
- Tabia ya kufunga ndoa bila kupima

SOURCE: Advocacy and Communication Department, TACAIDS

HIV FACTS AND STATISTICS IN TANZANIA

IN the newly released and Third Tanzania HIV and Malaria Indicator Survey 2011 – 2012 (THMIS III) HIV prevalence data were obtained from blood samples voluntarily provided by a total of 20,811 women and men interviewed. Of the eligible women and men age 15-49, 90% of women and 79% of men provided specimens for HIV testing.

Overall, 5.1% of Tanzanians age 15-49 are HIV-positive. HIV prevalence is higher among women (6.2%) than among men (3.8%). HIV prevalence is higher in urban areas for both women and men than in rural areas.

A comparison of the 2007-08 THMIS and 2011-12 THMIS HIV prevalence estimates indicate that HIV prevalence has declined slightly from 5.7% to 5.1% among adults

age 15-49. Similarly, HIV prevalence has declined among women, from 6.6% to 6.2%, and among men, from 4.6% to 3.8%.

In Mainland Tanzania, HIV prevalence among women and men age 15-49 has decreased from 7.0% in the 2003-04 THMIS to 5.3% in the 2011-12 THMIS. The decline in total HIV prevalence between 2003-04 and 2011-12 is statistically significant. Additionally, the decline is significant among men (6.3% versus 3.9%).

Drivers of the epidemic

1. Promiscuous sexual behaviour
2. Intergenerational sex
3. Concurrent sexual partners
4. Presence of other sexually transmitted infections such as herpes simplex x 2 virus.
5. Inadequate comprehensive

knowledge of HIV transmission

Contextual factors shaping the epidemic in the country

1. Poverty and transactional sex with increasing numbers of commercial sex workers
2. Men's irresponsible sexual behaviour due to cultural patterns of virility
3. Social, economic and political gender inequalities including violence against women
4. Substance abuse such as alcohol consumption
5. Local cultural practices e.g. widow cleansing

Mobility in all its forms which leads to separation of spouses and increased establishment of temporary sexual relationships

SOURCE: THMIS 2011-12

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