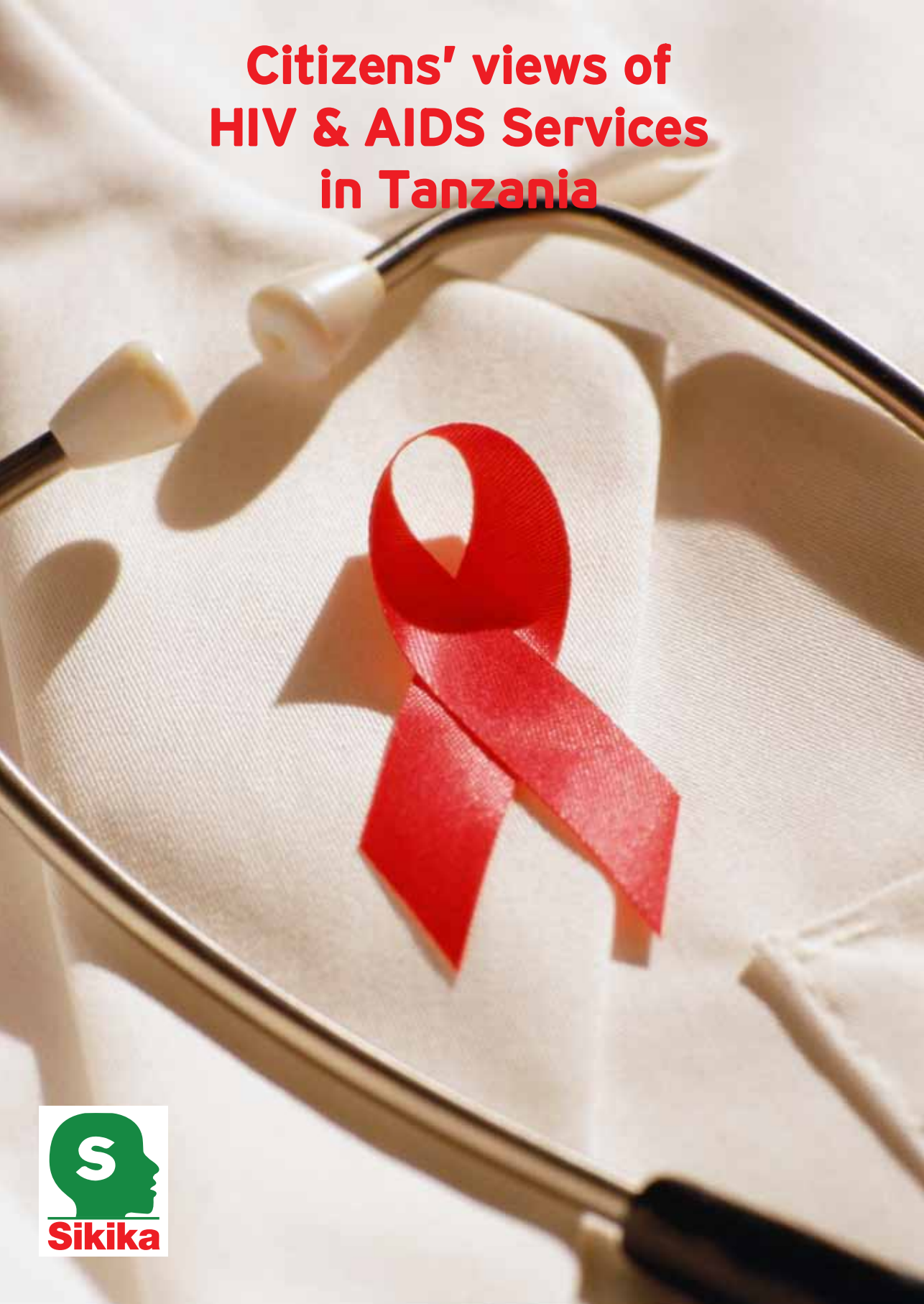
Citizens' views of HIV & AIDS Services in Tanzania



Sikika

Citizens' views of HIV & AIDS Services

Dar es salaam, Dodoma and Coastal Regions

2013

Contents

List of Annexes

List of Acronyms

AIDS	Acquired Immune Deficiency Virus
ART	Anti-retroviral Treatment
CD4	Cluster of Differentiation 4
CDO	Community Development Officers
CTC	Care and Treatment Center
HBC	Home Based Care
HIV	Human Immuno- Deficiency Virus
MoHSW	Ministry of Health & Social Welfare
n.d	No date
PLHIV	People Living with HIV
SPSS	Statistical Package for Social Sciences
TACAIDS	Tanzania Commission for AIDS
THMIS	Tanzania HIV&AIDS and Malaria Indicator Survey
VCT	Voluntary Counseling and Testing
WEO	Ward Executive Officer

Acknowledgements

On behalf of the department of HIV&AIDS which conducted this monitoring study, I would like to acknowledge various individuals who participated or contributed in various ways to the successful conclusion of the study.

I wish to recognize with gratitude Sikika staff who provided useful comments in the course of developing this report.

Moreover I wish to particularly acknowledge members the department of HIV&AIDS, Tusekile Mwambetania, Daniel Mugizi, Aisha Hamis and Norah Mchaki who worked with commendable determination through the various stages of conducting the monitoring study.

In addition I genuinely value the contribution of Gertrude Mugizi who reviewed the report. Frank Lyimo, Sikika intern and Sikika volunteers who worked tirelessly during the time of data collection and analysis.

I also would like to extend my sincere appreciations to the PLHIV in the districts of Kinondoni, Temeke, Ilala, Kibaha, Kondoa and Mpwapwa for participating in the study; and the health service providers in these districts for their support and cooperation in this activity.

Finally I am thankful to Dr. P. P. Lipembe for conscientiously editing the final version of this report.

Irenei Kiria
Executive Director
Sikika

Publication date 2013
Prepared by: HIV & AIDS Department, Sikika.

Executive Summary

The HIV&AIDS sector is experiencing several challenges in providing services, which make the availability of services difficult. In Tanzania, HIV&AIDS services are offered through Care and Treatment Centres (CTCs) where People Living with HIV (PLHIV) receive services such as disease progress monitoring, medicines (Antiretroviral Viral therapy, drugs for treatment of Opportunistic infections etc.) and commodities such as condoms. One of Sikika's objectives is to see that HIV & AIDS services, medicines and information are accessible to all citizens.

Sikika conducted a monitoring study with the purpose of assessing the availability of HIV & AIDS services. It is expected that the findings will contribute towards increased availability of HIV & AIDS medicines and supplies in the health facilities that are accessible to People Living with HIV & AIDS.

In this study, data was collected using a questionnaire administered to PLHIV as respondents because this group is in a better position to share their experiences, as they understand the vulnerability of individuals to HIV&AIDS and how they manage the disease. The study comprised of a sample of forty five wards from six districts: Kinondoni, Ilala, and Temeke in Dar es salaam, Kibaha in the Pwani region, and Kondoa and Mpwapwa in Dodoma, where a maximum of twenty PLHIV in each ward were selected for the interviews. A total of 743 people living with HIV& AIDS responded. Prior to the interview, a written consent was obtained and confidentiality principles were adhered to, and the right to withdraw at any point during the interview was explained to respondents.

The results show that a majority of the respondents (72%) were female. With regard to the point of care and treatment services, a majority of respondents (58%) were accessing HIV and AIDS care and treatment from dispensaries, with the number of respondents attending health centers at 26% and the number attending district hospitals at 16%. This is because

dispensaries are more easily accessible. Moreover, scarcity of health service providers was identified as a challenge in these health facilities. More than 90% of respondents revealed that information on plans, budgets, income and expenditure reports of the health centers were not accessible publicly. The results show that ARVs were found in virtually all of the CTCs (99.9% according to this study), but the availability of CD4 count services is a challenge. Limited privacy in counseling rooms was also an issue of concern where patients share a room with other people during counseling sessions.

Based on these findings, Sikika recommends that dispensaries should be upgraded in order to provide services that are currently not offered such as those related to CTCs because most PLHIV especially in rural areas use dispensaries for their health care needs. Privacy in counseling rooms should be emphasized to ensure confidentiality. Moreover, the purchase and fixing of CD4 counting machines should be a priority in plans and budgets as this service is very important for PLHIV, but very few PLHIV have access to it. The PO-PSM's planning and budgeting should focus on hiring and retaining health workers; the available few are overly stretched.

1. Introduction

Optimum health care services include participation of service users in service improvement process. Doctors, nurses and other health workers have valuable input in terms of the services they provide, but it is also important to involve service users in service improvement to increase satisfaction with the services and to ensure that these services are indeed of benefit to them. According to UNAIDS, the contribution of PLHIV themselves in developing HIV & AIDS programs and their implementation is useful for sustainability of the programs. PLHIV live with the disease, they understand factors that make one vulnerable to HIV infections and they are aware of strategies that can be used to manage the illness (UNAIDS, 2007).

In Tanzania, the problems associated with the availability of health and HIV&AIDS services remain a setback in achieving quality health for PLHIV in particular. One of Sikika's objectives is to advocate for increased access to medicines, supplies and information on HIV & AIDS to citizens especially. During the monitoring activities for health services that we conduct throughout the year in the districts that we [1]operate, challenges in accessing health and HIV&AIDS services were discovered.

According to Sikika's medicines and medical supplies availability report of 2011, poor availability of essential medicines and supplies has been identified as a chronic problem at the health facilities. It is for these reasons that Sikika conducted a follow up study on how citizens view healthcare services, particularly the People Living with HIV (PLHIV).

The aim of the monitoring study was to assess the availability of HIV&AIDS services. The findings of the monitoring study may assist Sikika to identify priority issues that need to be addressed in order to improve services which will eventually enable the organization to contribute towards healthcare facilities having available HIV&AIDS medicines & supplies that are accessible to PLHIV.

1 Districts that Sikika operates are Ilala, Temeke, Kinondoni, Mpwapwa, Kibaha, Kondoa, Kiteto, Simanjiro, Iramba and Singida rural

This study focused on perceived priority areas, such as the availability of HIV&AIDS related medicines and supplies, privacy and customer service provided by service providers, laboratory services, adequacy of human resources, and information provided on HIV&AIDS by health facilities.

The study comprises five chapters. Chapter one provides the introduction while chapter two explains the methodology that was used to carry out the study. Chapter three discusses the findings of the study based on the participants' responses with regards to the availability and accessibility of HIV&AIDS services. Chapter four summarizes the findings and chapter five provides recommendations on what should be done to overcome the challenges.

2. Methodology

i. Study design

This was a descriptive study.

ii. Study Population

The population of the monitoring study was PLHIV who visited health facilities in the wards of six districts located in Dar es salaam, Coastal, and Dodoma regions, namely Kinondoni, Ilala, and Temeke in Dar Es Salaam region, Kibaha in Coast Region, as well as Kondoa and Mpwapwa in the Dodoma Region. The selection criteria for Sikika's areas of operation included logistical and financial limitations with regard to other areas in which Sikika does not operate.

iii. Sampling

Respondents were selected randomly. Ten wards were selected in Kinondoni, Ilala, and Temeke districts and five wards were selected from Kibaha, Kondoa and Mpwapwa respectively, making a total of 45 wards in which the respondents were selected from. Twenty PLHIV who attended CTCs in each ward were randomly selected in order to obtain the information needed. Obtaining interviewers who were also PLHIV was done as follows; for Dar Es Salaam and Coast regions, twenty PLHIV were selected from the list of PLHIV that Ward Executive Officers (WEOs) and the Community Development Officers (CDOs) had in each ward for service provision to PLHIV. For Dodoma region, the personnel in charge of the health facilities assisted in identifying twenty PLHIV for data collection purposes. Since the study included only adults, all individuals below the age of eighteen years were excluded in the study.

iii. Data collection

Data was collected using a structured questionnaire. Due to the literacy level of the respondents, interviewers administered the questionnaire. The pretesting of the questionnaire was carried out on twenty PLHIV who were not part of the main monitoring study. This was done before the monitoring study was conducted to check the relevance and appropriateness of the information that we wished to obtain. Sikika used this pretesting phase to determine faults in the questionnaire and correct them prior to engaging in the data collection.

After the right to withdraw was made clear to the respondents and that participation was voluntary, some respondents decided not to participate in the study hence a total number of respondents was reduced to 743. To increase the response rate, both interviewers and interviewees were PLHIV. Sikika trained five PLHIV from each ward that participated in data collection exercise after examining their capabilities in interviewing, reading and writing.

vi. Ethical Consideration

Permission was obtained from the district office to conduct the monitoring study. The interview was done at a place where the respondents were comfortable and the issue of privacy was adhered to. Before the interviewing began, all respondents were asked to fill in consent forms after which the purpose of the study was described to them. They were also enlightened on confidentiality and the right to withdraw from the study if they wished without any consequences. The respondents were also informed that the information provided and collected was only for the purpose of the study. To protect the respondents from possible negative effects of their responses, anonymity was maintained. The respondents were informed that upon production of the final report of the study, the findings would be made available to the respondents through their respective wards.

v. Data Entry and Analysis

A template was formed based on the variables and categories for closed ended questions soon after designing a questionnaire that was used for data analysis. The template was tested using results from the pre testing of the questionnaire to check if it was suitable for the analysis. Following data collection, open-ended questions were coded according to categories. Data editing and coding took place using the answers of respondents. The coded data was then analyzed using SPSS. To ensure accurate analysis, data cleaning (correction of data entry errors) was conducted.

iv. Limitations of the study

The findings of the monitoring study are limited to the six districts that Sikika operates currently. The findings may not be generalized to all districts in Tanzania but experiences of PLHIV in the six districts can be compared to situations in other districts and serve as a starting point for interventions contributing to the national response.

3. Findings and Discussion

HIV&AIDS services are generally offered through Care and Treatment Centres (CTCs), through which PLHIV can gain access to Antiretroviral drugs (ARVs). Other services provided include counseling, treatment of opportunistic infections, basic education regarding HIV&AIDS, progress and management of the disease, referrals to prevention of mother to child transmission services, home based care (HBC), family planning, social welfare and legal support. HIV&AIDS services can be available in various types of facilities such as district hospitals, health centers and dispensaries. The extent of the HIV&AIDS epidemic means that these HIV&AIDS services need to be available countrywide, in both rural and urban areas, in healthcare facilities of all levels, in order to provide access to all those who would need them (URT, 2009).

A total of 743 service users who are PLHIV were interviewed in this monitoring study. Data that was collected from respondents included demographic information where issues asked included the level of health care such as whether a certain facility was a dispensary, a health center or a district hospital; whether participants were male or female; where they reside; their age; and their levels of education. This kind of information was necessary as the intention was to assess how such factors affected the availability and accessibility of HIV & AIDS services.

The respondents had been receiving treatment at health facilities for a period ranging from one to three years. The monitoring study shows that there has been an improvement in the availability of ARVs and establishment of VCT and CTCs in the wards we visited. However, in all the years respondents had been receiving treatment, they have continued to face challenges, as it will be discussed in this report.

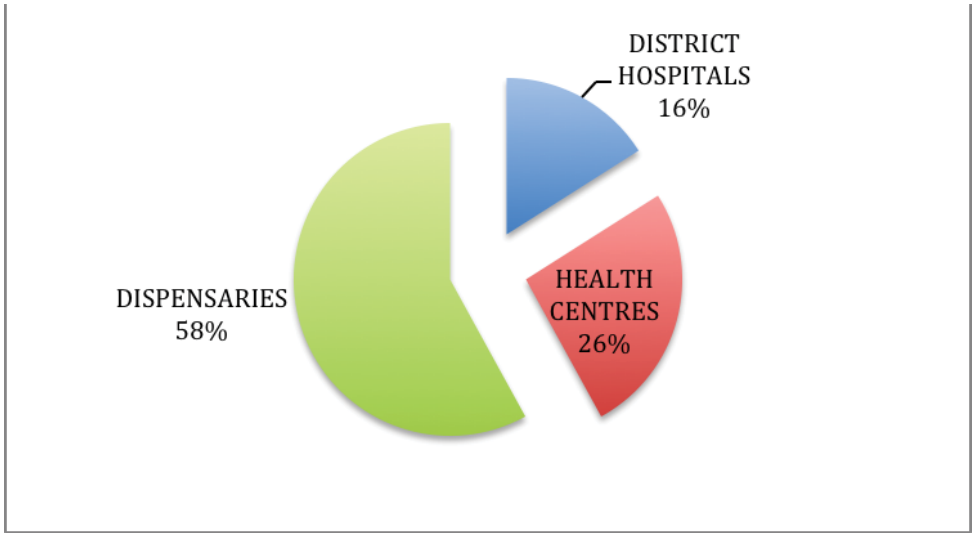
i. Level of Health Care

As shown in figure 1, a majority (58%) of the people interviewed, used dispensaries as compared to health centers (26%) and district hospitals (16%). The explanation given by respondents for this observation is that, dispensaries are more easily reachable by citizens than health centers and district hospitals are due to distance.

Unfortunately for PLHIVs, dispensaries do not have CTCs. CTCs provide HIV&AIDS services such as ARVs and medicines for opportunistic infections, as well as laboratory tests (e.g. CD4 count and prevention services.) CTCs are found in health centers and district hospitals. Sadly, not all CTCs offer CD4 counting service especially those found in the health centers. PLHIVs have to travel long distances to the district hospitals to look for the service with no guarantee of finding the machine working. CD4 count is crucial for PLHIV as it facilitates to determine progress of the disease and ARVs intake.

Most health centers and district hospitals are generally situated far away from citizens. This becomes a challenge, as most interviewees confirmed not to have stable incomes and therefore couldn't afford to travel to the centres.

Figure 1: Level of Health Facility that PLHIVs attended



The results suggest that, although HIV&AIDS services are meant to be free to PLHIV, there are indirect costs that service users have to incur. It is quite understandable that the HIV&AIDS sector is highly dependent on donors. According to TACAIDS, more than 90 percent of its funds are from donors. To address the situation, the sector is in the process of introducing the AIDS Trust Fund whose function will include soliciting funds internally for HIV&AIDS activities. In this case then the speeding up of the establishment of the Trust Fund is necessary and the government should consider utilizing some of the resources from the Trust to upgrade dispensaries to enable them to provide HIV&AIDS services so that quality health and HIV&AIDS services are available in rural areas.

ii. Gender of participation

The results show that in all districts where study was conducted, a vast majority of the people that were interviewed (72%) were women. These findings coincide with the findings of the HIV&AIDS and Malaria Indicator survey of 2007/08 in which it was reported that women are more likely to be tested for HIV&AIDS than men in mainland Tanzania, 90% and 80% respectively. The Government of Tanzania (URT, 2010) reports that men are reluctant to undertake HIV testing and counseling. This would imply that more women than men know their HIV&AIDS status and hence more of them are using HIV&AIDS services. Again, according to the National Multi-sectoral HIV&AIDS Prevention Strategy 2009-2012, in Tanzania, women are generally more affected by the HIV&AIDS pandemic than men due to the socio-economic and demographic vulnerabilities. These vulnerabilities include women not being able to negotiate safer sex because of their status in society, the biological make up of women make them more vulnerable to infection than men, vulnerability to rape and violent sex exposes women to HIV infection, women can not insist on condom use because in some cultures it is a taboo, and furthermore, female condoms are expensive hence many women cannot afford to purchase them (Actionaid/ACORD/Save the Children, 2002; Isangula, 2012). Further studies should be conducted to

find out why more women go for HIV&AIDS services than men in Tanzania, especially in rural areas.

The Tanzania Gender Networking Program (TGNP) stated that women were challenged more because of the indirect cost they bear in accessing services. They spend time in travelling to, waiting for and accessing services, time that could have been used for other productive activities such as taking proper care of their families or working on farms. Also, the cost of care and travelling with their caregivers is another burden that women experience. Women's access to treatment is limited because they cannot always leave their families behind to access treatment. Besides, many of them cannot even afford to travel by bus to where the CTCs are (Tanzania Gender Networking Program, 2011; UNAIDS/UNFPA/UNIFEM, 2004).

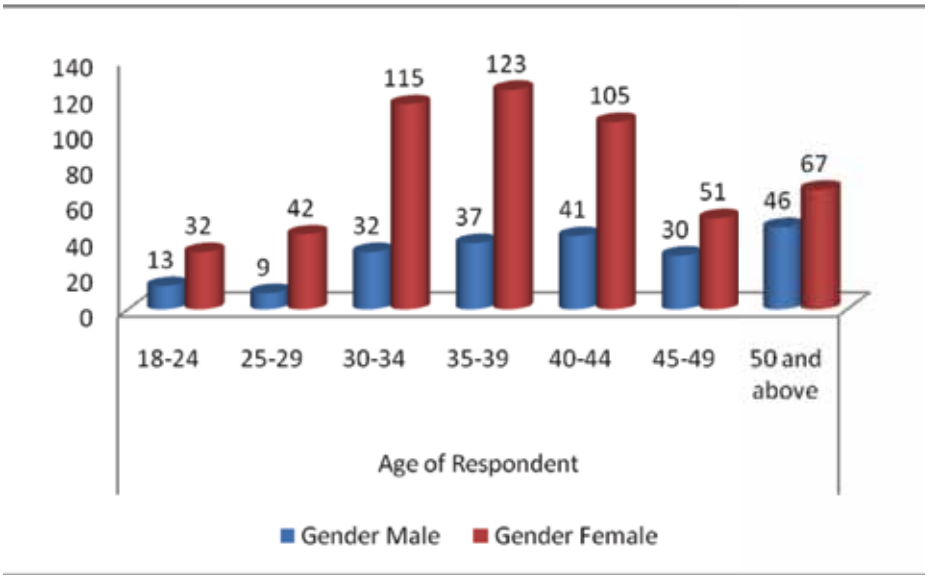
The involvement of women in advocacy for improved HIV&AIDS services is important. Women have been voiceless in the past, engaging them might give them a voice and the power to intervene. Women provide home-based care, they look after the orphans, and they cultivate farms or find paid employment to support their families. Most of the time women are the ones who take care of HIV&AIDS patients at home. They also have to do other household chores such as clean and cook and most often they have to travel long distances to access clean water (UNAIDS/UNFPA/UNIFEM, 2004; Isangula, 2012).

The results show that more women participated in the study compared to men. However, Sikika understands that to gain positive results in the fight against HIV&AIDS, men and women must be equally involved in the fight because they face different problems when it comes to prevention, treatment and advocacy. The challenge now remains on engaging men as well, because both men and women should contribute information that guides the improvement of HIV & AIDS services.

iii. Age of participants

During this monitoring activity, Sikika was also interested in the age group of the citizens who access HIV&AIDS services at healthcare facilities. It was found out that, a majority of the people interviewed was between ages 35-39 years. This falls within the age bracket of the HIV&AIDS epidemic in Tanzania, which is between the ages of 15-49 (URT, 2008).

Figure 2: Age of respondents



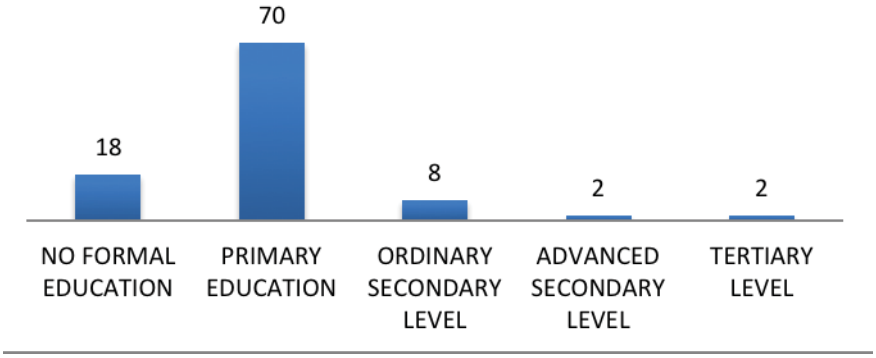
These monitoring study results indicate that participation of youth in the age bracket of 18-24 and 25-29 years was significantly lower than other groups during the time of the interview. This is despite the fact that the age bracket of HIV&AIDS epidemic is within the age group of 15-49 years. Unfortunately this follow up study did not go further to establish the reasons for this situation.

v. Education Level

The study found that 70% of the respondents had only completed primary education, approximately 7 out of every 10 people. The second largest group of respondents belonged to the category of having received no formal education (table 5 in the annex).

Education can have an influence on access to HIV&AIDS services and education level can determine the extent to which one grasps and analyzes HIV&AIDS issues such as budgets, policies and plans in order to be able to demand for their rights and hold their leaders accountable. According to Mboera et al, 2005, low education is among the constraining factors in communicating health information. Others are culture, poverty and limited staff to mention but a few. Based on the study findings, it is our suggestion that stakeholders should ensure that information, awareness and advocacy materials are as simple as possible so that they may be understood by many people. This may contribute to easy accessibility of HIV&AIDS services.

Figure 3: Percentage of respondents for each Level of education



According to the results of this monitoring study, there is a relationship between the level of education and the HIV&AIDS prevalence rates. As shown in figure (3) above, as education level increased above primary education, the number of PLHIV decreased. The majority of the respondents (70%) had primary education, followed by those who have no formal education (18%).

v. Privacy and hospitality at healthcare facilities

a. Level of Privacy

With regard to the level of privacy in respective health facilities, about 85% of respondents were satisfied with the current level. There were some issues that came though from the remaining percentage of the respondents who were not satisfied, such as the fact that patients had to share counseling rooms when these sessions were supposed to be private. The issues normally are that either another counselor is using the counseling room with his/her client at the same time when another session is in progress or the counseling room is used for other functions like storage purposes, hence would be in use for other activities even when the counseling sessions were in progress. According to the National Guidelines for the Clinical Management of HIV&AIDS (2005, 2009, 2012), each CTC must have a confidential room as well as a counselor.

b. Hospitality

According to the study, 89% of participants were satisfied with the hospitality of the service providers. This shows that health service providers in the areas where the study was conducted were trying their best to deliver services. The only complaints heard were from respondents who complained of stigma and bad language from the healthcare providers.

vi. Medicines and Supplies

a. ARVs

Sikika's questionnaire enquired about the availability of ARVs at health facilities in the selected wards. As far as ARVs availability, approximately 95% of the respondents said that they had never experienced lack of ARV supplies at health facilities when they needed them. The 5% that said that they had an incidence of not receiving ARVs reported it as just a one-time occurrence.

From the results of our interviews, the respondents had not experienced a shortage of ARVs as they received drugs as per their prescriptions.

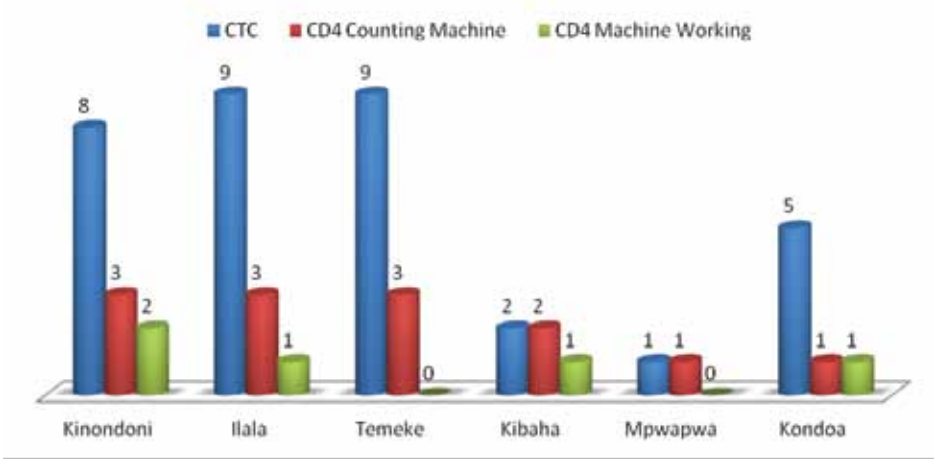
b. CD4 Counting Machine

Availability and accessibility of CD4 count services was identified as a major challenge in all the districts visited. The CD4 count test is one of the required laboratory tests for ART patients. The CD4 level helps the service provider to monitor the patient's progress, in order to decide on ARVs intake for effective treatment. The CD4 count is a guide as to what kind of ARV treatment a patient should be provided. The CD4 count also helps to determine the need to treat opportunist infections when CD4 count level is below a required standard. According to the National guidelines, CTCs have been mandated to provide HIV&AIDS services, which include CD4 counts (NACP, 2012). Health care workers elaborated that, if the center does not have the CD4 count machine, samples of blood should be taken to the district or regional hospital for tests. In most health facilities visited this is not done. PLHIV indicated that they travel long distances for the CD4 count service, and those who cannot afford to travel continue to take ARVs without CD4 count checks.

According to the Sikika report (2013) on *Health Care Service Provider Views on HIV&AIDS Services in Tanzania*; out of 56 health facilities visited, 68% offered CTC services and the CD4 count machines were only available in 13 of the health facilities, approximately 23%. Of the available 13 CD4 count machines, only 38% were working.

This concern needs to be addressed since the CD4 count is an instrumental test to determine what Anti-retroviral treatment a patient needs to be put on. Efficient CD4 count testing should be a priority. Proper planning and implementation, as well as sufficient funding should be allocated in order to make efficient laboratory services a reality.

Figure 4: Health facilities with CTCs and number of CD4 counting machine that are working



c. Condoms

In general, 77% of respondents said that condoms were available at the health facilities. According to the results of the study, 60% of the respondents who confirmed that condoms were available take advantage of this service and take the condoms. Taking condoms is a good starting point in utilizing available services. Basing on these results, Sikika urges institutions responsible for awareness rising to put more efforts into encouraging more people to use condoms after taking them.

vii. Service Providers (Human Resources)

The respondents were also asked about whether they thought that the number of health care workers at CTCs was enough. A popular complaint among respondents at all health facilities was that there were too many patients compared to the amount of doctors and nurses available, and this led to long queues and wait times. Out of the total number of respondents interviewed, about 55% felt that there were an adequate number of service

providers at HIV & AIDS care and treatment units. About 59% the respondents felt that there was an adequate number of laboratory employees available. When asked about the amount of time spent outside the laboratory waiting to enter, the majority of people (about 72% of all respondents) indicated to wait at the laboratory for 1 to 5 hours on average. In Mpwapwa, 31% of the respondents interviewed spent on average 3 hours at the laboratory when visiting. In Kibaha, about 45% of people interviewed spent between 4 and 5 hours at the laboratory.

The health care workers would benefit if the number of health care workers were to be increased, as this would provide better service with less chance of overworking the available few.

viii. Information on HIV & AIDS at healthcare facilities

Of the respondents interviewed, more than 90% said that there was no information posted on HIV&AIDS plans, budgets, income or expenditure. However, 56% of respondents said that there was other information available at health facilities, such as how to eat healthily, prevention, tuberculosis, and use of condoms.

Health care facilities have been constrained of health education and information communication despite the fact that these are the key components in order to control diseases and prevent them from occurring (Mboera et al, 2005).

In general, the main area for posting information is at the reception. Another popular place is the advisor room. We found out that in Mpwapwa there was no notice board for posting information at healthcare facilities at the time of monitoring activity. Nevertheless, notice boards were available at all the other health facilities in the other wards where the monitoring study was conducted.

4. Conclusion

This study serves to show the impact of the issues that PLHIV face in terms of healthcare services that need to be addressed accordingly. This will hopefully improve the HIV&AIDS services in Tanzania.

The findings have shown that the majority of those that were interviewed obtain their health services in dispensaries although there are limited HIV&AIDS services. The majority of our respondents were women compared to men; this might suggest that more women know their HIV status and go for services than men. About 70% of respondents completed primary education.

Laboratory services have been shown to be a major concern to PLHIV, who complain of not being able to get the tests they need due to lack of equipment or machines that don't work. The lack of CD4 machines at health facilities in particular was a significant complaint by respondents. Prevention is affected because inefficient laboratory services can obstruct the diagnosis of new HIV infections.

Confidentiality is a valued condition for PLHIV as it reduces the risk of stigma and gives more comfort and confidence to patients who want to receive healthcare without the risk of their privacy being compromised. Inadequate counseling rooms in most health facilities compromises confidentiality.

The small number of health care workers available is also a concern for citizens. We see that there are long waiting times to get laboratory tests and citizens have complaints about the low availability of doctors and nurses to see to their needs. This is a problem that spans the whole health sector, but it is obvious from our study that this is an issue that particularly affects PLHIV more considerably.

It seems that although citizens seem to receive adequate information about proper use of ARVs and medicines that fight the HIV & AIDS epidemic, it is apparent that they do not have access to information on how the government is fighting the HIV & AIDS epidemic, through plans, budgets, government documents etc.

5. Recommendations

Most respondents visited dispensaries rather than health care centers or district hospitals because of distance, although dispensaries provide only some of the services that are needed for PLHIVs. We urge the respective district authorities to plan and allocate budgets for upgrading dispensaries so that PLHIV will not have to travel far for HIV&AIDS services.

Limited privacy in counseling rooms compromises confidentiality. The National Guidelines for the Management of HIV/AIDS must be adhered to, as they require, each CTC to have a confidential room as well as a counselor. Efforts are needed to make sure that counseling rooms remain private to ensure confidentiality. Government through respective municipals should improve or maintain the standard of available counseling rooms that are used strictly for counseling purposes.

Shortage of the CD4 count machine has been a common complaint from service users. CD4 count services have become inadequate mainly because the machines are either not working or not available. We urge the government through the Ministry of Health and Social welfare, particularly the National AIDS Control Program, to prioritize the purchase and `fixing of CD4 count machines in the national plans and budgets. The purchase and fixing of the CD4 count machines in health facilities will make the service accessible to many PLHIV.

President's Office Public Service Management should ensure that the number of health care workers at health facilities is increased to cater for PLHIV needs and provide essential services. It must be stressed that hiring and retention of health workers must be prioritized since it is not only an issue that affects PLHIV, but it affects every citizen in Tanzania in one way or another.

Availability of information such as health centres' budgets and plans as well as policies such as the HIV & AIDS policy and AIDS Act is something that has not effectively been taken into account, and we would advise the government to have a policy that directs on having copies of these types of documents to be made available to service users in the open. If it is not possible to post plans & budgets on the health facility notice boards, they should at least be available at the reception area of the health facilities or even in the counseling rooms for HIV & AIDS patients. Another document that could be posted at the reception area and in the counseling rooms are HIV&AIDS policy and Act. Considering the low levels of education for service users, government should think of having more documents popularized, hence more easily understood by users. A good example is the popularized version of the AIDS Act of 2008, which was popularized by Sikika and received blessings from MoHSW. This would help PLHIV to know what the government is doing to help them, therefore serving to build confidence among PLHIV that the government is concerned about their welfare, as well as providing motivation to find out what they can do in order to contribute to the effort. Information on HIV & AIDS is meant to be accessible to citizens, and it would be appropriate if as much of it as possible were easily accessible at care and treatment centers since this is where PLHIV and concerned individuals would have direct and convenient access to these documents.

6. References

Isangula, K.G. (2012). Improving women and family's health through integrated microfinance, health Education and promotion in rural areas. *Journal of sustainable development*. Vol 5 (5): 76-89. URL: http://dx.doi.org/10.5539/jsd.v5n5p76.

Mboera et al. (2005). Research on knowledge systems: *Determination of strategies for successful improvement of gaps for health knowledge in Tanzania.* NIMR, Dar es Salaam.

PEPFAR. (). *PEPFAR country operational plan executive summary*. PEPFAR

Sikika. (2011). Medicines and medical supplies availability report. Using absorbent gauze availability survey as an entry point. *A case of 71 districts and 30 health facilities across mainland Tanzania*. Dar es Salaam

Sikika. (2013). Health Care Service Provider Views on HIV&AIDS Services in Tanzania [*unpublished report*].

URT. (2004). *Operational plan for the national laboratory system to support HIV&AIDS care & treatment*. MoHSW.

URT. (2005). National guideline for the clinical management of HIV&AIDS control program.

URT. (2009). National guideline for the clinical management of HIV&AIDS control program.

URT. (2012). National guideline for the clinical management of HIV&AIDS control program.

URT. (2008). *Tanzania HIV&AIDS and Malaria indicator survey 2007-08*. Government of Tanzania

URT. (2009). *National health laboratory strategic plan 2009-2015*. MoHSW.

URT. (2010). *Gender operational plan for HIV response in mainland Tanzania (2010-2012)*. TACAIDS.

URT. (n.d.). *National mutisectoral HIV prevention strategy (2009-2012)*. TACAIDS

URT. (n.d*). National guideline for quality improvement of HIV&AIDS services*. NACP

Appendices

Jedwali 6: UPATIKANAJI WA MASHINE ZA CD4

District	Ward	Health facilities	CTCs	CD4 count machine	Functionality of the CD4 machine
Kinondoni	Goba	Goba	no	no	No machine
	Kawe	Kawe	yes	no	No machine
	Kijitonyama	Mwege	yes	no	No machine
	Kijitonyama	Kijitonyama	yes	no	No machine
	Kimara	Kimara	yes	no	No machine
	Magomeni	Magomeni	no	no	No machine
	Mbezi	Mbezi	yes	no	No machine
	Mbezi	Mpiji	no	no	No machine
	Mwananyamala	Mwananyamala	yes	yes	Not Working
	Sinza	Palestina	yes	yes	Working
	Tandale	Tandale	yes	yes	Working
Temeke	Azimio	Majimatitu	yes	no	No machine
	Azimio	Tambuka Reli	yes	no	No machine

	Charambe	Charambe	yes	no	No machine
	Kigamboni	Kigamboni	yes	no	No machine
		Vijimbeni	yes	yes	Not Working
	Mbagala	Roundtable	yes	no	No machine
	Mbagala	Mbagala	yes	no	No machine
	Mbagala kuu	Mbagala Rangitatu	yes	yes	Not Working
	Mji mwema	Mji Mwema	no	no	No machine
	Mji Mwema		no	no	No machine
	Temeke	Temeke	yes	yes	No machine
	Toa ngoma	Mzinga	no	no	No machine
		Toangoma	no	no	No machine
	Yombo vituka	Malawi	yes	no	No machine
Ilala	Ilala	Amana	yes	yes	Not Working
	Ilala	Magereza	yes	no	No machine
	Mchikichini	Mnazi Mmoja	yes	yes	Working
	Buguruni	Buguruni	yes	yes	Not Working

	Vingunguti	Vingunguti	no	no	No machine
	Kiwalani	Kiwalani	yes	no	No machine
	Chanika	Chanika	yes	no	No machine
	Kitunda	Kitunda	yes	no	No machine
	Tabata	Tabata	yes	no	No machine
	Segerea	Segerea	yes	no	No machine
Kibaha	Mlandizi	Mlandizi	yes	yes	Working
	Kwala	Kwala	yes	no	No machine
	Magindu	Magindu	yes	yes	No machine
	Magindu	Gwata	no	no	No machine
	Magindu	Gumba	no	no	No machine
	Magindu	Lukenge	no	no	No machine
	Ruvu	Ruvu	yes	no	No machine
	Ruvu	Kikongo	yes	no	No machine
	Soga	Soga		no	No machine
Mpwapwa	Mpwapwa Mjini	Mpwapwa Mjini	yes	Yes	Not Working
	Kibakwe	Kibakwe	no	no	No machine

	Rudi	Rudi	no	no	No machine
	Pwaga	Pwaga	no	no	No machine
	Mima	Mima	no	no	No machine
Kondoa	Busi	Busi	yes	no	No machine
	Kondoa Town	Kondoa Town	yes	yes	Working
	Hamai	Hamai	yes	no	No machine
	Kwa Mtoro	Kwa Mtoro	Yes	no	No machine
	Makorongo	Makorongo	No	no	No machine

Hojaji

DODOSO LA KUTATHIMINI UPATIKANAJI WA HUDUMA ZA VVU NA UKIMWI KWA WANANCHI

Utangulizi

Sikika ni shirika lisilo la kiserikali linalofanya kazi ya kuimarisha ushiriki wa jamii na kukuza uwazi na uwajibikaji katika kupanga na kutekeleza mikakati yote ya afya na UKIMWI ndani ya mifumo ya afya ya nchi katika ngazi zote kwa lengo la kuboresha huduma hizo. Dhumuni kuu la zoezi hili ni kutathmini hali ya upatikanaji wa rasilimali za kutolea huduma za VVU na UKIMWI zikiwemo dawa na vifaa na kuangalia kama rasilimali hizo zinawafikia wananchi (WAVIU) kama watumiaji wa mwisho wa huduma hizo. Matokeo ya zoezi hili yatatumika katika kuimarisha majadiliano na serikali juu ya uboreshaji wa huduma za VVU na Ukimwi kwa wananchi.

Tarehe:…… Muda wa kuanza : .....

1 Taarifa za jumla

1.1 Ngazi ya kituo ulichotembelea

( ) Hospitali ya Wilaya ( ) Kituo cha afya

( ) Zahanati ( ) Nyingine (Taja) .....

1.2 Jina la kituo ……

1.3 Mkoa …… Wilaya…… Kata……

2 Taarifa za Msahiliwa

2.1 Jinsia : 1. Me ( ) 2. Ke ( )

2.2 Umri wa Mhojiwa ( ) 18 – 24 ( ) 25– 29 ( ) 30- 34
( ) 35-39 ( ) 40-44 ( ) 45 - 49 ( ) Miaka 50 na kuendelea

2.3 Kata unayotoka .....

2.4 Hali ya ndoa

( ) Oa/ Olewa ( ) Achika ( ) Mjane

( ) Mgane ( ) Mseja Nyingine (taja) .....

2.5 Je, una watu wanaokutegemea?

Ndio ( ) Hapana ( ) Kama ndiyo, taja idadi .....

2.6 Kiwango cha Elimu;

( ) Darasa la nne ( ) Darasa la saba ( ) Kidato cha nne

( ) Kidato cha sita ( ) Ufundi/Cheti ( ) Shahada/Diploma

( ) Stashahada/Degree Nyingine(Taja) .....

3.0 Hali ya Upatikanaji wa huduma za VVU na UKIMWI

3.1 Je, umekuwa ukipata huduma za VVU na UKIMWI katika kituo hiki kwa muda gani?

.....

.....

.....

3.2 Je, unaelezeaje huduma ya ushauri nasaha inayotolewa katika kituo hiki?

( ) Nzuri ( ) Nzuri kiasi ( ) Hairidhishi

Fafanua jibu lako

Faragha/usiri - elezea

.....

.....

.....

Ukarimu

.....
.....
.....

Usikilizwaji

.....
.....
.....

3.3 Je, unaelezeaje huduma inayotolewa katika maabara?

( ) Nzuri ( ) Nzuri kiasi ( ) Hairidhishi

Fafanua jibu lako

Faragha/usiri - elezea

.....
.....
.....
.....

Ukarimu

.....
.....
.....

Majibu kwa kila maswali unayouliza/ usikilizwaji

.....
.....
.....

Maelekezo kwa kila unachofanyiwa

.....

.....

.....

3.4 (a) Je, idadi ya watoa huduma za VVU na UKIMWI katika kituo hiki inakidhi mahitaji halisi ya kituo?

Ndio ( ) Hapana ( )

(b)Fafanua jibu lako hapo juu

.....

.....

.....

4. Upatikanaji wa dawa za Kupunguza makali ya VVU na UKIMWI (ARVs)

4.1 Je, unaelezeaje hali ya upatikanaji wa dawa za kupunguza makali ya VVU na UKIMWI hapa kituoni? (muda/mahitaji ya wagonjwa)

.....

.....

.....

4.2 Je,umewahi kuhitaji dawa za kupunguza makali ukakosa?

Ndio ( ) Hapana ( )

4.3 Kama ndio, ni mara ngapi umewahi kukosa?

.....

.....

.....

.....

4.4 Je, ulichukua hatua gani baada ya kukosa dawa hizo?

.....

.....

.....

4.5 (a) Je, unapata maelekezo sahihi ya jinsi ya kutumia dawa za kupunguza makali ya UKIMWI kutoka kwa mhudumu wa afya?

Ndio ( ) Hapana ( )

4.6 (b) Tafadhali fafanua jibu lako.

.....

.....

.....

.....

5. Hatua za Kukinga uenezi wa maambukizi

5.1 (a) Je, mipira ya kiume na kike (kondom) huwa inapatikana katika kituo hiki?

Ndio ( ) Hapana ( )

(b) Kama ndio, je huwa unachukua? ----------

Ndio ( ) Hapana ( )

(c) Kama hapana, kwanini huchukui

.....

.....

.....

5.2 Je, umewahi kupata huduma ya dawa za magonjwa nyemelezi katika kituo hiki?

Ndio ( ) Hapana ( ) Sijui ( )

Fafanua jibu lako

.....
.....
.....

6 Uwazi wa taarifa za VVU na UKIMWI

6.1 (a) Je, taarifa zifuatazo zinapatikana hapa kituoni kwa ajili ya matumizi ya watumiaji wa huduma? Tiki zinazopatikana

( ) Mipango ya UKIMWI ( ) bajeti ya UKIMWI
( ) mapato na matumizi ( ) sera na sheria ya UKIMWI
( )Machapisho mengine ya UKIMWI (Taja)

.....
.....
.....

6.1 (b) Kama zipo, zinapatikana mahali gani?

( ) Mapokezi ( ) Chumba cha ushauri nasaha
( ) Maabara ( ) Kwa daktari

7 Maoni ya Msahiliwa juu ya huduma inayotolewa

Je, una maoni yeyote kuhusu uboreshaji wa huduma za afya katika kituo chako?

.....
.....
.....
.....

Muda wa kumaliza: ……..

Jina la Msahili _____

Annex 2

UTAMBULISHO KWA MSAHILIWA

Mimi…….. ni mkazi wa …….. na ni mtumiaji wa huduma za VVU na UKIMWI katika kituo cha …….. kilichopo ndani ya kata ya ..... na Wilaya ya .... kwa takribani ……Nashiriki katika kufanya tathmini juu ya utolewaji wa huduma za VVU na UKIMWI katika vituo vya huduma vilivyopo katika kata yetu ya ……

Tathmini hii inaendeshwa na Sikika ambalo ni shirika lisilo la kiserikali linalofanya kazi ya kuimarisha ushiriki wa jamii na kukuza uwazi na uwajibikaji katika kupanga na kutekeleza mikakati yote ya afya na UKIMWI ndani ya mifumo ya afya ya nchi katika ngazi zote kwa lengo la kuboresha huduma hizo.

Dhumuni kuu la zoezi hili ni kutathmini hali ya upatikanaji wa rasilimali za kutolea huduma za VVU na UKIMWI zikiwemo dawa na vifaa na kuangalia kama rasilimali hizo zinawafikia wananchi (WAVIU) kama watumiaji wa mwisho wa huduma hizo.

Ushiriki wako ni wa hiari na hautawekwa wazi; pia unaweza kujitoa katika zoezi hili wakati wowote ule. Hakutokuwa na malipo yoyote yatakayotolewa kwa washiriki; ila tunaamini ushiriki na mchango wako utazingatiwa na matokeo ya uchambuzi wa tathmini hii yanategemewa kusaidia kuboresha huduma za VVU na UKIMWI hasa upatikanaji wa dawa na vifaa kwa wakati na kulingana na mahitaji ya watumia huduma,kuboresha maadili, uwazi na uwajibikaji kwa watoa huduma. Vilevile zoezi hili litaboresha ushiriki wa jamii katika mipango na usimamizi wa huduma za VVU na UKIMWI.

Hivyo, ushiriki wako katika zoezi hili ni kwa kutoa taarifa zenye ukweli ili kufanikisha lengo la tathmini.

MUHIMU: Msahiliwa ni lazima awe ni mtumiaji wa huduma katika kituo kinachotoa huduma za VVU na UKIMWI cha serikali.

Mada ya Tathmini: *Utolewaji wa huduma za VVU na UKIMWI katika vituo vya huduma vya Umma*

Annex 3

FOMU YA RIDHAA YA MSAHILIWA

Mimi .... mkazi wa..... na ni mtumiaji wa huduma katika kituo cha ..... kilichopo ndani ya kata ya..... na Wilaya ya ..... nimekubali kwa hiari yangu kutoa maelezo ya afya yangu na kituo ninachochukulia dawa zinazozuia makali ya UKIMWI (ARVs).

Nimefafanuliwa na kuelewa vizuri dhumuni na umuhimu wa kutoa taarifa hizi, na kwamba taarifa hizi zitatumika kwa ajili ya kuboresha huduma za afya na UKIMWI Tanzania. Pia naelewa kuwa ushiriki wangu hautowekwa wazi ila taarifa nitakazozitoa zitatumika kwa madhumuni ya uboreshaji wa huduma za afya na UKIMWI na si vinginevyo.

Sahihi: .....…….....… Tarehe: ……..

Jina la Msahili: .....

Sahihi: .....…… Tarehe:……..

Sikika works to ensure equitable and affordable quality health care services through health systems and social accountability at all levels of government

House No. 69
Ada Estate, Kinondoni
Tunisia Road
Waverley Street
P.O. Box 12183
Dar es Salaam, Tanzania
Tel: +255 22 26 663 55/57

SMS: 0688 493 882
Fax: +255 22 26 680 15
Email: info@sikika.or.tz
Website: www.sikika.or.tz
Blog: www.sikika-tz.blogspot.com
Twitter: @sikika1
Facebook: Sikika Tanzania

House No. 340
Kilimani Street
P.O. Box 1970
Dodoma, Tanzania
Tel: 026 23 21307
Fax: 026 23 21316